A STUDY OF THE DEVELOPMENT OF THE MONTANA STATE COLLEGE SCHOOL OF NURSING

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A PAPER

Submitted to the Faculty of the School of Nursing

in

partial fulfillment of the requirements

for the degree of

Master of Nursing

at

Montana State College

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July, 1961

PREFACE

The writer has chosen the historical approach to gain insight and perception into how nursing education developed at Montana State College; through which she hopes to gain a new perspective of the present situation in nursing education.

A knowledge of the past is essential to effective planning for the future and gives an understanding of why things have developed as they have. The primary condition for making sound and constructive development seems to be a clear understanding by all concerned of what has now been accomplished and of the purposes still to be achieved.

Nurses of today, as they enter nursing practice, find a very different environment from that prevailing fifty years ago. That as a part of the medical team and to serve society, nursing is constantly being revised to keep pace with current changes.

In the present century, the nurse must be prepared to work in a medical field with unlimited possibilities for new developments. The more complex our society becomes the more complex nursing becomes. In order to keep pace with the complexities of society, nursing is calling for highly educated individuals in scientific, cultural and nursing courses.

All within the last fifty years the first full-time instructors in the schools of nursing have been appointed, class-rooms set up and equipped, classes changed from evening to daytime, hours of duty shortened, the educational program re-organized and enriched with basic sciences, social

sciences and liberal art courses besides nursing courses.

Because of the scope and purpose of the study, there have been many omissions of events and recognition was not given to all who have made important contributions to nursing education at Montana State College.

The author wishes especially to express her thanks and appreciation to Dr. Anna Pearl Sherrick, Director School of Nursing, Montana State College, who gave her time so willingly in interviews and as an advisor to make this study possible. Dr. Sherrick and the members of the nursing faculty through the years have contributed generously and constructively to the advancement of nursing education at Montana State College. They have been advisors to the students and were responsible for the teaching of nursing courses and the administration of the school. They have been active with other members of the college faculty in policy-making and planning for the nursing education at Montana State College. Through their guidance, nursing education has advanced from the hospital nursing schools to the collegiate nursing institution at Montana State College.

The writer also wishes to give special thanks to Mr. Paul A. Grieder, Professor and Head of the Department of English, who gave advise in organizing the study and proof read much of the material. She acknowledges the members of her graduate committee who gave time, help and suggestions: Mr. Brookhart, Dr. Samson, Dr. Laura Copple Walker, Mrs. Jeanne Claus, and Miss Carolyn Kinney.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	STATEMENT OF THE PROBLEM	1
	A. Introduction	1
	Nursing Progressed Toward Professionalism	2
	Montana's Progression Toward Professionalism	6
	B. Problem	7
	C. The Purpose of the Study	7
	D. Limitations	7
	E. Assumptions	9
	F. Definition of Terms	9
	Course	9
	Program	10
	Curriculum in Nursing Education	10
	Nursing	10
	Nursing Education	10
	Training School	10
	School of Nursing	10
	Accrediting Boards	11
	Nurse Practice Act	11
	Affiliation	11
II.	SURVEY OF THE RELATED LITERATURE	12
	A. The First Nurses' Training School	12
	B. Early Nursing and Training Schools	12

CHAPTER		PAGE
	Early Nursing in the United States	13
	Early Nursing in Montana	13
	Early Training Schools in the United States	15
	Early Training Schools in Montana	18
C.	Wars Affected Nursing	19
	Wars Affected Nursing in the United States	19
	Wars Affected Nursing in Montana	20
D.	Organization of Nursing	21
	Organizational Societies	21
	The National League for Nursing	22
	American Nurses Association	22
	The Association of Collegiate Schools of Nursing	23
	Montana's Nurses Societies	24
	Nurse Practice Act	24
	Montana Nurses Association	26
	Montana Student Nurses Association	26
	Montana League of Nursing Education	27
	International Society	27
E.	From Nurses' Training Schools to Schools of Nursing Education	28
	Admission Standards	29
	Three-year Nurses' Training	29
	Preliminary (Probationary) Courses	30
	Full-time Clinical Instructors	31

CHAPTER		PAGE
	Uniform Curriculum	31
	Affiliations	32
	Collegiate Schools of Nursing	33
III.	THE HISTORY OF NURSING EDUCATION	35
	A. Early History of the Deaconess School of Nursing Before the Consolidation and Affiliation with Colleges	35
	Montana Deaconess Alumni Association	42
	B. Consolidation Period for Deaconess Hospitals	43
	C. Montana State College School of Nursing Period	47
	Admission Standards	48
	Montana State College Nursing Curriculum	50
	Changes in Hospital Units	53
	Improved Faculty Preparation	54
	Full-time Nursing Instructors	54
	The Master of Nursing Program	55
	Additional Clinical Experiences	55
	Psychiatric Nursing	55
	Tuberculosis Nursing	57
	Public Health Nursing	58
	Accrediting Boards	59
IV.	SUMMARY AND GENERALIZATIONS	61
BIBLIOGRAPHY		67
APPENDIX A		71
APPENDIX B		74

CHAPTER I

STATEMENT OF THE PROBLEM

A. INTRODUCTION

There has been much controversy concerning nursing as a profession. There are still some people who believe nursing has not arisen to that status yet.

"Professionalization..." says Samuel W. Bloom, "is a process of socialization..." involving "a matrix of social relations in which the student internalizes and makes her own the attitudes and values..." (that) "will largely determine her future professional role."[1] The nursing schools provide the social environment in which the process of social maturation toward professionalism takes place.

The Flexner report of 1915 has had a profound effect on nursing education. Dr. Abraham Flexner formulated certain criteria which have been a guide for judging whether an occupation has attained professional status. He listed six criteria for a profession:

> (1) they involve essentially intellectual operations accompanied by large individual responsibility;
> (2) they are learned in nature, and their members are constantly resorting to the laboratory and seminar for a fresh supply of facts;
> (3) they are not merely academic and theoretical, however, but are definitely practical in their aims;
> (4) they possess a technique capable of communication through a highly specialized educational discipline;

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[1]Samuel W. Bloom, Some Implications of Studies in the Professionalization of the Physician (Patient, Physicians and Illness, ed. E. Garty Jaco; Illinois: The Free Press, 1960), p. 313.

(5) they are self-organized, with activities, duties and responsibilities which completely engage their participants and develop group consciousness; and finally,

(6) they are likely to be more responsive to public interest than are unorganized and isolated individuals, and they tend to become increasingly concerned with the achievement of social ends.[2]

In 1915, Dr. Flexner felt that only the public health section of nursing met all six of the criteria necessary for a professional nurse. The other sections of nursing did not assume the degree of original and final responsibility that should characterize a profession. At that time the training of nurses was little more than an apprenticeship, and student nurses had altogether too little supervision and opportunity to work intimately with graduate nurses skilled in technique and theory.[3]

With major advances in nursing education, it is felt by the majority of the professional groups and educators that nursing can now meet all of Dr. Flexner's criteria. Even as early as 1931, a special Committee of the American Nurses' Association prepared a brief for the federal government in which it maintained that nursing was a profession.[4]

Nursing Progressed Toward Professionalism. In 1918 studies conducted by the National League of Nursing Education and a special Committee appointed by the Rockefeller Foundation found the basic weaknesses of nursing education lay in the fact that nursing schools were operated as

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[2]Esther Lucile Brown, Nursing as a Profession (New York: Russell Sage Foundation, 1936), pp. 8-9.

[3]Ibid., p. 10.

[4]Ibid.

adjunct to the management of hospitals and not primarily as educational institutions. This led to a great over-production of nurses inadequately selected and imperfectly educated.[5]

A Committee on the Grading of Nursing Schools was established in 1926. This committee did an eight year study of over-production and under-education of nurses in the hospital training schools in the United States. The results of this study were used by The National League of Nursing Education to establish standards for nursing education. There were fourteen nursing schools in Montana that responded to this survey and the results showed nursing education far from faultless. The number of schools had reached seventeen by 1923. The survey showed that some of these "schools" were merely using students for labor, largely assigned to night duty with limited supervision or instruction. As a result of the new National League of Nursing standards, eight hospital nursing schools in Montana closed between 1927 and 1939.[6]

Esther Lucile Brown indicates that nursing has progressed far toward professionalism through

> ...the establishing of departments of nursing in colleges and universities; the raising of educational requirements for admission to most nursing schools; the strengthening of curricula; and the recent closing of small and weak training institutions.[7]

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[5]Nursing Schools Today and Tomorrow (New York: Committee on the Grading of Nursing Schools, 1934), p. 12.

[6]Biennial Report prepared by the Montana State Board of Nursing, 1953-1954 (Capitol Station, Helena, Montana, [n.d.]), pp. 3-4.

[7]Esther Lucile Brown, Nursing as a Profession, pp. 12-13.

She did not believe that the varying degrees of ability to accept responsibility within the personnel of each type of nursing service prevent recognition of professional status for the group as a whole.

Since 1923 national professional associations, particularly the National League of Nursing Education and the National Organization for Public Health Nursing, have been making surveys, and doing nursing studies. Their purpose was the elevation of preparation for and practice of nursing. It was through the efforts of these professional associations that very poor training schools were closed, university and college schools were opened, hospital schools were encouraged to lengthen and improve their pre-clinical period of instruction and to provide more and broader clinical instruction.[8]

Preparation of the professional nurse belongs squarely within the institution of higher learning, according to those who are conversant with the trend of professional education in the United States. Esther Lucile Brown stressed the need for both academic and professional training.

> Two distinct but closely interrelated kinds of preparation that only higher education is broadly equipped to provide are essential for making of...(a professional) nurse. The first is the laying of a foundation that permits continuing growth of many kinds, such as in: positive health and integration of the personality; insight into one's own motivation, the behavior of others, and cultural patterns that condition human behavior; ability to use spoken and written language effectively as a method of obtaining needed data, and formulation of logical conclusions, principles, or theories; perspective, gained from the historical and anthropological record of human development, of contemporary social institutions and their functions; understanding of and conviction about the rights and responsibilities of

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[8]Esther Lucile Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), p. 8.

> intelligent citizenship and membership in a profession.
>
> The second kind of preparation is the more specific technical training for professional practice... It must be preparation for the broad field of community nursing service. Besides the other relatively well-defined components of the course of study, should be included understanding of the effect of nutrition, housing, employment, economic income, class and caste structure, recreational activities, and so forth, upon individual and national health; some knowledge of the principles and functions of social work and of how nurses and social workers can most effectively act as a team; experiments in analyzing the health needs of individuals, families, and communities, and in initiating action to meet these needs; and preparation in the art of teaching health to persons, whether sick or well and whether individually or in groups.[9]

In the foregoing paragraphs Esther Lucile Brown has stated the preparation necessary for nurses to enable them to work in a professional capacity. The main purpose of this preparation is to teach students to see patients as whole persons rather than as disease entities, and also to be able to give "comprehensive care" to patients:

> including physical and emotional care of the patient; care of his immediate environment; carrying out treatments prescribed by the physician; teaching the patient and his family the essentials of nursing care which they may have to perform; participation in activities for the prevention of disease and the promotion of health; and delegating to other workers activities which they can perform for specified patients.[10]

The prime challenge to today's nursing educators is to prepare student nurses for a deeper understanding of and skill with the interpersonal aspect of the nurse-patient relationship. This type of relationship involves the discipline of the social sciences along with the knowledge and techniques of biological sciences.

