ESSENTIALS
of
A GOOD SCHOOL OF NURSING

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of
A GOOD SCHOOL of NURSING

Prepared by
COMMITTEE ON STANDARDS

Revised by
A SPECIAL COMMITTEE

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Special Committee for the Revision
of
Essentials of a Good School of Nursing*

Nellie X. Hawkinson, Chairman, Professor of Nursing Education, The University of Chicago, Chicago, Illinois

Blanche Pfefferkorn, Secretary, Director of Studies, National League of Nursing Education, New York, New York

Bernice E. Anderson, Secretary, State Board of Examiners for Nursing, Newark, New Jersey

Elizabeth C. Burgess, Professor of Nursing Education, Teachers College, Columbia University, New York, New York

Stella Goosnay, Principal, School of Nursing, The Children's Hospital, Boston, Massachusetts

Clara Quereau, Secretary, Committee on Accrediting, National League of Nursing Education, New York, New York

Ruth Sleeper, Assistant Principal, Massachusetts General Hospital School of Nursing, Boston, Massachusetts

Isabel M. Stewart, Director, Division of Nursing Education, Teachers College, Columbia University, New York, New York

Claribel A. Wheeler, ex officio, Executive Secretary, National League of Nursing Education, New York, New York

*The members of the Committee which prepared the first issue of Essentials of a Good School of Nursing were: Nellie X. Hawkinson, Chairman, Anna D. Wolf, Secretary, Katharine J. Densford, Adda Eldredge, Sally Johnson, Laura R. Logan, Edna S. Newman, Blanche Pfefferkorn, Clara Quereau, Elizabeth Soule, Isabel M. Stewart, Effie J. Taylor, and Claribel A. Wheeler.
FOREWORD

to

First Edition, 1936

In reviewing the report of the committee formed by the Board of Directors of the National League of Nursing Education at its 1931 convention in Atlanta, Georgia, to define the major functions of the League, it will be observed that the statement “to set up standards for a good school of nursing,” occupies a prominent place at the head of the list.

To a professional group of women engaged for almost half a century in the conduct and management of different types of schools of nursing in America, the challenge offered little resistance. A special committee was therefore announced to collaborate in the selection of adequate and suitable standards by which a good school of nursing should be known and defined.

The committee undertook its responsibilities with the seriousness characteristic of nurses, and delved beneath the surface in its quest for knowledge upon which to base its selection of principles and standards in defining what is implied by “a good school of nursing.” The first step was obviously to determine the objectives of such a school and then to proceed to select the standards or guiding principles through which these ends could best be achieved.

The committee, when organized in 1931, accepted responsibility for making three important studies: First, to determine the clinical facilities necessary to conduct a good school of nursing; second, to determine the organization and function of a school of nursing committee in a good school and its relation to the trustees, director of the hospital, principal of the school, graduate nurses, student nurses, and to the community; and, third, to determine the organization and function of the administrative and teaching personnel of a school of nursing.

The Board of Directors of the National League of Nursing Education voted that when the committee had completed its work, its recommendations should be prepared in the form of a manual as one of the publications of the League. It was thought that the work of the committee could be completed within a year, but in so complicated a field where so many diversified situations need to be taken into consideration, the interpretation of standards proved to be a far more difficult problem than it appeared to be at first.
Standards set up by other professions were studied and after a number of conferences and much discussion it was agreed that the purpose of the committee "to point the way" would best be served by giving a clear and simple presentation of tried and tested principles which might be used for the guidance of those who were concerned with the maintenance of a good school of nursing.

The Commission on Medical Education states that "an emphasis on educational principles in medical training and licensure can be secured only by modifying the point of view and broadening the interests of those responsible for medical education and licensure." Since nursing is a cooperative and social institution, this concept has never been lost sight of in the preparation of this manual, and it is hoped that the principles set forth may serve to modify the point of view and broaden the interests of those responsible for the administration, and also those responsible for enunciating the educational policies, of schools of nursing.

In a progress report in 1934, the chairman of the committee expressed the hope that the standards presented in general terms "would serve not only as a basis for measurement but also as guiding principles pointing the way to the attainment of a desirable goal." In selecting these guiding principles or goals, the objective of all nursing—the better care of the sick patient as a human being and as a member of society—has been constantly kept in mind. It is likewise for the sake of the patient that the maintenance of a good school, as differentiated from one that is mediocre, is of fundamental importance. It is in order that sickness may be prevented and those who are sick restored to health that the quality of a school (which is dependent upon the financial resources, the plant, the administrative personnel, the educational facilities, the faculty, and the student body) is of such grave and vital importance. It is because of the function of nursing and the responsibilities for human life and welfare which devolve upon nurses, that the personal and educational standards must be given deep and thoughtful consideration. It is also because nursing is a social and human welfare profession that society should be concerned with the type of young women who become students in schools of nursing, and at the same time it is the function of society to be concerned with how they are prepared for the activities in which, as graduate nurses, they must later engage. Communities in sickness, and also in health, must be served by nurses and therefore communities must share with nurses the responsibility for upholding educational standards in preparation for this service. If the function of nursing is the conservation and restoration of health, the problems involved are of deep community
significance and will only be solved by mutual understanding and collaboration, and if need be, by personal sacrifice.

The committee presents this brief and simple manual for the guidance of those who may find it useful. Good nurses are needed in increasing numbers, and to produce good nurses good schools must be maintained. Schools of nursing, like all other professional schools, are good only in so far as they uphold the essential standards by which good schools are known. Schools in turn become mediocre or poor in proportion to the deviation from those essentials which, tested and tried, have been found to produce reliable results. The guiding principles which are here presented are significant and helpful simply as a means of pointing the way to the realization of goals which we, as a professional group, have endeavored to reach in the achievement of the objectives for which we stand.

Effie J. Taylor
President, 1932-1936
FOREWORD

to
Second Edition, 1942

The first edition of this manual has provided a useful guide for those who have been responsible for maintaining good standards of education in schools of nursing. The present edition is the result of the work of a special committee appointed to review the original manual and revise as indicated. The basic concepts remain as before. Such revision as has been made is largely in the organization and amplification of certain sections.

As this new edition of the Essentials of a Good School of Nursing appears our country is at war. Professional nursing is faced with greater responsibilities and greater opportunities than ever before. Adjustments in the programs of schools of nursing, like those of other professional schools, will inevitably be in order. In making these adjustments, if we keep before us the essential principles developed over almost three quarters of a century of nursing education in this country, we shall be able to meet our professional responsibility and to render a high type of national service.

Stella Goosstray
President, 1940
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THE PURPOSE OF THE SCHOOL

In a discussion of nursing education, Chancellor Capen made the following statement:

An educational institution is an institution whose primary objective is the progress in knowledge and skill of the students. It makes no demands on its students which tend to interfere with or retard their acquisition of knowledge and skill. It is conducted by persons qualified by training to serve as teachers and administrators. It is supported by funds adequate for the accomplishment of the ends to which it is devoted. It is not operated for profit.¹

Colleges and universities of recognized standing meet these criteria.

An increasing number of nursing schools are being conducted under the auspices of these educational institutions, but the hospitals of this country continue to conduct the majority of nursing schools and in all cases provide for the education of nursing students in the clinical field. There is an increasing recognition on the part of the hospital of its educational functions, but its primary purpose is that of a service institution, and the major service it renders is the care of the sick. While it may appear to be a mere truism to state that the purpose of the school of nursing is the education of students for the practice of nursing, nevertheless, in light of the fact that the development of the school of nursing has taken place largely within the general control of an institution whose primary purpose is service, it becomes of the utmost importance to emphasize this purpose of education. Therefore, the National League of Nursing Education states without qualification that all schools of nursing should be educational institutions and should qualify as such according to the generally accepted definition of that term. No school of nursing has a right to call itself a school unless it accepts education as its primary function, and neither can it be considered a good school unless it carries out this educational function on a professional level. As a professional school it should provide for its students an educational program which includes those elements that are

¹) Samuel P. Capen, "Who is Concerned with the Reform of Nursing Education?" Modern Hospital, The Modern Hospital Publishing Company, Inc., Chicago, December 1934, p. 70.
characteristic of true professional education and which is planned with special reference to both student needs and the health and sickness needs of the community. In addition, it should provide the conditions essential to making such an educational program effective.

The *Curriculum Guide for Schools of Nursing* states that nursing

... can be defined narrowly to mean little more than the manual activities required in the routine physical care of the sick. The word "nursing" can also be interpreted broadly to mean health conservation in its widest sense, including the care of normal children and adults; the nursing or nurture of the mind and spirit as well as the body; health education as well as ministration to the sick; the care of the patient's environment, social as well as physical; and health service to families and communities as well as to individuals.²

This concept of nursing has long been accepted by the National League of Nursing Education. The League conceives of the school of nursing as a social institution functioning for the promotion of the interests of its students and deriving its aims from the needs of society.

The purpose of the school of nursing also has been stated in this manner:

The aim of the school of nursing is to select young persons with aptitude for nursing and help them to develop that aptitude in preparing themselves to give the best nursing service of which they are capable in the field of general nursing in an evolving democratic society, while achieving an optimum of self-realization.³

While these statements convey the League's understanding of the purpose of a school of nursing, "each school has the right and duty to state its own purpose, but it is obvious that this purpose should fall within the scope of the generally accepted purpose of nursing education."⁴

In setting up the plan of control, each school should keep its purpose clearly before it and should periodically review its operation and achievement in the light of that purpose. But irrespective of any particular phase or condition, the purpose of a good school of nursing should be to graduate professional nurses. The duties and responsibilities which professional

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⁴) Ibid., p. 9.
nurses should be qualified to undertake have been outlined by the Committee on the Grading of Nursing Schools as follows:

1. All professional nurses, irrespective of the special field in which they have elected to practice, should be able to give expert bedside care. They should also have such knowledge of the household arts as will enable them to deal effectively with the domestic emergencies arising out of illness.

2. All professional nurses, irrespective of the special field in which they have chosen to practice, should be able to observe and to interpret the physical manifestations of the patient’s condition and also the social and environmental factors which may hasten or delay his recovery.

3. All professional nurses should possess the special knowledge and skill which are required in dealing effectively with situations peculiar to certain common types of illness.

4. All professional nurses should be able to apply, in nursing situations, those principles of mental hygiene which make for a better understanding of the psychological factor in illness.

5. All professional nurses should be capable of taking part in the promotion of health and the prevention of disease.

6. All professional nurses should possess the essential knowledge and the ability to teach measures to conserve health and to restore health.

7. All professional nurses should be able to cooperate effectively with the family, hospital personnel, and health and social agencies in the interests of patient and community.

The duty and responsibility of the professional nurse to herself is also expressed by the Committee on the Grading of Nursing Schools:

Every nurse should be able, by means of the practice of her profession, to obtain a measure of economic security and to provide for sickness and old age. It should be possible for her to conserve her physical resources, to seek mental stimulus by further study and experience, and to follow that way of life in which she finds those spiritual and cultural values which enrich and liberate human personality.

5) Committee on the Grading of Nursing Schools, Nursing Schools—Today and Tomorrow, New York, 1934, pp. 67-78.
CONTROL

The building of the organization which is to make possible the functioning of the school must necessarily be accomplished with the purpose of the school clearly envisioned. This may be achieved with a fair amount of ease when the primary function of the institution is education. When the school of nursing is conducted by the college or university its aims are protected and promoted as are those of other schools. When, however, the school is a part of the hospital, special provision must be made for it.

Every professional school should be under the control of some form of managing board, whose primary concern should be the conduct of an educational enterprise. The board should not regard the school either as a side line or as an adjunct to some other organization or business.6

THE SCHOOL CONDUCTED BY A HOSPITAL

The hospital which elects to conduct a school of nursing is faced with the necessity of studying its organization with the view of providing the proper educational control.

In Fundamentals of Administration for Schools of Nursing this problem is discussed at length, and various proposals are made. The following statement appears:

If it is a part of the purpose of the hospital to operate a school of nursing, the board should take that fact into consideration in selecting its chief administrative officer. In order to be qualified to select such an officer, the board must understand the general purpose of the school and properly recognize it as a part of the purpose of the hospital.7

It would seem that few hospitals which conduct schools of nursing have looked upon their organization in this light. The following conclusion is significant:

Until it is recognized by hospital administrators themselves that the hospital school of nursing should be administered as a school, nursing education leaders may expect the general administration of the hospital to be a source of biased control of the school with the attendant difficulties of unqualified personnel and inadequate facilities.8

6) Nursing Schools—Today and Tomorrow, p. 122.
7) Fundamentals of Administration for Schools of Nursing, p. 246.
8) Ibid., p. 248.
SCHOOL OF NURSING COMMITTEE

To overcome to the greatest possible extent this situation which appears inherent in the present hospital-controlled school, the National League of Nursing Education advocates the establishment of a committee which acts in an advisory capacity to the board of the hospital in all matters which concern the education of students, and whose responsibility it is to promote in all possible ways the aims of the school. This school committee may be granted considerable authority in certain areas.

Committee personnel.—The membership of the school of nursing committee should consist of both men and women representative of the educational, civic, social, and health interests of the community.

It is suggested that the committee have seven or more members, including representatives from the trustees of the hospital, the community, the field of general education, the public health field, the profession of nursing (or alumnæ), the profession of medicine (or medical staff), and the superintendent of the hospital and the principal of the school as ex officio members with vote.

Such representation tends to safeguard the educational interests of the school. Too great a representation from one field may result in biased control.

Appointment and organization.—The members of the committee should be appointed by the board of trustees. Better organization and administration will undoubtedly result if the committee personnel serve for fairly long terms, three to six years or longer. The terms of office should be so arranged that, at any one time, at least two-thirds of the members shall have had more than one year of experience in this service. The method of selection and appointment, qualifications for membership, term of office, and provision for overlapping of terms should be clearly stated in the constitution and by-laws of the controlling body. Rules governing the conduct of meetings should specify the number of persons necessary for a quorum. The committee should be organized with a chairman and secretary and should meet at regular intervals. Provision should be made for special and annual meetings. Written minutes should be taken and should be kept on file in order to show the activities of the committee.

Lines of authority and functions.—If the committee is to act as an advisory body to the board of trustees, its relationship to that board and to the officers and faculty of the school must be clearly defined and lines of communication recognized. Its responsibilities must be carefully delegated.

It should be clear that the members individually have no authority to make decisions. It should also be understood that this committee does not
assume executive functions; in other words it does not assume the direction of the activities of the school any more than does the board of trustees of the hospital as a body—or individually—carry on the activities of the hospital. It puts such specialized matters into the hands of a competent administrative officer and the faculty of the school. While the functions of the committee will be dependent upon the authority delegated to it by the controlling body, these functions should include:

1. Informing itself regarding nursing education and studying the needs of the school as an educational institution concerned with a permanent service to the public, and cooperating with the faculty in its responsibility for that service.
2. Nominating to the board of trustees the director of the school, and approving, upon her nomination, all other faculty members.
3. Passing upon policies recommended by the faculty of the school, and supporting the faculty in maintaining these policies.
4. Seeing that the requisite teaching staff is available.
5. Delegating authority to the director of the school.
6. Approving and recommending equitable working and financial relationships between the school of nursing and the necessary nursing practice fields in the hospital conducting the school and in other hospitals and public health nursing agencies.
7. Approving the budget for recommendation to the controlling body.
8. Concerning itself with the general welfare and social life of students.
9. Assisting in interpreting the aims of the school to the public.
10. Safeguarding the interests of the school in all ways.

