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NURSING EDUCATION:

A COMPARATIVE SURVEY OF COLLEGIATE BASIC

NURSING CURRICULA

By

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COMPARATIVE CURRICULA SURVEY

Barbir

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Marie Louise Barbir

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ABSTRACT

Nursing and nursing education are in a state of change. Due to the speedy developments in science and technology, as well as awakening social consciousness in all parts of the world, including the Middle East, the educational programs for collegiate nursing must undergo constant study and revision. This study is an attempt to show how the degree-granting program in nursing at the American University of Beirut, (which has not been revised since 1936) falls short of the criteria for evaluation set up by the accrediting agency in the United States. As this school is under the jurisdiction of the New York State Board of Nurse Examiners, it is obliged to keep its standards up, lest accreditation should be withdrawn. This study proposes, as recommendations, certain steps which might be taken for a curriculum study and revision, in order to meet requirements for approval.

The method employed is analytical. The history of the evolution of collegiate nursing education is given as a background for understanding the reasons for the development of certain persistent problems. Also a brief description is given of the present status of selected schools in the Middle East. A report of the research studies on curricula in nursing education in the United States is summarized as a basis for comparison with curricula in seventeen selected collegiate schools. Fifteen schools, in both private and state universities from the geographical areas of continental United States and Hawaii, together with the schools at the University of Alexandria and at the American

University of Beirut, were selected to be analyzed in the light of the criteria set up by the accrediting agency, which were, in turn, based on the findings of the research studies.

The following areas of curriculum were analyzed: (1) philosophy and objectives, (2) administrative organization, (3) preparation of the faculty, (4) proportion of general and professional education, (5) sequence of learning experiences, (6) length of program, (7) admission requirements, (8) clinical nursing experiences and (9) recreational programs. When the curricula areas were evaluated, certain likenesses and differences were revealed, and commonly-shared characteristics indicated the direction in which the greater number of programs appear to be developing.

In the recommendations, the specific suggestions for the degree-granting program of the American University of Beirut include: (1) the solicitation of the leadership of the university faculty and administration, to understand the need for supporting the nursing profession, as it tries to improve itself, (2) the organization of a joint faculty committee to study and accredit the present program, and to propose changes, (3) the development of a public relations program to improve the public image and increase the enrollment of qualified students, (4) the study and evaluation of community resources as possible field experience areas, (5) the study and revision of patterns of assignment of hospital duties to professional nurses, practical nurses, aids and subsidiary workers, in order to make more efficient use of the skills of each group.

The need for promoting professional nursing to its proper position as a member of the health team, on an accredited basis, plus the leadership role in the Middle East, which the American University of Beirut is expected to take, should motivate the implementation of the recommendations of this study.

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CHAPTER I

INTRODUCTION

The education of a professional nurse is a complex affair, offering a choice of educational patterns that are to be found in few other fields - diploma, associate degree and bachelor's degree, all as basic preparation for professional practice. In an attempt to prepare the modern nurse for her responsibilities, nursing education in many areas of the world is undergoing dramatic change in response to social, economic, political and technological demands. Newer methods of medical care, including chemotherapy, early ambulation, more radical surgery, rehabilitation, greater integration of hospital and community health services, all have altered the preparation of the professional nurse. Continuing research in the behavioral sciences offers resources for helping the nurse in her relationships with patients, with other professional practitioners, such as therapists and social workers, and with less well-prepared assistants whom she must guide in care of patients.

Recent improvements in the educational process of preparing professional nurses have been the result of many factors, such as changing the sources of control of the educational program, conducting the nursing program in accordance with standards and practices characteristic of collegiate education, requiring different competencies of the faculty, changing the extent and quality of both the general and professional

education, treating the students as mature, responsible, highly motivated intelligent individuals, and providing them with an environment conducive to maximal development of potentialities. In many schools great efforts have been made to provide opportunities in a regular college program for broad liberal arts education as well as education for the practice of professional nursing. These schools are attempting to prepare the student for modern nursing responsibilities by deepening her understanding of the application of scientific principles in nursing skills, personal relationships with all the health services. The general education courses which give additional emphasis to the impact of social and psychological forces on the individual have helped the student to gain insight into her own personality and social thinking. In addition, human understanding, scientific approaches to problems, and skills in communication have been given emphasis in the clinical teaching in hospital ward and clinic, in health center and home.

As different nursing programs are being developed, there appears to be a tendency to experiment with various types of curricula, in an effort to achieve the same objective - to prepare a broadly educated professional nurse, competent to give leadership and service in the community.

Purpose of the Study

The purpose of this study is to compare collegiate basic nursing curricula as they are at present carried on in selected schools in the continental United States, in the new state of Hawaii, in the United Arab Republic and in Lebanon. The points of difference and likeness will

be brought out and analyzed in the light of recent research in nursing education. The criteria for curriculum development in nursing education are summarized, and recommendations are made specifically for the degree program at the American University of Beirut.

Need for the Study

At the turn of the mid-century, the results of research became available to those concerned with reform in nursing education, and those schools of nursing with university relationships have become increasingly interested in self analysis and self-evaluation in the light of the new findings. The fact that a collegiate school of nursing was opened by the University of Alexandria in Egypt in 1955 and that two others are planned for in Istanbul, Turkey,¹ and in Baghdad, Iraq² makes the development of collegiate curricula a subject of current interest to the faculty and students of the Faculty of Medical Sciences of the American University of Beirut. That an increasing proportion of nursing students in the United States has been entering basic programs leading to a Bachelor of Science degree, and that many types of collegiate programs have been proposed for accreditation recently, indicate the trend of professional nursing to move into institutions of higher learning.

At the American University of Beirut, neither the diploma program, started in 1905, nor the degree program which was begun in 1936, have undergone any exacting curriculum study. The degree program has had only

¹Anon. "Turkish Nurses Prepare to Open New School," Nursing Outlook, February 1958, (VI, No. 2), 70.

²Daily Star (Beirut), September 8, 1962, 8.

twenty-two graduates in twenty-three years, one of whom is at present a member of the faculty of the School of Nursing. As the American University of Beirut is an American-sponsored educational institution, chartered in the state of New York, it must maintain standards in keeping with the times, and hence must engage in self-analysis. It is for this purpose, and to fulfill this need that a comparative curriculum survey was undertaken, with the expectation that it will be both timely and useful.

Methodology

Analysis was made to determine the patterns of collegiate basic curricula in 17 schools of nursing. Fifteen schools were chosen from the Northern, Middle Atlantic, Southern, Middle Western, Rocky Mountain and Pacific areas of continental United States, and Hawaii, representing both private and state institutions. The Higher Institute of Nursing, University of Alexandria, and the American University of Beirut are the only two degree-granting nursing schools in the Middle East in 1962. No European schools have four year collegiate programs. Asian schools in India, Taiwan and the Phillipine Islands are in the process of developing programs that combine characteristics of British and American schools, but are not comparable to those in this study.

The selected schools were requested to submit their catalogues and any other information that might be available regarding their programs. Reports, relevant studies, and professional periodicals and literature were surveyed for information on current development, and were summarized. The analysis of the patterns and practices of the selected schools was made in the light of the research findings. Recommendations were made

specifically applicable to the degree-granting program at the American University of Beirut.

