THE HISTORICAL DEVELOPMENT OF EVALUATION OF THE CLINICAL PERFORMANCE OF NURSING STUDENTS

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ABSTRACT

The purpose of this study was to investigate the development of the evaluation of nursing performance. The historical approach was chosen to gain insight and perception into the present state of that aspect of nursing education concerned with the evaluation of the clinical performance of nursing students.

The method employed was an analytical review of the literature related to the development of evaluation of the clinical performance of nursing students. The time period covered was from 1700, the so-called "Dark Period" of nursing, through 1965. A review of the events simultaneously affecting the profession of nursing was also performed. Criteria were selected previous to the review of literature to serve as the basis for establishing evidence of change. The criteria selected for use in the study were:

1. Terminology
2. Methodology
3. The Types of Materials Used
4. The Role of the Evaluator in Relation to the Evaluation
5. The Length of the Program

An analysis of the findings secured from the review of literature was made by the investigator. These findings were discussed in relation to each of the driteria selected to serve as a basis for establishing change in the development of the evaluation of the clinical performance of nursing students.

A summary of the data gathered was made and generalizations were drawn concerning the effects of past events and decisions on the present situation. The conclusions presented the results of the study which indicate the importance of using formal methods of evaluating the clinical performance of nursing students. The change in nursing education is demonstrated as being away from the narrower apprenticeship training of the past to a system based on an even distribution between the liberal arts and professional subject matter. This change seems to demand improvement in the methods and measures used for the evaluation of clinical performance as are appropriate to the education of the student. Recommendations for further study were suggested.

CHAPTER I

STATEMENT OF THE PROBLEM

A. INTRODUCTION

Nursing education in this second half of the Twentieth Century is in an era of change. It is moving away from the narrow, apprenticeship training of the past toward a broader curriculum evenly distributed between professional and liberal arts instruction. One of the early accounts of preparation for nursing in the United States is the following description given in 1893:

> "In the daily routine of a hospital, with its variety of patients, the work of a nurse, even while herself receiving instruction, is not without its immediate results. The hospital is her workshop in which she must serve an apprenticeship, and from the day she enters it the preservation of human life and the alleviation of human suffering are to some extent delivered into her hands." 1/

This system of apprenticeship has persisted over the years and even as recently as the early Fifties it was still considered the prevalent system of nursing education. The 1951 conference of the Department of Higher Education of the National Education Association adopted the following resolution:

> "Resolution XI. Education of Nurses. Whereas, health needs of the civilian population and military personnel are making increasing demands for the services of professionally and technically prepared nurses, and
>
> "Whereas, education for nursing is now predominately outside higher education, with emphasis on apprenticeship training,

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1/ Isabel A. Hampton and others, Nursing of the Sick, 1893, (New York: McGraw-Hill Book Company, Incorporated, 1949), p. 2.

> BE IT RESOLVED: That institutions of higher learning recognize their responsibility for establishing programs providing for the professional and technical education of nurses." 2/

> The knowledge needed by the nurse practitioner today differs significantly from that needed in the past. This educational preparation must take place in the colleges and universities because only in this setting is it possible to secure this high order of knowledge and skill. The American Nurses' Association's Board of Directors in September, 1965 adopted the following position:

> "Education for those who are licensed to practice nursing should take place in institutions of higher education". 3/

At the same time they made the following statement concerning the amount and kind of education necessary for the professional practice of nursing:

> ". . . minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing." 4/

With this evolution has come greater emphasis on the teaching and learning process. There is also an increasing tendency for nursing instructors to teach as well as to supervise, the students in the clinical laboratory. These changes in nursing education and in nursing practice have created a need for improved methods of evaluation concerning the effectiveness of both teaching and learning.

B. THE PROBLEM

The evaluation of a student's performance of nursing as a learner in the profession is one of the major dilemmas of nursing education today.

2/ Margaret Bridgman, Collegiate Education For Nursing, (New York: McGraw-Hill Book Company, Inc., 1949), p. 2.

3/ American Nurses' Association, A Position Paper, (New York: American Nurses' Association, 1965), p. 5.

4/ Ibid.

C. THE PURPOSE OF THE STUDY

The purpose of this study was to investigate how evaluation of nursing performance has developed. The writer hoped to gain an understanding of the present situation by examining some of the decisions made in the past and the events occurring in nursing at the time which may have influenced these decisions.

The following remarks of Abraham Lincoln, spoken at the Springfield, Illinois convention which nominated him for the United States Senate in 1859, reflect the writer's purpose in conducting this investigation of the historical development of evaluation of clinical performance of nursing students:

> "If we could first know where we are, and whether we are tending, we could better judge what to do, and how to do it." 5/

It was the writer's hope that she would be better informed about the issues in evaluation of the clinical performance of nursing students after conducting this investigation and it would assist her in the performance of this aspect of nursing education in the future.

D. LIMITATIONS

The following are recognized as definite limitations of this study.

1. The source materials from which the data was obtained were limited to those available to the investigator and in many

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5/ John C. Nicholay and John Hay (ed.), Complete Works of Abraham Lincoln (New York: The Century Company, 1894), Vol. I, p. 240.

instances were not the original sources.

2. The passages quoted to document the statements of the writer were secured from the review of literature and were chosen by her in relation to the criteria she previously established to demonstrate change.

E. HYPOTHESIS

Evaluation of the nurse's competency has changed from the examination of the performance of technical skills to the evaluation of the nurse's performance as based upon the application of scientific principles.

F. DEFINITION OF TERMS

Evaluation. The process of making judgments and decisions to determine to what extent the nursing student is achieving the goals of her curriculum through the learning experiences provided.

Clinical Performance. The behavior of the student in the nursing practice laboratory (clinical laboratory).

Student Nurse. A student enrolled in a professional school of nursing.

G. METHODOLOGY

The writer chose the historical approach to gain insight and perception into the present state of that aspect of nursing education concerned with the evaluation of the clinical performance of nursing students.

Evaluation in nursing today is the result of many past events. A knowledge of the decisions made in the past and the events occurring which may have influenced those decisions is essential to an understanding of the present situation. It has been said that those who do not know the past will

be condemned to repeat it.

In this study the investigator conducted an analytical review of the literature related to the development of evaluation of the clinical performance of nursing students. The time period covered was from 1700, the so-called dark period of nursing, through 1965. A review of the events simultaneously affecting the profession of nursing was also performed. The source materials for this review were drawn from textbooks of nursing history; monographs; publications of the nursing organizations, including professional journals and records of proceedings from organizational meetings, and the results of studies conducted by them and for them; United States Government publications concerned with nursing, reports of studies conducted by individual schools of nursing; and research performed by private and public agencies.

Criteria were selected previous to the review of literature to serve as the basis for establishing evidence of change. The criteria selected for use in the study were:

1. Terminology. The words or terms used by the evaluator in appraising the clinical performance of the nursing student.

2. Methodology. The processes or systems used in the assessment of the clinical performance of the nursing student.

3. The Types of Materials Used. The techniques and tools used by the evaluator in evaluating the clinical performance of the nursing student.

4. The Role of the Evaluator in Relation to the Evaluation. The relationship of the person performing the assessments to the judgments being made about the nursing student's performance in the clinical laboratory (e.g., supervisor, clinical instructor).

5. The Length of the Program. The amount of time required by the institution to complete its program in terms of months or years.

An analysis of the findings secured from the review of the literature was made by the investigator. These findings were discussed in relation to each of the criteria selected to serve as a basis for establishing evidence of change in the development of evaluation of the clinical performance of nursing students.

A summary of the data gathered was made and generalizations were drawn concerning the effects of past events and decisions on the present situation. The results of this study were presented in the Conclusions and it is hoped that this study will serve as a means of gaining an understanding of the present situation and will stimulate further interest and research in this area of nursing education.

CHAPTER II

SURVEY OF THE RELATED LITERATURE

A. THE DARK PERIOD OF NURSING (1700-1850)

Disturbed political conditions, the Rennaissance, the Protestant Revolt, the general low status of medicine, and the position of women all affected nursing during the period 1700-1850. Nursing found itself on a very unstable foundation. Since the Middle Ages the sick had been cared for principally by the religious orders of monks and nuns and only a few fundamentals of nursing had been preserved by these orders following their suppression by Martin Luther and Henry VIII. Added to this situation was the decline in interest in the monastic life resulting in a lack of persons possessing unselfish devotion to the care of the sick.

Municipal institutions sprang into existence to meet the public demand for care of the indigent sick and lay persons were appointed as administrators. Nursing historians describe conditions in much the same way. Goodnow states:

> "City hospitals were in charge of a man who might or might not be a physician, but who was primarily a politician. There was no one corresponding to a superintendent of nurses. The religious motive was lacking in the lay persons who were employed to care for the sick, expenses had to be kept down, 'graft' was rife and disagreeable features of nursing assumed prominence. Under such circumstances intelligent people could not be got to undertake nursing in these hospitals and it slipped back into its ancient place of menial work. A certain amount of teaching in the traditional procedures was inevitable, but it could have been little more than one attendant showing another." 6/

6/ Minnie Goodnow, Nursing History, (Philadelphia: W. B. Saunders Company, 1953), p. 59.

A more detailed description is given by Jamieson et al:

> "The latter half of the period between 1500 and 1860 A.D. saw nursing conditions at their worst. By that time new hospitals had been built, but severe utility replaced the beauty which medieval builders had brought into institutions for the sick. Unsanitary conditions made them a source of outbreak for many of those epidemics which served to keep life expectancy down to an average of about 18 years. The poor, or the paupers as men called those for whom they provided the great, sinister, dirty buildings, associated them with extremity of wretchedness. Within those dreary, almost windowless walls were great wards holding as many as 100 patients each. . . . In a room leading off such a ward, a nurse who had been on duty all day slept at night so that she might be within hearing and call of her patients." 7/

Nurses were drawn from among the discharged patients or from the lower strata of society. It was forgotten that a refined woman could be a nurse, except perhaps in her own family. It is generally agreed that the status of women in the social structure of the times had a great deal to do with the situation:

> "All teaching, secretarial work, and literary endeavors were confined to men, and work then unsuitable for men, such as nursing, was entirely out of the reach of the average woman, even if she had wanted to do it. Housework demanded infinitely more effort than nowadays, and those women who had enough servants to free themselves from domestic tasks gave their efforts entirely to the shallow and superficial life of society. . . So women faced with the necessity of earning their own living were practically forced to enter domestic service, and nursing was considered a type, and a not very desirable type, of domestic service. After all, the chief duties of a nurse in those days were to take care of the physical needs of the patient, and to make sure that he was reasonably clean, although this was not considered very essential in the early municipal hospitals." 8/

7/ Elizabeth Jamieson, Mary Sewall, and Lucille Gjertson, Trends in Nursing History, (Philadelphia: W. B. Saunders Company, 1959), pp. 180-181.

8/ Gerald J. Griffin and H. Joanne K. Griffin, Jensen's History and Trends of Professional Nursing (St. Louis: The C. V. Mosby Company, 1965), pp. 85-86.

Although evaluation of the nursing performance at this time was not on a formal basis, it was nevertheless taking place. Charles Dickens, in Martin Chuzzlewit, depicts nursing performance in the characters of "Sairy Gamp" and "Betsy Prig". He describes them as ignorant women who habitually drank, were deliberately cruel and tantalizing to their patients who were at their mercy, stole their rations and provisions, and made them pay for extra little services.

Frank quotes from a report written about the nursing at Guy's Hospital at the time:

> "Nurses were always figuring in the minutes as being drunk and disorderly, a state which continued for nearly the first 100 years that the hospital was in existance. . . . Embezzling provisions, pawning patients' clothes, drunkenness, admitting disorderly people, and neglect of patients were of frequent occurrence." 9/

The other side of the picture is also expressed by writers of the times. Dock gives an example of an account in defense of the nurses by a journalist who signed himself, "One Who Has Walked A Good Many Hospitals". His article appeared in the London Times of April 15, 1857:

> "Hospital nurses have been much abused;--they have their faults but most of them are due to the want of proper treatment. Lectured by Committees, preached at by chaplains, scowled on by surgeons, bullied by dressers, grumbled at and abused by patients, insulted if old and ill-favored, talked flippantly to if middle aged and good humored, tempted and seduced if young and well-looking--they are what any woman might be under the circumstances.". 10/

9/ Sister Charles Marie Frank, The Historical Development of Nursing, Philadelphia: W. B. Saunders Company, 1959), p. 89.

10/ M. Adelaide Nutting and Lavinia L. Dock, A History of Nursing, (New York: G. P. Putnam's Sons, 1907), p. 505.

Summary 1700-1850: Nursing practice was characterized as being an undesirable type of domestic service performed by uneducated women who gave minimal physical care to their patients, were frequently drunk, and were known to steal their patients' provisions and possessions. There was no educational preparation or supervision available. The little knowledge of the traditional procedures that survived was passed from one practitioner to another. In the municipal hospitals, the nurse who had been on duty during the day, slept in a small room off the large ward to which she had been assigned to be within hearing distance of her patients. There were no formal methods or techniques of evaluation of performance in use at this time.

B. FLORENCE NIGHTINGALE AND THE BEGINNING OF MODERN NURSING (1850-1900)

In the Mid-Nineteenth Century the time was right for the revolution in nursing that originated under the leadership of Florence Nightingale. Various reformers tried to arouse the public into action to remedy the type of nursing care which was then being given:

> "The general dissatisfaction with the nursing of the early Nineteenth Century. . . paved the way for the coming of a woman whose ability was equal to the task before her, that of putting nursing into the high place where it belongs." 11/

At the time of her birth in 1820, professional nursing did not exist. Opportunities for women to enter a career outside of the home were lacking, especially for women of the so-called "upper classes" to which Miss Nightingale belonged. Her family was wealthy, possessed high social standing and was highly cultured:

> "A generous fate seems to have presided at Miss Nightingale's birth, for every advantage of family, social position, culture and wealth were hers. But most grateful must her followers feel to her father. . . To this enlightened father we owe it that Miss Nightingale was educated with a breadth, scope, and thoroughness uncommon not only then, but now." 12/

Although Miss Nightingale owed a great deal to her family inheritance, she was also a product of her times. The latter part of the Nineteenth

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11/ Josephine A. Dolan, Goodnow's History of Nursing, (Philadelphia: W. B. Saunders Company, 1958), p. 189 (10th edition).

12/ Nutting and Dock, op. cit., pp. 106-107.

Century produced outstanding scienfitic advancements in medicine and the biological sciences and was also a period of growing unrest for women who longed for education and career opportunities:

> "The span of Miss Nightingale's days was the time of Owen and Shaftesbury; of Huxley and Darwin; of John Stewart Mills (whom she ardently admired), Mrs. Fry, Harriet Martineau, Mrs. Jamieson and Louisa Twining, George Eliot, Margaret Fuller, and the Brownings. It was the time when a whole galaxy of strong notable women began working for causes, reforms, and progress; writing, striving, and demanding to speak for emancipation and justice." 13/

Biographers of Miss Nightingale state that in her teenage years she became convinced that she was destined to aid the miserable and helpless in the world but was not sure how to go about it. Cecil Woodham-Smith tells us that in 1839:

> "With the return of the Nightingales to London the first struggle of Miss Nightingale's life began. It was divided into two stages and lasted 14 years. First she groped within herself for five years before she reached the certainty that her 'call' was to nurse the sick; next a bitter conflict with her family followed, and nine more years passed before she was able to nurse." 14/

Finally in 1850 she went to Kaiserwerth for two weeks study and again in 1851 for three months. There she realized the value of practical instruction in nursing. Although she found many weaknesses in the program, she knew it was the best available at the time:

13/ Ibid., pp. 106-107.

14/ Cecil Woodham-Smith, Florence Nightingale, (New York: McGraw-Hill Book Company, Incorporated, 1951), p. 23.

> ". . . never have I met with a higher tone, a purer devotion than there. There was no neglect. It was the more remarkable because many of the Deaconesses had been only peasants--none were gentlewomen (when I was there)." 15/

Following this she studied for a short time with the Sisters of Charity in Paris. In 1853 she assumed her first position, that of superintendent of the Institution for the Care of Sick Gentlewomen in Distressed Circumstances in London. During the few years she spent there she became convinced that some type of school for the training of reliable and qualified nurses must be established before any scheme of nursing reform could be embarked upon.

Meanwhile, the Crimean War broke in March of 1864. In a short time newspapers were full of complaints of neglect of English soldiers wounded on the Crimean Penninsula. Indignation and pity swept through England. The Secretary of War, Sidney Herbert, sent Miss Nightingale a letter requesting her assistance:

> "Upon your decision will depend the ultimate success or failure of your plan. Your own personal qualities, your knowledge, your power of administration, and among greater things your rank and position in society give you advantages in such a work which no other person possesses." 16/

15/ Ibid., p. 61

16/ Nutting and Dock, op. cit., pp. 117-118.

She was commissioned the Superintendent of Nurses in Turkey and despite the opposition and difficulties she and her nurses encountered throughout the war years, it was through their efforts that the popular image of the nurse was transformed:

> "Never again would the picture of a nurse be a tipsy, promiscuous harridan. Miss Nightingale had stamped the profession of nurse with her own image. . . . The nurse who emerged from the Crimea, strong and pitiful, controlled in the face of suffering, unself-seeking, superior to considerations of class or sen, was Miss Nightingale herself. She ended the Crimean War obsessed by a sense of failure. In fact, in the midst of the muddle and the filth, the agony and the defeats, she had brought about a revolution." 17/

To honor Miss Nightingale's work a committee was organized in November of 1855 which established a general fund to be used at her discretion, the Nightingale Fund. She eventually utilized this money to start a training school at St. Thomas' Hospital in London. The Nightingale School opened in 1860 with 15 students enrolled. The purpose of the School:

> ". . . was to produce nurses capable of training others. The Nightingale nurses were not to undertake private nursing; they were to take posts in hospitals and public institutions and establish a higher standard. They were to be missionaries, and as such they must be above suspicion. . . One piece of indiscretion, one false step, and hopes of reforming the nursing profession and elevating its status might be set back for years. The future of nursing depended on how these young women behaved themselves. As a result, candidates to become Nightingale probationers were subjected to minute examination. . . " 18/

17/ Smith, op. cit., p. 179.

18/ Ibid., p. 234.

Miss Nightingale gave the following description of her scheme of nursing education:

> "To train needs a system--a systematic course of reading, laid down by the medical instructor, hours of study (say two afternoons a week), regular examinations by him, themselves cultivating their own powers of expression in answering him.
>
> "Those who have to train others are the future leaders, and this must be borne in mind during their year's training.
>
> "Careful notes of lectures, careful notes of type cases, of cases interesting from being not types but unusual, must be kept by them; their powers of observation must be improved in every way.
>
> "To illustrate the cases they are nursing in the wards, descriptions of these cases must be pointed out to them at the time in the books in the library.
>
> "They must be encouraged to jot down afterwards, but while still fresh in the memory, the remarks made by the physicians and surgeons to their students in going their rounds.
>
> "They must be taught, both by the ward Sisters and the medical instructor, to know not only symptoms and what is to be done, but to know the 'reason why' of such symptoms, and why such a thing is done. Else, how can they train others to know the 'reason why'?" 19/

Cecil Woodham-Smith's biography of Miss Nightingale gives a detailed explanation of the Nightingale program and the beginning of a formal process of evaluation of nursing practice:

> "The Nightingale probationers worked hard, attending daily lectures from the medical staff and Sisters of St. Thomas's Hospital and bi-weekly addresses from the chaplain. They were required to take notes, to be ready to submit their notebooks at any time for inspection and to pass examinations both written and oral; they acted as assistant nurses in the wards and received practical instruction from surgeons and Sisters." 20/

19/ Nutting and Dock, op. cit., pp. 200-201.

20/ Smith, op. cit., pp. 234-235.

Requirements in performance of their nursing duties was only part of what was demanded of these students:

> "Every month a report entitled 'Personal Character and Acquirements' was filled in by Mrs. Wardroper, who exercised the closest possible supervision over every probationer. The details of the report, planned by Miss Nightingale, were minutely comprehensive. Two main heads, 'Moral Record' and 'Technical Record,' were further subdivided; 'Moral Record' had six sub-divisions--puntuality, quietness, trustworthiness, personal neatness, cleanliness, ward management, and order. 'Technical Record' had 14 sub-divisions which were again sub-divided, in some cases a dozen times. Mrs. Wardroper wrote against each head 'excellent', 'good','moderate', 'imperfect', or '0'. In addition she wrote confidential personal reports on each probationer." 21/

Summary 1850-1900: Nursing was in the midst of a great reform period Practitioners were characterized as being unselfish and unselfseeking, strong and controlled in the face of suffering, and superior to consideration of class or creed. The necessity of some type of school for the training of reliable and qualified nurses was recognized as being a prerequisite to any scheme of reform. A one-year program of training was established to produce nurses capable of training others and thus elevate the status of nursing. Applicants were subject to careful examination before acceptance as probationers. This evaluation continued throughout their educational program and was conducted on a formal basis by means of oral and written examinations and by means of a "personal character and acquirements" report.