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[9] Ibid., pp. 138-139.

[10] Wayland J. Hayes and Rena Gazaway, Human Relations in Nursing, (Philadelphia: W. B. Saunders Co., 1955), p. 442.

Montana's Progression Toward Professionalism. Montana, too, has had leaders in the training schools and in the nursing profession who have struggled gallantly to cope with the demand for nurses of a truly professional type and have achieved notable results in outlining sound ideals of nursing education. The beginning of the movement toward professionalism started in 1912 when graduate nurses working in Montana met in Missoula to discuss and to create a bill. This bill provided for the licensure of graduate nurses through an examining board of nurses. In 1913 the Montana Legislature passed this bill into law and created an examining board which reviewed hospital schools of nursing and accredited them according to their standards. The standards included the number of beds a training school hospital must have, the daily patient load average and it also stipulated the length of the course of instruction. This board also established standards for registration of individual nurses.[11]

In 1937 three Deaconess Methodist Nursing Schools, (Montana Deaconess Hospital, Bozeman Deaconess Hospital, and Kennedy Deaconess Hospital) consolidated. This consolidation program planned improved nursing education for students in cooperation with three colleges (Colorado State College of Education, Montana State College, and Northern Montana College). In 1938 the Consolidated Deaconess School of Nursing was unified under the administration of Montana State College and by 1944 the Deaconess Schools had become Montana State College School of Nursing. Six years later (1943)

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[11]Montana Nurses Association (edit.), Nursing in Montana, (Great Falls: Tribune Printing, 1961), pp. 33 and 48.

the three nursing schools operated by the Sisters of Charity of Leavenworth, Kansas, consolidated into one school known as the Sisters of Charity School of Nursing. This school is now the Department of Nursing Education of Carroll College.[12]

With the consolidation program beginning in 1937 there was a movement toward collegiate nursing schools in Montana. Gradually the collegiate administration has become responsible for preparing student nurses for professional roles.

B. THE PROBLEM

What were the events in general nursing history that affected changes in nursing education at Montana State College to meet more adequately the criteria of a profession for nursing?

C. THE PURPOSE OF THE STUDY

The purpose of this study was to investigate the events in the United States and Montana nursing that have influenced the development of the collegiate school of nursing at Montana State College; to show how nursing education developed within the framework of a college; and to define the relationship of the nursing accrediting boards to the standards which Montana State College School of Nursing has attained.

D. LIMITATIONS

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[12]Biennial Report prepared by the Montana State Board of Nursing, 1953-1954, op. cit., p. 4.

The investigator felt it necessary to do a general survey of the past events in the United States and Montana hospital nursing schools to understand the origin and the steps in the growth of the Montana State College School of Nursing. This fitted the process into the total nursing picture. The study of the hospital nursing schools in Montana has been largely limited to Montana Deaconess Hospital in Great Falls because the source material was accessible to the investigator; and because Montana Deaconess Hospital has continued as one of the general hospitals associated with the Montana State Collegiate School of Nursing.

The source material for the early hospital training study will be largely drawn from Miss Augusta Ariss's historical writings. Miss Ariss was the Superintendent of the first Methodist Deaconess Hospital and supervised the training school. She was the historian for the State Nurses Association in 1935 and wrote the Historical Sketch of the Montana State Association of Registered Nurses and Related Organizations. A history of the Montana Deaconess Hospital School of Nursing was written by Miss Ariss for the Yearbook that was published by the Class of 1937, Montana Deaconess Hospital School of Nursing. This history covered the period from 1903 to 1937.

The data for the history of Montana State College School of Nursing was gathered from the original school records and bulletins, letters, writings and personal interviews with Dr. Anna Pearl Sherrick, the supervisor of the original collegiate nursing program. (Dr. Sherrick is presently Professor and Director of Nursing Education at Montana State College.)

It was difficult to draw a line of sharp demarcation between the consolidation period of the Deaconess Schools of Nursing and Montana State College School of Nursing because they merge gradually from one into the other and both were based on college policy. The new collegiate program was planned and set up as a collegiate program in 1937 but was officially called the Consolidated Deaconess School of Nursing until 1944. The investigator has included the curriculum development, the Cadet Corps program and the special clinical experiences in psychiatric, tuberculosis and public health nursing under the Montana State College School of Nursing to provide more continuity in the study.

E. ASSUMPTIONS

The investigator has assumed that nursing education in Montana has definitely progressed toward a profession as it has moved to collegiate nursing schools from the hospital nursing schools; the biggest step toward professionalizing nursing education in Montana occurred in 1937 when three Deaconess Schools of Nursing (Havre, Bozeman, and Great Falls), became a constituent part of an accredited college or university which offered a basic professional curriculum leading to a baccalaureate or higher degree; and Montana State College School of Nursing has kept pace with the changing nursing trends of the nation.

F. DEFINITION OF TERMS

Course. A systematized instruction and practice in training schools (1873-1926).

Program. A systematized instruction and practice in schools of nursing (1926-1961).

Curriculum in Nursing Education. Includes all of the experiences, influenced by the school, in which the student participates.

Nursing. An art and a science which involves the entire patient, body, mind and spirit; promotes his spiritual, mental, and physical health by teaching and by example; stresses health education and health preservation, as well as ministration to the sick; involves the care of the patients' environment, social and spiritual as well as physical; and gives health service to the family and community as well as to the individual.[13]

Nursing Education. An education program that has been designed to educate selected individuals for effective participation in situations where the total health and comfort of human beings are involved. It is based on a comprehensive body of knowledge and taught by a broadly educated faculty.

Training School. An early term which refers to what is now known as a School of Nursing. An organized instruction program that had been established to prepare individuals to function as nurses in accordance with the standards of the time. The term training school was replaced by school of nursing about 1926 because it was felt that the word training referred more to the mastering of skills and techniques; while school of nursing is an "educational institution".

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[13]Sister M. Olivia Gowan, In Proceedings of the Workshop on Administration of Collegiate Programs in Nursing, June 12-24, 1944, (Washington, D.C.: Catholic University of American Press, 1946), p. 19.

Accrediting Boards. The accrediting boards consist of qualified nursing authorities on the state and the national levels. The State Board of Nursing has been given legal power to license nurse practitioners and to determine and to enforce standards for schools of nursing. National professional nursing organizations such as the Association of Collegiate Schools of Nursing, the National League of Nursing Education and the National League for Nursing have set criteria for evaluation of diploma and baccalaureate degrees in nursing.

Nurse Practice Act. A law enacted by a legislature for the regulation of nursing schools and practitioners within the state.

Affiliation. An agreement for a specific purpose with a hospital or other service agency with which the school is not primarily connected.

CHAPTER II

SURVEY OF THE RELATED LITERATURE

A. THE FIRST NURSES' TRAINING SCHOOL

The First Nurses' Training School. Modern nursing began in the 19th century at the St. Thomas' Hospital, London. To honor Florence Nightingale's outstanding work in the Crimean War, a fund for the training of nurses was established. The first fully endowed school of nursing in the world resulted; and St. Thomas' Hospital was selected to initiate the new scheme of training nurses upon a non-religious basis. The training was for one year but the nurse was to remain in the hospital for a total of three years, for added experience. The graduates of the Nightingale School pioneered the training of nurses in some early training schools in the United States as well as in other countries.[1]

The Nightingale School laid a sound foundation for nursing schools by exemplifying the advantages of independent financing of nursing education and of its administration by qualified nurses. The school also initiated systematic instruction of students and supervised experience with various types of patients.[2]

B. EARLY NURSING AND TRAINING SCHOOLS

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[1]Minnie Goodnow, Nursing History in Brief (Philadelphia, London: W. B. Saunders Co., 1950), pp. 59-61.

[2]"Nursing," The Encyclopedia Americana (1960 edition), XX, p. 557.

Early Nursing in the United States. Many of the beginning hospitals during the 19th century were merely poorhouses with a ward for the sick. The other inmates or prisoners waited on the sick, which usually meant nursing care was carried on by low-grade, ignorant and irresponsible people who were largely unsupervised. Only people who were unable to find other work would do hospital nursing. Because of the deplorable hospital conditions, neglect and ill-treatment of patients, prejudices against hospitals arose in America as they did in Europe. Respectable people nursed their relatives and families in the home. It was only the very poor or homeless who went to hospitals. For a long time the religious nursing orders (Catholic orders, the Protestant Sisters of Charity and the Deaconess order) did the only good hospital nursing. Some men and women who were experienced in "home nursing," gradually went out in the communities "nursing" for a living, and doing housework or cleaning or cooking along with the nursing; but these people were not in the same class as the low-grade people who worked in hospitals.[3]

Early Nursing in Montana. The early development of nursing in Montana followed much the same pattern as in the other states. When families began settling in Montana, the mothers and other volunteers provided the nursing care that was needed. The Sisters of Providence arrived in the state in 1864 with the primary purpose of opening a private school at the Indian mission in St. Ignatius, but soon a room of their school

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[3]Goodnow, op. cit., pp. 69-72.

house had to be used for an infirmary and caring for the sick became part of their duties. The first visiting nursing within the state was done by these Catholic sisters. Ten years later this same order started establishing various hospitals in the state. The Sisters of Charity of Leavenworth, Kansas, are believed to have been the first trained nurses to enter the state. In 1870 they established the St. Johns Hospital in Helena and proceeded to expand their hospitals throughout the state during the next three decades.[4]

The Methodist Deaconesses are another religious organization in Montana that did noteworthy work in establishing hospitals and training schools. In 1896 Rev. France Asbury Riggin, a Methodist minister, noted the need for Protestant hospitals. Up to this time, the hospitals were all operated by the Catholic sisters or by physicians and private citizens. The first Deaconess nurses to arrive in the state were Anne Deutsche and Belle Gill. Both of these nurses had had experience in social and administrative work. They worked with Rev. Riggin and Rev. W. W. Van Orsdel, another Methodist minister, in securing donations and organizing a small Deaconess Hospital in Great Falls. The hospital was then staffed with Deaconesses from the Chicago Training School. Due to financial difficulties, the hospital had to be closed in 1900 but re-opened two years later after Miss E. Augusta Ariss was secured as superintendent. During the following years, in response to requests from other small towns in the

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[4]Montana Nurses Association (edit.), Nursing in Montana (Great Falls: Tribune Printing, 1961), pp. 2 and 22.

state, six other Deaconess hospitals with training schools were opened.[5]

In the frontier towns of Montana, during the Gold Rush days, the jail was often the only public building available. It was used to care for the sick, many of whom were transients or had no families, thus linking poverty, crime, and illness. Some town commissioners solved the problem of providing care for the county patients, temporarily, by contracting with individuals to furnish care in their private dwellings.[6]

Early Training Schools in the United States. There seems to be some controversy as to where and by whom the first schools of nursing were begun in America. The first nurses' training was given by doctors but some authorities insist that credit should not be given until the training school was in charge of a nurse.

In 1798 at the New York Hospital, Dr. Valentine Seaman gave lectures to a class of twenty-four students in anatomy, physiology, the care of children and mid-wifery. Dr. Seaman continued his work in teaching nurses for nearly twenty years. Minnie Goodnow, R.N. historian, says that Dr. Joseph Warrington of Philadelphia founded "the first nurse training school in America." He began about 1840 to train nurses in mid-wifery, and later their training included medical and surgical work. On completion of their course of study, the nurses were given certificates. It is also said that the New York Infirmary for Women trained nurses early with the

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[5]Ibid., p. 28.