Delimitations

Only nursing schools approved by the Accreditation Service of the National League for Nursing in the United States were considered, and the two Middle Eastern schools associated with universities were chosen.

Catalogues and correspondence with these schools were the main sources of information.

Brief History of the Evolution of Collegiate Basic Programs in Nursing in the United States

In 1910, the first school of nursing under university or college auspices was founded by the University of Minnesota which now proudly claims the distinction of being the first collegiate school of nursing in the world.¹ Nine years later it instituted a five-year course designed to lead to the bachelor's degree and a diploma in nursing. This curriculum required two years of academic work, two years of clinical preparation during which experience was obtained in the several hospitals with which the University was affiliated, and a fifth year that combined general and professional courses taken on the campus.

In 1916, two five-year programs leading to a bachelor's degree were developed, one by Teachers College, Columbia University, in cooperation with the School of Nursing of Presbyterian Hospital in New York, and the

¹Mary M. Roberts, American Nursing (New York: Macmillan Company, 1954), 65.

other by the University of Cincinnati School of Nursing. In both of these, the first two years were spent on liberal arts studies including the basic sciences, the next two in the basic professional courses in the hospitals and the main part of the fifth year was given to special preparation in public health nursing or teaching. In 1931, at the Annual Convention of the National League of Nursing Education, sixty-seven schools of nursing were reported to have some kind of college or university connection, twelve of these schools being affiliated with junior colleges.¹

The new relationships with colleges and universities brought many perplexing problems, as indicated by reports of conferences held in 1921 and 1928, when the Nursing Education Department of Teachers College and the National League of Nursing Education Committee on University Relations discussed their problems. The widely varying viewpoints of physicians, educators, nursing school and hospital executives were evident, but they agreed, in general, that

Nursing education is a distinct branch of professional education which should be separately organized and directed by nurses themselves; that nursing schools of the more progressive type are entitled to a place in the university organization; and that the experiences of other professions should be studied in order to avoid the pitfalls into which some of them had fallen in transferring from the apprentice type of preparation to that of the independent professional school.²

In January 1933, at a conference at Teachers College, Columbia University, it was decided to form an Association of Collegiate Schools of Nursing. The purposes of this organization were to develop nursing

¹Eleanor C. Lambertsen, Education for Nursing Leadership (Philadelphia: J.B. Lippincott Co., 1958), 22.

²Isabel M. Stewart, The Education of Nurses (New York: Macmillan Co., 1943), 230.

education on a professional and collegiate level, to promote and strengthen relationships between schools of nursing and institutions of higher education, and to promote study and experimentation in nursing service and nursing education.¹ This association, which limited its membership to schools which were constituent units of colleges and universities, went out of existence in 1952 when it merged with two other groups, the National Organization of Public Health Nursing and the National League of Nursing Education, to form the National League for Nursing.

A study of collegiate basic curricula reported in 1937 that there were fifteen new programs started between 1935 and 1937. There were two general types, either programs composed of separate blocks of general and professional courses, often carried in entirely different schools and not necessarily in sequence, or programs composed of general and professional areas which were definitely interwoven, both being carried in the same school in most instances and in a predetermined sequence.²

An example of the development of a collegiate program is that reported by the School of Nursing Education of the University of Washington in Seattle. In 1916, the dean of women, who wished to make more vocational opportunities available to young women, helped to organize a pre-nursing course in the pre-medical department of the University. In 1921, a department of nursing education, offering both a five-year nursing course and a public health nursing course was created, and affiliations with various hospitals were arranged. Although the students profited from a

¹ Esther Lucile Brown, Nursing as a Profession (New York: Russell Sage Foundation, 1936), 71.

² Lucile Petry, "Basic Professional Curricula Leading to a Degree," American Journal of Nursing, XXXVII, No. 3, (March 1937), 287-297.

more unified type of curriculum, better instruction, and library and laboratory facilities, the outstanding difficulty arose from the lack of complete understanding between the University and the hospitals.

Under the direction of Mrs. Elizabeth Soule, the entire faculty perfected the first four-year degree program, integrating professional and general education, which began with eight students in July 1931. A grant from the Rockefeller Foundation had made possible an administrative set-up in which the University assumed responsibility for all educational functions, while the Hospital became responsible for the nursing service. It was the aim of this undergraduate curriculum to prepare people who would be well qualified to cope with the problems of modern nursing. This was done by giving basic courses in science, literature, economics, psychology and sociology, by arranging clinical teaching in such a way that there would be application of these subjects to the field of nursing, and by emphasizing throughout the curriculum principles of the prevention of disease.¹

The progress and problems of nursing and education from 1937 to 1950 reflect the progress and problems of a nation developing an increasing social consciousness, as it proceeded from an economic depression to a global war. Social and economic pressures as well as military needs made increased enrollments in schools of nursing a necessity with little attention to maintenance of standards. During this period the need for getting the job done was given precedence over the choice of the best educational experience for the student. Wide differences of opinion

¹Elizabeth S. Soule and Henrietta N. Adams, "Nursing Education at the University of Washington," Methods and Problems of Medical Education (New York: Rockefeller Foundation 1932), 75-79.

existed on what the term 'collegiate school' meant, although it was used very generally to describe almost any association between a school of nursing and a college or university.

In 1945, the National League of Nursing Education published a report of a study, titled Problems of Collegiate Schools of Nursing, based upon nine regional conferences on nursing education in colleges and universities held during 1944. They found it necessary to define the characteristics of a collegiate school of nursing, as being one that is controlled by a college or university, whose faculty has the same status as other faculties in the college or university, whose curriculum is approved and directed by the educational institution and which confers a degree of the college or university.¹

During the postwar period the tremendous demand for health services, necessitating the integration of large numbers of non-professional workers in nursing services, put an additional emphasis on the importance of the administrative and teaching functions of professional collegiate educated nurses. The Report of the President's Commission on Higher Education in 1946, emphasizing the need for professional leadership to meet the nation's health needs, and recommending the expansion of community or junior colleges, led to an experimental program for the preparation of semi-professional, associate-degree personnel.² The report of this experiment has been published and the evaluation of the contribution of the persons

¹National League of Nursing Education, Problems of Collegiate Schools of Nursing, A Report Prepared by the Committee on Educational Problems in Wartime (New York: National League of Nursing Education, 1945), 5.