21/ Ibid.

C. EARLY NURSING IN THE UNITED STATES AND THE ESTABLISHMENT OF THE FIRST SCHOOLS OF NURSING (1850-1890)

It seems to be the consensus among nursing historians that an organized system of nursing in the United States dates from about 1871. Before that time most of the nursing and care of the sick was carried on in the home by the women of the household. Only the very poor or homeless went to hospitals:

> "Hospitals had had their origin in the 18th Century in institutions hastily opened upon the outbreak of epidemics or infectious diseases or in almshouses that often sheltered indiscriminately the insane, feebleminded, criminals, 'paupers', and indigent sick. . . By 1870 some of the worst abuses had disappeared. . . But dirt, disorder vermin, and infection were still found everywhere, and the attendants hired to care for patients were still men and women drawn from the degenerate classes in society." 22/

The need for nursing schools in the United States was recognized before Miss Nightingale's school opened in London. The famous Shattuck Report of 1850 to the legislature of Massachusetts recommended that:

> ". . . institutions be formed to educate and qualify females to be nurses of the sick. . . bad nursing often defeats the intention of the best medical advice, and good nursing often supplants the defects of bad advice. Nursing often does more to cure disease than the physician himself, and, in the prevention of disease and in the promotion of health, it is of equal and even of greater importance." 23/

In 1856 the president of the American Medical Association presented the following resolution to that organization:

22/ Esther Lucille Brown, Nursing As A Profession, (New York: Russell Sage Foundation, 1936), p. 7.

23/ Mary M. Roberts, American Nursing History and Interpretation, (New York The Macmillan Company, 1954), p. 8.

> "I am not aware that the education of nurses has received any attention from this body. . . It seems to me to be just as necessary to have well-trained, well-instructed nurses as to have intelligent and skillful physicians." 24/

The Civil War, beginning in 1861, greatly influenced the history of nursing in the United States by awakening the nation to the vital importance of good nursing:

> "The war. . . dramatized the nursing issue and forced the whole question into public notice. Some of the more thoughtful women who had served in the war hospitals and on the Sanitary Commission returned to private life filled, as one of them said, with an 'intelligent restlessness' that found its outlet later in nursing reforms." 25/

Florence Nightingale's work and the founding of her school were well known in America and doctors and other enlightened citizens soon realized her vision by insisting that better nursing could only result through education. An editorial appeared in 1871 in the most popular women's magazine of the period, Godey's Lady's Book, which illustrates this growing awareness:

> "Much has been lately said of the benefits that would follow if the calling of sick nurse were elevated to a profession which an educated lady might adopt without a sense of degradation, either on her own part or in the estimation of others. . . There can be no doubt that the duties of sick nurse, to be properly performed, require an education and training little, if at all, inferior to those possessed by members of the medical profession . . . Every medical college should have a course of study and training especially adapted for ladies who desire to qualify themselves for the profession of nurse; and those who had gone through the course, and passed the requite examination, should receive a degree and a diploma which would at once establish

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24/ Abby H. Woolsey, A Century of Nursing, (New York: G. P. Putnam's Sons, 1950), p. 107.

25/ Isabel M. Stewart, The Education of Nurses, (New York: The Macmillan Company, 1947), p. 84.

their position in society." 26/

In 1872 the first training school for nurses was established at the New England Hospital for Women and Children in Boston, Massachusetts. The committee appointed to develop the plan for instituting the school described its purpose:

> "Young women of suitable requirements and character will be admitted to the Hospital as school nurses, for one year. This year will be divided into four periods; three months will be given respectfully to the practical study of nursing in the Medical, Surgical, and Maternity Wards, and night nursing. Here the pupil will aid the head nurse in all the care and work of the wards under the direction of the Attending and Resident Physicians and Medical Students. . .
>
> "A course of lectures will be given to nurses at the Hospital by the physicians connected with the institution. . . Certificates will be given to such nurses as have satisfactorily passed a year in practical training in the Hospital." 27/

The next year, 1873, a trio of training schools patterned on the Nightingale system opened: Bellevue in New York, The Connecticut Training School in New Haven, and the Boston Training School at Massachusetts General Hospital. Of the three, Bellevue assumed the lead and became the bearer of the Nightingale tradition in America. Its stated objective:

> ". . . the training of nurses for the sick in order that women shall find a school for their education and the public shall reap the advantages of skilled and educated labor." 28/

26/ Josephine A. Dolan, Goodnow's History of Nursing, (11th edition: Philadelphia: W. B. Saunders Company, 1963), p. 247.

27/ Ibid., p. 248.

28/ Isabel M. Stewart, The Education of Nurses, (New York: The Macmillan Company, 1947), p. 90.

A description of the program is found in Jensen:

> "Although many of the old nurses applied for acceptance, they were refused, and an attempt was made to recruit the classes with young girls from above the servant class, in order to make nursing attractive as a career. Their training was planned but included no regular classwork or lectures. In the beginning only a few wards were placed at the disposal of the new school for instructional purposes. This proved to be so successful that more were soon added." 29/

The Boston Training School was from the beginning subordinated to the needs of the hospital. Two superintendents served during the first year before Linda Richards assumed the position:

> "She found the school still on trial and rather discredited by the staff. She saw that the nurses were working much as their untrained predecessors had done. . . Miss Richards reorganized the work, got classes underway and developed the school." 30/

The Connecticut Training School grew out of a doctors' committee of 1872 which studied the practicability of training nurses:

> "They were remarkably farseeing in adopting one of Miss Nightingale's principal ideas, . . they wanted a school organized independently of the hospital, which then would serve as a field for the practical training.
>
> "It was an immediate success; the number of pupils rapidly increased, and soon the school was a source of superintendents for other hospitals." 31/

29/ Griffin, op. cit., pp. 176-177.

30/ Dolan, op. cit., p. 253.

31/ Griffin, op. cit., pp. 179-180.

The period following the founding of these schools saw the concept of formal training for nurses launched and with it came the dawn of modern nursing in the United States. A description of these years is given by Mary Roberts:

> "Recognition of need for reforms in the hospitalized patients was by the first step in an evolutionary process. It was no easy task to prove to unwilling minds that the trained nurses were superior to the untrained. . . But the pioneer schools quickly demonstrated their usefulness. . . " 32/

By 1880 it was obvious that the success of the early schools in improving the care of the sick had resulted in an unwholesome growth of training schools. Graduates of the better schools were able to fill only a fraction of the new positions and many of the new schools were established without any conception of what a school should be and without qualified nurses to direct them:

> "As it turned out, America tried and failed to make a successful adaptation of that system of apprenticeship known to the manual arts. It was unfortunate that in these days of imitation the importance of clinical and bedside instruction as stressed by Miss Nightingale was apt to be overlooked. . . In the real apprenticeship system the apprentice learns under the personal direction and supervision of a master in an art. . . In the face of an obvious lack of artists to teach nursing, this was difficult, and a crucial point in nurse education was soon lost. . . " 33/

The nurse who emerged from this early reform period has been described in the following manner:

32/ Mary M. Roberts, American Nursing-History and Interpretation, (New York: The Macmillan Company, 1954), pp. 13-16.

33/ Elizabeth M. Jamieson, Mary Sewall, and Lucille Gjertson, Trends in Nursing History (Philadelphia: W. B. Saunders Company, 1959, pp. 277-278.

> "The nurse of this period was, typically, a bedside nurse whether in the hospital or in the home. In both fields she gave unstinted devotion to her work and radiated an unaffected enthusiasm. Hundreds of attractive young girls, immaculate and eager to please, were replacing the 'Sairy Gamps' who had so long held sway. . . Among 'career girls' in this transition time, the nurse stood out as particularly attractive. Here was one form of 'new woman' who could be loved, who needed not to defend herself against public opinion. . . Her virtues were those admired in all women for many years, the skills she displayed attained a new efficiency under trained hands. The public lavished praise on her." 34/

A significant statement of evaluation of the nurse practitioner appeared in the Bellevue Training School Report of 1877:

> "Our experience proves that the better she is educated and the more refined and intelligent she is, the better nurse she makes, and we are glad to see that as the work becomes better known, we have applications from women of a higher grade than many of those who first offered, and we look forward with confidence to the period, and that is not long distant, when the profession of a nurse for the sick will rank with that of a teacher of the young." 35/

Summary 1850-1890: The first nurse practitioners in the United States were men and women "drawn from the degenerate classes in society". The need for "well-trained, well-instructed" nurse practitioners was recognized early and resulted in a period of reform. The earliest hospital schools established a one-year program and attempted to recruit as students young girls from above the servant class in order to make nursing attractive as

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34/ Ibid., p. 294.

35/ Stewart, op. cit., p. 96.

a career. This transition period following the founding of these schools saw the concept of formal training for nurses launched and with it came the dawn of modern nursing in the United States. The success of these schools in improving the care of the sick resulted in an unwholesome growth of training schools without enough qualified graduates possessing leadership and teaching abilities to fill the numerous newly created positions. Both informal and formal methods of evaluation were utilized. The nurse practitioner of this transition period was described as a bedside nurse who gave devoted care and radiated enthusiasm. Hundreds of these attractive young girls were replacing the "Sairy Gamps" who had held influence for so long. Even the popular magazines specified the qualifications needed by the professional nurse practitioner. Formal methods of evaluation included careful examination of candidates at the time of admission to the program and throughout the program and the issuance of certificates to those who had satisfactorily completed a year in practical training in the hospitals.

D. THE PERIOD OF ORGANIZATION AND EDUCATIONAL STANDARD-SETTING (189301933)

The recognition that the education of nurses resulted in an improvement of patient care brought about a rapid growth in the founding of hospital training schools. Hospital building was simultaneously progressing stimulated by the new discoveries in sanitation and antiseptic surgery. The majority of these institutions established training schools and many of the smaller ones had little to offer in the way of practical experiences or teaching facilities. There were not enough qualified graduates possessing leadership and teaching abilities to fill the numerous positions and the absence of a regulating body to provide guidance and control resulted in each school moving ahead as best it could on an individual basis. Consequently, no two schools were alike, even those with low standards became a law unto themselves:

> "By 1890 nurses in key positions were keenly aware that the success of the early schools in improving the care of the sick and in cleaning up hospitals had stimulated an unwholesome mushroom growth of training schools, as they were rightly called, and of short courses for nurses. Graduates of the better schools were available to fill only a fraction of the new positions for which nurses endowed with leadership characteristics were needed." 36/

Dock and Stewart tell us:

> "Until 1893 nursing in the United States and Canada expanded on the pattern of the pioneers in the settlement of the country-individuals and schools forging ahead as best might be, each one a lonely unit. But that year was to see the end of isolation for then began professional organization on a wide scale." 37/

36/ Roberts, op. cit., p. 20

37/ Dock and Stewart, op. cit., p. 163.

At this time nursing leaders united to establish and support educational standards to create controls to prevent the spread of inferior schools, and to prevent unlimited expansion.

The 1893 World's Fair in Chicago provided the perfect opportunity for nursing leaders to convene and consider the development of standards or organization for their profession:

> "Although references had been made to the 'new profession for women' ever since modern nursing began in 1860 and a few individuals had taken the idea quite seriously, little had been done up to this time to organize nurses as a professional group. The World's Fair Congress on Hospitals, Dispensaries and Nursing in 1893 marks the 'coming out' of nursing as a profession (in the making)." 38/

The keynote address to the nursing delegation attending the Congress was delivered by Isabel Hampton. In it she describes the kind and quality of work required by nursing:

> "In the daily routine of a hospital, with its variety of patients, the work of a nurse, even while herself receiving instruction, is not without its immediate results. The hospital is her workshop in which she must serve an apprenticeship, and from the day she enters it the preservation of human life and the alleviation of human suffering are to some extent delivered into her hands. . . It requires for instance, more than mechanical skill on the part of the nurse to follow the preparations for an antiseptic operation, full of significance as it is in every detail, and the saying that 'dust is danger' must have a bacteriologically practical application in her mind". 39/

The wide diversity in the educational preparation for nursing and the lack of standardization for nursing practice resulted in the title "trained nurse" denoting almost anything:

38/ Isabel A. Hampton, et al., Nursing of the Sick, 1893, (New York: McGraw-Hill Book, Incorporated, 1949), p. XV.

39/ Ibid., p. 2.

> "A trained nurse may mean anything, everything, or next to nothing, and with this state of affairs the results are far from what they should be, and public criticism is frequently justly severe upon our shortcomings. . . " 40/

The necessity of establishing some standards of education and for practice was evident. Miss Hampton suggested:

> ". . . the first step should be to bring about in all of our schools, as far as possible, a uniform system of instruction, so that the requirements for graduation should be about the same in each." 41/

Other nursing leaders echoed her suggestions and contributed their own ideas. Miss Irene Sutliffe concluded her paper, "History of American Training Schools", with:

> "Would not a well regulated association of nurses do much towards correcting these evils? With a standard so high that only intelligent and honorable well-trained women will be recognized as trained nurses, and by an earnest endeavor to help and influence each other, much may be done to correct these dangers and elevate the Training Schools of America." 42/

Before the Congress disbanded, superintendents of nurses representing leading schools in the United States and Canada, formed, "The American Society of Superintendents of Training Schools for Nurses":

> "When the Congress was over, a committee chosen from the nurses present drafted a constitution and drew the lines for the American Society of Superintendents of Training Schools for Nurses. It was formed in awful solemnity, and so all-important did certain doctrines of educational salvation appear to be, that all the women who were then engaged as heads of small or special hospitals, no matter how good their own training had been, were excluded from its select circle, nor did they dream

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40/ Ibid., p. 8.

41/ Ibid.

42/ Ibid., p. 92.

of questioning or murmuring at this decree." 43/

The Society of Superintendents continued to devote its efforts to educational advancement and in 1912 changes its name to "The National League of Nursing Education". At this time membership regulations were altered to include all who were concerned with education in nursing.

The need for an organization with a somewhat broader membership was also felt. During the Chicago Congress a discussion of the formation of a federation of alumnae associations had taken place and Miss Lavinia Dock had proceeded to make a careful study of the laws under which various professional organizations could operate. Representatives met in 1896 and set up the "Nurses' Associated Alumnae of the United States and Canada":

> ". . . delegates from ten alumnae associations met at Manhattan Beach, New York, in the autumn of 1896 for the purpose of organizing a national association of professional nurses. The following year the constitution and by-laws were completed and the Nurses' Associated Alumnae of the United States and Canada was organized. When the association was renamed the American Nurses' Association in 1911. . . Canadian membership had been discontinued." 44/

This association directed its efforts toward securing legal recognition of nursing in all states. The need for registration was a major concern precipitated by the rapid growth of nursing schools:

> ". . . the first public statement on this subject was made by Sophia Palmer. . . speaking on behalf of legal control she said: 'It is of vital importance that examining boards shall be selected from among nurses.' Miss Palmer's argument was based on the principals accepted in the licensing of other professions and claimed the broad foundation of citzenship." 45/

43/ Dock, op. cit., p. 127.

44/ Roberts, op. cit., p. 26.

45/ Dock and Stewart, op. cit., pp. 169-170

Isabel Hampton Robb in her presidential address to the Associated Alumnae in 1900 contended that state registration was:

> "the most important step nurses could take to achieve a fixed professional standard." 46/

Realizing that registration would be only a partial answer to the problem of setting minimal standards for nursing, efforts were concentrated on the training of better qualified nursing instructors. In 1898 a committee of nurses approached the Dean of Teachers College, Columbia University, about the possibility of starting classes in teaching and in administration:

> "Its Dean, Dr. James E. Russell, a man of unusually liberal spirit, was so impressed by the earnestness of the group and the needs of the nursing field as presented by them, that he agreed to open doors of the college to qualified nurses, and to place at their disposal whatever courses seemed to fit their needs." 47/

In the fall of 1899 the first series of courses was offered. One of the early instructors gives the basic concept of the plan in the following statements:

> "The object of this course was to give some preparation for the higher and more responsible positions in hospital work, as superintendents of hospitals or schools, and as teachers and instructors in various branches of nursing. The idea of establishing such a course was the outcome of years of continual effort to improve the education and training of nurses and to promote uniformity in curricula and in methods of teaching. It was clear that little improvement in methods of teaching could be hoped for until nurses had been taught to teach." 48/

46/ Bonnie Bullough and Vern L. Bullough, The Emergence of Modern Nursing, New York: The Macmillan Company, 1964, p. 144.

47/ Dock and Stewart, op. cit., p. 154.

48/ Dock, op. cit., p. 133.

In 1907 the program was lengthened to two years after which a bachelor of science degree was granted.

A medium of communication to maintain contact with the scattered members of nursing organizations was considered essential to the development of the profession. Therefore, plans were made for an official journal:

> "As soon as the Nurses' Associated Alumnae was formed, plans were made to establish an official journal, but little came of the plans until 1899 when Mary E. P. Davis was made chairman of the Periodicals Committee. The committee exceeded its mandate, and when Miss Davis reported to the Associated Alumnae in 1900, the committee had decided to publish a journal, had established a joint company to finance it, and had in fact sold shares of stock to nurses and to alumnae associations. . . the first issue of the American Journal of Nursing appeared in October, 1900. By 1910 the outstanding stock had been purchased by the ANA." 49/

From the beginning of the Twentieth Century, the broadening scope of the nurses' responsibilities was becoming clearer as the public health and visiting nurse movements got underway. Once established, this type of nursing spreads rapidly:

> "It was not long before visiting nurses and others interested in the new fields of social and preventive work, began to apply for admission to Teachers College and to ask for special preparation." 50/

By 1912 public health nursing had become such an important part of nursing that a separate organization became necessary to set standards as

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49/ Bullough, op. cit., p. 146.

50/ Dock and Stewart, op. cit., p. 177.

well as to guide further expansion in the field. "The National Organization for Public Health Nursing", the first nursing organization to admit non-nurses, was formed in June, 1912:

> "The purpose of the new society was to standardize public health activities on a high level and coordinate all efforts in the field." 51/

The Spanish-American War of 1898 was another influencing factor on nursing trends of this period. In the early days of the war the nursing was performed by both trained and untrained volunteers and proved to be inadequate. This resulted in the government and the public demanding better care for the soldiers. The department of nursing was then placed under the direction of a woman physician and through her efforts and the excellent work of nurses during the war a conference was held in 1898 at which women active in the war relief work:

> ". . . met the executive committee members of the Associated Alumnae to confer on plans for securing a permanent army-nurse corps. As a result of this conference a joint committee was chosen to draw up a bill to present to Congress." 52/

It finally passed Congress in February, 1901 and was followed by the establishment of the Navy Nurse Corps in May, 1908.

From 1912 until the beginning of American participation in World War I two themes dominated the profession's efforts to upgrade nursing. These were: (1) the improvement of nursing schools and (2) the securing and strengthening of nurse practice acts.

51/ Griffin, op. cit., p. 196.

52/ Dock, op. cit., p. 211.

One of the most significant problems of the schools at this time was the shortage of applicants. Many reasons were given for this difficulty in recruitment and Miss A. Nutting in an address delivered in 1913 entitled, "How Can We Attract Suitable Applicants to Our Training Schools for Nurses" explained that:

> ". . . the lack of sufficient candidates was due in large part to the fundamental faults in the schools themselves. Until these faults were remedied there was no hope of attracting large numbers of discriminating young women and holding them in nursing schools." 53/

Changes in the system of nursing education were obviously necessary. Miss Nutting, chairman of the Education Committee of the National League of Nursing Education, appointed sub-committees to study the causes of the lack of students. Consequently, three pamphlets were prepared and published by the committees: (1) "The Elimination of Non-Educational Routine in Nursing Schools", (2) "The Case for Shorter Hours in Hospital Schools of Nursing", and (3) "Suggestions for Establishing the Eight-Hour Day in Nursing Schools". These were widely distributed and studied with the result that many institutions reduced their hours and other hospital personnel relieved students of some of the work not considered as part of their educational preparation.

The securing and strengtheneing of nurse practice acts was also receiving considerable attention during this period:

> "A session of the 1912 convention was devoted to consideration of state registration. Annie W. Goodrich. . . led off with an analysis of 33 laws, at least one of which had already been amended. . . A considerable number of the acts made no provision for any type of helpful supervision of the schools. Lack of specificity about the qualifications and

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53/ Stewart, op. cit., p. 189.