[6]Ibid., p. 22.

idea of supplying them to families for private duty.[7]

The first permanent training schools listed were founded by women doctors in 1872. The Woman's Hospital of Philadelphia was given an endowment which made it possible to organize a school of nursing with a one year course of study and the lecturers were paid. By 1876 the board was recommending higher educational standards and planned recreation for its nurses. For added experience for the nurses the school formed affiliations with other hospitals. The outstanding feature of this school was that it was maintained "for the benefit of the students." Dr. Susan Dimock of The New England Hospital, in Boston, founded a nursing school in 1872 and it also lays claim to being the first school of nursing. Miss Linda Richards who has been called "America's first trained nurse" was one of the first class of five students. The nurses' training was a one year course with hours running from six in the morning to nine at night. The lectures and classes were few since nursing was considered largely "practical."[8]

The following year, 1873, there were three important training schools established under what has been termed the Nightingale system. These schools were the New York Training School (now Bellevue), the Connecticut Training School, and the Boston Training School at Massachusetts General Hospital. As previously mentioned, there was an interweaving of English influence in the nursing schools because English nurses became

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[7]Goodnow, op. cit., pp. 74-75.

[8]Ibid., pp. 76-78.

some of the first directors and superintendents. Before founding these schools, committees were appointed to report upon the practicability of training schools. The committees' investigations were aided by Dr. Gill Wylie's report upon European schools. As early as 1873, the committee for Connecticut Training School reported that it was not expedient for the hospital itself to undertake the work of training nurses, and they recommended the establishment of a school as a separate organization with the hospital as its field.[9]

Once the three schools had obtained charters and prepared a scheme of organization, they ran into the stumbling block of finding pupils. They found it hard to convince young women that it was necessary to spend even six months' time in learning nursing. At the Bellevue school the course was two years with only the first year being regarded as training. There were few lectures, no formal classes and no uniforms. The noticeable improvement in patient care and lowering of the patient death rate won the approval of the doctors for the training school. The Connecticut Training School was started shortly after the one at Bellevue and was from the beginning considered a success. In 1879 through joint work of doctors and nurses, the Connecticut Training School put out a textbook of nursing. The Boston Training School was organized by a committee of prominent Boston women, and at the end of the first year they secured the services of Linda Richards. Miss Richards found nurses using valuable time in dish washing, dining room work and purely servant work besides

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[9]Ibid., pp. 78-80.

being given too much responsibility. The school was on a trial basis but in two and a half years she had it reorganized and established on a permanent basis.[10]

Early Training Schools in Montana. The early training schools in Montana were all adjuncts of sectarian hospitals, thus making student instruction secondary to carrying on the hospital's service to its patients. The Columbus Hospital in Great Falls, which accepted its first class of four students in 1894, was Montana's first training school. On acceptance by the school, the students started working in the hospital wards, with a twelve hour day, under supervision of the Sister Superior. "In the early years, there was no uniformity in the curriculum, no recognized standards for the nursing program and no continuity of patient care."[11]

After the turn of the twentieth century, the second training school was established at the Montana Deaconess Hospital in Great Falls in 1902. The development of this training school will be described in the following chapter. In Montana the organization of other training schools for nurses kept pace with the growth of the hospitals. Many schools were started in small hospitals where it was impossible to give adequate training or even experience. As stated in Chapter I, Montana had reached an all-time high in 1923 with seventeen training schools but only four of these schools are still functioning. There were 291 student nurses in 1923 and in 1960

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[10]Ibid., pp. 80-81.

[11]Montana Nurses Association, Nursing in Montana, p. 66.

there were 617, so despite the drastic decrease in schools the student enrollment increased.[12]

C. WARS AFFECTED NURSING

Wars Affected Nursing in the United States. Down through the centuries, war and religion have been two great influences on nursing. During the Revolutionary War and the Civil War, trained nurses did not exist. Catholic Sisters were called upon by President Abraham Lincoln to do nursing during the Civil War. To supplement the Catholic Sisters, women volunteers were sent to various hospitals for one month's experience and then were sent into service. By the end of the war, there were over three thousand Civil War nurses officially listed besides the religious Sisters.[13]

The value of trained women was demonstrated in both the Spanish-American War and World War I. Although the Spanish-American War was of short duration (1898-1899), there was a dire need for trained nurses to care for the many typhoid and yellow fever cases that soon filled the Army hospitals. The American Nurses Association, then the Nurses Associated Alumnae, supplied nurses but could not supply enough to meet the demand. During World War I, the medical and nursing resources of the world were taxed to their utmost, causing a depletion of personnel in civilian hospitals. Along with World War I came the influenza epidemic which further

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[12]Ibid., p. 54.

[13]Goodnow, op. cit., pp. 92-96.

depleted the medical and nursing personnel because they were also afflicted with the infection.[14]

World War II influence on nursing was more profound than any of the previous wars. The summer before Pearl Harbor, a Congresswoman from Ohio, Frances Payne Bolton, was able to induce Congress to appropriate one and a quarter million dollars for nursing education and three and a half million dollars in 1941. The U.S. Cadet Nurse Corps was created in 1942 with the aim to increasing the number of nurses in the country as rapidly as possible.[15]

Wars Affected Nursing in Montana. During the Spanish-American War Montana was just emerging into statehood and there was only one class of four nursing students that had graduated in the state. When World War I involved the United States, Montana nurses responded in large numbers to serve their country. Some served with the Army over-seas while many served in state-side hospitals and attended as many influenza patients as battle casualties. At the beginning of the War (1917) there were sixteen hospital training schools in Montana. Miss Ariss mentions that an entire class of ten graduates volunteered for service to their country and that the school was represented by sixteen graduates. Miss Ariss also comments about the influenza epidemic bringing added duties to the remaining hospital nursing staff and student nurses. Lectures and classes were literally

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[14]Josephine A. Dolan, Goodnow's History of Nursing (Philadelphia, London: W. B. Saunders Company, 1958), p. 252.

[15]Goodnow, op. cit., p. 102.

halted and everyone served as the emergencies increased.[16]

During World War II, Montana's nurses again responded by joining the Armed Services. Volunteers and paid auxilliary nurses came to the aid of Montana hospitals to help replace the acute shortage of nurses. The U.S. Cadet Nurse Corps gave some relief to this acute shortage. It was during this war period that the nursing schools prepared the largest classes of student nurses in history. According to Nursing in Montana, there were 978 nursing students recorded for the year 1946 and by the end of the United States Cadet Nurse Corps Program, over 1200 student nurses had been prepared in Montana. The preparation period was cut from three years to two and a half years.[17]

D. ORGANIZATION OF NURSING

Organizational Societies. Around 1890 the alumnae associations were the first permanent American nurses societies. The alumnae associations fostered the idea of cooperation among nurses but were limited because the associations centered around one's own school and hospital. Three years later a general meeting of nurses was held at the World's Fair in Chicago. This resulted in the formation of the American Society of Superintendents of Training Schools; the forerunner to the National League of Nursing Education and now known as the National League for

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[16]"A History of the Montana Deaconess Hospital." The White Caps (Great Falls: The Class of 1937 Montana Deaconess Hospital School of Nursing, 1937), p. 8.

[17]Montana Nursing Association, Nursing in Montana, pp. 54 and 12.

Nursing (NLN). Fused within this one organization are: National League of Nursing Education; National Organization for Public Health Nursing; Association of Collegiate Schools of Nursing; Joint Committee of Practical Nurses and Auxillary Workers in Nursing Services; Joint Committee on Careers in Nursing; National Committee for the Improvement of Nursing Service; and National Nursing Accrediting Service.[18]

The National League for Nursing. This organization since 1955 has two divisions with two departments in each division. The Division of Nursing Service has the Department of Hospital Nursing and Public Health Nursing; while the Division of Nursing Education has the Department of Diploma and Associate Degree Programs and the Department of Baccalaureate and Higher Degree Program.[19]

It is the latter division that is concerned with schools of nursing and has had influential effects on Montana State College School of Nursing.

The National League of Nursing Education served as a forum for discussion of common problems of nurse educators in Montana.

American Nurses Association. The Nurses Associated Alumnae of the United States and Canada was formed in 1896. This was a general society of nurses but excluded graduates of small or special hospitals at that time. The original name was changed in 1912 to the American Nurses' Association (ANA). In 1918 the society was reorganized and is now con-

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[18]Dolan, op. cit., pp. 278-279.

[19]Ibid., pp. 279-280.

sidered the largest professional woman's organization in the world. The ANA represents professional nurses and is active as a spokesman with allied professional and governmental groups and with the public. Its over-all purpose is to foster high standards of nurse practice and to promote the welfare of nurses so that all people may have better nursing care. It also promotes the professional and educational advancement of nurses. In 1955 the ANA established The American Nurses' Foundation, Inc., to support research and studies in nursing and to sponsor special projects.[20]

The Association of Collegiate Schools of Nursing. Because of the new relationship between schools of nursing and institutions of higher education, a group of representatives of university schools of nursing organized the Association of Collegiate Schools of Nursing in 1933. Their purpose was to give control and direction to the development of nursing education on a professional and collegiate level; to promote and strengthen relationships between schools of nursing and institutions of higher education; and to promote study and experimentation in nursing service and nursing education. There were two classes of membership: active membership or associate membership. Active membership consisted of accredited schools of nursing that were definitely established as a part of an accredited college or university which offered a combined academic and basic professional program leading to a baccalaureate degree. An accredited school of nursing whose professional curriculum met the standard set by the

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[20]Ibid., p. 280.

Association of Collegiate Schools of Nursing could be an associate member provided the school maintained a close educational relationship with an accredited college or university or one of the division thereof, which made its resources and facilities available to the school of nursing.[21]

In 1955 the Association of Collegiate Nursing combined its program and resources with two national nursing organizations and four national committees to form the National League for Nursing.

Montana's Nurses Societies. The state associations began to be formed after 1900, with New York being the first. State nurses' associations were formed in every state by 1920.[22]

Nurse Practice Act. Montana nurses began formation of its state nurses' association in 1912. The purpose of the State Nurses Association was to secure legislation for registration of graduate nurses, and to register training schools; thus protecting the public by providing safe nursing care. This was accomplished in Montana when the Legislature passed the Nurse Practice Act in 1913. It was desirable to bring about a more uniform standard in the Schools as well as a more harmonious relationship between the Schools. Requiring state registration would distinguish nurses who had approved preparation from untrained women who were caring for the sick.[23]

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[21]Deborah MacLurg Jensen, History and Trends of Professional Nursing (St. Louis: The C. V. Mosby Co., 1959), pp. 260-261.

[22]Dolan, op. cit., p. 284.

[23]Montana State Nurses Association, Nursing in Montana, p. 33.