²President's Commission on Higher Education; Higher Education for American Democracy, Vol. I (New York: Harper and Brothers, 1946), 47-49.

who have completed such a program thus far, has been presented.¹

in 1947, the nurses of Michigan initiated a survey of nursing resources in their state which became the vanguard of progressive planning for nursing education and nursing service. They set up a chain of programs for practical nurse education under the State Department of Vocational Education, re-organized the curriculum of the College of Nursing at Wayne University, and replaced the three-year and five-year programs at the University of Michigan by a basic four-year program combining general and professional education leading to the B.S. degree. A National Nursing Accrediting Service was set up in 1948 sponsored by the National League of Nursing Education with four boards of review: non-collegiate basic professional nursing education, collegiate basic professional nursing education, public health nursing education and post graduate professional nursing education to evaluate all schools of nursing in the nation and territories.²

In a survey conducted by Dean Margaret Bridgman of Skidmore College, it was revealed that some colleges and universities had made concessions to nursing instead of insisting on work of a quality equivalent to that required in other disciplines.³ Consequently, the report of the National Nursing Accrediting Service revealed in 1952 that of 117 degree programs only 45 were fully accredited and 22 programs were not acceptable for temporary accreditation. In 1945 a self-evaluation guide for collegiate

¹Mildred L. Montag, Community College Education for Nursing (New York: McGraw-Hill Book Company, Inc., 1959).

²Roberts, op. cit., 518.

³Margaret Bridgman, Collegiate Education for Nursing (New York: Russell Sage Foundation, 1953), 97.

schools of nursing was published, to serve as guide to administrators and teachers in collegiate schools. This was revised in 1960.

Curriculum conferences repeatedly pointed out the lag in development of curriculum due to lack of research; this need was met by a grant from the Rockefeller Foundation to the Division of Nursing Education at Teachers College in 1952 for setting up a Research Center. In addition, plans for publishing a new periodical, Nursing Research were carried out in 1953. This was an indication of the growing maturity of the profession.

Marked progress, though somewhat slow, has been made in the struggle to secure for nurses the type of education required to fit them for the complex needs of the profession and of society rather than the immediate service of institutions. Nursing education has been strengthened by the work of the National Nursing Accrediting Service, and by the numerous research projects which have been undertaken. The number and quality of collegiate programs has increased, with the assistance of philanthropic foundations. The demands of the times have motivated the profession to seek and set new standards for service to the health of all mankind.

Description of Educational Curricula in Nursing

A Definition of Nursing.

During the past hundred years the activities which have been involved in nursing practice have changed and broadened until they have involved tasks ranging from the relatively simple to the highly complex. Four groups are now recognized as essential for nursing service, three of which require formal school training. The first group is skilled in carrying out some of the activities in nursing care; the second group is

skilled in carrying out broad and complex activities; and the third group is prepared through experience and additional education in various nursing specialities, for teaching, supervision, administration or consultation in the field of nursing. The fourth group is trained on the job in activities defined by the employing institution.

Nursing is not alone in the transferring of many of the less complex nursing tasks to persons who do not need the extensive preparation for professional nursing. In the legal profession, the law clerk helps the lawyer to use his knowledge to benefit more clients, and the dental aide enables the dentist to treat more patients. Educational institutions are experimenting with teacher-aides in order to free the teacher from non-teaching duties. Similarly, aides and practical nurses on the nursing team make it possible to extend professional nursing skill to many more patients than professional nurses alone could care for. The professional nurse plays the key role as team leader, teacher, supervisor and administrator.

The definitions of professional and practical nursing, as approved by the Board of Directors of the American Nurses' Association are as follows:

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

The practice of practical nursing means the performance for compensation of selected acts in the care of the ill, injured, or infirm under the direction of a registered professional

nurse or a licensed physician or a licensed dentist, and not requiring the substantial specialized skills, judgement and knowledge required in professional nursing.¹

The World Health Organization took a decision to use the word nurses to apply to professional nurses, graduate nurses, trained nurses or registered professional nurses and to pertain to the workers within any particular country who supply the most exacting, comprehensive and responsible care of a nursing nature which is available in that country. Wide variations are recognized. In countries with highly organized health programmes, nurses include - in addition to those practitioners who give exacting, comprehensive and responsible care to people, sick and well - those competent in research, consultation, education, and the planning of health programs. The term "auxiliary nursing personnel" indicates

Those who give, in comparison, less exacting care, which supplement that given by nurses In general, nurses teach auxiliary personnel and supervise their work.²

In the United States, the education of professional nurses was largely of an apprenticeship type, provided through hospitals. In the 1930's hospitals formalized and extended their programs, combining organized instruction with closer supervision of the learning experiences in the clinical situation. In order to provide the personnel needed for the teaching and supervision of the schools attached to hospitals, degree-granting programs in nursing, under the auspices of colleges and universities

¹"ANA Board Approves a Definition of Nursing Practice," American Journal of Nursing, LV, No. 12, (December 1955), 1474.

²World Health Organization, Expert Committee on Nursing, (Geneva: World Health Organization, 1950), 4-5.

were developed. Most recently, a number of programs in community or junior colleges have granted associate degrees in nursing.

Historically, practical nurses were women without formal preparation for nursing, who, from their own empirical knowledge of home nursing and housekeeping, developed sufficient skill to be of value during sickness in the home. Formal preparation has now been developed for this group, with circumscribed, organized instruction and clinical experience, followed by examination for licensure. These practical nurse programs have been administered primarily by the vocational school system and by hospitals.

The confusion, both to those within and without the profession, due to the diversity of programs available for the preparation for the profession of nursing, is symptomatic of the changing concepts of nursing responsibilities. All programs, whether being administered by hospitals, independent schools, junior colleges, universities, or jointly by hospital and university, have one aim - to provide the academic preparation and clinical experiences needed by professional nurses of today and tomorrow.

Programs Conducted by Hospitals.

In the United States in 1956, 922 out of 1,115 schools of nursing were under the control of hospitals and other non-collegiate groups, which constituted 82.8 percent of all nursing students.¹ Despite many improvements, hospital school programs still vary markedly from other types of education,

¹American Nurses' Association, Facts About Nursing, (New York: American Nurses' Association, 1958), 82.

in their dependence on hospital funds, and by their purpose of providing service for the patients in return for instruction.

Diploma programs, given in hospital schools, are usually three calendar years in length, and are approved by the Board of Nurse Examiners in their respective states. Dr. Bridgman states that most educators believe that the brief time allotted to each subject make the courses superficial and inadequate.¹ Since hospital schools do not have the resources of an educational institution they cannot use the various departments to provide breadth or comprehensiveness which are possible with a variety of points of view.

In recent years, a number of diploma schools, through increased budgets, have provided larger and better faculties, libraries, and laboratories, in an effort to develop better educational programs. The curriculum has been enriched by the increased emphasis on understanding the nurse's changing responsibilities. In spite of this, most diploma schools are "work-centered" rather than "student-centered."²

Although nurses have a unique educational opportunity to learn through doing, the demands of the work situation focus the attention on getting-the-work-done, instead of making it a learning experience for the student. For example, in the 1954-55 annual report of the Faculty of Medical Sciences of the American University of Beirut, the School of Nursing section reports:

¹Bridgman, op. cit., 52-62.

²R. Louise McManus, "Trends in Nursing and Nursing Education in 1955," The Yearbook of Modern Nursing 1956 (New York: G.P. Putnam's Sons, 1956), 412.

