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DISSERTATION
Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITA</td>
<td>11</td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. THE NATURE OF A PROFESSION</td>
<td>18</td>
</tr>
<tr>
<td>III. NURSING VIEWED AS THE CULMINATION OF DEVELOPMENT</td>
<td>38</td>
</tr>
<tr>
<td>IV. NURSING VIEWED AS THE APPROXIMATION OF A STANDARD</td>
<td>50</td>
</tr>
<tr>
<td>V. PRINCIPLES FOR THE EDUCATION OF PROFESSIONAL NURSES</td>
<td>89</td>
</tr>
<tr>
<td>VI. PROBLEMS RELATIVE TO THE EDUCATION OF PROFESSIONAL NURSES</td>
<td>134</td>
</tr>
<tr>
<td>VII. IMPLICATIONS, RECOMMENDATIONS, AND SUMMARY</td>
<td>151</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>159</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>167</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

Orientation of the Problem

For many years, apprenticeship preparation has characterized nursing education. Under the best conditions, this educational method prepared effective nursing practitioners. Conditions, however, were not always the best. Early programs for the training of nurses, such as the one established at Bellevue Hospital, New York, in 1873 were often initiated as much for social or economic motives as for a desire to provide sound education for student nurses. 1 Patients benefited from more skillful ministrations and hospitals found an inexpensive means of providing patient care, but the education of the nurse was easily subordinated to service needs as training schools were established in many hospitals with little regard for the kind or quality of educative experience available. This rapid and undisciplined growth of schools continued until national organisations and certification and licensing procedures designed to improve and to control standards emerged during the early decades of the twentieth century. By this time, however, the idea of a hospital controlled pattern of nursing education in which learning to be a nurse was regarded as

1 Isabel Stewart, "Trends in Nursing Education," American Journal of Nursing, XXXI (May, 1931), 609.
a by-product of providing nursing service to patients was firmly entrenched.

Nevertheless, many nursing leaders were aware of the deficiencies of hospital-operated programs for the education of nurses. As early as 1909, Edith Lockeved recognized the apprenticeship system of education as a "retrogressive force," limiting the nursing profession. In 1912, Annie Goodrich, seeing a broader role for the nurse in influencing the well-being of the community, pronounced the apprenticeship system of education "outgrown." In 1913, M. Adelaide Nutting was able to relate clearly the quality of the educational program to the claim to professional status. She recognized that the "character and standing of a profession is strengthened by increasing the knowledge of its members; thereby increasing their capacity and usefulness," and further observed that nursing should not differ from the education for other professions, although the apprenticeship system of education presented "persistent obstacles."

Other factors, in addition to the poor conditions and deficiencies of the traditional hospital schools, pointed to the need for educational innovation. Medical knowledge was growing, and the nurse needed to know more to perform as an assistant or to carry out

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2 Edith Baldwin Lockeved, "The Limitations of the Nursing Profession," *American Journal of Nursing* IX (September, 1909), 940.


The text is a mixture of Greek and English, with some paragraphs in Greek and others in English. The text appears to discuss a theoretical or philosophical topic, possibly related to language or translation. The English text seems to be a commentary or explanation on the Greek text, providing additional insights or interpretations. The document contains several paragraphs, each discussing different aspects of the subject, with some text in Greek and others in English.
consists of various scraps of information about "antiseptic dressing," disinfectants, injections, and anesthetic, together with a certain stiffness in the application of poultices and bandages, and the changing of sheets.6

A short time later, in 1893, Miss Nightingale warned that becoming professional represented one of the "apparent dangers" to nursing.7

The term "profession" soon took on more favorable connotations, however, and by 1902, one author concluded that nursing was a profession; and in 1910 another titled his article, "The Profession of Nursing."8,9 A period of uncertainty as to nursing's claim to professional status then followed when such persons as Isabel Stewart and Lacy Stobkins expressed doubts as to the professional position of nursing during this period.10,11 They, as well as others, regarded the system of educating nurses in hospital-controlled programs as one of the chief deterrents to nursing's becoming a profession at that time. An economic depression and World War II followed, and although


8 A. Wrosester, "Is Nursing Really a Profession?", American Journal of Nursing, II (August, 1902), 908-917.


some interest was maintained in investigating the concept of a nursing profession more carefully, most effort was directed toward solving specific and immediate problems. World War II was barely over, however, when the issue re-emerged in a more thoughtfully examined form.

It now appears that for the past two decades, the concern for achieving nursing of a professional quality and the recognition of the advantages of nursing education in a college or university setting have become more closely related. Nursing, as it has in the past, seems to be depending heavily on its educational program to achieve its goals - in this case, the provision of authentically professional nursing services for the maintenance and restoration of health and well-being. If programs of basic collegiate education are to be identified as the source of professional nurses - as Martha Rogers has urged - an examination of the educational principles distinguishing this type of education seems to be in order. Moreover, these principles need to be based on an identifiable concept of a profession in order to clarify the distinction between the old and the new.

12Committee to Outline a Definition of Nursing, "Professional Nursing," American Journal of Nursing, XXXII (May, 1932), 522.


Purposes

It is the purpose of the investigator in this study to examine nursing as a profession in relation to a general definition of a profession in an attempt to give additional perspective and form to the discussion of a profession, and to the principles directing the education of professional nurses. A subsidiary purpose is to identify some of the problems involved and to give some direction to future research in this area as a result of the analysis.

Statement of the Problem

The problem is to determine if it is possible to examine nursing in relation to a general description of the characteristics of a profession and to identify from these characteristics principles and problems concerning the education of professional nurses.

Sub-problems:

1. What is the nature of a profession?
2. In what manner has nursing evidenced professional characteristics?
3. In what ways have professional characteristics evidenced themselves as principles for the education of professional nurses?
4. What educational problems and implications can be forwarded as a result of the study?

Limitations and Scope

The following restrictions apply to this study:

1. Only nursing and nursing education in the United States was considered.
2. Literature served as the sole source of data.

3. The merit of the professional movement in nursing was not specifically evaluated.

4. Nursing and nursing education were described and analysed in general terms. Individual programs for the education of nurses were not described, except as illustrations of a general point. Principles and problems of professional nursing education were not carried out to the level of specific programs.

5. The general characteristics of a profession were developed without reference to a particular professional group (Chapter II).

6. Nursing's development as a profession was considered only in terms of the previously described general characteristics of a profession (Chapter IV).

7. Principles of professional education for nurses were derived essentially from a decade of literature relating to basic collegiate nursing education (Chapter V).

8. Only principles and problems of nursing education which evidenced a relationship to the general characteristics of a profession or of nursing as a profession were included (Chapters V and VI).

Assumptions

The following assumptions were made:

1. Nursing is concerned with achieving the characteristics of a profession.

2. The development of professional characteristics in nursing may be discerned as an unfolding process.
The process can be divided into stages of participation.
characteristics of a profession were identified from the variety of sources studied. These characteristics were selected on the basis of their recurrence in the literature as well as on the availability of evidence to provide reasons for their past and continued existence as essential characteristics of a profession.

Chapter III presented a brief chronological outline of the development of nursing as a profession. It contains and rejects the premise that an occupation can be identified as a profession at some designated point in its development.

Chapter IV focused on those events in the development of nursing which have significance in light of the characteristics of a profession described in Chapter II. This chapter also served to clarify the present context and to give perspective to the problem. Nursing literature served as the source of data for Chapter V. Material was drawn from nursing histories, such as the four volume study by N. Adelaide Houting and Lavinia Dock; from accounts of early nursing schools, such as The History of the Farwell Training School for Nurses; from collections of writing and addresses by prominent nurses such as those of Annie W. Goodrich compiled under the title, The Social and Ethical Significance of Nursing; from reports of

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studies and surveys such as *Nursing Schools Today and Tomorrow*; and from periodical literature in nursing. Although other periodicals were examined, *The American Journal of Nursing*, because of its early publication date (1900), its continuousness of publication, its breadth and variety of material, and its general high quality of contribution and contributor was established as a primary journal reference. Although the focus of the investigation centered upon modern nursing in the United States, some material from Miss Nightingale's writings and information concerning pre-Nightingale nursing is also included to provide a more comprehensive and understandable picture.

The characteristics of a profession developed in Chapter II served as a guide in searching the literature. Material was sought which would contribute to an understanding of the manner in which nursing has matured in achieving professional characteristics. Specifically, information was selected which (1) illustrated nursing's concern for attaining each characteristic, (2) indicated the means utilized for attaining professional characteristics, (3) identified the situations resulting from the means utilized to attain the characteristics of a profession, and (4) clarified the direction of the developments as they relate to the attainment of these characteristics. In all, forty-two journal articles were briefed. This information was then synthesized and reported using a combined chronological and thematic organization - the characteristics of a

profession serving as the organizing elements. The consistency with which these characteristics provided a framework for the investigation also served to validate the characteristics as an analytical tool.

Chapter V attempted to draw out basic principles for the education of professional nurses and to give these principles form and meaning by relating the educational principles to the characteristics of a profession in general and to nursing's development as a profession as described in Chapters III and IV. The educational principles were identified from a study of nursing literature, spanning a period from January 1955 to January 1964. Although nursing has been concerned with its professional self at other periods, the last decade has perhaps produced the greatest amount of literature in which the implications of professionalism in nursing and in nursing education have been thoughtfully considered. In addition to other events which may have stimulated nursing's professional maturation during the last decade, two books published just prior to this period probably stimulated general interest in nursing as a profession. Esther L. Brown's *Nursing for the Future* was an analytical study of nursing and its strength and shortcomings, with predictions for the next half-century. This report was well received in some quarters, but caused vigorous discussion and debate in others, and failed to receive support from some hospital personnel.20 The other influential work was Margaret

Bridgeman's *Collegiate Education for Nursing* which did much to strengthen the relationship of nursing education to institutions of higher education.\(^{21}\)

Specifically, the literature examined consisted of the January, 1954 to January, 1964 issues of the *American Journal of Nursing* (Volume 54 to Volume 64) and the January 1954 to January 1964 issues of *Nursing Outlook* (Volume 2 to Volume 12). These journals were selected from those listed under "Nurses and Nursing" in *Ulrich's Periodicals' Directory*.\(^{22}\) Publications of state nurses associations, such as *Arizona Nurse*; special interest publications, such as *O.A.R.* Nurse; and foreign publications, such as *Nursing Times*, were eliminated from consideration due to their limited scope or lack of specific significance for nursing in the United States. The *American Journal of Nursing* and *Nursing Outlook* were selected from these magazines remaining because their content is general (although nursing education is given broad coverage in each journal) and because their circulation ranks second and third among the general nursing journals - 155,000 and 22,000 respectively. It was assumed that these two publications would be very valuable since their wide circulation might indicate a broad cross-section of content. The publication with the greatest circulation, *N.A.N.*, was not included because its content tends


to be oriented toward practical considerations rather than toward broader issues and practices, and it is not a publication of an official organization.

In addition to journals, pertinent books, selected from among those reviewed during the last decade in Nursing Outlook and the American Journal of Nursing, were also examined. Although large numbers of books were reviewed monthly in these journals, few were directly concerned with professional nursing education. To illustrate the relative paucity of material directly bearing on professional education for nurses, a careful analysis of one representative six months period (January 1955 through July 1955) revealed that only three books, of ninety-three which had been reviewed, were applicable to this study. The content of the remaining ninety books centered about nursing problems (thirty-four publications), physical and mental health (twenty-five publications), nursing service (eight publications), teaching aids (seven publications), problems of special groups (ten publications), and six publications which fall into the miscellaneous category.

In the entire decade, sixteen books relevant to nursing education were discovered in the reviews. Of this number, four were not available to the writer for examination. Since this material still seemed to be somewhat limited, additional publications, which seemed to have particular pertinence for nursing education and which had been published during the stipulated ten year period, were added. Bridgeman's Collegiate Education for Nursing was also included due to
its specific relevance to professional education, even though its public-
lication date falls in the year preceding the decade under considera-
tion. When all sources had been tabulated, twenty-four books or
book-like pamphlets and forty-two journal articles had been examined.
The complete list of literature consulted is in Appendix A.

The examined literature was then reduced by eliminating those
articles which used the term "professional education" in relation to
non-collegiate nursing programs. This was an attempt to separate the
term "professional nurse" and professional nursing education from such
inclusive terms as "trained nurse," "graduate nurse," and "registered
nurse," which reflect a variety of educational preparation. While it
was recognized that some professional qualities might be developed
through non-collegiate nursing education, the concept of a profession
developed in this work has been broadened to include five general
characteristics, all of which are deemed necessary to the development
of a professional person. Since it appears highly unlikely that
education in a hospital-controlled program, for example, could in-
clude such characteristics as broad study in the basic disciplines,
these writings regarding "professional education" in the non-collegiate
programs were eliminated. The final inclusions, therefore, related to
basic collegiate nursing education or to general educational concepts.
Most of these remaining articles discussed the nature of good practice
for professional nursing education as it was currently viewed.

Observing the preceding criteria and limitations, principles or
implied principles for the education of professional nursing were
drawn from the remaining literature and placed on separate cards.
Principles, as they appear in their final form, were then developed according to a technique which Donald Faulkner has termed, "generalisation through condensation." This technique is, in turn, a modified form of the procedure utilised by W. W. Charters and Douglas Waples and described in the Commonwealth Teacher Training Study. Charters and Waples sought to identify traits of character and personality important in teaching. To do so, they and their investigators interviewed educators and other individuals to determine important traits. All of the traits mentioned were then translated to standard dictionary definitions. These definitions were then "telescopied" into general traits.

In this study, principles of education for professional nursing, or statements which implied principles, were briefed from the literature indicated in Appendix A. A dictionary definition was found for each key word, and statements of identical or similar content were brought together. Principles, defined as "generalised statements through which otherwise unrelated data are systematised and interpreted," were then constructed to encompass the ideas contained in the original statements. At times, the translated statements were

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identical and at other times, slight rephrasing was necessary, but care was taken to preserve the author's meaning and intent. Other statements, distinct from those principles already devised, remained and were formulated as principles so that a variety of viewpoints not just a consensus is represented. The principles were then grouped under the general characteristic of a profession to which they related. Three principles were identified as "general principles," since they seemed to relate equally to more than one general characteristic. It should be noted also that Chapter V does not represent a group of principles for the education of professional nurses which is in any sense complete, since the sole source of data is the literature of a ten year period, and other methods, such as the questionnaire and the interview, were not used. Moreover, no attempt was made to evaluate the principles in other than a general way. The technique by which the principles were identified is illustrated in Appendix B.

Chapter VI posed some of the problems elicited by the foregoing analysis and presented some implications for future research. The problems were developed within the framework of the five general characteristics of a profession and were derived from the analytical discussion of nursing as a profession and of the principles of education for professional nurses. In keeping with the general nature of this study, the problems were presented in a form which attempted to clarify the nature of the problem rather than in a form which
questioned the methodology of solution. Thus, problems are generally posed in terms of "what," and the "how" is deferred for consideration in specific situations.

Chapter VI reviewed the findings and demonstrated implications of the study for the education of professional nurses.
CHAPTER II

THE NATURE OF A PROFESSION

Introduction

The term "profession" has become so much a part of common parlance that it is difficult to identify its distinguishing characteristics. Due to the lack of preciseness of the language and perhaps to desires for prestige, one frequently hears of professional models, professional mechanics, and professional cosmetologists. Moreover, an inconsistent meaning is revealed when the variety of ways in which the word is popularly used is examined. The term profession has been used, for example, to contrast one who pursues an activity as a means of livelihood with one who does not; i.e., an amateur. Hence, athletes have been designated "professional." The term has also denoted one who engages full time in an activity which is not usually considered an occupation or business; for instance, the appellation, "professional politician." In his early attempt to identify the nature of a profession, Abraham Flexner also identified and rejected two other common ways of employing the term: (1) as a denotation for those who possessed an academic degree and (2) as a descriptive adjective for any occupational group whose members merely claimed it.¹

¹Abraham Flexner, "Is Social Work a Profession?", School and Society, I (June 26, 1915), 911.
It would seem, however, that these meanings are too limited in their
definitions and connotations to serve as a basis for studying the
problem under investigation, since they are confined to some single
characteristic such as the remuneration gained, the time devoted to
the activity, or the education required.

The nature of a profession may be studied from various view-
points. For example, operational definitions, reflecting the current
scientific emphasis, provide a basis from which the behaviors of an
occupational group or of its individual members may be adjudged.
This approach, which defines a professional person in terms of the
functions he performs in the course of his work, provides a structure
for decision making and at the same time supplies a sense of certainty
because it relies upon the observable and the measurable.² At the
same time, it makes consideration of abstract qualifications difficult,
if not impossible. This approach could not, therefore, include in the
definition of a profession the idea of "professional spirit" which
Flexner declared was the "main and indispensable criterion of a pro-

Another means of determining the nature of a profession is to
examine those characteristics which are valued by prominent leaders,
past and present. The Hippocratic Oath, for instance, still serves
as a general ethical guide for the medical profession. Not all

²Morris Cogan, "The Problem of Defining a Profession," The
Annals of the American Academy of Political and Social Science,
October (January, 1955), 108.

³Flexner, p. 911.
persuasive definitions of a profession are so durable. For example, in his discussion of a professional ideal for medicine, Reesec Pound emphasized the necessity of individual freedom from governmental direction and control. An assumption basic to his view is that health is primarily the responsibility of the individual, both the individual client and the individual physician. While most medical personnel in the United States at this time would likely agree with Doctor Pound, the problem of using statements of this kind to define the nature of a profession is clear. Since it tends to focus upon current issues - in this case socialized medicine - it is likely to relate to a specific time and culture, and therefore it does not provide for the alteration of basic assumptions which may affect it. Pound's viewpoint can be questioned, for instance, due to the existence of governmental health programs which are functioning responsibly in other countries. It is possible, therefore, that neither an operational approach nor a study of the thinking of single leaders would furnish a base which would be comprehensive enough for defining the components of an educational program for a profession.

Examination of the traditional concepts and a study of current thinking would seem to be an effective means of gaining a fuller appreciation of the meaning of a profession. Because the professions, at least the three traditional ones - medicine, law, theology - , have been identifiable in Western society since the Middle Ages, and

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because the services which are encompassed by them can be noted among primitive peoples, the professions can be said to contain not only functions which can be operationally defined, but also a well-entrenched collection of beliefs and ideals. These beliefs and ideals unavoidably influence the current interpretation of a profession, and, more to the point of this study, may have a bearing on the educational program which is derived from an analytical description of the cumulative characteristics. Therefore, an attempt will be made to arrive at an understanding of the characteristics of a profession as conceived ideally. The term "ideal" is used here not to designate an absolute, but rather to indicate those characteristics which appear to this writer at this time to be the most desirable and appropriate to a profession, whether or not those attributes are clearly manifested.

Characteristics of a Profession

I. A Profession Provides a Practical Service Which is Directed Toward Meeting Man's Basic Needs

One of the most apparent characteristics of a profession is that it provides a practical service. W. I. Thomas in his article, "The Relation of the Medicine-Man to the Origin of Professional Occupations," places high priority on this characteristic in discussing the genesis of the professions. The assumption that tangible service is a distinguishable characteristic of a profession underlies his thesis that the professions originated with persons in the general society
who attempted to meet man's needs rather than with the medicine-man who limited himself to influencing spirits. For Thomas, the essence of professionalism was more apparent in the activities of those who administered medicinal herbs to the sick, than in the functions of the medicine-man which were concerned with exercise. Flexner, in his classic description of the criteria of a profession, also included this qualification. In his words, "... the professional man must have an absolutely definite and practical object."  

It is necessary, however, to qualify this characteristic further if it is to be identified as distinguishing, for many groups' activities are directed toward providing practical services. After an examination and analysis of definitions of the term "profession," Morris Cogan seems to have identified a further limitation. He found that the traditional professions are concerned with man's most basic needs: his relation to God, his relation to the state, and his relation to his biological environment. This additional qualification would seem to fit Thomas' thesis regarding the origin of professions, since it is likely that these basic needs would be manifested most clearly in a simple primitive society. Early organized efforts might have been directed toward meeting these needs, and the specialized


6 Flexner, p. 903.

skills which developed from attempting to meet them could have formed the nuclei of professions. The apparent prestige which professions enjoy appears to provide additional evidence for including such a qualification, since value is very likely to be placed on those activities which are directed toward fulfilling these needs which are essential to existence.

