

# Major Events in Nursing and Nursing Education

## Part One 1872 thru the Great Depression

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### **Emergence of Nursing Schools: 'Nightingale Model' Training schools**

1872 - New England Hospital for Women (Not considered based on the Nightingale model. Linda Richards: Considered America's first trained nurse

1873 - Bellevue NY(May); New Haven, CT (October); Massachusetts General, MA (November)

Nightingale Model: Differences between English model and United States model. After the Crimean war, Florence Nightingale received funding to start a school of nursing Sr. Thomas Hospital. School administration separate from hospital administration.

United States: nursing schools under hospital administration ; apprenticeship program.

- Probationary period (2 months - amount of time varied. One of the problems in the early schools was lack of consistent standards) Probationers (Probies) usually started immediately on the wards - making beds and other simple tasks.
- Pupil nurses staffed the hospitals. Program length initially 1 year. Later increased to 2 then 3 years. Hospital administrators considered the pupil nurses as part of the work force; their early so-called 'training' included cleaning, food preparation, laundry and patient care.
- Nursing seen as women's work. majority of schools only admitted females. There were, however, several schools of nursing for males. {Ex. Mills School of Nursing for Men at Bellevue Hospital - 1888; St. Vincent School of Nursing for men - 1888}
- Background nurse training: military and religious philosophy of strict discipline. Strong emphasis on morality. Superintendents supervised every aspect of the pupil nurse's life.- obedience was expected at all times.
- Service came first, Education second. Lectures on theory were given by physicians(usually in the evening to a tired group of pupils); Superintendents of nurses taught 'hands-on'. care. There was no standard curriculum.
- Hours were long : Most pupil nurses worked 7 am to 7 pm with 3 hours off for dinner, study and recreation; night hours 7 pm to 7 am without time off. (Bullough and Bullough, 1979 p. 117). {*Comment: Superintendents looked for not only strong moral character but physically strong young females. Even so, many students dropped out due to illness* )

### **Strengths of Early Nurse Education:**

- Immediate benefit - wards were clean, work was organized, patient care on wards improved and patients recovered.

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- While working conditions would not be tolerated today, women of the nineteenth and early twentieth century saw training as an opportunity for education and a useful occupation.
- With the advent of anesthesia, work of Pasteur, Koch and Lister in the development of antiseptic surgery, physicians had more options in the care of their patients and patient care moved into the hospital. New advances in medicine and surgery required nursing care of a higher order than given by untrained 'nurses' however well motivated.

### Physician's Attitudes

- Physicians : The majority acknowledged the role that nursing played in improvement in their patient's condition nursing care .
- Many were fearful that nursing would gain independence from medicine. In a 1908 speech by Dr. William Dorland to the graduating class of the Philadelphia School of Nursing he stated : *"If a little knowledge is a dangerous thing in most areas of employment, in nursing it is more than dangerous - it is fatal. Good nursing is not facilitated by too elaborate an education in professional matters; rather it is hampered or even rendered useless thereby."* (Ashley, 1976 p.76 -77)
- The nurse was expected to be subservient: Dr. Hooker of the Springfield Hospital medical staff stated while delivering the school of nursing's first graduation address: *"Every nurse must remember that it is the attending physician's business to make a diagnosis of disease and hence that she should never hazard an opinion herself, under any circumstances."*(Springfield Hospital Annual Report, 1894)

### Education Trends

- Society of Superintendents of Training Schools (1893)
  - Proposed increase in program length to 3 years and decrease in work day to 8 hours. (Increase in length of program was accepted but the hours were not decreased.)
  - Worked towards higher standards for education including:
    - Creating a standard curriculum. New schools were usually formed by graduate nurses from one of the well known schools such as Bellevue,

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Mass General etc. The new superintendent brought a background of her program - as each new nursing school was formed, it developed its own curriculum.

- Waltham MA hospital training school introduced a 6 month preparatory course in 1895 to provide students with a scientific background and training in nursing procedures before clinical experience. This concept was gradually taken up by other schools.
- Post graduate education - Teacher's college, Columbia University (1899) developed courses and curriculum leading to a BA to prepare future teachers of nursing .
- Correspondence schools sprang up - graduating students with little theory and no clinical experience. Graduates wore a uniform and the schools gave their graduates a cap, a school pin and a certificate.

Source:

### **BECOME A NURSE**



Thousands of women who have taken our correspondence course in trained nursing are today earning **\$10** to **\$25** a week.