In a school where the personnel of the committee is large, special committees may be appointed; where the committee is small it will usually act as a committee of the whole. In cases where the school is incorporated separately from the hospital, the committee may have larger powers.

THE SCHOOL CONDUCTED BY A UNIVERSITY OR COLLEGE

The organization of a school conducted by a university or college should conform to the organization of other schools in the university or college.

In such cases a school committee of the type described is not usually necessary, although a committee for the purpose of coordinating the work of the school and that of the hospital may be desirable.

THE SCHOOL CONDUCTED BY AN INDEPENDENT BOARD

In the case of the school conducted by an independent board of trustees, the functions of the board of trustees are like those of any other educational institution.
CONTRACTS BETWEEN SCHOOL AND
COOPERATING INSTITUTIONS

Whenever a school of nursing, whether conducted by an independent
board, a hospital, a college or university, enters into any type of cooperative
relationship or affiliation with another organization, a carefully drawn-up
contract should be signed by the responsible officers of both organizations.

ORGANIZATION CHARTS

For charts showing types of organization which embody the essential
functional relationships in the control of all types of schools, the reader is
referred to Fundamentals of Administration for Schools of Nursing, pages
215-218.
FINANCE

It is expected that a good school of nursing will be aware of its financial situation: the amount and nature of its income and the expenses involved in the conduct of the school.

FINANCIAL ACTIVITIES

Two financial activities are involved in the operation of an educational institution:

1. The procuring of funds necessary to the effective carrying out of the institution's program.
2. The administration of funds in a manner productive of the most effective educational results.

The procuring of funds is the function and responsibility of the board of control. The total of such funds constitutes the institution's income.

The administration of funds is the function and responsibility of the general administration. It involves the incurring of expenses. Sound financial administration presupposes cost accounting and budgeting.

INCOME

Four stable sources of income of institutions of higher education are discussed in Finance, one of a series of monographs based on investigations conducted for the North Central Association of Colleges and Secondary Schools. They are: income from taxation, from endowment, continuing gifts and grants, and student fees.

Schools of nursing, both those that are integral parts of universities and those that are integral parts of hospitals, may derive their income from one or more of these four sources. In addition, a fifth category exists as nursing schools generally operate at the present time: income representing the value of student service.

Schools of nursing (either university or hospital) that are parts of

government institutions receive support from public funds. Some schools have the beginning of an endowment, usually established through the efforts of the alumnae association. Nursing schools also have benefited from gifts or grants.

In a discussion of student fees, it is important that the term "fee" be defined. An educational fee is one which is used for an educational purpose, administrative or instructional. Included in it are such fees as tuition fee, registration, and laboratory fees. Another type of fee is the health fee. This fee is applied to the support of the health program. Not to be confused with educational fees are the expenses for such items as uniforms and textbooks which the student is able to purchase through the school.\(^{10}\)

The establishment of nursing student educational fees upon an equitable basis is complicated by the fifth income source previously mentioned—income representing the value of student service.

Hospital schools of nursing are in a curiously anomalous position with respect to the receipt and disbursement of the funds essential to their operation. The great majority of schools do not operate under their own charters but are owned and operated by hospitals. The board of control of the hospital is financially responsible for providing the resources that the school requires. The school is both a source of expense and a source of revenue to the hospital, and the benefits which the school receives from the hospital are primarily in return for the revenue it provides. The hospital buys classroom equipment and supplies, it pays the salaries of the instructors and other school personnel, and thereby incurs expenses for the school. Students in the process of learning nursing render service to the hospital. This service has a varying but definite monetary value and thereby constitutes purchasing power or income for the school. A consideration of this interchange of values, expenses paid by the hospital for the school and the value of services obtained from the students by the hospital, is essential to the clarification of the financial status of the school. In it are involved fees charged to students and budget requests of the school.

**COST ACCOUNTING AND STUDENT FEES**

A nursing cost analysis is necessary in order to determine whether the value of student service is equal to, exceeds, or is less than the cost of the school to the hospital. The fundamental consideration in a nursing cost analysis is the application of sound accounting methods which will reliably

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\(^{10}\) Catherine E. Meredith, "Tuition Fees in Schools of Nursing," *The American Journal of Nursing*, December 1941, pp. 1435-40.
show the costs to the hospital of the nursing service both with a school and without a school.\footnote{11}

Before determining student fees, or increasing them, therefore, both the hospital and the school should know the value of the service rendered per student. If this value balances or is greater than the expense per student* to the hospital the charging of student fees upon the basis of student expense is not financially justified. If, on the other hand, the value of the service rendered per student is less than the per-student expense to the hospital, then the hospital through its school is financially justified in establishing fees. Data collected by the National League of Nursing Education show a rising tendency in nursing schools to increase fees.\footnote{12} When a school of nursing increases its fees a corresponding improvement should take place in its educational program. A school can justifiably neither reduce nor add to its fees upon the basis of expenditures without reliable information as to the cost of the school.

Allowances are still being paid in some schools to students. In 1939 eleven per cent of the schools reported that they both paid allowances and charged tuition. Thirty-eight per cent reported payment of allowances only. In eleven schools scattered all over the country students were paid at an hourly rate for the amount of time given to nursing service. These students were charged tuition and also were charged for room and board.\footnote{13}

As the term “allowances” is now used in schools of nursing it is a misnomer. Actually allowances represent a payment by the hospital for services rendered by students. The principle of giving allowances is \textit{educationally unsound}. Whatever value accrues to the hospital from the services of students while learning nursing is properly a matter of financial consideration between the hospital and the school, and the financial equivalent of this service is properly applied to the budgetary needs of the school. Financial assistance to students in a nursing school should take the same form as financial assistance to students in other schools—through scholarships or student loan funds.

The weight of the evidence indicates that extreme differences exist in

\footnote{11) Joint Committee on the Costs of Nursing Service and Nursing Education of the American Hospital Association and the National League of Nursing Education in cooperation with the American Nurses' Association, \textit{Administrative Cost Analysis for Nursing Service and Nursing Education}, New York, 1940.}
\footnote{13) "Allowances Versus Tuition in 1939," \textit{The American Journal of Nursing}, August 1940, pp. 909-11.}
financial practices in schools of nursing. There is need for more clear-cut financial policies based upon sound educational procedure and precise cost accounting information. The Joint Committee on the Costs of Nursing Service and Nursing Education went on record as believing:

... that a hospital is ethically justified in maintaining a school only if it is desirous and capable of providing an effective program of nursing education and if it can secure for this purpose adequate financial means.14

BUDGET

Budgeting is essential to safeguarding the systematic development of a program. Properly conceived and applied a budget is the financial expression of the program of the school for a specified period. Two types of data provide the basis for formulating the budget: cost data from the preceding year and standards of performance that reflect accepted policies. When the budget is so prepared it serves as an administrative blueprint for controlling and checking the quality of performance throughout the fiscal period.

In a hospital conducting a nursing school a separate budget should be made for the school and a separate budget for the nursing service. The practice of including both school and nursing service items in one budget does not represent good administration and does not provide the administrative information necessary for the control of either activity.

The actual form of a budget, once cost data and policies have been reviewed and the plan of operation developed, may be merely a two-column table with the estimated expenses entered in the left column and the estimated income in the right. Since in schools of nursing income is derived in part from the service rendered by students, actually a knowledge of the amount of this income is implied in the preparation of the school budget.

Budget expenses should be classified in terms of the accounts used by the hospital, or, in the case of a university school, those in use by the university. This classification should provide not only for salary expense but also for expenses for such items as classrooms, library, etc.

The inclusion in the nursing school budget of all expenses incurred for the school is complicated by the relationship of the school to the nursing service and other divisions of the hospital. A considerable number of the nursing personnel function in both the school and the nursing service. This holds true whether the school is owned and operated by a university or by

a hospital. Their salaries therefore constitute an item of expense in both the school and the nursing service budgets. The portion of the salaries of this jointly functioning personnel allocated to the school and the portion allocated to the nursing service should be determined by an analysis of their activities in each of those divisions. The school of nursing also incurs expenses which are usually part of the total expense of such hospital departments as the laundry, dietary, and accounting. Each of these is a specialized department that prepares and is responsible for the administration of its own budget. It is not, therefore, practicable for the school to include expense items incurred in such departments in its budget. But the school should know from year to year the amounts charged to it for services from these divisions and the bases upon which the charges are made. Otherwise there is no way of knowing the total cost of the school. This information is supplied by a cost accounting analysis through the accounting department.

The budget procedure, including the actual drafting of the budget with accompanying statement of policies, revisions of budget estimates, and control through budgets, is discussed in detail in two recent League publications: Administrative Cost Analysis for Nursing Service and Nursing Education, and Fundamentals of Administration for Schools of Nursing. In this brief statement, however, it is desired to emphasize that a budget becomes a broadly educational as well as an administrative device when each faculty member participates in it to the extent that she is required to consider her special functions and program, to think through and submit for approval a tentative plan of action, and to be informed of the financial implications of the plan.

To summarize: A school of nursing should be aware of its financial situation. It should know the source and amount of its income, including the value of service rendered by students, and the cost involved in the operation of the school. The total costs should include the expenses which are incurred through such hospital departments as the dietary and the laundry, and which are determined through cost accounting.

A separate budget should be made for the school and a separate budget for the nursing service. The budget classification for the school should provide for salary expense, classroom and library expense, and other expenses directly incurred in the conduct of the school.
FACULTY

COMPOSITION OF THE FACULTY

The faculty, as the term is used in this discussion, includes the nursing personnel who have a substantial share in the teaching of nursing students and in the formulation of the educational policies of the school. So defined, the faculty positions usually found in schools of nursing are dean, director or principal; assistants, both day and night; instructors, including the clinical teachers who are usually supervisors of the hospital clinical services; and assistant clinical instructors, who usually hold the position of head nurse in the nursing department. It is important that the titles of personnel in the school of nursing indicate their educational function.

While this discussion of the faculty concerns all of the personnel here indicated, faculty status in all schools may not be accorded either to all assistant clinical instructors or to any of them. In large institutions, in particular, inclusion of all assistant clinical instructors would tend to overweight the faculty body with junior members of the teaching staff. Selection of representatives from the assistant clinical instructor personnel on the basis of seniority and the extent of their participation in teaching may be necessary in determining the composition of the faculty.

There will also be found in a good school of nursing a varying number of physicians, dietitians, social workers, occupational therapists, and others who share in the teaching of nursing students. Since it is essential that the educational policies and the educational program be in the hands of members of the nursing profession, such teachers are not usually given faculty status, but are designated as special lecturers. Although these groups do not have faculty status, they should not, however, be excluded from administrative planning in their spheres of competence.

FACULTY ORGANIZATION

There should be a faculty organization which functions in such a manner that all the members of the faculty participate in the work of the school. This should include the making of educational policies, the formulation of the curriculum, and all matters which affect the educational program and the welfare of students. Regular meetings should be held and minutes kept and made available to the members.
Depending on the size of the school, the faculty may act as a committee of the whole, or standing committees may be appointed, such as committees on administration, curriculum, admissions, library, student welfare, records, faculty welfare, budgetary needs, and nursing service problems. Such committees should hold regular meetings and report to the faculty as a whole.

FACTORS AFFECTING FACULTY COMPETENCE

Members of the administrative and teaching personnel in a school of nursing, as in other schools, have responsibility for planning the educational policies and program of study and for putting them into effect. Such responsibility implies that those charged with it are competent to perform it. As Haggerty states: "A competent faculty is everywhere accepted as evidence of the strength of an educational institution."15

Factors of importance affecting the competence of members of the faculty are: general education, basic professional education, advanced study in their particular fields, professional experience, and interest in the activities of professional organizations.

GENERAL EDUCATION

All members of the faculty should have a broad background of general education beyond the high school level. In university schools of nursing preparation beyond the bachelor's degree may be required. With the trend toward admitting students to schools of nursing whose education has gone beyond high school, it becomes increasingly important that those who are responsible for leadership in the school should have a background of education well in advance of that required for the students. It is believed that all principals of schools and all instructors should have completed the academic courses usually required for the baccalaureate degree in arts or science, and that this goal should be obtained as rapidly as possible by all members of the faculty.

PROFESSIONAL EDUCATION

Persons holding administrative and teaching positions within the school of nursing should be graduates of a school of nursing whose standards and educational program are in substantial agreement with those outlined in the Curriculum Guide for Schools of Nursing.

Members of the faculty should have advanced education in the particular field in which they teach or supervise. The acquisition of a degree per se is not evidence that a person is competent to administer or teach in a school of nursing. The important point is that the person has followed through a program of study which is designed to give competence in the field in which she will work.

PROFESSIONAL EXPERIENCE

"The best single evidence of teaching and administrative ability is successful experience." While there is no one order or type of experience that qualifies for the higher administrative positions, it is usually considered important that those holding these positions should have had satisfactory experience in positions of lesser responsibility. Neither can a fixed vocational ladder be prescribed for other positions, but in general it may be said that for the position of instructor it is desirable that the candidate have had some experience in teaching, for the position of clinical instructor at least one year of successful work as assistant clinical instructor, and for the position of assistant clinical instructor a minimum of six months' experience in general nursing practice.

STATE REGISTRATION

All members of the faculty who are graduate nurses should be registered under the laws of the state in which the school where they are working is located.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS AND PROFESSIONAL CONTRIBUTIONS

Membership in one's professional organizations is usually considered a measure of professional interest. In a good school of nursing it is expected that all nursing members of the faculty will be members of the American Nurses' Association and the National League of Nursing Education. Another important gauge of the quality of a faculty is the contribution the faculty as a whole makes through its activities in the local and national professional groups and by its contributions to the development of the profession through professional journals and studies in the field of nursing.

SELECTION AND APPOINTMENT

"A well-balanced faculty will have older and younger members, representatives of different points of view in education, graduates of dif-
different institutions, and individuals with special talents." The functions involved in the positions should be defined, and selection should be based upon the possession of qualifications required to perform those functions satisfactorily.

In appointing the principal of the school the procedure will be somewhat different from that observed in appointing other faculty members. The controlling body of the school should authorize an individual or the school of nursing committee to consider candidates and present credentials to them for selection and approval.

The selection of other faculty members should be the responsibility of the director of the school, but it is a generally accepted principle in educational institutions that heads of departments should be given opportunity to assist in the selection and recommendation of candidates for appointments in their departments. Final approval of the appointment of all persons with faculty status should be given by the authoritative body or by the committee or persons to whom it has designated this responsibility.

In a school connected with a university the method of selection and appointment of faculty members of the school of nursing should be the same as for similar units in the university. The nursing school faculty members should also be given status and rank in accordance with policies established for the university faculty as a whole.

Appointments to positions involving both nursing school and nursing service functions require the approval of the authoritative body of the hospital as well as of the school.

No person should be employed until full information has been obtained concerning personal, professional, and educational qualifications.

**TERMS OF APPOINTMENT**

Notification of any appointment to the faculty should be in writing and should specify all of the conditions of service offered by the organization. These conditions usually include such items as annual salary of position, whether or not full maintenance is provided in addition to salary, vacation, and sick-time allowance. The appointment should be accepted in writing.