> methods of selection and appointment of members of boards of nurse examiners was another serious weakness." 54/

A new basis for raising national standards was provided in 1917 by the publication of the Standard Curriculum for Schools of Nursing. The Education Committee of the National League of Nursing Education had been working on the publication since 1914 with the idea that some agreement might be reached following a study of the curricula found in the nursing schools throughout the country. The purpose of the study:

> ". . . to bring about a greater uniformity in the programs of nursing and to help in improving the content and quality of the teaching as well as other conditions affecting the education of nurses." 55/

Following the preliminary survey, which revealed little uniformity among schools, the committee decided to start at the beginning and see what type of a program could be developed that would incorporate the best ideas and practices of those engaged in the preparation of nurses. The body of the Standard Curriculum for Schools of Nursing contained:

> ". . . a carefully worked out scheme of education for nurses, with objectives, content, and method clearly specified for each course; lists of bibliographies, illustrative materials, and equipment; and suggested schedules for operating a school on an eight-hour plan." 56/

Nursing schools readily accepted the publication. It helped them broaden and enrich their programs and also helped to raise educational standards in the country as a whole.

Although America did not enter World War I until 1917, its influence

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54/ Roberts, op. cit., p. 74.

55/ Stewart, op. cit., p. 74.

56/ Ibid., p. 222.

was felt in the country from about 1914. Three weeks after President Wilson signed a declaration of war with Germany and its allies, representatives of the three national nursing organizations assembled in Philadelphia:

> "Resolutions expressing the loyalty and readiness of nurses to serve their country were sent to President Wilson. They adjourned, however, without formulating a wartime action program. Within a month, Miss Nutting, the farseeing dean of American Nurses, called an informal meeting at which a committee designating itself a National Emergency on Nursing was organized. . . Shortly thereafter the committee became the Committee on Nursing of the General Medical Board of the Council of National Defense." 57/

This committee became the center of professional information and action throughout the war. A master plan was prepared by the committee to supply both civilian and military nursing needs.

Following World War I it became evident that greatly increased demands had forced many schools to relax their requirements in order to attract more students. This led to admission of many less desirable candidates with the result that educational standards were quite varied throughout the country. The necessity of analyzing the current state of affairs was recognized and fortunately, at the same time, the increased emphasis being placed on public health and preventative medicine had attracted the attention of the Rockefeller Foundation. This happened to be an area that the Foundation was interested in financing:

> "In December, 1918, at the invitation of the Rockefeller Foundation a conference of persons interested in the development of public health nursing in the United States was called in New York. . . The primary object of the meeting

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57/ Roberts, op. cit., p. 130.

> was a discussion of the status of public health nursing in the United States and of the education desirable for training the needed personnel." 58/

The group was organized as the "Committee for the Study of Public Health Nursing Education". During this conference there was considerable disagreement on these aspects of public health. The one point on which agreement was reached, however, was that the three-year programs in existence were not adequate for preparing public health nurses.

The investiation was placed in the hands of Miss Josephine Goldmark, who had an impressive background in social research. Frequently the Committee and its report have been referred to as the "Goldmark Committee" and the "Goldmark Report".

A second conference was held in 1920 at which the entire field of nursing education was considered and the scope of the study was then expanded to include the entire subject of nursing education:

> "We have attempted, therefore, to survey the entire field occupied by the nurse and other workers of related type; to form a conception of the tasks to be performed and the qualifications necessary for their execution; and on the basis of such a study of function to establish sound minimum educational standards for each type of nursing service for which there appears to be a vital social need." 59/

The findings and conclusions of this survey were published in 1923 in a book called, Nursing and Nursing Education in the United States. The following conclusions are especially noteworthy:

58/ C.E.A. Winslow, et al., Nursing and Nursing Education in the United States, (New York: The Macmillan Company, 1923), p. 1.

59/ Ibid., p. 7.

". . . the career open to young women of high capacity, in public health nursing or in hospital supervision and nursing education, is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such women into this field." 60/

Concerning education standards:

". . . for the care of persons suffering from serious and acute disease the safety of the patient, and the responsibility of the medical and nursing professions, demand the maintenance of the standards of educational attainment now generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states; and that any attempt to lower these standards would be fraught with real danger to the public." 61/

Each hospital training school was studied by an expert in nursing education and by an experienced educator from the general education field. They concluded:

". . . while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields. . . . such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are on the whole, in the majority of schools, inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education. . . . " 62/

The following plan for a well-organized nursing curriculum was suggested by the committee:

"The course should begin with a preliminary term of four months training in the basic sciences and in elementary nursing procedures with appropriate ward practice but without regular ward service. . . . There should then follow a period of 24

60/ Ibid., p. 12.

61/ Ibid., pp. 13-14.

62/ Ibid., p. 21.

> months (including 2 months for vacation) devoted to a carefully graded and progressive course in the theory and practice of nursing, with lectures and ward practice so correlated as to facilitate intelligent case study and with the elimination of routine duties of no educational value. Hospital and dispensary services in medicine, surgery, pediatrics, obstetrics, communicable diseases and mental diseases should be provided through appropriate affiliation. Teachers and equipment should be of such a grade as would be acceptable in a reputable college or normal school." 63/

Miss Goldmark, in the introduction to her report stated:

> "From being a special inquiry into public health nursing the scope of our study was thus vastly widened. . . . we must go more deeply into the very heart of the problem, that is, the nature of the training school itself, its dual character as educational institution and provider of nursing service for the hospital." 64/

She continued with a discussion of the difficulties arising out of this system of education:

> ". . . oweing to the position of nursing in the world of education, as one of the few professions still actually in the stage of apprenticeship, the writer has of necessity been confronted at every turn by the genuine claims of service often in conflict with education. . . Whatever the future of the school of nursing, and the history of vocational education gives promise of the final evolution of apprenticeship into an ordered education system- the persistence of apprenticeship today must be reckoned within any study of nursing as a highly influential if not still determining factor." 65/

The solution she felt lay in the provision of funds to enable the hospital to hire a permanent staff to provide nursing care:

63/ Ibid., pp. 21-22.

64/ Ibid., pp. 33-34.

65/ Ibid.,

> "Until the general public by taxation for public institutions, by endowments and gifts for those privately supported, makes the hospital independent of the schools for its permanent nursing staff, the hospital must continue its paradoxical attempt to maintain a school without means; the school in its turn must remain in part at least crippled by work in excess of any possible educational program." 66/

In their study of the methods used to teach the theory and practice of nursing, they found many different methods of instruction being utilized. Miss Goldmark's report summarized the minimum requirements for the adequate teaching of the theory and practice and stated that they were not being met in most schools:

> "There are needed:
> An instructor who shall have proper assistance in the use of material;
> A demonstration room with adequate equipment and supplies;
> Approved methods of class teaching with demonstration by instructor and students;
> Opportunity for practice between lessons;
> Prompt application of class teaching on the wards under careful supervision;
> A certificate of fitness for each procedure learned." 67/

The absence of adequate supervision and instruction of students in the application of theory into practice was noted in many schools:

> ". . . we see school after school letting slip the gains of painstaking instruction, imperiling the whole carefully acquired and not yet fully established technique of the student by failing to enforce it during the difficult period of her adjustment to practical service on the wards." 68/

66/ Ibid., p. 34.

67/ Ibid., p. 232.

68/ Ibid., p. 244.

The use of written reports and records to aid in evaluating the student's knowledge, understandings, and skills were also found to be inadequate and to vary considerably:

> "Many different methods of recording and checking the student's work were found. . . In some hospitals this is done by having the student enter each item of care, when performed, on the patient's chart; in others, this is done only for the sickest patients. . . Under a different system, each item of care is checked and initialed by the student when performed, in the doctor's order book;. . .
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> "It would appear self-evident that all schools must adopt such methods of record and check, or others answering the same purpose, to teach accuracy in carrying out orders and to provide means of detecting, as promptly as may be, any omission or errors. But such is not the case and, even in the superior group of hospitals studied, examples of flagrant mismanagement were met, jeopardizing patients and fatal to any system of instruction." 69/

Time educationally wasted in student training was studied by reviewing the non-nursing duties performed by the student:

> "More than one-fifth of the student's time, then, is absorbed in duties unrelated to her training". 70/

The committee felt that there was only one way out of this situation and that was to develop a permanent staff to assume the non-educational non-nursing duties to release the student for her real business, her professional education:

> ". . . permanent services of various grades will have to be provided. Besides the yearly quotas of student nurses, a force, varying according to the size and type of hospitals, of graduate nurses, attendants, wardhelpers, orderlies, and clerical assistants must be, and indeed in many instances are already, recognized as necessary." 71/

69/ Ibid., p. 315.

70/ Ibid., p. 359.

71/ Ibid., p. 454.

One of the committee's most significant conclusions suggested that the development and strengthening of the university school of nursing for the training of leaders was of fundamental importance to the advancement of nursing:

> "The superior educational opportunities afforded by the university or the college as compared with those offered by the ordinary hospital school are abundantly evident." 72/

The impetus to collegiate nursing education resulted in the development of two endowed university schools of nursing; the Yale University School of Nursing and the School of Nursing at Western Reserve University. Both became important centers of nursing education and, thus, a new era in the education of nurses was beginning.

Another far-reaching result of the Rockefeller Survey was the National League of Nursing Education's comprehensive study of nursing education which led to the actual grading of nursing schools. "The Committee on the Grading of Nursing Schools" was formed in 1926 and was composed of representatives of nursing, hospital, medical, and public health associations and some additional members representing the public and general education. The committee interpreted its function broadly:

> ". . . the study of ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed for adequate care of the patient, at a price within his reach." 73/

A five-year program was adopted to cover three projects: (1) supply and demand for nursing service, (2) job analysis of nursing and nurse

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72/ Ibid., p. 483.

73/ William Darrach and May Ayres Burgess, Nursing Schools Today and Tomorrow, (New York: Committee on the Grading of Nursing Schools, 1934), p. 15.

teaching, and (3) actual grading of nursing schools. Later it became necessary to extend the program over an eight-year period.

Results of the investigation of the first problem were published in 1928 in a book entitled, Nurses, Patients, and Pocketbooks. It furnished statistical proof of a surplus of nurses. This surplus, however, existed only in some localities and in certain areas of nursing service:

> ". . . it is clear that many patients are not receiving skilled nursing care who could be greatly benefited by it. . . . On the other side is the fact that even under present conditions there are apparently many thousands of nurses unemployed for months at a time, and there is every prospect that the numbers will grow larger." 74/

This situation of "too many but too few" was believed to be the result of poor distribution and to poor selection and inadequate preparation.

The goal of the second project, job analysis of nursing and nurse teaching, was to determine what activities constitute nursing and what type of instruction was necessary for adequate preparation. Results of the studies were published in 1934 in An Activity Analysis of Nursing. The conclusions, based on generally accepted practice, included:

> ". . . professional nurses, irrespective of the special field in which they have elected to practice, should be able to give expert bedside care. . . to observe and to interpret the physical manifestations of the patient's condition and also the social and environmental factors which may hasten or delay his recovery. . . should possess the special knowledge and skill which are required in dealing effectively with situations peculiar to certain common types of illness. . . should be capable of taking part in the promotion of health and prevention of disease. . . should possess the essential knowledge and the ability

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74/ May Ayres Burgess, Nurses, Patients and Pocketbooks , (New York: Committee on the Grading of Nursing Schools, 1928), p. 45.

> to teach measures to conserve health and to restore health. . . should be able to cooperate effectively with the family, hospital personnel, and health and social agencies in the interests of patient and community." 75/

The third project, actual grading of nursing schools, encouraged each school to evaluate itself guided by monthly outlines provided by the committee. The first of these gradings took place in 1929 and the second, in 1932. Findings were published in, Results of the First Grading of Nursing Schools, and The Second Grading of Nursing Schools.

The findings on students and the conditions of nursing practice revealed:

> ". . . students did not get enough sleep, or enough time for classwork and study, or even for their meals. Vacations were far below the standard long ago agreed upon as reasonable--that is, four weeks each year. The comment that 'the student nurse is the most overworked student in any profession' certainly seemed justified by these findings." 76/

The committee's evaluation of the practical experience provided:

> "Though some improvements had been made between 1928, most students still did not receive a well-rounded, carefully proportioned or reasonably uniform program of practical experience. Even if the necessary experience was available, lack of graduate staff nurses made it difficult if not impossible to plan a well-balanced program for students." 77/

75/ Darrach and Burgess, op. cit., pp. 67-78.

76/ Isabel M. Stewart, The Education of Nurses, (New York: The Macmillan Company, 1947), p. 210.

77/ Ibid., p. 212.

The final report of the Committee on the Grading of Nursing Schools along with specific suggestions for improvement, appeared in book form in 1934. This volume was, Nursing Schools Today and Tomorrow:

> ". . . the Grading Committee believes that when schools are beginning to organize for the purpose of providing nurses with professional education on a college level, the emphasis would be not upon long lists of detailed standard, but rather upon the few fundamental conditions--far more important than any details of organization or curriculum--which experience has shown are necessary or desirable for the free growth and proper functioning of any professional school." 78/

The committee felt that the standards nursing had thus far adopted, represented, not the best that could have been devised, but the best which could be worked out under the existing conditions. They were the results of compromise:

> "The outstanding problem in nursing is not to secure adherence to the present standards. It is much greater and more difficult. It is to secure for every school a true professional freedom, without domination either by hospital treasury or by nursing tradition. The conditions which every true professional school. . . must meet in order to function are the ones upon which the nursing profession should concentrate all its intelligence and energy." 79/

The report proceeded to discuss and outline the essential conditions for a professional school and what each would involve when applied to schools of nursing. One of the aspects discussed planning of special significance here, involves the two great problems that have been

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78/ Darrach & Burgess, op. cit., p. 120.

79/ Ibid., p. 121.

identified in planning the curriculum for any professional school. The first is to identify the skills, viewpoints, mental habits, knowledge, and traits of personality which are basic to the proper practice of the profession:

> "Nursing has gone further than many professions in analyzing what these needs are, because so much of nursing is taught not in the classroom but in the place where the actual work is done, and where the demands of the profession upon the worker can be clearly seen." 80/

The second great problem in planning is to devise methods whereby these skills, viewpoints, mental habits, and knowledge can be acquired by the student:

> "Here is the great field for educational research in nursing. . . Schools of nursing must base the practical experience of the students upon the nursing of patients who come to the hospital. If most of the patients are suffering from one of, say, 50 conditions, it would seem clear that most of what the students really learn is learned through repeated practice in caring for patients with those 50 conditions. Those are the conditions therefore, which offer the greatest opportunity for teaching. . . In every school of nursing the commonest conditions could be the basis for thoroughly sound teaching. . .
>
> Careful studies are needed to determine what sorts of practice and how much practice, are necessary in order that students may acquire sufficient skill in each of the important nursing procedures. . .
>
> Once the nursing school is put on a professional basis, so that student assignments can be made with the student's needs primarily in mind, it will become possible to remake the curriculum, with special attention to those parts of the work which are carried on not in the classroom but in the practice on the ward." 81/

Concerning the clinical aspect of the nursing student's program and its effect on the quality of nursing care she stated:

80/ Ibid., p. 135.

81/ Ibid., pp. 136-142.

> "Most of what a nurse learned she learns not in the classroom, but on the ward. . . . We have a saying that 'practice makes perfect'. This is not always true. The practice of good nursing makes a good nurse, but the practice of poor nursing makes a poor nurse. It is the quality of the practice which matters." 82/

A revised edition of the Standard Curriculum for Schools of Nursing appeared in 1927. The need of practical objectives as the basis for the curriculum had been recognized and a job analysis technique, which outlined the functions and qualifications of the nurse, constituted the practical objectives of the proposed curriculum:

> "Such a detailed statement of objectives seems to be particularly needed in nursing education since so many people seem to be confused and uncertain about the kinds of duties and responsibilities which the nurse of today is expected to undertake. Until we can arrive at some clear understanding on these fundamentals, we are not prepared to say whether any course of study for nurses is adequate, good or bad." 83/

The word "standard" was deleted from the title to avoid any impression that it was a requirement for all schools. Actually, it was intended to serve as a working basis for the higher grade of American nursing schools. The Introduction to this revised edition recommended:

> ". . . that each school should work out its own list of practical objectives, using this outline as a basis and amplifying it to include all the special activities, which are considered as essential to that particular type of school. The course of study would then be modified in accordance with these objectives. Such a list will need to be constantly revised and checked from time to time by those who are responsible for the training of student nurses." 84/

82/ Ibid., p. 181.

83/ Committee on Education of the National League of Nursing Education, A Curriculum For Schools of Nursing, (New York: The National League of Nursing Education, 1927), pp. 8-9.

84/ Ibid., p. 9.

The necessity of establishing and maintaining a good system of records for purposes of reference and evaluation was emphasized:

> ". . . the development of complete records indicating the nature and extent of ward experiences and a carefully estimated account of the quality of the student's work as well as the characteristics of the worker herself. . . serve as a useful check of the actual training each pupil is getting and of the progress she is making." 85/

In 1933, before the completion of the second grading, a new organization of nurses, the "Association of Collegiate Schools of Nursing", was formed to represent schools or departments of nursing associated with universities. The purpose of the association:

> ". . . to develop nursing education on a professional and collegiate level, to promote and strengthen relationships between schools of nursing and institutions of higher education, and to promote study and experimentation in nursing service and nursing education." 86/

The following year, the Association devoted its efforts to the setting up of membership standards and the planning for evaluation of the schools to be admitted into the organization. The first regular meeting was held in 1934 at Yale University and plans for the application of the standards were made:

> "This was the first attempt to bring nursing schools together into a voluntary association for the promotion of higher standards that were to be proposed and enforced by the schools themselves rather than by the state or any other body." 87/

85/ Ibid., pp. 41-42.

86/ Isabel M. Stewart, The Education of Nurses, (New York: The Macmillan Company, 1947), p. 231.

87/ Ibid., p. 232.

The Grading Committee, had recommended very moderate standards and made no attempt to apply even those standards in the actual grading or accreditation of nursing schools. The members suggested that this task be undertaken by the National League of Nursing Education. However, at this time, the whole country was suffering serious difficulties resulting from the stock market crash and the depression years that followed, making it impossible to proceed with such a vast undertaking.

Summary (1893-1933): This was the period that saw the beginning of professional organization and standard setting for nursing practice and for nursing education. Nursing was emerging as a profession in the making. The wide diversity in the educational preparation and the lack of standardization for nursing practice resulted in the "trained nurse" connoting almost anything. Efforts were concentrated on the training of better qualified nursing instructors based on the premise that little improvement could be hoped for "until nurses were taught to teach." Columbia initiated a two-year course after which a bachelor of science degree was granted. An official journal was established as a medium of communication and the broadening scope of the nurses' responsibility was becoming clearer. A significant problem of nursing education in the first few decades of the Twentieth Century was the shortage of applicants. Nursing leaders felt this was due to the fundamental faults in the schools themselves. Thus, a curriculum guide was devised to bring about a greater uniformity in the programs of nurse preparation.

World War I with its demands for nursing service had forced many schools to relax their admission requirements to attract more students. A thorough study of the entire field of nursing education was conducted to analyze the current state of affairs. Recognition of past achievements was acknowledged but it was believed that the average hospital training school did not conform to the standards accepted in other educational fields. This was due to the dual nature of the training school which served as an educational institution and a provider of nursing services. Also, nursing was one of the few professions still in the stage of apprenticeship. The solution was felt to be the provision of funds to enable the hospital to hire a permanent staff and thus grant the school its independence to perform its task of education. The most significant conclusion of the study was the suggestions that the development and strengthening of unversity schools for the training of leaders was fundamental to the advancement of nursing. Plans for the grading of schools were started and these revealed that the student nurse was the most overworked student in any profession. The Grading Committee concluded that it was necessary for nursing schools to organize for the purpose of providing nurses with professional education on a college level. Formal methods and techniques of evaluation of the student's clinical performance were devised and utilized, but varied considerably from school to school. Written records and reports were used to indicate the nature and extent of ward experiences and to provide a careful estimation of the quality of the student's work as well as the characteristics of the worker herself.

E. PRE AND POST WAR TRENDS (1934-1950)

The end of 1933 completed 60 some years of effort to establish in America a modern system of nursing and nursing education. By this time it was evident that major strides in the organization of nurses and in their education had been made.