In fulfilling their practical requirements student nurses gave the following amounts of service under supervision:

First year students	11,723 hours
Second year students	33,271 hours
Third year students	<u>25,506</u> hours
Total	70,500 hours

(Forty-six hour week after the first six months)

The approximate daily average hours were:

First year	3.7 hours class	2.5 hours service
Second year	1.3 hours class	6.5 hours service
Third year	.3 hours class	7.1 hours service ¹

The 1961-62 catalogue of the American University of Beirut School of Nursing states that "students' classes and clinical experiences average 40 hours per week," with a total number of 1386 hours of lecture and laboratory instruction.² It is of interest to note that 534 hours of the total instruction for the three calendar years are given in the first semester of the first year. The minimum requirements of clinical experiences are stated in terms of "weeks", a total of 92 weeks being listed in the catalogue. It further states that during summer students "continue their clinical experiences for a nine week period with two hours of clinical conference and one hour of nursing rounds weekly."³

¹The American University of Beirut, Faculty of Medical Sciences, Annual Report, 1954-55 (Beirut; 1955), 13.

²Catalogue, The American University of Beirut, 1961-62, (Beirut: American Press, 1961), 123.

³Ibid., 125.

These references from the American University of Beirut publications re-affirm the comments of Dr. Margaret Bridgman's study of hospital school programs in 1953, to the effect that:

- 1) The ideal ratio of hours of practice to instruction and the most effective distribution of clinical practice in nursing have not yet been definitely determined, but in hospitals this has been largely dependent on service demands.
- 2) In the preclinical period of 16 to 24 weeks, half the total amount of the instruction in the 3 year program has been given.¹

The concentration of courses for a brief period at the beginning of the program, followed by a large percentage of time spent in clinical services, is one of the reasons for the difficulty in accrediting the diploma or professional portion of the curriculum at the American University of Beirut.

Associate degree Programs.

In an effort to correct some of the deficiencies in certain of the hospital school programs, research was begun on the use of the junior or community college as a source of education for nurses. These students are granted an associate degree in nursing and are qualified, after state examination and licensure, to practice nursing in institutions and public health agencies, under supervision. An added advantage, from the students' point-of-view, is that, with an additional two years' collegiate study, a baccalaureate degree can be earned.

In January 1957, 1,132 students in the United States were

¹Bridgman, op. cit., 55.

enrolled in 20 associate degree programs.¹ The objectives of this type of program have been stated as an attempt to help students learn to function as general duty or staff nurses, not specialists or supervisors. These programs have a curriculum which is a combination of general and specialized education in a college setting, with students enrolled as all other students, but with nursing as their major field.

By making the program more compact, elimination of duplication and the preclinical period, the advocates of this type of program claim to give more substantial foundation in sciences (chemistry, microbiology and anatomy) than the hospital school of nursing. In addition, the associate degree programs include college subjects, such as history, mental hygiene, literature and political science, subjects not ordinarily given in hospital schools of nursing.²

These programs are a deviation from traditions and customs in nursing education, in some instances even going so far as to eliminate the nurses' cap, and are thereby being subject to negative criticism from hospital personnel who have conservative viewpoints. They require long and careful planning by all the faculty who will participate, skilled teachers with clinical experience, and enthusiastic administrations. It may well be that they will bring about some of the much-needed changes in the system and pattern of education for nursing.

¹American Nurses' Association, Facts About Nursing, (New York: American Nurses' Association, 1958), 89.

²Montag, op. cit., 68.

Collegiate Basic Programs.

The reasons that sound collegiate basic education is required for the most skilled duties of the professional nurse and for advancement are little understood either by the public or by most educators. Few persons realize, because of the isolation of nursing education from educational institutions, that the scope and nature of nursing care has changed greatly during the past thirty years. "The establishment of baccalaureate curricula of sufficient breadth and strength to develop proficiency for expert staff nursing in hospitals, public health agencies and other services, and to provide a sound base for graduate study" is the first requirement for these changed responsibilities, according to Bridgman.¹ She further states that "experience and competence on the staff level are essential for a foundation for the larger responsibilities of supervision, administration, teaching, clinical specialization and research."

The enlarged clinical responsibilities, the increased share in supportive care of patients, the health teaching responsibilities, as well as the supervision and in-service training of auxiliary workers, has made a broad general and professional preparation necessary for staff nurses. Scientific and technological advances have completely changed the diagnostic and therapeutic techniques in modern practice, so that an able professional nurse needs a good foundation in biological

¹Bridgman, op. cit., 26.

and physical sciences, as well as skill in teaching and directing others. The professional nurse is also called upon to understand the patient's needs, for which a background in sociology, psychology, and human relations is useful. The nurse also has a significant function in teaching patients and their families to promote recovery and rehabilitation, because she understands the social factors affecting the patient and the resources of the community; skills she acquires in courses in Public Health Nursing. The organization of nursing teams is recommended as the most promising way to provide adequate supervision of auxiliary personnel, improve patient care and conserve nursing resources.¹ The role of leadership of a group of persons of varying degrees of preparation and experience, the relationship to both the team members and patients, and the final responsibility for patient welfare, demands maturity and skill in excess of those acquired without benefit of a thorough foundation.

Thus came the recognition of the need for a greatly increased number of nurses with the kind and quality of education now considered necessary for clinical specialities, public health, supervision, teaching, research and staffing of professional agencies.² Universities and colleges became interested in providing nursing education, and as a result, numerous programs have been developed, commonly classified into four groups: (1) consecutive type, (2) correlated type, (3) cumulative type and (4) affiliation type. The first two types have been approved by the American professional nursing organizations and accrediting agency.

¹Ibid., 37.

²Esther Lucile Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), 42.

Consecutive type.

In this type of program the college or university requires the satisfactory completion of at least four semesters as a foundation for the subsequent nursing curriculum. Then the professional courses are given either in a two or a three year program, making the total four and a half to five years. The present trend is toward reducing the length, so as to make the program comparable to other collegiate courses leading to the baccalaureate degree, as this preference has been indicated by applicants.¹

The advantages of this type are that the students are not only likely to be more mature when they enter the professional part of the program, but also, they may transfer from various colleges, after completing the first two academic years. The disadvantage most often noted is that introduction to the field of nursing is deferred for too long, so that interest in the profession may be lessened or lost.

Another weakness which Dr. Bridgman points out is that there is little or no opportunity for general education beyond the sophomore level, and that utilization of materials from related fields cannot be accomplished due to the time lapse.² This problem of having the pre-professional period wholly separated from practice is mentioned in one of the recommendations of the President's Commission on Higher Education, as follows:

¹Bridgman, op. cit., 27.

²Ibid., 108.

The aim should be to integrate liberal and vocational education, letting them proceed simultaneously though in varying proportions, throughout the student's college life, each enriching and giving meaning to the other.¹

For the student who cannot afford to be away from home for the full course, for those who postpone specialization and for those whose interest in nursing develops late, this type of program is recommended. College advisors may suggest it to students who are interested in a professional career after they have completed the sophomore year.

Correlated type.

This type, commonly called the "integrated program" is an invisible unit within one university. The close intermeshing of academic and professional courses makes it necessary for the college and the clinical resources to be physically very close to each other. In this type of program the foundation courses, such as specific knowledge of the physical, biological and introductory social sciences are largely given during the first year. Introductory courses to the profession occupy less time and are given in one summer session.