II. A Profession Encompasses Knowledge Which Is Derived from Established Fields of Learning and from Original Investigations

The fundamental necessities with which the professions deal imply this second major characteristic. Professions must be based on the best theoretical foundations that rational man can devise if they are to deal with fundamental needs. Alfred North Whitehead, in fact, defined a profession in terms of this characteristic in his *Adventures of Ideas*:

... (a profession) is an avocation whose activities are subject to theoretical analysis, and are modified by theoretical conclusions derived from that analysis. This analysis has regard to the purposes of the avocation and to the adaptation of the activities for the attainment of those purposes. Such criticism must be founded upon some understanding of the natures of the things involved in those activities, so that the result of action can be foreseen. Thus foresight based on theory, and theory based on understanding of the nature of things are essential to a profession.

It seems almost self-evident that a profession should be learned. Herbert Spencer believed that attributes of skill,

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intelligence, and cunning enabled the earliest professional persons to engage in activities not well understood by the general population.\(^9\)

Classical civilizations also tended to re-enforce the relationship between learning and the professions; and by the Middle Ages, the relationship was firmly established under a social system dominated by the Church. The relationship between the Church, the university, and the professions is made clear by Hastings Rashdall when he states, "To the great mass of the younger students, however, the university was simply a door to the Church and the door to the Church at that time meant the door to professional life."\(^10\) By 1930, the belief that professions were distinguished by their learned character was so firmly established that Flexner was able to write, "Professions are, as a matter of history - and very rightly - 'learned professions'; there are no unlearned professions. Unlearned professions - a contradiction in terms - would be vocations, callings, or occupations."\(^11\)

The knowledge required for professional practice should be, as Marie Jahoda phrases it, distinguished from "the schooling that is common to all members of a nation as prescribed by the law of the land."\(^12\) It should also be distinguished from apprenticeships, from

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\(^12\)Marie Jahoda, "Nursing as a Profession," International Nursing Review, VIII (May/June, 1963), 3.
training in the performance of routine mental, manual, or physical processes, or from work which "depends primarily on the invention, imagination, or talent of the employee." Professional knowledge then is not generally available; it is not unvarying, mechanical, and standardized; and it is not only intuitive. Even though elements of each of these characteristics may be discerned in professional knowledge, especially if it is examined in the practical situation, none constitutes a primary basis of professional education. Professional knowledge is instead derived from an established field of science or learning and is acquired by a prolonged course of specialized intellectual study.

Although professional activity draws its basic material from the learned world, a continuous search for a fresh supply of new facts is also necessary. Research has been termed, "an important symbolic step in becoming a profession"; but it is more than that, for this continuous exploration is necessary to provide bases for competent services designed to meet the mercurial manifestations of basic human needs. Moreover, "it is the steady stream of ideas emanating from these sources (the laboratory and the seminar) which keeps professional persons from degenerating into mere routine workers, and from losing their intellectual and responsible character."

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III. A Profession Is Characterized by Services Which are Predominantly Intellectual and Altruistic

Goethe once wrote, "To act is easy, to think is hard." Perhaps this quotation provides a reason for the aura of difficulty which hovers about the concept of a profession. While it is true that many activities performed by professionals require complex skills and prolonged training, it must be recognised that this characteristic alone does not distinguish a profession, since the same might be said of other areas of work. Rather, it is the recognition that, while manual skills are required, the real activity of a profession is the thinking process which applies knowledge to the solution of problems. The essence of professionalism, therefore, emphasises the process of grappling with the amorphous components of a problem until a solution is distilled, rather than just the process of applying that solution, however complex, to a situation. Moreover, in a profession this former activity should dominate in quantity as well as be epitomised in quality. The human and essential aspects of the basic needs with which a profession deals suggests an inconstant perception of the problems involved, while the foundation of knowledge and intellectual skills makes available the ingredients for their solution.

In addition to a concern for intellectual excellence, the professions have also been characterised traditionally by a sense of responsibility for the client and for the quality of service offered.

to him. This is apparent in the Hippocratic writings from the ancient
world and in ethical codes dating from medieval times. Upon super-

ficial inspection, altruism seems difficult to explain, for it would
appear that a group composed of intelligent persons and possessed of

the knowledge and skills necessary to meet essential human needs could
become egocentric. T. H. Marshall attempted to relate this devotion to

the welfare of others with the historical association of the profes-
sions and the concept of leisure. Since leisure at that time meant

the freedom to select one's activities according to the individual's
standard of what was right and preferable, it is apparent that leisure

was primarily the concern of the educated classes, many of whom were
professionals. According to the author, it is the change in this

concept rather than the original definition which produced the altru-

istic character of the professions. As the idea of leisure was under-

stood originally, the most important effect of an act was its affect

on the doer. However, when leisure came to be seen as the antithesis

of work, other classes could enjoy the kind of freedom formerly avail-

able to professionals and aristocrats. The professional then had to

admit that his occupation did require work, but it was work of a

special kind - that of giving service. In this manner, the emphasis

shifted from the affect on the doer to the effect on the recipient.

18. H. M. Fisher, The Metropolis in Modern Life (Garden City, New


19. T. H. Marshall, "The Recent History of Professionalism in Rela-
tion to Social Structure and Social Policy" Canadian Journal of

Economics and Political Science, V (August, 1939), 325.

20. Ibid., p. 326.
Altruism is also an outcome of the essential quality of the relationship which exists between the professional person and his client. Basically, this relationship is one of trust. It has been indicated previously that professions are learned and that their services are primarily intellectual. As a result, the client often lacks knowledge about the specialized functions involved. In addition, a service cannot be prejudged in the same way as a commodity; for professional services are unique and personal, rather than standardized. It would seem, therefore, that client patronage would be directly proportional to the general perception of the quality of services offered. Since the nature of these services makes accurate lay judgment difficult, the client's perception is influenced by the ability of the professional to communicate his genuine concern for the client's welfare.

This attitude of concern has residual characteristics which seem to resist a completely satisfactory logical definition. This is so because it represents a part of the overall mystery concerning the essential nature of human relationships. Logical explanations are applied to questions which can be answered with cumulative knowledge. Human relationship questions, on the other hand, are the subject of inquiries based on what Crane Brinton has termed "non-cumulative knowledge." An understanding of the nature of such relationships

21Ibid., p. 327.

has not been achieved in the same way as a comprehension of the nature of the universe has been progressively acquired through the work of Copernicus, Newton, Einstein, and others. Nevertheless, this kind of inquiry has, from early times, occupied the attention of great thinkers. The product of their thoughts has made unselfish concern for the welfare of others a culturally-valued characteristic. In Western society, altruism has become a rather tenuous goal to be attained, rather than a problem to be solved in some final sense. As such, it can perhaps be more satisfactorily described than explained. Because professions embody some of these valued characteristics of society, and because they serve basic needs in a knowledgeable way, they enjoy a prestigious position in society. An example of the recognition that societal-valued attributes such as altruism are found in the professions can be demonstrated in a paper recently delivered to the Winchester Division of the British Medical Association by Mr. Graham Hatton. In it, he cited the need to protect the status of professions because the professions have "... had a predominant part in setting the tone of English manners."\(^{23}\) The summarized account of his paper continues, ",... the case for protecting the professions is not merely that society depends so much on the work they do but that they have provided the soil in which habits of mind and conventions in behavior on which society also depends have flourished..."\(^{24}\)


\(^{24}\) Ibid.
IV. A Profession Is Subject to the Control of Society and of the Group

Professions exist in a societal context; and a proper relationship between the professional and his colleagues, his clients, and the state must be assured. The desire to assure this relationship is formalized in two kinds of control - the code of ethics, which is the control of the group, and social control, which is the control of law.25

A profession is dedicated to serving the welfare of others by providing skilled intellectual and practical services. It is not enough, however, merely to insure the high quality of functions performed by professional practitioners. The public must be protected from those who would seek the privileges and prestige of professional identification without the accompanying responsibilities. This protection is achieved most directly through licensing. Because professional services are basically intellectual and manifestly complex, the individual recipient cannot always judge the competency of the practitioner. Collective action is therefore utilised and minimum standards are established by the state. In this way, society seeks to insure the public welfare, and the effort is supported by professional altruism and by the recognition of society that the profession is the group which is the sole master of the craft.

The control of professional associations is, however, more important than legal control; for the latter defines minimal criteria of

practice, while the former promotes a more exacting model. It is the profession, therefore, which assumes greater responsibility for the quality of practice, even though this responsibility may be shared by the state. This voluntary assumption of responsibility has a long history dating from the movement toward the formation of associations encompassing the performance of specialized functions which swept Europe during the eleventh century. These associations in some cases formed the basis of the university; for at that time, awarding of the degree signified the approval by the group of the candidate's ability to function as a teacher.

The code of ethics is the most obvious evidence of group central. In a sense, the code of ethics verbalizes some of the ideals of a profession, but it may be considered more accurately as a normative description prescribing right and wrong behavior; i.e., indicating what the professional practitioner shall and shall not do. For example, the code of medical ethics states:

A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken the case, the physician should not neglect the patient, nor should he withdraw from the case without giving notice to the patient, his relatives or his responsible friends.

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27 Carr-Saunders and Wilson, p. 284.

28 Ibid., p. 289.
sufficiently in advance of his withdrawal to allow them to secure another medical attendant. 29

Specific injunctions such as this protect the patient by providing a clear standard of evaluation for this area of professional conduct.

V. The Excellence of a Profession Is Related to the Quality of the Individuals Who Compose It

Although this fifth characteristic of a profession is essential to the discussion of a profession, it may also apply, with various degrees of intensity to other occupational groups. The particular personal qualities required of professional persons, however, would be much more demanding than those required of non-professionals. Nevertheless, such a characteristic is accepted only with difficulty by many professional workers and is rejected by some, particularly those who desire the preciseness of the objective and the measureable. Still others, occupying the opposite end of the continuum, may accept it unquestioningly. Most, however, will regard this fifth criterion as a necessary additive to the preceding four criteria. While one realises that this criterion is most difficult to objectify and to submit to measurement, it may be appreciated as an expression of a quality which is substantive, although intangible.

Historically, this quality was not defined quantitatively, but there is evidence that characteristics such as prowess and virtue were valued in professional persons. To illustrate, Herbert Spencer

indicates that primitive peoples selected from their number only the
most intelligent and cunning to carry out the important task of serving
the needs of their deified king after death. According to their be-
 lief, the safety and even the existence of their society rested upon
the ability of these selected to propitiate the king. These func-
tions, which were both political and ecclesiastical, were the nuclei
of the professions.

The close relationship between ecclesiastical institutions and
the professions persisted and was most clearly evidenced during the
Middle Ages. So intimate was this relationship, that Rashdall comments,
"In the North of Europe the Church was simply a synonym for the pro-
fessions."

The Church dominated medieval society and represented
the valued characteristics as well as authority and prestige. Due to
their close relationship with the Church, the professions, therefore,
seem to have acquired some of these characteristics.

In addition to the historical evidence which suggests the im-
portance of intangible qualities to a concept of the professional
person, an examination of the previously described characteristics
reveals that certain attributes are implied. While the first char-
acteristic of a profession indicates that certain skills are necessary
to perform the designated services, it also suggests that the com-
plexities involved in meeting man's basic needs require judgment and

31 Rashdall, p. 696.
understanding of human nature. For example, the Protestant clergy, one of the traditional professional groups, deals with man's need to relate to God. In order to achieve their purpose better, members of this group have sought to improve their understanding of man. This attempt to define and to understand human nature can be illustrated in Calvin's sixteenth century dictum concerning man's corruption, and in twentieth century instances of the liaison of religion and psychology. Similarly, the second characteristic, calling for a professional person who can base his activities on facts from the learned world, and at the same time be able to conduct investigations productive of new knowledge and relationships, infers that suitable intellectual potential is requisite.

The third characteristic of a profession similarly infers certain personal qualities. As was stated, knowledge and intellectual skills characterize professional services, but they provide only the components for the solution of human problems. Pain and suffering is, for example, a complex phenomenon with which persons in the health professions deal. However, it cannot always be relieved completely through the application of treatment and the administration of medication; for its occurrence is generally more than a simple physiological event. In addition to the neurological sensation of pain, the corresponding emotional anguish of suffering is influenced by such factors as cultural attitudes, past experiences, and personal perception. Alleviation, therefore, may be enhanced by a professional
practitioner who possesses the sensitivity to understand these human factors and who is able to provide the necessary empathy, encouragement, or support.

The fourth characteristic also suggests personal qualities which are needed by professional persons. Legislation and codes of ethics exist for the protection of society and of the professional practitioner as well. Nevertheless, these written precepts can be inadequate or imperfect, for professional services depend upon the utilisation of individual judgment and on the acceptance of the responsibility for that judgment. The quality of any decision may in turn rest upon the personal standards of the practitioner as well as upon the written codes. In fact, for T. H. Marshall, individualism is the essence of professionalism; and he additionally emphasises that the individual is the true unit of service.32

Ideally, then, the individual practitioner can and should be motivated by standards higher than those established by society or by the professional group. In the following quote, Ward Darley makes this point exceedingly well by opposing the terms "standard" and "standardisation."

The word 'standard' means a goal that is as high as the mind can conceive - it is the ideal . . . On the other hand, when the idea of standardisation enters into the setting of goals, we immediately provide for limitations beyond which no one is encouraged to go. Standardisation itself becomes the goal and, since individuals vary in their capacity to achieve, the standard is brought down to the level of those who can achieve the least.

32Marshall, p. 326.
and the incentive for variation in the direction of a better-than-average performance is at once removed.\textsuperscript{33}

Thus, minimal standards are established at a lower level by society and at a higher level by the profession. Maximal standards are set by the personal conviction of the individual.\textsuperscript{34}

It has been indicated at some length, by citing historical evidence and by eliciting clues inherent in the four preceding criteria, that professional excellence is related to the quality of the individuals who compose the profession. Perhaps this fifth characteristic of a profession is best validated and summarized in what Darley has termed the "law of the isolation of the individual." Although he discusses it specifically for the medical profession, the following comments from his discussion have more general application. He writes: "The law of the isolation of the individual dictates that there will always be times when the individual human being must stand alone . . . Every day in the practice of medicine, decisions must be made in the solitude of one's own inner being."\textsuperscript{35}

These five professional characteristics - a profession provides a practical service which is directed toward meeting man's basic needs, a profession encompasses knowledge which is derived from established fields of learning and from original investigations, a


\textsuperscript{34}Ibid., p. 878.

\textsuperscript{35}Ibid.
profession is characterized by services which are predominantly intellectual and altruistic, a profession is subject to the control of society and of the group, and the excellence of a profession is related to the quality of the individuals who compose it - all denote the nature of a profession, for each characteristic is interdependent with the other four.
CHAPTER III

NURSING VIEWED AS THE CULMINATION OF DEVELOPMENT

Introduction

What is the status of nursing as a profession? This is a question which has occupied the minds of nursing leaders almost since the beginning of modern nursing. It comes as a surprise, especially to those who value this identification, to learn that Miss Nightingale was unequivocally opposed to having nursing designated as a profession. Her position is quite clear in the following statement which she prepared for the International Congress of Charities which met in 1893.

A new art and science has been created since and within the last forty years. And with it a new profession - so they say; we say calling. One would think this has been created or discovered for some new want or some local want. Not so. The want is nearly as old as the world, nearly as large as the world, as pressing as life or death. It is that of sickness. And the art is that of nursing the sick. Please mark - nursing the sick, not nursing sickness. We will call the art nursing proper.

Moreover, she believed that making nursing a profession was one of the apparent dangers which had arisen in the first generation of practice and explained her insistence that nursing be thought of as a calling.

What is it to feel a calling for anything? Is it not to do our work in it to satisfy the high idea of what the right, the best, and not because we shall be found out

if we don't do it? This is the 'enthusiasm' which everyone, from a shoemaker to a sculptor must have in order to follow his 'calling' properly. Now the nurse has to do not with shoes or with marble, but with living human beings.²

While Miss Nightingale did not define the word "profession," it is apparent that her ideas do not conflict with some of those developed in the preceding chapter, even though her terminology appears to differ. In the former statement, for example, she emphasized the universality of sickness as a human problem when she said that it is, "a want nearly as old as the world;" and she recognized the human aspects of the problem when she differentiated between nursing the sick and nursing sickness. Thus, it appears that her ideas differ little with the content of the first characteristic of a profession which recognizes that a profession supplies practical services to meet basic human needs.

Similarly, an examination of her latter statement draws attention to her concern that a professional person be altruistic. Altruism is also the concern of the third characteristic of a profession as developed in this work.

In spite of Miss Nightingale's opposition to the title 'profession,' the designation became much sought after by nurses and by supporters of nursing. Some early writers, much imbued with the seal of the founders, eagerly laid claim to the status of a profession.

Among the first of these published claims appeared in an article in The American Journal of Nursing, then in its second year of publication.

²Ibid., p. 32.
In this 1902 article, the author declared that, although nursing was not generally regarded as a profession, it was a profession for the following reasons:

1. Nurses are willing to teach their successors, 2. They share in making their own regulations and in professional advantages, 3. They recognize the necessity of continuous study, 4. Nurses are not primarily interested in economic gain and 5. They require 'sufficient' education.

One problem group did exist, however. This group was the private duty nurses who sometimes functioned as "lady's maids" rather than as nurses.\(^3\)

The Nursing Profession as the culmination of development

The idea that an occupation becomes a profession at some specific point underlies the above comments. This assumption may also be drawn from a more recent article in which the author, Wayland Hayes, describes the stages in the natural history of a profession.\(^4\) If Hayes' discussion is applied to nursing, this occupation, having been established just forty-two years earlier, was well advanced toward professional status when the 1902 article was printed.

Hayes' first stage - "A social problem emerges when general recognition of difficulty or frustration spreads throughout a group" - is somewhat difficult to point out specifically if nursing is considered from ancient times, for most cultures devised means of caring

\(^3\) A. Worcester, "Is Nursing Really a Profession?", *American Journal of Nursing*, II (August, 1902), 915.

\(^4\) Wayland Hayes, "The Place of Sociology in Professional Education," *Social Forces*, XXVI (March, 1948), 293.
for the sick and of preventing illness. If, however, modern nursing is the topic of inquiry, the response is more certain. The event which seems to have provided the stimulus for the development of modern nursing was a letter published in the Times of October 9, 1954, which drew attention to the inadequacy of medical and nursing arrangements for the British sick and wounded in Crimea. This section from the letter is illustrative of its tone and content.

. . . Not only are the men kept, in some cases, for weeks without the hand of any medical man coming near their wounds; not only are they left to expire in agony, unheeded and shaken off, though catching desperately at the surgeon whenever he makes his rounds through the fetid ship; but now, when they are placed in that spacious building, where we were led to believe that everything was ready which could ease their pain or facilitate their recovery, it is found that the commonest appliances of a workhouse sick-ward are wanting, and that the men must die through the medical staff of the British army having forgotten that old rags are necessary for dressing wounds.6

Such attacks continued and aroused not only feelings of resentment toward the authorities, but also of pity for the victims. This awareness was embodied in Mr. Sidney Herbert, the Secretary of War, and in Florence Nightingale. Together they devised plans for Miss Nightingale and a group of nurses to go to Crimea. There, according to Dock and Stewart, she "practically overthrew the whole method of managing the British army" in order to implement her system of nursing care.7

5Ibid.
Nevertheless, in addition to a more general influence, her labors are specifically credited with reducing the death rate at the Barrack Hospital, Scutari, from 42 percent to 22 per thousand.8

The second stage - "The problem is first treated by unspecialised persons who respond to social need" - may also be demonstrated in the events of Crimea, for one of the chief problems faced by Miss Nightingale was finding a party of suitable women to accompany her.9 Cook indicated that many who applied were unsuitable and only thirty-eight nurses were secured during the ten days of preparation for the trip to Crimea.10 Stage three - "The persistence or extensive character of the difficulty calls out persons with somewhat related or pertinent skills who address themselves to the problem" - is difficult to demonstrate specifically in sequence, although there is ample evidence in more recent times of interdisciplinary approaches to nursing problems.11 It could be presumed, however, that during this early period nursing incorporated knowledge and skills from members of the medical profession.