Among the millions of people unemployed in 1934 were many hundreds of nurses. The need for nursing services had not decreased, but the public was unable to pay for such services. Fortunately, by this time the professional nursing organizations had become quite well organized and efficient and were able to begin planning possible solutions:

> "The nursing associations. . . began to turn their attention more definitely towards ways and means of providing a reasonably good distribution of nursing service to all members of the community, at the same time giving nurses greater economic security and better living and working conditions." 88/

The Social Security Act of 1935 recognized a wide range of social needs and provided a stimulus for the improvement in many health services:

> "The act was devised to alleviate phases of economic distress such as are found even in normal times among the temporarily unemployed, dependent children, the aged, and the blind, and to strengthen maternal and child welfare, public health, and vocational rehabilitation." 89/

In order that provisions of the Social Security Act might reach those for whom they were intended, a national health survey was made in 1935-

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88/ Dock and Stewart, op. cit., pp. 184-185.

89/ Elizabeth M. Jamieson, Mary Sewall, and Lucille Gjertson, Trends in Nursing History (Philadelphia: W. B. Saunders Company, 1959), p. 350.

1936 by the United States Public Health service. The results showed:

> "An uneven distribution of medical and nursing services and inadequate facilities of hospitals and public health institutions were largely responsible for failure to meet the health needs of the people. That one-third of the population was receiving little or no medical attention, and an even larger proportion was suffering from economic burdens as the result of illness, were among the alarming conclusions." 90/

At the 1936 Biennial meeting at which all the nursing organizations met, discussion centered on the implication of the new Social Security Act on the health field:

> "The trend was unmistakably in the direction of a greater community-mindedness in the whole nursing group and a more socialized concept of nursing service. . . plans were made for community nursing bureaus where nursing needs of all kinds could be studied, where information on nursing personnel could be centered, and where placement policies could be worked out based on the needs of the community, the individual patient, and the workers concerned. Never before had nurses been so conscious of the social and economic aspects of health work and the need for fundamental changes in the organization and financing of health services." 91/

The unpleasant experiences of the depression years were passing, but their effects pointed out the need of the professional organizations to continue research in relation to the education of nurses, the distribution of nursing service, and the welfare of nurses. Many nurses became aware of their need for a sounder preparation for the practice of their profession:

> "On the educational side, efforts were made to provide for the growth of nurses in service through the rounding out and extension of their basic preparation. Post-graduate courses, institutes and staff-education programs were multiplied as the importance of continued education was more fully recognized by the workers themselves." 92/

90/ Ibid., p. 351.

91/ Stewart, op. cit., p. 241.

92/ Dock and Stewart, op. cit., p. 185.

All of the changes affected nursing schools directly or indirectly. The depression helped to eliminate some of the weaker schools and to correct the trend toward overproduction that had been pointed out in the Grading Committee studies. Educational qualifications of students also improved:

> "In 1937, 15 percent of all admitted to nursing schools had one or more years of college work, and those who came with only four years of high school approximately two-thirds stood in the upper third of their classes. The wider use of psychological tests as a part of the admissions procedure helped to eliminate the less intelligent applicants. . . " 93/

The applicants who were now entering nursing had more definite ideas about the field of nursing they wanted to prepare for and what they expected to receive from their education:

> "The schools that stuck to the narrower type of bedside training in sick nursing were finding more difficulty in attracting well-qualified applicants, while schools offering broad-guage programs, especially programs leading to degrees, were becoming much more popular. The gap between the schools of a professional type and those of the old-fashioned apprentice type was growing wider every year." 94/

The issue of whether the nursing profession should be held responsible for regulating its numbers and standards to provide adequate service for the public and at the same time provide adequate protection for its own members came into prominence at this time. A monograph, Nursing As A Profession, by Esther Lucille Brown, was published in 1936 and revised in

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93/ Stewart, op. cit., p. 249.

94/ Ibid.

1940. It was written from the standpoint of a sociologist and was one in a series dealing with the present status of certain established or emerging professions in the United States. The study concluded that nursing was just emerging as a profession:

> "Although nursing has made an extremely valuable contribution to our social life through the improvement of hospital conditions, the providing of a trained personnel to care for the sick, and a growing interest in the prevention of disease. . . it still falls short, partly for reasons outside itself, of accomplishing much that society needs to have done, and that would give the nurse herself more in the way of a rich and successful life." 95/

This meant that nursing must have stronger measures of control over nursing schools and more exacting standards of preparation and licensing:

> "Many persons, both among nurses and laymen, believe that further steps must be initiated if nursing is to become a profession capable of taking its place by the side of other groups that have long worked for greater social welfare. . . They suggest, therefore, that there should be a national body whose tasks would the formulation of standards that might be applied in accrediting schools, the preparation of an index of those institutions that could meet such standards, and the keeping of the index up to date." 96/

The final recommendation was the establishment of a national council of state boards of nursing examiners:

> ". . . it might prove as successful in raising the general tone of nursing examinations for registration as the comparable associations in the professions of medicine, law, and engineering

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95/ Esther Lucille Brown, Nursing As A Profession, (New York: The Russell Sage Foundation, 1936), pp. 102-103.

96/ Ibid., pp. 118-119.

> have been. . . A national council of nursing examiners would provide opportunity for the working out of types of examinations carefully devised to test ability and preparation for the various forms of nursing service. . . Most important of all, it might lead to the evolving of more uniform requirements of nursing education, and to the harmonizing of the laws and licensure regulations of the several states." 97/

Before planning could proceed on reconstruction of the current educational system to meet the requirements suggested by the various investigating committees, nursing leaders felt it was necessary to clarify the distinction between nursing service and nursing education. The National League of Nursing Education decided to prepare two manuals, one devoted to the school of nursing and the other to nursing service. They were Essentials of a Good School of Nursing and the Manual of the Essentials of a Good Hospital Nursing Service.

Both pamphlets pointed out that the primary purposes of the nursing school and nursing service are different, and that the organization, facilities, program, and methods of operation of each must be planned in terms of its particular purposes. Although different, they are dependent upon each other. A good nursing school cannot exist without a good nursing service, and a good nursing service cannot exist without well-prepared nurses:

> ". . . the hospitals of this country continue to conduct the majority of nursing schools and in all cases provide for the education of nursing students in the clinical field. There is an increasing recognition on the part of the hospital of its educational functions, but its primary purpose

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97/ Ibid., pp. 119-120.

> is that of a service institution, and the major service it renders is the care of the sick. While it may appear to be a mere truism to state that the purpose of the school of nursing has taken place largely within the general control of an institution whose primary purpose is service, it becomes of the utmost importance to emphasize this purpose of education." 98/

In Essentials of a Good School of Nursing, specific standards were set up by which a school might measure itself. It was published in 1936 and revised in 1942. The National League of Nursing Education defined the essentials of a "good school":

> ". . . all schools of nursing should be educational institutions and should qualify as such according to the generally accepted definition of the term. No school of nursing has a right to call itself a school unless it accepts education as its primary function, and neither can it be considered a good school unless it carried out this educational function on a professional level. As a professional school it should provide for its students an educational program which includes those elements that are characteristic of true professional education and which is planned with special reference to both student needs and the health and sickness needs of the community." 99/

Evaluation of student achievement and progress on a formal basis and at periodic intervals was recommended:

> "Promotion from one term to the next should be determined on the basis of satisfactory achievement. Curriculum objectives should be clearly stated and understood by the faculty, and the student's progress toward the achievement of these should be measured at periodic intervals. A definite policy concerning the level of work which students must maintain in order to continue in the school should be in effect, and it should be clearly understood by all faculty members and also by the student body." 100/

98/ Nellie X. Hawkinson, et. al., Essentials of a Good School of Nursing, (New York: National League of Nursing Education, 1942), p. 1.

99/ Ibid.

100/ Ibid.

Methods and techniques to aid in this evaluation process were specified:

> "Evaluation devices of various types should be used to secure as dependable evidence as possible of student progress and achievement. 'Checks are constantly necessary so that instructors may evaluate. . . student methods and habits of work, student ability to apply the principles learned, student growth in ability to make generalization, and attitudes developed toward nursing situations by students'. Important among such devices for inclusion in the testing program are comprehensive examinations, written, oral, and practical tests, anecdotal records, efficiency rating scales, check sheets for nursing procedures and situation, individual conferences, and interviews." 101/

Confusion also existed concerning the functions and relationships of nurses engaged in nursing service and those engaged in nursing education. This was due to the fact that for many years the faculty and nursing staff had been identifical. To help clarify the situation, the Committee on Education of the National League of Nursing Education began a study to focus attention on the distinctive duties, qualification, and preparation of the nursing school faculty. The results were published in The Nursing Faculty--Duties, Qualifications and Preparation of Its Members. The committee's task:

> ". . . a functional analysis was made of all the main faculty positions. The Committee then proceeded to define these, to indicate the duties of each type of position, to set up qualifications for each, and then to outline the preparation required for head nurses, instructors, supervisors, and administrators in nursing schools." 102/

The second revision of the National League of Nursing Education's Curriculum for Schools of Nursing was based on a more positive and

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101/ Ibid., p. 40.

102/ Stewart, op. cit., p. 255.

progressive philosophy of nursing education and the content was completely revised in accordance with this philosophy. It appeared in 1937. In the statement of the education philosophy and aims of the new curriculum, the Committee changes its emphasis from the authoritarian concept of nursing with its emphasis on the subordination of the individual to the concept of adjustment:

> "The kind of training that puts its emphasis on unquestioning obedience to orders and drill in fixed habits of behavior and standardized procedures will not prepare the nurse to meet new and constantly changing situations where intelligence, initiative, and self-direction are needed." 103/

It was felt that the adjustment aim which was widely accepted in other fields of education most nearly met the current situation in nursing education:

> "It is simple, comprehensive, easily interpreted in terms of nursing, in line with modern thinking in the sciences, psychology, and mental hygiene, and adapted to the present period of change and reorganization in nursing in a democratic society. None of the old aims are lost but they are reinterpreted and approached from a new angle." 104/

The acceptance of this revised philosophy of education called for numerous changes. These were necessary if nurses were to adjust to the demands of modern nursing and be prepared for a truly professional kind of service.

In the section of the publication concerned with the selection of principles of education to meet the desired aims and objectives, the question of training or education for nurses was discussed:

103/ Isabel M. Stewart, A Curriculum Guide for Schools of Nursing, (New York: National League of Nursing Education, 1937), p. 17.

104/ Ibid.

> "This leads to the question of whether nurses should be trained or educated. Training is a matter of fixing habits and skills by a process of repetition, so that when a given situation presents itself, a certain definite response will automatically result. The individual may or may not understand why she acts as she does and she may or may not be acting on her own initiative. Where training methods predominate, the tendency is to emphasize obedience to the orders of others and to demand conformity to certain prescribed patterns of thought and behavior, to stress the practical utilitarian types of habits and skills, and to pay little attention to intellectual and social skills or to the development of personality. Education, as contrasted with training, is concerned with the growth of the whole individual. While it includes training and discipline, it emphasized the control of habit by intelligence and the variation of responses to meet the demands of each situation." 105/

Having decided upon the aims and objectives and on the principles of education, the committee then turned to standards and the evaluation of those standards:

> ". . . the standards suggested in this and in previous editions of the League Curriculum are intended as something to work toward and accomplish within a reasonable time. They represent optimum rather than maximum or minimum standards." 106/

Increasingly, emphasis was being placed on the importance of formal evaluation of student achievement and on methods by which the adjustment process could be measured:

> "Checks are constantly necessary so that instructors may evaluate and re-evaluate the content and methods of their courses, student methods and habits of work, student ability to apply the principles learned, student growth in ability to make generalizations, and attitudes developed toward nursing situations by students.
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> A problem of fundamental importance is that of determining the nature of such checks. Obviously the process of

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105/ Ibid., pp. 30-31.

106/ Ibid., p. 32.

> determining the extent to which the desired objectives have been achieved should not be of such a nature as to nullify these objectives." 107/

The traditional methods of testing stressed the memorization of facts and the mastery of standardized nursing skills. These were of little value in judging the student's ability to apply the theory learned in the practical situation:

> "It is possible, to be sure, that a few students who memorize facts or learn theoretical materials readily, will learn to generalize from these facts and make the necessary applications of theoretical knowledge. The instructor cannot be sure which, if any, of the students have acquired the desired habits and attitudes unless she measures the appropriate learnings." 108/

Suggestions were made for improving the evaluation programs of the schools:

> "A testing program. . . should, therefore, be based upon a careful consideration of principles underlying the nature of learning." 109/

Concerning evaluation of clinical performance:

> "Students work in the nursing arts and clinical courses will reflect their appreciation and understanding of the subject matter of related courses. Conferences with instructors of related courses will assist the instructors in evaluating their students." 110/

Progress was being made in the developing measures for accreditation and control of nursing schools. For some time states had been requiring registration of schools, a form of accreditation, which demanded that schools meet the minimum standards set by the state. These standards

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107/ Ibid., pp. 616-617.

108/ Ibid., p. 618.

109/ Ibid., pp. 617-618.

110/ Ibid., pp. 618-619.

differed widely from state to state as did the measures for enforcement.

The next step seemed to be the establishment of a national accrediting agency. The foundations for this body were laid years before through the efforts of the National League of Nursing Education. In 1937 the Accreditation Committee began by formulating a tentative policy concerning the general characteristics the committee would expect to find in a school seeking accreditation:

> ". . . each school will be judged upon the basis of the character and general excellence of the school as a whole and in terms of its stated purposes." 111/

Hospitals still owned and controlled the great majority of nursing schools, but the programs in colleges and universities were growing rapidly:

> "The growth of schools of nursing in universities and colleges has been one of the outstanding developments of professional education in this country in the last few decades." 112/

In a study by Lucile Petry in 1936, it was found that there were 64 schools of nursing in universities, offering 70 degree programs. Another study by Louise Oates in 1938 revealed the presence of 38 advanced professional programs being offered to graduate nurses in colleges and universities of the United States. The trend toward permanent relationships with institutions of higher learning was unmistakable:

111/ Clara Quereau, "Accrediting--A Cooperative Venture", Forty-Fourth Annual Report of the National League of Nursing Education, (New York: National League of Nursing Education, 1938), p. 144.

112/ Elizabeth Soule, "Building The University School", Forty-Fourth Annual Report of the National League of Nursing Education, (New York: National League of Nursing Education, 1938), p. 273.

> "This transfer of control from service agencies to educational institutions was a promising sign that nursing schools were definitely emerging from the apprenticeship stage. Along with this came a closer association of nursing schools with the national system of education as a whole." 113/

Then the war broke out and all other activities had to be subordinated to the main task of equipping the armed forces and the civilian population with nurses to meet the war needs. In 1940 the president of the American Nurses Association called together a group of nurses representing all the national nursing organizations, the American Red Cross Nursing Service, and various federal agencies. The outgrowth of this meeting was the "Nursing Council of National Defense", later changed to the "National Nursing Council for War Service, Inc.:

> "One of the main purposes of this Council was to serve as a coordinating agency made up of representatives from professional nursing organizations and later representatives from hospital and medical groups and the general public." 114/

The Council began work on a nationwide survey of all registered nurses in the United States, a first step toward planning the best utilization of nursing services. Existing information was difficult to acquire and proved to be unreliable. Realizing the importance of such a survey, officials of the United States Public Health Service agreed to give their assistance to the project.

113/ Stewart, op. cit., pp. 276-277.

114/ Griffin and Griffin, op. cit., p. 253.

> "By conducting the National Survey of Registered Nurses, first promoted by the National Nursing Council for War Services, it was able to determine the total number of nurses throughout the nation, their preparation, experience, and availability." 115/

This survey also revealed an acute shortage of nurses. In July, 1941, through the efforts of the National Nursing Council and the Committee on Educational Policies and Resources and with the cooperation of the United States Public Health Service, Public Law 146 was passed in Congress. It was sponsored by Representative Frances Payne Bolton of Ohio:

> "This provided for the first Government funds for the education of nurses for national defense, and under the terms of the Act, 1,000 graduate nurses were given post-graduate preparation and 2,500 inactive nurses were given refresher courses. Over 200 basic schools were given financial assistance, which enabled them to increase their facilities and their enrollment." 116/

But as the war progressed, employment increased and consequently competition for woman power. Nursing leaders and hospital authorities felt that if women were to be persuaded to enter the nursing profession a greater incentive than the existing federal plan was needed. They concluded that a new approach to student nurse recruitment must be developed. The establishment of the United States Cadet Corps was believed to be the answer to the nation's needs. The Nurse Training Act passed Congress in 1943 and its provisions were briefly stated by the Surgeon General in a

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115/ Jamieson, Sewall and Gjertson, op. cit., p. 253.

116/ Griffin, op. cit., p. 254.

telegram to the nation's schools of nursing:

> "Both Houses of Congress have approved funds to operate Bolton Nurse Training Law. Students enrolled after December, 1940, in training schools with accelerated course and otherwise eligible to participate may become members of the U. S. Cadet Nurse Corps, receiving tuition, fees, uniform, $15.00 monthly for the first nine months training,' $20.00 monthly for the next 15 to 21 months, if they agree to make their services available in nursing for the duration of the war. Also, schools will be paid for maintenance of students during the first nine months of the course. I hope for participation of all eligible schools and immediate intensive recruitment of large fall classes." 117/

The Corps was administered under the direction of Lucile Petry, Director of the Division of Nurse Education, Office of the Surgeon General of the United States Public Health Service. As provided by the Act, an Advisory Committee of nursing and related professional groups was appointed to assist in guiding the nurse-training programs. The first meeting of this group was held in June, 1943. The purposes of the Nurse Training Act were reviewed before the group:

> "The purpose of this act is to produce more nurses for military and civilian needs by stimulating and assisting schools to increase their enrollments. It is to produce more nursing service. It can do this by producing graduate nurses and by bringing more student nurses into hospitals from which graduate nurses have been withdrawn. By requiring schools to accelerate their curricula, thereby turning out nurses faster, and by increasing the capacity of the schools, we hope to accomplish this purpose." 118/

117/ Federal Security Agency, Public Health Service, The United States Cadet Nurse Corps, (Washington, D. C.: United States Government Printing Office: 1950), p. 18.

118/ Ibid., p. 22.

A total of 124,065 graduated during the Corps short existence. When Japan surrendered in August, 1945, recruitment to the Corps was terminated and the last Cadets were graduated in June, 1948.

Many changes and improvements in nursing education were predicted as a result of the Cadet Corps. It produced many implications for nursing educators:

> "Schools of nursing, it was shown, could shorten nurse-training programs by eliminating repetition and non-essentials in the basic curricula. Many schools discovered that they could purchase instruction in the sciences from neighboring junior colleges and universities. During the years of the Corps, the number of schools using college courses for preclinical training increased by 25 percent." 119/

The Cadet Nurse Corps had assembled a wealth of data gathered by the nurse consultants of the Division of Nurse Education in their visits to nursing schools. Their reports were assembled in an analysis called "The 1125 School Study" and it became a prime reference for nurse educators:

> "Among its many findings, the study showed a bewildering variety in the size, quality, programs, and educational standards of the Nation's nursing schools. This evidence gave added impetus to the movement toward the accrediting of schools of nursing by a national professional body." 120/

During the war years nursing educators were forced to scrutinize their system of education carefully in their planning for the current emergency as well as for the future. Comprehensive studies conducted provided valuable facts and figures to assist in their efforts towards acceleration of programs while attempting to maintain sound educational practices. The

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119/ Ibid., p. 79.

120/ Ibid., p. 80.

adjustments in the curriculum were made with the help and advice of the professional nurses' organizations. They distributed special bulletins organized conferences and provided special advisors and consultants. The President of the National League of Nursing Education at the 1943 convention suggested turning it into a period of educational experimentation:

> "I believe that there are educational opportunities inherent in the plan with which we may experiment and we may find new educational practices which can be utilized after the war under more favorable conditions. Let us approach the question of acceleration with the unbiased attitude of the scientist." 121/

Progress in the area of evaluation was stimulated as educators questioned the soundness of the methods being utilized. The 1937 Curriculum for Schools of Nursing with its new philosophy of education, originated this investigation into the traditional methods of evaluation. The aspect of evaluating the competence of student nurses in the clinical laboratory received special attention. Amy Frances Brown presented a paper at the 1947 convention concerning the appraisal of clinical competence:

> "It has long been a practice in most schools of nursing to base requirements for graduation largely upon the completion of a definite time requirement on certain services. . . now with the acceleration of the basic program, some safe method must be devised for determining when a student nurse has acquired sufficient competence in a given clinical field to be excused from further repetitive practice in that field." 122/

121/ Stella Gooztray, "Address of the President", Annual Report and Proceedings of the Forty-ninth Annual Convention of the National League of Nursing Education, (New York: National Headquarters, 1943), p. 45.