The distribution of academic and professional content vary in different colleges but they may be one of three varieties. For example, academic courses may be distributed evenly throughout the four years; a larger proportion may be included before the senior year; or there may be one or more periods other than summer terms when they are omitted in order to permit absence from the campus for a course. The latter

¹Higher Education for American Democracy: A Report of the President's Commission on Higher Education (New York: Harper and Brothers, 1947), 74.

frequently is arranged for an experience in psychiatric nursing, if facilities for such are not available in the main hospital.

The advantages of the correlated type of curriculum are numerous. There is the simultaneous progression in both general and professional education; and there is opportunity for association and interchange of ideas between academic and professional faculty, as well as students. In addition, the introduction to nursing as a course in the freshman year stimulates the interest of the student, and gives the faculty an early opportunity to observe the adaptability of the student to nursing as a profession.

Two disadvantages are noted in this type of curriculum at the present time. One, it has been difficult to set up university courses in the natural and social sciences, so that they will furnish the kind of basic foundation needed for professional nursing, thus eliminating the need for special courses for nursing students. This presents problems, as most courses are designed primarily for the majors in the respective departments, and these do not always offer the subject matter needed by the nursing student.

A second disadvantage is that transfer into the course from another institution is generally not possible without loss of time. Some universities have made arrangements, however, to permit students to enroll in local colleges taking the courses included in the first years of the university's nursing curriculum, so that transfer in the second year is possible. Both of these disadvantages have been under study, and suggestions for their elimination will probably soon be reported.

Cumulative type.

This third type bears some resemblance to the correlated type, but differs, because it developed as a result of adjustment to the situation where academic and clinical facilities are not available on the same campus or in the same town. Academic work is given in a block during the first year and again during most of the fourth year, when classes are held on campus. During the second and third years, when students are in the hospital, academic courses cannot be provided. To give the students the advantages of specialists in the related fields, some universities arrange to have members of its faculty go to the hospital to conduct courses during the two clinical years.

According to Dr. Bridgman's analysis of this type of curriculum:

The chief criticism of the cumulative type is the necessary deferment of part of the teaching materials that should precede or coincide with the clinical course. Also, the interruption of the clinical instruction in the senior year by a preponderance of academic courses is regarded by some as unsound practice.¹

Affiliation type.

This type, the earliest to develop, consists of two unintegrated blocks of education, i.e. two years of lower division college work, and the three year hospital school diploma course in nursing. Originally, this was a combination of two types of education on the same campus, both admitting students directly from high school. The pattern disturbed neither the hospital school practices, nor involved the expense and

¹Bridgman, op. cit., 111.

responsibility for the educational institution of employing faculty members to develop a college program in nursing.

One of the inconsistencies that is noted in this type of program is that the students, who enter the hospital school of nursing after having completed two years of collegiate education, return to the high school graduation level and start classes with students who have no academic background. The hospital school has no accreditation as a collegiate institution, so the degree is misleading because it does not represent real values in superior preparation. The appropriate recognition would seem to be a college transcript or associate degree representing the liberal arts education, and a diploma from the hospital school.

The School of Nursing of the American University of Beirut is the only one in the selected group which gives the diploma program after two years of college preparation.

Dr. Bridgman's analysis of the basic essentials of a collegiate program are pertinent:

Not unless the preliminary years of college are required of all students, the nursing program is on the upper division college level, and the faculty are members of the college or university faculty and meet the same standards as those in other departments, is there justification for regarding the curriculum as collegiate, or for awarding a baccalaureate degree.¹

It is a confusing array of patterns of education for nurses that has evolved. Further study and evaluation are of primary necessity if a truly collegiate curriculum is to be planned for the basic professional education of nurses.

¹Ibid., 114.

Present Status of Nursing Schools in Selected Areas
of the Middle East

In the Middle East, nursing education had an early beginning in 1905, but it has not progressed as rapidly as other types of education, especially since the end of World War II. Schools have been established without a regional professional organization to stimulate interest in studying needs, proposing types of programs or setting standards. Only through the International Council of Nurses is there any over-all survey, and thus far, Lebanon has submitted its application for membership, but has completed only one requirement, #2 (see footnote) and is in the process of completing the others.¹

Since 1905 the development of nursing schools has progressed very slowly and intermittently, both in hospital schools and in collegiate programs. There has been slow progress in the development of academic preparation for nursing at the American University of Beirut since 1933, but only students who have completed secondary education have been admitted to the school of nursing. This has been made possible by the improved secondary educational facilities for girls.

¹A national nurses association may apply for membership in the International Council of Nurses with the following documents to support the application:

1. Constitution and by-laws of the national nursing association.
2. Copy of the nursing law governing the registration of nurses and practice of nursing.
3. Syllabus of theoretical instruction and clinical nursing experience laid down for basic schools of nursing.
4. Details of advanced programs available in nursing education. (Unpublished paper delivered in Beirut in May 1958, by Miss Ellen Broe, Director, Florence Nightingale Education Division, International Council of Nurses.)

Programs Conducted in Hospitals.

In Lebanon there are seven schools of nursing functioning at present, all requiring 36 months of preparation, except the Faculte Francaise de Medecine which gives the French state nurses' diploma on the completion of a 24-month program. Only one school, The American University of Beirut, limits its applicants to graduates of accredited high schools. The others admit candidates who have completed the French Brevet, but give priority to those who have completed secondary school.

The American University of Beirut School of Nursing is the first in the field, having been opened in 1905 and having (up to 1962) granted diplomas to 667 graduates. The program at this school is comparable in course content and clinical experiences to those given in hospital schools in the United States during the 1940's. It is under the jurisdiction of the Board of Regents of the State of New York.

The other schools, all founded since 1943, have minimum standard programs, following the International Council of Nurses recommendation stating that their aim is to prepare nurses for hospital duty, for humanitarian service, and for contribution to the conservation of the health of the nation. The Lebanese Red Cross School of Nursing gives the Lebanese State Diploma and offers the curriculum recommended by the International Council of Nurses and the League of Red Cross Societies.

In Iran, the Nemazee School of Nursing in Shiraz, opened in 1954, was established under the auspices of the Iran Foundation. Its 1959 catalogue states that it is the first, and, at present, the only school qualified by the Ministry of Education to give licenses to its

graduates. All students are required to have a minimum of high school graduation for entrance. A series of tests, scientific and psychological, given in Farsi, is administered to the applicants before admission - a unique feature of this school. After completing a three year program of studies in the Nemazee Hospital, the students pass a comprehensive examination and are given the State License from the Ministry of Education.

Programs conducted in Universities

The combined degree-diploma program at the American University of Beirut, which was begun in 1936, has as an admission requirement two academic years of college preparation in specific subject areas (languages, sciences, history, sociology and psychology). The student then begins studies in the diploma nursing program and completes three calendar years of academic and clinical experiences. During the three years of the diploma program the student is required to complete fifteen additional credit hours in the University, education and sociology being recommended. At the conclusion of this five year program the student is granted a Bachelor of Science Degree in Nursing and the diploma of the School of Nursing.