Stages four and five which Hayes cited appear to have been combined in nursing history. These stages include the development of conscious procedures from trial and error experience and the

8Cook, I, 254.
9Hayes, p. 293.
10Cook, I, 158.
11Hayes, p. 293.
establishment of apprenticeships to transmit the accumulated skills.\textsuperscript{12}

The first clear evidence of these events in modern nursing occurred in 1860 with the endowment by Miss Nightingale of the first modern school of nursing at St. Thomas' Hospital, London. Prior to that time, nursing skills and knowledge had been largely "picked up" on hospital wards, although some fairly well structured training programs for nurses, such as the one at Kaiserswerth, did exist. Miss Nightingale's ideas concerning the preparation of nurses conform more closely to a concept of education than to one of apprenticeship. The St. Thomas' program, however, more closely resembled an apprenticeship because it was based largely on job analysis and it emphasized the acquisition of practical skills.\textsuperscript{13}

Stage six - "Theoretical foundations are formulated from experience and from seemingly pertinent bodies of knowledge and sciences" - is one which has presented problems for nursing which continues to the present.\textsuperscript{14} While nursing utilizes knowledge from anatomy, physiology, chemistry, and other basic sciences, the lack of an identifiable body of knowledge unique to nursing has been only recently acknowledged. Many of the difficulties encountered in nursing practice and in the development of undergraduate and graduate nursing curricula have been

\textsuperscript{12}\textsuperscript{13}\textsuperscript{14}See page 293.

\textsuperscript{12}\textsuperscript{13}Isabel Stewart, \textit{The Education of Nurses} (New York: The Macmillan Company, 1944), pp. 61-62.

\textsuperscript{14}Hayes, p. 293.
attributed to the deficiency of a definitive and substantive body of nursing content.\textsuperscript{15}

Stage seven - "Education becomes prolonged in order to learn theory and skills" - evidenced itself soon after the development of the nursing course at St. Thomas' Hospital in 1860.\textsuperscript{16} In the first decade after the original program was established, supplemental experience and instruction were made available to those nurses who wished to specialize as midwives or as district nurses.\textsuperscript{17} In the United States, the duration of the nursing programs developed upon the Nightingale plan varied somewhat, most programs being about one to two years in length. Isabel Hampton, Superintendent of the Training School for Nurses at Johns Hopkins Hospital, was one of the first to realize the necessity of establishing a standard of education for nurses. In 1893 she proposed that the basic diploma program be lengthened to three years in order to develop leadership in the competent, to insure safe practice for the less able student, to exclude the "commercial woman," and to permit better organized teaching.\textsuperscript{18} In time, the course was lengthened to three years. According to at least one prominent nurse-educator, however, this prolongation was of


\textsuperscript{16}Hayes, p. 293.

\textsuperscript{17}Stewart, pp. 72-74.

greater economic advantage to the hospital than of benefit to students in the educational program.\textsuperscript{19} Since the hospital board controlled the school of nursing, educational interests could easily be submerged in service responsibilities. Moreover, the rapid expansion of the training school system, especially between 1873 and 1893, invited the exploitation of students, particularly in hospitals where educational resources were inadequate.

Further evidence of educational prolongation can be seen in the continuing movement toward basic collegiate programs for the education of nurses. These programs, lasting four to five years, not only correct some of the deficiencies of the hospital training school system, but also tend to broaden the objective of nursing education to include the dual goals of developing a liberally educated professional person as well as a technically skilled nurse.

Stage eight - "Group consciousness, organization, and organizations emerge" - can be demonstrated clearly during nursing's developmental years with the formation of a national organization known as the American Society of Superintendents of Training Schools for Nurses.\textsuperscript{20} This group, founded in 1893, just twenty years after the first modern nursing schools in the United States, sought to establish and to maintain a universal standard of training.\textsuperscript{21} The International

\textsuperscript{19}Stewart, p. 140.

\textsuperscript{20}Hayes, p. 293.

\textsuperscript{21}Stewart, p. 139.
Council of Nurses was founded shortly thereafter in 1899. The two currently prominent national nursing organizations are the American Nurses' Association, an outgrowth of the Nurses' Associated Alumnae of the United States and Canada, and the National League for Nursing, formed from the National League of Nursing Education, the National Organization for Public Health Nurses and the Association of Collegiate Schools of Nursing.

Stage nine - "When services become directly purchasable, codes and standards are developed for controlling and defining relationships" - has been accomplished primarily through the work of the professional associations. These groups have sought to assist the individual practitioner and the profession as a whole to achieve high levels of service. Professional associations have also sought to protect the public by promoting the development of definitions of quality practice. The first attempt to secure control was the American Nurses' Association's support of state licensure for nurses. Licensure was generally ensured by the second decade of the twentieth century. The second means of control was the attempt to establish a code of ethics. A suitable written national ethical code for nursing


24Hayes, p. 293.

was not adopted until 1950. Serious efforts to write a code, however, had been undertaken thirty years earlier in response to a recognition of the need for such a code which had been expressed in early nursing literature. 26

Stage ten is one in which subspecialization occurs to deal with particular phases of the original problem. 27 Nursing is characterized by two broad kinds of specialization: functional and clinical. The former is probably older in modern nursing since two areas of functional specialization can be identified in the original objectives of the St. Thomas' program. The first, "to train nurses to train others," likely represents the beginnings of teacher education as a specialty in nursing; while the second, "to train district nurses," forms the foundation of modern public health nursing. 28 Clinical specialization followed very quickly with the development of programs for supplemental experience and education in midwifery. 29 Both functional and clinical specialization exist today, and education for each generally proceeds at the master's level. Stage eleven - "Subspecialization is carried to a point of completely solving the special phase of the difficulty, or to a point of diminishing returns, or to a partial or complete loss of original functions" - is difficult to demonstrate. 30

26 Ibid., pp. 674-675.
27 Hayes, p. 293.
28 Stewart, p. 56.
29 Ibid., pp. 72-74.
30 Hayes, p. 293.
While the designation of subspecialities has frequently been altered and the functions resynthesized, the original function has tended to remain. Thus, operating room nursing has tended, particularly in collegiate nursing education, to become subsumed in surgical nursing.

Antecedents of the final stage, stage twelve, can be recognized throughout the development of nursing, but perhaps not so clearly as in recent years. This stage, in which there is "a recognition of a need for broader orientation of the original problem, and synthesis of what is known," is currently reflected in inquiries concerning the nature of nursing.31 The product of these inquiries vary. On the one hand, there is Mary Mallane's reiteration of the traditional concept of nursing when she states, "I see nursing as a devoted service to people. It brings them personal care and comfort when they are unable to manage these for themselves."32 On the other hand, there is Frances Kreuter's detailed analysis and definition of nursing care.

I have tried to define nursing care as acting and interacting with the patient through physical and personal contact for his welfare, and intervening in his behalf between him and those stresses in the physical environment and in the social climate that impinge upon him. The nursing operations to carry this through I have listed as (1) ministering to the basic human needs, (2) administering medicines, tests, and treatment, (3) observing the patient's response and adaptation, (4) teaching self-care or counseling on health, (5) supervising or guiding the patient's rehabilitative activities in modifications of daily living, (6) planning with the patient for self-care, which is an outgrowth of managing

31 Ibid.
32 Mary Kelly Mallane, "Has Nursing Changed?", Nursing Outlook, VI (June, 1958), 323.
the care for him - determining and timing the course of action and controlling the manner of its performance, and, (7) communicating with the patient throughout all of these - to develop a sense of trust, a feeling of significance and ultimately of self-realisation.33

While the difference in point of view is apparent, it is clear that the existence of this kind of inquiry is evidence of a need for a re-affirmation of traditional concepts or for a re-orientation and re-synthesis of current reflections.

CHAPTER IV

NURSING Viewed as the Approximation of a Standard

Introduction

The foregoing section provides some indication that, with two exceptions, nursing can be designated as a profession inasmuch as evidence of each developmental step can be cited. Developmental approaches of this kind provide some advantages when utilized to determine if an occupation has become a profession, since the specificity of each step provides for clarity of judgment. Whether a group is moving toward or away from becoming a profession can be determined by comparing happenings within the group with the postulated stages of professional growth. Moreover, those groups actively seeking to become professions are provided with some sense of direction for future planning. On the other hand, if the stages of this approach are utilized exclusively, standardization or professionalism could follow.

Professionalism, according to Ward Darley, occurs when a goal is so well defined that it does not provide for variations designed to surpass it.¹ Thus, stage seven - "Education becomes prolonged in order to learn theory and skills" - might be interpreted so that an educational program of increased length could become an end in itself.

without adequate consideration for the quality or appropriateness of the content.

The Nursing Profession as the Approximation of a Standard

Understanding a profession as a standard to be approximated, once concern for each of the defined characteristics has been demonstrated, appears to diminish this problem. While the goals are somewhat more tenuous, there is ample opportunity for variation beyond the average expectation, since qualities rather than events are emphasised. This approach also tends to stress the individual more than the group, which may be either an advantage or a disadvantage, depending upon one's orientation and purpose. The social scientist, for example, may find that relying on qualities which emphasize the individual is a handicap, while psychologists or educators may find it advantageous.

It is the purpose of the following section to discuss nursing in relation to the characteristics essential to a profession which were described in Chapter II of this work. The degree to which nursing approximates these standards will be emphasised by examining evidence of concern for achieving them and/or the direction of growth. While the whole of nursing is the designated focus of consideration of this work, the discussion often stresses nursing education. This emphasis on nursing education is due to the influence of a traditional assumption in nursing: nursing care of patients and nursing service generally is affected primarily by the pre-service educational program for nurses.
Although many of the heroines of nursing, such as Clara Maass, Lillian Wald, and Louise Zabriskie were essentially practitioners, change and direction in nursing may be most clearly attributed to the influence of nurse-educators. Noteworthy examples are Isabel Hampton Robb (1860-1910), who stimulated curriculum improvement in early nursing programs; M. Adelaide Nutting (1858-1948), who was the first nurse to assume a professorship in a university; and Annie Goodrich (1866-1954), who brought the need for higher standards of education for nurses to the awareness of the public. While each of these educators apparently possessed personal qualities which propelled them to positions of leadership, they had the added advantage of being well educated members of an occupational group which, until the 1930's, did not generally require high school graduation as a requisite for training. Before entering nursing, for example, Mrs. Robb spent "a year or two" at the Collegiate Institution, St. Catherine's. She also held a position as a public school teacher for four years. Miss Nutting, who was educated in private schools in Ottawa and in Montreal, studied music and art for several years and taught music. Miss Goodrich was educated in private schools in Connecticut, England and France.

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only were these women educated, but in two of the examples, they were educators. It is not surprising, therefore, that they should turn their attention to the educative process in nursing as a means of directing this occupation toward true professional status.

The General Characteristics of a Profession
As Related to Nursing

I. A profession provides a practical service which is directed toward meeting man's basic needs

This characteristic can be identified as a traditional and basic concern in nursing. Modern nursing, moreover, can trace its inception principally to Miss Nightingale's concern that the human needs of wounded and sick British soldiers be met. While providing practical services has long been a goal of nursing, the development of a professional consciousness impelled nurses to consider ways in which these services could be improved. The first means of carrying out this desire to serve the public better was simply to provide more trained nurses. Through the establishment and expansion of training school programs, the number of trained nurses increased markedly during the first half century of nursing in the United States. For example, there were 157 graduate nurses for the entire country in 1880, 3000 in 1900, and 15,000 in 1920. This quantitative approach was questioned seriously, especially when there appeared to be a

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6 Committee on the Grading of Schools of Nursing, Nursing Schools Today and Tomorrow (New York City: National League of Nursing Education, 1934), p. 11.
great deal of unemployment among nurses during the years of economic depression. Examination, however, revealed that there was an over-supply of nurses only in certain areas of function, such as in private duty nursing. Meanwhile, there were few nurses working in other areas of need, such as public health. This realization had the effect of attenuating the strictly quantitative approach and of broadening the concept of nursing. Thus, there was some refocusing of the purpose of nursing education from supplying nurses for a limited number of patients who employed private duty nurses to supplying nurses for the community as a whole.

The second means utilized by nursing to serve the public better was to encompass more areas of function. Josephine Reohe, Assistant Secretary of the Treasury, presented this challenge to nursing at the 1937 meeting of the National League for Nursing Education in saying:

A brilliant career bringing individual triumphs, or material success, we know is no longer enough for us to be judged adequate in this day in age . . . What are we giving, not merely what have we acquired as specialists; how well and deeply have we understood the tremendous social and economic problems and needs all about us; and how effectively have we acted with our fortunately possessed training to help eliminate causes of social and economic injustice, and lay the groundwork for an improved and juster life for all?

Before nursing had an opportunity to implement a more encompassing and socially oriented concept of nursing service, World War II erupted.

The War, moreover, constituted a severe test of the professional

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maturity of nursing as this group attempted to conserve, utilise, and develop nursing resources.

The third means utilised by nursing to meet more effectively those basic needs with which it is concerned grew out of the events of World War II. While the first and second means focused on providing added quality and breadth, the third means focused on a reappraisal of the quality of nursing. In time, this latter consideration grew into a more sophisticated analysis of the nature of a profession and of professional education.

Perhaps the most apparent effect of the war was the drain on available nurses. In December, 1941, the Army Nurse Corps alone called for 10,000 nurses to fill existing and future vacancies. From May to August of the following year, the American Red Cross sought to enrol 40,151 nurses in the first reserve. Before the war had ended, one out of four nurses were in the armed forces, and forty-two percent of the nurses had volunteered for service. In civilian hospitals, one method utilised to fill the gap caused by departing nurses was the employment of technically trained lay persons to perform certain routine tasks relating to patient care. As a result of this measure, many of the non-professional functions traditionally

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9 "First Reserve Quotas," American Journal of Nursing, XIII (June, 1942), 613.

performed by graduate nurses were delegated so that the services of available nurses could be utilized more effectively. This delineation of professional and non-professional tasks provoked inquiries into the unique role of the professional nurse.

Acceleration of educational programs was another means of meeting the shortage of nurses. This measure had the effect of raising questions regarding the nature of the essential knowledge and skills needed by professional nurses and produced some healthy skepticism concerning former educational practices. For example, curriculum adjustments were proposed during the war which took into account the educational background of the student. It was suggested that the traditional three year diploma program be shortened to twenty-eight months for students with two years of college experience and to twenty-four months for students with four years of collegiate education. The program for students in the cadet nursing program, established under the Bolton Act, generally extended over thirty months and was followed by a supervised experience of six months. This was in contrast to the usual diploma program of thirty-six months.

When equilibrium was established following the War, many of the foundations had been laid for the present period of critical appraisal of the meaning of professional nursing and of its attendant needs and


12 Roberts, p. 389.
responsibilities. Activity in the past two decades has been directed not only toward examining the nature of professional tasks and toward making adjustments and innovations in educational practices, but also toward defining the response of nursing to changes in the larger society.

II. A profession encompasses knowledge which is derived from established fields of knowledge and from original investigations

The knowledge encompassed by nursing has evidenced a continuous development, both in quality and in quantity, since the establishment of the first modern training schools for nurses in the United States in 1873. The derivation of such knowledge has been a difficult problem historically, and it remains one to the present day. For this reason, it will be examined in some detail so that the problem, as it presently exists, may be seen in perspective. Although the nature of nursing knowledge and its frequent inadequacy are concerns which affect the whole of nursing, the confrontation of this problem and the several attempts at solution can be most clearly identified and examined within the educational system.

The first attempt to cope with the problem of knowledge might be termed a job analysis approach; i.e., knowledge was considered significant if it enabled the nurse to carry out her specified duties. Knowledge of this kind characterized early programs for nursing education and can be easily identified as a significant influence in present
educational programs. Knowledge based on job analysis may be superficial, however, and can promote an attitude of mechanical performance of duties. For this reason, a professional practitioner cannot rely exclusively on this kind of knowledge. Miss Nightingale recognised this limitation, for she emphasised that nurses' training should consist not only of how a procedure was to be done, but why it was to be done. This implied more than superficial knowledge. Nevertheless, early programs for the education of nurses were more likely to be characterized by bits of knowledge borrowed from other areas of study than by knowledge thoughtfully derived from established fields. Moreover, an emphasis was placed on acquiring skills and techniques distilled from the experience of other nurses with improvisation only when necessary. Skills for and support of original investigations were generally lacking. The following excerpt from the Farrand Training School Annoucement of 1884, describing the goals of an early training program developed along the Nightingale plan, supports the previous generalizations.

The instruction will be given by the Medical Board of the hospital, by the Principal of the School, and by the Head Nurses of the various Wards.

It will consist in part of didactic lectures relating to the general principles of nursing, the observation and reading of symptoms, practical instruction in the preparation of the diet of the sick, and the method of managing helpless patients.

At the bedside, pupils will receive instruction in-
1. Dressing of wounds
2. Applications of blisters, fomentations, poultices, cups and leeches

3. Use of the catheter and administration of enemas
4. Methods of applying friction
5. Bandaging and the making of rollers
6. Making beds, changing draw sheets, moving patients and preventing bed sores.  

In time, the class schedule became formalized. The first annual report of this school, issued in 1887, described the following lecture schedule of subjects and clock hours.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>Physiology and Pathology</td>
<td>2</td>
</tr>
<tr>
<td>Surgical Emergencies</td>
<td>7</td>
</tr>
<tr>
<td>Sick Room Nursing</td>
<td>7</td>
</tr>
<tr>
<td>Obstetric Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Materia Medica</td>
<td>7</td>
</tr>
<tr>
<td>Gynecological Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Surgical Sick Room Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Nursing Children</td>
<td>4</td>
</tr>
<tr>
<td>Eye and Ear Nursing</td>
<td>2</td>
</tr>
<tr>
<td>Nervous Diseases</td>
<td>2</td>
</tr>
<tr>
<td>Chemistry of Cooking</td>
<td>3</td>
</tr>
<tr>
<td>Use of the Microscope</td>
<td>2</td>
</tr>
<tr>
<td>Examination of Secretions</td>
<td>3</td>
</tr>
</tbody>
</table>

As meager as this instruction may appear in retrospect, it must be remembered that just four decades earlier, most secular nursing was in a deplorable state and nurses were frequently the ill-bred, unsouled, selfish type of women probably best immortalized in Charles Dickens's characters Sairey Gamp and Betsy Prig. Moreover, the concept of


nursing generally accepted during this period tended to support such a program of instruction as the one outlined above. Although nurses at this time were not generally concerned with defining a concept of nursing, one can be inferred from the following statement made by the Superintendent of the New York City Training School in which she described the advantages of the new training system.

Doctors were not slow to grasp the idea that a system and a science of treatment of the sick could now be introduced which before, owing to the low order of intelligence and the poor education of the old-time nurse, were impossible; that accurate reports, exact obedience, cleanliness and order came with the new nurse, and that inquiry and research into new fields could now be ventured upon, based on a knowledge gained from treatment faithfully carried out and as faithfully recorded.  

It can be seen that the functions of the nurse were largely defined for her by the doctor, and that her role, an essentially dependent and passive one, did not require understandings derived from the basic fields of knowledge or from original investigations.

The job analysis approach to selecting knowledge for the education of nurses persisted for a long time. In fact, it has been only in recent years that active attempts have been made to improve on this approach. These attempts to deal with the question of knowledge have taken four general directions. The first attempt was an additive one. As medical knowledge increased and expanded, and the scope of medical services broadened, more and more functions were delegated to the nurse. As a result, she required more knowledge in order to carry out

\[17\] Nutting and Dock, II, pp. 294-295.
her increasingly complex duties. This development may be illustrated by again referring to the Farrand Training School program. The listed practical skill areas to be mastered, for example, increased from six in 1884 to twenty-seven in 1915.\textsuperscript{18} Clock hours of instruction were also increased to more than one hundred twenty-three in 1915.\textsuperscript{19} By 1923, the total lecture and laboratory class schedule had grown to five hundred forty-six hours from the fifty-four hours required four decades earlier.\textsuperscript{20}

The second attempt to deal with the problem of knowledge in nursing is reflected in the establishment of basic collegiate programs for the education of nurses. This step had the effect of improving the quality of knowledge. The university setting places nursing within the mainstream of education generally, thus removing it from the purview of the hospital whose chief function is serving patients rather than educating nurses. This setting also tends to attract a better qualified student, to provide increased contact with the basic disciplines, to furnish facilities and financial resources essential to sound education, and to broaden the professional orientation through contact with the liberal arts.