**CONDITIONS OF SERVICE AND WELFARE**

A school of nursing should provide those conditions of faculty service which will make it possible for the faculty to function most effectively. Secu-


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rity of economic status, a reasonable service load, satisfactory housing conditions, good health service, an opportunity for promotion and for personal and professional growth are important factors in securing a stable and efficient faculty.

**TENURE**

It is impossible to build a strong professional personnel and to stabilize the educational program when the annual turnover is high. On the other hand there should be periodic evaluation of the service of all appointees. "In the establishment of any tenure policy, the school must consider both the welfare of the members of the personnel, as it is related to security, and its own freedom to improve its personnel continuously."17 Any policy that makes tenure insecure for competent administrators or instructors is undesirable.

The appointment of a principal of the school of nursing and her assistants is usually made for an indefinite tenure. The appointments of other members of the faculty are usually made annually for a period of one to three years after which indefinite tenure is provided and continued as long as the employee's work and physical and mental condition merit it.

**PROMOTION**

Promotion should be recommended on the basis of merit and preparation rather than on the basis of length of service. The advancement of a faculty member from one position to another of higher rank is desirable only if the qualifications of the candidate are as carefully evaluated as they would be for a new appointee.

**SALARIES**

Salaries of the faculty should be such as to ensure the appointment and retention of a well-prepared and experienced administrative and teaching staff. There is need for flexibility in salary ranges to provide for "(1) adjustment to individual merit insofar as it can be appraised, and (2) adjustment to appropriate standards of living in the community, which involves adjustment to the fluctuating purchasing power of the worker's dollar."18

There are many variables which must be considered in making a fair evaluation of salaries. These include geographical location, type of com-

18) Ibid., p. 132.
munity, the size and character of the institution, and the preparation necessary for the position. If maintenance is not provided, salaries should be increased sufficiently to permit satisfactory living conditions outside.

SERVICE LOAD

The service load, which includes all responsibilities officially assigned, is an important factor in educational efficiency. Effective service can be rendered only when there is a reasonable limitation upon the work which members of the administrative and teaching staff are expected to perform.

Hours per week.—The North Central Association found that 4,000 college teachers devoted an average of about forty hours a week to their instructional duties which included sixteen and a half hours in classroom and laboratory. It is difficult to make a definite statement concerning the teaching load of teachers, including clinical, in schools of nursing. In general, however, it may be said that forty-eight hours per week should be the maximum for a faculty member whose service load includes both administrative and teaching duties. In the case of an instructor giving full time to teaching, a teaching program which exceeds sixteen to eighteen hours per week does not allow the required time for preparation for the level of instruction which is now suggested for schools of nursing. The progressive school will also make a time provision for participation in studies and committee work within the prescribed hours of service per week.

Ratio of students to instructors.—The ratio of students to instructors should be such that the individual student may be given the guidance essential to her needs, especially in laboratory work where student practice and independent work are necessary. One instructor can usually serve twenty students in a science laboratory or ten students in a nursing arts laboratory.

Number of subjects taught by one instructor.—It cannot be expected that an instructor in a school of nursing will be an expert in all of the subjects in the curriculum. She should not, therefore, be expected to teach too wide a range of subjects. Many of the subjects in the curriculum are so closely related that the number can be increased over that which is usual in the university, but even in related fields no instructor should be expected to cover more than four subjects.

HOUSING AND OTHER MAINTENANCE

If members of the faculty reside within the institution, the conditions under which they live should be such as to provide for personal satisfaction and healthful living.
HEALTH SERVICE

A health service should be made available to members of the faculty. It should include a physical examination before employment and periodic examinations thereafter. Provisions should be made for a reasonable amount of care and time allowance during illness.

VACATION

A vacation of at least twenty-eight days or one calendar month with salary should be given to all members of the faculty at the end of one year of service, or one day for every two weeks of service for those who have been employed for less than one year.

AIDS TO FACULTY GROWTH

An opportunity for individual growth is an important factor in contributing to the well-being of members of the faculty and at the same time provides for educational growth. Such aids to growth are in-service educational programs, faculty conferences or personal conferences with others, library facilities for faculty use, opportunities to observe the work of other teachers, leaves of absence for study, reduction of teaching load in individual cases to provide opportunity for the investigation of special problems within the institution, adjustment of time to allow for personal study, and provision for attendance at professional meetings.
STUDENT PERSONNEL

STUDENT SELECTION AND ADMISSIONS

Admission requirements should be determined in the light of the aims and objectives of the school. Students should be selected on the basis of their ability to carry and to profit by the program which the school offers to accomplish its objectives.

BASES OF SELECTION

A combination of requirements, determined in relation to the purpose of the school, has been found to provide the most reliable bases of selection. Such a combination includes requirements of general education, age, health, character, personality, and special aptitudes.

General education.—An advance of two years of general education beyond high school is recommended as the general educational requirement which schools of nursing should seek to establish. This requirement tends to secure students of greater maturity and provides a broader foundation on which to build professional preparation.

Whether selecting students from secondary or collegiate institutions, complete credentials for each student should be secured and reviewed carefully in order to determine not only the subjects studied but also the level of achievement as shown by the student’s standing in relation to other students. Students whose school records indicate enough ambition and ability to do above average or superior work are more likely to do satisfactory work in the school of nursing than are those whose records show only average or below average ability. The quality of the record made in high school and college is one of the best single measures of the applicant’s capacity to carry successfully the nursing school program. While it is inadvisable to prescribe too rigidly the courses which should be taken in high school or college, some work in the biological, physical, and social sciences and the humanities is most desirable.

Age.—Because of the character of nursing work, the age of admission to nursing schools is of considerable importance. Maturity is an essential factor, and the minimum entrance age should not be lower than twenty
years. Occasional exceptions might be made for those who reach mental and physical maturity somewhat earlier, provided they can satisfy other admission requirements. The maximum admission age should be about thirty-five. Here, too, occasional exceptions might be made for desirable candidates.

Health.—Good physical and mental health are essential, and students should present satisfactory evidence of good health before being admitted to the school. In addition to the pre-entrance medical and dental records submitted by the student, she should be given a thorough physical examination including accepted diagnostic and preventive procedures upon entrance to the school. It is advisable for prospective students to be examined by the school physician prior to admission if distance does not make this procedure impracticable.

Character and personality.—Because of the nature of nursing and the responsibilities connected with it, the personal characteristics of prospective students should be carefully investigated. Applicants who have already shown desirable personal qualities and attitudes can be relied upon to possess them more surely than those in whom they have not yet been observed. Personal qualities determine to a very great degree whether or not a student will be successful in the school and in professional practice as a graduate nurse.

Special aptitudes.—Aptitude for nursing involves a number of special abilities, and an effort should be made to determine these through a comprehensive testing program.

TECHNIQUES OF SELECTION

It is important that great care be exercised in appraising an applicant’s acceptability for admission and that all of those measures or techniques be employed which enable the school to select from all candidates those with sufficient intellectual capacity, educational and cultural background, and personal qualities to carry the educational program of the school with profit. Decision should be made only after a study and comparison of abilities and capacities of each candidate as revealed by a variety of techniques, and not in the light of a single ability and the use of a single measure.

Tests.—The credentials of educational and personal qualifications submitted by the candidates are not comparable, and, therefore, they alone do not form an adequate basis for discriminating between the candidates with the greatest potentialities for success in nursing and those with the least. Standardized tests (that is, tests of proven value for which norms have
been established) given under standard controlled conditions should be used to procure comparable evidence of the intellectual ability or capacity of each candidate, and the relative degree of her achievement in educational and cultural subjects. The psychological examinations used should be those that are especially adapted to measure the intellectual capacity of those at the age and educational level of nursing candidates. Results equally useful in selection as in later guidance of the student can be obtained from standardized tests in a variety of subjects,—tests in English including vocabulary, spelling, sentence structure and style, organization, grammatical usage, punctuation and capitalization, and speed and level of reading comprehension; tests in arithmetic skills and application; tests in biological, physical, and social sciences.

Admission records.—Proper record forms are essential tools for effecting a system of selection. The admission forms should provide for the collection of all information which is important in judging the applicant's intellectual, educational, emotional, and social fitness for the school and her interest in nursing. Because the activities which the individual enjoys and has chosen to engage in tend to indicate her personality traits, a record should be secured concerning the candidate's extra-school activities, vocational experience, participation in group or individual cultural, religious, social, athletic, and other activities.

In order to give assistance to nursing schools the National League of Nursing Education has prepared the following admission forms: Application for Admission, Secondary School Record, Personality Report, Interview with Applicant, Pre-entrance Medical Record, and Pre-entrance Dental Record.

Personal interview.—Unless impracticable because of long distances, the personal interview should be employed as a part of the selection procedure. The personal interview provides the opportunity for confirming or revising judgment based on written credentials and for gaining personal impressions of the applicant's mental maturity, of her social background and ease, and whether her general appearance and grooming indicate that she is a desirable candidate for a school of nursing. The inclusion of the personal interview in the selection procedure can also be of value to the applicant. It offers her the chance to ask questions about the particular school before making her final choice, and it is the responsibility of the school to acquaint the applicant as fully as the time will permit with its program and facilities.

Summarization and evaluation of admission information.—The candidate's school record, her health report and personal references, the test
results, the interview record, the abilities and personal qualities her previous activities tend to indicate that she possesses, can together contribute information for a more reliable estimate of the candidate's acceptability than any single factor. By summarizing the impressions of the candidate's abilities, capacities, and traits, based upon all significant findings concerning the candidate, the school can make its selection more successfully, guiding into nursing those most suitable and guiding away from nursing those not acceptable.

This recorded summarization also forms the nucleus of the counseling record for the student on admission to the school, providing the basic information for continuity of counseling and for understanding the student and her needs.

ORIENTATION

The objectives of an orientation program are well stated by the North Central Association. These objectives may be summed up for the nursing school as follows: making the new student feel welcome to the school, completing any necessary details of admissions, acquainting the new student with the objectives, rules, and regulations of the institution, offering initial advice as to nursing school methods and problems, and establishing definite relations between students and counselors for later guidance.

In a nursing school, closely associated as it is with hospital activities, a well-thought-out and well-organized orientation program is particularly important. The student enters a situation which is entirely new to her. She must learn rapidly how to adjust to the problems she encounters and to establish desirable personal relationships with the various groups she meets daily.

A brief time, two or three days to a week, prior to the beginning of classes should be set aside for the orientation program. The activities included in the plan will depend somewhat on the local situation, but, in general, they might include a series of lectures and conferences on such subjects as the history and purpose of the school, the aims and responsibilities of professional nursing, the use of the library, methods of study, the health program and facilities, student activities and organizations, and information concerning the extra-institutional environment such as churches, libraries, and recreational facilities; and a social program.

Pretests for nursing courses, personality inventories, and other tests that

will motivate the student in her adjustments and enable the counselors and instructors to help her can well be included in the orientation program. Provision for individual conferences with faculty counselors during this period is important to help the student set up for herself desirable personal and educational goals in the light of the findings of the selective admissions program and to help the counselor secure additional information about the student to serve as a basis for her continued guidance.

Not only should the orientation period help students to adjust to their new relationships, but it should also assist those who have any doubts as to their choice of vocation to reach decisions. Then, too, it presents the faculty with the opportunity to observe students closely before they are accepted into the school.

COUNSELING

A counseling program planned to aid students in educational, professional, social, and personal problems is an essential part of the work of a school which sets up its program in terms of student needs. The aim of such a program should be to make the student increasingly able to guide herself toward desirable personal, educational, and professional objectives and less dependent upon the counselor.

In order to secure the best results the organization of the counseling plan must be carefully thought out and set up in terms of student needs. While all faculty members will necessarily participate in educational counseling, in addition it has been found helpful to designate a certain number of members, depending upon the size of the school, as counselors and to assign each student to one of them. Faculty members so designated are chosen because of their interest in and understanding of students and their ability to provide the needed guidance in the various kinds of problems that may confront them. Since certain problems can be handled only by specialists, this type of service should also be made available to students. There should also be provision for coordinating and directing the services of all who participate in the counseling program.

All information about students derived from entrance applications and examinations, tests of all kinds, profiles, physical examinations, and personal conference records should be filed in a cumulative folder and available to the counselors concerned.

EXTRA-PROFESSIONAL PROGRAM

"While the professional curriculum focuses on the preparation of the student as a nurse, the extra-professional program has to do with her all-round
development as an individual and with the inception and continuation of those general educational interests which contribute to the broadening and enrichment of her life."

Since the individual needs and interests of students will vary, it is necessary to provide for a range and variety of activities. Those commonly included in an extra-professional program are: the school or student organization, physical activities, religious activities, and school clubs of various types such as literary, current events, music, dramatic, and outing clubs. Students whose interests have been limited to a few areas should be given opportunities to explore other fields. Those who have enjoyed solitary activities such as reading and sewing should be drawn into group activities; those who are shy and timid given opportunity to express themselves and engage in committee activities; those who have always assumed leadership should be led to work willingly under another who needs leadership experience. A student organization properly organized with constitution and by-laws, its objectives and functions understood, and cooperated in by students and faculty accomplishes much in creating and maintaining good morale in the school and in developing the individual students.

The students’ interests and their needs for social and personal development as indicated by their previous experiences and expressed needs determine the extra-professional program activities. Adequate leadership and guidance of the program is essential, and it should be so planned and administered as to further the educational objectives of the school.

PROMOTION AND GRADUATION REQUIREMENTS

Promotion from one term to the next should be determined on the basis of satisfactory achievement. Curriculum objectives should be clearly stated and understood by the faculty, and the students’ progress toward the achievement of these should be measured at periodic intervals. A definite policy concerning the level of work which students must maintain in order to continue in the school should be in effect, and it should be clearly understood by all faculty members and also by the student body.

The requirements for graduation should be determined by the faculty. They should be clearly stated and understood, and should insure a level of professional proficiency which will qualify the student to practice safely and satisfactorily as a professional nurse.

RESIDENCE FACILITIES

The physical conditions under which students live in the school of nursing are one aspect of the total educational program and should be thoughtfully planned. Due to the unconscious influence of environment, the school of nursing should not only provide comfortable and hygienic living conditions, but should also maintain the kind of surroundings and atmosphere that will help to build character and promote democratic social life among the students.

RESIDENCE

In order that the varied needs of students may be met, a school of nursing should have a carefully planned and well-equipped residence, effectively administered. The residence should make provision for: (a) the personal safety and physical welfare of its occupants; (b) proper conditions for living and study; (c) satisfactory house management; and (d) social life, formal and informal, for the group as a whole and for small groups within the larger unit.

To allow freedom of activity it is preferable that a separate residence be maintained, which may include a communicating corridor or passageway to the hospital to provide adequate protection during inclement weather. Several buildings, dividing the student group into smaller sections, sometimes provide a more homelike atmosphere but make supervision extremely difficult. The grounds about the residence should allow for future additions and should be so laid out as to provide for the maximum use and enjoyment by the occupants.

Personal safety requires proper protection against fire, preferably through fire-resistant construction of the residence and the elimination of fire hazards. Adequate exits and fire protection apparatus should be easily available and instruction provided in their use. Physical welfare should be further provided for by the maintenance of proper sanitary conditions and ample water supply.