Five graduates of this program, one of whom is on the present faculty of the School of Nursing, have been granted the Master's degree in Arts or Sciences at universities in New York, Chicago, Boston and Syracuse. There are in September 1962 only two students enrolled in the degree program in the School of Nursing, out of a total of forty-five. Students are not required to pass the University admission tests to enter the diploma program, but must do so to be admitted to the degree-program.

In 1955, the Higher Institute of Nursing of the University of Alexandria opened a four year degree program whose first class was graduated in June, 1959. Its founding is the result of long-term planning by the Ministry of Health in UAR, the medical faculty of the University of Alexandria and the World Health Organization. Its purpose is to provide more nurses and to raise the standard of nursing in the Middle Eastern countries.

In July 1961 it was reported that there was an enrollment of 136 students from four Eastern Mediterranean countries (Iran, Pakistan, Sudan and the United Arab Republic) in a four year program leading to the Bachelor of Nursing degree. Graduates of this program are now instructors in the Nursing College at Khartoum, while seventeen other recently qualified nurses are employed at the Higher Institute of Nursing, as supervisors at the University Hospital in Alexandria or matrons in Government Hospitals.

The faculty is made up of twelve nurse-educators from UAR, and six World Health Organization staff personnel. They are pleased to report that in 1955 they received only 17 applications whereas in 1960 more than 70 were submitted, 50 of whom will be selected.¹

In 1954, to celebrate the centennial of Miss Florence Nightingale's arrival in Turkey, the International Nightingale Foundation was set up in that country. The purposes of this organization are to stimulate public interest in nursing to the end that the professional nurses

¹Daily Star. (Beirut), July 15, 1961, 8.

essentiality will be more widely recognized, that the quality of nursing care will be improved, that nursing education will be improved so that young women of outstanding educational background and intellectual capacity will be attracted to nursing schools, and that further research and study will be made.¹

Ten nurses from Turkey have had a special program in the Division of Nursing Education at Teachers College, Columbia University, to prepare them for faculty positions in the new School of Nursing to be affiliated with the University of Istanbul. The proposed school will offer an educational program new in Turkey, as it will be the first nursing program to be connected with a university and to have university admission standards. It will offer a four year basic preparation as well as advanced courses for graduate nurses. The land for the school was donated by the Turkish Government. Funds were solicited by the Red Crescent Society, and scholarships were offered for basic and post-basic nursing students by the United States Agency for International Development.

Practical Nurse Schools

At the present time there is no official recognition given in any of the Middle Eastern countries to programs for the preparation of the practical nurse. A number of private hospitals train such personnel in order to meet their own service needs, but there is no prescribed

¹Nursing Outlook: "Turkish Nurses Prepare to Open New Nursing School in Istanbul," VI, No. 2, (February, 1959), 70.

program nor is a certificate granted at the end of a specified period.

Summary

The fact that organized nursing schools have existed in the Middle Eastern countries since 1905, that one degree program was started in 1936, one program opened in a University in 1955, and two additional schools are scheduled for inauguration in the early 60's, is an indication of the very slow rate at which development has proceeded. The lack of adequate preparation for the tasks to be done is apparent in two reports made by prominent medical educators, both experienced in the area.

The necessity for a higher level type of nursing leadership and skill in the Middle East was made evident in a study in Egypt by Dr. John Weir of the Rockefeller Foundation, reported in a social science publication; as follows:

The role of the subprofessional health auxiliary, both as educator and 'dresser' needs further study. Many community projects are at least partially based on the assumption that persons of limited education, from essentially the same social position as the recipients of the service, given short-term training can work effectively. Weir found in Egypt, however, that the lack of basic training and education of nurse's assistants seriously limited their ability to adapt to local conditions.¹

The Higher Institute of Nursing at the University of Alexandria is one effort to provide the kind of professional skills and leadership

¹George M. Foster, Problems in International Health Programs (New York: Social Science Research Council, April, 1958), 42.

needed in the health service throughout the area.

Dr. Edward D. Churchill, Emeritus Chief of General Surgical Services at the Massachusetts General Hospital in Boston, was a visiting professor at the American University of Beirut School of Medicine in 1960. In 1962 in an address he made to the nurses of the Massachusetts General Hospital, were the following observations and suggestions:

.... A major and formidable barrier to the advance of surgery and medicine, as well as to medical education in these lands is immediately apparent in the lack of competent and trained women in their hospitals. For us to drill their young women in the skills and technology of nursing is not enough, and may, if this is all they learn, do harm.

The women of the developing lands must gain for themselves the independence and confidence that only education and contacts outside some mud-walled enclosure can nurture.¹

One cannot but notice the local reference made by this outstanding medical educator after his sojourn in this area.

To pursue further the development of nursing education on the collegiate level, Chapter II will deal with the results of research studies in nursing education in the United States. Chapter III will analyze and compare selected collegiate basic nursing programs.

¹Edward D. Churchill, "Nursing's Contribution to a Famous Hospital," Nursing Outlook, IX, No. 5 (May, 1961), 279.

CHAPTER II

RESEARCH STUDIES IN NURSING EDUCATION IN THE UNITED STATES

Early Efforts to Improve Nursing Education

The period from 1923 to 1937 produced numerous studies concerned with problems of nursing service and nursing education. As the reports were published, a few changes in educational programs and institutional practices were evident, but certain problems still persisted throughout the studies. It is commendable that the leaders in nursing education persisted in the search for the facts, even when social and economic conditions were not favorable or conducive to any drastic change.

The Goldmark Report

The first landmark in the evaluation of nursing education came in 1923 with the publication of Josephine Goldmark's report, Nursing and Nursing Education in the United States. This study, sponsored by the Rockefeller Foundation, stated its objectives thus:

To survey the entire field occupied by the nurse and other workers of related type; to form a conception of the tasks to be performed and the qualifications necessary for their execution; and on the basis of such a study of function to establish sound minimum educational standards for each type of nursing service for which there appears to be a vital social need.¹

¹Josephine Goldmark, Nursing and Nursing Education in the United States, (New York: MacMillan Company, 1923), 7.

The report described the inherent difficulties of adjusting the conflicting claims of hospital management and nursing education, and considered the possibility of reducing the fundamental period of nurse training to twenty eight months by eliminating unessential, non-educational routine; it proposed that subsidiary workers in nursing be properly defined and regulated by state licensure; it advocated that superintendents of nurses, supervisors, instructors and public health nurses receive additional training beyond their basic courses. In conclusion, the Goldmark Study stressed the satisfactions inherent in nursing as a career attractive to capable young women. It stated that the first essential to better nursing education was the development and strengthening of university schools of nursing, by giving full credit for general and professional courses. Finally, it recommended further study to guide and accelerate progress toward improvement of nursing education.