The Governor appointed a Montana State Board of Nurse Examiners that was comprised of five nurses. The duties of the Board consisted of formulating and administering examinations to determine the fitness of new candidates, largely student nurses who were just completing their training.[24]

From the beginning it was realized that nurses who graduated from the Montana School of Nursing could not be registered without the Board's approval of the school from which they were graduated. Tour and inspection of schools for nurses became necessary, which resulted in improvement in the general over-all picture of nurses' training.[25]

The first examination for nurses consisted of two sections devoted to demonstrations of proficiency in bed-making, preparation of poultices, plasters and fomentations, use of the thermometer, and taking vital signs. The second section tested the candidates in three main areas: fever nursing care, the care of patients before and after surgery, and maternal and child care. Before long the section was expanded to include questions on elementary anatomy, physiology, medicine, obstetrics, gynecology, surgery, dietetics and home sanitation. It was the responsibility of the Board of Examiners to prepare and carry out these examinations besides scoring and grading them. The State Board Test Pool of the National League of Nursing Education provided standardized tests. In 1950 these were used in all states for the purpose of licensing examinations.[26]

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[24] Ibid.

[25] Ibid.

[26] Ibid., p. 5.

The Biennial Report prepared by the Montana State Board of Nursing to Governor Aronson in 1953-1954 indicated that the Board of Nurse Examiners had initiated plans to improve Montana schools of nursing in 1923.

> At least two "round table" discussions were called to discuss such topics as, "discuss and revise present curriculum and text books," "centralizing teaching of pupils," the need for affiliations for special experiences, special preparation for teachers of nursing, and "trying to link up nursing schools with Board of Education and college curriculum." At every meeting of the board, time was spent in discussing individual candidates, graduates of Montana schools, in terms of inadequate general education as well as inadequate preparation for meeting the responsibilities required to give suitable and sufficient care to patients.[27]

Montana Nurses Association. After the group of nurses met in 1913 to prepare the bill now known as the Nurse Practice Act, they adopted a constitution and by-laws for a state nurses association, presently called the Montana Nurses Association. Its functions consisted of working with the ANA to improve living and working conditions for nurses and to work toward the betterment of both content and quality of teaching in nursing. The Montana Nurses Association sponsored institutes and workshops for graduates, arranged post-graduate courses, provided scholarships for nursing students, and paid for studies and surveys of various phases of nursing. It also acted as a collective bargaining agent for nurses by setting definite personnel policies for both hospital and private duty nurses.[28]

Montana Student Nurses Association. In 1947, while student nurses

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[27]Ibid., p. 4.

[28]Montana Nurses Association, Nursing in Montana, pp. 30-41.

still had an active section within the Montana Nurses Association, they started organizing a group of their own. It later became the Montana Student Nurses Association (MSNA). There were two advisors, a member of the Montana Nurses Association and a member of the Montana League of Nursing, "that serve as a resource person, interpreter and liason officer as well as encourage independent thought and action." As members of the Montana Student Nurses Association, the students became aware of their responsibility to participate in their professional organization; and recognized how the group process could be used to achieve desired goals, besides having experience in the mechanics of organization.[29]

Montana League of Nursing Education. The Montana League for Nursing Education (now called the Montana League for Nursing) was organized in 1945. Its meetings were held in conjunction with the Montana State Nurses Association. Programs for the year included a study of nursing school records and curriculum as well as studies to improve testing and examinations for students.[30]

International Society. There was an organization formed in 1900 called the International Council of Nurses. The aim of the International Council of Nurses was to raise ever higher the standards of education and professional ethics, public usefulness and civic spirit of the members. In 1922 the organization concerned itself with international standards in

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[29]Ibid., p. 43.

[30]Ibid., p. 42.

nursing. A committee was appointed with M. Adelaide Nutting as chairman. "It insists on three years' continuous training in a recognized, qualified school which is under the direction of a professional nurse, with a standard curriculum given by qualified nurses."[31]

E. FROM NURSES' TRAINING SCHOOLS TO SCHOOLS OF NURSING EDUCATION

Over ninety years ago Miss Nightingale's school of nursing was essentially an "education institution." Her principles were largely misconstrued with the founding of training schools in America, where in most instances, a nurse's training amounted to little more than an apprenticeship. For many years the nurse's time, her social life, and often her health were absorbed by the hospital. Training schools were financially dependent on hospitals, thus making instruction to students secondary to the hospital's service to its patients. Using the same personnel, the directors of schools of nursing have been caught in the dilemma of trying to educate nurses and at the same time give the patients good care. It has become apparent... "that the preponderance of routine work and manual labor was defeating its own object, and producing a type of nurse who was not prepared to take her place in the social progress of her day."[32]

New developments in nursing schools during the twentieth century have moved from"nurses training" to a "nursing education" as follows: changes in admission standards, lengthening the course, addition of prelim-

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[31]Dolan, op. cit., p. 294.

[32]Ibid., pp. 297-298.

inary courses, full-time paid clinical instructors, standard curricula, affiliations, accrediting boards, and collegiate schools of nursing.

Admission Standards. After 1900 a few schools began raising their educational standards; several leading schools required high school graduates and definite efforts were made by a few nursing schools to attract college graduates. In a majority of the schools prior to 1920, only a grammar school education was required for admission to a nurses training school. It was not until all the states had State Boards that high school education requirements for admission to training schools began to rise. A ruling was made in 1919 by the Montana Examining Board that applicants to training schools must have at least one year of high school. However, there was a provision that if the superintendent of the hospital wishes, she could administer a special examination to a candidate seeking admission without this required year of high school. It was not until 1933 that the nursing law was changed to require high school graduation as a minimum requirement for admission to a school. Although as early as 1918, Montana State College at Bozeman announced a one-year pre-nursing course at the college level.[33]

Three-year Nurses Training. In 1895, Isabel Hampton made the first suggestion of lengthening the nurses training to a three-year course.

> She urged that extra time was needed to give a more thorough training, to relieve students from undue pressure, and to give them a chance to round out their basic work in nursing with special experience in

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[33]Montana Nurses Association, Nursing in Montana, pp. 53-54.

executive work or district nursing.[34]

Most of the leading American schools had initiated the three-year course by 1900 but it was chiefly an asset to the hospitals. The curriculum was not enriched by additional courses and the hours of nursing service remained the same. Isabel Hampton had advocated the shortening of student working hours.[35]

Originally, Montana had a two year nursing course in many of the parochial schools of nursing which was lengthened to three years in 1919. At the present time (1961), the "law does not specifically state the length of the nursing school program from which candidates for licensure must have graduated.[36]

Preliminary (Probationary) Courses. Preliminary courses (both theoretical and practical requirements) from three to five months are given in all diploma schools and during this time the student's ward work is limited. The curriculum consisted of classwork, laboratory and demonstration. For a number of years, students were placed on the wards, full time, on the day of entrance with little preparation. Miss Nutting, Superintendent of the Johns Hopkins Training School, first introduced the preliminary course in America. During the first six months the students spent four to six hours each day in lecture, class and laboratory work. The students

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[34]Isabel Maitland Stewart, The Education of Nurses (New York: The MacMillan Company, 1944), p. 154.

[35]Ibid., pp. 154-155.

[36]Montana Nurses Association, Nursing in Montana, p. 52.

were supervised carefully; their qualifications and progress were observed and recorded. It was necessary for the nursing candidate to meet both theoretical and practical requirements before she was admitted to the training school for her subsequent clinical teaching. The learning needs of the student and not the immediate demands of busy wards were of prime consideration in the teaching program.[37] In Montana, the Nurse Practice Act of 1913, required that a probationary period of at least two months be maintained in all training schools, although it is questionable as to whether this period was used for preliminary courses in all instances.

Full-time Clinical Instructors. The full time clinical instructor emerged as a by-product of the preliminary course. Paying for the instructors services promoted regularity and efficiency in the teaching program. The teaching was done in most schools by the superintendent of nurses and doctors. Doctors taught anatomy and other sciences by lecture prior to the full-time clinical instructor. Gradually the teaching and administrative staff began to enlarge and to become more specialized in function and preparation. The smaller schools employed visiting instructors on a part-time basis.[38]

Uniform Curriculum. Along with the preparatory course and through the efforts of the American Society of Superintendents of Training Schools (now the National League for Nursing) a more systematized and uniform program

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[37]Stewart, op. cit., pp. 162-163.

[38]Ibid., pp. 164-165.

of instruction was secured for training schools. Previously the director of nursing made her own curriculum. Sixty years ago the curriculum usually totaled a maximum of 150 hours of instruction with a student nurse spending only about one hour a week in class.[39]

The report of the Nursing Schools at the Mid-Century states that "by 1929 the typical school included 631 hours in its curriculum. In 1949 organized instruction in the typical school had increased to 1,230 hours, some ten times the amount of instruction given at the turn of the century." In 1937, the Curriculum Guide set the total hours of organized instruction at between 1,145 and 1,300 hours.[40]

Affiliations. Another advent to the early nurses training schools were affiliations which broadened the students training and experience in special areas. The Nurse Practice Act often made such affiliations compulsory as a condition of registration for the smaller and more specialized institutions. There was a new type of affiliation tried between 1900 and 1910 with training schools and technical schools or colleges. This was an outgrowth of the interest in preparatory courses.[41]

The Consolidated Deaconess School of Nursing arranged for their faculty to teach the students from this School of Nursing as well as

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[39]Ibid., pp. 156-159.

[40]Margaret West and Christy Hawkins, Nursing Schools at the Mid-Century (New York: National Committee for the Improvement of Nursing Service, 1950), p. 28.

[41]Stewart, op. cit., p. 171.

affiliates from other nursing schools in Montana psychiatric and tuberculosis nursing theory and practice. The experience in psychiatric nursing at the Montana State Hospital in Warm Springs started in 1940 and the tuberculosis nursing experience at the Montana State Tuberculosis Sanitorium (Galen) began in 1942.

Collegiate Schools of Nursing. Following the association with colleges and universities, there was an extension of nursing education into the collegiate program.

In 1909, the University of Minnesota organized the first school of nursing in America as an integral part of a university. This School which started out as a three-year course leading to a diploma in nursing later offered a five year program leading to a Bachelor of Science Degree in Nursing. The five year collegiate program evolved into a four year integrated program following World War II.[42]

In 1912, Miss Nutting summarized some of the advantages of university relationships as:

> (1) Lecture rooms, laboratories, libraries, and teaching material are usually freely available to student nurses.
> (2) Instruction is given to student nurses by professors and instructors in medical schools, those who are accustomed to teaching and to providing systematic, thorough instruction.
> (3) Respect is shown for the theoretical side of their work, and student nurses are obliged to give the same attention to their studies that other students give.
> (4) The foregoing conditions naturally operate to attract a higher grade of candidate for admission.[43]

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[42]Jensen, op. cit., p. 235.

[43]Stewart, op. cit., pp. 175-177.

Montana's collegiate nursing schools developed in much the same manner as they have nationally, with a consolidation nursing school program beginning in 1937 and evolving into a department in a college such as the Montana State College School of Nursing.