Nursing, as it is now defined, requires knowledge founded in the basic disciplines. The following current definition is illustrative.

\begin{enumerate}
\item[\textsuperscript{18}] Deans and Austin, p. 87.
\item[\textsuperscript{19}] \textit{Ibid.}, p. 89.
\item[\textsuperscript{20}] \textit{Ibid.}, p. 93.
\end{enumerate}
Nursing in its broadest sense may be defined as an art and a science which involves the whole patient - body, mind, and spirit; promotes his spiritual, mental, and physical health by teaching and by example; stresses health education and health preservation as well as ministration to the sick; involves the care of the patient's environment - social and spiritual as well as physical; and gives health service to the family and community as well as to the individual. 21

Inspection of this encompassing definition clarifies the need for nurses to study in the basic disciplines if they are to function effectively. One phase of this definition, ministering to the sick, may, for example, involve the apparently simple procedure of measuring the body temperature. Without an understanding of the basic sciences on which this procedure is based, it is a technical or non-professional function. The temperature is merely measured and recorded with deviations from the normal reported to someone in authority. However, this same act takes on the quality of a professional activity when the practitioner may use knowledgeably the scientific principles governing the production, loss, and distribution of heat to serve as a basis for decision making and for action.

The third attempt to deal with knowledge in nursing is the method of identifying carefully knowledge which is essential to certain aspects of nursing. This attempt generally takes the form of specifying principles or concepts from the behavioral or physical sciences which have pertinence for nursing. An example of this approach is a

recent study, in which an attempt was made to "examine 'what' concepts subsumed under mental health and psychiatry are of particular significance for nursing education and 'how' the identified concepts might be integrated throughout the baccalaureate curriculum."22

A fourth approach to the problem of knowledge in nursing is derived from the third. While the need to identify and to apply principles from the basic disciplines is well recognised, this fourth approach would seek to define a body of knowledge which is unique to nursing. This body of knowledge is generally referred to as the "science of nursing," but it has not yet been identified or developed. Dorothy Johnson has recently clarified some of the problems involved in an attempt to define the nature of a science of nursing.23 This fourth approach in relating nursing knowledge to the basic disciplines seems to represent a rather creative step in the effort to fulfill the writer's second criteria of a profession. Not only is the need to encompass knowledge from the established fields of learning recognised, but the need to derive a unique synthesis is also perceived. The search for a unique body of nursing knowledge also makes explicit a reason for original investigation; for while some portions of a science of nursing may be elicited from a re-synthesis of known principles, other portions will be discovered through formalised research activities.


It is likely that no need in present day nursing more clearly or more persistently occupies the minds of nursing leaders than the need for research in nursing. Probably this interest in research is, to a large extent, a reflection of the current scientific age. Perhaps, as Godfrey Hochbaum indicates, it reflects the pressures of concrete problems, or the need to improve the scientific basis of nursing care. The cry for more research may even reflect a need for self definition and for recognition by others. One thing it surely reflects is a need for more knowledge and ability to answer the ever increasing questions which arise on every side.

If the term "research" is defined rather broadly, it may be said that research has been a persistent concern in nursing. As early as 1912, for example, a study sponsored by the United States Bureau of Education and directed by M. Adelaide Nutting reported on a questionnaire study of what students were being taught in schools of nursing throughout the country. This report titled, *The Educational Status of Nurses*, revealed many inadequacies in the existing training programs for nurses and stimulated some reforms. It also seemed to set a pattern for later studies which were frequently concerned with the education of nurses, with the patterns and organization of nursing service, and later with characteristics of the nurse herself. In contrast to the research in other professions, professional practice

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was a less frequent topic of inquiry. A recent publication includes a chapter describing the outstanding studies in nursing—these "which have guided nursing in the past and will always be considered milestones in the development of nursing."

Of the sixteen studies considered in this chapter, only one, Patient-Centered Approaches to Nursing (1960), clearly considers the effect of nursing on patient welfare.

The current trend seems to be to place great emphasis on the effect of nursing care on the well-being of patients. Possibly this trend has been stimulated by the predominately scientific character of the knowledge being identified in nursing which seems to lend itself better to application to the patient situation than to such areas as nursing education and nursing service. The future plans for research of the American Nurses' Foundation illustrate this emphasis on evaluating the consequences of nursing action. All but the second one of the following proposed major areas of research explicitly stress the evaluation of patient care: "1) Nursing procedures, 2) the effects on nursing of changed patterns of patient care, 3) the effects of administrative organisation on patient care, 4) nursing needs of patients and nursing in different categories of illnesses."
It may be said, therefore, that nursing research is just beginning to emerge as a significant force in the maturation of the profession. Founded in the need for knowledge and based on an ever more comprehensive definition of nursing, the philosophy and purpose of research is taking form. The following statement provides evidence of this growing professional maturity in its emphasis on independent, responsible action based on knowledge derived from the basic sciences and from original investigation.

The position is taken here that nursing offers a unique service to patients and families. Its values derive from the nursing process concerned with the solution of nursing problems and carried out in a nurse-patient interaction situation. The nurse working independently makes decisions leading to nursing action which has significant consequences in terms of patient welfare. It is, therefore, of primary importance that the practitioner be able to make better than chance predictions concerning the consequences of his acts. It is the function of nursing research to produce valid generalizations about nursing which will become the essence of systematized nursing science. Such a body of scientific nursing knowledge is needed by professional practitioners charged with responsibility for the solution of nursing problems. Although each of these problems is unique, it can be treated as a particular instance of a general class of problems.29

III. A profession is characterized by services which are predominantly intellectual and altruistic

The first portion of this characteristic probably represents nursing's most severe shortcoming as a profession; for while nurses often perform complicated tasks and assume considerable responsibility,

it would be difficult to argue that the essence of their activity is intellectual. In fact, much in nursing tradition seems to support a non-intellectual orientation. Nursing, for instance, has been markedly influenced by religious and humanitarian views. Medicine, by contrast, has developed in close association with scientific discoveries, which were more akin to intellectual endeavor than were the nursing influences. Nursing the sick was, for example, one of the charitable activities undertaken by the early Christian church; and in this context, devotion at times came to be stressed more than skill and knowledge. Later, concepts of discipline and obedience were added by many of the monastic systems of nursing. These qualities, when emphasised, were antithetical to the intellectual development of nurses. Thus, the concern for devotion, discipline, and obedience in the nursing tradition is generally in marked contrast to the intellectual impetus provided to the development of medical practice by the discoveries of such men as Andreas Vesalius in anatomy, William Harvey in anatomy and physiology, and Louis Pasteur in microbiology.

Nursing, moreover, faced another problem in its intellectual development; for, in general, educational opportunities for girls were more limited than those available for boys. This fact not only made it difficult to locate a pool of properly educated women for recruitment into nursing, but it also tended to lower the prestige of nursing

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31 Ibid., p. 30.
and subsequently its claim to professional status. As late as 1932, for example, 10 percent of the nursing students were not high school graduates; and only ten years earlier, 27 percent had not graduated from high school.\(^{32}\) In addition, at the time of the Grading Committee's study of basic nursing education in the United States in 1932, "only 43 percent (of the hospital schools of nursing) drew as many as half of their students from among those whose high school standing was better than average."\(^{33}\)

Self-examination and criticism by such groups as the Committee on the Grading of Nursing Schools may be regarded as one kind of evidence that nursing was concerned with the quality of its intellectual endeavor. Another evidence of concern has been the attempt to affiliate nursing education more closely with institutions of higher education, the well-spring of intellectual activity. As early as 1893, preliminary courses were offered to nurses by the faculty of St. Mungo's College, Glasgow, Scotland; and in 1916 a pioneering program in basic collegiate nursing education was established at the University of Cincinnati.\(^{34,35}\) There was also a parallel development

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\(^{32}\) Committee on the Grading of Schools of Nursing, *Nursing Schools Today and Tomorrow* (New York City: National League of Nursing Education, 1934), pp. 157-158.

\(^{33}\) Ibid., p. 158.


of college affiliated programs designed to correct deficiencies in training programs or to supply needed skills to graduate nurses in such areas as administration and teaching. Moreover, many diploma schools began to utilize the resources of colleges and universities to strengthen their programs, particularly in the science areas.

While it is difficult to identify with certainty major steps in the development of so abstract a quality as the intellectual dimension of a profession, the establishment of the program in basic nursing education at Yale University in 1923 appears to be an outstanding event. Until this time, many of the university programs were not very different from those of the best hospital schools.

While university programs in general sought to improve teaching in specific areas and to incorporate liberal education in the educational preparation of nurses, the Yale program was unique in that it regarded the student nurse primarily as a learner and her experiences were selected with the purpose of promoting her professional and intellectual development, rather than with the goal of serving hospital staffing needs. The Yale program, established under a grant of the Rockefeller Foundation, was based on the following stipulations: it was to be given in the shortest possible time by eliminating non-nursing tasks and by correlating theory and practice; it was to be

36Effie Tyler, "The School of Nursing at Yale University," American Journal of Nursing, xxv (January, 1925), 9.

based on a case method of experience and instruction, rather than on a
task centered method; and it was to provide equalized hours of prac-
tice for all students. Thus, these stipulations reflected a concept
of nursing education which differed qualitatively from the training
orientation which preceded it.

The most recent evidence of concern for intellectual maturity is
a proposal made by the Committee on Current and Long-Term Goals of
the American Nurses' Association. This proposal, known as Goal Three,
alludes to nursing's traditional reliance on educational upgrading in
improving the quality of professional practice. It also specifies the
relationship of higher education, intellectual skills, and professional
practice. Goal Three would seek

To insure that, within the next 20-30 years, the educa-
tion basic to the professional practice of nursing, for
those who then enter the profession, shall be secured
in a program that provides the intellectual, technical,
and cultural components of both a professional and
liberal education. Toward this end, the A.N.A. shall
promote the baccalaureate program so that in due course
it becomes the basic educational foundation for pro-
fessional nursing. This goal was presented to the American Nurses' Association House of
Delegates in 1960 and has been placed under consideration by the state
nurses' associations, prior to further action by the national organi-
sation. Goal Three, if adopted, could do much to clarify the distinc-
tion between technical training for nursing and professional education.

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38 Taylor, p. 308.
39 Kelly, p. 247.
By identifying professional nursing with higher education, the intellectual character of nursing would presumably be enhanced.

If the first part of this characteristic, intellectualism, represents one of nursing's shortcomings, then the second part, altruism, represents one of its greatest strengths. It is unfortunate for nursing, however, that these two characteristics have frequently been opposed. This conflict was seen in the previous example of the development of nursing within the Christian Church where devotion and self-sacrifice were stressed, but where a similar emphasis on discipline and obedience sometimes inhibited intellectual creativity. The conflict between intellectualism and altruism can also be seen more recently in the early development of modern nursing and in the growth of the hospital training school system. The following accounts of the conditions which existed at New York's Bellevue Hospital when the first school for nurses was initiated illustrate that altruism, as well as strength and determinism, must have been required of the pioneer nurses.

Almost the entire staff of female attendants, including the 'scrub gang' which remained for years after the training school was opened, was recruited from the class of petty offenders who had been 'sent up', mostly for drunkenness, to the Island, and were called the 'ten-day women'... But even of these there were no night nurses. Three night watchmen guarded the six hundred patients. It is said that they sometimes drugged those who were likely to need attention, and drank the stimulants that had been prescribed.

40Nutting and Bock, II, 361.
In the laundry was one lone, old decrepit man. He con-
stituted, in fact, the entire force on duty in the
laundry at that time, and for six weeks he had had no
seep, because the appropriation had run out.41

The dinners came up to the wards, and the pieces of fish
and potatoes were dumped without dishes on the bare
boards of the long tables.42

Through the efforts of these first trained nurses, a transformation
occurred which resulted in the following comment in the managers'
history.

At the expiration of the first year (since the establish-
ment of the training school system) the house medical
staff, who had been friendly from the beginning, ventured
to point out to their superiors the improved condition
of the nursing system under the training school, and
gradually the eyes of these gentlemen were opened to the
fact that their patients recovered sooner, and the deaths
after operation were less frequent than formerly.43

Although patients and the public welfare have been well served
by the development of the training school system, the student nurse
has not benefited equally. Intellectual excellence has not gen-
erally typified nursing education, since the education of the nurse
has often been regarded as a by-product of giving nursing service.
The problem was not that the hospital was too service oriented or too
altruistic; it could not exist as we know it without these qualities.
Rather the problem was that the hospital was not primarily an educa-
tional institution and therefore not an appropriate setting in which

41Ibid., p. 377.
42Ibid., p. 378.
43Ibid., pp. 394-395.
to carry out the whole program for the education of nurses. The failure to regard the care of the sick and the education of the nurse as separate, although related functions, has hindered the development of a sound educational system and consequently has impeded the maturation of an intellectual dimension in nursing. While the increasing number of college educated nurses favorably portends development in the intellectual sphere, nursing has not yet produced a complement of distinguished scholars, researchers, and teachers comparable to that of the traditional professions. The challenge for the present and the future, therefore, is to nurture the growth of an intellectual dimension in nursing without losing its traditional altruism; for to produce a learned and scholarly nurse who lacks concern for the welfare of others would be no less an error than the former practice of employing devoted women whose nursing actions were based on intuition rather than on knowledge.

IV. A profession is subject to the control of society and of the group

The most obvious form of society's control of a profession is demonstrated in the existence of legal codes and regulations. It would be beyond the scope of this work and the qualifications of the writer to discuss in detail the many ways in which nursing is influenced by society through the law. To do so knowledgeably would necessitate a consideration of general principles in such areas as legal procedure, contracts, and malpractice as well as an understanding of specific
state legislation. It is possible, however, to indicate the presence of a degree of professional responsibility and of concern for public welfare by limiting the discussion to one area of legal endeavor. Registration and licensure may be considered as an area which demonstrates the means by which society secured simultaneously a measure of control of the nursing profession and a method of insuring its protection from unqualified practitioners. It was an indication of growing professional maturity in nursing that society took this control, for it was the nurses themselves who worked most diligently for this legislation to protect the welfare of society, although the profession accrued certain advantages at the same time.

The initial effort to establish licensure for nurses was carried out in an atmosphere clouded by the varying motives of the parties involved as well as by such overarching social issues as the right of women to manage their own affairs. Nurses in England anticipated and preceded those in the United States in the struggle for registration. The initial motive was possibly an economic one; for in the last decades of the nineteenth century, nurses were unorganised and easily subjugated. It often happened, therefore, that hospitals or private individuals made large incomes by engaging nurses at minimal salaries and supplying their services to the public at full fees. Moreover, because trained nurses were unorganised and were not in a position to demand that their skill and training be recognised, the quality of

\[\text{\textsuperscript{44} Ibid., p. 33.}\]
care provided to the sick often suffered. Registration was proposed as a means through which society could protect its welfare and which at the same time might benefit nurses by recognising their training and skills. The battle lines were soon drawn with those who rejected registration, chiefly the employers of nurses and those who for other reasons resisted self government by nurses, opposing a portion of the trained nurses led by Mrs. Bedford Fenwick. After more than a quarter century of struggle, an Act of Registration was obtained in 1919 and a body comprised mostly of nurses was established to govern nursing affairs.

Nurses in the United States lagged a little behind those in England in actively seeking registration. By 1899, however, Sophia Palmer and Isabel Robb began to advocate legislation to protect the public by identifying the trained nurse and/or by registration. In 1902, North Carolina enacted a law to register nurses who possessed a diploma from a reputable hospital. Other states soon followed. Although much of this early legislation was inadequate, it did provide

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45 Ibid., p. 34.
46 Ibid.
a basis for subsequent amendment and revision which the increasing standards of performance indicated. 50

Securing adequate legal control of nursing practice through registration has required the continuous attention of nursing leadership in order that changing needs can be identified and interpreted to lawmakers. Laws concerning nursing are administered by a state board of nursing whose members are appointed by the governor. 51 In twenty-three jurisdictions, these boards are composed of registered nurses only and in the remaining thirty-three, additional representatives, such as lay persons, practical nurses, and physicians, are included. 52 This board has two closely related functions. The first function, the licensing of practitioners, includes standard setting and endorsement. 53 One of the chief tools in licensure is the State Board Test Pool which has replaced the tests which were constructed, administered, and graded by individual states prior to 1942. Although the State Board Test Pool is distributed nationally, each state retains the power to decide what a passing score will be. 54 Whether a uniform standard of achievement can or should be required

50Ibid., pp. 81-84.


52Lesnick, pp. 100-101.


54Ibid., p. 260.
has been discussed as an issue pertinent to professional development. Another very important issue in the area of registration, and one which detracts from nursing’s professional character, is the continued existence of permissive licensure in about half of the jurisdictions. In 1962, 25 of the 54 existing laws were mandatory; i.e., they defined the practice of nursing and prohibited unlicensed persons from performing nursing functions. The balance of the laws were permissive and applied only to those who desired the privileges of representing themselves as licensed nurses or of using the designation, R.N. There has been much opposition to universal mandatory licensure, chiefly from employers of unqualified personnel; but also from many who feel that this requirement would be premature and therefore detrimental to the public welfare. Lesnick and Anderson pose the issue clearly when they state that:

To initiate mandatory licensure before it is feasible is ill advised, but to delay because the realities of the situation are not in perfect order is to deny the public the protection it needs. The very fact of initiating mandatory licensing legislation can be the incentive to bring about conditions which make it possible. Certainly, after 60 years of legislative activity, it can hardly be said that time has not been adequate for consideration of the matter.

The second major responsibility of the state board of nursing is to approve or accredit educational programs in nursing. Some controversy

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56 Lesnick, p. 90.

57 Stahl, p. 259.
has also developed in this area centered around the criteria utilized for accreditation of schools. In the early days of legislation, many specific requirements were written into the laws concerning subjects of instruction, the exact number of class hours, and the daily average patient census in hospitals utilized for instruction. Provisions of this kind were necessary at that time in order to prevent the exploitation of students and to establish minimal educational quality. However, in some recent instances, these same provisions have proved a handicap to the adoption of new educational methods and content. College staffs have felt particularly hampered in their program development due to the existence of some of these hospital-oriented standards.

While state boards of nursing are generally autonomous, they receive some assistance and support in carrying out their functions. One group which provides service to the individual states is the American Nurses' Association's Special Committee of State Boards of Nursing. This committee, comprised of 54 members representing each state and territory, provides states with guidance tools, supplies an opportunity to discuss problems, and serves as a means of keeping in touch with changes in nursing and with the needs of the public for nursing care. It also assists in bringing about a reasonable uniformity of standards and conveys the assurance of the support of the

\[\text{Lesnick, p. 91.}\]
In addition, the nursing profession as a whole assists state boards by providing a climate for legislation and legal control of nursing practice through such activities as the promotion of the exchange of information in the *American Journal of Nursing* and other publications and the support of studies and surveys to gain information needed to frame legislation.

Licensure and societal control of nursing practice are characterized by many variations and degrees of effectiveness. Evidence has been cited indicating that nursing has encouraged the enactment of increasingly adequate legislation. At the same time, however, this area of nursing has become more complex and diversified, compounding the task. In order to protect the welfare and safety of society, nurses, legislators, and the public within the individual states—assisted by national nursing leadership and by a continuing search for increased professional agreement—must continue to work creatively to assure adequate legislative controls.

While legislation provides a measure of protection for the public, the role of professional associations in influencing the establishment of more exacting standards should also be recognized. Earlier parts of this work contain many instances in which professional associations have exerted leadership in upgrading the quality of nursing. Since these activities have already been discussed in their dynamic context, they need only to be summarized here.

