



Issues and trends in nursing education following publication of A Position paper 1965-1975  
by Mary Carol Conroy

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING  
Montana State University

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Abstract:

This study was an investigation of the impact of A Position Paper, published by the American Nurses' Association in 1965, on nursing education and the nursing role over the following decade. The focus of data collection was an examination of trends and issues identified in the American Journal of Nursing and in Nursing Outlook between 1965-1975.

This literary review tends to agree with Bullough and Bullough, Issues in Nursing (1966) in which they identified five topics over which there was considerable disagreement and which were central to the future of nursing. The five topics were: nursing education, nursing role, professionalism, economic issues, and changing aspects of patient care. Two of these areas; nursing education and the resulting nursing role were selected for in-depth study. The review of the journals supported the hypothesis that A Position Paper was a major factor influencing nursing education and the nursing role.

Some of the major findings of the study include the following: baccalaureate degree programs are increasing gradually in both number of programs and enrollments. Associate degree programs are reaching a stable growth rate after a period of rapid expansion; while diploma programs continue to phase out. Practical and/or vocational nursing programs are maintaining a stable growth and enrollment rate.

There continues to be considerable disagreement within the profession regarding the professional versus the technical nurse, and the value of the variety of programs. Nursing roles and functions are issues not clearly defined and awaiting resolution by the profession.

Career ladder concepts, and issues of certification and continuing education are not clearly understood; resolution of these issues are present concerns of many nurses.

Scientific and technologic knowledge will continue to develop rapidly, calling for more health care workers. Economic and governmental factors will continue to influence the health care system.

These demands and controls may result in changes which could alter the nursing profession.

Consumers rights will become more firmly established and will continue to influence health care delivery. Nurses will be called upon to participate in quality of life decisions as a result of scientific and medical advances.

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PUBLICATION OF A POSITION PAPER 1965-1975

by

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A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF NURSING

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## ABSTRACT

This study was an investigation of the impact of A Position Paper, published by the American Nurses' Association in 1965, on nursing education and the nursing role over the following decade. The focus of data collection was an examination of trends and issues identified in the American Journal of Nursing and in Nursing Outlook between 1965-1975.

This literary review tends to agree with Bullough and Bullough, Issues in Nursing (1966) in which they identified five topics over which there was considerable disagreement and which were central to the future of nursing. The five topics were: nursing education, nursing role, professionalism, economic issues, and changing aspects of patient care. Two of these areas; nursing education and the resulting nursing role were selected for in-depth study. The review of the journals supported the hypothesis that A Position Paper was a major factor influencing nursing education and the nursing role.

Some of the major findings of the study include the following: baccalaureate degree programs are increasing gradually in both number of programs and enrollments. Associate degree programs are reaching a stable growth rate after a period of rapid expansion; while diploma programs continue to phase out. Practical and/or vocational nursing programs are maintaining a stable growth and enrollment rate.

There continues to be considerable disagreement within the profession regarding the professional versus the technical nurse, and the value of the variety of programs. Nursing roles and functions are issues not clearly defined and awaiting resolution by the profession.

Career ladder concepts, and issues of certification and continuing education are not clearly understood; resolution of these issues are present concerns of many nurses.

Scientific and technologic knowledge will continue to develop rapidly, calling for more health care workers. Economic and governmental factors will continue to influence the health care system. These demands and controls may result in changes which could alter the nursing profession.

Consumers rights will become more firmly established and will continue to influence health care delivery. Nurses will be called upon to participate in quality of life decisions as a result of scientific and medical advances.

## Chapter 1

### INTRODUCTION

Nursing education has strongly influenced nursing all through history. Since the first Nightingale school in the United States was established in 1873, professional nursing has evolved to a highly sophisticated level. Nursing is influenced by science and technology, social, religious and economic values. The profession has been marked by political structures and controlled to a considerable extent by federal legislation relating to health care and its delivery.

Reva Rubin, in the article, "This I Believe . . . About the Stature of Nursing in a Changing Society," stated:

Nursing is changing, as the social world is changing and there are times when it is helpful to consult a social map to establish the directions of the road we are taking to look back to where we have been, and to look forward to where we are going. We are moving and the scenes are changing.<sup>1</sup>

In this bicentennial year the words of Rosamond Gabrielson, President of the American Nurses's Association, (ANA) outlined the progress of nursing care in the United States since 1776, as follows:

. . . nursing care has developed from neighborly assistance rendered by unprepared local practitioners to the present organized nursing services delivered by highly skilled registered nurses, serving society in an ever-expanding role . . . Nursing's development has been related

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<sup>1</sup>M. Virginia Dryden, ed., Nursing Trends: A Book of Readings, (Dubuque: Wm. C. Brown Company, 1968), p. 64.

to the social context of the times . . . Nurses have cause to celebrate the bicentennial, for in the two hundred year history of this country, nurses have advanced from an indefinite quantity to the largest professional group among the health professionals.<sup>2</sup>

The Florence Nightingale School of Nursing was founded in London in 1860. In the United States in 1873, three training schools patterned after the English model were established within a period of six months: Bellevue Hospital, May 7, 1873; Connecticut Training School in New Haven in October, 1873; and the Boston Training School at Massachusetts General, November, 1873. These early nursing schools in the United States were independent and closely followed the Nightingale pattern. This independence unfortunately did not continue and by 1938, there were 1,844 schools of nursing in the United States, varying in length and quality of the programs, the apprenticeship method of "training" was the generally accepted system.<sup>3</sup> The variety was so great that as early as 1900, efforts were being undertaken to establish professional standards for nursing education and this endeavor continues at both the state and national levels today. In 1903, North Carolina enacted the first nurse registration law setting the minimum standards for competence in nursing. Along with the campaigns for

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<sup>2</sup>Rosamond Gabrielson, "Rosamond Gabrielson Speaks About Nursing Since 1776," Kansas City, Missouri, The American Nurse, American Nurses' Association, June, 1975, p. 2., col. 1.

<sup>3</sup>Jerome P. Lysaught, An Abstract for Action, (New York: McGraw-Hill Book Company, A Blakiston Publication, 1970), p. 29.

registration and licensure were attempts to improve the quality of the faculty and the caliber of instruction in the preparatory schools.

In 1899, Teachers College of Columbia University provided a series of courses for graduate nurses in such fields as psychology, educational methods, and training school management. In 1907, a Division of Hospital Economics was added, the course was lengthened to two years, and graduates received a bachelor of science degree.<sup>4</sup>

At no time was any suggestion ever made to extensively enroll nurses in university courses or be granted a degree. As early as 1960, there was evidence of a fundamental split in the ranks of nursing concerning the proper location of nursing education. "The first collegiate school of nursing in the United States was established in 1909, at the University of Minnesota; this was a three year course of study and the graduate received a diploma."<sup>5</sup>

In 1908, Mary Adelaide Nutting, in an address to the American Hospital Association of Canada remarked on nursing's place in the University, ". . . I confess that nursing, as I see it, seems to me as worthy of a place in the scheme of the university as any art or science in it."<sup>6</sup>

Teachers College and the School of Nursing at the Presbyterian

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<sup>4</sup>Ibid., p. 29.

<sup>5</sup>Ibid., p. 30.

<sup>6</sup>Bonnie Bullough and Vern Bullough, eds., Issues in Nursing, (New York: Springer Publishing Company, Inc., 1966), p. 6.

Hospital in New York City in 1916, ". . . established a five year program leading to a baccalaureate degree in nursing."<sup>7</sup>

An expanded study on the broad subject of nursing education was undertaken in 1920, Nursing and Nursing Education in the United States was published in 1923, reporting the results and recommendations of this study.

One of the most significant conclusions was the importance and the need to develop and strengthen the university school of nursing to prepare leaders of nursing. The Yale University School of Nursing and the School of Nursing at Western Reserve University, were an outgrowth of this need, and the new era in nursing education resulted. "The Yale University school was the first independent school of professional nursing, accepting arts and science graduates for the purpose of developing them as nurses."<sup>8</sup>

Currently there are 234 baccalaureate institutions accredited by the National League for Nursing, (NLN), and sixty-four master degree programs in nursing that are accredited.<sup>9</sup>

With the increase in both the number and variety of nursing programs, there has been a continuous concern about the content and

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<sup>7</sup>Lysaught, op. cit., p. 30.

<sup>8</sup>Lysaught, Ibid., p. 30.

<sup>9</sup>Helen Yura, "One Decade of Accreditation Statistics," (1964-1974), Memo to Members, Council of Baccalaureate and Higher Degree Programs, National League for Nursing, January, 1975.

curriculum structure of the programs established to prepare nurses for nursing practice at a level of competence, to render quality nursing care. As a result, the Standard Curriculum for Schools of Nursing was prepared and distributed by the National League for Nursing Education; in 1927 the League's, A Curriculum for Schools of Nursing was published; this was revised and reissued in 1937. These directives were considered statements of minimum standards and were used throughout the world as a basis for assessing nursing courses.<sup>10</sup> Since that time, numerous studies have been undertaken to evaluate nursing education.

In 1965, the American Nurses' Association published A Position Paper, which may have had the greatest impact on nursing education since its foundation in the United States by taking the following stand: "Education for those who work in nursing should take place in institutions of learning within the general system of education." The American Nurses' Association believes that:

1. The education for all those who are licensed to practice nursing should take place in institutions of higher education.
2. minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.
3. minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing.

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<sup>10</sup>Eunice M. King, "Curriculum Design for the 1980's," Curriculum Relevance Within a Changing Health Care System, (New York: National League for Nursing; Dept. of Diploma Programs, 1975), p. 45.

4. education for assistants in the health service occupations should be short, intensive preservice programs in vocational education institutions rather than on-the-job training programs.<sup>11</sup>

According to Eunice M. King, in her address, "Curriculum Design for the 1980's," A Position Paper seems to have divided the profession due to the diversity of basic educational programs in nursing and the conflict in the role utilization and performance of the graduates of the various programs, not to mention the ferment caused by the proposed distinction between the technical and professional nurse roles. Licensed Practical Nursing and Vocational Practical Nursing programs were encouraged to phase into the Associate Degree programs and the hospital schools were to be absorbed by Baccalaureate nursing programs. As a result of the statement, large numbers of hospital schools of nursing closed; traditionally professional nursing education had taken place in hospital schools where the apprenticeship methodology was utilized, thereby answering the desperate staffing problems of hospitals for many years. Some hospital schools have been absorbed by baccalaureate programs, but even today the major supply of nursing graduates are from the hospital based diploma programs.<sup>12</sup>

In 1973, the ANA Board of Directors did release a statement

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<sup>11</sup>American Nurses' Association, A Position Paper, (New York: American Nurses' Association, 1965), p. 5-9).

<sup>12</sup>King, op. cit., p. 48.

to make known its respect and concern for the hospital based schools, but this has done little to unite the factions created by A Position Paper. The statement is: "Never has ANA deliberately identified diploma school graduates as other than professional nurses."<sup>13</sup>

In the words of Jo Eleanor Elliott, President of the American Nurses' Association at the time of the publication of A Position Paper: ". . . the Position Paper recognizes the realities of today and sets directions for the future."<sup>14</sup>

Associate Degree programs in Community Junior Colleges developed and expanded rapidly while the baccalaureate nursing programs to date have not developed at a pace sufficient to provide the increasing number of professional nurses needed.

Em. O. Bevis, a nurse educator of the 1970's believes:

Today's educational system for nursing is a monument to a former highly successful system of hospital training for nursing, for only successful systems have the capacity for change in response to changed conditions and needs. And though the pace of change has often seemed slow and cumbersome, change had occurred and is occurring.<sup>15</sup>

In 1968, the National Commission for the Study of Nursing and Nursing Education was established as a result of the 1963 report of

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<sup>13</sup>Ibid., p. 48.

<sup>14</sup>American Nurses' Association, A Position Paper, Foreward.

<sup>15</sup>Em. O. Bevis, Curriculum Building in Nursing--A Process, (St. Louis, C. V. Mosby Company, 1973), p. 29.

the Surgeon General's Consultant Group on Nursing, Toward Quality in Nursing; which recommended a national investigation of nursing education . . . primarily to determine how to: "improve the delivery of health care to the American people, particularly through the analysis and improvement of nursing and nursing education."<sup>16</sup>

At this same time the cost of nursing had become a concern as health and medical care costs increased. Recommendations of the Surgeon General's Consultant Group on Nursing advocated increasing federal funds to support nursing and nursing education. Consequently the "Nurse Training Act of 1964," as signed on September 4, 1964, by Lyndon B. Johnson, President of the United States.

A significant provision of the Act stated: ". . . by its provisions, it acknowledges the public's responsibility in helping to pay the cost of basic nursing education."<sup>17</sup> A Public Health Service publication further explained that: "The Nurse Training Act of 1964, continues and expands the Professional Nurse Traineeship Program, which was established in 1956."<sup>18</sup>

From the first independent apprenticeship schools of nursing in

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<sup>16</sup>Lysaught, op, cit., p. 11.

<sup>17</sup>Barbara G. Schutt, "Federal Focus on Nursing," Editorial, American Journal of Nursing, 64:9, September, 1964, p. 73.

<sup>18</sup>"Professional Nurse Traineeship Programs," (Washington, D.C.: United States Public Health Service, 1965), p. 2.

1873 to the many and varied educational programs of nursing in the 1970's, nursing education remains in conflict following the publication of A Position Paper, in 1965, and subsequent changes in society.<sup>19</sup>

#### STATEMENT OF THE PROBLEM

The focus of the paper will be on nursing education and the resultant change in nursing role that can be identified through professional nursing literature. More specifically the study will identify those issues and trends affecting Nursing Education, (as identified in the American Journal of Nursing and Nursing Outlook, from 1965-1975), following publication of the American Nurses' Association's, A Position Paper.

#### HYPOTHESIS

The hypothesis dealt with in the study may be stated as:

To determine if there was an impact from A Position Paper on nursing education through examination of issues and trends from 1965-1975, as identified in the American Journal of Nursing and Nursing Outlook.

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<sup>19</sup>Lysaught, op. cit., p. 9.

## OBJECTIVES

1. To identify and examine the issues and trends from A Position Paper that have influenced nursing education.
2. To develop statements of projection for trends and issues which may be expected to continue in the future as a result of A Position Paper.
3. To help all members of the nursing profession gain an appreciation of the past in order that an understanding of the present might be increased.