CHAPTER III

THE HISTORY OF NURSING EDUCATION

A. EARLY HISTORY OF THE DEACONESS SCHOOL OF NURSING BEFORE THE CONSOLIDATION AND AFFILIATION WITH COLLEGES

Montana State College School of Nursing did not emerge over-night as an integral part of an university system as did the Minnesota University Nursing School. It had its early beginnings in the Methodist Deaconess Training Schools of Montana. Montana Deaconess Hospital Training Nursing in Great Falls was the oldest of the Methodist Deaconess Training Schools, and it laid the foundation for the other Deaconess training schools founded in the state. Miss Augusta E. Ariss, a Deaconess, was secured by Mrs. Lucy Rider Meyer (the founder of Deaconess work in Methodism) through the request of W. W. Van Orsdel, a pioneer missionary, to superintend the reopened Montana Deaconess Hospital in 1902. "Miss Ariss was to be loaned for a period of two years, but she stayed until her retirement in 1931. She had two assistants, Deaconess Wismer, also of Toronto, and Deaconess Fitschle of Pittsburgh to help manage a twenty bed hospital."[1]

During the first year a Board of Directors was appointed and a training school for nurses was organized with Miss Ariss as its principal. The training school was modeled on those of the John Hopkins Hospital, Baltimore, and St. Lukes' Hospital, New York, and Miss Ariss speaks of the

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[1]Montana Deaconess Hospital Nurses Alumnae Association, History, Constitution and By-Laws (Great Falls: Electric City Printing Co. [n.d.]) p. 3.

frequent correspondence with these schools along with visiting the schools to inspect their curriculums. The features that met the needs of the Deaconess School were copied, "thus laying a permanent basis for the education of our nurses."[2]

The first class of two students was accepted for three years of training with Miss Ariss the teacher "at the bedside in the wards where conditions allowed demonstration of technique and execution of nursing procedures." There were also a few lectures given by doctors.[3]

Preliminary courses were not considered an essential part of training at this time so the student went on duty in uniform the following day after admission to the training school. The students paid no tuition; room and board plus laundry services were furnished, and they received an allowance of $10.00 per month from the hospital. Menial duties such as scrubbing floors, firing the furnace, washing the hospital linen, relieving the cook, and janitor, were included as nurses' duties. As early as the second week in training, the student went on night duty from seven at night until seven in the morning.[4]

Many of the sick were cared for in their own homes and because nurses were scarce, students were sent out on these special duty cases, which resulted in some instances to bequests from prominent people, enabling

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[2]Augusta E. Ariss, "A History of the Montana Deaconess Hospital School of Nursing," The White Cap (Great Falls: The Class of 1937, Montana Deaconess Hospital School of Nursing), p. 5.

[3]Ibid., p. 5.

[4]Ibid.

the hospital to enlarge and to obtain much needed equipment.[5]

By the end of the first five years it was apparent that the twenty bed hospital was too small and a new hospital would have to be erected. Seven nurses had graduated by this time. The following year, 1908, a new hospital was dedicated and two more graduates were given nursing diplomas. "With the increased patronage to the hospital and school enrollment increase, the course of study was improved..." The course of instruction was arranged as follows:

First year - Medical Nursing, Ethics, Anatomy, Nursing Clinics
Second year - Hygiene, Materia Medica, Obstetrics, Urinalysis, Massage
Third year - Dietetics, Surgical Nursing, Bacteriology, Materia Medica.[6]

In 1911, the Deaconess Training Schools began branching out to Glasgow and Bozeman with Montana Deaconess graduate nurses managing them. In that year, the Great Falls Deaconess hospital staff "consisted of a superintendent, surgical supervisor, night supervisor, twenty-four students, field secretary and office secretary,"[7] thus indicating the important role students played in carrying on hospital duties. In 1912 and 1913 attention was once again called to crowded hospital conditions and plans were made to enlarge the building to double the bed capacity.

It was during 1913 that the "Nurse Practice Act" was passed. In her "History of the Montana Deaconess Hospital School of Nursing," Miss

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[5]Ibid., p. 6.

[6]Ibid.

[7]Ibid., p. 7.

Ariss mentions the passage of this bill which would govern the practice of nursing in Montana and assist in raising the standards of the training school. The Montana State Board of Nursing Biennial Report (1953-1955) indicated that the Montana Deaconess Hospital Training School in Great Falls did not meet full approval on the first inspection of training schools for nurses in Montana. In two sources written by Miss Ariss and in the History, Constitution and By-laws of the Montana Deaconess Hospital Nurses Alumnae Association, it is stated that Montana Deaconess Hospital Training School did meet full approval on the first inspection. Apparently the requirements were successfully met by 1917, as this class of graduates were allowed to take the first State Board Examinations given Montana for licensure.[8]

In the History, Constitution and By-laws, there is mention that the curriculum was enlarged and lectures increased in 1913. There were also six state registered nurses employed. It further states that "the laboratory was refitted and new equipment installed in order to meet state requirements for registration."[9]

A two month preliminary (probationary) course, later changed to a four month period, was added to the curriculum as were lectures in tuberculosis, to meet the State Board of Nursing requirements. The tuberculosis lectures were to fulfill the requirements for instruction in contagious

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[8] Ibid.

[9] Ibid., p. 5.

disease nursing. The influence of World War I on the nursing curriculum was indicated by the addition of lectures in Red Cross Nursing and National Defense given in 1917. Public Health Nursing was first introduced to the curriculum at this time too. The impact of the influenza epidemic and World War I identified in Chapter II as factors which curtailed lectures and classes during the emergency and added to hospital personnel shortage.

Mrs. Edith Cox Christenson wrote an account of her training in 1913 for the history of Nursing in Montana. Her writings portray some of the conditions prior to the Nurse Practice Act and some of the early influences of the bill.

> I arrived in Great Falls, Montana, on a July afternoon in 1913 and reported to Miss Ariss at the Montana Deaconess Hospital. I went on duty the next morning proudly wearing my uniform. In about two weeks I was assigned to night duty. Since our classes did not start until September, the Head Nurse on the floor instructed us in bed-making, taking temperatures and giving baths...
>
> Miss Ariss was known as Superintendent of the hospital. The instructors were all high school graduates and had studied two years at the Chicago Training Schools in addition to their three years of nursing education...
>
> We paid no tuition and received an allowance from the hospital of $10.00 per month which enable many young women to take nurse training who other wise could not have afforded it. Our room and board were furnished. Our uniforms were laundered including ironing. They consisted of a blue and white striped dress with a white gathered apron made with a bib and straps crossing in the back. We also wore a stiff stand-up white collar. We wore the same style of cap that Miss Ariss brought from her own training school in Canada. This is the one worn by all graduates of the Deaconess Hospitals in Montana (now Montana State College School of Nursing). We wore the cap as part of our uniform from the first day we went on duty and all during our training, but were not permitted to wear the black band on the cap until we had graduated.
>
> During the first couple of years of my training, we were often put on special duty instead of the patient calling for a private nurse. Gradually, the use of student nurses as "specials" was discontinued and graduate nurses employed. As a "special," we were on duty most of the twenty-four hours but usually had two or three hours off during the afternoon when the floor nurses could care for the patients. We had a

> cot brought into the patient's room and would try to snatch a little sleep now and then.
>
> During the school year we had our studies to take care of and most our classes were held in the afternoon and evenings during our hours off duty...[10]

During World War I Montana State College initiated a War Emergency Program to aid in advancing the education of nurses in Montana. Dean D. B. Swingle, Head of Botany and Bacteriology Department organized the program to include courses in chemistry, dietetics, English, history, physiology, and school and public health nursing. "The college cooperated with hospitals in the state by offering this one year of scientific study, and students who successfully completed the program entered the hospitals for the two years of experience in nursing care required to complete their nursing program."[11]

Following World War I, and during the depression, this hospital and training school were financially depressed just like the rest of the nation. Slowly the school and the hospital began to emerge and new scientific features were added to the hospital, which also increased teaching facilities such as: radium treatment for cancer, orthopedics and urological wards, insulin for diabetics, diathermy, oxygen tents, and Heidbrink gas anesthesia. Miss Gertrude Buckles became the principal for the training school. She was the third principal appointed since 1915 when Miss Gertrude Elgin became the first full-time principal. Under Miss Buckles direction "new teaching facilities were added, nursing records were improved, and new methods of instruction were introduced.[12]

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[10] Ibid., pp. 71-72.

[11] Ibid., p. 54.

[12] Ariss, op. cit., p. 9.

During this period, the 1917 National Standard Curriculum was adopted for the course of study. (See Appendix A for General Scheme of Practical Instruction and General Scheme of Class Instruction.) The national, state and county nursing organizations were becoming prominent and all the hospital departments were being supervised by graduate nurses. Some of the Montana Deaconess graduates were taking post-graduate courses out of the State which enriched the School of Nursing by giving it the latest methods of supervision and instruction.

Two new Deaconess Hospitals and training schools were organized in 1926 and 1927 in Havre and Billings, with the latter school still playing a prominent role as an integral part of Montana State College School of Nursing.

Following Miss Ariss's retirement in 1931, Miss Blanche Fuller became Superintendent of the hospital. (See Appendix B for copy of Miss Ariss' and Miss Fuller's obituaries taken from the files of the School of Nursing at Montana State College.)

In 1922, students at the Bozeman Deaconess Hospital were encouraged to enhance their education by taking one campus quarter a year during their three year program. In 1937 the Bozeman Deaconess Hospital became a unit of the Consolidated Deaconess School of Nursing. The Montana State College Catalogue number 1936-1937 announced a five year program which would lead to the degree of Bachelor of Science in Nursing. It was stated that the purpose of the program was to develop a better understanding of the fundamental principles which underlie all good nursing and to contribute to the

needs of community health.[13]

Montana Deaconess Alumni Association. The year following the organization of the State Nurses Association, 1914, four graduates gathered in Miss Ariss's office to form an alumnae association and to "band themselves in mutual helpfulness for the preservation of the traditions of the school of nurses." The second meeting didn't take place until 1916, at which time it was agreed to have a code of by-laws drawn up and all graduates notified of the new association. In 1927, the alumnae association became an active member of the American Nurses Association. Article II in the alumnae association reads as follows:

> The object of this organization shall be the association of graduate nurses for material help and protection; to advance the standing and best interests of its graduates; to place the profession of nursing on the highest plane attainable; and to advance the interests and general welfare of the hospital and of the American Nurses' Association.[14]

The Montana Deaconess Hospital Nurses' Alumnae Association took a deep interest in the new collegiate nursing program at Montana State College and in January, 1941, the Montana State College bulletin from the Department of Nursing there is recognition of the alumnae's interest.

> Since 1936, the Montana Deaconess Hospital Alumnae Association contributed one thousand dollars for needed books, teaching equipment, and expert advice on developing the Consolidated Deaconess School of Nursing. The alumnae of this school by their continued interest and assistance are a most important factor in the development and success of this modern nursing program.[15]

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[13] Ibid., p. 58.

[14] Montana Deaconess Hospital Nurses' Alumnae Association, op. cit., p. 9.

[15] Ibid., p. 2.

B. CONSOLIDATION PERIOD FOR DEACONESS HOSPITALS

With the emphasis on higher education for student nurses, three Deaconess Hospital Schools of Nursing merged in 1936, as the Consolidated Deaconess School of Nursing. The merger of these hospital units included Montana Deaconess Hospital School of Nursing (Great Falls) and Bozeman Deaconess Hospital Schools of Nursing along with the Kennedy Deaconess Hospital School of Nursing (Havre). Nursing instructors from these Hospital Schools of Nursing under the guidance of Miss Anna Pearl Sherrick, Director of Nursing and Nursing Education at Montana Deaconess Hospital requested assistance from collegiate administration to assist them with the improvement of nursing education through the addition of scientific and cultural courses. Each hospital unit of the Consolidated Deaconess School of Nursing was associated with a different college: Montana Deaconess Hospital at Colorado State College of Education (Greeley); Bozeman Deaconess Hospital at Montana State College (Bozeman), and Kennedy Deaconess Hospital at Northern Montana College (Havre). The students received similar college credit in scientific, cultural and nursing courses that would lead to a baccalaureate degree. The Kennedy Deaconess Hospital discontinued its professional nursing program after one year. The college level instruction at the Montana Deaconess Hospital was given by extension faculty of the Colorado State College of Education, two of these faculty had been with Intermountain Union College before it left Great Falls.[16]

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[16]Montana Nurses Association, Nursing in Montana, p. 72.