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*Gerds, pp. 210-211.*
One of the most significant functions of professional associations was noted during the years in which the foundations of nursing were laid. This function was to provide the necessary assistance to stabilize the rapidly growing training school system. It will be recalled, for example, that this need for standard setting was first recognized by the nursing profession, rather than by a group external to it. The American Association of Superintendents of Training Schools for Nurses, founded just twenty years after the establishment of the first schools of nursing in the United States, was an expression of the need for guidance in the process of stabilisation. In the same year, other wide-spread problems such as the need to establish a system of registration and the need to promote an exchange of ideas were recognised and an American Nurses' Association was proposed to provide leadership. Subsequently, this organisation was founded and has provided leadership in these and in other areas, too numerous to mention. The planning and support of future research activities, under the auspices of the American Nurses' Foundation, and the formulation of Goal Three, which proposes that basic professional education for nursing be clearly established at the baccalaureate level twenty to thirty years hence, are two current examples of standard setting which indicate the means by which the group, through professional

60 Stewart, p. 139.

associations, is exerting control over the current and future development of nursing. 62,63

V. The excellence of a profession is related to the quality of the individuals who compose it

Prior to the time when nursing became an identifiable secular occupation over a century ago, the qualities of the persons who provided nursing care varied, from those of the devoted nursing nuns and deaconesses who cared for the sick and helpless in charity, to those of the Sairey Gamp type of servant-nurse who lacked both necessary skills and personal qualifications. During the years in which modern nursing was established as an occupation requiring a period of training, the need to be concerned for the personal qualities of nurses became apparent for several reasons. First, the trained nurse wanted to dissociate herself from the former servant-nurse. If Miss Nightingale's concept of nursing had stressed only improvements in the sanitary conditions and in the cleanliness of hospitals, a better supervised servant-nurse would have been adequate. However, she also stressed that the process of cure required the preparation of a skilled auxiliary person who could work with the physician. The servant-nurse who lacked knowledge, practiced skills, and possibly suitable personal qualities was unable to fill this auxiliary role. Basically, Miss Nightingale wanted to associate the trained nurse clearly with

62 American Nurses' Foundation, p. 6.

63 Kelly, p. 247.
the growing attitude that the hospital was a place in which to cure the
sick, rather than "a storehouse for sick persons."\textsuperscript{64}

Second, the continued existence of the trained nurse depended,
to a large extent, on her personal qualities. The general public
tended to be complacent about the former untrained nurse and in addi-
tion was generally unconvinced of the need for and the advantage of
training for nurses. This complacency, while not universal, is ap-
parent in the following comment published in The Times of London just
three years before the St. Thomas program opened.

Hospital nurses have been much abused - they have
their faults, but most of them are due to want of proper
treatment. Lectured by Committees, preached at by chap-
lains, scolded on by treasurers and stewards, scolded by
matrons, sworn at by surgeons, bullied by dressers,
grumbled at and abused by patients, insulted if old and
ill-favoured, talked flippantly to if middle-aged and
good-humoured, tempted and seduced if young and well-
looking, they are what any woman might be under these
circumstances.\textsuperscript{65}

Moreover, not all physicians valued the new "lady-nurses" and expressed
various reasons for their discontent.

As a mere matter of fact, ladies, as a rule, do not
make first-rate nurses; and the reason is obvious. With
rare exceptions they are essentially amateurish; or, if
very much in earnest are apt to be dominated by some
principle or power, not necessarily an ally to be trusted
in the management of the sick. Ladies take to nursing,
as a rule, from slightly morbid motive; they are 'dis-
appointed,' or want something with which to kill ennui,
or they have religious convictions on the subject; none

\textsuperscript{64}Abal-Smith, p. 20.

\textsuperscript{65}Ibid., p. 16.
of which sentiments, we may venture to say, are likely
to result in producing good *staying* workers. 85

To overcome such attitudes, therefore, it was necessary that the trained
nurse should possess not only knowledge but also such personal qual-
ities as loyalty, perseverence, and tact and that her conduct at all
times should be above reproach. Miss Nightingale specifically required
that a nurse should be chaste, sober, honest, truthful, trustworthy,
punctual, quiet yet quick, cheerful, hopeful, cleanly, and thinking of
patients wants and not of herself. 57

Third, the continued development and spread of trained nursing
depended upon the personal qualifications of students trained in the
pioneering schools of nursing. Leadership ability and the motivation
to pioneer and to teach were necessary attributes of the graduates who
spearheaded hospital reforms and established new schools of nursing.
Fourth, the Victorian social climate and the religious-military tra-
dition made concern for the personal qualities of the nurse a natural
consequence. These influences can be seen clearly in Miss Nightingale's
concept of the nurse which she prepared for the Congress of Charities
in 1893.

The nurse must have method, self-sacrifice, watch-
ful activity, love of the work, devotion to duty (that
is, the service of the good), the courage, the coolness
of the soldier, the tenderness of the mother, the ab-
sence of the prig (that is, never thinking that she has
attained perfection or that there is nothing better).
She must have a three-fold interest in her work - an

66 Ibid., p. 17.
67 Nutting and Deck, II, pp. 257-258.
intellectual interest in the case, a (much higher) hearty interest in the patient, a technical (practical) interest in the patient's care and cure. She must not look upon patients as made for nurses, but upon nurses as made for patients. 68

Fifth, nursing knowledge was developed rudimentarily and the well-being of patients depended upon the personal resources and qualifications of the nurse. This intuitive response of the nurse to a situation is found in much of the early nursing literature. One writer, for example, recommended that "A good nurse with tact can, by a few cheerful or encouraging words, divert the thoughts of the patient, or at least relieve her fears of the ordeal (surgery) in store for her." 69 This approach differed considerably from that of the present which emphasizes that to deal effectively with the problem of preoperative anxiety, the nurse would need to understand such factors as expected postoperative course and limitations, cultural perceptions of illness and pain, and psychological reactions to anxiety and surgery.

It is difficult to evaluate how concerned the nursing profession has been in recent years about the quality of the persons who compose it. The period in which leading nurses affirmed the need for certain personal qualities, which the training school attempted to develop or to identify, seems to be past. Only after considerable searching was


69 Leila C. Woodbury, "Surgical Nursing." American Journal of Nursing, IV (June, 1904), 690.
it possible to locate the following contemporary article written by a prominent nurse which reflects something of the tone of Miss Nightingale's concept of the nurse as quoted above.

The best interest of patients demands that nurses continue giving personal, spiritual support in order to offset the emotional effects of highly scientific treatment which seems likely to become more cold as it becomes more daring. . . . It is no accident that nursing is primarily a feminine occupation. The concern, the understanding, the compassion, the sensitivity for the feelings of others, so surely woman's contribution to our world, are needed now as never before. 70

The present period in the development of nursing appears to evidence a more studied concern for the personal qualities of nurses. The educative process is seen as one means of enhancing these desirable characteristics. The addition of liberal or general education content to nursing programs has, for several decades, been one of the most apparent means of assisting nurses in collegiate programs to develop such personal qualities as breadth of perspective and increased sensitivity. Better prepared faculty, cognizant of psychological and educational principles, have likely tended to meet the individual needs of students at all levels of nursing education, thereby providing greater opportunity for the desired kind of person to develop. It is difficult to determine, however, how effective the educative process has been, for the desired personal qualities cannot be taught in the same sense as anatomy can be taught. So much depends on such hard-to-measure factors as faculty skills, the climate of the school, and

70Mary Kelly Mullane, "Has Nursing Changed?", Nursing Outlook, VI (June, 1958), p. 326.
the quality as well as the kind of learning experiences available, that a definitive statement cannot be made.

Another means of assuring that nurses possess the necessary personal qualities has been attempted through research projects. While the nurse herself has been studied in relation to her role, her functions, and her sociological characteristics, the relationship of the quality of the individual and professional excellence has not been investigated actively nor on a broad scale. Such studies as those of Bennett and Gordon and of Emma Spaney are evidence of some research interest in the area of personal qualifications during the past two decades.71,72 Future development, however, is uncertain owing to the fact that research priority has been given to studies dealing with relatively more tangible areas such as the content of nursing and the effect of nursing activity on patient welfare. Still another means in which concern for the personal qualities of nurses is demonstrated may be termed a philosophical approach. The recent work, Commitment to Nursing, includes one of the most complete available discussion of the relationship of the quality of the person to professional excellence, although this is not the specific topic of the study.73


This work, based on an existential orientation, considers the need to achieve "being" and commitment rather than mere existence. "Being" in turn, infers that the individual must relate meaningfully with the world, with others, and with himself. This kind of relationship to the external and the internal environment is very closely allied to the previously identified characteristics of a profession. A meaningful relationship of the professional person with the world, for example, could develop sensitivity and altruism; a meaningful relationship with others could provide the understanding of man needed to perform practical services with greatest effectiveness; and a meaningful relationship with the self could provide the sustenance for making decisions in the "solitude of one's own inner being."

Nursing leaders have generally evidenced a considered concern for the personal qualities of practitioners from the time modern nursing was founded, although at first, the reasons for this concern may have been more closely related to the social climate and to the precarious position of the trained nurse, than to the search for professional excellence. The intangible nature of the desired personal qualities has made it difficult to evaluate by a study of the literature, the degree to which they have been attained. Information is lacking, for example, to prove that the nurse of today is more empathic or more conscientious than the nurse of a generation ago. It can be

74 Ibid., pp. 1-44, passim.
75 Darley, p. 879.
assumed only that this may be so, provided one believes that present educational concepts and methods, research findings, and philosophical studies are more effective in defining and developing these qualities of the person than the former practice of accepting the affirmation and advice of nursing leaders. Much creative work remains to be done by nursing, as well as by other professions, to assure that the quality of the individuals who compose the profession consistently produce professional excellence.
CHAPTER V

PRINCIPLES FOR THE EDUCATION OF PROFESSIONAL NURSES

Introduction

If nursing did not constantly strive to provide society with the best possible quality of nursing care it could envision, it could not justify its existence as a profession. In recent years, patient care has come to be recognized as involving diversified roles and functions which require for their performance various types of practitioners. These roles and functions requiring the highest levels of knowledge and skill have been designated "professional" and the "professional nurse" is beginning to be distinguished from the general group of persons referred to as "graduate," "trained," or "registered" nurses. Thus, the term "professional" has become a significant one, for it has associated itself with a particular quality of nursing care and with the persons who carry out that care. By extension, it also designates the kind of educational preparation which equips professional nurses.

The analysis, to this point, has described a relationship between the general characteristics of a profession and nursing's concern for developing these characteristics. This chapter will consider the manner in which professional characteristics have evidenced themselves in the nursing literature of the past decade as principles for the education of professional nurses. Since nursing has frequently relied
heavily upon its educational program to accomplish its desired goals, it seems likely that professional education will be heavily relied upon to prepare professional nurses who can give professional nursing care. This chapter will seek to clarify these principles of education for professional nurses which reflect the general nature of a profession so that a picture of what is being done or being advocated emerges. It is also hoped that these principles will serve to distinguish professional education from technical education, since they were selected against a descriptive framework of the general characteristics of a profession described in Chapter II. The five general characteristics of a profession serve as the organizing element for the chapter, and the derived principles are grouped under the appropriate general characteristic. Three principles were judged to be equally applicable to more than one general characteristic and are presented first under the title "General Principles."

Principles for the Education of Professional Nurses

Principles Generally Applicable

General Principles

Principle 1: Education for professional nursing should prepare students to become nurses, rather than to be nurses.

Although principle one is not expressly related to a specific characteristic of a profession, it would seem to be implied in four of the five criteria described, for the essence of the first principle
stresses the necessity of an on-going process of growth which is manifested in the behavior of the professional person. Specifically, the first characteristic which states that a profession provides a practical service which is directed toward meeting man's basic needs, the second which states that a profession encompasses knowledge which is derived from established fields of learning and from original investigations, the third which states that a profession is characterized by services which are predominantly intellectual and altruistic, and the fifth which states that the excellence of a profession is related to the quality of the individuals who compose it, - all imply the need for a professional person who accepts the challenge of new ideas and new growth in order to function more competently and responsibly as he serves humanity.

The concept that education for professional nursing is a process of becoming rather than being is a relatively recent recognition in nursing literature and represents a departure, reflected currently in the works of Eleanor Lambertson and Margaret Bridgeman, may stem from several causative factors.¹ ²

First, the role of the nurse has enlarged considerably from the provision for simple ministrations to patients in their homes and in hospitals to an increasingly complex category of service which


currently constitutes professional nursing care. While practical
ministrations dominate the attention of technically educated nurses,
today's professional nurse may be responsible for such diverse addi-
tional activities as understanding and meeting many of the psycho-
logical and emotional needs of patients and families, as providing
services necessary to the general public welfare, and as supervising
non-professional personnel. Because the nurse's role has become so
broad, the specific skills which she will need can no longer be pre-
dicted with the same certainty that prompted the Farrand Training
School of 1894 to feel secure in listing six skill areas as a basis
for bedside instruction. Moreover, even if all the skills which
graduates would need upon initial employment could be predicted, it
is probable, in the face of rapid technological advances, that the
character of the skills required would be altered within a short
period. It seems unlikely, therefore, in view of the rapidly ex-
panding and changing role of the professional nurse, that educational
programs can be founded on the idea that the graduate will be com-
pletely and fully competent to meet the demands of every situation.

Secondly, the demands of coping with expanding knowledge have
challenged nursing leaders to reconceptualize its educational programs.
In Chapter IV, the writer discussed the means through which nursing
has sought to deal with this problem. It was demonstrated, for

3Agnes G. Deans and Anne L. Austin, The History of the Farrand
Training School for Nurses (Detroit, Michigan: Alumni Association
example, that the practice of adding more knowledge in the form of additional class hours of instruction provided an early solution which met the apparent needs for a time, but which could not be relied upon as an exclusive approach. The inadequacy of this additive process lent greater validation to the observation that all knowledge in a field cannot be taught in the period of formal education and introduced the idea of building basic educational programs around the concept of selected knowledge. Thus, the premise that formal education cannot produce a completely knowledgeable professional nurse is consistent with the trend described under the problem of dealing with knowledge in nursing.

Principle 2: Education for professional nursing should be clearly distinguished from educational preparation for vocational and technical nursing.

This second principle seems to spring primarily from professional criteria two and three which state that a profession encompasses knowledge which is derived from established fields of learning and from original investigations and that a profession is characterized by services which are predominantly intellectual and altruistic. Persons called by the title "nurse" bring different levels of skill and different kinds of goals to the patient situation. Their educational preparation may vary from a year's program in a vocational high school to collegiate preparation with one or more years of
graduate study. These persons are not interchangeable, for each contributes in a unique way to the health and welfare of patients. The nature of that uniqueness is not always clear, however, either in the minds of nurses and nurse-educators or in the minds of the general public, although such writers as Martha Rogers have recognised the need for clarification and have attempted to distinguish among the practitioners.⁴

While this entire study has endeavored to characterise professional nursing and professional nursing education and to discriminate it from vocational and technical nursing, an example might demonstrate more concretely and personally how this principle affects the quality of patient care which is each nurse's ultimate concern. Assisting and encouraging a post-operative patient to move about is, for instance, a very common nursing activity. It may be a simple intuitive act of comforting and thus may be capably performed by a "nurse" with minimal technical skills. If the provision of comfort is an appropriate goal, the situation may be considered properly managed. In some instances, however, comforting may be an incomplete goal and greater skill and knowledge may be required to meet the needs of certain patients. The knowledgeable prevention of complications may be an even more significant goal than comforting under some circumstances. Achieving this goal requires a different kind of practitioner, for this aim is more complex and individualised than the goal of comforting. The

knowledgeable prevention of complications requires a practitioner who possesses more than the practical skills for assisting patients to move. In short, this more complex goal requires a professional nurse whose educational preparation has equipped her with an understanding of the nature of common complications as well as those complications peculiar to the individual patient. This understanding is, in turn, based upon a comprehension of the scientific principles underlying such variables as the type and amount of pre-medication, the location of the incision, and the age and general condition of the patient. The technically or vocationally educated nurse, lacking this knowledge would be unable to adapt to the needs of this situation and would therefore be unable to achieve adequately the more complicated goal of prevention. Thus, the failure to discriminate among the various types of nursing practitioners and subsequent indiscriminate interchanging may directly affect the health and well-being of patients. Clearly distinguishing the goals of the various kinds of educational programs for those who care for the sick would serve to eliminate some of the current confusion.

Principle 3: Education for professional nursing should take place in institutions of higher education, where the programs for nurses should reflect standards and achievement consistent with the general standards of the college or university.

While Rogers and Bridgeman are particularly responsible for the thinking underlying this principle, several of the previously
identified characteristics of a profession have also inferred that professional education for nursing is appropriately placed in the college and university setting. The ability to understand the complex facets of basic human needs is perhaps best developed initially in the university setting, and the intellectual skills necessary to make professional judgments can probably be matured most efficiently in the college or university environment. The inclusion of the second characteristic of a profession, a profession encompasses knowledge which is derived from established fields of knowledge and from original investigations, perhaps makes the strongest case for placing professional nursing education in the university setting. As is indicated in Chapter IV and in Principle 4, professional nursing, as it is now defined, encompasses a breadth of functions and roles as opposed to the more limited role of the technical nurse. In order to carry out the necessary activities involved in this inclusive definition, professional nurses need broader and deeper learnings and can no longer be content with a set of skills learned on the job. This emphasis on knowledge and its creative application rather than on skills is characteristic of a professional education.

Colleges and universities are the chief repositories of many kinds of knowledge. In addition, these institutions have traditionally valued knowledge more than techniques and skills. Education in this

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5 Ibid., p. 34.
6 Bridgeman, pp. 97, 100, 101.
setting, therefore, is more likely to acquaint the learner with a broader background of understandings than education carried out in an institution devoted to a single purpose. Moreover, institutions of higher education provide many practical advantages to educational programs in nursing. Among these are more diversified resources, better prepared faculty, and financial reserves made available within the over-all plan for higher education. In addition, the university environment can serve as a stimulus for the improvement of nursing programs, particularly in such areas as nursing research, once the programs are established.

It is not enough merely to place educational programs for nursing within colleges and universities. Nursing degrees should authentically represent college level work. Facilities, faculty qualifications, and standards for granting credit should be consistent with practices throughout the institution. Bridgeman clearly summarizes the purpose of placing programs for professional nursing at the college level:

The purpose for which higher education is sought is to heighten the qualifications 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 general college education, and nursing degrees are authentically representative of the completion of an upper-division major in degree-granting institution. (author's italics)7

7Ibid., p. 97.
Principles Applicable to Designated Characteristics of a Profession

I. A profession provides a practical service which is directed toward meeting man's basic needs.

Principle 4: Education for professional nursing must produce competent nursing practitioners.

It is generally acknowledged that society's expectations of the professional person are greater than those of the average worker; for the general public recognises that its own welfare is intrinsically bound to the professions, and society further recognises that it has made a greater investment in the education of professional persons than in the education of the ordinary citizen. As a result of such patronage, societal demands of professional competency are great. If professional nursing seeks society's recognition and support, it seems imperative that nursing practitioners must be demonstrably competent.

While it seems almost self-evident that any educational program, professional or non-professional, should have as its objective the production of competent practitioners, it is particularly critical that professional education embrace this principle as a primary objective. If one is at times inconvenienced due to the non-professional's lack of competence, the adequacy of a professional practitioner is much more crucial to the well-being of society in general and to the

individual involved. To be specific, the outcome of a plumber's inability to cope with a problem may be aggravating and annoying, but the outcome of a lawyer's ineptitude, for example, may result in loss of personal freedom.

If one applies this particular principle to nursing practice, procedures currently performed by nurses may be said to fall into two general categories: those which merely enhance the patient's general well-being without being distinctly professional, and those that are identifiable professionally by virtue of their demanding higher level, more responsible skills.

This fourth principle of professional nursing education, stressed by such writers as Russell, Valliott, and Johnson, will likely become increasingly applicable to nursing as the profession matures and begins to identify and to sort out more areas of independent professional function.9,10,11 When this maturing process occurs, the degree to which nursing has produced competent practitioners will be clarified; and the premises upon which education for professional nurse practitioners is constructed will become more clearly evident.