## NEED FOR THE STUDY

The topic was selected in light of the rapid changes in society, the economy, science and technology; changing social, cultural, moral and political values and structures; increasing federal legislation influencing health care. The historical reviews of nursing reveal a distinctive religious and philosophical base as compared to the more materialistic, scientific base evident in nursing education and health care today.

Results of the study will help nurses to formulate some future projections for nursing education, recognizing the limitations of this aspect of the work.

The study will stimulate further interest in research in

nursing education as well as increased understanding of the events which have contributed to the present status of nursing education and its responsibility to prepare nurses who are aware of the place of the profession in society.

#### LIMITATIONS

The writer did not always have access to original sources for research in preparation of the paper. Specific passages were selected from the review of literature as seeming to best demonstrate issues and trends effecting nursing education and subsequently the nursing role, consistent with previously identified criteria to identify issues and trends. This selection in turn limits the scope of the issues and trends.

#### ASSUMPTIONS

Statements from articles in the American Journal of Nursing and Nursing Outlook do verify and support issues and trends influencing nursing education and the nursing role. These are the two major professional journals established to serve the profession of nursing; and are also most generally acknowledged publications by both the American Nurses' Association and National League for Nursing.

## DEFINITION OF TERMS

Issue: a point of discussion, debate or dispute among members of the profession.

Trend: to move in a specified direction as regards nursing education preparation for professional practice.

Future: a time yet to come; five to ten years hence.

Nursing Education: the systematic process of imparting knowledge and skills necessary for the practice of professional nursing. Ideally this takes place in institutions of higher learning.

## METHODOLOGY

The publication of the American Nurses' Association, A Position Paper in 1965, brought about major changes in nursing education. This study will be limited to a ten year period 1965-1975, and the review of literature will center on the American Journal of Nursing and Nursing Outlook during this ten year span as these are generally recognized professional nursing publications.

Nursing education today is based on past approaches and adapted to forces in society necessitating change, therefore some historical review of nursing education is done.

A Position Paper is identified as a major contributing factor in influencing changing approaches to nursing education. A review of

literature regarding issues and trends in nursing education as viewed by nursing and the health profession is undertaken. The review of the literature supported the topics identified by Bullough and Bullough, Issues in Nursing, published in 1966 which included five areas of disagreement; two of these areas have been selected for examination in depth in this study; these are nursing education and the nursing role.<sup>20</sup> The American Journal of Nursing and the Nursing Outlook have been reviewed in order to identify the major issues and trends influencing nursing education from 1965-1975. Changes in nursing education are influenced and reflected by the nursing role and by societal expectations of nursing and health care.

Reference materials also reviewed include nursing history textbooks, current books of professional readings, nursing organization publications, also proceedings of nursing organization meetings, such as ANA, NLN, and United States Government publications pertaining to nursing education.

Criteria selected for use in the study include:

1. Terminology: The terms or words used to identify effects on nursing education.
2. Methodology: The system utilized to determine changes in nursing education; including historical review of nursing education.

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<sup>20</sup>Bonnie Bullough and Vern Bullough, eds., Issues in Nursing, Preface, (New York: Springer Publishing Company, Inc., 1966).

3. Classification of Issues: Five topics central to the future of nursing and over which there is considerable disagreement were selected from Issues in Nursing, published in 1966, by Bullough and Bullough. These include:

Nursing Education  
 The Nursing Role  
 Professionalism  
 Economic Issues  
 Changing Aspects of  
 Patient Care<sup>21</sup>

The areas of disagreement existent in nursing education and the subsequent implications for the nursing role were selected for examination as they were congruent areas of concern identified in the 1965 publication, A Position Paper.

The current explosion of knowledge affecting health practices, the increasing level of education in the United States, and public demand for more health care, make it mandatory for the association at this time to examine again its position on the nature and scope of nursing practice and the type and quality of education needed by nursing practitioners.<sup>22</sup>

Indications of the nature of the disagreement regarding the central topics are evident in the following statements.

#### Nursing Education

Dorothy Ozimek, Director of the Council of Baccalaureate and Higher Degree Programs of the National League for Nursing expressed her concerns regarding nursing education as follows:

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<sup>21</sup>Ibid., p. 6.

<sup>22</sup>American Nurses' Association, A Position Paper, Introduction.

What kind of program will be required to prepare a nurse to fulfill the needs of society and the roles and functions expected of her? Only a baccalaureate degree program with a strong foundation in liberal education could provide the base required for a nursing major that will prepare the person who will fulfill the roles and functions described . . . by the Commission on Nursing Education and the American Nurses' Association regarding the expanded role of the professional nurse practitioner . . . It is my hope that nursing education in the seventies, eighties and nineties will continue to concentrate on the preparation of the practitioner whose primary concern will be humanistic, personalized care for the society to be served.<sup>23</sup>

Eunice M. King, in speaking at the Workshops of the 1974, Department of Diploma Programs stated:

The lack of mobility in nursing education has been a major handicap to the profession, and today we are victims of the results. Our most critical, crucial need is for nurses prepared at the master's and doctoral level . . . Mobility in nursing education has been endorsed by the National Commission Study, the NLN, the ANA, the AMA. But where are we today? How many schools or programs in nursing provide the type of mobility that has been advocated for a number of years now?<sup>24</sup>

### Nursing Role

Bullough and Bullough comment on the nursing role as follows:

The role of the nurse, particularly that of the hospital nurse, has gone through a series of changes in recent years. Instead of offering a single level of patient care, nursing service in the modern hospital is made up of a complex system

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<sup>23</sup>Dorothy Ozimek, The Baccalaureate Graduate in Nursing: What Does Society Expect?, (New York: National League for Nursing, 1974), p. 4, 5, 6.

<sup>24</sup>King, op. cit., p. 50.

of practitioners, including nurses' aides, licensed practical nurses, registered nurses with various specialties, and several levels of nursing administration. Registered nurses have viewed this growing complexity with a certain amount of ambivalence . . . the change of roles has left the direct patient care to practical nurses or nurse aides, while the registered nurse increasingly gives only the more involved and highly technical kinds of nursing care and coordinates the work of the various paramedical practitioners. (Investigations of student attitudes have shown that most nursing students come into nursing because of a desire to give direct patient care.) This has led some observers to argue that nursing care has become so fragmented that the patient is left without a feeling of continuity of care and without the emotional support that the general duty nurse used to give. Some commentators feel that since direct patient care is the essence of nursing, the professional nurse rather than other nursing practitioners should have this role. Other observers claim that the role differentiation that has taken place was necessary or at least inevitable, and suggest that "team" nursing is a good way to organize the various hospital workers.<sup>25</sup>

The conflict of role separation is not a new aspect of nursing and it was a result of the Nightingale view of nurses.

When the Nightingale nurses first appeared, they were conceived as "lady" nurses, a group far removed from nurses of the past who lacked the education and training that Miss Nightingale felt was necessary to give adequate nursing care. Thus from the beginning of modern nursing, there have been at least two competing groups of nurses. Education programs of the early twentieth century created a further division since the registered nurse either served as a supervisory teacher or went on the registry.<sup>26</sup>

The Secretary of Health, Education and Welfare, established a

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<sup>25</sup>Bullough and Bullough, op. cit., p. 95.

<sup>26</sup>Ibid., p. 95.

Committee to study the extended roles for nurses; in 1971 the report Extending the Scope of Nursing Practice was published,

. . . The role of the nurse cannot remain static; it must change along with that of all other health professionals, which means that the knowledge and skills of nurses need to be broadened. A basic problem is that many nurses are not practicing at their highest potential nor receiving training and experience that would enable them to extend the scope of their practice and thereby extend the availability of health services.<sup>27</sup>

The changing society and the dissension within the profession regarding nursing education, roles and functions, calls for a critical examination of the situation and the resolution of the conflicts so as to meet the needs of all people for quality nursing care.

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<sup>27</sup>United States Department of Health, Education and Welfare, Extending the Scope of Nursing Practice: A Report of the Secretary's Committee to Study Extended Roles for Nurses, (Public Health Service, Rockville, Maryland: November, 1971), p. 4.

## Chapter 2

### GENERAL REVIEW OF LITERATURE

An appreciation of nursing's heritage through a knowledge of nursing history is most helpful in identifying and analyzing trends and issues that exist in nursing education today. Brown recognized this when she stated:

. . . most nursing problems of today have social, economic, religious, philosophical, political, and historical aspects . . . In order to have a new sense of the future, so important to the nurse, she must have a knowledge and a sense of the past.<sup>1</sup>

As state nursing registration acts become adopted by all of the states, an increased concern regarding improving and controlling nursing education and nursing practice resulted in numerous studies of nursing education being undertaken; some of the major endeavors included:

1923--The Goldmark Report--A committee was funded by the Rockefeller Foundation to determine the scope, and proper preparation of Public Health Nurses. This Committee for the Study of Nursing Education was directed by Josephine Goldmark.

It was an agreed conclusion of the Committee that the three year programs currently in existence did not adequately prepare students for public health nursing practice.

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<sup>1</sup>Amy Frances Brown, Research in Nursing, (Philadelphia: W. B. Saunders Company, 1958), p. 132.

The most significant recommendation of the study published in 1923, entitled Nursing and Nursing Education in the United States was: "That the development and strengthening of University Schools of Nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education."<sup>2</sup>

From the Goldmark Report many of the shortcomings of the existent nursing programs surfaced and even though some recommended changes were advised, implementation of the recommendations was difficult. The American Nurses' Association organized a Committee on the Grading of Nursing Schools and in 1934, the committee published a report which was an attempt to establish minimum standards. Closure of many of the weaker nursing schools was a direct result of the enforcement of these standards.

1948--Brown Report--A study of the entire spectrum of educational programs in nursing was sponsored by the Russell Sage Foundation. Dr. Esther Lucille Brown was director of the study and the report was entitled, Nursing For The Future; this was to become a landmark study of nursing as it projected the role of the professional nurse in the future.

The nursing profession felt the impact of World War II as many registered nurses responded to the call to military service, leaving

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<sup>2</sup>Bonnie Bullough, and Vern Bullough, eds., Issues in Nursing, (New York: Springer Publishing Company, Inc., 1966), p. 18.

a severe shortage of qualified professionals to staff civilian hospitals.

1949--Ginzberg Report--A study conducted by Dr. Eli Ginzberg, regarding critical professional nurse shortages. A Program for the Nursing Profession, was the report of this study and its major result was the use of auxiliary nursing personnel in hospitals and health care facilities.<sup>3</sup>

Major scientific and medical advances brought about many new needs and functions for nurses as a result of World War II.

1951--Montag Study--Advocated the nursing technician as a result of a study directed by Mildred Montag entitled The Education of Nursing Technicians. This study was a Cooperative Research Project in Junior and Community College Education for Nursing. The basis of the Montag concept of the levels of nursing practice was a study undertaken in 1948, by Teacher's College, Columbia University, A Program for the Nursing Profession. A result of this study was the rapid development and growth of the associate degree nursing programs in community colleges even though these were initially only an experiment.<sup>4</sup>

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<sup>3</sup>Eunice M. King, "Curriculum Design for the 1980's," Curriculum Relevance Within a Changing Health Care System, (New York: National League for Nursing, Department of Diploma Programs, 1975), p. 50.

<sup>4</sup>Jerome P. Lysaught, An Abstract for Action, (New York: McGraw-Hill Book Company, A Blakiston Publication, 1970), p. 15. ✓

The 1950's produced numerous studies pertaining to both nursing service and nursing education bringing about an awareness of the need for changes in educational preparation as well as in institutional practices.<sup>5</sup>

1953--Bridgman Study--Collegiate Education for Nursing, was the result of a study sponsored by the Russell Sage Foundation and was limited only to the study of collegiate schools of nursing and emphasized, "That institutions of higher learning recognize their responsibility for establishing programs providing for the professional and technical education of nurses."<sup>6</sup>

The Bridgman Study resulted in an increased number of programs preparing graduates for a higher level of preparation in administration, education and public health nursing.<sup>7</sup>

At this same time, the members of the nursing profession realized that there was strength in unity, and as a result the six nursing organizations which then existed were reorganized in 1952, resulting in the American Nurses' Association and the National League for Nursing (NLN) and accreditation of educational programs in nursing became a

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<sup>5</sup>Eleanor Lambertson, Education for Nursing Leadership, (Philadelphia: J. B. Lippincott Company, 1958), p. 43.

<sup>6</sup>Margaret Bridgman, Collegiate Education for Nursing, (New York: McGraw-Hill Book Company, Inc., 1949), p. 2.

<sup>7</sup>Bullough and Bullough, op. cit., p. 25.

prime function of the NLN; with the result that the responsibility for accreditation is currently being challenged by the ANA. Concurrent with the reorganization of the professional structure, the students of nursing voted to form a National Student Nurse Association, co-sponsored by the ANA and the NLN. This association is open to all students enrolled in state-approved schools of professional nursing.

As the studies of Mildred Montag and Margaret Bridgman were underway, an important project was being carried on at the University of Washington. The cooperative curriculum research study of the University contributed considerably to the revision of nursing education. The project entitled, "Curriculum Research Project in Basic Nursing Education," was supported by the National Institute of Health and the Commonwealth Fund. This was a cooperative analysis of the basic nursing curriculum of the School of Nursing at the University of Washington; all nursing faculty, and members of the faculty of other subject areas, participated in the study.

The project began in 1952 and the original purpose was:

To determine the most effective program of basic nursing education that will prepare the student for hospital bedside nursing in the shortest possible time consistent with the essential professional competency and patient safety.<sup>8</sup>

The first progress report of the project, Curriculum Study in

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<sup>8</sup>Ole Sand, Curriculum Study in Basic Nursing Education, (New York: G. P. Putnam's Sons, 1955), p. 5.

Basic Nursing Education was published in 1955, and reported the progress of the first one and a half years of the Project.

The second progress report was published in 1958, entitled, Evaluation in Basic Nursing Education.<sup>9</sup>

An Experience in Basic Nursing Education, was the final progress report of the Project, and the results of the five year effort to improve and shorten the curriculum.

This project has shown that its two overall purposes to improve and shorten--can be attained,

. . . 1. Shortening the time needed to prepare a professional can be accomplished if at the same time the program is improved.

2. Shortening the time to prepare a professional nurse requires identification of those learnings, attitudes and skills that can best be learned on the job through in-service education.<sup>10</sup>

1963--The Report of the Surgeon Generals' Consultant Group on Nursing, Toward Quality in Nursing, called for:

. . . a national investigation of nursing education, with particular emphasis on the skills and responsibilities necessary to give high quality care. The American Nurses' Association and the National League for Nursing established a joint committee to undertake the financing of this study.<sup>11</sup>

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<sup>9</sup>Mary S. Tschudin, Helen C. Belcher, Lee Nedelsky, Evaluation in Basic Nursing Education, (New York: G. P. Putnam's Sons, 1958), p. iii and iv.