Report of Grading Committee

Three years after the Goldmark report, a Committee on the Grading of Nursing Schools was formed, sponsored by the Committee for Study of Nursing Education. For eight years the Committee conducted a comprehensive review of the nation's nursing schools, and in 1934, published its findings in a final summary called Nursing Schools Today and Tomorrow. Their recommendations are of continuing interest:

Nursing education should be thoroughly re-molded to provide well-educated and well-qualified registered nurses and pro-

vision should be made for the preparation of nursing aides and attendants and nurse-midwives.¹

A statement of the aims of a hospital and a school emphasized that:

It would seem clear that, except for an extraordinary emergency, the argument that 'the patient must be nursed' should not influence the assignment of student nurses; it is the business of the hospital to care for patients.²

This is comparable to a recommendation that secondary school principals should not "assign" student teachers to be responsible for all instruction in the school program, but should have a staff of qualified teachers for this purpose. In other words, student nurses are to be in the hospital only for learning, just as student teachers are in the secondary school classrooms. Neither group should be considered substitute for the regular personnel.

Reports by Medical Educators

A report submitted by the Association of American Medical Colleges gave encouraging educational and moral support, but no direct assistance to the advocate of nursing education on a collegiate level, stating:

Nursing is recognized as an essential factor in the health program of the country, and its fundamental foundations are in the medical sciences. No one can dispute the exploitation of nurses in the past as a means of cheap labor for hospitals, and the failure of hospitals and universities

¹National League of Nursing Education, Nursing Schools Today and Tomorrow, A Report Prepared by the Committee on Grading of Nursing Schools, (New York: National League of Nursing Education, 1934), 102.

²Ibid., 132.

to develop a real educational training for the profession. A sound educational plan is an essential contribution which universities can make.¹

In 1931, Dean Lyon of the University of Minnesota pointed out that the basis of nearly all that was wrong with nursing was due to two facts: one, that nurses did not control their educational institutions, and two, that hospitals did control the nursing schools and operated them to provide cheap service for patients.²

National League of Nursing Education Reports

Despite the growing awareness of the need for change, progress was slow. In an effort to assist the nursing leaders who were trying to implement changes, the National League of Nursing Education commissioned its Education Committee to publish the following manuals:

- 1) The Nursing School Faculty, 1930.
- 2) The Essentials of a Good School of Nursing, 1936.
- 3) A Curriculum Guide for Schools of Nursing, 1937.
- 4) A second edition of The Essentials of a Good School of Nursing, 1942.

Studies by Dr. Esther Lucile Brown

A report of a study Nursing as a Profession by Esther Lucile Brown, Ph.D., L.L.D., Program Planning and Development, The Russell Sage Foundation, was published in 1936, and gave three specific

¹ Association of American Medical Colleges, Final Report of Commission on Medical Education (New York: Association of American Medical Colleges, 1932), 218-220.

² E.P. Lyon, "Taking the Profit out of Nursing Education," Modern Hospital, XXXVII (November, 1931), 122.

recommendations:

- 1) That a national accrediting agency be formed,
- 2) That adequate legislation for regulating minimum requirements for (a) admission to schools of nursing, (b) conferring diplomas and (c) granting certificates of registration, be instituted,
- 3) That a national examining board to bring about more harmony in the laws and licensure regulations of the several states, be founded.¹

During World War II it had been demonstrated that non-professional personnel could carry out many of the duties formerly assigned to professional nurses in hospitals, with the result that a new problem evolved: "Who should organize, administer and finance professional schools of nursing?" Again, Dr. Brown was commissioned by the national nursing organizations to determine the facts and report the results. The study, Nursing for the Future, completed in 1948, may be summarized thus:

- 1) To solve the problems of obtaining a supply of nursing care adequate in quality and quantity, it was proposed that nursing functions be analyzed, and persons of many different skills be prepared to perform differentiated functions, thus giving the qualified nurse opportunity to function on a truly professional level.
- 2) To close immediately those hospital schools which were weak and socially undesirable, and to make provision within universities for the distinguished hospital schools, lest they become classified as semi-professional schools.
- 3) To undertake accreditation on a national basis with an official examination of every school, and that lists of

¹Esther Lucile Brown, Nursing as a Profession (New York: Russell Sage Foundation, 1936), 107-120.

accredited schools be published and widely distributed at stated intervals.

- 4) To set up an integrated curriculum which would permit close interweaving of general and professional education.¹

Studies of Collegiate Level Schools

The National Committee for the Improvement of Nursing Service, made up of representatives of the national nursing organizations and of allied professions, conducted a survey of all nursing schools, which resulted in a report entitled Nursing Schools at Mid-Century, published in 1950, under the direction of Margaret West and Christy Hawkins. It revealed, statistically, a wide range of practices among schools of nursing, and the need for developing genuine university schools of nursing. It reported that, while the number of collegiate schools had more than doubled in a twenty-year period, there were still less than fifty autonomous university schools of nursing in the United States.²

To assist in the interpretation of nursing education on the college level, and to provide counseling service to those institutions of higher learning interested in establishing nursing education programs, the Russell Sage Foundation appointed Dr. Margaret Bridgman, formerly dean of Skidmore College. In 1953, after extensive study and collection of data, Dr. Bridgman's critical report, Collegiate

¹ Esther Lucile Brown, Nursing for the Future, (New York: Russell Sage Foundation, 1948), 151-173.

² Margaret West and Christy Hawkins, Nursing Schools at the Mid-Century, (New York: National Committee for the Improvement of Nursing Service, 1950), 13.

Education for Nursing,¹ was published. She reviewed nursing education programs, indicated their weaknesses and limitations, and cited the need for broad general education, as well as opportunities to develop professional skills by selected clinical experiences.

The report indicated that many collegiate institutions had failed to maintain for students in nursing the same standards as for those in other professional curricula leading to a baccalaureate degree. Dr. Bridgman pointed out that nursing degrees must be authentically representative of the completion of an upper-division major in the degree-granting institution, if higher education is to heighten the qualifications for professional functions.

Associate Degree Programs

In 1947, the President's Commission on Higher Education proposed that the program in Junior-community colleges be increased to meet the demands for personnel in hospitals and other health agencies. Therefore, since 1950, certain of these colleges have participated in experimental programs in nursing education, conducted by the Nursing Research Center at Teachers College, Columbia University. From this experiment, the programs that have evolved are described as "college-centered, college-financed programs of approximately two years, designed to prepare nurses for bedside nursing positions."²

¹Bridgman, op. cit., 97.

²Mildred L. Montag, "Five Years of Experimentation: Some Lessons We've Learned," Second National Conference on Junior Community College Education for Nursing (New York: National League for Nursing, 1957), 37.

Dr. Mildred Montag, Director of the Junior College Program of Studies, Teachers College, Columbia University, reported in 1957:

Our evidence supports the belief that it is possible to prepare a competent bedside nurse in this kind of program,.... the graduates are measuring up in paper-and-pencil tests, and in performance in the actual employment situation in the individual ratings which have come in from the head nurses and supervisory group on written evaluation forms, they are being rated consistently higher than the three year hospital school graduate in the areas of interpersonal relationships, interest in patients, and ability to meet patients' needs.¹

The National League of Nursing has been interested in this new development from several points of view, according to their consultant, Robert Kensinger. He reports that interests and attention to these programs are merited because:

First, the associate degree programs represent a new educational resource for nursing, and second, the experimental aspects of these programs may indicate new approaches to problems of finance, correlation of courses, and selection of educational experiences, which other types of educational programs in nursing are trying to solve.²

In 1947, the Committee on Functions of Nursing of the American Nurses' Association published a report in which it recommended that the nursing function be subdivided among two groups of personnel - professional and practical nurses; that relationships be clarified and improved between the nurse and other members of the medical and health team; and that the professional nurse complete a four year course in a college or university affiliated school of nursing.³

¹Ibid., 44,45.