In 1938, it was necessary for the Montana Deaconess Hospital unit to seek college affiliation elsewhere because the Intermountain Union College left Great Falls. Phoebe M. Kandel (Mrs. Rohrer), a professor of nursing education at Colorado College of Education, Miss Anna P. Sherrick, who at that time was the director at the Deaconess Hospital School of Nursing in Great Falls; President A. R. Strand of Montana State College; Dean D. B. Swingle of the Division of Science; and Dr. F. B. Cotner, Professor of Botony and Bacteriology at Montana State College, met at Bozeman to arrange for the Montana Deaconess Hospital to cooperate with Montana State College. The 1937 Curriculum Guide for Schools of Nursing was used on the recommendation of Phoebe M. Kandel to plan the new nursing program for Montana. A general plan for a nursing curriculum was made by the committee and then an agreement was drawn up between the administrators and the board of trustees of the Montana Deaconess Hospital and Bozeman Deaconess Hospital. It was also necessary to obtain approval of the Montana State Board of Education. Miss Sherrick was chosen to supervise the program. Her position was Supervisor of Nursing Education in the Division of Science.[17]

While Phoebe Kandel was working with the committee at Montana State College, she also recommended affiliations in both tuberculosis and psychiatric nursing for the new nursing program.

Under the new program, candidates interested in collegiate nursing education made application to the college registrar, the same as other

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[17]Montana Nurses Association, Nursing in Montana, p. 73.

college students. All campus and hospital courses which were included in the curriculum were given full college credit.

The Consolidated Deaconess School of Nursing offered its students:

> (1) Two years college credit for a three year nursing course.
> (2) Experience in a large and a small hospital with a combined daily average of one hundred and eighty six patients. This experience will aid nurses in the practice of their profession after graduation.
> (3) Standard nursing procedures in all hospitals.
> (4) Instruction by well prepared medical and nursing staff which is based upon the new curriculum for nurses.[18]

The nursing program was so organized that during the three year course, student nurses would earn 48 college credits for general education and 48 college credits for nursing courses offered at the school of nursing, giving them junior standing in college. After receiving a nursing diploma, the student could receive a Bachelor of Arts or Science by taking two more academic years of general education on a college campus.[19]

The nursing students seeking a degree spent either the first two years, or the first year and the fifth year, on the campus at Montana State College. The diploma-seeking candidates spent three years in the Hospital School of Nursing at either Bozeman or Great Falls, which continued until World War II. The schedule of courses went as following:

> First Year on Campus--General Bacteriology, Personal and Community Health, General Chemistry, General Psychology, English Composition, Formation of Public Opinion, Physical Education, General Zoology, Physiology and Anatomy, Applied Anatomy for Nurses.

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[18]Ariss, op. cit., p. 11.

[19]E. Augusta Ariss, Historical Sketch of the Montana State Association of Registered Nurses and Related Organizations (Helena, Montana State Nurses' Association, 1937), p. 39.

Second or Fifth Year on Campus--Elementary Organic Chemistry, Principles of Economics, Sociology, Social Problems with Case Work, The Family and Society, 19th Century literature or Language elective, Public Speaking, History of Civilization, Ward Management and Ward Teaching, Embryology.

Second or Third Year (degree)--First Year in the Hospital School of Nursing.

Introduction to Nursing Arts, Nursing Arts I, Nursing Arts II, Elementary Materia Medica, Pharmacology and Therapeutics, Introduction to Medical Science, Dietetics, Diet Therapy, Medical Nursing and Surgical Nursing, English Composition.

Third or Fourth Year (degree)--Second Year in the Hospital School of Nursing.

Sociology, Literature of New Testament, Obstetrical Nursing, Pediatric Nursing, Operating Room Technique, Eye, Ear, Nose and Throat Nursing, Health Service in the Family, Advanced Nursing, Child Development.

Summer Quarter

Nursing Arts, Medical Practicum
Nursing Arts, Surgical Practicum
Nursing Arts, Obstetrical Practicum

Fourth or Fifth Year (degree)--Third year in the Hospital School of Nursing.

History of Nursing, Social and Professional Problems in Nursing Service, Professional Adjustment, Psychiatry and Psychiatric Nursing.

Summer Quarter

The credits in this quarter included work running concurrently with theoretical work during the regular academic year which is complete during this quarter (Psychiatric Nursing Practicum, Community Nursing Practicum, Operating Room Technique Practicum, Dietary Practicum.)

209 credits were the minimum credits required for graduation.[20]

In 1943, the Billings Deaconess Hospital became a unit of the Consolidated Deaconess School of Nursing and became associated with Montana State College.

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[20]University of Montana Bulletin catalogue number 1939-1940 and 1940-1941 (Bozeman: Montana State College, July 1940), pp. 74-75.

The name "Consolidated Deaconess School of Nursing" was changed to "Montana State College School of Nursing" in 1944. This was done because Montana State College was assuming more financial responsibility and giving supervision to nursing which was similar to other departments within the Division of Science.

In 1944, Dr. F. B. Cotner became Dean of the Division of Science after Dean Swingle's death. Dean Cotner, because of his understanding of collegiate educatien, was most valuable in promoting the program of the School of Nursing at Montana State College. He gave assistance in problems concerning:

> (1) the preparation of the nursing faculty for collegiate level instruction;
> (2) the need for increasing general education courses within the nursing curriculum that leads to a baccalaureate degree;
> (3) the college level instruction for students in the three-year program leading to a junior standing for these students;
> (4) counseling students at the Bozeman campus with regard to the advantages of collegiate education for professional nurses.[21]

C. MONTANA STATE COLLEGE SCHOOL OF NURSING PERIOD

The new education program of the nursing school was centered around four major activities:

> (1) The nurse provides a suitable environment for the patients mental and physical well-being.
> (2) The nurse teaches personal hygiene to the sick and to the well.
> (3) The nurse assists the doctor in diagnostic and therapeutic measures.
> (4) The nurse gives aid in the community, health service to the individual patient and the group.

With these four major activities in mind the five aims of the school

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[21]Montana Nurses Association, Nursing in Montana, p. 73.

were formulated to read as follows:

> (1) To emphasize the importance of the social conditions which affect the patients and their prospects of cure, whether service be given in the fields of institutional or public health nursing.
> (2) To maintain the human element in the care of the physical and mental condition of the patient in order that the Art of Nursing, introduced by Florence Nightingale when she founded Modern Nursing, be continued.
> (3) To show the student the need of a teaching program which is carried out by the private duty nurses and the hospital nurses, as well as the public health, so that students may understand the broader conception of their duties and responsibilities in the present health program.
> (4) To prepare the student to become a satisfactory participant in civic affairs and to contribute to the welfare of the community.
> (5) To teach the nurse the necessities of doing expert bedside care as well as applying the social, mental, and physical sciences in the prevention and curative nursing program today.[22]

Originally, Nursing Education was a department of the Division of Science under the direction of Dean Swingle and later Dean Cotner. In 1959 there was a re-organization of the Divisions and Dean Charles Bradley became the Dean of Letters and Science; The School of Nursing became part of the Division of Professional Schools with Dr. Gertrude Roskie as the Dean, and Dr. Anna Pearl Sherrick as the Director and Professor of Nursing Education within the new division. Dr. Laura Copple Walker became Assistant Director of the School of Nursing at this time.

Admission Standards. As noted in the previous section, all nursing candidates were required under this program to make application for admission to the nursing curriculum through the Registrar at Montana State College, thus requiring the nursing student to meet the college admission

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[22]Consolidated Deaconess School of Nursing (Bozeman: Montana State College-The Department of Nursing, January, 1941), p. 2.

requirements. The Nursing Department required in addition that the student be eighteen to thirty-five years old and rank in the upper third of her high school class. It was noted in the Montana State College Catalogue number 1949-1950 that the age requirement was lowered to seventeen and the nurse candidate was to rank in the upper half of her class. Standards were adjusted to attract more students into the program. Following World War II and the close of the United States Cadet Corps Program there was a drop in enrollment in the Montana State College School of Nursing.

The 1960-1961 catalogue for Montana State College states that "nursing students should be within ninety days of their eighteenth birthday before they may be enrolled in any Hospital Division."[23]

While the student nurse was on the Bozeman campus (1938-1958), she paid regular college fees, board and room; but when she entered the hospital division, board and room, and laundry were furnished by the hospital in return for the nursing care given to patients. The student, however, paid a quarterly minimal registration fee to the college while in the hospital division. This fee was placed in a separate nursing revolving fund to finance the program and the salaries of the part-time clinical instructors. Some twenty years later, 1958, the student became responsible for her own board, room and laundry. Floor duty and class work were included in a 44 to 48 hour week. The trend in the state and nation toward a 40 hour work week for graduate nurses also affected the time the student in

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[23]Montana State College Bulletin, 1960-1962 catalogue (Bozeman: Montana State College, March, 1960), p. 51.

the school of nursing spent in class and laboratory. At the present time the student averages 30-34 hours per week in class and laboratory. The remaining days of the week, the student who maintains a satisfactory grade average may work for hospital service. This practice adds to her experience in giving nursing care to patients and she receives monetary payment from the hospital for her services. This policy is in line with those regulating other college students who work part time to support the costs of their education.

Montana State College Nursing Curriculum. The collegiate nursing curriculum provided for both the three year diploma student and the five year degree student. The five year (16 quarters) degree program which was first planned in 1938 continued very much the same for twenty years. It required a minimum of 206 credits with one-half of these credits in general education. The college offered 103 credits for scientific (physical and social) and cultural courses which developed understanding of fundamental principles which needed to be applied in teaching student clinical nursing at the college level. The remaining 103 credits were assigned to nursing courses given in the hospitals in 10 quarters and two summers of 8 weeks each. The curriculum was changed to a 13 quarter degree program in 1958 with 195 credits required for a baccalaureate degree. The number of clinical nursing courses in the hospital had been decreased and the quarterly credits increased; thus making it a 13 quarter instead of 16 quarter program.[24]

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[24]Montana State College, Catalogue Number for 1944-1945 (Bozeman: Montana State College, n.d.) pp. 84, 92 and 93; and Montana State College, Bulletin 1960-1962 Catalogue (Bozeman: Montana State College, March, 1960), pp. 195-196.

The three year program in 1938 led to a diploma and the student was allowed 90 college credits toward a degree which gave them Junior college standing. They spent a total of twelve quarters or thirty-six months in the program until 1958 when the time was reduced to eight quarters or two calendar years.[25]

This Collegiate program, as a member of the Association of Collegiate Schools of Nursing, when World War II was pending, had developed standards that made it possible to prepare more nurses by taking additional students and by completing the instruction for the three year student in thirty months and thus speed up the production of nurses. The change in nursing education was facilitated by the Federal Government in 1941-1942 when Congress granted money to Montana State College for the preparation of more nurses for the national defense of this country. The pre-hospital quarter for the student in the three year program was introduced at this time and included the instruction of anatomy and physiology, chemistry, and bacteriology taught by subject matter specialists thus releasing nurse faculty for nursing.