<sup>10</sup>Ole Sand and Helen C. Belcher, An Experience in Basic Nursing Education, (New York: G. P. Putnam's Sons, 1958), p. 287.

<sup>11</sup>King, op. cit., p. 46.

Nursing education has gradually progressed from the apprenticeship "training" of the Nightingale schools into programs located in the mainstream of higher education.

The impact and effect of A Position Paper cannot be fully determined without giving some consideration to the contemporary national trends of the time period, 1960-1975. The Bicentennial special issue of Life magazine, 1975 noted significant events of this era and the following incidents were gleaned from the Life account.<sup>12</sup>

In the 1950's the Vietnam War began but was still waging all through the 1960's and into the 70's, gradually becoming a major cause of contention in almost every aspect of society.

John F. Kennedy, became the thirty-fifth President of the United States and was compared to a breath of new life to both young and old. He inspired the nation with hope and idealism, revealed as thousands of young men and women volunteered to serve as "missionaries" to the underdeveloped nations of the world. This President who was the ideal for so many was brutally assassinated in 1963, bringing many people to fear for the future as Lyndon B. Johnson, then Vice-President assumed the office of the Presidency.

The 1960's were troubled, turbulent years in America, with many of the problems stemming from the general public discontent with

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<sup>12</sup>Bicentennial Issue, Life. (New York: Time-Life Books, Division of Time, Inc., 1975).

the Vietnam War, and subsequent dissatisfaction with the "Establishment." Another major issue of this era resulted from attempts to enforce the 1954 ruling of the United States Supreme Court, calling for an end to segregation in the public schools. Riots, and generalized unrest, characterized the sixties as was evidenced by the assassination of such public figures as Malcom X, Martin Luther King, and Robert F. Kennedy, all in 1963. Robert Kennedy was the brother of the previously assassinated President J. F. Kennedy; all of these incidents left an indelible mark on the nation.

The young people of the early sixties were taken with the simple yet unique music of four young English musician-singers known as the "Beatles." The era of the long hair--the "flower children"--was underway but what began as a cry for peace and love ended in something of an illusion as drugs, crime, and even death became realities through misdirection and disillusionment.

The American astronaut, Neil Armstrong, landed on the moon in 1969 and left his footprint in the dust; a feat almost inconceivable to mankind yet Television Satellite carried it for all the world to see.

Another significant event of the sixties was the new drive for women's liberation; this "caught on" quickly. The movement was seeking equality in pay, in marriage and in opportunities for jobs, education, and sexual as well as cultural fulfillment. By this time the results of the Kinsey Reports dealing with the Sexual Practices of the Human

Male--Female, of the late 1950's had made "sex" a household word and an open topic of discussion; in marked contrast to the earlier more Victorian views. With the demands for equality came the Supreme Court ruling on abortion in 1970, although the development of the contraceptive, "the Pill," had been accomplished and licensed for general use in 1960.

Richard M. Nixon became the thirty-seventh President in 1968, and was forced to resign the office in July, 1974, as a result of the Watergate Scandal of 1972 and its subsequent cover-up. As a result of this historic scandal in the Presidency, Gerald M. Ford, then Vice-President became the first un-elected President of the United States.

In the early 1970's there also was an increased interest in protection of the environment and concern for future energy as the nation experienced shortages of gas, fuel and electric power.

Today we have problems with inflation and recession, discrimination of minorities, including Blacks, Indians, and Women; energy shortages, and major social problems with numerous dissensions made apparent by strikes, economic problems of the cities--problems related to health care and more specifically--problems in nursing.

Today the avenues of education for nursing include a variety of levels including the vocational-technical programs for licensed practical nurses, the associate degree programs designed to prepare the technical nurse, the traditional diploma programs of varied lengths,

the baccalaureate programs in colleges and universities and the master and doctoral programs for advanced preparation in numerous areas of nursing.

Simmons and Henderson, in Nursing Research:

. . . divide the history of professional nursing into three phases. First, the trained nurse of the 1800's was a product of a hospital school of nursing. Second, from 1900 to 1930 there was expansion of hospital programs accompanied by the beginning of nursing education in institutions of higher education. Third, from 1930 to the present there has been a tendency to look inward for the purpose of improved quality of nursing care and nursing education.<sup>13</sup>

Treece and Treece in reviewing the development of modern nursing referred to Dolan's views of Florence Nightingale, who considered her to be a woman of determination and foresight. A woman of the nineteenth century who desired education and a career was unique; her concerns bear a parallel to the current unrest among women today as they strive for equality.

The climate was right for her spirit of determination and far sightedness to make waves in her chosen field, nursing. She clarified the role of the nurse, placed nursing firmly among the healing arts, and planned the education and continual professional growth of nurses. . . . She led the way for nursing education, control of nursing by nurses, and nursing research by nurses.<sup>14</sup>

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<sup>13</sup>Eleanor W. Treece and J. W. Treece, Jr., Elements of Research in Nursing, (St. Louis: C. V. Mosby Company, 1973), p. 11.

<sup>14</sup>Ibid., p. 11.

A Position Paper indicated concern regarding nursing education and the control of nursing as well as its direction.

The current explosion of knowledge affecting health practices, the increasing level of education in the United States, and public demand for more health care, make it mandatory for the association at this time to examine again its position on the nature and scope of nursing practice and the type and quality of education needed by nursing practitioners.<sup>15</sup>

The researcher will examine an area of disagreement as identified by Bullough and Bullough; nursing education, and to some extent the nursing role in view of the contributions of Florence Nightingale and the concern for nursing education indicated in the 1965, publication of A Position Paper, by the American Nurses' Association.

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<sup>15</sup>American Nurses' Association, A Position Paper, Introduction.

## Chapter 3

### SPECIFIC REVIEW OF NURSING LITERATURE

Literature was reviewed and issues and trends identified in the American Journal of Nursing and the Nursing Outlook, from 1965-1975.

Cited references pertaining to significant issues will be divided into five year time periods.

#### THE YEARS 1965-1970

The turbulence of society in general seemed to carry over into the nursing profession and the position paper caused considerable unrest and dissatisfaction among the members of the profession as is evidenced in the following statements.

In 1966, the NLN Convention delegates in reaction against the ANA position on nursing education forced a proposal to rescind a resolution which had been passed at the 1965 League convention, one which was in general accord with the view that ANA later set forth in its position paper.

One member of NLN responded,

. . .I'm opposed to any motion which would in any way create the impression that we do not support the ANA Position Paper. I do not see how nurses can be "for" a position in one national organization and opposed to it in any other organization. To rescind the resolution would, I believe, create more confusion in the minds of the public. It would admit to the public and to prospective candidates, that even we do not know our own minds. I believe that any action that supports the indefinite continuation of diploma education in

nursing ignores the national trend toward collegiate education in all fields; the increasing complexity of scientific content in nursing; the tremendous financial burden to the hospital in maintaining a single purpose school; the broad cultural influence of a multidiscipline educational climate; and the moral implication of encouraging students capable of completing collegiate education to settle for less.

The membership of the NLN accepted and supported the previous motion supporting the ANA, Position Paper and this action was seen as a victory for nursing, setting the stage to more firmly solve the problems in nursing, rather than merely reacting to them.<sup>1</sup>

Initial reaction from the professional membership to the publication of A Position Paper is apparent in the Editorial in the June, 1967 issue of the American Journal of Nursing. Even though the ANA, the professional organization had endorsed the position paper in 1966, a considerable amount of conflict over semantics was voiced, particularly in relation to the terms, professional and technical as applied to nurses.

The uncomfortable question as to who wears what label when, is seriously compounded by the present inadequate distinction between the expected performance of the products of the various types of schools.<sup>2</sup>

Nursing Outlook, September, 1967, carried an editorial entitled "A Plea for Objectivity," indicating concerns and feelings of nurses

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<sup>1</sup>Barbara G. Schutt, Editorial, "More Than An Academic Question," American Journal of Nursing, 67:6, June, 1967, p. 1199.

<sup>2</sup>Ibid., p. 1199.

and allied members of the health disciplines regarding their shared problems:

Many hospital administrators, directors of nursing service, and nurse practitioners express puzzlement at the idea that the largest source of nurse manpower--the diploma programs--are seemingly being "rushed" out of existence. They lament the fact that the collegiate schools of nursing cannot possibly produce graduates in sufficient numbers to supply present needs. They further complain that the new college graduate is not prepared to assume responsibility for patient care and that they do not have the time, the staff, or the financial resources to provide the supplemental preparation.<sup>3</sup>

Further differences regarding the technical and professional nurse terminology was apparent in an article, "Preparation of Nurses for Faculty Positions," presenting views of Mildred Montag and Rozella Schlotfeldt.

Montag advocates differing education preparation:

Until and unless we see the two programs, associate degree and baccalaureate as having distinctly different outcomes, we will continue to be in the predicament we are in now. Unless teachers are prepared to make them different they will continue to be more alike than different. It would not seem too far fetched to say that the difficulty we face now in making these programs identifiably different from the traditional diploma program is that the diploma program has in fact too often been the model.

In contrast, Schlotfeldt advocated one form of preparation regardless of the type of program. Preparation for teaching should not be directed to specific practice competencies.

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<sup>3</sup>Alice M. Robinson, Editorial, "Plea for Objectivity," Nursing Outlook, 12:25, September, 1967, p. 25.

Graduate study should focus on generally applicable scientific formulations and on the extension and refinement of theoretical constructs that provide generally useful guides to action.<sup>4</sup>

The editor of the American Journal of Nursing stated in 1968:

. . . Nursing is still struggling with itself over the impact of the ANA position on nursing education which calls for baccalaureate degrees for the practice of professional nursing. Yet, to the extent we can measure it, most nurses, who do not have and can scarcely hope to acquire these power symbols for themselves, seem to have accepted the position for what it really means: the better the education of practitioners, the greater the chance that they will use rational power effectively.<sup>5</sup>

Francis Reiter, the Chairman of ANA Committee on Nursing Education, during preparation of A Position Paper noted:

The position on education for professional practice that was taken by the American Nurses' Association in December, 1966, is by no means a new thought. In 1901, Dr. Richard Cabot publicly affirmed that he considered the practice of nursing so valuable to society that the preparation for this service should incorporate broad and solid bases of general and liberal education, but the view was far ahead of its time. In 1923, the need for college preparation for nursing practice was well documented by the Committee for the Study of Nursing Education as reported by Josephine Goldmark. The position was reasonable, but it was thought that at that time too many trained nurses were being graduated. In 1948, the need for baccalaureate preparation for professional nursing practice was restudied, redocumented, restated and following the Brown Report, agreed with it in principle and recognized

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<sup>4</sup>Mildred Montag, Rozella Schlotfeldt, "Preparation of Nurses for Faculty Positions," Nursing Outlook, 15:1, January, 1967, p. 31.

<sup>5</sup>Barbara G. Schutt, Editorial, "Power: Symbols and Substance," American Journal of Nursing, 68:10, October, 1968, p. 2123.

it as ultimately inevitable. But there was no concerted action by the profession to take this stand. Sixty years after Dr. Cabot's first public statement, the case of higher education in preparing for nursing practice was restated, proposed as Goal III of the American Nurses' Association, widely and powerfully debated, unanimously accepted by the House of Delegates in 1964, and the position officially published in December, 1965.<sup>6</sup>

The importance of discussing A Position Paper in relation to its historical perspective is reiterated by Harty in 1968:

The tendency to discuss the ANA position paper in isolation rather than in the context of nursing history limits the possibility of rational, objective discussion, . . . the position paper is a formal and official latter-day declaration of a long-held nursing dream.<sup>7</sup>

Harty further reviews effects of the position paper when in 1968 she wrote:

Over the past ten years there has been a gradual annual decrease in the total number of diploma programs. In 1957, there were 944 hospital based schools of nursing. As of October, 1967, there were 767 such schools. Of the 177 schools that closed during this ten year period, 93 ceased functioning since 1963. During the same 10 years (1957 to 1968) baccalaureate schools of nursing increased in number from 167 to 221, and associate degree programs increased tenfold from 28 to 281. The greatest period of acceleration for associate degree programs was from 1963 to 1967. During that relatively brief time, these programs nearly tripled in number, averaging approximately one new program in nursing each week. However, of the 35,125 graduates from basic nursing programs in 1966, the majority (26,278) were graduated from diploma programs.<sup>8</sup>

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<sup>6</sup>M. B. Harty, "Trends in Nursing Education," American Journal of Nursing, 68:4, April, 1968, p. 768.

<sup>7</sup>Ibid., p. 768.

<sup>8</sup>Ibid., p. 767.

Aside from the changes in the educational preparation available for nursing education nursing leaders and educators directed considerable concern to the need for higher education in nursing. This concern was expressed by Pellegrino in 1968:

. . . If nursing is to contribute to the fund of knowledge and remain in living contact with the wellsprings of its own advancement, serious development of graduate education is absolutely essential . . . without commitment to graduate study, nursing cannot hope to define its body of knowledge or extend its capabilities through research.<sup>9</sup>

Regarding faculty preparation Hassenplug stated:

In the next decade, we must meet the goal of having all of the faculty in graduate programs in nursing prepared at the doctoral level. The major responsibility for this . . . must be borne by present faculty functioning in these programs and by those preparing to function in them in the future.<sup>10</sup>

The March, 1970, issue of Nursing Outlook published an article by Neighbor entitled, "This I believe . . . About Nursing Education," and some differing views were presented:

If there is a revolution taking place in the nursing function and nursing education, and I believe there is, it is not because nurses desire it, but because society requires it. Indeed, it appears that the change is taking place in spite of the reluctance of most practicing registered nurses and their physician "father figures."<sup>11</sup>

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<sup>9</sup>Edmund D. Pellegrino, "Rationale for Nursing Education in the University," American Journal of Nursing, 68:5, May, 1968, p. 1007.

<sup>10</sup>Lulu W. Hassenplug, "This I Believe . . . About University Nursing Education," Nursing Outlook, 18:5, May, 1970, p. 40.

<sup>11</sup>Howard D. Neighbor, "This I Believe . . . About Nursing Education," Nursing Outlook, 70:3, March, 1970, p. 34.