122/ Amy Frances Brown, "Appraising Growth in Understanding By the Use of the Clinical Achievement Test", Annual Report and Proceedings of the Forty-ninth Annual Convention of the National League of Nursing Education, (New York: National Headquarters, 1943), p. 18.

A clinical achievement examination designed to measure the achievement of the objectives of ward practice was the method she proposed. The objectives would have to be made specific for each unit of study and practice:

> "The objectives of ward practice may concern understanding of the principles of laboratory tests and the ability to assist with such tests, ability to plan and carry out nursing care for the various representative medical conditions, understanding the various professional and non-professional groups who cooperate in the care of the patient, and other objectives the attainment of which are essential to successful ward practice." 123/

The careful scrutiny of the examination papers would determine the areas in which students would need re-teaching and individual and group conferences could be based upon the examination results:

> "A clinical achievement examination may point to the need for a student to have more experience with patients of a certain diagnosis, to have an expert demonstration of a certain procedure, to have careful guidance in the development of professional attitudes." 124/

Schools of nursing were also experimenting with methods and tools of evaluation. A report on the use of self-evaluation methods by students concerning their clinical experience at Yale University School of Nursing was reported in an article appearing in the May, 1942 American Journal of Nursing:

123/ Ibid., pp. 183-184.

124/ Ibid., pp. 185-186.

> "This is kept by the student as a record of her own experience in the particular ward to which she is assigned, of her participation in nursing care, nursing procedures, treatments with which she has assisted the doctor, diets, medications, and conferences." 125/

The faculty's assessment of the method:

> "It is believed that evaluations of this nature assist the student in a critical analysis of her immediate work and provide a constructive basis for the organization of her progress through the course." 126/

Toward the end of the war nursing leaders and organizations began planning for the post war utilization of nurses. The result of this planning was the 1945 publication in the American Journal of Nursing of "A Comprehensive Program for Nationwide Action". The committee defined areas in which programs for study and action should be developed. These included: nursing service, nursing education, implementation of standards, and public relations programs.

Following the war, the demand for nursing care was greater than ever due to the growth of prepaid medical and hospital insurance plans, the expansion of public health programs, and increased hospital construction.

One of the first attempts at putting the suggestions of the Comprehensive Program for Nationwide Action into effect was a study of nursing education, Nursing For the Future. Financial support for the study was

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125/ Grace Wallace Nichols, "Evaluation of Clinical Experience", American Journal of Nursing, 42:566, May, 1942.

126/ Ibid.

obtained from the Carnegie Corporation of New York. Dr. Esther Lucille Brown, Director of Studies in Professions of the Russell Sage Foundation served as Director of the study. During the preliminary discussions three basic decisions were agreed upon:

> "First, and most important, was the decision to view nursing service and nursing education in terms of what is best for society. . .
>
> Second, it was decided that the director should make as extended a field trip through the United States as time permitted.
>
> The third decision was the outgrowth of discussion about how an answer might be found to the question of who should organize, administer, and finance professional schools of nursing." 127/

Dr. Brown's findings and recommendations were published in 1948. In order to plan for the future she began by attempting to determine what the future of health service would be like:

> "The nursing profession will make its best contribution only when it is organized to work with the public and to find its place in the team of allied professional groups. Its organization must be such as to promote research in nursing itself and in nursing as a part of the overall health program. It must set up channels through which new ideas can be received, evaluated, and used. It must devise a more effective educational system." 128/

Dr. Brown recommended that nursing be brought into the college curriculum:

127/ Brown, op. cit., pp. 11-12.

128/ Ibid., p. 100.

> "Almost without a dissenting voice those who are conversant with the trend of professional education in the United States agree that preparation of the professional nurse belongs squarely within the institution of higher learning. So convinced are they that they consider this conclusion above argument." 129/

She suggested an educational pattern based on an integration of the academic and the professional curriculums:

> "We conclude that education for such nurses cannot be adequate unless it includes generous portsions of both kinds of preparation outlined. It is essential to build a base that will foster a developmental process extending throughout life. To the extent that these two kinds of preparation are interwoven, student motivation and understanding are likely to be enhanced and the time necessary for establishing the foundation reduced." 130/

Other recommendations included: the education, financial support, and legislation for the training of practical nurses be established; that schools of nursing should be nationally accredited; and that nursing courses as given in the hospital schools be shortened and improved.

At the same time the Brown Study was being conducted, another study was being analyzed by the "Committee on the Function of Nursing" appointed by the Division of Nursing Education of Teachers' College, Columbia University. The group was composed of representatives of the nursing profession and experts in the fields of medical and social science. Problems centering around the current and prospective shortage of nurses

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129/ Ibid., p. 138.

130/ Ibid., pp. 140-141.

were reviewed. Conclusions and recommendations were published in 1948 in the book, A Program For the Nursing Profession. To meet the nursing shortage they recommended the nursing function be subdivided between two groups of personnel, professional and practical nurses. These non-professional nursing personnel should be utilized for duties that could be performed by less-skilled individuals:

> "By shifting the performance of some portion of the nursing care to practical nurses, it is possible to reduce requirements for professional nurses." 131/

The most effective method for utilizing practical nurses in conjunction with the professional nurses was believed to be the development of nursing teams:

> "General considerations suggest that the most desirable method is to combine the two groups into a nursing team headed by and closely supervised by the professional nurse." 132/

The committee felt that successful reorganization of the nursing profession depended largely on the soundness of its education structure:

> "Drastic changes in the present educational system are indicated. Schools for professional nurses must be removed from the jurisdiction of hospitals and affiliated with universities or colleges." 133/

131/ The Committee on the Function of Nursing, A Program For The Nursing Program, (New York: The Macmillan Company, 1949), p. 100.

132/ Ibid., p. 101.

133/ Ibid., p. 102.

The committee's suggestions for the aspect of nursing education concerned with the student's clinical performance:

> "Clinical experience of student nurses should be selective in character, directed solely to meet the educational needs of the student. The service requirements of the hospital are to be met by a staff of hired nurses.
>
> Avoidance of wastefully repetitive ward duty, disguised as clinical experience, should enable the student to complete the revised and enlarged professional nursing curriculum in four years." 134/

A third study of nursing conducted about this time was under the auspices of the American Medical Association. A "Committee to Study the Nursing Problem in the United States," was composed of five doctors, with Dr. Thomas P. Murdock as chairman. Conclusions and recommendations were published in the Journal of the American Medical Association, July 1948, and the American Journal of Nursing, July, 1949:

> "Certain recommendations were made in this report. Among them were the following:
>
> 1. That nurses be divided into two great groups.
> 2. That changes be made in the courses of training of both groups.
> 3. Recognition of and suggestions regarding the economic situation.
> 4. Recommendations regarding the provision of retirement funds and social security for nurses.
> 5. Criticism of nurses because of the American Nurses' Association's recommendation that state nurses associations serve as bargaining groups." 135/

The two groups referred to were the professional nurses and the trained practical nurses. The professional group was to be subdivided into

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134/ Ibid., p. 102.

135/ Thomas P. Murdock, "A Physician's Viewpoint", American Journal of Nursing, 49:439, July, 1949.

(1) the collegiate graduate, and (2) the clinical nurse, the graduate of the three-year diploma program.

In order to implement the recommendations offered in these studies, the national nursing organizations appointed the "National Committee for the Improvement of Nursing Services", made up of representatives of nurses and allied professions. One of the group's first projects was the School Data Analysis. This survey was undertaken to procure current information on the administration of all schools of nursing in the country. Results were published as the "Interim Classification of Schools of Nursing Offering Basic Program" and appeared in the American Journal of Nursing November, 1949:

> "The initial purpose of the school data analysis is to provide information to be used in planning nursing education. In addition, the analysis, upon which the classification is based, included a wealth of information on resources of nursing education facilities which will be invaluable in regional planning of nursing services. It will also be useful to community and state planning groups." 136/

In January, 1949, the joint boards of the national nursing organizations merged to form the National Nursing Accrediting Service:

> "It is our desire to offer a dynamic service which has as its primary purpose the continuous improvement of the effectiveness of programs of education in order that they may provide nurses who can meet the growing and diversified needs of our people for nursing services. The criteria for approval will be kept flexible and realistically related to this purpose." 137/

136/ "The School Data Survey:, American Journal of Nursing, 49:636, October, 1949.

137/ Lucile Petry, "We Hail An Important First", American Journal of Nursing, 49:630, October, 1949.

Improving the clinical experience of student nurses and the evaluation of that experience continued to assume importance. A round table discussion concerned with evaluation of clinical experience of students was part of the proceedings of the 1948 National League of Nursing Education's national convention. The chairman stated:

> ". . . a discussion of the evaluation of the clinical experience of students might well take into consideration two aspects: (1) the evaluation of areas of clinical experience as parts of the whole curriculum, and (2) the evaluation of the progress of individual students." 138/

It was pointed out that in order to evaluate the areas of clinical experience, it was necessary to have, first, a definition of the objectives of that experience, and second, instruments of evaluation:

> "With these two essentials, existing patterns of curriculum organization can be measured to determine what the choice of dinical experience should be, the optimum length of exposure to this clinical experience, and the conditions under which learning takes place. The process of validation would involve a determination of the extent to which the clinical experiences in the present curriculum are contributing to nursing care." 139/

Discussion of the techniques of evaluation revealed:

> ". . . the techniques of evaluation now in use are designed for someone who is observing someone else doing something. . . records of these supposed observations of performance are often biased by the observer's judgment of the student's personality." 140/

The use of instruments of tools or evaluation:

138/ Ruth Harrington, "Evaluation of Clinical Experience of Students", Fifty-fourth Annual Report of the National League of Nursing Education, (New York: National League of Nursing Education, 1948), p. 136.

139/ Ibid., pp. 136-137.

140/ Ibid., p. 137.

> ". . . some objectives are testable by paper-and-pencil techniques, but no overall, encompassing experiences. The anecdotal record is a good initial technique from which advancement to other techniques can be made." 141/

The Achievement Test Service offered by the National League of Nursing Education was considered one of the most effective methods of evaluation used at this time. A detailed report of this service was given at the 1949 convention.

> ". . . a method of scientific investigation designed to measure outcomes of instruction. This is an aid in evaluating the nurse's ability to give comprehensive nursing care to the patient, the community, and society. These tests may be used not only to evaluate the student's grasp of the course and experience content of learning, but also as instruments for guidance in the placement of students and for the improvement of the instruction of teachers." 142/

The need for this service was expressed in the following quotation by one of its members:

> "These are days in which nursing itself is undergoing an evaluation. Old definitions are being reviewed, emphasis is being changed and new impetus is being given to professional thinking. All of us are in some way being affected by the emerging concepts of a nurse' place and responsibility in our changing society. Our methods of education and the measurement of its effectiveness must keep pace with other fields of progress. . . Society cannot afford to wait, nor can the profession or the individual school faculty, to see what the nurse is able to achieve after she begins to function as a professional nurse. We need earlier value measuring tools, and use of the standardized achievement test is one way of obtaining such a measurement." 143/

141/ Ibid., pp. 137-138.

142/ Mary M. Redmond, "The Achievement Test Service, Fifty-fifth Annual Report of the National League of Nursing Education, (New York: National League of Nursing Education, 1949), p. 302.

143/ Ibid., p. 304.

Amy Frances Brown published a book in 1949 entitled, Clinical Instruction, intended to assist instructors in clinical nursing in the planning of their instruction. She presented the theory underlying the planning of sound clinical instruction and illustrated how this theory could be applied. The aspect of evaluation of the student's clinical performance received an ample amount of attention:

> "Since an extremely important step in teaching is the appraisal of student learning, the final unit of this book is devoted to the subject of evaluation. Here there have been brought together the basic theory of evaluation and a wide variety of examples of evaluation devices." 144/

Attention was given to the problems of applying principles:

> "Increasingly the nursing literature has emphasized the advisability of teaching, not isolated facts and techniques, but understanding of underlying principles." 145/

In the aspect of evaluation concerned with the appraisal of attitudes and skills she found it difficult to provide definite statements:

> ". . . if the educational program has been effective, it will have brought about certain desired changes in the behavior of students. In a school of nursing, these behaviors include particularly understandings, attitudes and interests, and skills. Of these, the understandings and skills have usually been emphasized in the learning activites selected for students. One reason for neglect of the more tangible aspects of learning (attitudes and interests) is that we know less about how to develop these aspects of learning and feel less able to make an adequate appraisal of them." 146/

The suggestions given for the measurement of attitudes of student nurses:

144/ Amy Francis Brown, Clinical Instruction, (Philadelphia: W. B. Saunders Company, 1949), p. ix.

145/ Ibid., p. 430.

146/ Ibid., p. 493.

> "The first step to be taken by the faculty, would, of course, be to agree upon a statement of the attitudes which it is considered important to develop in students and hence to measure. . . The next step would be to decide upon the testing situations in which these attitudes may be measured." 147/

Summary 1934-1950: The unpleasant experiences of the depression years pointed out the need for a sounder preparation for the practice of nursing. Some of the weaker schools had been eliminated and the educational qualifications of students were improving. The applicants had more definite ideas about the field of nursing they wanted to prepare for and what they expected to receive from their education. Consequently, the schools that retained the apprentice-type training found it difficult to attract students, while the schools leading to a degree became more popular. The study of the status of nursing revealed that it was just emerging as a profession and needed a national standard-setting body that would apply high standards in accrediting schools of nursing. The distinction between nursing education and nursing service, as to function, was clarified. It was decided that although they are different, they are dependent upon each other. Evaluation of student achievement and progress was conducted on a formal basis. Evaluation devices to secure dependable evidence of student progress and achievement were utilized and included comprehensive examinations, written, oral, and practical tests, anecdotal records, efficiency rating scales, and check lists for nursing procedures. The second revision of the curriculum guide changed its emphasis from the authoritarian concept of nursing to a more progressive philosophy of nursing education. The

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147/ Ibid., p. 500.

acceptance of this revised philosophy called for numerous changes if nurses were to adjust to the demands of modern nursing and be prepared for a truly professional kind of service. Increasingly, emphasis on improving the evaluation of students in the clinical laboratory was evidenced. It was now being based upon the principles underlying the nature of learning. Following the war the nursing organizations and individual schools experimented with many different methods and tools of evaluation. These included self-evaluation by the students, clinical achievement examinations, and the Achievement Test Service offered by the National League of Nursing Education.

F. CONTEMPORARY TRENDS (1950-1965)

The Mid-Twentieth Century dawned upon changing concepts of health care and a wide expansion of hospital facilities in the United States. Both demanded new patterns of nursing service and the assumption of wider and more varied responsibilities by nurses. In order to keep step, structure changes were under study by the national nursing organizations. A plan for one all-inclusive national association and another for two associations were given serious consideration:

> "During the past few years many nurses have come to believe that six are more than enough. They have agreed that there has been unnecessary duplication of effort and that the profession's major objectives--to improve nursing service, raise standards of nursing education, and promote the welfare of nurses--could best be achieved by unifying existing organizations and their programs." 148/

An editorial appearing in the American Journal of Nursing, March, 1950, stated the decision of the national nursing organizations following the review and analysis of their studies:

> "Support of the two-organization plan as "the most feasible for the near future was affirmed by the Joint Board of Directors of the Six National Nursing Organizations on January 28, 1950." 149/

Finally, in 1952 two companion organizations emerged with the common goal of providing the best possible nursing care for the American people. They are the American Nurses' Association and the National League for

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148/ "How Many Nursing Organizations?" American Journal of Nursing, 50:63, February, 1950.

149/ "Joint Board Considers Structure", American Journal of Nursing, 50:135, March, 1950.

Nursing. The constitution and by-laws of the former American Nurses' Association became the basis of the reconstructed association, and the structure of the National League of Nursing Education became the basis for the new National League for Nursing. A Coordination Council, composed of the boards of directors of the two organizations, provided for teamwork between them. The American Journal of Nursing was retained as the official magazine of the American Nurses' Association and the National League of Nursing created a new publication to serve as its official organ, Nursing Outlook. The first issue of which was published in January, 1953:

> "This new magazine, which is published by the American Journal of Nursing Company, is designed to assist all nurses, and others who are interested in fostering the development and improvement of nursing services and nursing education." 150/

Another milestone for nursing emerged from the structure changes in the national nursing organizations. This was the formation of the National Student Nurse Association under the sponsorship of the Coordinating Council of the American Nurses' Association and the National League for Nursing:

> "In June, 1953, student nurses from all over the country amended and adopted the constitution and by-laws of the National Student Nurse Association. . . " 151/

So much interest had been aroused by the School Data Survey and the

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150/ "Presenting Nursing Outlook", Nursing Outlook, 1:21, January, 1950.

151/ "Adopted Constitution of the National Student Nurses' Association", American Journal of Nursing, 54:84, January, 1954.

Interim Classification of Schools of Nursing that the National Committee for the Improvement of Nursing Services decided to prepare a report under tht title, Nursing Schools at the Mid-Century, and make it available to everyone. It was the most significant publication to appear in 1950 and was expected to be a useful tool for self-evaluation of nursing school programs as well as an interpretative device for spearheading improvement of nursing education:

> "It is a report on practices in schools of nursing in 1949 and is based on a survey conducted for the six national nursing organizations by the subcommittee on school data analysis of the National Committee for the Improvement of Nursing services. The record breaking return of 97 percent of the questionnaires mailed to 1,215 state-approved schools of nursing shows what can be accomplished through the interest and cooperation of diverse groups with one common aim--active participation in any project which will serve to bring improved nursing care to the people of our country." 152/

Research in nursing had lagged somewhat behind that of other professions even though the national organizations for many years had been conducting studies in some of their most critical areas. The studies had been focused mainly on the occupation of nursing and its administrative and teaching aspects rather than on scientific inquiry into the various phases of nursing practice. The American Nurses' Association took its first step forward in research in 1950 when, at the request of the state association, it initiated a five-year program for "Studies of Nursing Functions, Standards, and Qualifications for Practice." It was financed from voluntary membership contributions and by the Association. The final report was published

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152/ "Time for Action", American Journal of Nursing, 50:561, September, 1950.

in 1958 in Twenty Thousand Nurses Tell Their Story. The initial purposes of the project were:

> "1. To determine what should be the functions and relationships of institutions' nursing personnel of all types--professional nurses, practical nurses, and auxiliary workers--in order to improve nursing care and to utilize nursing personnel most economically and effectively.
>
> 2. To determine what proportion of nursing time should be provided by each group in various situations.
>
> 3. To develop techniques for achieving purposes 1 and 2, which can be applied to all types of hospitals so that a national picture can be obtained. 153/

An article in the December, 1950, American Journal of Nursing, "Research and the ANA Program for Studies of Nursing Functions" presented the Association's reason for undertaking the study:

> "Research is needed as a basis for sound and competent planning. It is needed to avoid staticity and lag in current practices in the face of the ever-present phenomenon of social change. Planning without facts becomes guesswork. We must be prepared to adapt or modify today's practices to meet the demands of tomorrow. Unless we do, we cannot meet tomorrow's problems." 154/

Nursing Research, a magazine designed to serve nurses in all fields, and branches of the profession was first issued in June, 1952. Early in that year the Association of Collegiate Schools of Nursing had asked American Journal of Nursing Company to publish such a magazine. The stated purposes of the publication were:

> "To inform members of the nursing profession and allied professions of the results of scientific studies in

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153/ "A Program for the Study of Nursing Functions", American Journal of Nursing, 50:391, July, 1950.

154/ "Research and the ANA Program for Studies of Nursing Functions", American Journal of Nursing 50:767, December, 1950.

nursing and to stimulate research in nursing." 155/

The early Fifties found nursing educators and schools of nursing actively engaged in experimentation and implementation of many methods and tools of evaluation of the clinical performance of students. Reports of these efforts were published in the American Journal of Nursing.

A report of a workshop on evaluation held in New York City appeared in the January, 1950 issue of the American Journal of Nursing. This workshop was intended to utilize the techniques of group dynamics in the resolution of common problems in the area of evaluation. Participants were chosen by committees composed of state league presidents to represent nursing groups located in eight census areas. They were selected on the basis of their qualifications in the field of evaluation, with the understanding that they would share the outcomes of the workshop with nursing groups within the census areas they represented. The primary objectives of the workshop:

> ". . . to identify basic concepts underlying evaluation and to translate these concepts into a plan for action which will assist nurse educators to: (a) utilize tools and techniques of evaluation; (b) develop and improve evaluation devices; and (c) encourage an exchange and clearance of information." 156/

Dorothy Adkin, Ph.D discussed the principles underlying the preparation of observational techniques of evaluation:

155/ Nursing Research, June, 1952.