Proper conditions for living, study, and house management require adequate lighting, heating, ventilation, and noise control. Separate rooms are necessary for nursing students because of the emotional strain of adjustment to personalities and varying situations inherent in nursing as well as to offset the lack of privacy immanent in the present-day way of life. A separate room is particularly important for the student on night assignment because of the adjustments necessary in living routines. If the room is shared the activity of both students is restricted.
The residence throughout should be tastefully furnished, comfortable, and attractive. Student rooms should be large enough in floor space and of suitable floor plan to accommodate the necessary furniture and also provide for a certain quality of livableness. Complete individual facilities should be provided for each student including bed, dresser, desk, desk chair, bookcase, comfortable chair, and closet facilities for care of clothing and other personal effects. Individuality should be encouraged in the arrangement and ornamentation of student rooms in order to develop a homelike atmosphere and allow for expression of individual and artistic tastes. Adequate lighting is an essential part of the equipment of students' rooms as a matter of sight conservation and should equal that provided in the library and reading rooms, conforming to standard light meter readings.

Because of the time schedule requirements of students, sufficient bath and toilet facilities should be provided in the ratio of not less than one fixture for each four students. The provision of showers as well as tubs is desirable, as is running water in each room. Arrangements should be made for house, personal, and auxiliary services through such facilities as maids' closets, dumb waiters, laundries, kitchenettes, storage room for trunks, infirmary, and other accessories in sufficient number to provide for the daily needs of group living. It should be kept in mind that the residence is the student's home; therefore, service and administrative activities should be as unobtrusive as possible. Additional rooms for recreational purposes are important. Included in such rooms are a library to house books such as fiction, biography, travel and poetry; a recreation room; and one large and some small reception rooms. An office with the necessary files and other equipment should be provided for the director of residence. Suitable space should be available for mail delivery and information and telephone service.

The continued success of group living depends upon careful planning followed by continued and satisfactory upkeep of facilities. Renovations and improvements should be part of the regular maintenance program. Sufficient maid and porter service and housekeeping equipment should be provided to maintain and insure cleanliness and comfort throughout all parts of the residence including student rooms. Adequate storage space should be provided for housekeeping materials, linen, and necessary supplies.

SUPERVISION

The acceptability of residence life will depend to a certain extent on the supervision of the residence. Because of her contact with students the official responsible for the direction of the residence should be especially qualified. She should have a pleasing personality, mature judgment, and a knowledge of the generally accepted social amenities; she should be interested in young people and understanding of their problems. Due to the irregularity of the hours of students and because of the social life of the home, supervision should cover both day and night and should promote the educational advantages of group living. Adequate arrangements are needed for relief of the official in charge of the residence during her time off duty and vacations.

FOOD AND FOOD SERVICE

The food provided should be of good quality, sufficient in quantity and variety, and should include those elements essential in a well-balanced diet. Care should be exercised in the preparation of foods and in furnishing attractive food service. This is important from the health standpoint.

The dining room should be sunny, well ventilated, cheerful, and dignified. It should be easily accessible and free from odors, and quiet should be maintained through noise control or acoustical devices. The size of the room should be in proportion to the needs of the group to be served, being limited to the professional personnel. Sufficient space should be available in order to facilitate serving without confusion or crowding. Because of their social, recreational, and educational values in the life of the student, the appointments of the dining room and the service should be such as to encourage and develop social amenities. Cafeteria service alone is not considered completely satisfactory although it may be used for certain meals, especially at breakfast, to expedite service. Table service is preferred for students in residence for at least one meal, preferably dinner, as it has superior social possibilities providing for a more leisurely service and establishing good table habits. It also makes possible the provision of a better-balanced diet than may be selected by the individual student.

Adequate time should be allowed for meals in order to provide a restful environment free from a feeling of hurry. The dietary staff and nursing school faculty together should be responsible for maintaining a high standard of service conducive to the physical and social development of the students.

In addition to the regular food service, light nourishment should be
provided in the middle of the morning for all students. Service at night should be on the same level as during the day, as students are working under an equal or greater tension, and the periods between nourishment should not exceed those in the daytime. Dietary personnel should be available for the preparation of food and the supervision of the service, which should be maintained on the same high standard throughout the twenty-four-hour period. Arrangements for special diets for students with health problems should be provided as a corrective measure in the total health program.

HEALTH PROGRAM

CONCEPT OF HEALTH

A good school of nursing will have a positive and inclusive health program. In the development of a health program the concept underlying the term "health" is of fundamental importance. Health may be defined as a positive state, provided it is understood that not all individuals enjoy the same degree of health. So defined health may be appraised and becomes a personal matter, the responsibility for conserving and promoting which rests with each individual.

Health may also be thought of as freedom from disease. But this concept gives it a negative quality. Too often health negativness rather than health positiveness is stressed. Because of the nature of nursing, the health hazards incurred and the health teaching involved, it is of prime importance that health positiveness be emphasized in the health program of a school of nursing.

A health program does not operate itself. It requires first a plan and then a budget to make the plan effective.

HEALTH PROGRAM CATEGORIES

The health program should begin before the student enters the school and continue to the day she leaves it. For convenience such a program may be classified in the following categories: selection of students, health information given to students, conditions of living and work, preventive measures, remedial measures, care during illness, functions of the school physician, functions of the health nurse, health records, and health program during affiliation. In the following paragraphs the significant elements in each of these categories are discussed.

HEALTH FACTOR IN STUDENT SELECTION

The selective processes in schools of nursing should include techniques
for determining the health fitness (mental and physical) of the prospective student. These techniques are referred to earlier in this section.

**HEALTH INFORMATION GIVEN TO STUDENTS**

The student should be given, early in her course and throughout her course, health information that will stimulate the development of positive health attitudes and the practice of positive health habits. This information should be fully developed, restated as often as necessary, and pervade personal guidance in matters of health. It should include: (1) a knowledge of the normal structure and functioning of her own body, (2) a knowledge of the kind of environmental and social factors that militate against a positive health state, and (3) a knowledge of disease preventive measures. It should provide the core of a practical health education program and have as major objectives the attainment by the student of a clear concept of the characteristics of a healthy individual and of her responsibility to conserve her own personal health at as high a level as possible.

**CONDITIONS OF LIVING AND WORK**

A good school of nursing will regard the conditions under which students live and work as of first-order importance for the successful operation of a health program. Since the factors which make a residence a suitable place for putting into effect good mental and physical hygiene are enumerated and discussed under Residence Facilities, as are also those factors pertaining to nutritional needs, it is the purpose here only to point up the importance of favorable surroundings for the achievement of positive health attitudes and positive health practices.

*Weekly hour schedule.*—A good school of nursing will be concerned with two factors which affect both the operation of the curriculum and the health program. One of these factors is the daily and weekly hour schedule and the other the pressure of work under which students learn nursing in the wards. In terms of positive health, it is highly desirable that during the clinical period the prescribed class and practice schedule be included in a six-day week of forty-four hours; during the preclinical period the total schedule should consist of fewer hours. In schools maintaining reasonably good health programs, class hours are planned so that students may have eight consecutive hours of sleep during night assignments. Long hours of work and too great pressure of work imposed upon students constitute a health hazard to which no educational institution has a moral right to expose its students.
Vacation.—Related to the weekly-hour schedule is the vacation policy. If it is predicated that a weekly schedule not exceeding forty-four hours is an essential part of a positive health program then it may be likewise affirmed that an annual four-week vacation represents a minimum vacation period. Less time does not give opportunity for recuperation from the mental and physical exactions of the preceding school year.

PREVENTIVE MEASURES

In evaluating the health program of a school, preventive measures are an important consideration. In a broad way all that has been written so far is a component part of the preventive aspect of a health program. The following paragraphs deal more specifically with preventive techniques for assessing the health of individual students, to be preserved or to be remedied as the findings indicate.

Health inventory.—Obviously the assessment of health should begin the day or the week the student enters the school. If the thesis is accepted that all persons do not possess the same degree of health then it is important that a full inventory of the health habits and the health status of the student be taken before she embarks on a program as intensive as the program of a nursing school. The nature and scope of this inventory are indicated in the description of the health record. (See section on Records, Reports, and School Bulletins.)

If the pre-entrance medical examination is made by the school physician within a reasonably short period before the student's entrance to the school it may take the place of the initial examination. Otherwise, the initial medical examination should be given as soon as possible after the student is admitted. Each year during the course the examination should be repeated. So spaced, a minimum of four routine medical examinations will have been given to nursing students during a three-year program. A signed statement by the school physician of the mental and physical condition of the student at the time of graduation should be included in her health record.

Weight.—While weighing is part of the routine medical inventories, it should not be limited to these procedures. A change in weight may be a significant index of health status. Students should be weighed monthly and their weights recorded on individual weight charts.

REMEDIAL MEASURES

Once a health inventory is taken, the next step is to remedy any condition revealed that impairs the health capital of the student. These remedial
measures are not of necessity medical. Emotional disturbances due to family responsibility or worry, financial stress, or any other cause may be the root of the trouble. In so far as possible, it is equally important, if the individual is to attain the highest degree of positive health of which she is capable, that social as well as medical remedial measures be applied when indicated.

CARE DURING ILLNESS

The health program plan provides for infirmary and hospital service with the proper medical and nursing care for both minor and major illnesses. As an important health measure, prompt attention should be given to minor ailments.

Early reporting of illness.—One of the basic objectives in a good health program is to convince students that it is their responsibility to report promptly any ailment, however minor it may appear—not only for their own protection but for the protection of their patients and associates. To accomplish this objective, conditions must be established that will facilitate reporting and that will encourage students to discuss their indispositions even though they seem slight. These conditions include a fixed time daily when students may seek health advice and arrangements that will make reasonably easy the reporting of illness any time during the day or night.

It seems likely that one of the principal causes inhibiting students from reporting illness is the requirement that all time lost because of illness be made up. This policy is unsound from a health standpoint, and does not fit into a positive health program. In a study of illness incidence the following recommendation is made:

That two weeks of illness absence, which would not have to be made up, be allowed to each student during her nursing school course.22

A low illness record as measured by time lost is not necessarily an index of a good health program. Indeed, in itself it may signify just the reverse. A positive health program provides for “preventive” absence to stave off illness or to assure complete recuperation. A careful record should be kept of the days lost through illness23 and periodic analysis made of the underlying causes.

22) Joint Committee on the Costs of Nursing Service and Nursing Education of the American Hospital Association, National League of Nursing Education, and American Nurses' Association, A Study of the Incidence and Costs of Illness Among Nurses, 1938, p. 29.
23) For method of computing yearly illness record see Appendix of A Study of the Incidence and Costs of Illness Among Nurses.
HEALTH RECORDS

The extreme importance of an adequate system of health records* cannot be overemphasized. The health records should provide space and headings for all accumulated health data, and should contain the essential information for individual health guidance.

FUNCTIONS OF SCHOOL PHYSICIAN

The designation of a school physician under regular terms of appointment, including a salary, is essential for continuity in and promotion of a positive health program. The functions of this officer include the supervision of the medical examinations and seeing to it that the necessary medical measures are prescribed and carried out. He also arranges for the necessary medical consultations and examinations to be made by specialists and in all ways exerts his efforts in providing for students the proper medical care.

FUNCTIONS OF HEALTH NURSE

The functions of the health nurse will vary depending on the plan of administration in the school. Her functions include that of assisting the school physician with medical examinations and in all other ways necessary to carry out the medical health program; the responsibility for the health records is properly assigned to her. In some schools she not only will have office hours when students may go to her for individual health advice, but she may also give formal health instruction classes. In general, the health nurse is the person responsible for the coordination of the health program as a whole.

HEALTH PROGRAM DURING AFFILIATION

When a school sends its students for one or several experiences to another institution it is the right and responsibility of the school to inform itself of the health conditions in the affiliating institution. Affiliating institutions also have rights and responsibilities. The student should come to them with a clean bill of health, and a health report should be submitted giving evidence of this fact and stating that the proper precautionary measures have been taken. Especially is this true when the affiliation is for pediatric, acute communicable disease, or tuberculosis nursing.

*The records prepared by the National League of Nursing Education include a Cumulative Health Record form.
THE CURRICULUM

A good school of nursing should have a well-planned curriculum to serve as a guide to faculty and students in carrying forward the educational purposes of the school.

A curriculum is like a map or itinerary indicating the proposed objectives, and the routes to be taken to reach them. It should embody the aims, purposes, and standards of the school, and indicate clearly and specifically the type of preparation the school undertakes to give. This will be determined chiefly by the needs of the public for nursing service, current standards of nursing practice, and the learning capacities and needs of the student.

The curriculum should include all the learning experiences needed to develop well-qualified professional nurses—their practical activities in wards and clinics as well as their work in classrooms and libraries. Leisure-time activities are not as a rule included in the curriculum proper, although they are a necessary part of the student's entire educational experience and should harmonize and coordinate with the program of instruction.

STANDARDS

The curriculum of a good school of nursing should not only promote the objectives of the school and meet the legal requirements for the practice of nursing in the state but should be in line with the best professional thinking and the best nursing and educational practices of the period. No stereotyped curriculum pattern can be prescribed for all types of nursing schools, in all sections of the country. Such a program must be flexible and must keep pace with advancing knowledge as well as with the changing requirements of the field. But since all schools of nursing are preparing nurses to go out into the same field and perform much the same functions, all schools should meet certain common curriculum requirements and standards.

It is taken for granted that a good school of nursing will meet the minimum requirements of the state in which it is located. Since its graduates usually expect to practice in other states as well, the minimum requirements of those states and the conditions of reciprocity should be consulted in setting up the nursing curriculum.
The good school of nursing will not be satisfied to operate on a minimum level. It will be working constantly toward an optimum program taking into consideration the changing standards of nursing education in the country at large and the facilities available for the working out of such a program.

The National League of Nursing Education since 1917 has issued a report on the curriculum of the school of nursing, which helps to keep schools informed on changing educational standards and practices. It also embodies the results of current educational experimentation and the thinking of those who are studying the entire situation in nursing education. The last revision\(^4\) puts special emphasis on methods of constructing curriculums and keeping them adjusted to changing social conditions and needs and to current standards of nursing practice and nursing education.

Following is a statement, defining the term “trained nurse” and indicating the general qualifications required for the practice of nursing. This definition was adopted by the International Council of Nurses in 1935, and may be said to represent the position taken by the thirty member countries belonging to the Council, including the United States of America.

A trained nurse is a person of good general education and cultural background, who has satisfactorily completed a systematic professional preparation of approximately three years as a full-time student, in a recognized school of nursing; who has met the requirements for registration in the country or state in which the school is located, and is eligible for membership in the professional nurses' association of that country.

The program of education which leads to the professional diploma of trained or graduate nurse, should include a well-organized course of instruction in the scientific, technical, and social aspects of nursing, with a closely correlated program of practical experience in hospitals, out-patient departments, and other health agencies of recognized standing which provide the number and variety of cases necessary for experience in all the common classes of disease found in the country in which the preparation is given. This experience should be so organized and supervised that each nurse will be prepared to give competent nursing care to patients of both sexes and all ages. In the case of women nurses this should include maternity patients. Nursing care is interpreted broadly to mean nursing of the mind as well as the body and disease prevention as well as care in sickness.\(^5\)

Most schools of nursing would accept this as a general statement of the essential elements in a basic nursing curriculum; but some further amplification is needed to indicate the level on which the work should be devel-

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\(^5\) Isabel M. Stewart, Educational Programme of the School of Nursing, International Council of Nurses, Geneva, Switzerland, 1934, p. 29.
oped, the nature and scope of the course of instruction, and the arrangement of the various parts of the program.