He further believes the quality of the teacher to be the crucial variable in the educational process ". . . A good teacher can turn out good students in any curriculum framework; the best curriculum is worthless in the hands of a poor teacher."<sup>12</sup>

The requirements of credentials for nursing education are set at the minimum of the masters degree according to leaders in nursing education,

Yet it is a fact of university life that, with very few exceptions, the doctorate is required for full faculty status. Academic legitimacy or respectability is the key to full faculty status. . . . an academically legitimate curriculum and an academically legitimate faculty . . . these should be top on the agenda in the education of professional nurses today.<sup>13</sup>

Compounding the problem already existing in nursing education was the career ladder concept which came into the terminology of nursing educators as a result of the Surgeon Generals' Report on Nursing, wherein the need for mobility was proposed: ". . . career ladders should be devised to permit the capable practical nurse to move into professional nursing, the professional nurse into medicine . . ."<sup>14</sup>

The issue therefore is directed to the kind and quality of

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<sup>12</sup>Ibid., p. 36

<sup>13</sup>Ibid., p. 38.

<sup>14</sup>William H. Stewart, "The Surgeon General Looks at Nursing," American Journal of Nursing, 67:1, January, 1967, p. 66.

nursing education necessary for the varied roles of professional nurse practitioners in the future.

The Surgeon Generals' Consultant Group on Nursing in 1963, viewed the career ladder as a means to assist those at the bottom rung, namely the nurse aide to proceed to the top of the ladder, to the M.D. degree.<sup>15</sup> This proposal has never been interpreted by nursing in such broad terms, in fact the term "career ladder," is often used but as yet has not been specifically defined:

Ramphal suggested:

. . . that the feasibility of special programs to permit some nurses to progress from technical nursing to professional nursing, and for the present, from practical nursing to technical nursing should be determined through research and experimentation and not deterred because of devotion to a caste system.<sup>16</sup>

As a result of this proposal for upward mobility the Board of Directors of the National League for Nursing,

. . . adopted a statement favoring the open curriculum which would permit students to move from one type of nursing program to another, or into nursing from other health disciplines with greater facility than has been possible in the past.<sup>17</sup>

At this same time the American Nurses' Association was preparing

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<sup>15</sup>Ibid., p. 66.

<sup>16</sup>M. Ramphal, "Needed--A Career Ladder in Nursing," American Journal of Nursing, 68:6, June, 1968, p. 1234.

<sup>17</sup>Mildred E. Katzell, "Upward Mobility in Nursing," Nursing Outlook, 18:9 September, 1970, p. 36.

a program of certification of excellent nurse practitioners as an effort to improve the practice of nursing. The ANA re-organization of 1966 created five divisions on practice which included, community health, geriatric, maternal and child health, medical-surgical and psychiatric-mental health nursing.

The editorial in the January, 1969, issue of the American Journal of Nursing supports the program:

The proposed certification of excellent nurse practitioners by the ANA is one more significant effort on the part of the organization to help improve the practice of nursing . . . The establishment of measures to excellent practice by and for nurses should help to crystallize nursing values and put them in proper perspective.<sup>18</sup>

Concurrently professional nurses were becoming cognizant of the need for continuing education in view of the rapidly advancing scientific technology and expanding knowledge of medical science. The ANA proposed the need to the membership and efforts were soon underway to investigate and subsequently establish programs of continuing education for each state association.

Nursing was also expanding nursing preparation into the doctoral level; in 1958 there were two institutions offering doctoral programs in nursing, and by 1969 there were six such programs. ". . . In 1965, thirty-nine directors of NLN accredited baccalaureate programs

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<sup>18</sup>Barbara G. Schutt, Editorial, "Measuring the Best in Practice," American Journal of Nursing, 69:1, January, 1969, p. 65.

held the doctorate; by 1968, the number had increased to sixty-five."<sup>19</sup>

What about the graduate of the educational programs in nursing during this time period? The changes of the medical practice domain, the new technology, the societal alterations brought about a varied role for the nurse. Stewart in 1967, recognized these changes when he said, ". . . the nurse has been required, . . . to do more and more things, acquire more and more skills, as well as supervise more and more people."<sup>20</sup>

Terms such as clinical specialist, nurse clinician, and nurse practitioner were becoming commonly used at this time and the professional literature was saturated with articles expressing a variety of definitions, educational preparation and utilization of these "new nurses."

Adding to the compounding of the nursing role and functions was the statement of the American Medical Association, publicly announced in the February 9, 1970 issue of the American Medical News:

. . . that it would attempt to recruit from 75,000 to 100,000 RN's who would . . . with a minimum amount of

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<sup>19</sup>Mary A. Dineen, "Current Trends in Collegiate Nursing Education," Nursing Outlook, 17:8, August, 1969, p. 25.

<sup>20</sup>William H. Stewart, loc. cit., p. 65.

additional training . . . fill the gap between the supply of physician services and the public's demand for them.<sup>21</sup>

There was immediate reaction to this statement on the part of the nursing profession and the ANA Convention, held in Miami Beach in May, 1970, adopted the following resolution:

That the American Nurse's Association initiate dialogue with members of the American Medical Association, and other professional societies to examine the respective roles of physicians and nurses and those of the supportive health careerists, in order to utilize all health personnel more safely, effectively, productively, and economically in meeting the total health needs of people.<sup>22</sup>

The concern of the professionals was aptly stated by Mereness, when she expressed the fact that nurses question the right of medicine to, "... make a pronouncement about the future roles of nurses without involving nurses themselves."<sup>23</sup>

The ANA, in 1968 designated the Congress on Nursing Practice as its most important unit. The physician's assistant, clinical specialists, and nurse practitioners were areas of concern within the profession; and, subsequently, Standards of Nursing Practice were being developed in the practice areas of the ANA. Standards were also

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<sup>21</sup>Alice M. Robinson, Editorial, "The Nurse Practitioner," Nursing Outlook, 70:5, May, 1970, p. 29.

<sup>22</sup>"ANA Convention Report--Resolutions," American Journal of Nursing, 70:3, March, 1970, p. 592.

<sup>23</sup>Dorothy Mereness, "Recent Trends in Expanding Roles of the Nurse," Nursing Outlook, 18:5, May, 1970, p. 30.

proposed for development dealing with concerns of nursing service and nursing education.

Coulter identified the need for service and education to cooperate when she stressed:

A break with tradition is essential if the current goals for service and education are to come to fruition. It is also essential for nursing to regenerate itself to satisfy the many demands of modern society . . . Nursing has no simple word to describe it--yet it is related to our time, an expression of contemporary culture.<sup>24</sup>

Another action of the ANA that has altered the long standing policy of the organization came in May, 1968 at the National Convention when the organization:

. . . withdrew the no-strike policy . . . leaving it to the individual state nurses' associations to make their own policy decisions consistent with the law and the nurses' professional responsibility . . . A new salary pronouncement, proposed by the commission, (Economic and General Welfare) made obsolete the 1966 salary goal of \$6,500 for those entering the profession. The 1968 ANA salary pronouncement for entrance of RN's into the practice of nursing, be a minimum of \$7,500 for those with a diploma or associate degree in nursing, and \$8,500 for those with a baccalaureate degree.<sup>25</sup>

Further changes came about in 1970 when the professional membership at the National ANA convention resolved: "That ANA support

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<sup>24</sup>Pearl Parvin Coulter, "Programming for Nursing Service," Nursing Outlook, 15:9, September, 1969, p. 38.

<sup>25</sup>Herbert G. Heneman, "Collective Bargaining: A Major Instrument for Change," American Journal of Nursing, 68:5, May, 1968, p. 85.

nurses in utilizing the collective bargaining process to improve standards of nursing care in health care facilities."<sup>26</sup>

At this ANA convention many young nurses spoke to the concerns dealing with social issues of the day deploring,

. . . the violence at Kent State, on environment, on involving health care consumers, on working more closely with physicians in defining their roles and getting more involved in health planning. They were determined to give up many of their non-nursing activities and define the scope of their own practice.<sup>27</sup>

Issues apparent in the journals during this time period (1965-1970), aside from nursing education and the nursing role, (such as, clinical specialists and nurse practitioners in an ever increasing number of clinical nursing areas) included: core curriculum for the health field, peer review, problem-oriented charting, physicians' assistants, nursing research in various aspects and particularly in regards to clinical nursing, and nursing by assessment. Social needs were also considered, such as, the relationship of nursing to national programs pertaining to heart disease, cancer and stroke, the aged, medicare and medicaid programs, poverty and corresponding health problems, the concern of nursing for the poor; and the nation's health in general.

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<sup>26</sup>"ANA Convention: Resolutions," American Journal of Nursing, 70:3, March, 1970, p. 589.

<sup>27</sup>Barbara G. Schutt, "A Conversation with ANA Presidents," American Journal of Nursing, 71:9, September, 1971, p. 1798.

The editorial in the December, 1969 issue of the Nursing Outlook seems to characterize this time period very well,

. . . The sixties will go down in history as a period of disenchantment not new to mankind but somehow frighteningly tenacious. It is true, we have reached an incredible peak of technological knowledge and achievement-- in medicine, communication, mobility. Yet we have not peace . . . Are we not, in this decade, committed to find it?<sup>28</sup>

#### THE YEARS 1970-1975

During this period nurses were referred to as the advocate of the patient; health became a "right of all individuals," consideration was given to the preventive aspects of health care, new or expanded roles brought about changes in nurse practice acts in many states and the concepts of responsibility and accountability to the client, were loudly acclaimed. Concerns for the minority groups, the women's movement as it influenced nursing, and general social trends leaning toward national health insurance in some form all had an impact upon the profession. The many demands for change in society and subsequently in nursing, was also felt by nursing education.

The statement of the NLN, Board of Directors in 1972 identified this in an article in the Nursing Outlook entitled, "Nursing in the Seventies,"

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<sup>28</sup>Alice M. Robinson, Editorial, "Where Is Peace?" Nursing Outlook, 17:12, December, 1969, p. 27.

The real challenge to nursing education is that of preparing practitioners who are flexible, creative and tolerant in their approach to assessing and solving health service problems . . .<sup>29</sup>

Even though various aspects of nursing were changing some of the old controversial issues remained as is evident in the editorial in the November, 1972, Nursing Outlook:

ANA's 1965 position that all nursing education should take place in institutions of higher education, . . . is still being protested and challenged; so are the more recent recommendations of the National Commission for the Study of Nursing and Nursing Education.<sup>30</sup>

The Commission was cooperatively established in 1963 as the result of efforts of the ANA and NLN, with initial funding provided by the American Nurse's Foundation. The Commission was charged, ". . . to study, the present system of nursing education in relation to the responsibilities and skill levels required for high quality patient care,"<sup>31</sup>

Professional schools were confronted by the multiple demands of the time period and nursing concerns centered around how and for what ends should professional practitioners be prepared in order to meet the needs of a changing society. Robischon advised that:

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<sup>29</sup>NLN-Board of Directors, "Nursing Education in the Seventies," Nursing Outlook, 20:4, April, 1972, p. 272.

<sup>30</sup>Edith P. Lewis, "Continuing Education: Voluntary or Mandatory?", Nursing Outlook, 20:11, November, 1972, p. 705.

<sup>31</sup>Ibid., p. 705.

. . . The way to prepare for unknown future roles is not through a set rigid curriculum, but one that will prepare students to adjust to change and to feel free in creating new roles. Continuation of this basic tenet of baccalaureate education will serve as a built-in preventive measure against obsolescence.<sup>32</sup>

Kibrick further identified causes for changing approaches to nursing education when in 1973 she said:

. . . Consumers today are making two sets of demands on the health delivery system; one, the curing of illness--the doctor's role; the other, "total patient care," including preventive care, coping with illness, and the eventual restoration of health--the nurse's potential role . . . To recruit good nurses, the profession must offer a challenging educational program and a rewarding practice--one which provides a satisfying career, pays well and serves the best interests of the consumer.<sup>33</sup>

Peplau advocates that: "The nurse of today must be concerned as much with influencing social conditions that promote health as with providing direct services."<sup>34</sup>

Suggested changes for approaches to nursing education came from the National Commission for the Study of Nursing and Nursing Education, and the November, 1971 publication, of the report of the Secretary of Health, Education and Welfare's Committee to Study Extended Roles for

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<sup>32</sup>Paulette Robischon, "Trends in Baccalaureate Nursing Education," Nursing Outlook, 20:4, April, 1972, p. 276.

<sup>33</sup>Anne Kibrick, "Time for New Leadership," Nursing Outlook, 21:4, April, 1973, p. 227.

<sup>34</sup>Hildegard Peplau, "The Task Ahead," American Journal of Nursing, 71:9, September, 1971, p. 1800.

Nurses. The Commission recommended a two-fold system of preparation for nursing-episodic and distributive while the Secretary's report entitled, Extending the Scope of Nursing Practice, advocated the nurse be prepared to function in one of three areas; primary, acute and long-term care.

Nursing has a long and vast heritage of diversity in its ranks. The inevitability of change was recognized by Florence Nightingale one hundred years ago, as reported by Longway, "No system can endure that does not march. Are we walking to the future or the past? Don't let us stereotype mediocrity,"<sup>35</sup>

Torres believes that the nursing educator needs to prepare students to focus on the nursing process in relation to what the professional nurse does in any setting. "If nursing is to meet society's needs, there should be further exploration and identification of the functions of the professional nurse, now and in the future."<sup>36</sup>

Before examining the outcomes of the Commission recommendations and the HEW Secretary's report on the scope of nursing practice it would be well to take a look at the status of the educational schools now existing.

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<sup>35</sup>Ina Madge Longway, "Curriculum Concepts--an Historical Analysis," Nursing Outlook, 20:2, February, 1972, p. 120.

<sup>36</sup>Gertrude Torres, "Educators' Perceptions of Evolving Nursing Functions," Nursing Outlook, 22:3, March, 1974, p. 187.

In 1973, it would appear that a plateau has been reached for there were slight declines in the numbers of RN, [Registered Nurse] and PN, [Practical Nurse] programs, something not observed among RN programs since 1961, and never observed among PN programs since 1955.<sup>37</sup>

The Nursing Outlook, September, 1975, reported the following facts regarding, "Educational Preparation for Nursing--1974":

Both diploma and baccalaureate programs have . . . manifested decreasing rates of growth in the past year or so, the decreases have been less precipitous than in associate degree programs, and they have been more in line with expectations.<sup>38</sup>

The 20th anniversary of the establishment of associate degree programs in nursing was in 1972 and at that time there were two hundred associate degree programs in the United States.