156/ "The Workshop on Evaluation", American Journal of Nursing, 50:49, January, 1950.

> "Like paper-and-pencil tests evaluation techniques based on observation (such as performance tests) must meet the basic requirements of any good measuring device. For optimum usefulness, observational techniques should be valid, reliable, objective, and practical to construct, administer, and score. It is generally recognized that validity is by far the most important requirement. Observational techniques are not necessarily more or less valid than paper-and-pencil tests, and both have their distinct place in an evaluation program. It is always desirable to establish through experimentation, the validity of any evaluation technique with respect to the purpose for which it is used." 157/

She recommended that in the development of an observational technique for evaluation of behavior, the behavior itself must first be subjected to intensive analysis. The methods suggested for making such an analysis of behavior:

> "(1) studying previous analyses and surveys of other written source material, (2) performing the activity, (3) conducting interviews, (4) observing the activity, and (5) considering statistical evidences of the validity of other tests used in relation to the same activity." 158/

Duke University School of Nursing reported their efforts of a two-year study to improve methods of evaluating the progress of students in clinical practice. A so-called efficiency record had been used which listed a number of traits believed to be important in nursing and a description of behavior corresponding to these traits. The student's reaction to that procedure had not been satisfactory:

157/ Ibid., p. 50.

158/ Ibid.

> "The descriptive terms tended to label an individual but provided little concrete evidence either of satisfactory or unsatisfactory development. The student who receives a good report is satisfied, but the information which she gains from it may be of little value in helping her to interpret her own progress. The student who receives an unsatisfactory report may be hurt by it. To defend herself against feelings of inadequacy she often reacts with resentment and antagonism not only to the individual who made out the report but also to the entire nursing school situation." 159/

The faculty's solution to the problem was to suggest that students write self-evaluation reports:

> "Some students tend to over-estimate their abilities; others tend to underestimate. The majority, however, tend to be quite honest and straightforward. From limited experience, faculty members agree that self-evaluation provides an excellent basis for counseling". 160/

St. Marys' Hospital School of Nursing, Rochester, Minnesota, developed post-tests to be used in the clinical services. This test was given immediately after the student had completed her clinical assignment, and was designed primarily to measure what she had learned from the services' educational program. It was used with the ward practice record to evaluate her performance in the clinical laboratory:

> "While a student is on a service, her experiences in giving nursing care are checked in an experience book. This also contains a record of the instruction which she has had.
>
> The student and the clinical instructor have at least two conferences concerning this record, one at the end of two weeks, the other at the end of four weeks. If the student needs additional help, the instructor has other conferences with her." 161/

159/ Helen Nahm, Dorothy Smith and Ruth Hunter, "Evaluating Student Progress in Clinical Experience", Amer. Journal of Nursing, 50:309, May, 1950.

160/ Ibid., p. 309.

161/ Lenore A. Smith, "The Post-Test", Amer. Journal of Nursing 50:565, September, 1950.

The post-test did not contain material on hospital routines but contained items which related to principles that could be applied anywhere. It tested the combined knowledge that the student gained from new materials, and from applying previously acquired knowledge in caring for her patients:

> "The post-test is also a link between the basic sciences and the clinical subjects. It helps to show whether the student can apply her knowledge of scientific principles in caring for her patients. The content of each of the post-tests is based on the educational objectives of the particular field of nursing in which it is used." 162/

The faculty realized that many elements of nursing care could not be measured by the post-test. An objective test, they felt, could not measure such attributes as kindness, judgment, attention, and ethical behavior, which are also important aspects of clinical performance:

> "So we must use conferences, group discussion, adequate observations of ward practice, and group-composed, unbiased progress summaries with the post-tests to measure what the student has learned from the clinical instruction and from her experience in caring for the patient." 163/

Study and experimentation to find the best method of utilizing nursing personnel to achieve the most effective patient care resulted in inquiries into the development, formation, and uses of the nursing team. The Division of Nursing Education, Teachers College, Columbia University proposed a project and in 1950, the division received a five-year grant from the W. K. Kellogg Foundation. Elenor Lambertson's publication, Nursing Team Organization and Functioning, was the result of

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162/ Ibid., p. 566.

163/ Ibid., September, 1950.

the study.

Simultaneously, a similar project was being conducted at the Massachusetts General Hospital under the direction of Mrs. Dorothy P. Newcomb. This study included the student nurse as a component of the team. Mrs. Newcomb's report was published in a book called, The Team Plan.

The conclusions and interpretations presented by the two investigations were very similar:

> "Both authors advanced team nursing as a technique for meeting the professional nurse shortage, for utilizing large numbers of non-professional workers, and for giving care to an increased number of patients." 164/

In all of the studies conducted during the preceding 30 odd years concerned with the improvement of nursing services, the principle recommendation had been the improvement of nursing education. The provision of higher education for potential candidates for teaching and administration was especially emphasized. Improvements in standards of hospital schools had been accomplished over the years, but the development of collegiate and university programs moved much more slowly. Understanding and support from the general public had been absent and without these any expansion and improvement of educational means to supply the quantity and quality of nursing service, the task was impossible.

Cooperation of education institutions was also important in the development of the kinds and standards of education required to meet the need. Many were beginning to recognize their obligation to participate

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164/ Helen G. Beltran and others, Guides For Leadership in Team Nursing, (New York: National League for Nursing, 1961), pp. 1-2.

and at the 1951 conference of the Department of Higher Education of the National Education Association the following resolution was adopted:

> "Resolution XI. Education of Nurses. Whereas, health needs of the civilian population and military personnel are making increasing demands for the services of professional and technically prepared nurses, and
>
> Whereas, education for nursing is now predominantly outside higher education, with emphasis on apprenticeship training,
>
> BE IT RESOLVED: That institutions of higher learning recognize their responsibility for establishing programs providing for the professional and technical education of nurses." 165/

Dr. Brown, in her 1948 study, pointed out that educational needs of nursing were not very well understood in academic circles. As a result the Russell Sage Foundation instituted in September, 1949, a temporary counseling service, available to colleges and universities that wished to improve their existing schools or to establish new ones. Dr. Margaret Bridgman, academic dean of Skidmore College was asked to provide this service:

> "So highly did the National League of Nursing regard Dr. Bridgman's counseling that it invited her to continue the work under the auspices of the new National League for Nursing beginning September 1, 1952." 166/

She visited numerous campuses and in 1953 published a book, Collegiate Education for Nursing:

> "Visits to campus after campus, moreover, have furnished her with information about the bewildering diversity of current patterns of collegiate nursing education, and have sharpened her perception of what can be done and cannot wisely be done if specialization in nursing is to be achieved. In order that this information might be made

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165/ Margaret Bridgman, Collegiate Education For Nursing, (New York: Russell Sage Foundation, 1953), p. 15.

> available to administrators of higher education, to deans and faculties of schools of nursing, and to members of the nursing profession, the health services, and the laity who wish to concern themselves with the advancement of nursing Dr. Bridgman has written this report for Foundation publication." 167/

Basic to the problem of providing preparation for nursing personnel, Dr. Bridgman felt, was the need to differentiate nursing functions:

> "The crux of the difficulty seems to lie not in reaching agreement upon what education and qualifications 'a nurse' needs but in changing the traditional but outworn conception held by some nurses as well as by others, that the group is a homogenous one with approximately the same preparation, the same skills, and the same functions for all members. How can it be a question of one type of education versus another when one considers the range of functions?" 168/

She gave the following reasons for the necessity of a functional analysis:

> "The basic controversy evaporates and differentiation becomes a necessity from the point of view of available human resources as well as prospective work if nursing is regarded as what it has actually become through force of circumstances, namely, a broad occupational field requiring large numbers of different types of personnel with varying kinds and amounts of preparation for a wide range and variety of essential functions. The question becomes one of proportionate numbers in various categories, with equal emphasis upon preparation for competence at every level and of every kind." 169/

She explained that her study and report was concerned only with higher education but that this was just one part of the total picture when planning preparation for nursing personnel:

167/ Ibid., p. 8.

168/ Ibid., p. 18.

169/ Ibid.

> "The ensuing discussion is concerned primarily with higher education in nursing and is particularly addressed to those resonsible for such education in colleges and universities." 170/

The purpose for seeking higher education, Dr. Bridgman states was to heighten the qualification of candidates for professional functions:

> "This purpose is defeated unless policies applied to nursing are consistent with general standards of colleges and universities, nursing students receive the benefits of genuine college education, and nursing degrees are authentically representative of the completion of an upper division major in the degree-granting institution." 171/

Regarding the content of a baccalaureate curriculum, Dr. Bridgman stated:

> "No one pattern is advocated for collegiate schools of nursing, and developments will depend upon experimentation and the interchange of new ideas as they emerge in various institutions. Plans for specific curricula naturally vary with the resources of each institution, its general organization and requirements. Content and arrangements should be determined jointly by the nursing and academic faculties. . . " 172/

Another innovation in the system of nursing education was the study to determine if the community and junior colleges could be a potential source of education for nursing. In 1952 the Division of Nursing Education of teachers College, Columbia University, initiated and sponsored the "Cooperative Research Project in Junior and Community College Education for Nursing" under the direction of Dr. Mildred Montag. The final report of the project was published in book form, Community College Education for Nursing, in 1958. The project's study and experimentation

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170/ Ibid., p. 19.

171/ Ibid., p. 97.

172/ Ibid., p. 137.

extended through five years and involved the cooperation of seven junior and community colleges and one hospital school throughout the United States.

The purpose of the project:

> ". . . the development and testing of a new type of program preparing young men and women for those functions commonly associated with the registered nurse. The term bedside nurse has also been used to describe the kind of nurse that would be prepared by this new program. This term is intended to imply certain limitations of activity that differentiates the role of this nurse from that of the nurse with broader professional preparation." 173/

The growing interest and effort within the nursing profession to realign education for nursing in agreement with the changing functions in nursing called for the nurse who was able to perform the technical, or semi-professional functions:

> "Therefore, the move toward the development of both the four-year, professional type of program and the shorter, semi-professional type is consistent with the need for nurses to carry on the whole range of nursing functions. It is with the latter type of program that this project has been concerned." 174/

The findings of the study revealed:

> "Nurses able to carry on the functions commonly associated with registered nurses can be prepared in the new type nursing program conducted by the junior-community college." 175/

Thus, an entirely new concept in nursing education was created, The Associate Degree Program. Upon completion of the program, the Associate in Arts degree was granted and graduates were eligible to write state board

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173/ Mildred Montag, Community College Education for Nursing (New York: McGraw-Hill Book Company, Inc., 1948), p. 2.

174/ Ibid., p. 3

175/ Ibid., p. 341.

examinations for licensing as registered nurses.

A very important project in the reconstruction of nursing education was the cooperative curriculum research study of the University of Washington. It was supported by the National Institute of Health and the Commonwealth Fund. This "Curriculum Research Project in Basic Nursing Education" was a cooperative analysis of the basic nursing curriculum of the School of Nursing at the University of Washington. All members of the faculty of the School of Nursing, as well as many members of the faculty of other subject matter areas, participated in the study. The original purpose of the project as stated in 1952:

> "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 essential professional competency and patient safety." 176/

The first progress report of the project, Curriculum Study in Basic Nursing Education, was published in book form in 1955 and described the developments during the first year and a half. Ole Sand, Director of the Project, stated the following in his Preface to the book:

> "The study at the University of Washington should help to improve nursing education in both collegiate and hospital schools as well as instructional programs in other branches of higher education. Generalizations that can intelligently be put forth as guides to action for effective nursing education will result when many people have embarked upon a quest similar to the one reported here." 177/

The four tasks identified by the researchers to form the basis of the project:

176/ Ole Sand, Curriculum Study in Basic Nursing Education, (New York: B. P. Putnam's Sons, 1955), p. 5.

> "To accomplish these overall purposes it is necessary to what nursing students need to learn in their pre-service education, to develop learning experiences which enable students to learn what they need to learn, to organize these learning experiences in such a way that the learning will be both effective and efficient, and to appraise the educational program carefully to see how effective it has been and how competent the students have become." 178/

At one of the work conferences, in 1953, Dr. Ralph Tyler, Consultant to the Project, summarized the significance of the undertaking:

> "The problems of more efficient education stare us in the face in every field, not just nursing. We must have more efficient education, because the job of educating people becomes increasingly more difficult in the time available unless we learn how to make our education more efficient. The fact that you have been able in this short time to mobilize your thinking, to draw upon your experience, to use what you know about learning, to begin to plan things that look very promising, to have a series of studies of this sort underway, I think will give encouragement to many other fields. What you learn will be of value to many other fields in addition to the value it serves for nursing." 179/

The evaluation aspect of curriculum was studied in depth. A theory of evaluation for guiding the efforts of the faculty and the students was stated:

> "The theory of evaluation guiding the efforts of the faculty and students has been precisely stated by Tyler. He points to purposes of evaluation. These include (1) to make a periodic check on the effectiveness of the program, (2) to validate the hypothesis upon which the curriculum operates, (3) to provide information basic to effective guidance of individual students, (4) to provide a certain psychological security to the staff, the students, and the parents,

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178/ Ibid., p. 6.

179/ Ibid., p. 16.

(5) to provide a sound basis for public relations, and (6) to help both faculty and students clarify their purposes and see more concretely the directions in which they are moving." 180/

The basic assumptions to this theory were identified and utilized by the researchers:

"Education is a process which seeks to change the behavior pattern of human beings. The kinds of changes in behavior patterns in human beings which the school seeks to bring about are its objectives. The program is appraised by finding out how far the objectives of the program are actually being realized. This involves finding out to what degree these changes in the students are actually taking place. The way in which the student organizes behavior patterns is an important aspect to be appraised. The methods of evaluation are not limited to the giving of paper-and-pencil tests. A wider range of techniques, including observational records, anecdotal records, questionnaires, interviews, check lists, records of acitivities products made, and the like, must be utilized." 181/

The second progress report of the project was a broader and deeper treatment of one of the problems outlined in Volume I, evaluation. Evaluation in Basic Nursing Education published in 1958 had two purposes.

"First, as a progress report of the Project, it describes how an active and productive group of faculty and students faced problems of evaluation in their comprehensive study of basic nursing education. . .

The second purpose of this report is to provide ready reference materials on evaluation not readily available to nurse educators." 182/

180/ Ibid., p. 135.

181/ Ibid., pp. 135-136.

182/ Mary S. Tschudin et al., Evaluation in Basic Nursing Education, (New York: G. P. Putnam's Sons, 1958), pp. iii and iv.

The researchers found a few guides to evaluation reiterated in many of the studies, yet they concluded:

> ". . . from our experience we have not been able to identify or prescribe steps for evaluating student competence. We believe that each school of nursing needs to translate the theory of evaluation into action according to the purposes of evaluation of that particular school." 183/

Many of the problems they encountered were related to two aspects of evaluation, the processes used, and the specifications of professional competencies and the development of appropriate methods to evaluate these competencies. Some of the ideas about evaluation that the faculty decided were of prime importance:

> ". . . that evaluation is essential to determine whether students have attained curricular objectives and to what degree. The faculty's concept of evaluation has become more inclusive and the term 'evaluation' has been used to include any method by which data concerning student attainment of objectives can be gathered. Faculty members have begun to recognize that there are many sources for evidence of student behavior." 184/

The conclusions they drew concerning evaluation of student competence:

> "We have become more aware of the need for better ways of evaluating student competence. Some methods of evaluation we have tried are: interviews, questionnaires, scales, written situational tests, and objective tests to measure minimum competence as well as some aspects of understanding and critical thinking. Special techniques were developed to evaluate particular aspects of attitudes, motor skills, and communication skills." 185/

Their comments concerning current methods of evaluation:

183/ Ibid., p. 280.

184/ Ibid., p. 286.

185/ Ibid.

> "Most of the evaluation methods in use at the present time are dependent upon objective tests or observation of students by instructors. The latter, we have found, is usually based upon an unclear notion of precisely what is to be observed and how well the student is expected to do if she is competent. We have found that when the objects of evaluation have been defined, it is possible to develop written tests to evaluate some aspects of what has formerly been evaluated by observation. In this way, observation, which is an expansive and often unreliable method, will be used to evaluate only those aspects of behavior for which no other method has been found." 186/

The conclusions and implications drawn concerning evaluation of clinical performance were stated in the following manner:

> "Evaluation of clinical performance remains a crucial problem. Progress in this area has been hampered by the lack of agreement among faculty members on what the student should be able to do at various points in the curriculum. Although we have a better understanding of the progress of the 'average' student through the total program than we did a few years ago, we have not been able to explore in detail the problems of performance evaluation. Most nursing educators believe that the truly valid test of a curriculum is the performance of graduates on the job. Until methods of evaluating clinical performance were improved and are widely used by nursing service personnel to evaluate the performance of graduate nurses, it will be difficult to determine in what respects graduates excel or do less well than is expected, and, therefore, difficult to give convincing answers about the effectiveness of various programs of instruction". 187/

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

186/ Ibid., P. 287.

187/ Ibid., p. 289.

> "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 nurse 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 understandings, attitudes, and skills that can best be learned on the job through in-service education." 188/

The cost of nursing education had been a controversial subject for many years. By the Mid-century, when rising demands for nursing service were paralleled by the increasing costs of medical care, the national nursing organizations embarked on a program for securing aid for nursing education. In 1950, the National League of Nursing Education adopted the following statement of principles:

> "It is recognized that a majority of the schools of nursing in this country are now controlled by hospitals. It is anticipated that this situation will change as those schools with adequate faculty and clinical facilities take steps to enrich their programs, to reorganize them, and to seek university or college support for their administration and control. . . As the education of citizens is a public responsibility, money from public and private sources should support nursing education. Funds should be made available for the development of instructional facilities, scholarships, research." 189/

The National League of Nursing Education expressed its stand on federal aid for nursing education in the February 1951 issue of the American Journal of Nursing:

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

189/ "Organization, Control, and Administration of Nursing Education", American Journal of Nursing, 50:241, April, 1950.

> "Money from public and private sources should support nursing education. In a democratic society students of nursing should have an equal opportunity to that of students preparing for other fields of social endeavor.
>
> At this period of great national need, sufficient funds for the improvement and expansion of nursing education are not available. It is therefore the opinion of the National League of Nursing Education that, although federal aid for nursing education should be secondary and supplementary to financial assistance from regional, state, and local sources, public or private, it is essential that aid be secured through the appropriation of funds from the federal government." 190/

The efforts of nursing leaders and the national organizations to secure federal assistance continued until 1955 at which time the Health Amendments Act was enacted. The provisions of the Act included:

> ". . . a yearly program for each of three years to provide graduate or specialized training for qualified nurses. One million dollars is earmarked for the preparation of public health personnel, including the training of nurses for staff positions in public health, during the year ending June 30, 1957, and two million dollars is allotted for advanced preparation of nurses for administrative, supervisory, and teaching positions in all fields of nursing, including public health." 191/

Handling of other types of financial assistance to the growing fields of nursing education and nursing research was considered by the American Nurses' Association's House of Delegates in April, 1954. They approved the proposal to:

> ". . . authorize the incoming board of directors to secure information and to develop a foundation or trust for re-

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190/ "Essential Considerations for Federal Aid for Nursing Education", American Journal of Nursing, 51:136, February, 1951.

191/ "More Than Two Million For Training Program", American Journal of Nursing, 50:1119, September, 1956.

> ceiving tax-free funds for desirable charitable, scientific, literary, or educational projects in line with the aims and purposes of the American Nurses' Association." 192/

This resulted in the formation of the American Nurses' Foundation on January 25, 1955:

> "According to the foundation's articles of incorporation it may conduct studies, surveys, and research; it may provide scholarships and fellowships to graduate nurses for education or research, make grants to public and private non-profit educational institutions for research, and publish scientific, educational, and literary works." 193/

An important step forward in the evolution of regional planning in the nursing profession was the formation of the "Western Council on Higher Education for Nursing", in 1957. It was a venture in western cooperation designed to improve professional education in nursing:

> "The organization and operation of the Western Council on Higher Education for Nursing (WICHEN) was the result of a rare and fortunate combination of circumstances; a need was perceived; an agency was available to help meet the need; and funds were forthcoming to begin the undertaking." 194/

The nurse educators of the western states realized the necessity for cooperative planning to assist the growth of collegiate education for nurses which would result in better nursing services for the people of the area. They also realized that the newly organized regional agency for higher education, The Western Interstate Commission for Higher Education, was an ideal framework in which regional planning for nursing

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192/ "The American Nurses' Foundation", American Journal of Nursing, 55:293, March, 1955.