11Dorothy Johnson, "Patterns in Professional Nursing Education," Nursing Outlook, IX (October, 1961), 610.
Because the acutely ill or severely disabled patients are often unable to judge the adequacy of professional nursing care, it is essential that the nursing education programs insure the competency of their practitioners. Moreover, nursing care of professional quality, involving complex learning, cannot always be adequately evaluated by the average patient, who lacks a complete understanding of these skills and learning and must trust that the person who serves his needs has been professionally educated and is a knowledgeable agent.

**Principle 5: Education for professional nursing should develop the ability to utilize knowledge from various sources as the basis for giving skillful nursing care.**

A knowledgeable nurse is not necessarily a professional nurse; for a profession is ultimately characterised, particularly in the minds of the public, by the service it provides, rather than by the body of knowledge it encompasses, although both aspects are indispensable. Flexner recognised the need for competence in the application of knowledge in his early account of professional characteristics when he said "... the professional man must have an absolutely definite and practical object."¹² The ability to utilize knowledge distinguishes a professional person from one who is a learned person or scholar. It is the emphasis on the development of skill in the application of

knowledge which separates the professional man from one educated in the liberal arts tradition. This principle is rather well recognized in nursing literature and has been discussed by Bridgeman and Lambertseen in particular.\(^{13,14}\)

Nursing has a strong tradition of usefulness, but it has not always incorporated knowledge from diverse sources. Early educational programs for nurses, developed along the apprenticeship pattern, were characterized by knowledge from limited rather than varied sources. The suggested course of instruction in the 1927 *Curriculum Guide for Schools of Nursing*, for example, recommended a program of studies limited, with the exception of instruction in the social sciences, almost entirely to the study of diseases and the involved nursing care.\(^{15}\) Little apparent consideration is given to knowledge concerned with prevention of disease or the promotion of positive health, as opposed to the treatment of disease. Similarly, a recommendation for study in non-health areas is generally lacking, indicating that nursing care was not based on "knowledge derived from various sources."

Hospital-controlled programs for the education of nurses continue to face a predicament in meeting this principle of professional education. Limited financial resources, implied or explicit obligations

\(^{13}\) Bridgeman, p. 164.

\(^{14}\) Lambertseen, p. 68.

to provide nursing service, and restricted institutional foci often restrain the breadth of knowledge which can be included in such programs. As a result, these programs may be characterized by knowledge from limited sources, typical of technical education, or may be adapted, only with difficulty, to provide the widely derived learnings basic to giving skillful nursing care of professional quality. The diversified resources of institutions for higher education are better suited to the realization of this principle.

Principle 6: Education for professional nursing should be concerned with comforting ministrations.

Writing in an unpublished paper, Louise McManus is quoted by Eleanor Lambertson as saying "the function of a profession (is) the hard core of professional services which the profession performs with expert care and which is distinctive to that profession." A search of the literature, however, fails to reveal a consensus as to what the nature of that "hard core" of services distinctive to nursing may be. There are several rather comprehensive statements of purpose such as the following: "The purpose of professional education (in nursing) is to enable students to secure this understanding (of the life process) as a basis for helping man achieve well-being within each individual's potential." Such statements are somewhat difficult to utilize as a

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16McManus in Lambertson, p. 49.
17Rogers, p. 34.
means of giving direction to professional education in nursing, since "achieving well-being within each individual's potential" is a rather broad and tenuous goal. Unlike nursing, the more specific definition of the "hard core" services in the traditional professions provides more direction for educational programming. Thus, man's relation to the state is clearly the focus of legal education and man's relation to God is the central focus of education for the clergy. In the latter instance, therefore, classes in ethics, theology, and religion can be seen as being directly related to the focal point of the profession; i.e., man's basic concern that he relate with God.

In nursing literature, Frances Kreuter appears to have approximated most closely a definition of a goal of this kind for that portion of nursing concerned with giving direct service to patients - nursing care. She says, "The operation that distinguishes nursing care from the care of any other helping profession is its ministrations . . ." and that "The basic ministrations in nursing are comforting measures that contribute to the sense of well-being."\(^{18}\) Concurring with Miss Kreuter, Mary K. Mullane states: "I see nursing as a devoted service to people. It brings them personal care and comfort when they are unable to manage for themselves."\(^{19}\)

It would seem, therefore, that comforting might be considered as the "hard core" service in which nurses should become expert.

\(^{18}\)Frances Reiter Kreuter, "What Is Good Nursing Care?", Nursing Outlook, V (May, 1957), 303.

\(^{19}\)Mary Kelly Mullane, "Has Nursing Changed?", Nursing Outlook, VI (June, 1958), 324.
although it would appear that to make this statement without further evidence would be premature. However, to consider education for professional nursing as being directed toward developing expertness in providing comfort is a challenging concept in view of the many kinds of knowledge and skills which would be necessary to relieve man of his varied physical and mental discomforts.

II. A profession encompasses knowledge which is derived from established fields of learning and from original investigations.

Principle 7: Education for professional nursing should assure that students have mastered that core of basic and applied knowledge which will qualify them for effective initial practice and which will serve as a foundation for further study.

This principle, based on the articles by Robert Henle and Dorothy Johnson, may also be regarded as an outcome of the current stage in the development of approaches to managing the problem of knowledge in nursing. The knowledge needed by early nursing practitioners could be identified by examining the requirements of the job to be done. As knowledge expanded, however, it became clear that the graduating professional practitioner could not be exposed to all of the learnings she would need.

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21 Johnson, p. 608.
To assume that all needed knowledge could be offered within the limitations of the period available for formal education would be more typical of technical and vocational education, whose goals are more limited and less complex than those of professional education. Education for professional nursing has, therefore, attempted to identify and to select that knowledge which will be essential to the beginning practitioner to function effectively and which will provide her with a basis for professional growth. This task of selectively choosing critical areas of study has been complicated by the divergent skills needed to fulfill the expectations of the professional nurse as envisioned by such nursing leaders as Johnson and Gowan. as well as by the need to prepare nurses with sufficiently practiced technical skills to satisfy the requirements of employing agencies.22,23

Furthermore, since professional education for nursing is currently conducted on the undergraduate level, the time available for realizing professional objectives is limited. Such a time limitation makes it increasingly difficult to provide the undergraduate curriculum with the depth necessary for preparing students who may wish to continue their study in a variety of graduate level programs. While the trend in recent years to place specialization at the graduate level

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and to reduce the number of credits granted for training in non-college institutions has made more time available for achieving both breadth and depth of preparation, the continued expansion of knowledge is likely to make authentically professional education at the undergraduate level more and more difficult.

Principle 8: Education for professional nursing should stress broad principles and generalizations rather than detailed facts.

As has been indicated previously, professional education should emphasize knowledge rather than techniques. This difference between technical and professional education is clarified by Seward Hiltner when, in a discussion of professional education in general, he says, "The professional man operates through technical means, but in mastery of them, not in subordination to them - using them to free rather than to fetter thinking and action." A relatively simple example in nursing might involve the care of a post-operative thoracotomy patient having water-seal drainage. Both technically and professionally trained persons providing nursing care would observe similar procedures for avoiding dislodgement of the chest tube and for maintaining the position of the drainage bottle. If, however, the drainage reservoir became broken or were accidentally elevated, the professionally educated nurse is the one who could be relied upon to minimize the

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consequences, not necessarily because she may have added experience, or
superior technical skill, but because she would possess basic knowledge
of respiratory function and of physical principles which could result
in judicious action.

Moreover, technical knowledge becomes outdated, and it is the
professional person who must be relied upon to alter it. To alter it
effectively, the professional nurse must utilize basic principles. For
example, a recent study reported in Nursing Research which sought to
evaluate the backrub as a comfort measure utilized knowledge of auto-
nomic responses as measured by electrodermal skin responses and changes
in the systolic blood pressure and pulse rate. Although the findings
were not statistically significant, this study was significant in that
it attempted to evaluate nursing measures on a base of scientific know-
edge rather than on observation and clinical judgment alone. It would
be presumed that any suggestions for alteration of technique which
would emerge from such a study would be based on the principles in-
volved. If the quality of nursing care offered to patients is to
change and improve, education for professional nursing will necessarily
need to follow the thinking of Bridgeman and Russell who stress the
value of emphasizing principles and generalizations rather than facts
in educational programs for professional nurses.

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25Ibid.

26Margaret Kaufmann, "Autonomic Responses as Related to Nursing

27Bridgeman, p. 140.

28Russell, p. 15.
Principle 9: Education for professional nursing requires substantial college or university level preparation in the liberal arts; in the biological, physical, and social sciences; and in nursing theory.

There is a great deal of agreement among the sources studied concerning the various areas in which prospective professional nurses should study. The sciences are particularly stressed by Thompson and Leavell who urge that science content be included in both the basic, pre-nursing courses and in nursing courses. In fact, according to these authors, "Nursing courses, to be professional, are responsible for giving due consideration to relevant principles derived from the sciences." Rogers and Bridgeman also include study of the sciences, the liberal arts, and nursing theory as part of a professional program.

Furthermore, this distribution of content is consistent with the characteristics of a profession developed in this work, for each area of study would seem to contribute something to the development of several of the professional characteristics outlined in Chapter II. The first characteristic, for example, indicates that a profession is


30Rogers, pp. 10, 35.

31Bridgeman, p. 29.

concerned with a basic need. If the central concern in nursing care is the promotion of physiological and psychological comfort, as Kreuter suggests, it is possible to indicate how a segment of that objective may be promoted by study in the liberal arts, in the basic sciences, and in nursing theory.\(^{33}\) Successfully relating to a withdrawn, recently retired psychiatric patient, for instance, may be based not alone on knowledge derived from psychiatric nursing theory. The understandings needed in the relationship may also be found in liberal arts courses. Literature may offer the opportunity to gain sensitivity as well as understanding through a study of the effect on the elderly of losing a purpose in life as told in *King Lear*. Additional insights regarding this patient's state may be gained from a study of Paul Tillich's discussion of the "anxiety of meaninglessness" in *The Courage to Be*.\(^{34}\)

Similarly, the behavioral sciences may add knowledge. Psychology, for example, may contribute to the nurse's understanding of this patient through an examination of Carl Rogers' concept of "unconditional positive regard," while sociology may enhance the nurse's insights through an analysis of such subjects as the rural-urban population distribution, the age composition of the population, and the changing family structure.\(^{35}\)

\(^{33}\)Kreuter, p. 303.


In summary, study in the liberal arts and the sciences, as well as in nursing seems essential if nurses are to practice knowledgeably and expertly. Preparation less broad would seem contrary to the scope of activity envisioned for professional practitioners. Martha Rogers, in fact, would limit the term, "professional nurse," to those persons who have had this broad education and would apply the term technician to others whose education was more restricted. She writes, "The term, professional nurse, must be reserved for those persons who possess a broad foundation of liberal arts; biological, physical and social sciences; and upper-division nursing theory provided in and controlled by a college or university." 36

Principle 10: Education for professional nursing should enable students to avoid habits of "fallacious thinking."

Principle 11: Education for professional nursing should result in the development of thinking processes basic to the development of research skills.

If professions were to neglect their research dimension, their activities would soon become routine and the changing manifestations of the human needs which the professions serve could no longer be perceived in an organised framework of expanding knowledge. The character of a profession, under such circumstances, would more closely resemble

36 Martha E. Rogers, pp. 52-53.
a craft which is typified, according to Whitehead, by "customary activities modified by the trial and error of individual practice."\(^37\)

Nursing has engaged in research, broadly defined, since the early decades of this century. Its research activities have rather closely followed the pattern generalised by Everett Hughes, beginning with a study of the occupation itself (particularly the educational aspects), proceeding to the phenomenon with which it deals, and advancing to a study of the older and more general branches of knowledge.\(^38\) Nursing research, at present, appears to be in the second stage of development, judging by the proposed research activities of the American Nurses' Foundation, which were discussed in Chapter IV. Particular emphasis has been placed upon the study of patient care with the dual goals of improving the quality of care and of scrutinising that care in order to identify a body of organised knowledge and basic principles. The ability to practice nursing professionally will depend to a large extent on the development of such content.

It is important, therefore, that education for the professional practice of nursing prepare practitioners who can utilise research skills, both to improve their own practice and to contribute to the knowledge on which the profession rests. Research competence, however, is a difficult, if not impossible, goal to achieve at the


undergraduate level. Hasseplug and especially Johnson have recognized this problem and have suggested that certain kinds of thinking should be encouraged in lieu of polished research skills. Hasseplug feels that the professional nurse should possess, "an analytical way of thinking which embodies discretion and judgment," while Johnson believes that undergraduates should learn to think "logically, clearly, analytically, critically, creatively, and imaginatively."

Concomitantly, Johnson believes that nursing students should avoid thinking habits which would interfere with the development of research skills - "overgeneralising, drawing illogical conclusions, and using opinion for fact and persuasion for objective evidence." The consensus seems to be that undergraduate nursing education cannot develop the ability to design research or to interpret it meaningfully. For the time, these skills will be developed only in those students able to study at the graduate level, while the undergraduate program will be relied upon to mature those qualities of thinking basic to the development of research skills.


40 Johnson, "Patterns in Professional Nursing Education," pp. 610-611.

41 Ibid.

42 Ibid.
III. A profession is characterized by services which are predominantly intellectual and altruistic.

Principle 12: Education for professional nursing should be concerned with the cultivation of intellectual skills, particularly with the development of the capacity for independent judgment.

To prepare professional nurses adequately, educational programs should be more concerned with the development of intellectual skills than with the development of technical skills. Such authorities as Russell, Hassenplug, and the Committee on Current and Long Term Goals consider this point in relation to nursing education. This emphasis is appropriate to the demands which will be placed on the professionally educated nurse and, in addition, serves to distinguish professional education from technical education for nursing. It suggests the cultivation of certain kinds of intellectual abilities, such as the faculty of applying general principles to particular cases. Since nursing problems tend to vary, the professional nurse must also be relied upon to perceive the relevance of the variations to established knowledge. This knowledge can then be brought to bear on the immediate problem. The ability to apply principles also suggests that

\[43\] Russell, p. 66.

\[44\] Hassenplug, p. 48.

the professional practitioner is the person who is able to recognize where accepted knowledge is inadequate and to become a source of new knowledge.

The emphasis on the cultivation of intellectual skills also suggests that programs of professional education for nurses should avoid propagating the idea that professional practice consists only of acquiring a set of exact solutions which may be applied adequately to all situations encountered later. Rather, professional education should seek to develop the ability to apply intelligence freely to all problems encountered. Such application requires a responsible practitioner who is capable of independent judgment and who is willing to answer for the outcome of the solution he has devised.

Principle 13: Education for professional nursing should develop in practitioners the willingness to assume the responsibility for further professional learning through self-study, practice, and additional formal education.

Formal professional education can only provide the components for helping a person to become a professional practitioner. It can provide essential knowledge, but knowledge grows and changes. It can demonstrate basic principles, but individual situations require unique applications of those principles. For these reasons and others already discussed, perhaps the most important attitude that a student nurse or other professional student can develop is the recognition
that learning must continue throughout her professional life, whether in the form of self-study, practice, or additional formal education. Such persons as Johnson, Thompson, and Leavell, and the Committee on Current and Long Term Goals have particularly stressed the critical need for nurses to be able to assume responsibility for their own learning.46,47,48

Hiltner has observed that, "Learning how to learn from professional experience is the keystone of professional education."49 If this is so, it would seem that professional education must be distinguished by ample experience for students to "learn to learn." This would mean that students should engage in active learning experiences as frequently as possible. Moreover, since learning is perceived as a continuing activity for professional persons, students' learning experiences should be selected in order to be consistent with the kind of experiences from which the best practitioners learn. For this reason, experience in the clinical setting will continue to be important in nursing education, for the variety of resources within this setting make it a rich potential source of learning. It is necessary, however, that the clinical setting be utilized in such a way that it will contribute to the development of professional practitioners. While

46 Johnson, "Patterns in Professional Nursing Education," p. 610.
47 Thompson and Leavell, p. 538.
48 Committee on Current and Long Term Goals, p. 57.
49 Hiltner, p. 243.
non-professional nursing students utilise this setting to perfect technical skills, professional nursing students must learn, in addition to technical skills, methods such as problem solving which they can later utilise when confronted with unfamiliar situations. Professional students need, for example, an opportunity for guided practice in applying principles to specific problem situations and in generalising from specific situations so that they will be equipped to meet the mercuric demands of their professional role. Assisting students to develop the attitude and skills by which they can engage in further learning is therefore a distinguishing feature of professional education which separates it from the emphasis on pre-determined skills and learning characteristic of technical education.

IV. A profession is subject to the control of society and of the group.

Principle 14: Education for professional nursing should prepare the nurse-practitioner to understand the significance of her work in the entire social context.

By its very nature, nursing has contributed to the welfare of society, but introducing educational experiences designed to help nursing students understand the significance of their work in the social context is a relatively recent development. The beginning of a broader social orientation for nursing may be discerned in the early writings of such nurse-educators as Isabel Stewart and
Annie Goodrich. In 1916, Miss Stewart advocated that the training school aim to assist students to adjust to the living conditions of various levels of society and promote health through citizen activities. Miss years later, Miss Goodrich, addressing the International Council of Nurses, observed that nurses are concerned with life problems common to all persons and urged that nurses should strive to improve human life as a whole. More recently, however, such writers as Johnson and Russell have not only urged that nursing activities be broadened to provide certain services to larger segments of society, but that real social understanding should result from professional nursing education, so that the nurse can comprehend the social context of her work.

Although nurses seem generally aware of society's health and nursing needs, this principle implies something more for nursing education. It implies that social awareness is a goal which is difficult to attain in a program of nursing education carried out in a hospital. The difficulty is due to the relative restriction of the educational program to the hospital setting. Such an environment isolates diploma school students from contact with other kinds of students, from

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51 Annie W. Goodrich, "The Part of the Nurse in Social Integration," *American Journal of Nursing*, XXV (October, 1925), 821-826.

52 Johnson, "Patterns in Professional Nursing Education," p. 610.

exposure to knowledge not concerned with health and disease, and from contact with a larger society outside the hospital setting. The collegiate setting seems to alleviate many of these difficulties.

Even in the university setting, real social understanding may be difficult to achieve in a program for the education of professional nurses, even though this program generally suffers less from isolation than those of hospital schools. Nursing, even embryonic professional nursing, has, after all, developed from a craft and remains very close to this orientation. Nursing, therefore, has tended to focus rather narrowly on the skill to be performed, rather than on understanding the entire social context of the work. In contrast, other kinds of professional education, such as the law and ministry, have grown out of a liberal arts tradition and seem to have less difficulty maintaining their social base. It would seem, however, that education for professional nursing must strive to fulfill this principle of social involvement since nursing is becoming more effective and therefore more indispensable to society. As a result, nurses will likely become more and more concerned with the formation of social policy, for which activity they must understand the significance of their work in the broad social context.

Principle 15: Education for professional nursing should be a financial responsibility shared by the whole society.

Mary Roberts in *American Nursing: History and Interpretation* provides some idea of the degree of disparity between public support
of higher education and public support of nursing education when she says, "The public, through donations or tax funds, bears approximately half the expense of all other forms of higher education but contributes only seven percent of the cost of nursing education." Perhaps one of the chief reasons for this disparity is the fact that schools of nursing first developed within the hospital and outside the pattern of education which was wholly or partially supported by public funds. The schools were, and in many instances continue to be, largely supported by patient fees and by student labor, along with some income from student tuition. Moreover, these diploma programs prepare the greatest number of nurse-practitioners. In October 1960, for example, 908 diploma programs enrolled 94,812 students in contrast to the 20,783 students enrolled in 172 baccalaureate degree programs. Fifty-seven associate degree programs accounted for another 3,254 students. Therefore, the cost of preparing nurse-practitioners in what is generally termed, "basic professional programs" (i.e., diploma, associate degree, and baccalaureate degree programs) is still largely met from patient fees and from student labor since the majority of nurses are prepared in diploma programs operated by hospitals.