The Schedule planned by the State Board of Examiners and the State Nurses' Association was used by Montana State College School of Nursing and was as follows:

Pre-nursing (college campus)	1 quarter
Pre-clinical	1 quarter
Medical.	1 quarter
Surgical	1 quarter
Pediatrics	1 quarter

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[25] Ibid.

Obstetrical	1 quarter
Operating Room	2 months
Diet Kitchen	2 months
Miscellaneous	1 1/2 months
Clinic	
Outpatient	
Central Service	
Electives	4 1/2 months
Psychiatry . . . . 3 months	
Communicable Diseases . . . . 1 1/2 months	
Vacation	2 months
	30 months

The remaining six months could be spent in government or civilian hospitals for advanced experience in any phase of nursing.[26]

The five year curriculum leading to a Bachelor of Science degree remained the same but there were only a few students. For example, during the summer and autumn quarters of 1943, there were some 236 students registered at Montana State College for their pre-hospital courses[27] and yet during the period of 1943 to 1946, there were only 27 Bachelor of Science degrees in nursing issued at Montana State College.[28]

The schedule that had been planned during the Cadet Corps Period remained as the diploma curriculum until 1951. The diploma curriculum was expanded to require the student to spend two quarters on the college campus and ten quarters in the hospital. There were more physical, social sciences and cultural subjects added to the curriculum. Six years later the three year nursing program was reduced to two years. The student spent two

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[26]Montana Nurses Association, Nursing in Montana, p. 57.

[27]Ibid., p. 56.

[28]Calculated from the 1943, 1944, 1945 and 1946 Commencement Exercises.

quarters on campus but the time span in clinical nursing was shortened. The shortening of both the degree and the diploma programs was made possible by:

> (1) increased understanding of basic physical and social principles;
> (2) better selection and assignment of learning experiences; and
> (3) more adequately prepared nursing faculty.[29]

During the process of revising the cirriculums through the years, an imbalance resulted between the general education subjects and the professional subjects--with more credits being given in the nursing courses. In 1961 the faculty at Montana State College School of Nursing has reorganized the curriculum to bring it back in balance. In order to meet society's changing need for satisfactory nursing service, there has been a need for continuous development in nursing education. The adjustments have been made through continual study and revision of the nursing curriculum. The provocative changes in the curriculum have aimed at making such revisions in the teaching programs as were consistent with a growing understanding of the whole patient rather than on a disease or a pathological condition. "The emphasis today is on problems to be solved correlating the total needs of the patient rather than procedure-centered care." (Problem-solving technique)[30]

Changes in Hospital Units. In 1944, there were three general hospitals affiliated with Montana State College: Montana Deaconess Hospital, Great Falls; Bozeman Deaconess Hospital; and Billings Deaconess Hospital.

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[29]Montana Nurses Association, Nursing in Montana, p. 77.

[30]Ibid., p. 77.

The Bozeman Deaconess Hospital terminated its affiliation with the college during 1951. In 1951-1952 period, Butte Community Hospital became a hospital unit and remained associated with the college for eight years, at which time, it became a unit of Carroll College in Helena.

Improved Faculty Preparation. To improve the quality of nursing education it has been necessary to improve the nurse educator's preparation. Through Federal Traineeship grants and the eighth quarter educational leave which has been available to all full-time faculty members on twelve month appointments at Montana State College, the advancement in faculty preparation has progressed during the last twenty years. In 1941 there were two faculty members with Master degrees, nine with their Bachelor of Science degrees and seven instructors with their nursing diplomas; while the 1961 nursing faculty is comprised of two members with Doctor degrees, thirteen with Master degrees, and seventeen with Bachelor degrees. The faculty included no members with only a diploma in nursing.[31]

Full-time Nursing Instructors. At the beginning of the collegiate nursing program, Supervisors and Head Nurses functioned in a dual capacity, as part-time instructors for the college and at the same time, as hospital employees. In 1941, there were two full-time nursing educators for Montana State College School of Nursing while the other sixteen were only part-time college faculty. The instructors have given more time to medical science principles integration in patient-centered nursing practice and

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[31] Ibid., p. 78.

to the more thorough and complete supervision of the student nurses.[32]

The Master of Nursing Program. Because of the better prepared nursing faculty, Montana State College was able to inaugurate the Master degree program for nurses in 1956. The program began with three students and by the end of summer quarter, 1960, fourteen Master of Nursing degrees had been awarded. Montana State College School of Nursing has been striving toward the objectives outlined by Western Council on Higher Education for Nursing for its graduate program. These objectives are as follows:

> (1) To develop a high level of competence in a field of clinical nursing, such as medical, psychiatric, and public health nursing.
> (2) To develop a comprehensive understanding of specialized nursing functions, such as supervision or teaching, and competence in their practice.
> (3) To develop an inquiring approach toward subject matter content.
> (4) To develop a better understanding and command of the skills necessary for effective communication with patients.
> (5) To develop a sense of responsibility for assuming leadership in the nursing profession and for the advancement of its objectives. This involves an awareness of the interdependence between nursing and the social order of which it is a part.[33]

Additional Clinical Experiences. It was recognized early in the planning and development of the school of nursing that student nurses should have experience in psychiatric, tuberculosis, and public health nursing.

Psychiatric Nursing. In 1940 the psychiatric nursing became a reality. Miss Sherrick, while Chairman of the Committee on Affiliations of

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[32]Ibid.

[33]Guidelines for Developing Master's Degree Programs in Nursing in the West. A Report Prepared by the Western Council on Higher Education for Nursing (Central Office: C. U. campus, Boulder, Colorado).

the Educational Section for the Montana Nurses Association, and her committee had been working toward a psychiatric experience at the State Hospital, Warm Springs, Montana, since 1937. Two years later the State Educational Section gave the Committee authority to make the affiliation available for registered nurses and for degree-seeking nursing students in Montana.[34]

Mrs. Henrietta Adams Loughran, School of Nursing Education, University of Washington, was consulted to give advice concerning a sound educational psychiatric nursing program to the Committee on Affiliations, those in charge of the State Hospital at Warm Springs, and the State Board of Examiners. One of Mrs. Loughran's suggestions was that the educational program should be under the guidance of a college. "Since the Department of Nursing at Montana State College was established and functioning, this institution was selected by the committee to take charge of the psychiatric nursing program..."[35]

The State Board and the State Nurses Association financed the program the first year until Montana State College could plan for financing it. The first three month classes consisted of five students and has built up to approximately forty students each quarter as other schools of nursing in Montana and other neighboring states began to send students. The applicants had to meet entrance qualifications of Montana State College and made application through the Registrar of the college. The students worked

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[34]"Nursing Education at Montana State College," Reprinted from the American Journal of Nursing, Vol. 40, Number 10, October 1940), p. 2.

[35]Ibid.

forty-eight hours each week, including their classes with one day off a week. Montana State Hospital furnished board, room and laundry. Registration fees were paid for the psychiatric nursing program each quarter to the Treasurer of Montana State College through the Department of Nursing. The Montana State Hospital, in turn, paid an allowance of $36.00 per quarter to the Montana State College for each undergraduate nursing student enrolled in the psychiatric nursing course from 1940 until July, 1961. Since July, 1961, Montana State College has assumed the cost of this portion of the nursing curriculum and the fee paid to the College by Montana State Hospital has been discontinued. The aim of the psychiatric nursing was:

> to help the nursing student develop a basic understanding of the etiology, symptomatology, and treatment of the more common types of psychiatric disorders and to help her assume her responsibility in furthering positive mental health program in the community.[36]

Psychology courses have been integrated in the general educational program for nurses since the first curriculum was planned.

Four years ago the Public Health Service made funds available for adding a mental health consultant to the School of Nursing faculty, who in turn, could help integrate the Mental Health concepts in the School of Nursing curriculum.

Tuberculosis Nursing. Two years after the Psychiatric Nursing experience was initiated, a Tuberculosis nursing experience was arranged at the State Tuberculosis Sanitorium, Galen. This educational offering was to

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[36] Ibid., p. 3.

give student nurses experience in caring for patients with a communicable disease. The six and a half week tuberculosis experience began with seven students. Mrs. Margaret Forsythe, who had received her Bachelor of Science degree from Montana State College and had a twelve week post-graduate course in Tuberculosis nursing, was appointed the first instructor. The program was discontinued in 1955 because with modern drugs more patients are treated in general hospitals and at home, and public health field experiences were being planned for students with an emphasis being placed on prevention of tuberculosis.[37]

Public Health Nursing. An approach for relating nursing to the field of public health as well as to scientific knowledge and the techniques of nursing, began early in the nursing curriculum at Montana State College. Specific courses titled Health Service in the Family, Community Nursing, Visiting Nursing and Community Health were included in the curriculum to teach Public Health concepts to the students. Following World War II, Montana State College faculty began planning for preparation in public health nursing including "field experience." Mrs. Magdalene Roller Lobo, Miss Meral Loewus and Dr. Laura Copple Walker were responsible for planning and incorporating the Public Health concepts and principles into the curriculum in 1954. The first agreement for placement in a public health agency was made with the Gallatin County Health Department, Bozeman. Preparation for beginning positions in public health nursing was opened on an

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[37]Montana Nurses Association, Nursing in Montana, p. 60

elective basis for baccalaureate degree nurses and as the program grew stronger, the Cascade County Health Department became one of the cooperating agencies and preparation for public health nursing became incorporated in the nursing curriculum. Since 1960 it has been a requirement for all students at Montana State College School of Nursing. However, preparation for public health nursing is not a requirement for licensure by the State Board of Nursing. The public health components of the nursing curriculum helps the student to identify "ways of promoting health, preventing disease and disability, providing care during illness, and planning rehabilitation."[38]

Accrediting Boards. The Western Regional Consultant, Mrs. Elizabeth Soule, from the Association of Collegiate Schools of Nursing was invited to participate during the early planning phases of Montana State College School of Nursing. Mrs. Elizabeth Soule, Dean of the University of Washington School of Nursing, advised the nursing faculty and college about affiliations, curriculum, budget and administration. In 1944, Montana State College School of Nursing became an associate member of the Association of Collegiate Schools of Nursing.

The National League of Nursing Education granted accreditation to the School of Nursing in 1949. The Montana State College Bulletin, catalogue number 1950-1952 states that "the National Nursing Accrediting Service has rated Montana State College School of Nursing among the upper twenty-five per cent of all nursing schools in the nation. Both programs

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[38]Ibid., p. 77.

are accredited by the Montana State Board of Nurse Examiners."[39]

Since the merger of the two accrediting boards, National League of Nursing Education and the Association of Collegiate Schools of Nursing, Montana State College School of Nursing requested another review by the League's Board. The School of Nursing must voluntarily request an independent evaluation of the nursing education curriculum that they offer. The voluntary program of accreditations contributes to a high quality of education in nursing schools. Montana State College School of Nursing received accreditation of its Bachelor of Science degree program at the board's last review in 1960, thus indicating that the collegiate program is maintaining national standards.

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[39]Montana State College Bulletin, Catalogue Number for 1950-1952 (Bozeman: Montana State College, October, 1950), p. 137.