193/ Ibid., p. 293.

194/ Pearl Parvin Coulter, The Winds of Change, (Denver, Western Interstate Commission for Higher Education, 1963), p. v.

education could be implemented:

> "Recognition of need for regional planning for both undergraduate and graduate programs in nursing stimulated the calling of a meeting on May 7, 1955, prior to the biennial convention of the National League for Nursing in St. Louis. . invitations were issued to those schools of nursing in the West offering graduate programs in nursing and to representatives of baccalaureate programs in nursing from those states in which graduate programs did not exist. Representatives from the state leagues for nursing and state nurses' association were urged to attend". 195/

The purpose of the meeting:

> ". . . to discuss graduate education in terms of broad principles, curricula, finances, best utilization of finances, best utilization of faculty and others." 196/

However, two months before the nurses' meeting in St. Louis, the WICHE executive committee in March, 1955, had authorized the director to:

> ". . . call together an appropriate group to study nursing and advise the Commission on the studies it might undertake in the professional field of nursing. The director was further empowered to employ a nurse consultant to assist with the formulation of recommendations." 197/

The resultant advisory committee met in June, 1955, and the functions of the Commission were interpreted to them as:

> ". . . the Western Interstate Commission for Higher Education is a public agency established by interstate compact among ten western states and one territory. Its task is to stimulate inter-institutional cooperation across state boundaries

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195/ Ibid., p. 8.

196/ Ibid.

197/ Ibid., p. 12.

> in professional, technical, and graduate fields, giving first priority to the health sciences. Specifically it shall be the duty of the Commission to undertake studies of needs for professional and graduate education facilities in the region, the resources for meeting such needs, and to prepare reports for presentation to the Western Governor's Conference and to state legislatures. . . " 198/

The advisory committee considered the most urgent need of nursing at the time to be:

> ". . . strong, regionally-shaped graduate programs, and the committee recommended that the National League for Nursing be requested to make the services of Dr. Helen Nahm available to WICHE on a loan basis. This request was granted by the League." 199/

Dr. Nahm conducted a survey in 1955, A Report of Visits to Colleges and Universities in the Western Area, and this formed the basis for the Western Conference on Nursing Education:

> "Nurses in the western area are much concerned about the need for improvement of nursing services and nursing education in the western states. To bring about such improvements they believe that the most urgent need is for better prepared administrators and supervisors in nursing service agencies, both hospital and public health, for better prepared administrators and teachers in schools of nursing (collegiate, hospital, junior college and vocational) and for nurses who are prepared to assign, conduct and supervise research in nursing." 200/

The director of WICHE presented its continuation study proposal to the W. K. Kellogg Foundation in May, 1956. During the summer of that year the Foundation announced its support of the program for the first five years for the nurse consultant and the first three year series of

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198/ Ibid.

199/ Ibid.

200/ Ibid., p. 47.

the Continuation Education Project. The organizational meeting of WICHEN in January, 1957 adopted a WICHEN charter within the structure of WICHE.

Recognizing the fact that scientific achievements affecting nursing could be expected to continue far into the future, the American Nurses' Association in 1958 established a "Committee on Current and Long-Term Goals." Its stated purpose:

> ". . . to indicate modifications or extension of current programs which will meet anticipated changes in the needs of nurses, and of the people for nursing service." 201/

The committee proposed three long-term goals. The purpose of Goal I:

> ". . . to stimulate efforts by nurses and other specialists to identify and enlarge the scientific principles upon which nursing rests, and to encourage research by them in the application of these principles to nursing practice." 202/

The purpose of Goal II:

> ". . . to establish ways within the ANA to provide formal recognition of personal achievement and superior performance in nursing." 203/

The purpose of Goal III:

> ". . . to ensure that, within the next 20-30 years, the education basic to the professional practice of nursing for those who enter the profession, shall be secured in a program that provides the educational intellectual, technical, and cultural components of both a professional and liberal education. Toward this end, the ANA shall promote

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201/ "The Future of Education for Professional Practice", (New York: American Nurses' Association, 1958), p. 7.

202/ American Journal of Nursing, 62:83, March, 1962.

203/ Ibid., p. 83.

> the baccalaureate program so that in due course it becomes the basic educational foundation for professional nursing." 204/

The results of the American Nurses' Association's first stride in research, which began in 1950 with the initiation of its program, "Studies of Nursing Functions, Standards, and Qualifications for Practice", were published in book form, Twenty Thousand Nurses Tell Their Story, in 1958. The findings revealed a wide variation in nursing practice. Many of the implications and conclusions presented by the researchers became the basis for further study and research to improve nursing services:

> ". . . the boundaries between the work of doctor and nurse and between each rank of nurse and all the other ranks, are shifting. All down the line, this constant and often unrecognized movement toward realignment and reallocation of functions is having unforeseen effects." 205/

Reallocation of non-nursing tasks:

> "A considerable array of tasks (at present being undertaken by nurses of all ranks) might be redefined as the work of hospital divisions. . . and thus may be removed at one fell swoop from the controversy over the division of labor. Obviously their transfer to non-nursing personnel would bring about great economies in the use of more highly trained staff. However, it is not to be assumed that all tasks which can be delegated should be delegated; the judgment on where to draw the line rests, of course, with the profession". 206/

The changes in the approach to the care of the patient has implications for the role of the nurse:

204/ Ibid., March, 1962.

205/ Everett C. Hughes and others, Twenty Thousand Nurses Tell Their Story (Philadelphia: J. B. Lippincott Company, 1958), p. 270.

206/ Ibid., p. 271.

> "Evidence piles up in the research reports of the best educated and most sophisiticated nurses as being chained to desks and filing cabinets while this is to overstate the case grossly for the moment! It is left to practical nurses and aides to supply the human warmth and comfort that so many laymen think of when they think of ladies in white caps and uniforms. One suspects that this may be the time for something more than the reallocation of tasks. If, then, the bedside tasks are in large measure to become the kingdom of the auxilliaries, the professional nurses might turn to the cultivation of skills in human understanding and appreciation." 207/

The researchers concluded that the solution is:

> ". . . not more care of the patient but a different kind of care, a prerequisite of which is a new emphasis on social psychology in the nursing schools." 208/

Twenty Thousand Nurses Tell Their Story provided nursing with a wealth of information and numerous implications for future research and education resulting in the imrovement of nursing services:

> "All professional arts draw upon various kinds of scientific and practical knowledge. So it is, and so will it be with nursing. Nurses in the future will do more and more of their own research; but they, too, are turning for fundamentals to other disciplines; not in themselves related to nursing; and the better the education and training of the nurse who does research, the better much the work of the others who join in her enterprise." 209/

The goals toward which the profession was moving were provided in the statements of nursing functions, standards, and qualifications for practice. They provided a criterion for critical evaluation of present practices, for preparation of specifications for employment for various positions, and for all kinds of educational programs for nurses. They

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207/ Ibid., p. 272.

208/ Ibid., p. 273.

209/ Ibid., p. 207.

have relationships to development of minimum employment standards and economic security and are essentials in case of a lawsuit for malpractice.

The American Nurses' Association's Committee on Legislation formulated a legal definition of professional nursing and recommended its inclusion in state nurse practice acts:

> "The practice of professional nursing means the performance for compensation of any act in the observation, care, and counsel of the ill, injured, or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of principles of biological, physical, and social sciences. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measure." 210/

The increasing number of problems faced by nurses in practice prompted the American Nurses' Association's House of Delegates in 1962 to form the "Committee on Practice":

> "The new Committee on Practice assumed responsibility for continuing to study, interpret, and promote implementation of the functions, standards, and qualifications for nursing practice and for maintaining legal, professional and ethical standards." 211/

In 1960 evidence was increasing that a critical shortage of qualified nurses existed throughout the nation and was likely to continue for some time. While there had been an increase in the number of nurses

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210/ American Journal of Nursing, 62:72, July, 1962.

211/ Elizabeth Jamieson, Mary Sewall, and Lucile Gjertson, op. cit., p. 345.

in practice, it was outweighed by the increased demand for their services. Rapid advances in medical science had created a need for nurses with both highly specialized technical skills and with a sound educational background in the biological and behavioral sciences. Prevention of disease and rehabilitation were becoming an integral part of nursing practice.

The American Nurses' Association requested financial assistance from the federal government to aid in the development and improvement of nursing education. In response, President Kennedy, stated the following in his 1961 message to Congress:

> "We intend to develop for nursing, as we have for medicine and dentistry, a formulation of need and training requirements; and appropriate proposals will be submitted to Congress when completed." 212/

The initial step in this program was the authorization given to the Surgeon General of the United States Public Health Service by the president to appoint a "Consultant Group on Nursing". The group was appointed in 1961 and the report of their study was published in February, 1963. It appeared in a brochure entitled, Toward Quality in Nursing-Needs and Goals. The Foreward to the report stated:

> "In the opinion of the Group, the Nation faces a critical problem in ensuring adequate nursing services in the years

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212/ "Toward Quality in Nursing--Needs and Goals", United States Public Health Service Publication (Washington, D. C.: United States Government Printing Office, 1963), p. 1.

> ahead. . . But it will not be enough simply to increase our supply of nurses. Quality must be the constant goal of education, service, and research if nursing is to meet its share of responsibility for the health of the nation. . . In the judgment of the Consultant Group, if the nursing problem is to be solved, there is no alternative to Federal Aid." 213/

The Group made the following recommendation to the nursing profession:

> "A study should be made of the present system of nursing education in relation to the responsibilities and skill by levels required for high-quality patient care. This study should be started immediately so that nursing education programs can benefit as soon as possible from the findings. Funds for such a study should be obtained from private and government sources." 214/

In response to this recommendation a special Committee of the American Nurses' Association--National League for Nursing Coordinating Council met in 1963 to formulate plans for a comprehensive study of nursing education.

As a result of the recommendations made by the Surgeon General's Consultant Group, the "Nurse Training Act of 1964" was passed by Congress:

> "The nurse Training Act of 1964 continues and expands the Professional Nurse Traineeship Program, which was established in 1956." 215/

The purpose of the Act:

> "To increase the number of graduate nurses with preparation for positions as administrators, supervisors, nursing specialists, and teachers in hospitals and related institutions, public health agencies, and schools of nursing.
>
> The program provides traineeships for full-time academic study in universities and colleges and for short-time study

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213/ Ibid., p. 34.

214/ Ibid., pp. 55-56.

215/ "Professional Nurse Traineeship Program", U. S. Dept. Health, Education and Welfare (Washington, D. C., PHS, Publication, 1965), p. 2.

> in intensive training courses sponsored by certain public and non-profit institutions." 216/

The field of research was advancing rapidly. In 1960 the American Nurses' Association broadened the functions of its Committee on Research and Studies to include studying the association's program on research, identifying needs for research, and finding ways to stimulate future research. The Committee released a publication, Blueprint for Nursing Research, in 1962. It outlined subject areas where research is needed and will be needed in the future. It stressed the critical need for more nurse researchers and the application of the new found knowledge to patient care.

A progress report of the venture of regional cooperation in collegiate nursing education in the West, The Winds of Change, was published in 1963. It was a record of WICHEN's accomplishments during the five-year period between 1957 and 1962:

> "Although it is generally conceded that many of the problems of nurses in leadership positions can be solved only through research studies, the WICHEN research conferences represented the first attempt in the United States to provide such conferences for persons in administrative, supervisory, and teaching positions." 217/

The last chapter of The Winds of Change summarized the results of the Conference's efforts:

216/ Pear Coulter, op. cit., p. 29.

217/ Ibid.

> "During this brief time, WCHEN has been effectively structured for action as an integral part of the WICHE organization. Much time and effort have been devoted to the strengthening of master's programs in nursing to the planning of doctoral programs. It has been recognized that baccalaureate programs not only prepare a nursing practitioner with beginning leadership skills, but also provide the foundations for graduate study. Nursing education has, with the establishment of more and more associate degree programs in junior colleges, moved further into the system of general education. A unique pattern for continuation education has been initiated and, to some extent validated as a successful method of improving the guidance skills of nurses in leadership positions. Clinical research in nursing has been acknowledge as essential to the improvement of nursing practice and the educational programs which prepare the practitioners." 218/

Increasingly emphasis is being placed on improving the method and tools used in the evaluation of the nurse's performance in the clinical laboratory. This is evidenced by the number of articles and publications reporting the experimentation and research of the first half of the Sixties.

The Clinical Experience Record for Nursing Students, a new teaching tool, appeared in 1960. It was developed to meet the need for a more systematic and efficient method for compiling the information used in evaluating the performance and progress of nursing students which would eliminate generalizations and subjective judgments on the part of the clinical instructor:

> ". . . the clinical Experience Record for Nursing Students has been developed to assist supervisors in evaluating progress and in determining the student's needs for encouragement when behavior appears to be effective, and improvement when behaviors are ineffective in performing nursing duties." 219/

218/ Ibid., p. 43.

219/ John C. Flanagan, The Clinical Experience Record for Nursing Students, (Pittsburgh: Psychometric Techniques, Assoc., 1960, p. 1.

This tool was developed for use in the student evaluation program at the Western Pennsylvania Hospital School of Nursing, Pittsburgh, Pennsylvania. It is based on the use of the critical incident:

> " A critical incident is a sample of behavior which occurs in a situation where the intention of the person or the act is clear to the observer and there is little doubt about the behavior being effective or ineffective for completing the task at hand." 220/

The critical incident technique was developed during World War II by John C. Flanagan and his staff in the Aviation Psychology Program. Since the war it has been used to identify critical job elements of many different types of civilian jobs. In January, 1956, approximately 2,073 critical incidents were selected from instructors' records of student performance from nursing supervisory personnel and patients, and divided into effective and ineffective behaviors, then categorized and subdivided. They were categorized into major areas of behaviors. Descriptive statements were written to cover each area. This categorization and classification process led to the development of the performance record consisting of 12 behavior areas dealing with work habits and personal characteristics of nursing students. The conclusions drawn concerning its effectiveness:

> "The critical incident approach, based on actual observations of behavior, is viewed by students and instructors as a valuable tool for evaluation purposes. Its most important implication; better nursing education--better nursing care". 221/

220/ John C. Flanagan and others, "Evaluating Student Performance", American Journal of Nursing, 63:96, November, 1963.

221/ Ibid., November, 1963, p. 99.

A project undertaken at Teachers College, Columbia University, in partial fulfillment of the requirements for the degree of Doctor of Education, was the base for a monograph written by Alice Rines and published in 1963. The Forward to Evaluating Student Progress in Learning the Practice of Nursing, was written by Mildred L. Montag and gives the following overview of the study:

> "In this study Professor Rines has identified the principles of learning and evaluation and has applied these to the evaluation of nursing performance. She shows that evaluation must be thought of in terms of how learning takes place. The need for evaluation is evident but this study also emphasizes the need for a planned program of evaluation. Her recommendations deserve the serious consideration of all who teach nursing." 222/

Dr. Montag concluded her statements with:

> "While we will never be able to perfect evaluation practices we can and must develop better ways and means of evaluating the student's performance. It is not an easy task. This volume should help teachers of nursing to understand better the why and how of evaluating performance." 223/

Dr. Rines derived the following principles that can be applied to the evaluation of learning the practice of nursing. According to these principles, evaluation should:

"1. be in terms of the objectives of the program.
2. be in terms of observed student behavior.
3. take into consideration the behavior which is appropriate for the stage of learning which the student has reached.
4. to be a continuing process.

222/ Alice R. Rines, Evaluating Student Progress in Learning the Practice of Nursing, (New York: Bureau of Publications, Teachers College, Columbia University, 1963).

223/ Ibid., p. 62

5. take into consideration the stage of growth and development which the student has reached.
6. include all who participate in the educational program.
7. be a stimulating force leading to definite improvement in both teaching and learning situation and in the growth and development of the student.
8. be in terms of units appropriate to the behavior being measured." 224/

She also considered the purposes of evaluation and concluded that the following should be applied:

"1. to determine the progress a student is making toward achieving the goals of the program.
2. help the individual student maintain strengths and eliminate weaknesses.
3. to aid the teacher in improving teaching.
4. to determine the worth of the undertaking in general.
5. to clarify and define educational objectives.
6. to develop more reliable instruments of evaluation.
7. to motivate the student.
8. to provide psychological security for the students, staff and community.
9. to provide certification to meet some legal requirements". 225/

Added to the principles and purposes of evaluation, Dr. Rines found that there were four main techniques for obtaining data about student behavior in learning and recommended their use in gathering information about students in nursing:

"These four were the anecdotal record, the checklist, student self-reports, and patient evaluations." 226/

224/ Ibid., p. 62.

225/ Ibid., p. 62.

226/ Ibid., p. 63.

In learning the practice of nursing she found that certain behaviors more commonly exhibited:

> "These behaviors, in the early phases of the course, were slowness, awkwardness, and hesitancy; concentration on what they were doing to the exclusion of all else; and seeing only the most obvious signs and symptoms. In the later phases of the course, however, the students became quick and decisive, talked to the patient while they were working, saw many details of complex nature, and made fewer mistakes. It was concluded that these were normal behaviors that occurred during the learning process and should act as guides in setting up a program of evaluation." 227/

In summarizing she discussed the advantages of evaluation to both student and teacher:

> "The advantages of doing a thorough evaluation far outweighs the disadvantages. . . For the student, evaluation provides a knowledge of her strengths and weaknesses, showing her how to solidify the former and eliminate the latter. It also provides a means whereby the student can gain learning experiences suited to her individual needs. For the instructor, evaluation shows the effectiveness and the gaps in her teaching, enabling her to select the learning situations that will improve her teaching effectivness. Evaluation also tells her whether or not the goals of her course are being met; and it gives her the psychological security of having a factual basis for her judgments of student performance." 228/

The findings of an investigation of an evaluation instrument conducted by the National League for Nursing and supported by a grant from the United States Public Health Service were published in 1964. The report was entitled, Test of a Nursing Performance Evaluation Instrument.

227/ Ibid., p. 63.

228/ Ibid.

The study actually evolved as a result of the numerous requests from schools and hospitals for assistance with nursing performance evaluation. A study of the existing instruments used for evaluation indicated a need for a new approach to the construction of a form. Staff members of the National League for Nursing and consultants developed a form which was then given a preliminary trial and three subsequent trials in three different hospitals. The major premise of the study:

> "No such thing as a precise measure exists or can exist for complex behaviors involved in nursing performance. However, the major premise of this study is that more precise measures can be developed than we have seen heretofore. Also the successful use of a more precise measure is just as much a function of the validity of the user as it is a function of the validity of the measure. No measure, even the simple ruler, can be used accurately unless certain fundamental concepts have been learned and applied. And so it is with any measure of complex behavior that can be devised." 229/

The conclusion made regarding the use of the form and the use of this method of evaluation:

> "While highly favorable conclusions were not possible in light of the evidence, the dearth of acceptable rating methods for any type of complex behavior makes this method appear promising and worthy of further attention before it is completely discarded. If numerous other forms or methods had produced results that showed great achievement or even great promise then these results might have indicated no further consideration of the form. However, this method of evaluation of performance is one of very few that have shown any promise and should be thoroughly investigated before it is allowed to be dropped completely." 230/

229/ Barbara L. Tate, Test of A Nursing Performance Evaluation Instrument, (New York: National League for Nursing, 1964), p. 3.

230/ Ibid., p. 58.

Summary 1950-1965: This period found many changes in nursing service and nursing education taking place in order to keep step with the changing concepts of health care in the United States. The national nursing organizations underwent a change in structure to eliminate unnecessary duplication of efforts and an association for nursing students was formed. Research in nursing became firmly established and a reconstruction of nursing education was launched. The early 1950's found nursing educators and individual schools of nursing actively engaged in experimentation and implementation of many methods and techniques of evaluation of the clinical performance of students. These included evaluation techniques based on observation, self-evaluation reports and post-tests. Inquiries into the best methods of utilizing nursing personnel to achieve the most effective care resulted in the development, formation, and utilization of the team plan. Educational institutions of higher learning were beginning to recognize their obligation to participate in the education of nurses resulting in the establishment of new collegiate schools of nursing and the improvement of the existing schools. These programs were either two or four years in length and provided the nurse graduate with an associate degree or a baccalaureate degree. An extensive study in basic nursing education revealed that it was possible to prepare a professional nurse in less time if at the same time the program itself is improved. This same study examined in depth the aspect of education concerned with the evaluation of student nurses and in particular their performance in the clinical

laboratory. The conclusions indicate that it remains a crucial problem hampered by the lack of agreement among faculty members in what the student should be able to do at various points in the curriculum. Federal aid to nursing education stimulated programs which would provide leadership in education, service,,and research. A venture in cooperative regional planning to assist the growth of collegiate education for nurses which would result in better patient care for the people of the western states proved to be highly successful. The concept of nursing care was changing which in turn demanded a re-defining and re-allocation of nursing duties and the utilization of the practical nurse in the nursing team. Numerous publications were appearing which indicated a growing interest in improving the methods and tools of evaluating the performance of the student nurse in the clinical laboratory. The most significant of these are the use of the critical incident approach, and the use of the nursing performance evaluation instrument developed by the consultants and staff members of the National League for Nursing.