Deriving support for nursing education from patient fees, student labor, and student tuition can no longer be considered adequate if


nursing education is to be considered truly professional. The general public will need to assume a larger share of the responsibility if a suitable number of professionally educated nurses are to be prepared. The relationship of public support of professional education and the maintenance of an adequate number of professional practitioners has been recognized for some time. In 1776, Adam Smith observed that, "It has been considered so important that a proper number of young people be educated for certain professions that public and private funds have been set aside for this purpose." Increased public support for nursing education has recently been requested by the Surgeon General's Consultant Group on Nursing. Many of the goals envisioned by this group are dependent upon the availability of increased federal funds. These funds may be difficult to obtain, however, in view of nursing education's historical isolation from the general pattern of post-high school education. Because most education for nursing has taken place in the hospital schools not dependent upon society for financial support, the public has had less stimulation to develop an interest in nursing education than in other types of education and training.

As the Consultant Group noted, "Baccalaureate nursing education programs in particular are faced with serious financial problems because of the heavy costs of providing adequate clinical teaching. The


net cost of diploma programs generally is borne by hospital patients. The greater financial need of baccalaureate programs could be attributed however to more than the difference in clinical teaching. It appears to be more basically related to the difference between technical education and professional education as described in this work. The prospect for adequate financial support of baccalaureate programs, therefore, seems dependent upon the ability of the public to differentiate between technical and professional education for nursing and to appreciate that professional nursing education will require a greater financial investment. It seems that the public generally has not made this differentiation if the observation of a recent editorial writer in 

Nursing Outlook can be accepted. The editorial noted that,

At best, the public thinks of this professionalism in some such terms as 'doesn't talk about the case' or 'dedicated to her work' but the realities of professionalism - an organization, a set of ethics, broad and liberal background, research, and other aspects - rarely enter their consideration. As nurses, we are thought of first as technicians who can perform unsatisfying and distasteful tasks at the physician's bidding, at the same time preferring warmth, understanding, and compassion.9

Moreover, it appears that most of the apparent public effort to influence nursing through provision of financial support has been directed toward alleviating the shortage of nurses - i.e., the approach has emphasized quantity of service, rather than quality with resulting growth of publicly supported practical nurse programs and

9Ibid., p. 37.

9"What Is Professionalism?", Nursing Outlook, VI (March, 1953), 143.
associate degree programs. It appears, therefore, that although quality in nursing has been closely related to increased public support and financing, that support may continue to be difficult to obtain due to the traditional isolation of nursing education from the general pattern of education and, particularly in the case of baccalaureate degree programs, to the public's tendency to group the needs and goals of all nursing education programs, both technical and professional, under a single category.

Principle 16: Education for professional nursing should be directed toward standards established by the nursing profession.

Although the education of nurses may be affected by legal agencies which administer certification requirements and, particularly in the case of baccalaureate degree programs, by the general procedures of higher education, the profession itself often serves as the most apparent source of influence. The profession, manifested as alumni groups and as national bodies, is a justified source of influence, since the profession serves as "the repository of knowledge necessary to practice." 60 Professional organization, therefore, can and should determine general standards of professional education. The professional persons who compose these groups best understand the kinds of skills and knowledge needed to carry out those unique functions of which they alone are master. 61 Professional organisations need to be responsible

60 Committee on Current and Long Term Goals, p. 56.
to the general needs of society in establishing nursing goals, which are then expressed in more specific methodology and as more definite aims.

The establishment of general standards by national nursing organisations also protects the public, since they tend to assure that "all students have mastered that core of basic and applied knowledge essential for effective practice." Standards established locally would tend to vary in quality. Since nurses are mobile and function somewhat independently, patients in every section of the country need to be assured that the nurse who is caring for them has achieved a certain standard of educational preparation. Moreover, general national standards of professional education tend to protect the student of nursing by assuring her that she will have an opportunity to acquire essential nursing knowledge and skills in educational programs influenced by standards established by the nursing profession.

Principle 17: Education for professional nursing should prepare practitioners who comprehend and are directed by the code of nursing ethics.

For fifty years, nursing leaders, under the auspices of the American Nurses' Association, struggled to develop a written code of nursing ethics. Having developed concomitantly with the nursing profession, the Code for Professional Nurses reflects many of nursing's

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62 Ibid., p. 56.

traditions and problems. The code, therefore, is, in a sense, a cap-
sulated version of nursing's development and may serve to imbue stu-
dents with a sense of historical perspective. Section twelve of the
code, for instance, may sound quaint to the modern ear, but it leaves
little doubt that nursing has been influenced by a religious tradi-
tion. Section twelve states, "The Golden Rule should guide the nurse
in relationships with other professions and with nursing associates."

A written ethical code, moreover, serves the additional purposes
of protecting society by presenting a tangible guide by which to
evaluate professional behavior, and of promoting harmony among the
professions by prescribing proper relationships. Perhaps the most
apparent reason for including a study of the ethical code in the pro-
gram for the education of professional nurses is that such a study
provides information which serves as a practical guide to action. The
professional nurse knows more and is entrusted with more responsi-
bilities than non-professional nurses whose duties are somewhat fixed,
and whose independent functions are limited. As a result of her addi-
tional knowledge and responsibilities, the professional nurse, in
contrast to the technically educated nurse, encounters more members
of other professions in carrying out her duties; she is involved in
more decision-making situations; and she generally faces a greater
number of uncertainties. The inexperienced professional nurse parti-
cularly needs the security of having available a written code on which
to base her evaluation of ethical behavior. By understanding the code,
she can share vicariously the accumulated experience of the profession
and can be better equipped to make decisions concerning her professional relationship with society, with colleagues, with members of other professions, and with patients.

V. The excellence of a profession is related to the quality of the individuals who compose it.

Principle 18: Education for professional nursing should be focused on the person of the student as a developing individual and as a maturing professional practitioner.

Principle 19: Education for professional nursing should include opportunities to broaden contacts with other disciplines, to expand intellectual and cultural horizons, and to develop skills for living competently in society.

While person qualities and breadth of experience may be developed in various ways by institutions of higher education, they are usually considered to be developed primarily by study in the area of liberal or general education. Principles eighteen and nineteen are concerned with personal qualities and with breadth of experience. These qualities represent the two most frequently mentioned purposes of liberal education in the education of professional nurses. Although both purposes represent desirable characteristics, it would be difficult to emphasize both in a single program, since each represents a different underlying concept of liberal education.
Principle eighteen is suggested by the work of Hassenplug, Henle, Russell, and Vaillot, and indicates that personal development as well as professional growth is a concern appropriate to education for professional nursing.\textsuperscript{64,65,66,67} This dual concern implies a close relationship between personal qualities and professional functions. It also implies that while personal qualities may be largely developed in the liberal arts courses, they should also properly remain a focus in the courses devoted to specialised professional education. The underlying concept of liberal education, therefore, is that it is important because the personal qualities it develops ultimately affect the quality of the professional act. One of the most articulate spokesmen of this viewpoint in relation to nursing education is Robert Henle. He writes, "The liberally educated nurse is not a nurse who has also had a liberal education. It is precisely her professional character and her performance of the nursing act which should have been transformed by liberal education."\textsuperscript{68}

Certain implications follow if principle eighteen and its underlying concept of liberal education are accepted. First, professional educators should be aware of the goals sought and learning begun in

\begin{itemize}
  \item \textsuperscript{64}Hassenplug, pp. 47-48.
  \item \textsuperscript{65}Henle, p. 163.
  \item \textsuperscript{66}Russell, pp. 7, 66.
  \item \textsuperscript{67}Vaillot, pp. 15, 17.
  \item \textsuperscript{68}Henle, p. 163.
\end{itemize}
the liberal arts curriculum. If the development of sensitivity is a
goal in liberal arts, for example, nurse educators will need to be
acquainted with this goal so that they can utilize these earlier learn-
ings as a basis for deepening students' sensitivity and for adding
the knowledge which will relate this quality specifically to the
nursing function.

Second, regarding the development of the person as a task of
professional education in nursing implies that faculty are needed who
themselves possess a broad liberal education. At present, a sizeable
proportion of nursing faculty members have been educated in special-
ized baccalaureate programs, many of which afforded limited oppor-
tunity for study in non-nursing areas. A third implication concerns
the organizational means for relating professional and liberal educa-
tion. Two patterns are in evidence. In the first, the professional
specialty is built upon a completed liberal arts program. Profes-
sional and general studies proceed concurrently in the second pattern. 69
The second pattern seems most consistent with principle eighteen, which
suggests that education for a profession should be concerned with the
development of the person and of the practitioner. This principle
rejects the idea that the student's personality or education can be
sharply dichotomized. While it is hoped that integration of all educa-
tional experiences ultimately occur within the student, the second

69 Earl McGrath, Liberal Education in the Professions (New York:
Bureau of Publications, Teachers College, Columbia University, 1939),
p. 42.
pattern of organization would nevertheless better promote integration of liberal arts and professional content and would additionally serve to promote awareness of mutual goals.

Principle nineteen stresses breadth of experience and is suggested by the writing of the Committee on Current and Long Term Goals and by the writings of Herbert Miller, Martha Rogers, Charles Russell, and Ole Sand.\textsuperscript{70,71,72,73,74} This principle represents an emphasis in liberal education which is different from the view which underlies principle eighteen. While the former principle focused on the development of personal characteristics which would enhance the quality of the professional act, the latter stresses the development of capacities in addition to the specialized professional function. Thus, advocates of this position would hold that a well rounded and broad education is a necessary basis for professional nursing. A statement of the Committee on Current and Long Term Goals typifies this viewpoint, "The educational program should include an opportunity for students to expand intellectual and cultural horizons through acquiring a broad liberal education."\textsuperscript{75} Educators favoring this position would,

\textsuperscript{70}Committee on Current and Long Term Goals, p. 57.

\textsuperscript{71}Herbert Miller, "Is Nursing Education Broad Enough?", Nursing Outlook, VIII (October, 1960), 534.

\textsuperscript{72}Martha E. Rogers, p. 33.

\textsuperscript{73}Russell, p. 66.

\textsuperscript{74}Ole Sand, Curriculum Study in Basic Nursing Education (New York: G. P. Putnam's Sons, 1955), pp. 92-93.

\textsuperscript{75}Committee on Current and Long Term Goals, p. 57.
therefore, advocate a study of history and political science so that
the nurse might also be an effective citizen, while a study of fine
arts and literature would provide the nurse with meaningful leisure
time interests.

The organisation of a program for the education of professional
nurses could probably follow either pattern previously described.
Perhaps the pattern in which professional education is built upon a
completed liberal arts program would be more common than a pattern
in which professional and liberal studies would proceed concurrently;
since the former pattern is more in keeping with a "plus" or additive
concept of liberal education.

It should not be assumed, however, that principles eighteen and
nineteen are either contradictory or mutually exclusive. The goals
envisioned by each principle should be a part of the total education
of professional nurses. It would appear that principle eighteen re-
gards the person of the student (as an individual and as a professional
practitioner) as the organising element for professional and liberal
studies. Principle nineteen, however, would organise studies around
the development of abilities which allow students to participate in
society in a variety of capacities. Equal emphasis could probably
result in confusion. Thus, the clarity of educational purposes and
methodology would seem to dictate that either principle eighteen or
principle nineteen might be selected for emphasis.
**Principle 20:** Education for professional nursing requires selection of professionally educable students.

Because professions are concerned with the quality of the service they render, they must be concerned not only with developing and enforcing standards of practice and preparation but with developing a sound means for selecting students. In a recent article in the *American Journal of Nursing*, Margaret Lindsey indicates the pertinence of selection for professional status when she says, "An occupational group that does not develop clear and forceful standards of selection is not a profession." Yet, this principle is one which is generally not well recognized in nursing literature.

It is the non-academic or personal qualities which nurse-educators, as well as other professional educators, find particularly difficult to evaluate. Academic potential and achievement can be defined and evaluated with greater certainty. However, the personal qualities needed by the nurse to function effectively in the nurse-patient relationship are many, varied, and intangible, and are therefore difficult to evaluate with the same degree of certainty.

Nevertheless, it is necessary that personal qualities be considered in selecting students. Mary Mullane feels that the increasingly scientific nature of medical treatment requires the ability to give personal nursing care. She writes, "The best interest of patients

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demands that nurses continue giving personal spiritual support in order to offset the emotional effects of highly scientific treatment which seems likely to become more cold as it becomes more daring."77 In a broader sense, certain personal qualities are required due to the nature of a profession. As described in Chapter II, for instance, professional activities cannot be prejudged because they involve services rather than commodities. Therefore, it is necessary that the professional practitioner be able to establish a relationship of trust between himself and the client. The practitioner must possess or have developed those personal qualities which will enable him to communicate to the client a sense of concern and understanding and a feeling of being well and knowledgeably cared for. In nursing, it is the professional nurse who must be relied upon to possess such personal qualities, for nursing needs not perceived or adequately met by other levels of nursing practitioners are ultimately her concern.

Nursing, as well as other professions, faces certain difficulties when it attempts to determine who is professionally educable. First, there is uncertainty as to what a nurse really is. While there seems to be agreement that a nurse does more than carry out simple ministrations, the "hard core" of her service has not been defined. Second, there is no generally agreed upon set of qualities which distinguish a competent nurse. The characteristics valued by the religious and military tradition in nursing seem less apparent, but the

77Mullane, p. 326.
personal characteristics which are replacing obedience, service, and self-sacrifice, are difficult to discern. Third, the behavioral sciences have not sufficiently matured so that most personal qualities can be measured with accuracy. It is possible, moreover, that such qualities are not measurable, even if they could be agreed upon.

Selection appears to have two purposes. First, to "weed out" the negative person. Many of the studies relative to predicting success in a school of nursing seem to be based on this premise. A second approach to selection is designed to diagnose deficiencies in students and to plan for growth in problem areas. While both approaches could be utilized by the same institution at different times, the first is typically a one-step process, while the second is a long term procedure, extending throughout the educational program. This latter approach, however, is more difficult to implement; for it involves evaluation by all faculty who have an opportunity to observe and to work with students over a period of years, rather than to allow selection to rest upon a single decision by an admission committee. Moreover, it implies that students be given an opportunity for, and assistance in self-evaluation.

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Despite the problems, nursing educators should, to the best of their ability, seek to continuously select students who possess or have the capacity for developing personal qualities pertinent to giving professional nursing care. While such qualities as empathy, responsibility, and warmth may be found in non-professional nurses, these characteristics must be consistently found in professional practitioners. These personal qualities direct the professional nurse toward more comprehensive concepts of patient care and provide her with the sensitivities necessary to direct the application of her knowledge.
CHAPTER VI

PROBLEMS RELATIVE TO THE EDUCATION OF PROFESSIONAL NURSES

Introduction

The preceding analysis and discussion of educational principles for nurses largely describes the current situation in relation to an ideal. Moving from one to the other is a matter not only of conceptualizing the goals, but also of overcoming the intervening problems. While some problems have been implied or defined in the preceding chapter, others have escaped attention. This chapter is a report of an attempt to examine a sample of problems pertinent to the education of professional nurses. The problems discussed were selected largely on the basis of an informed judgment, founded on the preceding discussion, rather than according to a designated criteria. Again, the general characteristics of a profession served as the organizing elements of the chapter and the central and tangential problems are discussed in relation to the appropriate general characteristics of a profession.

I. A profession provides a practical service which is directed to meeting man's basic needs.

Problem: Is it possible that the apparent uncertainty as to the basic need which nurses serve has contributed to the lack of a discernable organizing focus for the education of professional nurses?
A major problem in nursing education today is defining a central organizing element around which to build the educational program. The question of "what" and "how much" to include in the curriculum is one which faces nurse-educators daily. Knowledge is constantly expanding, and failure to include significant new knowledge in the curriculum may result in a practitioner who lacks some crucial understanding. Yet, professional education programs are limited by the availability of financial resources and by the amount of time which students are willing and able to invest in formal education before they take their place in society.

Various methods have been proposed to select the most pertinent learning experiences to be included in the curriculum. Early nursing programs simply added new knowledge as it was developed. This method, however, became inadequate as the amount of new knowledge became overwhelming. A variation of the method of adding knowledge included deletion and change in the program. This latter method, sometimes termed the "scissors and paste" approach to curriculum revision, sought to make time available for new knowledge by eliminating an equal portion of the existing curriculum. This approach kept the educational program within the prescribed time limits, but since the selection of the content to be added or deleted was sometimes arbitrary, or based on trends or fads, the overarching goals were clouded at times. The selection of essential content is a more recent and more sophisticated method of defining what to include in programs to prepare professional nurses. This method is employed to identify what skills and knowledge
The professional nurse needs in order to function effectively in typical nursing situations. The knowledge identified is then condensed into generalisations or principles of nursing, and further, the underlying scientific content is clarified. The resulting principles and generalisations then provide a basis for teaching. While the method of identifying essential learnings is a significant method of insuring that the content of programs for the education of professional nurses is meaningful, the identification process could become an end in itself or it could result in a fragmented viewpoint.

The methods by which programs for the education of professional nurses are planned are of secondary importance to the central problem, which is to adequately conceptualize the professional person to be developed. It seems almost self-evident that the purpose of professional education is intrinsically bound to the concerns of the profession. It might be presumed, therefore, that the problem of an indistinct concept of the educated professional nurse may be another manifestation of the uncertainty regarding the central function of the whole nursing profession. The problem of defining a clear and unique function of nursing is crucial to the establishment of nursing as a profession. Moreover, it must be demonstrated that this central function is concerned with meeting a need which is indispensable to the welfare of man, and it must be further demonstrated that nurses are the masters of the knowledge, skills, and attitudes necessary to meet that basic need.
Agreeing on a concept of a professional nurse and on the nature of the basic need with which she is concerned will be a difficult task. One problem will be to balance the specific and the general so that neither meaningless generalizations nor overly-detailed definitions result. The former would seem untenable and would fail to give direction, while the latter would resist application in diversified settings and could promote stereotyping. Consensus regarding the nature of the basic need which nurses serve and the qualities of a professional nurse could, however, alleviate some persistent educational problems. Specific aims and objectives could be defined with greater ease if they were derived from an agreed-upon overarching framework, and the appropriateness of teaching methods could be evaluated with less difficulty. In addition, such a consensus could serve as guide to making decisions about the inclusion of content in the total educational program and moreover, would serve to give unity and cohesiveness to the educational endeavor.

Tangential problems:

1. What is the period of time necessary for achieving the goals of professional nursing education?

   a. What are appropriate goals for professional nursing education?

   b. What kinds of behavior demonstrate each goal?

   c. How do teaching methods affect the achievement of various goals?
2. With what basic need is nursing concerned?
   a. Assuming that the basic need is comfort, what are its dimensions?
   b. What nursing activities are perceived by the patient as comforting? What does the nurse perceive as comforting ministrations?
   c. What are the independent functions of the nurse which are directed toward comforting the patient?

3. Are the services performed by nurses as essential to society as those performed by other professions?
   a. What privileges have been assigned to nursing by society as recognition of nursing's essentiality?
   b. How does the general public rank nursing in relation to other professional groups?
   c. What will a study of legislative records reveal concerning the perception of nurses?

II. A profession encompasses knowledge which is derived from established fields of knowledge and from original investigations.

Problem: Can adequate knowledge for beginning professional practice be learned at the baccalaureate level?

It has been assumed throughout this work that educational preparation for professional nursing should take place at the baccalaureate level. This is a rather controversial assumption, and distinctly different views are prevalent. Many nurse-educators, for instance, would argue that professional education takes place in diploma and associate degree programs. This point of view can be demonstrated by
examining the recent report of the Surgeon General's Consultant Group on Nursing which includes associate degree and diploma programs, as well as baccalaureate programs, under the title, "basic professional nursing programs." On the other hand, basic professional nursing education has been advocated at the post-baccalaureate level. Yale University had, for a time, a program in basic nursing education which required a bachelor's degree for admission and led to the degree, Master of Nursing. Moreover, a doctorate in basic professional nursing is sometimes discussed, although such a program does not exist at this time.