CHAPTER IV

SUMMARY AND GENERALIZATIONS

It was not the plan of this study to arrive at broad conclusions or recommendations. The investigator has attempted to present a general idea of how an "educational nursing institution" has evolved out of "hospital nursing schools" and to relate this idea to the present situation.

Nearly a century ago Florence Nightingale set up standards for modern nursing that many of the nursing schools in the United States inclusive of nursing education at Montana State College have just been able to meet within the last two decades. There are still schools in the United States that cannot meet all of her standards which are as follows:

> (1) prolonged training under the direction of a matron (instructor) educated in nursing and leadership;
> (2) discrimination in favor of a high type of women, possessing especial aptitude for nursing, when selecting the candidates for instruction in a nursing school;
> (3) well-prepared nurse teachers to guide her;
> (4) thoroughness in her education, and all-round development of her personality;
> (5) freedom from subsidiary tasks...
> (6) development of nursing as a vocation, free from sectarian bias or control;
> (7) freedom from the control of medicine.[1]

Nursing education throughout the United States and Montana has been intertwined with the development of hospitals. Because training schools were owned and controlled by the hospital, expenditures for such items as

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[1]Elizabeth M. Jamieson and Mary Sewall, "Modern Nursing Established (1860-), History of Nursing Notebook (Philadelphia: J. B. Lippincott Co., 1946), n.p.

faculty salaries, libraries, operation and maintenance of the nursing school have nearly always been financed by the hospitals.

Nursing education in Montana progressed in much the same pattern as in the nation and with the same influences such as Christianity, wars, The Nurse Practice Act, and the Nursing Organizations.

Early in the twentieth century, the care of the sick became the object and concern of religious groups in Montana, namely the Catholic Sisters and the Methodist Deaconesses. The pace in establishing hospitals and training schools was then increased tremendously. The early Deaconess hospitals displayed an atmosphere of humanitarian impulse and a religious approach in caring for the unfortunate, the sick and the distressed. The Deaconesses considered nursing a "Christian" calling and this philosophy was imbedded throughout the "Deaconess Hospitals and Training Schools." Financial control of schools of nursing by the related hospitals has been a handicap to the progress of education in these schools of nursing. The student nurse was considered part of the staff and her education was secondary to patient care.

Until 1913 there were no uniform or minimum curriculum requirements in Montana and the schools operated according to the ideas of the individual directing the school. From the beginning, the Montana Deaconess School of Nursing had a three year course of study and upon completion many of the graduates, supervised other Deaconess Hospitals in the state or did private duty nursing in the home. The students were paid an allowance by the hospital but the student worked between 55 and 60 hours a week for their board, room and training. The hospital admitted two, three or four

classes a year depending on the number of applicants or on the discretion of the Superintendent.

In 1913, the Nurse Practice Act came into existence and schools of nursing were placed under the jurisdiction of the Nurse Examining Board. If a school of nursing was to receive state accreditation, it had to maintain the minimum educational standards that the Examining Board required for Schools of Nursing in the State of Montana. The standards set forth by the Board were influenced by standards set forth by the National League of Nursing Education. After the Nurse Practice Act came into existence, the discontinuance of special duty for student nurses, the addition of a probationary period, the employing of graduate nurses for Head Nurse positions, and curriculum changes were noted at Montana Deaconess Hospital Training School.

There was no mention of either general educational requirements, or a minimum age for admission to schools of nursing in the original Nurse Practice Act. The growing scarcity of nursing candidates during and following the World Wars resulted in the lowering of the age of admission to schools of nursing and variation in student maturity. The Montana Nurse Practice Act stipulated in 1919 that the minimum age for school applicants was to be 19 years without high school preparation and 18 years old with high school graduates. High school graduation did not become a requirement for admission to a school of nursing until 1933. In 1950 the School of Nursing at Montana State College required that a nursing student be within ninety days of her eighteenth birthday before she may be enrolled in any Hospital Division.

The 1917 National Standard Curriculum was adopted for the course of study and this increased the amount of science in the nursing education at the Montana Deaconess Hospital School of Nursing. At the same time graduate nurses were taking post-graduate courses at hospitals out of Montana to learn some of the latest methods of supervision and instruction. Miss Ariss, who was the Superintendent of Hospital, was the Principal of the training school and the sole instructor until 1915. At that time a Montana Deaconess graduate was appointed Principal of the school.

The American Nurses Association and the American League of Nursing Education, through various surveys and studies, helped the nursing school leaders to become aware of the weaknesses in the hospital schools of nursing. In 1937, the Deaconess Hospital Schools of Nursing consolidated and became affiliated with institutions of higher learning. As the Deaconess Schools became established at Montana State College, the College took over the financing of the nursing program. The shift from apprenticeship to professional status was evident when the few clinical instructors were replaced by an increased number of better qualified nurse instructors.

It was recognized that the professional nurse needed sound preclinical, biological, and social sciences as a basis for work in all nursing fields if she was to take her place as a member of the health team in the community she served. Liberal arts courses were also added to give cultural content.

The United States Cadet Nurse Corps, the two year Associate Degree and the four year baccalaureate degree during and following World War II were new and varied programs employed to speed up the educational preparation of nurses. The collegiate School of Nursing is in a much better

position to develop new types of programs, especially those on pre and post baccalaureate levels. The Master of Nursing program (1956) at Montana State College School of Nursing was the first advanced nursing education program introduced in the state.

Montana State College School of Nursing took the initiative to introduce education in tuberculosis, psychiatric, and public health nursing as a part of preparation for the profession of nursing.

Two steps toward professionalization of nursing were: (1) the development of nursing organizations and their interacting effect on legal requirements for nursing; and (2) the establishment of collegiate School of Nursing and its increasing consideration of a curricular improvement in the nursing education.

In 1915, Dr. Abraham Flexner listed six criteria for a profession which were listed in Chapter I. Dr. Flexner felt nurses met all except the first criterion - "they involve essentially intellectual operations accompanied by large individual responsibility." It would appear that in 1961 nurses do meet Dr. Flexner's first criterion. Since 1915, nursing education has developed into a well-rounded educational program within a college institution and includes both general educational and clinical nursing courses. The problem solving technique has been employed to stimulate critical thinking and intellectual operation and to promote an inquiring mind.

With the advances in medicine, sociology and psychology, nurses have had to accept new duties and their activities have expanded to new fields. The scope of a nurse's work has extended from staff positions

into more responsible positions of administration, supervision, and collegiate instruction. Head Nurse positions in general hospital entails responsibility for particular ward administration and for seeing that nursing is properly performed by staff nurses and students. The nurse that works as a general practitioner has been delegated responsibilities such as: (1) giving physical and emotional care to the patient; (2) in teaching patients and families; and (3) making judgments through observations of patients in order to plan better nursing care.

Montana State College School of Nursing has continued to revise its curriculum through the years to educate and prepare nursing students to meet and accept their changing responsibilities as professional nurses.

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APPENDIX A

The General Scheme of Class Distribution

	Hours	Credits
First Year--First Term (15 weeks)		
Anatomy and Physiology	90	4
Bacteriology	45	2
General and Applied Chemistry 111	45	2
Personal Hygiene	15	1
Physical Training	15	0
Elementary Materia Medica	15	1
Principles and Practice of Nursing (Elementary)	90	4
History and Ethics of Nursing	30	2
	345	16
Weekly schedule for Term		
Class and Laboratory Work	22	
Practical Work in Wards and Other Departments	16	
Study	22	
Second Term (15 weeks)		
Elements of Pathology	15	1
Dietetics	60	3
Materia Medica and Therapeutics	30	2
Principles and Practice of Nursing (Advanced)	30	2
Psychology (including Mental Hygiene and Teaching Methods)	30	2
The Case Study Method (Applied to Nursing	15	1
	180	11
Weekly Schedule for Term		
Class and Laboratory Work	12	
Practical Work in Wards, Diet Kitchen, etc.	36	
Study	12	
Second Year (30 weeks)		
Nursing in General Medical Diseases	30	2
Nursing in Medical Specialties: Communicable Diseases and Skin	30	2
--Nursing in General Surgical Diseases	30	2
--Nursing in Surgical Specialties: Orthopedics, Gynecology, Urology, and Operating Room Technique	30	2

	Hours	Credits
Pediatric Nursing and Infant Feeding	30	2
Modern Social and Health Movements	30	2
	180	12
Weekly Schedule for Year		
Lectures, Classes and Clinics	6	
Practical Work	48	
Study	6	
Third Year (15 or 30 weeks)		
Obstetrical Nursing	30	2
Psychiatric Nursing	30	2
Nursing in Diseases of the Eye, Ear, Nose and Throat	15	1
Emergency Nursing and First Aid	15	1
Survey of Nursing Field and Related Professional Problems	30	2
	120	8
Weekly Schedule for Term or Year		
Classes, Lectures and Clinics	6	
Practical Work	48	
Study	6	
Total number of hours for the three years	825	
Recommended Supplementary Courses		
Elements of Sanitary Science	15	
Physiotherapy	15	
Occupational Therapy and Recreation	15	
Elements of Social Science	15	

Committee on Education of the National League of Nursing Education. A Curriculum for Schools of Nursing. (New York: National League of Nursing Education, 1929), pp. 61-62.

APPENDIX B

AUGUSTA E. ARISS--BLANCHE M. FULLER January, 1952

Two Deaconesses who served the Montana Deaconess Hospital in Great Falls entered their "eternal home" in January. Many know Miss E. Augusta Ariss and Miss Blanche M. Fuller. All of us are grateful for the contributions and the influence these two women have had in building health, hospital, and nursing programs, especially in Montana. We wish to pay tribute to both.

Miss E. Augusta Ariss who was superintendent of the Montana Deaconess Hospital for twenty-nine years, died after a heart attack at Long Beach, California, on January 10, 1952.

Miss Ariss organized the Montana Deaconess Hospital School of Nursing while administering the hospital. She served on the State Nurses' Examining Board and was an active member of the Montana State Nurses' Association. She organized and inspired the Montana Deaconess Hospital throughout the years. While active in hospital and nursing work, she found time to participate in church and civic work.

Miss Ariss has been referred to as the "Florence Nightingale" of the Northwest. Her untiring efforts in the early pioneering period of Montana Nursing History built a solid foundation upon which we build today. The "Historical Sketch of the Montana Association of Registered Nurses and Related Organizations" which Miss Ariss wrote in 1937 as well as the "History of Deaconess Hospitals" and "Nursing Education Connected with the Deaconess Hospitals" show clearly how nursing progressed under Miss Ariss's able administration.

Blanche M. Fuller passed away Saturday morning January 5, 1952, at Forest Grove, Oregon. Miss Fuller was appointed Superintendent of the Montana Deaconess Hospital in Great Falls in January, 1933. She served this hospital well until her retirement in 1938. Many of us who worked with Miss Fuller appreciated the democratic methods she used in administrating all departments of the hospital. She was friend, nurse, and counselor as well as an able administrator.

Miss Fuller graduated from nurses training at Christ Hospital, Cincinnati, Ohio in 1911. Following this preparation she served as assistant superintendent of Christ Hospital until 1917 when she was appointed superintendent of the Methodist Hospital in Omaha, Nebraska. She remained there until she was appointed superintendent of Montana Deaconess Hospital.