Papers presented at the NLN Council of Associate Degree Programs in 1972, regarding the "Future Directions for the AD (Associate Degree) nurse" revealed, "For the first time in the history of nursing in the United States, in 1971 admissions to AD programs exceeded the number of admissions to diploma programs."<sup>39</sup>

From 1972 to 1974 reports indicated, ". . . associate degree

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<sup>37</sup>Walter L. Johnson, "Educational Preparation for Nursing--1973," Nursing Outlook, 22:9, September, 1974, p. 587.

<sup>38</sup>Walter L. Johnson, "Educational Preparation for Nursing--1974," Nursing Outlook, 23:8, September, 1975, p. 578.

<sup>39</sup>Bernadene C. Hallinan, Hazel W. Blakeney, Georgene H. DeChow, Rose M. Channing, "Future Directions for the AD Nurse," Nursing Outlook, 21:2, February, 1973, p. 106.

programs have moved from a period of remarkable growth to a much more modest level, even perhaps to a stage of zero growth."<sup>40</sup>

Recent NLN reports have revealed the results of efforts to recruit minorities to educational programs in nursing. An example was given in the report of 1972 as: ". . . nearly 9,900 minority students were admitted to RN programs, and another 11,000 were admitted to practical nurse programs."

The 1974 report also indicated the following facts:

3,003 students graduated from baccalaureate programs in 1973-74, indicating a growth rate of 1.12 for the same year.

In 1972-73, 2,446 students graduated from Masters programs in nursing, whereas in 1973-74, 2,643 students completed these programs, indicating an 8% increase. Much of this increase is attributed to part-time student enrollment.

Doctoral programs indicated 482 candidates enrolled in the nine doctoral programs, with only 192 of these on a full-time basis.<sup>41</sup>

A new development came about in nursing education when the NLN Open Curriculum Project was begun in 1970. The NLN Board of Directors had formally supported the open curriculum concept in nursing and consequently appointed an advisory committee under the auspices of the NLN Research Division to, investigate the open curriculum movement, and collect information about programs currently utilizing the concept, as

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<sup>40</sup>Walter L. Johnson, "Educational Preparation for Nursing--1974," loc. cit.

<sup>41</sup>Walter L. Johnson, Ibid., p. 580.

well as to develop guidelines for educators interested in beginning such programs and also to conduct evaluation studies of open curriculum programs and students. In 1973, the NLN published, Directory of Career Mobility Opportunities in Nursing Education.<sup>42</sup> The NLN Open Curriculum staff defined the system as,

. . . one which incorporates an educational approach designed to accommodate the learning needs and career goals of students by providing flexible opportunities for entry into and exit from the educational program, and by capitalizing on their previous relevant education and experience.<sup>43</sup>

The NLN Open Curriculum Project Committee met in April, 1973 and selected 32 observation sites, involving 51 institutions in 22 states to participate in the Open Curriculum Project. On-going study of these schools by NLN will serve as a means to evaluate the total open curriculum movement in nursing.<sup>44</sup>

This trend in general education is becoming a clear social movement as a result of pressures from without. Yet, as Kelly so aptly stated,

Of all the institutional concepts of open-curriculum, the career ladder is probably the most controversial . . . There

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<sup>42</sup>"The NLN Open Curriculum Project," American Journal of Nursing, 74:12, December, 1974, p. 2235.

<sup>43</sup>Lucie Young Kelly, "Open Curriculum--What and Why?", American Journal of Nursing, 74:12, December, 1974, p. 2232.

<sup>44</sup>Carrie Lenburg, and Walter Johnson, "Career Mobility Through Nursing Education," Nursing Outlook, 22:4, April, 1974, p. 269.

are strong proponents and strong opponents of the career ladder, in some or all of its manifestations. The proponents feel that the many options provide real career mobility for practitioners, with resulting quality care for their clients, as well. The opponents believe that RN nursing is not based on practical nursing and that baccalaureate nursing education is not merely a continuation of associate degree or diploma education. There is also some fear that the concept of a ladder implies that one must move onward and that there is not dignity and satisfaction in nursing based on lesser education.<sup>45</sup>

As one nursing educator opposed to the concept of the career ladder stated: "Would we not profit from dignifying the kinds or types of nursing practice we have, rather than seeing them as levels or rungs on a ladder to somplace else?"<sup>46</sup>

The 1974 annual education survey by NLN asked several questions designed to secure information regarding admission status to students entering nursing programs during 1973-1974 and analysis of the data indicated:

. . . that in the past year or so, normal expansion in admission rates has been augmented from ten to twenty percent by the entry of a number of different types of students who qualify for placement at levels higher than the traditional beginning level in nursing education . . . Pressures for admission to higher level, with credit given for previous education and experience, may constitute a new set of conditions that administrators and planners of nursing education should take into account and prepare for accordingly.<sup>47</sup>

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<sup>45</sup>Kelly, op. cit., p. 2236.

<sup>46</sup>Thelma Ingles, Mildred Montag, "Debate: The Ladder Concept in Nursing Education," Nursing Outlook, 71:11, November, 1971, p. 730.

<sup>47</sup>Walter L. Johnson, "Educational Preparation for Nursing--1974," op. cit., p. 582.

Non-traditional approaches to nursing education also are evolving and some of these are the external degree programs, and programs of interdisciplinary education for health professions.

In concert with the push for the career ladder is the current movement within the profession for continuing education. In keeping with the emphasis on nursing practice, the professional membership has enthusiastically supported this program and it is growing rapidly. As of mid-March, 1974 all but four state nurses associations of the 52 contacted by American Journal of Nursing, as reported in the May, 1974 issue of the journal; all 52 had a program, or one was in the planning stage; 26 had programs or parts of programs in effect, 9 had dates set to begin one. The majority of the states favor or have initiated voluntary programs, although mandatory programs are in the planning in two states, California and New Mexico, and some states have the power within their respective nurse practice acts to establish mandatory conditions if they so choose.<sup>48</sup>

The concept of continuing education is acceptable but the term "mandatory" produces controversy as is evident in the following statement by McGriff, on the pro side of the issues,

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<sup>48</sup>Special Report--"Recognition for Continuing Education," American Journal of Nursing, 74:5, May, 1974, p. 878.

Nursing must move forward without delay in supporting the principle of mandatory continuing education in nursing. This is essential to assure society of the profession's commitment to improving the quality of health care.<sup>49</sup>

In contrast Cooper, in "This I Believe . . . About Continuing Education," expressed the side of the opposition,

Unless or until educational resources become more easily accessible to nurses, mandatory continuing education requirements will be another source of frustration to many nurses who seek additional education. . . . I believe that the evolvement of nursing as a profession rests upon the commitment by nursing's practitioners to their own continued learning. A general acceptance by nurses of the concept of life-long learning is bound to have a positive influence on the nursing practice of the future.<sup>50</sup>

The Nursing Outlook, August 1975, article by McMullan, entitled, "Accountability and Nursing Education" seemed to aptly identify the responsibility of nursing education to recognize,

The main pressure upon nursing education today, then is to be accountable to the student in every sense of the word; to provide her with an education of high quality and one that will meet both her own needs and those of society.<sup>51</sup>

This viewpoint is supported by Torres when she stated: ". . .

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<sup>49</sup>Erline P. McGriff, "A Case For Mandatory Continuing Education in Nursing," Nursing Outlook, 20:11, November, 1972, p. 713.

<sup>50</sup>Signe Cooper, "This I Believe . . . About Continuing Education in Nursing," Nursing Outlook, 20:9, August, 1972, p. 583.

<sup>51</sup>Dorothy McMullan, "Accountability and Nursing Education," Nursing Outlook, 23:8, August, 1975, p. 503.

If educators don't lead professional nurses in the direction of meeting the nursing needs of society, they will surely be led by others."<sup>52</sup>

While changes were advocated in nursing education and the need for continuing education was being implemented, the roles and functions of the nurse continued to proliferate and at the same time disturb many. The growth of the specialty groups in nursing was an inevitable outgrowth of the proliferating knowledge and new styles of delivering health and medical care.

In general nurses were becoming more actively involved in social action to bring about changes in society but this was not new to the profession and is evident from nursing history as indicated by Freeman,

Modern nursing was born in an atmosphere of protest, Florence Nightingale was as well known for her pen as for her lamp . . . Her Notes on Nursing was not only a manual for nurses but a protest about conditions then existing, especially in the military hospital, in medicine and administration and in the public policy . . .

Freeman goes on to say, ". . . Protest and social action must join ministrations, education, and support as essential elements of nursing practice."<sup>53</sup>

The conflicting attitudes regarding the expanding roles for

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<sup>52</sup>Torres, loc. cit.

<sup>53</sup>Ruth B. Freeman, "Practice As Protest," American Journal of Nursing, 71:5, May, 1971, p. 918 and p. 921.

nurses was revealed in the January, 1972 editorial of the Nursing Outlook,

Expanded role, Primary care, Extended practice, Pediatric or Family Nurse Practitioner, even plain "practitioner." These are today's words--a rallying point for many in the nursing profession . . .

There are other nurses, though, who aren't so sure about taking on these expanded functions. Nursing has its own body of knowledge, its own professional practice, they maintain, and this practice alone--recognized and given operational independence--can make an equally great contribution toward meeting health care needs.<sup>54</sup>

During this time the term practitioner was still in the process of definition and in 1974, the official definition of practitioner was proposed by the NLN Council of Baccalaureate and Higher Degree Programs and adopted by the profession. The definition also identified the educational preparation required for the nurse practitioner. Other varied titles remain ill-defined at this time.

The September, 1972 editorial in the Nursing Outlook, referred to the many images of the nurse and recognized that even within the profession there is no agreement about the identity of the nurse. The editor proposes that in the interim some consolation might be derived from the words of the late Dr. Alan Gregg, former medical director of the Rockefeller Foundation,

Principal among the triumphs of nursing I hold to be this: that you have created a demand for your services even before

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<sup>54</sup>Edith P. Lewis, Editorial, "A Nurse Is A Nurse--Or Is She?"; Nursing Outlook, 20:1, January, 1972, p. 21.

you knew them all, and then met the demand in a fashion to create still more calls upon you.<sup>55</sup>

Concerns of nursing are turning to the need to recognize the importance of health promotion in the society. Rogers identifies this area of nursing need when in 1972 she stated,

Nursing is concerned with human beings, only some of whom are ill. The first approach toward building a healthy people lies in maintenance and promotion of health . . . There is critical need for a concept of community "health services" to transcend the all too common concept of "sick services" . . . the sick reflect our failures to promote and maintain health.<sup>56</sup>

Schlotfeldt further recommends the need for planned change to remedy the conflicts regarding the role of the nurse:

Progress . . . in a dynamic society, requires continuous change within all social systems . . . Change must be planned . . . within any group where members recognize the need for working deliberately and harmoniously toward continuous progress . . .

Nursing has been so preoccupied with functions (which change with time and circumstances) that it has given too little attention to conceptualizing the stable aspects of the nurse' role, in terms of goals and intellectual focus . . . Only planned change can dispel the ambiguities and identify nursings central and enduring focus.<sup>57</sup>

Concerns of nursing regarding activities directed toward collective bargaining were altered as a result of the amendments of the

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<sup>55</sup>Edith P. Lewis, Editorial, "So Many Images, So Many Voices," Nursing Outlook, 20:9, September, 1972, p. 573.

<sup>56</sup>Martha E. Rogers, "Nursing: To Be or Not To Be?", Nursing Outlook, 20:1, January, 1972, p. 46.

<sup>57</sup>Rozella M. Schlotfeldt, "Planning for Progress," Nursing Outlook, 21:12, December, 1973, p. 766.

Taft-Hartley Act, in August, 1974, which ensured protection for collective bargaining activities for employees in non-profit health care institutions. The professional organization had been working toward this achievement some twenty-seven years.<sup>58</sup>

Surfacing at this time was the factor of sex discrimination that is apparent in the health fields and Bullough and Bullough remarked,

Statistics present a striking picture of how sex segregation results in inequities in roles and salaries of women workers in the health professions . . . Since certain fields in the health professions are labeled masculine and others feminine, the roles adopted by each of these two groups prolong the masculine-feminine game, . . . If the health fields are any indication, (of inequality) there is still a long way to go to equality.<sup>59</sup>

All of the developments in society and in nursing itself have an influence on nursing education in regards to the curriculum needed for the nurse today and for the future in light of demands of society for health care; health care financing, nursing roles and functions; practice areas; institutional or community based, economic factors, professional standards and the commitment of the profession to quality

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<sup>58</sup>A. Zimmerman, V. Cleland, Madeleine Leininger, "Taft-Hartley Amended: Implications for Nursing," American Journal of Nursing, 75:1, January, 1975, p. 284.

<sup>59</sup>Bonnie Bullough and Vern Bullough, "Sex Discrimination in Health Care," Nursing Outlook, 23:1, January, 1975, p. 40-p. 45.

care. Decisions on these matters will need to be made on the basis of nursing research.

The Division of Nursing of the National Institute of Health authorized a program of nursing research and research training in 1954 and this resulted in the Division's Research Grant and Fellowship Branch, currently titled the Nursing Research Branch.<sup>60</sup>

Currently nursing recognizes the need for replication of studies, and new research particularly for knowledge of clinical nursing for improved nursing practice.

Lindeman reports that a nationwide survey indicated that more concern should be directed toward research in areas of strong practice components and further stated that, ". . . the nationwide Delphi technique survey designed to probe priorities for clinical nursing research, . . . identified over two thousand burning issues!"<sup>61</sup>

Some of these issues were apparent in the journals during the early 70's and included, individual vs. institutional licensure as well as the relationship of this issue to continuing education; clinical nursing practice; collective bargaining, health problems of various age groups; cultural life styles and their effect on health; approaches

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<sup>60</sup>Susan R. Gortner, "Research in Nursing: The Federal Interest and Grant Program," American Journal of Nursing, 73:6, June, 1973, p.1052.

<sup>61</sup>Carol Lindeman, "Priorities in Clinical Research," Nursing Outlook, 23:11, November, 1975, p. 693.

to nursing education including interdisciplinary education; national health insurance; independent nursing practice; as well as the expanded roles; areas of discrimination in health care and practice, also the nursing process and physical health assessment.