After completing this course of training Miss Mabel V. Gisin, Wellsboro, Pa., whose photograph is here given, wrote: **"I advise every young woman to take this course whether she intends to do professional nursing or not."**

*Send for our 10th annual 64-page Year Book, explaining method, with stories of actual experience by successful nurses.*

**The Chautauqua School  
of Nursing**

371 Main St., Jamestown, N. Y.

[www.magazineart.org/.../ChautauquaSchoolOfNursing-1910A.jpg.html](http://www.magazineart.org/.../ChautauquaSchoolOfNursing-1910A.jpg.html)

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### **Graduate Nurse Employment**

- Upon graduation from the early training schools, hospitals hired few graduates; usually as superintendents or head nurses. The superintendent was in charge of the hospital nursing school and the nursing staff. Since the pupil nurses were the nursing staff, it was logical to combine the position.
- The majority of graduate nurses were self employed as private duty nurses; a few worked as public health as visiting nurses, in clinics or schools, some were employed by physicians as office nurses..
- As educational reforms brought changes in the hospital schools of nursing, the schools were required to hire faculty. Small hospitals (< 100 beds) found it uneconomical to maintain a school of nursing and graduate nurses (RN) provided nursing care.
- Private duty nursing, initially confined to private homes; gradually also included private duty within the hospital. (practice continues today when patients hire a "special" duty nurse.).

### **Licensure and Registration**

- The public did not understand the role of the nurse nor what to look for regarding credentials. Graduates of 3 year hospital programs competed with graduates of correspondence schools who were without clinical experience. The Society of Superintendents of Training Schools for Nurses (later the National League of Nurse Education (NLNE) which became the National League of Nurses (NLN) fought to standardize education so the curriculum would be similar in all schools. The Nurses Associated Alumnae of United States and Canada (later the ANA) fought to establish criteria related to the scope nursing practice and licensure.
- Regulation of the practice of nursing: (Nurse Practice Acts) Licensure and registration protected both the public and the nurse. Licensure and regulation were in reality methods to regulate education; state boards could rely on specific standards of preparation as the nurse obtained a diploma or certification from an acceptable training program. Efforts continued to regulate licensure through standard examinations. The first state board examinations began in 1913.

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### **The Depression**

When the stock market crashed in 1929, many patients and families could no longer afford to pay for private duty services.

There was an oversupply of nurses. Public Health Services reduced salaries of nurses Hospital nurses were also concerned about continued employment. Some smaller hospitals were forced to close.

Graduate nurses were forced, by lack of work, to give up private duty work and try to find work in hospitals. . Hospitals, for economic reasons, continued their nursing schools even though the majority of the graduates were not able to find work. Student nurses continued to provide the majority of nursing care Nurses, now unable to find enough private duty work, were reluctant to return to hospital work as many hospitals required them to live in the nurses residence, work long hours and split shifts. Some hospitals took advantage of the economic situation and offered to employ a graduate nurse for 'room and board' in lieu of wages. As the letters to the editor of the American Journal of Nursing in 1932 on following page indicate many state nurses associations warned graduate nurses that there were no jobs available and not to come to their state.

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### *Too Many Nurses*

**D**ISTRICT NO. 6 of New Jersey wishes to advise nurses not to come to Atlantic City to seek work. There are a great number of nurses living there now without employment and local nurses are given preference.

MARY J. DIETMAN

*Secretary*

*Atlantic City, N. J.*

The Board of Directors of the Pennsylvania State Nurses' Association regret to inform nurses who are contemplating coming to Pennsylvania, for work, that the supply of nurses far outnumbers the positions available. In the face of the problem of unemployment of nurses, especially in our larger cities, the schools continue to graduate large classes. There were 1,587 graduates who applied for examination in November, 1931, and over 1,116 applied for the March examination. It is impossible to absorb our own graduates and judging from the above figures it would seem as if this might be a problem for some time to come.

ESTHER R. ENTRIKEN

*Secretary*

*Harrisburg, Pa.*

Due to the fact that Reno and vicinity have many more nurses than the registries can supply with work, Nevada State Nurses' Association warns all nurses thinking of locating here that we are greatly over supplied.

ROSECELLA CUMMINGS

*President District 1*

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<sup>1</sup> Source: Letters to the Editor, *Reno, Nev.*, *American Journal of Nursing*, Vol 32 No 6 pg 582