A consideration of professional nursing education at the bachelor's level is not, therefore, as advanced an academic goal as could be, or has been, envisioned. It seems to be the minimum level of preparation at which the previously described characteristics of a profession might be attained. In addition, the baccalaureate level of preparation seems to be the only practical basis for discussion of professional education at this time, since it is necessary to build upon what already exists. It must be recognized that only about thirteen percent of nurses graduated per year are products of basic baccalaureate programs, as contrasted with eighty-four percent graduated from diploma programs. Three percent graduate from

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associate degree programs. Moreover, it is necessary to realize that while many nurse-educators would support collegiate education as essential to professional nursing, the profession as represented by the American Nurses' Association, has not yet been able to support with conviction a proposal that baccalaureate education be regarded as essential to nursing on the professional level.

Looking to the future and to more nearly ideal conditions, however, one must face the essential problem of whether the goals implied by the five general characteristics of a profession can, in fact, be achieved at the baccalaureate level. Perhaps these goals and standards can be approximated, even minimally, only in a graduate program. Characteristic II, perhaps more than any of the others, provokes this essential questioning of the level of professional nursing education. Whether even the very best baccalaureate program can adequately prepare students with a foundation of knowledge which will enable them to possess social understanding, to develop personally, and to become professionally competent is debatable.

Tangential problems:
1. What composes the field of learning called "nursing"?
2. What effect will the increase in professional knowledge have on the goals of general or liberal education?
   a. What trends may be discerned regarding the length of basic nursing education programs?

3Tbid.
b. Is non-professional content being expanded or diminished?

3. What concepts from general or liberal education can be broadened or deepened by professional education or experience?
   a. What concepts from the liberal arts are pertinent to the goals of professional nursing education?
   b. How adequately are such concepts being learned in existing programs?
   c. What kinds of liberal arts preparation have faculty in professional nursing programs had?

4. What kinds of research preparation can be included in the basic curriculum for professional nursing?
   a. What level of research preparation is currently included in basic programs?
   b. What research skills and understanding can be appropriately included in existing courses?
   c. Can able students learn some research skills in the basic program?

5. Should educational institutions continue to assume the major responsibility for new learning and research in nursing?
   a. What proportion and kinds of research are carried on outside of institutions of higher education?
   b. What private sources of support can be approached with nursing research problems? Are all possible sources being utilised?
   c. What types of research are uniquely suited to institutions of higher education? What types of research could be initiated by non-collegiate institutions?
   d. What proportion of faculty time is spent in research?
   e. What are the greatest deterrents to nursing research in institutions of higher education?
III. A profession is characterized by services which are predominantly intellectual and altruistic.

Problem: Can craft goals and intellectual goals in nursing education be identified so that a proper relationship can be established?

Only recently has nursing clearly begun to emerge from among the crafts. Its educational programs have been characterized typically by an emphasis on technical skills and by the limited development of independent functions. Such a restricted focus of education is, however, inappropriate to professional nursing education and subsequently to professional practice. There is a current impetus to develop an intellectual dimension in nursing in order to overcome some of the apparent domination of craft activities and to establish nursing more firmly as a profession. Historically, the establishment of an intellectual dimension has been a very difficult problem. The chief deterrents involved issues and conditions somewhat broader than might be included within the scope of nursing. As discussed in Chapter IV, some of the conditions to be overcome were the limited educational preparation of women generally and the entrenched ideas perpetuated by the military and religious tradition and by the abuses of that tradition.

Even though conditions are not yet optimal, these former conditions have been largely overcome. A more pressing problem for the present is to define and to identify which goals of nursing education reflect authentically professional concepts, in order that an
appropriate relationship be established. Confusion of goals is likely to exist due to the method in which many collegiate schools were established. Collegiate schools of nursing were not usually established as professional schools _ex nihilo_. Instead they frequently grew out of diploma programs which were generally dominated by craft concepts and goals. The nursing program at the University of Minnesota demonstrates this pattern of development. In 1909, a three year nursing program was established at this institution.\(^5\) While the establishment of a basic nursing program in association with a university was somewhat revolutionary, the advantage was chiefly perceived in terms of the improved facilities which were available in the university setting. It appears, therefore, that this program was not conceptualized as being qualitatively **different from** the existing programs; it was thought to be **better than** the existing programs due to the advantages of the collegiate setting which were added to it. This additive concept could still be recognized after a degree program was initiated in 1915, for students were required to earn 75 university credits to which was added the nursing program.\(^6\) The nursing program at Yale University, in contrast, evidenced another pattern of development. This program grew out of the recommendations which followed a critical re-appraisal of nursing by the Committee for the Study of Nursing


\(^6\)Ibid., pp. 54-55.
Accordingly, the Yale School of Nursing was organized and endowed as an independent school. Public health was emphasized, theory and practice were correlated, and the nursing portion of the curriculum was shortened to twenty-eight months. The incorporation of such recommendations made this collegiate program distinctly different from the existing diploma programs and unlike most of the earlier university schools of nursing.

Since the Yale pattern of development was not typical, it seems that the time has come to scrutinize the existing basic baccalaureate programs and to attempt to evaluate the practices and goals. It will be necessary to determine which craft goals have been unconsciously maintained and which craft goals are significant vehicles of professional knowledge.

Tangential problems:

1. Of what does intellectual activity in nursing consist? Does it differ in any way from the intellectual activities of other professions?

2. What kinds of curricula and educational programs are best

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suited to the development of nurses as scholars, researchers, and teachers?

a. To what extent should these curricula be similar?

b. Are different kinds of intellectual processes implied?

3. Can intellectual excellence and traditional goals, such as altruism, be adequately achieved in the same setting?

a. Does the apparent paucity of writing concerning such goals as altruism infer that these goals are deemed less significant in actual practice?

b. Is the current scientific emphasis antagonistic to traditional altruistic-humanistic goals?

4. Do professional nurses have the freedom to use intellectual skills?

IV. **A profession is subject to the control of society and of the group.**

Problem: Have the unique characteristics of professional education been sufficiently defined to assure a satisfactory relationship with society and with nursing organizations?

As an occupation, nursing has a very ambiguous status. It includes a considerable amount of knowledge, complicated skills, and heavy responsibility on one hand. On the other hand, there are few identifiable independent functions, and the financial rewards are poor. Probably the most confusing aspect of nursing in the minds of the public is the existence of highly diversified educational programs.
This confusion in the minds of the public is most likely a reflection of the uncertainty concerning the distinguishing characteristics of the various education programs which exists in the minds of nurses themselves.

It seems essential that in the very near future a decision must be made concerning the kind of nursing practitioner who is to serve the public. This decision appears to have two alternatives. Either all nurses are essentially alike; i.e., associate degree, diploma, and baccalaureate programs are and should be more similar than different; or nurses graduating from the various programs do or should possess knowledge skills and attitudes which differentiate them one from the other. Making such a decision will probably be an embattled process, for the issues involved are laden with tradition and with emotion. It will require considerable time and effort for resolution, for even the beginning step of stating the alternative positions and the underlying assumptions is not yet clearly identifiable in nursing literature.

Nevertheless, it seems essential that this problem be resolved so that the public has a solid basis for decision making. Society has evidenced a willingness to make concessions to professions, particularly by subsidizing professional education.\(^\text{10}\) The problem for nurses is to make clear who the professional nurse is, so that the public can determine if it wishes to afford concessions and prestige

\(^{10}\text{Howard Thurman, "The Responsibility of the Professional Person to Society," Nursing Outlook, V (June, 1957), 334.}\)
to all of the more than 30,000 nurses graduated each year or only to the thirteen percent who graduate from baccalaureate programs. Such a determination, however, will require not only a certain receptivity by the public, but it will also require nursing leaders who are socially sensitive and who can call the best understandings from current knowledge and from historical perspectives.

Tangential problems:

1. Has nursing sufficiently demonstrated its professional character so that society will be willing to support it to the same degree as other professions?

2. In what ways are patients better as a result of contact with professionally educated nurses as opposed to technical or vocational nurses?

3. Is mandatory licensure feasible? What effect would mandatory licensure have on existing educational programs?

4. Is extensive public support of professional nursing education justified for students whose professional commitment is limited and whose proximal objective may be marriage?

V. The excellence of a profession is related to the quality of the individuals who compose it.

Problem: What personal qualities essential to the professional nurse can best be developed through the educative process?

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This question poses one of the proximal decisions which must be considered in the area of professional nursing education. It suggests that those qualities which best respond to development in the educational setting be distinguished from those which are less amenable to such development. Conversely, it suggests that those personal qualities which would clearly conflict with the broad qualifications essential to professional nursing be identified. Ideally, any educational program would prefer to begin where the student is and assist him to develop optimally. However, nursing, as an embryonic profession, is beset by several conditions which moderate such an approach. First, educational facilities and personnel are less than abundant. One of the major educational problems in nursing is the lack of qualified faculty. It is imperative, therefore, that the time, talent, and human resources of these persons be scrupulously conserved. Decisions of policy and conscience, therefore, must be made to determine whether faculty activity should be directed, when a choice is necessary, toward maintaining a weak student at a minimal level of performance or toward fostering additional development of the demonstrably capable student.

Second, many students have limited financial resources available. This limitation implies that educators should decide if they are obligated to use students' time and resources wisely by defining what qualities are educable. If such an obligation is expressed, students and faculty are likely to have a better basis for selection which may, in turn, reduce the rate of failure and withdrawal from the nursing
program. This reduction would preserve the resources of the student by diminishing the need for transferring to other areas of study and incurring the expenses involved in adding credit hours or in adding to the period of time required for formal education.

The time available for the professional education of nurses constitutes a third factor which mitigates an ideal approach. While the period of time available for professional education may seem prolonged to the observer, it is entirely too limited for most educators. Nurse-educators find this problem particularly trying because they are attempting to produce a liberally educated professional nurse at the baccalaureate level. The many and complex skills to be developed and the abundance of knowledge to be mastered in the professional sequence is so pressing that it seems that too little time remains in which to develop personal qualities. It appears necessary, therefore, that these qualities which are both essential to nursing of a professional quality and which are most sensitive to educational methods and influences be ferreted out. In this manner, the available time for developing personal qualities might be used most wisely.

Fourth, excellence of patient care is ultimately the responsibility of the professional nurse. It is she who must be relied upon to meet patient needs not perceived or met by other levels of nursing practitioners. For this reason, programs for the education of professional nurses must assure broad competence and the personal and intellectual qualities basic to competence. It would seem, therefore,
that a decision must be made to determine what characteristics and educational program can hope to develop, and/or from what level and to what degree certain personal qualities can be evolved.

Tangential problems:

1. What areas of professional excellence in nursing are particularly dependent upon the personal qualities of the practitioner?

2. Can a "professional personality" be developed without fostering stereotyped behavior?
   a. What are the traditional qualities valued by nurses? To what degree are these traditional qualities still in evidence?
   b. What kinds of personal qualities are inferred by modern definitions of nursing?

3. Can the time devoted to a general or liberal education be defended in view of society's need for nurse practitioners?

4. What qualities must be identified in the initial selection of nursing students? To what degree should these qualities be present?
CHAPTER VII

IMPLICATIONS, RECOMMENDATIONS, AND SUMMARY

Implications and Recommendations

1. Since the five general characteristics of a profession encom- pass desirable qualities, they may serve as goals around which to organize areas of nursing endeavor other than education. Nursing research, for instance, might be organized with regard to such characteristics as the basic needs of patients, the desired personal qualities of nurses, or the required basic knowledge. This plan would be in contrast to the present organization which usually focuses on the orientation of the research (philosophical, historical, statistical), the method of the research (descriptive, experimental, questionnaire), or the subject of the research (patients, students, procedures). If similar desired characteristics could be accepted as goals in various areas, and activity organized with these ends in view, greater clarity of effort and unanimity of purpose could result.

2. The parts of this study should be carried to a greater level of specificity. Educational principles and the characteristics of a profession might be translated into behavioral descriptions and operational definitions. Such a procedure would likely increase the value of the principles and characteristics, particularly as evaluative devices in individual nursing programs.
3. The characteristics of a profession developed in this work should be validated by submitting them to the thinking and evaluation of knowledgeable nurses, or by examining selected existing programs to determine if these characteristics can be detected.

4. Educational problems described in Chapter VI should be defined in researchable terms and investigated when possible.

5. Using the educational principles defined in Chapter V as a base of comparison, the principles guiding education in established professions should be examined. This procedure could stimulate inquiries concerning the wisdom of adopting additional principles for the education of nurses.

6. While the general characteristics of a profession could remain essentially unchanged over a period of time, the educational principles will require review and revision at more frequent intervals in order to accommodate the maturing concepts of education for professional nurses.

7. Similar studies should be undertaken using the characteristics of technical education as a basis for descriptive analysis. Such studies could mitigate the feeling among non-baccalaureate nursing educators that their function is being usurped by collegiate nursing programs, for it could clarify the unique contribution which could be made by diploma and associate degree nursing programs to the care of patients.
The stated purpose of this study was "to examine nursing as a profession in relation to a general definition of a profession in an attempt to give additional perspective and form to the discussion of a profession . . . ." Such a statement of purpose implies the need of an analytical process, whereby several discernable characteristics of a profession may be recognized, for one must understand the whole before undertaking a discussion of any of its parts. The process of eliciting factors of a profession is not an easy one, for the professional hallmark is often distinguished by qualitative definition rather than by objective stages. Nevertheless, five characteristics of a profession were devised by the writer and nursing's growth, educational principles, and problems were described and analyzed against the defined characteristics.

The first of these characteristics, which states, "A profession provides a practical service which is directed to meeting man's basic needs," has been partially fulfilled in nursing's development. While few could deny that nursing has, historically, rendered a practical service, the basic need which nursing seeks to serve has not been well clarified. Because the nurse's role has undergone considerable expansion during nursing's brief history, the basic need served by nursing's art, which was so clearly perceived by the early nursing leaders, has become somewhat clouded.

Despite the lack of clarity, however, a number of educational principles, pertinent to this first professional characteristic, were
discernible in the nursing literature of the past decade. The educational principles relative to the first characteristic were concerned with the production of competent nursing practitioners who could utilize knowledge from various sources as a basis for giving skillful nursing care. While it was felt that the basic need which nurses serve should provide an organizing element in the professional program, the nature of that need is unclear, although comfort has been suggested as a possible focus. This uncertainty regarding the central function of nursing has contributed to the lack of a recognizable organizing element in the education of professional nurses.

While nursing can claim partial fulfillment of the first professional characteristic outlined, its status regarding the second, "A profession encompasses knowledge which is derived from established fields of knowledge and from original investigations," is far less certain. It would seem that nursing has been unable to define specifically those areas upon which nursing knowledge rests. Again, expansion of the nursing role has further complicated a specific delineation of areas of knowledge vital to the education of professional nurses. The time limitation of a four year period of formal education has induced other conditions upon nursing knowledge, for this relatively short period of professional education restricts the breadth and depth with which one might treat specific areas. It would be difficult to claim professional status for nursing on the basis of its original investigations, for nursing research skills and attitudes
have not matured sufficiently well for evaluation. Nursing's status
with regard to this second characteristic, therefore, would appear to
be uncertain at the present time.

Nevertheless, a number of educational principles have been for-
warded by nursing leaders which reflect their concern for implementing
this second characteristic. The principles, found in the literature,
advocate the understanding of broad concepts of the liberal arts, the
basic sciences, and nursing theory essential to initial professional
practice and further study. Habits of thought necessary to the develop-
ment of research skills have also been encouraged. The depth and
breadth of these goals have made it problematical as to whether they
can be adequately accomplished at the baccalaureate level.

"A profession is characterized by services which are predominantly
intellectual and altruistic." This third characteristic of a profes-
sion, like the first, has been partially fulfilled by nursing. It
would seem, for example, that the intellectual aspect of nursing has
not matured to the same high degree of excellence as the intellectual
dimensions of the other, more firmly established professions. Many
reasons might be forwarded for the relatively meager emphasis that has
been placed upon this quality of intellectual activity. First, the
intellectual aspect was not highly valued by some early nurses.
Rather, emphasis was directed toward technical training and toward
the development of practical skills. Secondly, nursing, in its early
history, had no sizeable pool of well-educated women from which to
draw. Thirdly, the traditional values of the military and monastic
nursing orders did not include intellectual prowess as a necessary quality. Other values, such as obedience and service, were more highly placed.

Historically, altruistic service rendered by nursing has been one of its most exemplary features. There can be no doubt regarding the zeal and dedication by which the early nurses distinguished themselves. While the later emphasis on science may have somewhat attenuated the ardor of the early nurses, one might presume that altruism is still a prevalent factor in the nursing relationship, although it is not well recognized in current literature. The writers seem to be more concerned with educating professional nurses who possess certain intellectual qualities such as the capacity for independent judgment and the willingness to assume the responsibility for further professional learning. Intellectual goals do not clearly dominate, however, and craft goals are frequently very prevalent in nursing education programs. The problem for nurse-educators is to determine a proper relationship between craft and intellectual goals.

The fourth professional characteristic isolated by the writer states that "A profession is subject to the control of society and of the group" and is one that has been highly valued by nursing. Nursing's social responsibility has evidenced itself in many forms. Through action of its professional organizations, nursing has established a written code of professional ethics and has defined and promoted general standards to serve as guides in the education of nurses. In
action initiated by nurses but implemented by society at large, the nursing leadership has sought to protect the public by supporting licensure practices.

The concern for society's welfare has found expression in the form of educational principles which advocate that the education of professional nurses should prepare practitioners who understand the significance of their work in the entire social context and who not only comprehend but are directed by the code of nursing ethics. While another educational principle related to this fourth professional characteristic states that "Education for professional nursing should be a financial responsibility shared by the whole society," its advocacy suggests a vital problem relative to it; namely, have the unique characteristics of professional education for nurses been sufficiently defined to facilitate society's understanding of nursing's goals and to justify requests for society's financial investment?

The fifth and final quality described in this analysis is one which is extraordinarily difficult to evaluate, for it appears almost self-evident. This fifth criterion, stating that "The excellence of a profession is related to the quality of the individuals who compose it," defies objective description. Indeed, to afford it tangibility might divest it of its meaningfulness. Yet one might offer various reasons for the concern that nursing has shown for the quality of its individuals. Early in nursing history, the trained nurse wished to disassociate herself from the former servant-nurse; in fact, her
continued existence depended, to a large extent, upon the public's awareness of her high standards of character. More recently, nursing educators have addressed themselves to the rather speculative question of what effect the educative process might have in enhancing desirable personal qualities. While it has been generally assumed that liberal and general education have been instrumental factors in developing personal qualities of the student, the area lacks research support, partially due, perhaps, to its elusive nature.

It has been generally recognized, however, that education for professional nursing should seek to develop the person of the student and should strive to provide her with opportunities to broaden her contacts with other disciplines and to expand her intellectual and cultural horizons. Such ambitious goals require the selection of professionally educable students sensitive to the instructional milieu.

Recommendations emerging from the study suggested that it be carried to a greater level of specificity by translating principles into behavioral definitions, that problems be defined in researchable terms, that comparative investigations be made of other professions, and that similar studies be undertaken using a concept of technical education as a basis.
APPENDICES
APPENDIX A

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Principle twelve, "Education for professional nursing should be concerned with the cultivation of intellectual skills, particularly with the capacity for independent judgment," may serve as an uncomplicated example of how the principles were constructed. The following statements were found in the literature:

1. The professional phase of study must also be concerned with the cultivation of intellectual skills.

2. ... (The professional nurse should possess) a way of thinking which embodies discretion and judgment.

3. Professional education should provide the student with the opportunity to develop the capacity for independent judgment.

In each case, the context of the statement was examined to determine if the word "professional" was used in a manner generally consistent with the concept defined in this study and to determine if the statement selected accurately represented the author's meaning and intent. When these conditions were satisfied, the principle could be introduced with the basic phrase, "Education for professional nursing ..." Statement one added the idea "should be concerned with the cultivation of intellectual skills." Statements two and three added the qualities of judgment and independent judgment. The word discretion remained. When translated to a dictionary definition, however, "discretion" became "to make a judgment or distinction." Thus, the
term "discretion" was replaced with "judgment," making statements two and three similar. The phrase "the capacity for independent judgment" was added, completing the principle.

Other principles were more complex because they involved greater numbers of original statements and required more re-defining and more "telescoping," and in some cases, slight re-phrasing. The methodology, however, was essentially the same.
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