Lewis pointed out in the Nursing Outlook, editorial in January, 1973, the fact that,

While nursing has been willing to take on new concepts and directions, it has been strangely reluctant, as we see it, to discard any of the old ones . . . It would seem appropriate to look at what nursing is not, or can no longer be . . . nursing should decide, which of each is valid and worthy of both preservation and pursuit?<sup>62</sup>

Elliott sets the stage for what nursing must do,

. . . We are really on the road to make nursing more exciting and more able to make a tremendous contribution to the care of people. Nurses have an entree with many groups no other profession has. We have to capitalize on this, be really militant, not just stake our claim, but think about new directions in which to move.<sup>63</sup>

As the terms accountability, advocacy, primary care, peer review, community control, thanatology, health maintenance organizations, and such were widely used, nursing was also experiencing conflicts regarding changing concepts relating to the profession itself. Economic influences, particularly as a result of government sponsored

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<sup>62</sup>Edith P. Lewis, Editorial, "Sacred Cows," Nursing Outlook, 21:1, January, 1973, p. 17.

<sup>63</sup>Barbara Schutt, "A Conversation with ANA Presidents," American Journal of Nursing, 71:9, September, 1971, p. 1798.

programs and the changing aspects of health care, were all contributing to the problems in nursing.

The changing or expanding role of the nurse which has evolved during the past ten years has brought about a concern regarding professional licensure; in the area of educational preparation and the effect of any potential national health insurance program on the licensing practices presently established. The nursing profession

. . . was the first health profession to have an examination that is used nationwide in judging a candidate's basic competence and right to be licensed. The State Board Test Pool Examination (SBTPE) facilitates endorsement of a nurse's license by a state to which he or she is moving, provided the respective candidate's score on the SBTPE in the original state meets the required minimum score set by the state board in the new state . . . The system facilitates interstate mobility, and mobility would seem, for a number of reasons, to be increasingly important to nurses at this time, as: . . . the predicted passage of national health insurance will undoubtedly mandate redistribution of facilities and the personnel to staff them. Also, nurses are increasingly seeking interesting educational as well as vocational opportunities, . . . and . . . until the economic picture improves, some people will be forced to look into new job markets . . .<sup>64</sup>

In the December, 1974 issue of the American Journal of Nursing, Fagin and Kohnke, identified the problem of licensure in relation to the expanded role in an article entitled, "The Nurse Practitioner Programs," as indicated in the two positions expressed by Fagin:

. . . we must create a new license in nursing, the professional license, for the baccalaureate graduate, . . . [and the

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<sup>64</sup>TheIma M. Schorr, "Securing Licensure," American Journal of Nursing, 75:7, July, 1975, p. 1131.

other position] is that we upgrade the RN and PN licenses we now have. In a recent meeting in Albany, it was suggested that we consider establishing by 1980, the baccalaureate as the basic requirement for what we now call registered nurse license.

In response Kohne expressed that,

Phasing out the LPN was built into the 1965 ANA position paper on education. That would have moved practical nurse education to AD programs and registered nurse education into baccalaureate programs. Until we're ready to say honestly that associate degree and diploma programs are not capable of preparing nurse practitioners and stand behind that, we're all through in nursing. We must establish the professional license for baccalaureate graduates.

Response to this proposal comes from Welch in the same article,

. . . we have to be absolutely fair and consistent. Look at our history. Nursing has been deprived--socially, educationally, economically. You have to have a grandfather clause. You can't discard people who have come through the system. Isn't this an evolutionary problem.<sup>65</sup>

At this same time economic factors included Medicare and Medicaid programs as well as a variety of proposals advocating some form of national health insurance. A major federal law was the Health Maintenance and Resources Development Act, introduced by Senator Kennedy in 1972. The purpose of this legislation was to provide a broad program of federal support to health maintenance and health service organizations.<sup>66</sup> This legislation was passed and is known as PL. 93-641,

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<sup>65</sup>Loretta Ford, Mary Kohnke, Claire M. Fagin, Ellen Fahy, and Catherine Welch, "The Nurse Practitioner Program," American Journal of Nursing, 74:12, December, 1974, p. 2191.

<sup>66</sup>"News" section, American Journal of Nursing, 72:5, May, 1972, p. 876.

currently being developed for implementation by July, 1976 in each state and regional area as provided by the structure of the law-- National Health Planning and Resources Development Act of 1974.

As previously stated, the late sixties were a time of militancy and nurses became a part of this; as a result of the activities of the ANA's Economic Security Program nurses' salaries began to increase. Following closely came collective bargaining as a result of the 1974 amendments of the Taft-Hartley Act. Both professional journals published articles relating to collective bargaining such as, Nursing Outlook, November, 1973, "Collective Bargaining in Academe: Background and Perspective," by Jacox, and "Collective Bargaining in Academe: A Personal Appraisal," by Saxon.<sup>67</sup> "Collective Action for Professional Security," in the November, 1973, American Journal of Nursing, by Schutt, refers to the statement by Jacox, Chairman of the Commission on Economic and General Welfare. Jacox proposes the significance of collective action in relation to patient care when she stated: ". . . For a group of nurses to act collectively to improve care received by patients is professionalism in the truest sense."<sup>68</sup>

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<sup>67</sup>Ada Jacox, Dolores Saxon, "Collective Bargaining in Academe: Background and Perspective, . . . A Personal Appraisal," Nursing Outlook, 21:11, November, 1973, p. 700-7.

<sup>68</sup>Barbara G. Schutt, "Collective Action for Professional Security," American Journal of Nursing, 73:11, November, 1973, p. 1951.

Cooper clarifies the need for nursing as a profession to develop its own safeguards as,

. . . it seems clear that the enlarging role of government in health care will mean federal or state requirements and regulations. These may be minimal if the profession has already developed safeguards. We have nothing to lose and much to gain if we act in our own and the public behalf.<sup>69</sup>

In view of the expansion of knowledge in all areas and the resultant impact on the delivery of health care services it is well to consider the words of Schlotfeldt when she identifies ". . . the goal of nursing as a field of professional endeavor is to help people attain, retain and regain health . . ." <sup>70</sup>

Peplau stresses the fact that health care, as in all society today is changing and believes this is really a very great movement in the history of nursing,

. . . I think we need to find ways of involving ourselves more, however, so that nursing as a profession is a social force having impact on government, impact on policies, impact on national and on state programs . . . we need to be able to compete and compromise, and cooperate and collaborate in many ways.<sup>71</sup>

Today, in contrast to the tradition of the past, we deem health

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<sup>69</sup>Signe Cooper, "Mandatory Continuing Education," American Journal of Nursing, 72:3, March, 1972, p. 443.

<sup>70</sup>Rozella, Schlotfeldt, "This I Believe . . . Nursing Is Health Care," Nursing Outlook, 20:4, April, 1972, p. 245.

<sup>71</sup>Hildegard Peplau, "ANA's New Executive Director States Her Views," American Journal of Nursing, 70:1, January, 1970, p. 85.

care as more than medical care and nurses are accountable to patients/clients, and not to physicians, for the delivery of those components of health care that constitute nursing.

Following the publication of A Position Paper, Bullough and Bullough identified in 1966, "five topics central to the future of nursing and over which there is considerable disagreement. . . ."<sup>72</sup>

The writer has classified several areas of concern currently effecting nursing education.

#### Nursing Education

LPN-VPN  
Associate Degree  
Baccalaureate Degree-BSN  
Master Degree  
Doctoral Degree  
(Ed.D., Ph.D., D.N.S.)  
Career Ladder  
Continuing Education-  
Certification  
Interdisciplinary Education  
Knowledge Explosion

#### Professionalism

Standards-ANA  
Accreditation-Licensure  
Institutional Licensure  
Allied Health Disciplines

#### The Nursing Role

Specialization  
Clinical Specialist  
Nurse Practitioner  
Family Nurse  
Pediatric Nurse  
Geriatric Nurse  
Midwifery

#### Economic Issues

Government Influences  
Public Laws:  
Medicare/Medicaid  
National Health Planning  
and Resources Development  
Collective Bargaining  
Unionization

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<sup>72</sup>Bonnie Bullough, and Vern Bullough, eds., Issues in Nursing, (New York: Springer Publishing Company, Inc., 1966), p. 6.

Changing Aspects of Patient Care

Increased life span

Era of Patients' Rights

Technology-Computer Age

Scientific Advances in medicine

Societal Demands

Moral-Ethical Issues

## Chapter 4

### ANALYSIS OF DATA

The analysis of data is a review of literature identified as most relevant and presented in a format to meet the objectives of the study.

#### OBJECTIVE I

To identify and examine the issues and trends from A Position Paper that have influenced nursing education.

Education for those who work in nursing should take place in institutions of learning within the general system of education.

The American Nurses' Association believes that:

- a) The education for those who are licensed to practice nursing should take place in institutions of higher education.
- b) minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.<sup>1</sup>

In the years 1964-1965, there were 2,177 schools of professional nursing. Of this number 198 were baccalaureate programs, 174 were associate degree programs and 821 were diploma programs. There also were 984 schools of practical or vocational nursing.<sup>2</sup>

The 1974, NLN report on nursing education identified a total

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<sup>1</sup>American Nurses' Association, A Position Paper, (New York: American Nurses' Association, 1965), p. 5.

<sup>2</sup>"Education Preparation for Nursing--1967," Nursing Outlook, 16:9, September, 1968, p. 54.

of 2,687 programs which prepare for beginning practice in nursing. Of this number, 313 were baccalaureate programs, 598 were associate degree programs and the diploma programs had decreased to 461; with schools of practical or vocational nursing showing an increase to 1,315 programs.<sup>3</sup>

The NLN report, "Educational Preparation for Nursing--1974," stated,

In last year's report it was noted that, for the first time in years, there was a definite decrease in the rate of growth in basic nursing education programs and it was predicted that the decline would continue. This year's report, based on survey data obtained for 1973-74, tends to confirm the prediction. The marked growth in basic nursing education programs, which had its initial impetus in the mid and late 1960's, has almost certainly reached its peak in the mid-1970's.<sup>4</sup>

"c) minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing."<sup>5</sup>

In the 1966 edition of Facts About Nursing, it was reported that, ". . . without exception, community or junior colleges offered associate degree programs and accounted for nearly seventy-six percent of such programs offered . . ."<sup>6</sup>

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<sup>4</sup>W. L. Johnson, "Educational Preparation for Nursing--1974," Ibid., p. 578.

<sup>5</sup>A Position Paper, op. cit., p. 8.

<sup>6</sup>Facts About Nursing 1966, American Nurses' Association, (New York: American Nurses' Association, 1966), p. 139.

As previously indicated there were 174 associate degree programs in 1964 and associate degree programs having rapidly expanded numbered 598 in 1974.

It was reported at the 1972 NLN Council of Associate Degree Programs in Dallas, Texas that 1972 was the twentieth anniversary of the establishment of the associate degree programs and, "For the first time in the history of nursing in the United States, in 1971 admissions to associate degree programs exceeded the number of admissions to diploma programs."<sup>7</sup>

The 1974 educational report commented on the associate degree programs as follows: Associate degree programs, ". . . have moved from a period of remarkable growth to a much more modest, level, even perhaps to a stage of zero growth."<sup>8</sup>

Corresponding to the status of the associate degree programs is the impact on diploma programs. In 1964, there were 821 diploma nursing programs as compared to 461 in 1974.

The years 1973-74, indicated a growth rate in only the baccalaureate programs; in 1970-71 the growth rate for these programs was 1.09, and in 1973-74, the reported rate of growth was 1.30.<sup>9</sup>

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<sup>7</sup>B. Hallinan, H. Blakeney, G. DeChow, and R. Channing, "Future Directions for AD Nurse," Nursing Outlook, 21:2, February, 1973, p. 106.

<sup>8</sup>W. L. Johnson, "Educational Preparation for Nursing--1974," op. cit., p. 579.

<sup>9</sup>Ibid., p. 579.

The complexity of the social, economic, political and technological advances of the times has been a factor in the transition to the institutions of higher learning.

To meet the projected requirements for nurses in the coming decades, an adequate educational system for nursing is necessary. In recent years the nursing educational system has been changing in response to demands that newly graduated nurses have increasingly advanced skills and preparation to deal with the growing complexities of the health care system. As a part of this change nursing education programs have been shifting out of service institutions into colleges and universities.<sup>10</sup>

This change was called for in the Assumptions in A Position Paper, such as,

. . . nursing is a helping profession . . . the demand for services for nurses will continue to increase . . . the professional practitioner is responsible for the nature and quality of all nursing care patients receive . . . the services of professional practitioners of nursing will continue to be supplemented and complemented by the services of nurse practitioners who will be licensed, and education for those in the health professions must increase in depth and breadth as scientific knowledge expands.<sup>11</sup>

The meaning of the term "nurse practitioner" as used in A Position Paper was: "any person prepared and authorized by law to practice nursing and, therefore, deemed competent to render safe nursing care."<sup>12</sup> This definition has been more thoroughly studied and expanded

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<sup>10</sup>Facts About Nursing 74-75, American Nurses' Association, (Kansas City: American Nurses' Association, 1975), p. 79.

<sup>11</sup>A Position Paper, "Assumptions," p. 4.

<sup>12</sup>A Position Paper, Ibid., p. 6.

by the profession to more fully clarify the term in keeping with educational preparation, role and function.

Professional nursing practice,

. . . requires knowledge and skill of a high order; theory oriented rather than technique oriented, . . . it is sharing responsibility for the health and welfare of all those in the community, and participating in programs designed to prevent illness and maintain health. It is coordinating and synchronizing medical and other professional and technical services as these affect patients. It is supervising teaching, and directing all those who give nursing care . . . It is asking questions and seeking answers--the research that adds to the body of theoretical knowledge . . . , using the knowledge, as well as other research findings, to improve services to patients and service programs to people. It is collaborating with those in other disciplines in research, in planning, and in implementing care, . . . it is transmitting the ever-expanding body of knowledge in nursing to those within the profession and outside of it.<sup>13</sup>

Due to the rapid increase in knowledge and skill and the corresponding trend toward specialization in medical care the professional nurse cannot master all of the measures for the care of patients, nor the degree of technology associated with the cure aspects of nursing. As a result the need for technical nursing practice was recognized and identified as minimum educational preparation was advocated at the associate degree educational level in nursing. "Technical nursing practice is unlimited in depth but limited in scope."<sup>14</sup>

In reality there is no difference in role or function of the baccalaureate, associate degree or diploma graduate as they enter the

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<sup>13</sup>Ibid., p. 6.

<sup>14</sup>Ibid., p. 7-8.

employment scene today. The profession to date has not determined distinctions between the educational preparation of the technical and professional nurse and thus conflict results in the work-a-day world of nursing practice.

The proposed statement of the New York State Nurses' Association regarding the establishment by 1980, of ". . . the baccalaureate as the basic requirement for what we now call registered nurse license,"<sup>15</sup> may stimulate actual differentiation and utilization of the graduates of "professional" and "technical" nursing education programs and their respective graduates.