LEVEL OF INSTRUCTION

The curriculum of a good school of nursing should be developed on a collegiate level, and should be of a professional, rather than a strictly technical, type.

This presupposes a background of general education which admits a student to work of college grade. According to the present-day interpretation of professional education, a period of approximately two years beyond high school in the field of general education should precede the professional program.26 Such a standard is desirable in nursing because it tends to bring in more mature students and also provides a broader and sounder foundation on which to build the professional preparation. Even schools of good standing may not be able to make this a requirement at once, but most of them already give preference to applicants with such qualifications, and it is expected that many more schools will raise the level of their admission requirements and their programs within the next few years.

The professional, as distinguished from the technical, type of curriculum will put more emphasis on thinking and understanding, on social attitudes and skills, and on the all-round development of the individual student. While the technical element is essential, a better balance between this phase of the nurse's preparation and the scientific, cultural, and social aspects, is needed in most nursing schools.

CONTENT

The materials for the nursing curriculum should be selected on the basis of their relative importance in helping the student to meet the needs of the people she is to serve and to adjust to the changing demands of professional practice.27

The materials of instruction found to be essential in nursing as in other branches of education include: (1) principles and facts; (2) specialized techniques and skills; (3) moral and social attitudes and ideals governing personal and professional standards of conduct. The learning experiences through which these essentials can be mastered include: (1) organized and more or less concentrated instruction, and (2) practical experience in meeting nursing situations and solving nursing problems. In a satisfactory

27) Ibid., pp. 53-66.
nursing curriculum, theory and practice are carried on together and closely related from the beginning. The proportionate emphasis on these two types of learning experience should vary according to the educational needs of the student, and not according to the economic needs of the hospital.

ORGANIZATION

The materials in the nursing curriculum should be classified and organized in such a way as to promote effective and economical learning and the greatest possible measure of integration.

The tendency in good schools of nursing is not only to select curriculum materials more carefully, but to classify them into fewer and larger divisions, and to organize courses from the functional, rather than from the strictly logical, point of view.

The main groupings of courses as recommended by the National League of Nursing Education in the Curriculum Guide are as follows:28

1. Biological and Physical Sciences (anatomy, physiology, microbiology, and chemistry)
2. Social Sciences (sociology, psychology, history of nursing, social and professional adjustments)
3. Medical Sciences (introduction to medical science including pathology, materia medica, principles of medicine, surgery, pediatrics, obstetrics, and psychiatry)
4. Nursing and Allied Arts (elementary nursing, hygiene, sanitation, housekeeping, nutrition and cookery, diet therapy, medical and surgical nursing, obstetric nursing, nursing of children sick and well, psychiatric nursing, nursing and health service in families, advanced nursing, and electives)

The placement of these courses in the program of studies and their articulation with each other should be such as to secure unity and continuity in the whole program, steady progression from stage to stage in the student's preparation, and a balanced distribution of the learning load, with no overcrowding and no let-down (apart from brief intersession periods) in any part of the program.

TIME PLAN

Adequate time must be provided for instruction and study as well as for the student's practical experience and for proper rest and recreation.

The good school of nursing will plan the student's program so that her health may be safeguarded as well as her personal and professional development. Each type of activity must be considered in such a plan.29 Experi-

28) Ibid., pp. 66-75, 82-86.
29) Ibid., pp. 75-78.
ence has shown that the student in the school of nursing cannot do justice to herself or her nursing preparation if she carries more than forty-four to forty-eight hours of prescribed class work and ward practice a week. Approximately ten hours for outside study must be added to these hours each week; the rest of the time being reserved for rest, recreation, and attention to the student's own personal affairs. Since the forty-eight-hour week is already accepted as a desirable standard for the graduate nurse on the staff, the forty-four-hour week for the student with the added time for study would still be heavier than that of the graduate nurse. In arranging the weekly time of the student, it is desirable that one full day per week be allowed when the student is not required to report for hospital nursing practice. Night duty is a necessary and valuable experience for the student. A brief period of night duty (not more than two weeks) with each major service is recommended. The total night duty should not exceed two to three months. At least four weeks of vacation should be allowed each year.

The length of time generally accepted as necessary for an adequate professional program is from two and a half to three years. The first six to eight months should be devoted largely to preparatory work in the sciences and nursing arts and in the development of fundamental nursing skills. If a student has had previous work in the sciences, the preparatory period may be reduced by two to four months. The major part of the class work comes in the first year. During the second and third years, approximately an hour a day, or five to six hours a week, are recommended for organized instruction, whether carried on in classroom, laboratory, or ward. In addition, a good deal of teaching of an incidental type should be infused throughout the student's practical work in wards and clinics.

ARRANGEMENT OF PROGRAM

The time allotted to the program of instruction should be distributed according to the relative importance of the different courses and the emphasis that needs to be given to each group to secure a balanced preparation for the profession of nursing.

A full presentation of the recommended courses for a good school of nursing and the hours assigned to each course will be found in the *Curriculum Guide*. The percentages of time given to organized instruction in the main subject groups are approximately as follows: Biological and Physical Sciences, 20 per cent; Social Sciences, 15 per cent; Medical Sciences, 25 per cent; Nursing and Allied Arts, 40 per cent.

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30) Ibid., p. 83.
The practical experience of the student is concentrated largely in the second and third years. Approximately one year is devoted to medical and surgical nursing (including all the common subdivisions) and one year and four months to pediatric, obstetric, and psychiatric nursing, nursing and health service in the family; advanced nursing; and electives.

TEACHING METHODS

Appropriate and effective methods of teaching based on sound educational principles should be planned for every course in the curriculum, such methods to be adapted to the purposes and content of each course and to be consistent with the aims and principles controlling the curriculum as a whole.

The term "teaching method" includes supervision, guidance, and control, as well as formal instruction. All these processes of education should be in harmony with the aim of education which governs the curriculum.

Assuming that the aim of adjustment recommended in the Curriculum Guide is accepted, the methods of teaching should be such as to develop a ready response to many different kinds of situations. This calls for independent thinking, good judgment, intellectual resourcefulness, self-mastery, and integrity of purpose, as well as the mastery of many different kinds of knowledge and skill. Methods of instruction should stimulate the imagination of the student and arouse her interest as well as build up useful habits, including the habit of independent study. In view of the limited time available, the most economical methods of teaching and learning should be selected to accomplish the purposes of each course.

Because these purposes vary, the teaching techniques will vary for different types of courses. No rules can be given in this matter, but it is generally recognized that demonstration and laboratory methods are desirable for the teaching of sciences and also for the nursing arts, that clinic and case study methods should supplement lectures and classes in clinical subjects, that discussions, conferences, and seminars are especially valuable in the teaching of social sciences, and so forth.31

Experience has shown that the art of nursing cannot be developed without much practice in the care of sick and well persons. It is now recognized, however, that the number of hours spent in the hospital wards is not of as great importance as the choice and arrangement of practice assignments and the kind and amount of instruction and guidance that accompanies them. Indeed, better results can be secured in fewer hours in a well-planned clinical experience than where students are assigned according to hospital service needs and are expected to pick up what they can.

31) Ibid., pp. 608-616.
Another point that needs to be emphasized is that unless the standards of nursing practice in the hospital wards are good, it is impossible, even with long hours of practice and the best teaching methods, to prepare good nurses.

In good nursing schools, teaching goes on continuously whether the student is in the classroom or engaged in ward practice. This teaching tends to be less formal and didactic than it was formerly. There is less mass instruction and more informal conference work with individuals and small groups. The student is expected to participate more actively in her own education, to ask questions, and to consult with her instructors when she needs information, instead of waiting to be told.

EVALUATION OF STUDENT ACHIEVEMENT

Evaluation devices of various types should be used to secure as dependable evidence as possible of student progress and achievement. "Checks are constantly necessary so that instructors may evaluate . . . student methods and habits of work, student ability to apply the principles learned, student growth in ability to make generalizations, and attitudes developed toward nursing situations by students."32 Important among such devices for inclusion in the testing program are comprehensive examinations, written, oral, and practical tests, anecdotal records, efficiency rating scales, check sheets for nursing procedures and situations, individual conferences, and interviews.

FACILITIES

The teaching supplies and equipment, textbooks, library resources, and clinical facilities necessary for effective teaching should be available and so organized as to facilitate the work of students and instructors in putting the curriculum into operation. These requirements are mentioned in other sections of this manual. It is only necessary to call attention to the fact that the best curriculum cannot be put into operation unless there are adequate equipment, books to study, a wide variety of patients to observe and care for, and a proper organization of all these resources and facilities from an educational standpoint. It is obvious that there must also be skilled personnel to administer such an educational program and to carry on the work of teaching and supervision. The qualifications of the faculty of the school and the conditions of their service are discussed in a previous section, and the principles of educational administration in a later one.

32) Ibid., p. 616.
CLINICAL FIELD

The term clinical field is used in this manual in its broad teaching sense, applying to hospital in-patient service and out-patient service alike. With acceptance of this definition a community nursing agency where students are sent for instruction may be thought of as a clinical nursing field.

The basic educational values of any clinical field are largely determined by the scope and character of the clinical resources, the physical facilities for utilizing the clinical teaching and learning opportunities, the adequacy of the staffing of the nursing service, and the quality of the nursing care given to patients. Satisfactory conditions for each of these four factors are essential in order to develop a sound program of nursing education.

APPROVAL OF HOSPITALS BY NATIONAL AGENCIES

It is desirable that hospitals providing clinical nursing fields be approved by the American College of Surgeons and by the Council on Medical Education and Hospitals of the American Medical Association for general internship. It is also desirable that they be institutional members of the American Hospital Association.

CLASSIFICATION OF HOSPITALS

Hospitals may be classified in several different ways: type of control and type of services maintained. In the first classification are governmental, voluntary, and proprietary; in the second, general and special.

ACCORDING TO TYPE OF CONTROL

Governmental hospitals include federal, state, county, and municipal institutions, supported by tax funds and controlled by federal, state, county, or municipal governments. Voluntary hospitals are non-profit associations and are supported by fees from patients, income from endowments, and voluntary contributions. Proprietary hospitals are operated as business undertakings by individuals, partnerships, or corporations. Their purpose is not compatible with the purpose of a school of nursing whose primary

objective is avowedly education. Only the first two types of institutions, governmental and voluntary, are potentially suitable fields for instruction and practice in nursing.

ACCORDING TO TYPE OF SERVICE

General hospital, as the term is used in this manual, refers to an institution that provides for general medical and general surgical adult patients, and possibly one or more of the so-called medical and surgical specialties. It may also admit, many do, pediatric and obstetric patients.

The basis for the special hospital category is usually diagnostic. Examples of special hospitals are communicable disease, tuberculosis, eye, ear, nose and throat, nervous and mental, and obstetric. Pediatric hospitals are usually classified as special hospitals although a children’s hospital may be as general in its scope as an adult hospital in the sense that it cares for medical patients, surgical patients, neurological, orthopedic, and other diseases which afflict both adults and children.

SCOPE OF CLINICAL EVALUATION IN HOSPITALS

In a hospital-operated school of nursing an evaluation of the hospital clinical field presupposes consideration of (1) the clinical field of the hospital conducting the school, and (2) the clinical field in the hospital or hospitals where the institution sends its students for experience not available in the hospital of which the school is a part. In a university nursing school the same general principles apply in the evaluation of the clinical field as in a school operated by a hospital. Any differences which may exist will be found in the number of hospitals rather than in the essential nature of the clinical field.

IN-PATIENT CLINICAL RESOURCES

Control and type.—"It has long been accepted that the general hospital, in which all the more common forms of medical and surgical diseases are treated and which admits men and women patients, is the best for a nursing school."34

The general hospital may be either a governmental or a voluntary hospital. The governmental general hospital, usually county or city controlled, offers a rich clinical field in number of patients and variety of patients, both in the in-patient and out-patient departments. The large vol-

untary hospital may provide parallel instructional opportunities. These opportunities include practically all branches of nursing, medical and surgical and their specialties, pediatric, obstetric, and may even compass communicable disease and psychiatric nursing fields.

Four highly important factors in determining the suitability of a hospital for a clinical field are (1) acuteness of the illness of the patients, (2) number and scope of services and size of institution, (3) segregation of patients, and (4) distribution of patients in private, semiprivate, and ward accommodations.

_Acuteness of illness._—The acuteness of the illness of patients is measured by the average number of days' stay per patient for any selected period, usually given in hospital reports for a year. In the United States as a whole the average number of days' care per patient in voluntary hospitals was 10.6 days, in municipal 15.5, during the year 1940. If the average stay per patient drops appreciably below ten days it may indicate that the institution maintains a largely diagnostic service. Under such circumstances the student will not have the opportunity to observe the course of the disease or the reaction of the patient to treatment. Or if the patient's stay is appreciably longer it is likely that the service is chronic in character—providing limited opportunities to learn and to practice nursing. A reasonable index of acuteness of illness is an average stay per patient of ten to sixteen days.

_Number and scope of services and size of institution._—Preliminary to a discussion of the size of the hospital is a consideration of the number and scope of in-patient services it should maintain when undertaking to conduct a school. Of the four so-called basic services, adult medical, adult surgical, pediatric, and obstetric, it is generally conceded that at least three should be provided in the hospital of which the school is a part. Too many affiliations tend to limit the control by the school of the practice field and militate against a well-coordinated curriculum even under circumstances of educational accord between the school and the affiliating institution.

If, then, the premise is accepted that the hospital operating the school should provide three of the four basic in-patient services, the next point of reference is a definition of the educational adequacy of a particular service. The Master List of Disease Conditions may be used as a guide in evaluating the learning opportunities of a clinical field. Other studies that have been made tend to show that relatively few types of disease conditions are

35) Based on figures in the Hospital Number of the _Journal of the American Medical Association_, March 15, 1941, p. 1057.
commonly found in any large numbers in hospitals and that relatively many conditions may occur only occasionally.\textsuperscript{37} There is, however, a point below which even the frequencies of the commoner diagnoses are so reduced that the experience available is deficient. An institution with a daily average of less than 100 patients is seldom able to offer an adequate instructional field without providing affiliation.

Closely related to the number of patients and types of disease conditions cared for in a hospital is the available diet-therapy experience. In general it may be said that where a satisfactory clinical field exists for medical nursing there is likely to be found a satisfactory practice field for diet-therapy.

\textit{Segregation of patients.}—The segregation of children and of maternity patients is essential for a satisfactory instructional and practice field. In a general hospital there should be a pediatric department where pediatric patients only are accommodated and an obstetric department for the exclusive use of the obstetric patients and newborn.

\textit{Distribution of patients in private, semiprivate, and ward accommodations.}—Another factor which enters into the suitability of the hospital resources as an educational field is the proportion of patients that are cared for in private accommodations and the proportion that are cared for in semiprivate and ward. In the larger hospitals the per cent of patients in private, semiprivate, and ward accommodations, within certain limits, is relatively unimportant. As the daily average number of patients decreases, particularly on the adult services, the distribution assumes significance in the planning of a curriculum. Because of their learning and instructional needs, students who are in the early stages of their training should not be assigned the care of adult private patients.