CHAPTER III

ANALYSIS OF FINDINGS

This study was based on the hypothesis that the evaluating of the clinical performance of nursing students has changed from an evaluation of the nurse's performance of technical skills to the evaluation of the nurse's performance based upon the application of scientific principles. The findings secured from an analytical review of literature from each of the six periods reviewed will be discussed in relation to each of the criteria selected to serve as a basis for establishing change.

A. The Dark Period of Nursing (1700-1850)

Terminology. Practitioners were described as: "lay persons", "attendants", "nurses", and "hospital nurses". Practice was referred to as "menial work", "domestic service", and "a not very desirable type of domestic service".

Methodology. Evaluation of clinical performance was not on a formal basis but it was never the less taking place through the words of the contemporary writers.

The Types of Material Used. Informal methods were utilized through the media of the popular novel and the newspapers of the day.

The Role of the Evaluator in Relation to the Evaluation. The evaluators were the contemporary novelists and the newspaper journalists.

The Length of the Program. There were no established programs during this period. The instruction that took place "could have been little more than one attendant showing another".

B. Florence Nightingale and the Beginnings of Modern Nursing (1850-1900)

Terminology. Practitioners were described as: "nurses", "probationers", and "nurses capable of training others". Nursing practice was referred to as: "nursing the sick", "nursing", and "to train to train".

Nursing education was described as: "a systematic course of reading. . . hours of study. . . regular examinations", "year's training".

Words and phrases denoting evaluation: "must be above suspicion", "subjected to minute examination", "women of suitable character", "those who have to train others are the future leaders and this must be kept in mind during their year's training", "they must be taught. . . . . to know not only symptoms and what is to be done, but to know the 'reason why' of such symptoms and why such and such a thing is done", "Else, how can they train others to know the 'reason why?', "to be ready to submit their notebooks at any time for inspection", "to pass examinations both written and oral", "what was required of them in work,

however, was nothing compared to what was required in behavior", "every month a report entitled 'Personal Character and Acquirements' was filled in", "Moral Record and 'Technical Record'", "wrote against each head 'excellent', 'good', 'moderate', 'imperfect', or '0'". "In addition, she wrote confidential personal reports on each probationer".

Methodology. Formal methods of evaluation came into existence in the form of a testing program.

The Types of Materials Used. These included written examinations and reports.

The Role of the Evaluator in Relation to the Evaluation. The evaluators were the medical instructors, the ward sisters and the director of the school.

The Length of the Program. Miss Nightingale established her program for one year.

C. Early Nursing in the United States and the Establishment of the First Schools of Nursing (1850-1890).

Terminology. Practitioners were described as "attendants. . . men and women drawn from the degenerate classes in society", "nurses of the sick", "sick nurse", "graduate nurse", "ordinary nurse", "old-time nurse", "trained nurse", "a bedside nurse".

Practice was referred to as: "care of the sick", and "nursing".

Nursing education was described as: "a course of study and training especially adapted for ladies who desire to qualify themselves for the profession of nurse", "practical training", "training of nurses", "training school", "school for nurses", "training".

Words and phrases denoting evaluation: "education and qualify females to be nurses of the sick", "bad nurse", "good nurse", "necessary to have well-trained, well-educated nurses", "require an education and training little, if at all, inferior to those possessed by members of the medical profession", "those who have gone through the course, and passed the requisite examination, should receive a degree and a diploma", certificates will be given to such nurses as have satisfactorily passed a year in practical training", "trained nurses were better than untrained ones", "the skills she displayed attained a new efficiency under trained hands", "the better she is educated and the more refined and intelligent she is, the better nurse she makes".

Methodology. Both informal and formal methods were utilized. Laymen and physicians wrote articles to attract attention to the need for education of nurses. The formal methods were used by the schools. They established a testing program.

The Types of Materials Used. Written certificates were issued at the completion of the program.

The Role of The Evaluator in Relation to the Evaluation.

The evaluators were physicians, head nurses, and directors of the schools.

The Length of the Program. The first schools established one year programs, some of which were later lengthened to two years.

D. The Period of Organization and Educational Standard-Setting (1893-1933).

This was the period of standard-setting for nursing education and nursing practice through the establishment of national nurses associations. By this time all practitioners were referred to as nurses and had recieved or were receiving instruction in a school of nursing.

Terminology. Words of phrases denoting evaluation: "training schools", "requires more than mechanical skill on the part of the nurse", "a woman to become a trained nurse should have exceptional qualifications", "a trained nurse may mean then anything, everything, or next to nothing", with a standard so high that only intelligent and honorable well-trained women will be recognized as trained nurses", "such a course was the outcome of years of continual effort to improve the education and training of nurses and to promote uniformity in curricula and in methods of teaching", "a carefully worked out scheme of education for nurses, with objectives, content, and method clearly specified for each course", "owing to the position of

nursing in the field of education, as one of the few professions still actually in the atage of apprenticeship", "we see school after school letting slip the gains of painstaking instruction, imperiling the whole carefully acquired and not yet fully established technique of the student by failing to enforce it during the difficult period of her adjustment to practical service in the ward", "many different methods of recording and checking the students work were found", "it would appear self-evident that all schools must adopt such methods of record and check", "records are needed constantly for reference. . . and serve as a useful check of the actual training which each pupil is getting and of the progress she is making", "the development of complete records indicating the nature and extent of ward experiences ana carefully estimated account of the quality of the student's work as well as the characteristics of the worker herself."

Methodology. The formal method of a testing program which emphasized record-keeping was beginning to be utilized by most schools. These indicated the nature and extent of ward practice experiences and a carefully estimated account of the quality of the student's work as well as her characteristics.

The Types of Materials Used. Various types of records were utilized.

The Role of the Evaluator in Relation to the Evaluation. The evaluators were head nurses, supervisors, physicians, and

instructors of nursing.

The Length of the Program. The majority of hospital schools of nursing offered three-year programs. There were a few two-year programs still in existence. The collegiate schools offered four and five-year programs:

E. Pre and Post War Period (1934-1950).

Terminology. Words and phrases denoting evaluation: "the gap between the schools of a professional type and those of the old-fashioned type was growing wider every year", "a national council of nurse examiners would provide opportunity for the working out of types of examinations carefully devised to test ability and preparation for the various forms of nursing service", "promotion from one term to the next should be determined on the basis of satisfactory achievement", "curriculum objectives should be clearly stated and understood by the faculty, and the student's progress toward the achievement of these should be measured at periodic intervals", "evaluation devices of various types should be used to secure as dependable evidence as possible of student progress and achievement", "some safe method must be devised for determining when a student nurse has acquired sufficient competence in a given clinical field to be excused from further repetitive practice in that field", "a testing program should be based upon a careful consideration of principles underlying the nature of learning".

Methodology. Formal methods were utilized in the form of a testing program. This included the use of written comprehensive examinations, observation, and self-evaluation by the students.

The Types of Materials Used. These included: written and practical tests, comprehensive examinations, anecdotal records, efficiency rating scales, check sheets for nursing procedures, self-evaluation records, and standardized achievement tests.

The Role of the Evaluator in Relation to the Evaluation. The evaluators were head nurses and instructors of nursing.

The Length of the Program. The programs offered by the hospital schools were two and one-half to three years and those offered by the colleges and universities were four and five years.

F. Contemporary Times (1950-1965).

Terminology. Words or phrases denoting evaluation: "to identify basic concepts underlying evaluation and to translate these concepts into a plan of action which will assist nursing educators: (a) utilize tools and techniques of evaluation (b) develop and improve evaluation devices", "like paper-and-pencil tests evaluation techniques based on observation (such as performance tests) must meet the basic requirements of any good measuring device", "we have become more aware of the need for better ways of evaluating student competence", "we believe that each school of nursing needs to

translate the theory of evaluation into action according to the purposes of evaluation of that particular school", "most of the evaluation methods in use at the present time are dependent upon objective tests or observation of students by an instructor", "evaluation of clinical performance remains a crucial problem. Progress in this area has been hampered by the lack of agreement among faculty members on what the student should be able to do at various points in the curriculum", "evaluation must be thought of in terms of how learning takes place", the need for evaluation is evident but this study also emphasizes the need for a planned program of evaluation", "while we will never be able to perfect evaluation practices, we can and must develop better ways and means of evaluating the student's performance", "no such thing as a precise measure exists or can exist for complex behaviors involved in nursing performance. However, more precise measures can be developed than we have seen heretofore."

Methodology. Formal methods were utilized in the form of an established testing program. This included observation, comprehensive examinations, and student self-evaluation.

The Types of Materials Used. These included: Progress summaries, questionnaires, scales, written situational tests, objective tests, anecdotal records, checklists, student

self-reports, and patient evaluations.

The Role of the Evaluator in Relation to the Evaluation. The evaluators were head nurses and instructors of nursing.

The Length of the Program. The programs offered by the hospital schools were three years and those offered by the junior colleges and universities were two and four years respectively.

CHAPTER IV

SUMMARY AND GENERALIZATIONS

The evaluation of the clinical performance of nursing students is presently one of the major dilemmas of nursing education. The purpose of this study was to assist the investigator gain insight and perception into this aspect of nursing education. Evaluation today is the result of many past events. A knowledge of the decisions made in the past and the events occurring which may have influenced these decisions is essential to an understanding of the present situation.

A review of the period known as the "Dark Ages" did not reveal the evaluation of the clinical performance of nurses on a formal basis. However, evaluation was taking place, informally through the words of contemporary writers. They utilized the media of the popular novel and the newspapers of the day.

Florence Nightingale revolutionized the practice of nursing and initiated some formal methods of evaluation of the clinical performance of nursing students. She established an elementary testing program using written examinations and reports of the student's character as well as reports of student achievement.

The period of early nursing in the United States and the establishment of the first schools of nursing established both informal and formal methods of clinical performance being utilized. Laymen and physicians wrote articles to attract attention to the need for education of nurses if better nursing was to be accomplished. Formal methods came into

existence with the establishment of schools of nursing. Schools began to use a testing program and placed the students under the supervision of physicians, head nurses, and instructors of nursing. Written certificates were issued at the completion of the program.

Study of the period of standard-setting for nursing education and nursing practice, through the establishment of national nursing organizations, showed that formal methods of evaluation of clinical performance were firmly established. Schools of nursing had set up testing programs which emphasized keeping records of student achievement.

The period covering the pre and post war years utilized formal methods of evaluation in the form of established testing programs. These programs included use of observation, comprehensive examinations, and student self-evaluation as established methods of evaluation of student's clinical performance in nursing education.

From 1950 until the present time, formal methods of evaluation of the clinical performance of nursing students have received increased emphasis. The need for more of this type of evaluation is recognized by all nursing educators. It is evidenced by the vast number of articles and publications appearing which report the experimentation and research taking place. Most nursing eduators seem to agree that it is a difficult task to measure the complex behavior involved in nursing performance, but more precise methods and measures can be developed, and need to be developed and utilized. As one leading educator aptly stated not long ago:

"While we will never be able to perfect evaluation practices, we can and must develop better ways and means of evaluating the student's performance." 231/

Conclusions

The results of this study indicate the importance of using formal methods of evaluating the clinical performance of nursing students. The change in nursing education is demonstrated as being away from the narrow apprenticeship training of the past to a system based on an even distribution between the liberal arts and professional subject matter. This change seems to demand improvement in the methods and measures used for the evaluation of clinical performance as are appropriate to the education of the student.

Recommendations

1. A study similar to this one but utilizing the popular literature with a comparison of the similarities in the conclusions of each might be of interest.
2. It would seem desirable to undertake studies designed to determine the results of teaching nurse educators certain methods of evaluation and testing their utilization of the methods in schools of nursing.
3. The need for studies in the development and the use of performance evaluation instruments is evident.
4. Studies to determine the effect of present evaluative devices in specified situations would be of value.

231/ Rines, op. cit., 1963.

LITERATURE CITED

Bridgman, Margaret, Collegiate Education For Nursing, New York: Russell Sage Foundation, 1953.

Brown, Amy F., Clinical Insturction, Philadelphia: W. B. Saunders Company, 1949.

Brown, Esther L., Nursing As A Profession, New York: Russell Sage Foundation, 1936.

Brown, Esther L., Nursing For the Future, New York: Russell Sage Foundation, 1948.

Bullough, Bonnie and Vern L. Bullough, The Emergence of Modern Nursing, 1948.

Burgess, May A., Nurses Patients and Pocketbooks, New York: Committee on the Grading of Nursing Schools, 1928.

Committee on Education of the National League of Nursing Education. A Curriculum For Schools of Nursing. New York: The National League of Nursing Education, 1927.

Committee on the Function of Nursing. A Program for the Nursing Profession, New York: The Macmillan Company, 1949.

Dock, Lavinia L., A History of Nursing, New York: G. P. Putnam's Sons, 1912.

Dock, Lavinia L. and Isabel M. Stewart, A Short History of Nursing, New York: G. P. Putnam's Sons, 1938.

Dolan, Josephine A., Goodnow's History of Nursing, Tenth Edition, Philadelphia: W. B. Saunders Company, 1958.

Dolan, Josephine A., Goodnow's History of Nursing, Eleventh Edition. Philadelphia: W. B. Saunders Company, 1963.

Darragh, William and May A. Burgess, Nursing Schools Today and Tomorrow, New York: Committee on the Grading of Nursing Schools, 1934.

Frank, Sister Charles Marie, The Historical Development of Nursing: Philadelphia: W. B. Saunders Company, 1959.

Griffin, Gerald J., and H. Joanne K. Griffin, Jensen's History and Trends of Professional Nursing, St. Louis: The C. V. Mosby Company, 1965.

Goodnow, Minnie. Nursing History, Philadelphia: W. B. Saunders Company, 1953.

Hampton, Isabel A., and others, Nursing the Sick, 1893. New York: McGraw-Hill Book Company, Incorporated, 1949.

Hughes, Everett, and others. Twenty Thousand Nurses Tell Their Story. Philadelphia: J. B. Lippincott Company, 1958.

Jamieson, Elizabeth, and others, Trends in Nursing History, Philadelphia: W. B. Saunders Company, 1959.

Montag, Mildred, Community College Education For Nursing, New York: McGraw-Hill Book Company, Incorporated, 1959.

Nicholay, John C. and John Hay (ed.), Complete Works of Abraham Lincoln, New York: The Century Company, 1894.

Nightingale, Florence, Notes On Nursing, New York: D. Appleton-Century-Company, Inc., 1938.

Nutting, M. Adelaide and Lavinia L. Dock, A History of Nursing, New York G. P. Putnam's Sons, 1907.

Rines, Alice R., Evaluating Student Progress in Learning The Practice of Nursing, New York: Bureau of Publications Teacher's College, Columbia University, 1964.

Roberts, Mary M., American Nursing History and Interpretation, New York: The Macmillan Company, 1954.

Sand, Ole., Curriculum Study in Basic Nursing Education, New York: G. P. Putnam's Sons, 1955.

Stewart, Isabel M., A Curriculum Guide For Schools of Nursing, New York: National League of Nursing Education, 1937.

Stewart, Isabel M., The Education of Nurses, New York: The Macmillan Company, 1947.

Tschudin, Mary S., Helen C. Belcher, and Lee Nedelsky, Evaluation in Basic Nursing Education, New York: G. P. Putnam's Sons, 1958.

Winslow, C.E.A. and others, Nursing and Nursing Education in the United States, New York: The Macmillan Company, 1923.

Woodham-Smith, Cecil, Florence Nightingale, New York: McGraw-Hill Book Company, Inc., 1951.

Woolsey, Abby H., A Century of Nursing, New York: G. P. Putnam's Sons, 1950.

PUBLICATIONS OF THE GOVERNMENT, LEARNED SOCIETIES AND OTHER ORGANIZATIONS

Beltran, Helen G., Guides For Leadership in Team Nursing, New York: National League of Nursing, 1961.

Brown, Amy F., "Appraising Growth in Understanding By the Use of the Clinical Achievement Test", Annual Report and Proceedings of the Forth-Ninth Annual Convention of the National League of Nursing Education. New York: National Headquarters, 1943.

Coulter, Pearl P., The Winds of Change, Denver: Western Interstate Commission for Higher Education, 1963.

Flanagan, John C., The Clinical Experience Record for Nursing Students, Pittsburgh: Psychometric Techniques Associates, 1960.

Federal Security Agency, Public Health Service, The United States Cadet Nurse Corps, Washington: United States Government Printing Office, 1950.

American Nurses' Association, "The Future of Education For Professional Practice", New York: American Nurses' Association.

Goostray, Stella, "Address of the President", Annual Report and Proceedings of the Forty-Ninth Annual Convention of the National League of Nursing, New York: National Headquarters, 1943.

Harrington, Ruth, "Evaluation of the Clinical Experience of Students", Fifty-Fourth Annual Report of the National League of Nursing Education: New York: National League of Nursing Education, 1948.

Hawkinson, Nellie X., Essentials of A Good School of Nursing, New York: National League of Nursing Education, 1942.

McManus, Louise, "Report of the Committee on Nursing Tests" Annual Report and Proceedings of the Forty-Ninth Annual Convention of the National League of Nursing Education, New York: National Headquarters, 1943.

A Position Paper, American Nurses Association, New York: American Nurses Association, 1965.

Quereau, Clara, "Accrediting--A Complete Venture", Forty-Fourth Annual Report of the National League of Nursing Education, New York: National League of Nursing Education, 1938.

Redmond, Mary M., "The Achievement Test Service", Fifty-Fifth Annual Report of the National League of Nursing Education, New York: National League of Nursing Education, 1949.

United States Department of Health, Education and Welfare, "Professional Nurse Trainseeship Program", Washington: Public Health Service Publication No. 1154-1, 1965.

United States Public Health Service, "Toward Quality in Nursing--Needs and Goals", Washington: United States Government Printing Office, 1963.

PERIODICALS

"Adopted Constitution of the National Student Nurses' Association", American Journal of Nursing 54:84, January, 1954.

"A Program for the Study of Nursing Functions", American Journal of Nursing, 50:391, July, 1950.

"The American Nurses Foundation", American Journal of Nursing, 55:293, March, 1955.

The Committee on Postwar Planning of the National League of Nursing Education, "A Comprehensive Program for Nationwide Action in the Field of Nursing", American Journal of Nursing 45: September, 1945.

"Essential Considerations for Federal Aid for Nursing Education", American Journal of Nursing 51:136, February, 1951.

"Field Work of the Accrediting Committee Begins" American Journal of Nursing, 38: April, 1938.

Flanagan, John C., and others, "Evaluating Student Performance", American Journal of Nursing 63:1110, November, 1963.

"How Many Nursing Organizations?", American Journal of Nursing, 50:63, February, 1950.

"Joint Board Considered Structure", American Journal of Nursing, 50:135, March, 1950.

"More Than Two Million for Training Program", American Journal of Nursing, 1956:1119, September, 1956.

Murdock, Thomas, "A Physician's Viewpoint", American Journal of Nursing, 49: July, 1949.

Nahm, Helen and others, "Evaluating Student Progress in Clinical Experience", American Journal of Nursing 50:309, May, 1950.

Nichols, Grace W., "Evaluation of Clinical Experience", American Journal of Nursing, 52:, May, 1952.

"Organization, Control and Administration of Nursing Education", American Journal of Nursing 50: 241, April, 1950.

Petry, Lucile, "We Hail An Important First", American Journal of Nursing, 49: October, 1949.

"Presenting Nursing Outlook", Nursing Outlook 1:21, January, 1953.

Research and the ANA Program for Studies of Nursing Functions", American Journal of Nursing 50:767, December, 1950.

School Data Survey" American Journal of Nursing 49: October, 1949.

Smith, Lenore A., "The Post-Test", American Journal of Nursing, 50:565, September, 1950.

"Time For Action", American Journal of Nursing 50:561, September, 1950.

"The Workshop on Evaluation", American Journal of Nursing, 50:49, January, 1950.

American Journal of Nursing 62:83, March, 1962.

American Journal of Nursing 62:72, July, 1962.

Nursing Research 52:5, June, 1952.