Repeating the previous statement of Ford,

. . . we must create a new license in nursing, the professional license, for the baccalaureate graduate, . . . [and the other position] is that we upgrade the RN and PN licenses we now have. In a recent meeting in Albany, it was suggested that we consider establishing by 1980, the baccalaureate as the basic requirement for what we now call registered nurse license.<sup>16</sup>

In response Kohne, in the article "The Nurse Practitioner Program" expressed that:

Phasing out the LPN was built into the 1965 ANA position paper on education. That would have moved practical nurse education into AD programs and registered nurse education into

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<sup>15</sup>Thelma M. Schorr, Editorial, "The New York Plan," American Journal of Nursing, 75:12, December, 1975, p. 2141.

<sup>16</sup>Loretta Ford, Mary Kohne, Claire M. Fagin, Ellen Fahy, and Catherine Welch; "The Nurse Practitioner Program," American Journal of Nursing, 74:12, December, 1974, p. 2191.

baccalaureate programs. Until we're ready to say honestly that associate degree and diploma programs are not capable of preparing nurse practitioners and stand behind that, we're all through in nursing. We must establish the professional license for baccalaureate graduates.<sup>17</sup>

The meaning and varied use of the term "nurse practitioner" in 1965 as compared to the present has added to the confusion over educational preparation and functions.

Whether the nursing educational system is directed to the professional or technical nurse preparation nursing practice has become increasingly complex and will become more so as science and technology continue to advance. The expanded roles will continue, these roles will need to be clarified but only after the profession faces and acts upon, "the need to define nursing and make known to our allied professionals and consumers who we are and what we can do."<sup>18</sup>

This changing role was proposed in the Assumptions of A Position Paper by:

The premises or assumptions underlying the development of the position are:

. . . The demand for services of nurses will continue to increase and . . . The services of professional practitioners of nursing will continue to be supplemented and complemented by the services of nurse practitioners who will be licensed.<sup>19</sup>

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<sup>17</sup>L. Ford, et al., Ibid., p. 2191.

<sup>18</sup>Eunice M. King, "Curriculum Design for the 1980's," Curriculum Relevance Within a Changing Health Care System, (New York, National League for Nursing; Dept. of Diploma Programs 1975), p. 49.

<sup>19</sup>A Position Paper, loc. cit., "Assumptions."

In speaking about the nurse practitioner program Ford stated:

I do think the public understands the term "nurse practitioner" as one kind of nursing practice. The public never has really separated nursing from medicine before. But now I think its beginning to do so.<sup>20</sup>

It is important to recognize that the expanded role is not entirely new; Walker, in an article in Nursing Outlook, 1972, entitled, "Primex--The Family Nurse Practitioner Program," brought this out,

. . . public health nurses have always carried out many practices which are only now becoming recognized as legitimate functions for nurses. In most public health agencies, as a matter of fact, nurses have traditionally functioned in a relatively independent manner, with physician collaboration. This is especially true in rural areas . . . for the past fifty years, nurses in the Frontier Nursing Service in Kentucky have carried out many functions commonly considered as belonging in the domain of medicine . . .<sup>21</sup>

## OBJECTIVE II

To develop statements of projection for trends and issues which may be expected to continue in the future as a result of A Position Paper.

In the conclusion of A Position Paper, the ultimate aim of nursing education and nursing service is the improvement of nursing care."<sup>22</sup> The primary aims differ:

<sup>20</sup>L. Ford, et. al., op. cit., p. 2189.

<sup>21</sup>Elizabeth A. Walker, "Primex--The Family Nurse Practitioner Program," Nursing Outlook, 20:1, January, 1972, p. 28.

<sup>22</sup>A Position Paper, op. cit., p. 15.

The primary aim of nursing education is to provide an environment in which the student can develop self-discipline, intellectual curiosity, the ability to think clearly, and acquire the knowledge necessary for practice. Nursing education reaches its ultimate aim when recent advances in knowledge and findings from nursing research are incorporated into the program of study in nursing.

The primary aim of nursing service is to provide nursing care of the type needed, and in the amount required, to those in need of nursing care. Nursing service reaches its ultimate aim when it provides a climate where questions about practice can be raised and answers sought, where nursing staffs continue to develop and learn, and where nurses work collaboratively with persons in other disciplines to provide improved services to patients.

These aims-educating nurses and providing patients with care can only be carried out when nurses in education and in service recognize their interdependence and actively collaborate to achieve the ultimate aim of both-improved nursing care.<sup>23</sup>

Christman refers to the ideal and comments on the reality, "Nursing education and nursing service, unfortunately, have not shown much affinity for each other. Often, these two groups operate independently rather than cooperatively."<sup>24</sup>

King refers to the dichotomy between education and service and reported, "Joint appointments for faculty is another trend that is presently evolving and can result in closing the gap between nursing practice and nursing education."

Standards for nursing education and nursing service have now

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<sup>23</sup>A Position Paper, Ibid., p. 15.

<sup>24</sup>Luther Christman, Editorial, "Where Are We Going?" Journal of Nursing Administration, 6:2, February, 1976, p. 16.

been established and these may bridge the gap between service and education so as to fulfill the ultimate aim of each group.

The September, 1974 issue of the American Journal of Public Health carried an article entitled "Community Nurse Practitioner," and included the fact that, "There are over 200 programs producing various types of nurse practitioners and physician assistants."<sup>25</sup>

In April, 1975, a Report to the Congress from the Department of Health, Education and Welfare, (DHEW) entitled Programs and Problems in Training and Use of Assistants to Primary Care Physicians, provided some information regarding the Family Nurse Practitioner and Pediatric Nurse Practitioner programs funded by DHEW. The study was a review of 19 physician extender programs in 13 states and reported the following information regarding the numbers of graduates. "About 900 students graduated between 1965, when the first programs were initiated without Federal support, and June 30, 1973 . . . an estimated 1,000 students graduated during fiscal year 1974."<sup>26</sup>

Ozimek responded to this Report to the Congress, by expressing the perspective of NLN regarding the Nurse Practitioner:

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<sup>25</sup>C. Skrovan, E. Anderson, J. Gottschalk, "Community Nurse Practitioner," American Journal of Public Health, 64:9, September, 1974, p. 847.

<sup>26</sup>United States General Accounting Office, Report to the Congress--Programs and Problems in Training and Use of Assistants to Primary Care Physicians, Washington, D.C.: The Office, April, 1975,-- cover letter.

. . . . A professional is a practitioner of nursing. The professional nurse is not a physician's extender . . . [The nurse practitioner]. . . is the nurse educated through a formal program for nursing practice. There is no need to develop new or different kinds of educational programs for the preparation of nursing practitioners. Within the field of nursing we have educational programs that prepare for technical, generalized professional and specialized professional nursing practice. The formal preparation of the technical nursing practitioner is an integral part of the associate degree and diploma programs in nursing. The formal preparation of the generalized professional nursing practitioner is an integral part of the baccalaureate degree program in nursing. The formal preparation of the specialized professional nursing practitioner is an integral part of the masters degree program in nursing.<sup>27</sup>

The NLN accreditation statistics of January, 1975 reported:

"The number of masters programs granted initial accreditation was less than 41 in 1972-74 . . . but the number granted in 1973-74 was about twice that granted in 1964-66."<sup>28</sup>

A Position Paper also called upon colleges and universities to:

. . . carry on programs for continuing education, advanced study and research in nursing in order to provide practitioners with up-to-date knowledge and skill, advance theory, and add to the fund of knowledge in nursing.<sup>29</sup>

Another aspect of nursing education was considered by the NLN

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<sup>27</sup> Dorothy Ozimek, The Nurse Practitioner: The Current Situation and Implications for Curriculum Change, National League for Nursing, DBHDP, New York, 1976, p. 8-9.

<sup>28</sup> Helen Yura, "One Decade of Accreditation Statistics," (1964-1974), Memo to Members, Council of Baccalaureate and Higher Degree Programs, National League for Nursing, January, 1975, p. 1.

<sup>29</sup> A Position Paper, op. cit., p. 15.

Executive Committee in 1974 as continuing education became more necessary. It,

. . . recognized that continuing education is an integral part of an institution at the baccalaureate and/or masters degree level . . . [and] affirmed the belief that in total NLN accreditation continuing education must be taken into account as one of the important factors in the accreditation process rather than supporting a separate accreditation for continuing education.<sup>30</sup>

A recent but extremely significant action regarding continuing education for RN's and LVN's is the Continuing Education Law, AB 3017, of the state of California which mandates: ". . . Between July 1st, 1976 and July 1st, 1978, those nurses eligible for relicensure after the effective date must submit proof of obtainment of 30 contact hours of continuing education . . ." <sup>31</sup>

The increasing role of government was indicated in A Position Paper as follows:

One of the most remarkable changes in society is the growth of centralized government . . . This growth in functions and activities of government has directly touched nursing in conspicuous ways; the full impact has yet to be felt. . . <sup>32</sup>

Federal aid to finance nurse education was realized by the passage of the Nurse Training Act of 1964, although ". . . still

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<sup>30</sup>Yura, op. cit., p. 3.

<sup>31</sup>Health Sciences--Summer '76, Continuing Education in Nursing University of California, San Francisco, 15:7, March, 15, 1976.

<sup>32</sup>A Position Paper, op. cit., p. 11.

short of the profession's goal, the enactment goes further than previous legislation to support basic preparation for nursing."<sup>33</sup>

Another bit of evidence of the new role of government is,

As the education and economic level of the population in the United States has risen, an informed public is demanding consumer protection from unsafe practices in professional and nonprofessional services and goods. . . .<sup>34</sup>

The changing aspects of patient care were likewise considered in A Position Paper,

The knowledge needed by the nurse practitioner today differs greatly from that needed 20 or even 10 years ago. She is now being required to master a complex, growing body of knowledge and to make critical, independent judgments about patients and their care.<sup>35</sup>

The government and consumer demands will play a more and more prominent part in the health care of the future. The 1975 Report to the Congress regarding the, Programs and Problems in Training and Use of Assistants to Primary Care Physicians studied the Family and Pediatric Nurse Practitioner employed in areas of health care need or scarcity and expressed concern for the health needs of all people of the United States. Deployment of these nurse practitioners was recorded as follows:

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<sup>33</sup>A Position Paper, Ibid., p. 12.

<sup>34</sup>Ibid.

<sup>35</sup>Ibid.

There were 47 percent of the Family Nurse Practitioners employed in scarcity areas; 47 percent employed in regions containing scarcity areas, and 6 percent were employed in areas not considered to be scarcity areas.

In comparison the Pediatric Nurse Practitioners report revealed 9 percent were employed in what was considered scarcity areas; 26 percent in regions containing scarcity areas, and 65 percent were employed in areas not considered scarcity areas.<sup>36</sup>

This report indicates a maldistribution of health professionals in designated areas of need for health services in the United States which may need to be resolved in the years ahead.

The problem of reimbursement for services for health professionals was also a concern of this Report. The Social Security Act does not provide for such payment under part B of the Medicare Program, and stressed that, "The issue of reimbursing for physician extender services needs to be resolved."<sup>37</sup>

The report further included a recommendation to the Secretary of Health, Education and Welfare (HEW) regarding this issue:

We recommend that the Secretary of HEW insure that the study required by the Social Security Amendments of 1972 is conducted expeditiously and use the results as they become available to resolve the problems concerning the reimbursement for services provided by physician extenders under the Social Security Act.<sup>38</sup>

The report used the term "physician extender," in reference to,

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<sup>36</sup> Report to the Congress, April, 1975, op. cit., p. 27.

<sup>37</sup> Ibid, p. 37.

<sup>38</sup> Ibid.

Medex, Physician assistant/associates, Nurse Practitioners and Child Health Associates, those: ". . . trained to do tasks that must otherwise be done by physicians."<sup>39</sup>

Future trends may be very much influenced by the recommendations of the report of the Committee for Economic Development of April, 1973 which advocated that,

In the past, the national mode of response has been to deal separately with each shortcoming of the system in a succession of crises--in facilities, manpower, financing, or social policy. We believe that this is no longer tenable and that a serious effort to improve health care must embrace (1) the restructuring and deployment of the health-care delivery system, (2) an enlarged insurance system so designed as to reinforce the changes required in the delivery system, and (3) an effective planning and control structure.<sup>40</sup>

### OBJECTIVE III

To gain an appreciation of the past in order that an understanding of the present might be increased, for all members of the nursing profession.

A Position Paper addressed this consideration:

Every profession is influenced by its heritage, its immediate problems, emerging societal trends, the nature

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<sup>39</sup>Ibid.

<sup>40</sup>Building a National Health-Care System, A Statement by the Research and Policy Committee, Committee for Economic Development, New York, April, 1973, p. 17.

of its practice, and the extent to which it can realistically enact changes which will permit progress.<sup>41</sup>

Nursings heritage is derived from the Judeo-Christian belief in the dignity of man and the corresponding ethic of the responsibility for one's fellow man. This resulted in, ". . . the rigid, authoritarian character of military discipline and the concept of sacrifice and selfless service . . ."42

Florence Nightingale, the founder of modern nursing, gave both system and structure to the profession.

Her vision of nursing and nursing education embraced a number of enduring beliefs . . . the profession still is working to achieve them. Her concept of nursing care of 1893 differentiated the two aspects of nursing as, the art of health and the art of nursing proper.<sup>43</sup>

This concept was renewed in A Position Paper: "We can expect continued and sharper focus on emotional wellness and illness in the home, at work, in hospitals and in other community agencies."<sup>44</sup>

Bertha Harmer, in 1922 expanded the idea of nursing on a social perspective and stated: ". . . Its object is not only to cure

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<sup>41</sup>A Position Paper, op. cit., p. 10.

<sup>42</sup>Ibid.

<sup>43</sup>Nursing Development Conference Group, Concept Formalization in Nursing--Process and Product, (Dubuque: Little, Brown and Company, 1973), p. 48.

<sup>44</sup>A Position Paper, op. cit., p. 14.

the sick and heal the wounded but to bring health and ease, rest and comfort to mind and body, . . . Its object is to prevent disease and to preserve health . . ."45

The definition of nursing of Virginia Henderson, published in 1955, and one that is internationally recognized is:

Nursing is primarily assisting the individual (sick or well) in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. It is likewise the unique contribution of nursing to help the individual to be independent of such assistance as soon as possible.<sup>46</sup>

Rogers, in An Introduction to the Theoretical Basis of Nursing, published in 1970, refers to health and illness by a definition as, ". . . expressions of the process of life." and she further states:

. . . Nursing aims to assist people in achieving their maximum health potential. Maintenance and promotion of health, prevention of disease, nursing diagnosis, intervention, and rehabilitation encompass the scope of nursing's goals. Nursing is concerned with people--all people--well and sick, rich and poor, young and old.<sup>47</sup>

A concern for the focus of education for nursing care was also expressed in A Position Paper and the need for a community orientation as well as inclusion of preventive health aspects was implied.