\textbf{OUT-PATIENT CLINICAL RESOURCES}

The school of nursing should analyze and make use of the educational opportunities in the out-patient as well as the in-patient division. Of 662 schools reporting the operation of out-patient departments in the hospitals of which the schools are a part, 61 per cent are associated with hospitals having a daily average of 100 patients or more. In hospitals of the 100 to 149 patient classification, the total out-patient visits for the year are relatively few, 11,000 in the median institution; in hospitals with a daily average of 150 to 199 patients the visits increase to 18,000, and in hospitals

\textsuperscript{37} Ethel Johns and Blanche Pfefferkorn, \textit{An Activity Analysis of Nursing}, Committee on the Grading of Nursing Schools, New York, 1934, Ch. 3, pp. 50-77.
with 200 patients or more, 53,000. Obviously even in hospitals with a
daily average of 100 to 149 patients it may be necessary for the school to
seek experience in out-patient nursing elsewhere.

It is less easy to define the out-patient division in terms of size and serv-
ices as a suitable field for nursing education than it is to define the in-
patient. Clinics which contribute to the instructional field are clinics for
patients who are not usually admitted to the in-patient division. Such a
clinic is the eye clinic. The medical clinic, the pediatric, the obstetric, and
the surgical clinic each has particular learning value. In general it may be
said that clinics which furnish rich educational opportunities are: medical,
including such medical specialty clinics as allergy, endocrinology, der-
matology, and hematology; pediatric, including clinics for sick children and
well children, children with orthopedic and cardiac conditions; obstetric
prenatal and postnatal clinics; and clinics in those services which are not
maintained in the hospital or hospitals where the students receive their
in-patient experience. In planning the out-patient educational program it
is important to know for each clinic the total patient visits during the last
hospital year.

EVALUATION OF CLINICAL RESOURCES IN SPECIAL HOSPITALS

The so-called "special hospitals" have a valuable contribution to offer
to the curriculums of schools of nursing. Experience in psychiatric and
communicable disease nursing is largely secured by the establishment of an
affiliation with a special hospital. In instances where the hospital conduct-
ing the school does not maintain a pediatric or obstetric service the practice
field is usually sought in a children's or a maternity hospital.

In general, the same criteria apply in the evaluation of a special hospital
as in the evaluation of a general hospital. The special hospital should fall
within the voluntary or governmental control classification and the number
of private patients should be limited. The question of size is not relatively
as important as in a general hospital and neither is the acuteness of the
illness of the patients. In special hospitals, such as communicable disease
or obstetric, the average number of days' stay per patient classifies the hos-
pitals in the acute group; in tuberculosis and psychiatric hospitals where
patients with prolonged illnesses are cared for, the average days' stay is con-
siderably longer. In negotiating an affiliation with a psychiatric hospital,
the school should make sure that the student will have experience in caring

38) Out-patient data taken from information collected for A list of Schools of
Nursing Meeting Minimum Requirements Set by Law in the Various States, Na-
tional League of Nursing Education, New York, 1939.

[ 45 ]
for patients with the different types of mental diseases and disorders in the various stages. She should have practice with overactive and underactive patients, patients who are agitated and depressed, preoccupied and psycho-neurotic patients, and also patients who are physically ill, infirm, or senile. Similarly, if the school provides an affiliation in tuberculosis nursing, the student should have practice in caring for both medical and surgical patients in the minimal, moderately advanced, and far advanced stages of the disease.

PHYSICAL FACILITIES FOR UTILIZING CLINICAL TEACHING AND LEARNING OPPORTUNITIES

The physical facilities in the hospital in-patient and out-patient divisions are extremely important in the carrying out of the clinical program. Actually theyprovide the laboratories where students learn nursing.

A good teaching set-up presupposes (1) essential space for patients, (2) essential accessory rooms, (3) essential equipment, fixed and movable, and supplies, and (4) essential provision for educational activities.

PHYSICAL FACILITIES IN THE IN-PATIENT DEPARTMENT

Essential space for patients.—The overcrowding of wards and the reduction of the proper space between beds seriously militate against the practice of good nursing. Good hospital standards require at least three linear feet between every two beds, and a greater distance is desirable.

Essential accessory rooms.—The essential accessory rooms in a ward unit vary with the type of service. In general they include a room for charting, where the head nurse has her desk, the utility room, the linen room, the kitchen, and the patients’ bathroom, and especially in a surgical unit there may be a room for surgical dressings and treatments. All of these rooms should be conveniently located and well arranged.

Essential equipment and supplies.—Indispensable to good nursing care are adequate fixed and movable equipment and supplies. These include face basins, linen, treatment equipment and materials, blankets, etc.

The utility room should be provided with such equipment as utensil sterilizer, bedpan washer and sterilizer, bedpan warmer; hopper, cupboard for specimens, container for cracked ice, and ample shelves and space for placing small equipment.

Each ward should be well equipped with washstands with running water. While such provision is important in all ward units, it is especially so in children’s divisions.

[46]
The lighting of the medicine cabinet should be such that labels on bottles in any section can be easily read. It is desirable that a washstand with running water be adjacent to the cabinet.

*Essential provision for educational activities.*—Good teaching and good learning of nursing require, in addition to the usual physical facilities for caring for patients, provision for those activities which are a part of the educational clinical program. Ample desk space should be set aside for the exclusive use of nursing students, where they may chart, record, and write reports or read nursing manuals. A room adjacent to the ward or a group of wards is desirable for conducting conferences and classes in relation to ward practice.

**PHYSICAL FACILITIES IN THE OUT-PATIENT DEPARTMENT**

The physical facilities in the out-patient department that contribute to a good nursing and a good teaching program, while they differ in detail, are similar to those in the in-patient division.

*Essential space for patients.*—Essential space for patients includes waiting rooms and examining rooms, all of which should be well lighted and well ventilated. The waiting rooms should be large enough to accommodate comfortably the daily clientele, and they should be made as attractive as possible. Cubicles with curtains or small separate rooms provide privacy for patients when they are examined or when their histories are taken.

*Essential accessory rooms.*—The accessory rooms in the out-patient department include office of nursing staff, service rooms for sterilization and storage, lavatory facilities for patients, and laboratory.

*Essential equipment and supplies.*—The nursing staff office and each examining unit should be provided with a washstand with running water. Chairs and tables used in examinations should be well constructed and comfortable. Other equipment and supplies include cupboards, sterilizers, soap, ample paper towels, linen, sterile goods, and the necessary files.

*Essential provision for educational activities.*—The nursing staff office may be used not only for administrative routines, but also for conferences and teaching. Here may be kept reference books and other instructional materials. Instructional materials in an out-patient department refer to whatever materials are employed in the teaching of students or in giving instruction to patients. They include layettes, clothing for children and expectant mothers, charts, posters, pamphlets, and various other exhibits.
ADEQUACY OF THE NURSING SERVICE STAFF

In evaluating the educational opportunities of a hospital clinical field the adequacy of the nursing service staff is an important consideration. While adequacy of staffing in terms of quantity does not necessarily assure adequacy in quality, it is an axiomatic fact that good nursing care and a good educational program cannot be consistently maintained unless there is enough time in which to plan and to carry out these activities. Moreover, a good teaching clinical field requires a permanent general staff in sufficient numbers to insure a stabilized service and to safeguard a balanced clinical program for nursing students.

NURSING SERVICE FUNCTIONAL GROUPS

The professional nursing service staff consists of two functional groups: the supervisors and head nurses who constitute the administrative and supervisory group; the general staff, frequently referred to as the bedside nursing staff in in-patient divisions, which includes graduate nurses and students who render service in the process of learning nursing.

The non-professional staff in the in-patient division are the ward helpers and orderlies. To them are assigned certain housekeeping and non-professional nursing service duties. In the out-patient department a non-professional staff is also employed. The functions of this group in the out-patient department may vary, but in general they include: cleaning and housekeeping, making appointments for patients, and directing patients to examining rooms, the latter functions being performed by clerical attendants.

A discussion of the non-professional volunteer group may be found in the Manual of the Essentials of Good Hospital Nursing Service.

MEASURES FOR APPRAISING NURSING SERVICE STAFF

In the study Administrative Cost Analysis for Nursing Service and Nursing Education norms or measures were developed for evaluating the amount of nursing service in a given institution in a given department of the in-patient division. Specifically, these norms are: (1) the average

39) Manual of the Essentials of Good Hospital Nursing Service, Joint Committee of the American Hospital Association, the National League of Nursing Education, the American Nurses' Association, the American College of Surgeons, and the American Medical Association, New York, 1942.

40) Joint Committee on the Costs of Nursing Service and Nursing Education, American Hospital Association and National League of Nursing Education in cooperation with the American Nurses' Association, 1940.
number of bedside nursing hours required per patient during each twenty-four hours; (2) the per cent of total bedside nursing hours that should be provided by graduate nurses; (3) the number of patients per supervisor, day and night; (4) the number of patients per head nurse; and (5) the number of patients per orderly or per ward helper, day and night.

Similar studies of the staffing of the nursing service in the out-patient division have not been developed, and without such studies norms or measures are not available. Such data as have been collected show a wide variance of practice in different out-patient departments. The same principles, however, should obtain in staffing the nursing service in the out-patient division as in the in-patient. There should be a sufficient number of supervisors and head nurses for the proper administration of the nursing service and the proper supervision and instruction of the students, and enough graduate staff nurses to assure stabilization of the nursing service and the program of the school.

QUALITY OF THE NURSING CARE GIVEN TO PATIENTS IN HOSPITALS

A school of nursing should assure itself that the nursing care of patients is good in its broadest sense. While each of the factors heretofore discussed may influence, independently of the others, the breadth and soundness of the nursing school program, the acid test of whether or not any clinical field in any hospital is a suitable place for students to learn nursing is the kind of nursing care given to patients. Good nursing implies the intelligent application of principles, the practice of good techniques, the use of opportunities to teach health to patients, and a fine regard for the mental and emotional as well as the physical needs of patients. To learn good nursing, whether the field of learning is an in-patient or an out-patient department, the student must see good nursing and must have the opportunity to practice it.

HOSPITALS PROVIDING AFFILIATION

The criteria described in this section for evaluating the clinical field should be applied not only to the hospital of which the school is a part but also to any affiliating institution where students are sent for experience.

PUBLIC HEALTH NURSING FIELD

The public health nursing agency as an appropriate instructional field cannot be described under the same categories as the hospital. It is just
as important, however, when a school establishes an affiliation with a
public health nursing agency for the school to determine the fitness of the
agency as an instructional field as it is to determine the fitness of the
hospital.

The National Organization for Public Health Nursing has outlined
certain specifications for agencies offering student affiliation. These speci-
fications are here given.  

Prerequisites for an agency offering an affiliation:

An affiliation should be sought only with agencies whose practices are in
accord with the generally accepted principles of public health nursing and
with standards of practice as outlined by the N.O.P.H.N., as to organiza-
tion, qualifications of nurses, personnel practices, salaries, supervision,
procedures and techniques.  

Wherever an affiliation is offered there should be one person responsible
for the student educational program. In the large agency this may be the
educational director. In a small agency, the affiliation should be offered
only when the nurse in charge is qualified, can take the full responsibility
for the students, and can carry out the program in accordance with the
recommendations that follow.  

The ratio suggested by the N.O.P.H.N. of supervisors to staff nurses is
one supervisor to eight or ten staff nurses, including students.

Experience has shown that it is not desirable for an agency to carry a
ratio of more than one student to three staff nurses.

The qualifications of personnel should, with a few exceptions, meet
N.O.P.H.N. qualifications for those appointed to staff and supervisory
positions in public health nursing.

It is well to ascertain whether the agency is a member of the National
Organization for Public Health Nursing.  

41) "Student Affiliation with a Public Health Nursing Agency" (Recommend-
tions of the Subcommittee on Student Affiliation of the Education Committee of the

42) See the following publications of the National Organization for Public
Health Nursing:

Marion G. Randall, Personnel Policies in Public Health Nursing, A Report of Current Practice in
a Sample of Official Health Agencies in the United States; prepared for the Committee on Personnel
Practices in Official Agencies of the National Organization for Public Health Nursing, The Mac-


43) These program recommendations are not given in this publication. See
"Student Affiliation with a Public Health Nursing Agency."

*A list of agency members may be secured from the National Organization for
Public Health Nursing.
Type of organization:

To date, most of the opportunities for student affiliation have been offered by visiting nurse associations with a generalized program. Experience has shown that the transition from hospital to home is made more easily by the student through the bedside service of the agency that offers a family health service. There is room for further experimentation in the field, however, by health departments and other agencies which meet these requirements. 44

SUMMARY OF FACTORS CONSIDERED IN EVALUATION OF CLINICAL FIELD

In evaluating the clinical field consideration should be given to the following factors in the hospital or hospitals where students receive instruction and practice, and as described in this section: approval by recognized national agencies; type of control; number and scope of services and size of institution; acuteness of illness of patients; segregation of patients; distribution of patients in private, semiprivate, and ward accommodations; out-patient clinical resources; physical facilities for utilizing clinical teaching opportunities both in the in-patient and out-patient divisions; adequacy of nursing service staff; quality of nursing.

If students have experience in a public health nursing agency, consideration of the agency as a suitable instructional field should be based upon the specifications outlined by the National Organization for Public Health Nursing with reference to such factors as organization, qualifications of personnel, supervision, procedures and techniques, and centering of responsibility for student program.

44) "Student Affiliation with a Public Health Nursing Agency."
CLASSROOMS AND OFFICES

CLASSROOMS

Essential to the satisfactory functioning of a curriculum are suitable classrooms, offices, and library, properly located, constructed, and equipped. Since the physical features pertaining to the library are discussed under “Library” this section deals with classrooms and offices only. “Classrooms” as used in this manual refers to any rooms where instruction is carried on—lecture rooms, demonstration rooms, and laboratories.

The number and size of the classrooms should be evaluated in relation to the size of the school, its curriculum activities, and its relationship to other educational institutions. A school of nursing which is an integral part of a university or college, or a school which has an arrangement with a college whereby certain science courses are given by the college and in the college laboratories will require fewer classrooms for its individual use than a school without these relationships.

Classrooms in a nurses’ residence should be in a quiet part of the building and easily accessible. In planning classrooms there should be considered the size of individual classes, the length of the class periods, the number of times classes meet weekly, the repetition of courses during the year, unexpected changes in enrollment, and expansion of educational activities. A school which establishes an affiliation not previously maintained may find itself embarrassed for classroom space. In general it may be stated that a small or moderately sized school of nursing, entirely dependent upon its own facilities, should have at least two general classrooms, a teaching unit for the demonstration and practice of nursing procedures, a laboratory for teaching the science subjects and a laboratory for instruction in nutrition, and an assembly room or auditorium large enough to accommodate the entire student body. When funds permit, it is desirable that provision be made for two science laboratories, one for teaching anatomy and physiology, and bacteriology, and another for instruction in chemistry and materia medica.

All classrooms should be properly lighted, heated, and ventilated. Lighting should be such that students when seated do not face direct light continuously. Unilateral left-hand light on the long side of the room has been found satisfactory for regular classrooms. In laboratories which are
wide it is desirable to have windows on both sides. When windows are in
the rear as well as on the long left-hand side care should be taken to pre-
vent glare in the instructor’s eyes and cross lights and shadows for students.
Shades should be adjustable and hung from the center of the windows,
Natural light should be supplemented with indirect or semi-direct artificial
light as necessary. Special attention should be paid to the lighting in
laboratories in which microscopes are used.

The heating and ventilating system should be such as to maintain
standard conditions of heat, fresh air, humidity, and air movement. The
New York Commission on Ventilation gives 68° Fahrenheit as an effective
temperature.\footnote{45}

Classrooms should be supplied with equipment suitable to the purposes
for which they are used. One of the results of commercial competition and
research has been the standardization of laboratory units and other class-
room equipment and furniture, and often one type is as satisfactory as the
other. Only a few generalizations are here offered.

Desks, chairs, and tables should be so constructed as to encourage good
posture. In lecture rooms chairs should be movable, have tablet arms, and
undershelves for books. For the teacher’s use a plain table and chair are
necessary. Chalkboards should be placed in the front of the room, back of
the teacher’s desk and high enough to be seen from the back of the room.
They should always be so located as to prevent glare.

The instruction in science and nutrition courses offered in nursing schools
should be of such a character as to require individual laboratory equipment.
The instructional facilities in the nursing arts teaching unit should include
equipment similar to that found in the ward unit. These facilities should
also provide seating accommodations, preferably on an inclined floor, to
assure unobstructed view when demonstrations are given. Equipment uni-
versally needed in classrooms are bookcases, cabinets, bulletin boards,
screen and lantern, and electric clocks operated from a master clock. Every
school of nursing should own some sort of duplicating machine or have
access to such facilities in some other division or department of the hospital
or college of which the school is a part.

OFFICES

The number and size of offices that are needed for the administrative
and teaching staffs will depend on the size and the activities of the school.

\footnote{45) The New York Commission on Ventilation, \emph{School Ventilation—Principles
and Practices}, Teachers College, Columbia University, New York, 1931, p. 62.}
They should be located in a quiet part of the building, easily accessible and as free as possible from distractions.

Administrative office space includes the offices of the director of the school and her administrative assistants. The director of the school should have a private office, large enough for small group conferences, and a larger outer office should be provided for the clerical staff. The outer office may also be used for persons waiting for interviews if the office unit does not have a separate room for this purpose.

The offices of the instructors should be located conveniently near their respective teaching units. The health service office should be easily accessible to all to whom this service is available.

Essential office furniture consists of a flat-top desk, equipped with partitioned drawers of different sizes, a swivel chair, and two or more other chairs. There should also be provided a telephone, filing cabinets, bookcase, and shelves or cupboards for storing paper, envelopes, mimeographed material, and other items of office supplies and equipment. Fireproof vaults or cabinets are a necessity for keeping permanent records.
THE LIBRARY

The fundamental purpose of a library is to provide the instructional facilities and the means essential to the effective carrying out of the educational program of the school. These include (1) a librarian, (2) content—book collection, etc., (3) availability of library service and physical facilities, (4) budget and accessions, and (5) library records and library studies.

LIBRARIAN

The responsibility for the administration of the library should be centered in one official. For the most satisfactory library operation a full-time, competent, trained librarian should be employed. When funds are not available for the employment of such a worker, the school should provide for the conduct of the library through other means, still placing the general responsibility in one individual. This individual, who then serves as chief librarian, may be the assistant to the principal or an instructor, and if possible someone who has had library training. Since she will have functions other than those concerned with the library administration, she will need assistants to relieve her during that part of the day when she is otherwise occupied. In a school where there are several instructors, this group may serve as library assistants, or advanced nursing students may be granted working scholarships in return for a reasonable number of hours given to the library.

The librarian has two chief functions. The first of these is organizing the library—if it has not been organized—and then keeping it in good working order. Among the major aspects of organization are the classifying, cataloguing, and shelving of books according to an accepted system; the developing of a plan for recording the receipt of and the care of periodicals, and for classifying and making readily accessible pamphlets, reprints, and other materials having permanent value, and for instituting a charging system for the recording of loans. The National League of Nursing Education through its Committee on Curriculum has prepared *A Library Handbook for Schools of Nursing.* This publication includes a list of

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subject headings for cataloguing especially developed for the libraries of nursing schools.

The second important function of the librarian is to promote the use of the library. The good librarian is more than a mere service officer. She seeks not only to satisfy the immediate interests of her readers, but advises them of collateral readings and reference sources. She cooperates with the faculty both individually and collectively by bringing to their attention magazine articles, new publications, and book reviews in their respective fields, as well as by keeping them informed of all additions to the library's collection. How well she fulfills her functions will depend on her understanding of the professional aims and program of the school and her appreciation of the scope of her opportunities.

CONTENT

The content of the library includes the book holdings, periodicals, reprints, pamphlets, and other materials of value. A discussion of the book content requires consideration of both quantity and quality. Quantity may be expressed in the number of titles on a particular subject or in the total collection; quality in the authoritiveness and publication dates of the books. Except for publications having intrinsic historic value, out-dated reference sources should be replaced by revised editions or by more recent works on the same subjects.

A school of nursing should make adequate provision, both in quantity and quality, for reference books for each subject included in its curriculum. Logically, the number of different titles in a small school should not differ appreciably from the number of different titles in a large school, provided the educational programs of the two schools are similar. The size of the school should have little bearing on the content of the library except on the number of duplicate copies needed.

In addition to the holdings in different subject matter fields the book collection should contain an unabridged dictionary, an up-to-date encyclopedia, an atlas, and other standard reference books. It is desirable that books for cultural reading be included, if the funds of the library permit, especially if a public library or university library is not conveniently near.

Complementary to the book content as an instructional means are professional journals in nursing and allied fields. With the discoveries and rapid advancement in all branches of knowledge, well-selected periodicals are essential in keeping the faculty and students informed and up-to-date on current developments.
AVAILABILITY OF LIBRARY SERVICE
AND PHYSICAL FACILITIES

The satisfactory use of the library is closely related to its availability to students and faculty and to its location and size. Sufficient library service should be provided in order that the resources of the library will be accessible to students and faculty throughout the day and during the evening.

The library should be conveniently located and in a quiet part of the building, and sufficiently large not only to meet the present needs of the school but also to allow for expansion. Good lighting, easily regulated, for the individual reader, and a good system of ventilation are essential to the maximum utilization of the library. Important also are suitable furnishings and equipment, such as adequate tables and chairs, a desk for the librarian, properly constructed open book-shelves, racks for periodicals, vertical filing cases, card catalogue cabinets, and a bulletin board.

BUDGET AND ACCESSIONS

An adequate sum should be allotted to the library in the annual plan for the school expenditures. Items included in the library budget are salary of librarian, new books, new editions and replacements, subscriptions for periodicals and binding of periodicals, equipment as needed, and current supplies. The upkeep of the library and the rate and steadiness of its growth are indications of its usefulness. The number of accessions is not dependent upon the age of the library but rather upon its size. In Standards for College Buildings it is stated that “approximately 4 per cent of the total number of volumes would not be an unreasonable index to use in evaluating this phase [that is, the number of books acquired yearly] of the college library.”

LIBRARY RECORDS AND LIBRARY STUDIES

A resourceful and alert librarian will develop a record system that will provide information indicating the extent to which the library is used. One index of the library’s effectiveness is the sufficiency of the collection in relation to demand; another is the use of the library both by the faculty and students, particularly as measured by library loans. An analysis of the library’s activities should be made with the same periodic regularity as an analysis of other activities in the school. The findings of library studies and reports may well be used as one basis in making the budget or in seeking additional funds for the library.

RECORDS, REPORTS, AND SCHOOL BULLETINS

The well-administered school of nursing will maintain a purposeful and satisfactory system of records and reports. It will also have a well-prepared school bulletin.

It is not the intent of this section to describe in detail specific records and reports or school bulletins. A description concerning the different types of student records is found in *A Guide for the Use of the League Records.*48 This section is to indicate the purpose of records, reports, and school bulletins, and the principles which should guide their adoption and use.

RECORDS

While desirable features of records are simplicity and a minimum requirement of effort, the inherent value of any record is the educational and administrative significance of the data it contains. An item on one form may be justifiably duplicated on another if the duplication facilitates the use of both records. The criterion for judging a record as a whole or any item on it is the use that will be made of the information. The system of records should be so developed that each record supplements the others and each is an essential part of the system as a whole.

Records should be kept up-to-date and properly dated, and all pertinent information entered without delay. They should be signed by the reporting individual or body. The final record of a student should be completed promptly after she has finished her course. All entries on records and hand copies of records should be carefully checked. Whenever possible, photostatic copies rather than hand copies should be provided, as this method eliminates the possibility of error and is a laborsaving device.

It is important that distinction be made between records which have permanent value and those which have temporary use. Durable paper should be used for permanent records, which may be kept in envelopes or open folders and which should be safeguarded against loss in every way. All records containing information which in the future may be of importance

48) Committee on Records of the National League of Nursing Education, New York, 1938.
to students, to faculty, to alumnæ, or to the school as a whole should be carefully preserved.

The usefulness of records is in direct relation to the care with which they are kept, their accuracy, neatness and legibility, the efficiency of the filing system, and the accessibility of records to the members of the faculty who need them for counseling purposes.

STUDENT RECORDS

Student records provide the information necessary for an effective guidance program beginning with the records assembled for each applicant for admission to the school. The purpose of the admission records is to secure as comprehensive a picture as possible of the applicant's background—family, social, and vocational history, personal characteristics and interests, attitudes and aptitudes, previous scholastic work and record, reports on tests administered, and past and present health history. The usual types of forms for accumulating these data include the application for admission, secondary school or college transcript, personality report, pre-entrance medical and dental forms, interview form, and provision for recording results of tests. In addition to the admission records nursing school records provide for: (1) student final, auxiliary, and clinical records, and (2) student health record.

The student final record is the most important single permanent record of the student while in the school. This record should show relationships and progress, and, specifically, the courses the student has had in class and practice, with the year and term when taken, marks received, the hours included in each class subject, and the time given to each practice course, both during the day and during the night. The preferable method of expressing time spent in clinical courses is in "hours," but up to the present time in most schools nursing experience has been recorded in "days," in which case it is important that the weekly hour schedule be given on the form. Other data included on the student final form are general education, date of entrance, date of completing course, and pertinent information concerning the hospital or hospitals and public health nursing agency where experience has been obtained.

As supplementary to the above purely factual data a summary record should be made of the personal and professional qualifications of the student and evidences of personal and professional development. It is desirable to record any special nursing ability and special nursing interests and advice given to the student during, and particularly upon completion of, the course. Information of this type, which is given out only with the
utmost discrimination, should be recorded on a separate form. This makes possible the release of the purely factual data from the student final record in photostatic form.

Auxiliary records, as the term is used in this discussion, are records for keeping current information and for sending reports to the central office concerning the activities and achievements of students. The information contained in these records may be summarized before being transferred to the final records, or it may be of such a nature that it can be directly transferred. Examples of auxiliary records are: the record showing the student's clinical assignments in chronological order, complete course enrollment lists, and grading reports from each faculty member, class attendance records, and records for use by supervisors and head nurses in their reports on students during, or at the completion of, each clinical assignment.

Clinical records are forms for recording activities occurring in the wards or other departments of the hospital. A clinical record may be an administrative device or it may be a device for planning the clinical instructional program, or it may serve both administrative and instructional purposes. Important among the clinical records are the weekly time assignment plan and the daily time assignment sheet, the weekly clinical assignment plan and the daily clinical assignment form, and students' records of the procedures they have performed and the conditions of patients they have cared for.

The school of nursing should keep a cumulative health record for every student. Upon the premise that the health record is a significant index of the school's health program, it should include whatever information is necessary for judging the present and past health status of students and for guiding the development of proper health habits. An inclusive health record usually contains such data as: certain general information—place and date of birth, nationality, etc.; family health record; personal health record; personal health habits; findings from the medical examinations given during the course, including diagnostic tests and immunization treatments; weight taken at periodic intervals; illnesses and injuries; and health attitude and health practices noted during the course.*

**FACULTY RECORDS**

A record should be kept of each faculty member. This record includes such general information as name, title of position, date of appointment; the school of nursing from which the appointee was graduated and the

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*A Cumulative Health Record has been prepared by the Committee on Records of the National League of Nursing Education.
year of graduation; amount and type of general education, special preparation for the position, and professional experience at the time of appointment. It also records the initial salary and subsequent changes in salary. The school may also wish to record data pertaining to professional interests and attainments, such as membership and offices held in professional organizations. Upon the resignation of a faculty member, the date and the reasons for resignation are entered on the record, together with comments concerning professional activity and growth; the record is then transferred from the current or active faculty file to the inactive file. All faculty records should be kept in the office of the director of the school.

In the event that provision is made for pension or annuity rights, the necessary records should be kept in the administrative office of the school or the business office of the hospital or university.

OTHER RECORDS

Other records which a school keeps will depend upon its activities. If the school awards scholarships or has a loan fund, it should keep a list of scholarship students or of the students to whom loans have been made, the nature of each grant, and the record of the student or graduate who received it. It is also desirable that the school have an alphabetic card file of every person who has ever made application to the school. This file contains merely the name and address of the applicant, together with information as to whether the application has been accepted, or, if rejected, the reason for rejection. Another file which may be kept includes a card for every student admitted to the school with certain general information such as name, address, and date of admission. If, during her course, the student resigns or is dropped from the school her card should be transferred to a file of "Resigned or Dropped Students." If she completes her course the date of graduation should be entered and her card transferred to the alumnae file at once. This procedure makes it easy to keep both the file of withdrawn students and the alumnae file up-to-date. When the alumnae file is kept up-to-date, and such information is recorded on it as positions held since graduation and advanced professional preparation, it provides valuable source material for an analysis of the achievement of the graduates of the school.

REPORTS

The reports which are prepared in a school of nursing are determined to a certain extent by the organization, activities, and special interests of the school. The factual data given in the reports will depend on the records
that are kept. Not all of the information that may be used advantageously in developing reports will be found on the records mentioned in this manual. Other information can be assembled to strengthen statements and to support recommendations. Statistical data and graphs should be freely used. They add interest and give emphasis to a report.

At least annually the director should prepare for the governing body of the school a comprehensive report dealing with such matters as changes in administrative and teaching personnel, changes in the curriculum, statistics concerning the number of students admitted, the number withdrawn and the reasons for their withdrawal, and the number of students graduated, the use of the library, books, and other instructional materials and facilities acquired during the past year, new health measures introduced, total number of days of illness for all students and average number per student, faculty members who have been granted leaves of absence for special study, results of any study or experimentation, special contributions of faculty members to professional literature or as officers in professional organizations, problems that should be considered, progress made in the school, and recommendation of policies and program for the future. The director usually also presents monthly or bi-monthly reports to the council or governing body of the school.

At designated periods the chairman of each faculty committee should submit to the director of the school and to the faculty as a whole a report of the activities and recommendations of that committee. The form of these reports will depend somewhat on the function of the committee, but, in general, consideration should be given to any problems with which the committee is concerned, significant action taken at meetings, and recommendations.

Minutes of all meetings of the governing body of the school, any committees of that body, the faculty of the school, and faculty committees should be dated and in recognized good form. They should give specifically and accurately the transactions that occurred.

Reports and minutes are permanent records and as such should be carefully filed and protected against damage or loss. They furnish source material for the history of the school.

THE SCHOOL BULLETIN

The nursing school should publish a bulletin which follows recognized good form.