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<sup>45</sup>Nursing Development Conference Group, op. cit., p. 40.

<sup>46</sup>Ibid., p. 42.

<sup>47</sup>Martha E. Rogers, An Introduction to the Theoretical Basis of Nursing, (Philadelphia, F. A. Davis Publishing Company, 1970), p.85.

More than three-fourths of the curriculums in the majority of schools continue to focus on the nursing of patients who are acutely ill and hospitalized; yet more than 90 percent of persons under health care are neither.<sup>48</sup>

In 1975, nursing is still talking about this same aspect, preventive health care. Mauksch, in the article, "Nurses and Nursing's Issues," speaks to this point,

We are beginning to get research data that tells us that prevention is keeping people out of hospitals and this is the trend. I believe we are finally shifting from a crisis emphasis to a preventive emphasis.<sup>49</sup>

In 1893 Florence Nightingale questioned, ". . . What will this world be in August, 1999 . . . What shall we wish then to have been doing, and what shall we wish not to have been doing? . . ." <sup>50</sup>

The "five topics central to the future of nursing and over which there is considerable disagreement . . .," as identified by Bullough and Bullough<sup>51</sup> in 1966 are presented here because they relate to future issues and trends. These issues were substantiated and expanded in the analysis of data to meet Objectives I, II, and III.

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<sup>48</sup>A Position Paper, loc. cit.

<sup>49</sup>Jo E. Elliott, I. Mauksch, R. Gabrielson, A. Flaherty, V. Cleland, P. Cipriano, C. Jordan, K. Hoover, "Nurses and Nursing's Issues," American Journal of Nursing, 75:9, October, 1975, p. 1857.

<sup>50</sup>Adelaide M. Nutting, Lavinia Dock. A History of Nursing, Vol. II, (New York: G. P. Putnam's Sons, 1935), p. 283.

<sup>51</sup>Bonnie Bullough and Vern Bullough, eds., Issues in Nursing, (New York: Springer Publishing Company, Inc., 1966), p. 6.

## NURSING EDUCATION

Baccalaureate nursing programs will continue to be the preferred professional degree.

Diploma programs will continue to phase out and the associate degree programs in nursing will stabilize in both number of programs and enrollments.

Programs of licensed and/or vocational practical nursing will gradually be absorbed by the associate degree nursing programs.

Associate degree programs will prepare the technical nurse.

Master degree programs will increase and the enrollments will increase in both the master and doctoral programs.

Career Ladder concepts will be developed in given areas depending on the demographic conditions of the locale.

Continuing Education and re-licensure will continue to be issues and cause unrest for another five years or more, until resolution occurs but the profession will need to deal with these issues.

Knowledge explosions will continue and curriculum revisions and adaptations will be an integral function of every educational program in nursing.

## NURSING ROLE

Nurse Practitioners will become the norm rather than the unusual.

Specialization will continue to increase and expand into more practice areas in nursing.

The public will more readily accept the nurse practitioner; the medical and some members of the nursing profession will continue to be reluctant to accept this role for nurses. The public will also be more willing to pay for services provided by the nurse practitioner.

#### PROFESSIONALISM

Standards developed by ANA for nursing service and nursing education will tend to bring these groups to some degree of mutual understanding.

Accreditation of short and long term programs; licensure and re-licensure will be issues until educational preparation, roles and functions are clearly delineated.

More and more health care fields will bring more varied personnel into the system and nurses will be called upon to collaborate with these employees.

#### ECONOMIC ISSUES

Government will play an increasing role in nursing education and health care.

Some form of national health insurance is forthcoming. Government funding will result in government control, such as

compulsory service in an area deprived of health care. Types of programs to be federally funded, and quality of the programs providing services and functions and roles may even be defined.

Regionalization may limit health care and programs in areas of lesser population.

Collective bargaining among professionals and unionization among non-professionals will continue, and may become even more intense within the professional group.

#### CHANGING ASPECTS OF PATIENT CARE

Consumer rights will become more and more important in the delivery of health care as societal demands increase due to the advances in medicine, technology and an increased life span.

Major moral-ethical issues will become more complex and laws may need to be passed to protect both the patient/client and the ministers of health care, in any area.

## Chapter 5

### SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

#### SUMMARY

The purpose of this study was to determine an impact of A Position Paper on nursing education through examination of issues and trends from 1965-1975, as identified in the American Journal of Nursing and the Nursing Outlook.

A Position Paper is identified as a major contributing factor in influencing changing approaches to nursing education.

#### Objective I.

To identify and examine the issues and trends from A Position Paper that have influenced nursing education.

1. In 1964 there were 2,177 schools of professional nursing and this number increased to 2,687 programs in 1974. Baccalaureate programs numbered 198 in 1964 as compared to 313 in 1974.

Associate degree programs numbered 174 in 1964 and had increased to 598 in 1974.

2. The growth of associate degree programs had a marked impact on diploma nursing programs. In 1964, there were 821 diploma programs and this number decreased to 461 in 1974.

3. At the time of the publication of A Position Paper, the term nurse practitioner meant, ". . . any person prepared and

authorized by law to practice nursing and, therefore, deemed competent to render safe nursing care."<sup>1</sup>

By 1975 the term had a specific and unique meaning, and generally refers to, ". . . generalist and specialist professional nurse practitioners, prepared in baccalaureate and master's degree programs, respectively."<sup>2</sup>

4. The statement of the New York State Nurses' Association regarding the establishment by 1980 of, ". . . the baccalaureate as the basic requirement for what we now call registered nurse license . . ."<sup>3</sup> may well set the stage for the long sought goal of professional nursing education taking place in institutions of learning within the general system of education.

5. Federal legislation for funding educational programs in nursing has supported the growth and expansion of the baccalaureate and associate degree programs.

## Objective II

To develop statements of projection for trends and issues

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<sup>1</sup>American Nurses' Association, A Position Paper, (New York: American Nurses' Association, 1965), p. 4.

<sup>2</sup>Dorothy Ozimek, Helen Yura, Who Is the Nurse Practitioner? (New York: National League for Nursing, Department of Baccalaureate and Higher Degree Programs, 1975), Pub. No. 15-1555, p. 2.

<sup>3</sup>Thelma M. Schorr, "The New York Plan," American Journal of Nursing, 75:12, December, 1970, p. 2141.

which may be expected to continue in the future as a result of A Position Paper.

A Position Paper recognized:

1. The rapidity of change in the world and in nursing. The need to delineate the variety of nursing education programs and to consider the technical and professional aspects of each. The need for changing nursing functions and corresponding educational preparation was advocated.

2. The need for preventive health care and a broader practice area was emphasized. A community orientation to nursing was encouraged.

3. The need to expand the fund of nursing knowledge through clinical research in nursing, for delivery of quality care.

4. The influence of the government on health care and implications for the future.

5. The changing health care systems and the variety of health care needs as well as the subsequent increase of health care workers to meet these needs.

6. Societies needs and demands for quality care and the corresponding increase in scientific and technologic knowledge.

Objective III

To gain an appreciation of the past in order that an

understanding of the present might be increased, for all members of the nursing profession.

A Position Paper did build upon the past developments in nursing and took into consideration the, ". . . vision of nursing and nursing education . . ." as viewed by Florence Nightingale. Some of her beliefs are,

worth noting once again both for their inherent worth as principles, and because the profession still is working to achieve them in nursing education programs:

A school of nursing independent of the service agency, but providing education for service.

Competent nurse-teachers and well-selected learning opportunities.

The development of the student as a person.

The dignity of the patient as a human being.

The provision of nursing as a community service as well as for institutional care.

The identification of the basis on which nursing is founded; for example, environment, hygiene and personal care.

The direction of nursing by nurses.

The model of the nurse as a person of culture as well as a competent practitioner.<sup>4</sup>

The events which have contributed to the present status of nursing education and its responsibility to prepare nurses who are aware of the place of the profession in society will not be achieved without this appreciation of the beliefs of the Founder of Modern Nursing.

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<sup>4</sup>A Position Paper, op. cit., p. 10.

## IMPLICATIONS FOR NURSING

Some of the major findings of the study which have influenced nursing education are identified. Certain findings are recorded as factual statements of problems facing the nursing profession today.

Findings pertaining to nursing education relative to publication of A Position Paper, include:

1. The need to satisfactorily define nursing continues to be a priority of great concern in the nursing profession. A differentiation between professional and technical nurse is essential to the clarification of role functions, responsibility and accountability; also necessary in order to establish some degree of harmony within the profession.

2. There is a need for nursing education and nursing service to collaborate in order to ensure the quality of nursing care, this is further substantiated by A Position Paper. This calls for leaders in nursing service administrative positions to be educationally prepared for administrative positions as are their counterparts in nursing education. The need for nursing faculty appointments to be directed jointly to both clinical and functional responsibilities; may stimulate the unity between nursing education and nursing service.

3. Continuing education will in time be mandatory and

associated with continuing licensure in view of recent legislation enacted in California.

4. Decisions will need to be made regarding the licensure of graduates of the varied nursing programs which will not be considered preparation for professional nursing.

5. The dichotomy noted in nursing service and nursing education is apparent in the conflicting interests of the ANA and NLN. Differences of opinion regarding certification, and continuing education may be resolved when continuing education is associated with continued licensure, and certification programs become established by national standards and control.

6. Nurse Practitioner programs will continue to grow and some curricular changes may be forthcoming so as to allow for some degree of clinical specialization at the under-graduate level to meet the health care needs of more people.

7. Present dissensions regarding accreditation of schools of nursing, continuing education programs and similar, special programs for nurses needs resolution. The re-organization of the numerous nursing organizations which took place in 1952, resulted in establishing two organizations with each assigned appropriate functions. ANA was responsible for, ". . . continuing improvement of professional practice, economic and general welfare of nurses, and the health needs

of the American public." The second organization, NLN was established so that,

. . . all members of the health teams, agencies supplying nursing service, and education, and lay members of the community, representing all races, creeds, and national origins act together to provide the best possible nursing services and to assure good nursing education.<sup>5</sup>

8. It appears that the conflict of interest will continue within the professional organizations due to the high priority on the economic and general welfare program in one group; while both groups struggle over licensure, accreditation, certification and other related concerns.

9. Recognition that the consequences of governmental influences as a result of national health insurance and the corresponding federal support of nursing education will also dictate certain aspects of nursing education and practice.

Projected trends and issues which may be expected to continue include:

1. The increase in technology, scientific and medical advances as well as a more informed public will result in greater demands for health care which will bring about a change in the delivery of health care. Regionalization may tend to limit health services in

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<sup>5</sup>Bonnie Bullough and Vern Bullough, Issues in Nursing, (New York: Springer Publishing Company, Inc., 1966), p. 70.

sparsely populated areas and maintain the present level in others. Governmental controls will call for political lobbyists for nursing both in the areas of service and education if nursing is to be controlled by nursing.

2. Nursing will be called upon to identify nursing research as a professional responsibility, to add to the fund of nursing knowledge, and to share this knowledge for better health care.

Recognition of the past contributions to nursing and its influence on the present is substantiated by:

1. Recognizing that nursing is a service profession and consequently has a responsibility to the people served. This is significant to educational programs in nursing if the concepts of health maintenance and prevention of illness are to be realities for all peoples. Community orientation to health is the basis of health care for the future.

2. An appreciation of the basic and enduring belief of the profession regarding the dignity of the human being which must be understood by the profession in order to attain standards of professional ethics consistent with scientific and technologic knowledge while recognizing the moral responsibility and accountability involved.

#### RECOMMENDATIONS

Nurses should make serious decisions without personal bias

regarding nursing education and the nursing roles and functions.

Nursing education and service should strive to forget the past "issues" and look to the future; recognizing that the ultimate aim of both is improved nursing care.

Nurses need to evaluate the professional organizations, ANA and NLN, to consider a possible re-structuring so as to actually strive for quality nursing care as the priority. The organizations were revised to the present structure twenty-five years ago and have not adapted to the changing times. Consequently numerous special interest groups have developed to complicate the organizational structure and purposes.

Greater patient care demands and increased needs for services of the professional nurse and nurse practitioner may be reason to evaluate the length of master degree programs in relation to time and funding sources.

Community orientation and possibly some consideration of limited clinical specialization for certain areas may be valuable to meet health care needs in certain demographic areas.

The profession must recognize the need to initiate, conduct, and utilize nursing research, both clinical and functional.

There is cause to evaluate the issues which may have a direct effect on nursing and health care as a result of governmental funding and control; support of nursing education and health care for all

citizens, will be strongly influenced by federal programs and directives.

A nursing ethic, which is consistent, with expanded medical knowledge, should be included both in the nursing curriculum and continuing education, in order that the nurse may be aware of these values so as to perform responsibly and therefore accountably.

#### CONCLUSIONS

The impact of A Position Paper was a major contributing factor in influencing nursing education and the subsequent nursing role. It was possible to identify the impact and the resulting issues and trends from 1965-1975, from the American Journal of Nursing and the Nursing Outlook.

There is still considerable disagreement within the profession regarding the professional versus the technical nurse; the value of the baccalaureate, associate, and diploma programs; and little recognition granted the practical or vocational nursing programs. In turn the roles and functions are not clearly understood or accepted by the professional membership; the public seems to be more receptive and accepting of the nurse practitioner and clinical specialist than do members of the nursing profession.

Career ladder concepts are not clearly understood by the professional membership as a whole. Continuing education and

certification programs are an ideal yet to be fully implemented or comprehended as a means of professional growth.

More and more health care workers will enter the system and care may become more fragmented as scientific and technologic knowledge continues to develop at a rapid pace.

Economic factors have and will continue to play a large part in the health care system. The economic security program within the nursing profession will continue to be a high priority in the years ahead.

Consumers rights will become better established. Litigations may increase for nurses as they are currently doing in the medical profession.

Changes in medical practice demonstrate a reciprocal relationship and result in changes in nursing practice.

Nurses will be more and more involved in quality of life situations as the knowledge explosion continues. This involvement will require decisions and actions relevant to problems of an ethical and moral nature.

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