In a broad sense the school bulletin is both a record and a report. It is a record in that it "records" current facts of the school's organization and
operation. It is a report in that it gives information to individuals, agencies, and the general public about the school.

The individuals with a particular interest in obtaining information about the school are prospective students. The bulletin is referred to as the agreement between the school and these prospective students. Later, the same individuals, as graduate nurses, may apply for admission to a college or university. The university then has concern about the school, and the current bulletin should help the university in evaluating at least the present status of the school.

Since the purpose of the school catalogue is to give information about the organization, policies, and program of the school, it should include information pertinent to that purpose and to that purpose only. The necessity for exactness of statement cannot be overemphasized. It is a first essential that all information be accurate, authoritative, up-to-date, and organized under well-chosen headings so that any specific information can be readily found.

For convenience the contents of a bulletin may be discussed under three arbitrary divisions. The first division usually deals with organization and faculty details. It contains a table of contents, the school calendar, the names of the board of trustees of the university or hospital of which the school is a part, the school of nursing council or advisory committee, standing committees of the faculty, the names of the faculty with a summary of their academic and professional preparation and experience.

The second part of the bulletin is concerned with information which gives the reader a general orientation to the school. It begins with a brief historical summary and a statement of the school’s aims. The statement of aims may be included in the historical summary. How and in what form the aims are stated is not important. As a reference point, however, it is essential that the school will have stated its educational purpose in concise, direct terms early in the bulletin.

The facilities for instruction are usually next described. These include facilities for classroom instruction, library, and clinical instruction. The requirements for admission and graduation may then be outlined, and information relating to tuition fees and other expenses, vacations and other absences, student loans or scholarship awards, and health regulations and service. A statement should be included concerning the eligibility of graduates for registration in the state in which the school is located and in other states.

A brief descriptive statement of the organization of the curriculum is an important part of a school bulletin. The information usually contained
in this statement is the length of the course, the division of the course into years and terms, the sequence and correlation of class subjects and practice assignments, and the weekly hour schedule including both class and practice.

If the school offers a course leading to both a nursing diploma and a degree, similar specific information concerning that course should be given, and, in addition, there should be included the name and address of the university or college conferring the degree and of the hospital where the nursing practice is given, the number of months in the entire course, the number of months spent in college, and the number in the hospital, and exactly when during the course the college work is taken.

A summary of the information concerning the curriculum in tabulated form adds to the usefulness of the bulletin.

The third part of the bulletin lists the courses of instruction giving the following information for each subject: the name of the course (it is desirable that a course number also be given), a condensed but informative description of the course, the term and year it is given, the number of hours in lecture and laboratory each, and the names of the instructors. This information should be given for clinical subjects as well as for classroom subjects. In some bulletins courses are classified under such headings as biological sciences, social aspects of nursing, surgical nursing, and so on.

When changes are made in school policies or program the bulletin should be revised. Needless to say, a bulletin should be dated. The date of publication should appear both on the cover and on the title page. It is desirable that the printing of the bulletin be so planned that an issue appears annually.

The arrangement and printing of the bulletin should follow accepted good form. It should be made up as a booklet. When photographs are used, they should be well chosen and illustrative of the activities of the school. In preparing a bulletin it will be helpful to examine a few selected catalogues of university and hospital schools of nursing.

The bulletin of the school is one important means of publicity. To serve this purpose best it should be tersely and clearly written. Bulletins are also highly important as historical records of the activities, growth, and development of the schools. For the historian it is a rewarding task to study school bulletins, provided that they are adequately inclusive and have been published in unbroken succession through the years.
ADMINISTRATION

OBJECTIVES

It has been said that the purpose of any administrative organization is to achieve its objectives with the greatest efficiency, the maximum economy, and the minimum effort. When the ways to the end become involved, when straight thinking and direct action are made difficult or impossible through lack of thoughtful planning, by lack of understanding, or by the proverbial "red tape," the desired goals are lost.

A good school of nursing should therefore make provision for the type of administrative organization which will be most effective in attaining its aims and objectives. "The purpose of administration is to provide efficiency in functioning of all of the activities essential to the achievement of the purpose of the school."

Democratic administrative control is directive, cooperative, and experimental. It is directive in coordinating all of the activities of the school in the pursuit of a common goal or purpose; it is cooperative in attaining and maintaining, through participation of the personnel, common understanding of the purpose and what it involves in terms of ways and means; it is experimental in continuously improving its efficiency by appraisal and revision of school operation.

Administration is a means through which the aims and objectives of the school are fulfilled, it should never be an aim in itself.

ORGANIZATION OF ADMINISTRATIVE PERSONNEL

It is not important that every school of nursing should have exactly the same type of administrative organization. In fact a particular form of administrative organization might be not only impossible but detrimental in certain situations. It is important that every school have a definite administrative organization plan. It is also important that the plan be charted graphically, for it must be understood by all who participate in it. Again

49) Fundamentals of Administration for Schools of Nursing, p. 30.
50) Ibid., p. 81.
the reader is referred to the charts showing types of organization in *Fundamentals of Administration for Schools of Nursing*, pages 215-218.

**UNIFICATION OF AUTHORITY AND LEADERSHIP**

The chief administrative officer of the school, who may function under the title of dean, director, or principal should be given the authority and backing needed in order to administer the school successfully. "Authority for general administration is centered in the chief administrative officer of the school. Her responsibility is commensurate with the authority which is delegated to her. The same is true of the officer in charge in any area."51 In addition to this administrative officer, there should be appointed such personnel as are needed to make effective the organization plan. This group, together with the administrative officer, is generally known as faculty and teaching staff. In a hospital-controlled school it is the body responsible for the educational policies and conduct of the school to the hospital board of trustees through the school committee, and in the university or collegiate school to the president, executive committee, or other body in accordance with the university organization. It must work cooperatively with the advisory or the controlling body. Lines of responsibility and authority should be clearly drawn and understood. Leadership is essential in every school. While this must be the ultimate responsibility of the administrative officer, it is expected that she will exercise her leadership in a manner which encourages leadership and growth in the faculty as a whole. One function of any organization is to affect the personal development of the people functioning within it. A good school of nursing is promoted by true democratic leadership.

**ADMINISTRATIVE PERSONNEL**

In a school of nursing conducted by a hospital the administrative officer of the school is usually also the director of the nursing service, and as such is responsible to the hospital administration for this service. In an organization of this type it is important that there be an associate or assistant director for the school and a similar assistant for the nursing service. In a school organized under the college or university where the school secures the clinical experience for its students either in the university hospital or in a hospital under other control, there are frequently to be found two executive officers: the dean of the school appointed by the university and the director of nursing appointed by the hospital for the care of patients.

51) Ibid., p. 92.
In this situation the director of the nursing service should be directly responsible to the dean of the school for the clinical instruction and experience of the students.

Other personnel in the school whether it is controlled by hospital or university may hold dual positions, in which case their duties as they relate to the hospital and to the school must be clearly defined, and well understood by both organizations. For example, a supervisor of a medical division in the hospital may be appointed as clinical instructor of medical nursing. Head nurses in the hospital may be appointed as assistant clinical instructors.

ADMINISTRATIVE FUNCTIONS

It is important that provision be made for the coordination of the work of all who teach or carry executive responsibilities in the school and the following administrative functions: administration of faculty personnel, curriculum administration, administration of student personnel, administration of records and reports, administration of service problems, and administration of business activities.

The number of individuals needed for administrative service in a school of nursing depends upon the size of the school and the scope of the program offered. In a small school of nursing the administrative service may well be performed in large part by members of the faculty who are released from a sufficient amount of their teaching responsibilities to make available the necessary time for administrative work. The large school of nursing may require the full time of one or more administrative officers, but even in the large school administrative duties may be performed by faculty members who have some teaching responsibilities. When administrative work is assigned to members of the faculty, teaching and other duties should be proportionately decreased.

ADMINISTRATION OF FACULTY PERSONNEL

In a democratically administered school the chief administrative officer and her associates should participate in the recruiting and selection of faculty members. The final recommendation for appointment should, however, be made by the chief administrative officer. Administration of the practices employed in the selection and employment of faculty members together with conditions of service and welfare should be based on policies approved by the advisory committee or by the controlling body. Where joint appointments are in effect, as is often the case where a hos-
pital, public health nursing, or other agency cooperates with a school of nursing in providing instruction and field experience for its students, nominations to such positions should be approved by both organizations before appointments are made.

**ADMINISTRATION OF CURRICULUM**

A curriculum does not operate itself. It is dependent upon persons and conditions to give it life. No matter how admirably planned, it can only be made truly effective if the place in which it is carried out is of proper character and standing, and provides in its resources, teaching facilities, and administrative policy, a suitable field for the kind of education it proposes to give.52

The faculty of the school should be responsible for the development and the administration of the curriculum. Definite provision should be made for planning and coordinating class schedules and practice, and for the assignment of students throughout the period of instruction. Carefully planned instruction while in the clinical services should also be the responsibility of the faculty. Committees of the faculty should be appointed to review the effectiveness of the teaching program, to study curriculum needs and the modifications needed to meet changing conditions, to study rating and grading systems, requirements for graduation, library needs, and other matters which will promote the learning of students and the growth of the faculty.

**ADMINISTRATION OF STUDENT PERSONNEL**

The more important administrative responsibilities of student personnel services are: admission and registration of students, promotion and graduation, orientation of students, counseling of students, residence and recreation, health program, and student organizations.

**Admission and registration of students.**—A committee on admissions, with the chief administrative officer of the school as chairman, should be organized. In some schools this committee may pass on the qualifications of all applicants, although usually the credentials of only those applicants whose records appear doubtful are referred to it. The chairman or other members of the committee may also assist in the registration of students upon entrance to the school.

In the school of nursing conducted by a university or college, the func-

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tions of admission and registration of students will be carried on by the office of admissions with the advice of an especially appointed member of the faculty or a small committee familiar with the special qualifications required of nursing students.

*Promotion and graduation.*—The functions pertaining to promotion and graduation are usually administered by a committee which is given larger responsibilities and is called the administrative or executive committee or by some other appropriate name. In the event of unsatisfactory scholarship or other reasons for terminating a student's connection with the school, this same committee may function.

*Orientation of new students.*—Responsibility should be placed for administering the orientation plan of new students. Usually specific aspects of this program are delegated to different members of the faculty with some one member directing and coordinating the plan as a whole.

*Counseling of students.*—The administration of the counseling program will depend upon the specific plan in effect and the size of the school. It is highly desirable that a person trained in the field of guidance have the general direction of the program and assist the members of the faculty in an understanding of their duties in this program. This specially prepared person may be the director of the residence or hold some other position on the faculty which gives her time and opportunity to carry on this special function.

*Residence and recreation.*—The administration of the residence and the recreation program should have the cooperation of the student body. In a school where a good plan of counseling is in operation and where student organization exists the administration of these activities is facilitated and promoted.

A specially appointed or designated person should be responsible for the administration of the residence. The title and activities of this official will depend to a large extent on the division of her time between personnel work and housekeeping responsibilities. A large school will require in addition to a qualified person to administer the residence at least one person prepared to direct physical education and assist in the recreational program.

*Health program.*—The responsibility for the health program as a whole and for its coordination with the counseling program and other activities in the school is properly delegated to some one member of the nursing school faculty. In a large school this member is usually a graduate nurse who gives all her time to the health program. In a small school the health
activities may be assigned to a faculty member whose duties include other activities. Under either circumstance it is important that this faculty member be qualified to function in a health program and that her duties be so planned that she has the time in which to do it.

All medical activities which are part of the health program should be under the direction of a competent school physician who is responsible to the school administration for this service.

Student organization.—The administrative function of the faculty with reference to student organization is largely a cooperative function. Both students and school benefit by an organization which provides for student cooperation in the control of social life and residence policies in relation to student life and welfare.

ADMINISTRATION OF RECORDS, REPORTS, AND BULLETINS

The responsibility for the upkeep of records is properly vested in one person. It is the task of this individual to see to it that the records of students, class and clinical, are promptly received in the central office; that records are properly filled out, dated, and signed; and that all records, both those of students and faculty, are kept up-to-date. The responsibility for the filing system may also be assigned to her. In a large school this official may be a regularly appointed registrar; in a small school a member of the faculty may be so delegated. If the latter practice obtains it is desirable that a clerical worker be trained and be assigned the mechanical aspects of the keeping of records. The school should provide for the preservation of records in the event of the school's going out of existence.

Provision should be made for supplying transcripts of records when required. An increasing number of schools supply the student, on the successful completion of her course, with a photostatic copy of her record.

Since the administration of reports, including minutes of meetings, consists largely of their filing and distribution to the proper groups or individuals, this function may be delegated to the official responsible for the records. The administration of reports rightly includes an examination of them before they are filed, to make sure that they have the proper headings, and are dated and signed. Minutes of faculty meetings and minutes of faculty committees, and school reports are filed as permanent records.

The responsibility for the preparation of the bulletin is usually assumed by the principal of the school, although she may delegate certain aspects of it to one or more of her assistants. At least two copies of each school bulletin as issued should be placed in a permanent file.
ADMINISTRATION OF NURSING SERVICE PROBLEMS

The faculty of the school is concerned with the problems of nursing service and problems concerning the welfare of patients, as they relate to the students and to the school. In cooperation with the nursing service staff, provision should be made for faculty study of service problems and for their adjustment and solution.

ADMINISTRATION OF BUSINESS ACTIVITIES

General.—In the school of nursing conducted by the hospital, the business activities will be carried on by the business office of the hospital although the school office may collect tuition and other student fees for the hospital office. In the university or college school the business activities will be handled by the university business office. Only in the independent school must other provision be made for them. In such cases these activities are usually handled in the office of the chief administrative officer, or by a business manager.

School budget.—The dean or principal is responsible for the preparation of the school budget, after the faculty members and others who have administrative responsibilities think through and submit the needs of their program for the ensuing year. The budget should be accompanied by a statement giving the reasons for the requests made which should be based on the policies of the school.

In a hospital nursing school with a school committee the budget is usually cleared through that committee, or a special subcommittee of it especially appointed for that purpose. If a school committee does not exist the budget is submitted directly to the hospital administrator. Any changes in the budget either by the school committee or the hospital administrator are made in consultation with the principal, since she is responsible for carrying out the program, upon which she has based the current budget needs. When finally agreed upon, the budget plan is presented to the board of directors of the hospital for their consideration and approval. If further changes are necessary after it reaches that body, the principal of the school should again be consulted in order that she may understand the need for any curtailment and make the best adjustment possible.

The actual administration of the school budget is also the function of the principal of the school. When unforeseen developments necessitate an expenditure in excess of the estimated expense for a particular item, the principal should be aware of that fact and be able to supply the reason for the difference.
In a school of nursing conducted by a college or university, the preparation, approval and administration of the budget should follow the general plan for the budget in other schools or departments of the university.

Student finances.—All student organizations handling funds should be required to operate on a budget. It is advisable to have all finances of student activities supervised by a financial advisor chosen from the faculty of the school, both for the protection and the educational values to be gained. This supervision should include budget-making, keeping of accounts, and provision for a regular audit of accounts.

ADMINISTRATION OF PLANT

In a school of nursing conducted by a hospital or by a university the administration of the activities pertaining to the physical plant, including the classrooms and the residence, will usually be centered in the administrative or business office of the hospital or of the university.
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