²Robert Kensinger, "Recent Developments in Associate Degree Programs in Nursing," Nursing Outlook, V, (December, 1957), 30.

³Committee on Functions of Nursing, A Program for the Nursing Profession, (New York: Macmillan Co., 1948), ii - iii.

Baccalaureate Degree Programs

A Curriculum Research Project in Basic Nursing Education was undertaken in 1954, for a five year period, at the University of Washington in Seattle. An experimental curriculum was organized and taught, parallel to the regular curriculum. The two groups of students had their learning evaluated by identical methods for comparison and contrast.

In three volumes, the final reports of this research were made available for the professions, in an effort to contribute answers to two fundamental questions:

- 1) How can the time required to prepare a competent professional nurse be reduced?
- 2) How can the instructional program in basic nursing be improved?

The conclusions, briefly quoted, are as follows:

The experience of five years has further strengthened the generalizations that basic nursing education can be improved, and that the time required to prepare a nurse can be shortened provided:

- 1) The objectives are clarified, and the means of teaching and evaluation are examined critically.
- 2) Learning experiences are devised which help students to relate theory and practice.
- 3) Practical clinical experiences clarify the basic social, natural and health sciences and the humanities so that each illuminates the others.
- 4) The organizing structure for learning experiences facilitates continuity, sequence and integration of student learning.¹

¹Ole Sand and Helen C. Belcher, An Experience in Basic Nursing Education, (New York: G.P. Putnam's Sons, 1958), 139-140.

Summary

Since 1923, nursing leaders and their associates in the United States have been doing their utmost to seek solutions to the persistent problems of education vs. hospital service. Through depression and world war the problems continue to be only partially solved, because of conflict in aims and purpose of education for nursing. As research by non-nursing experts pointed out the defects, more progress was made in bringing about higher standards. Accreditation has been making possible better understanding of the need for changes and improvement, so that the 1960's may be expected to be a period of great activity in nursing education.

CHAPTER III

ANALYSIS AND COMPARISON OF SELECTED NURSING EDUCATION PROGRAMS

Introduction

The quality of nursing care is a problem to groups other than nursing leaders, and as such they should become aware of a possible method of improving that quality. The knowledge, judgment, skill and values of those participating in the care directly influence its quality. The main approach to the improvement of the abilities of the practitioners of nursing must be made through the continuous evaluation of the educational programs in which they are prepared.

Tyler has classified the tasks involved in planning and conducting an educational program into four major types:

- 1) Deciding on the educational objectives.
- 2) Selecting the learning experiences that will contribute to those objectives.
- 3) Organizing the learning experiences and maximizing their cumulative effect.
- 4) Evaluating the effectiveness of the educational program in attaining its objectives through appraising the educational program of the student.¹

As the objectives are interwoven with the educational philosophy

¹Ralph W. Tyler, "Distinctive Attributes of Education for the Professions. Social Work Journal, (April 1952), 4.

of an institution and its faculty, they will be commented upon together.

Philosophy and Objectives

In beginning a study of nursing curriculum goals, it would seem to be pertinent to examine the philosophy of general education and that of professional education, in order to identify trends and issues of significance. In respect to aims of general education, one reveals his basic philosophy of education.^{1,2} If one believes that truth is absolute, and that reason is the sole legitimate aim of education, the building of the curriculum becomes a task in finding a logical arrangement of subject matter. The logic is inherent in the subject matter itself; a fixed curriculum pattern emphasizing a dialectic method of teaching will be adequate for everyone.

If, on the other hand, one argues that there are no fixed and final values, that reason is only a part of the total development of individuals in a total social context, and that social improvement is a legitimate goal of education, the curriculum must be oriented to the needs of the learner and of society. Such a curriculum is not fixed, since it must reflect changes in needs, and cannot be planned at the top, but must provide for participation of everyone concerned.³

¹John S. Brubacher, Modern Philosophies of Education, (New York: McGraw-Hill Book Co., Inc. 1950).

²Theodore, Brameld, Patterns of Educational Philosophy, (Yonkers-on-Hudson, New York: World Book Co. 1950).

³Roland Faunce and Nelson Bossing, Developing the Core Curriculum, (New York: Prentice Hall 1951).

On this philosophical base, Faunce and Bossing built their concept of the "core curriculum," developed around central situations, ever-changing in response to new developments, and involving teachers, children and parents in planning.

The importance of considering the learner and the society in which he lives is developed by Stratemeyer, Fortner, McKim and others.

They state that:

. . . . any educational program represents a choice from among many alternatives - the choice must be based on a careful study of the learner in the world in which he lives, of the values of society as related to those of the individual. Back of all curriculum issues lies the determination of an adequate base for relating those two underlying sources of curriculum direction: the child, his nature, and needs and the way he learns: and the society of which he is a part, its goals and values, and the kind of citizen it needs.¹

In an address "The Aims of Education" Whitehead argues for the eradication of the ". . . . fatal disconnection of subjects which kills the vitality of modern curriculum. . . ." ²

He also states:

. . . . what we should aim at producing is man who possess both culture and expert knowledge in some special direction. Their expert knowledge will give them the ground to start from, and their culture will lead them as deep as philosophy and as high as art.³

Finally, the report of the Harvard Committee on General Education makes a concise statement of the abilities to be sought in general education:

¹Florence B Stratemeyer, Hamden Forkner, Margaret McKim and others, Developing a Curriculum for Modern Living, (New York: Bureau of Publications, Teachers College, Columbia University 1947), 23.

²Alfred North Whitehead, The Aims of Education, (New York: The New American Library 1949), 18.

³Ibid., 3.

To think effectively
To communicate thought
To make relevant judgments
To discriminate among values.¹

In an examination of professional education, one finds more agreement on the issue of basic goals. Flexner² and Brown have pointed out the need for breadth in education for the professions of medicine, engineering,³ law⁴ and social work.⁵ Smith⁶ and Doherty⁷ have interpreted the broader responsibilities of education not only for their field of engineering but also for other professions. There is agreement among these writers, not only in relation to the need for including cultural opportunities, but also as to the importance of revising the present practice of separating the "liberal" and the "professional" elements. They also emphasize the importance of the community and citizenship responsibilities of the professional person. David has said that the practitioner of a profession is an artist: "He must be prepared to call upon all scientific knowledge which is applicable in the particular situation he faces. But knowing what scientific knowledge is applicable

¹Harvard Committee on General Education, General Education in a Free Society (Cambridge: Harvard University Press, 1945), 63.

²Abraham Flexner, Medical Education (New York: The McMillan Co. 1925).

³Esther Lucile Brown, The Professional Engineer (New York: Russell Sage Foundation, 1936).

⁴Esther Lucile Brown, Lawyers, Law Schools and the Public Service, (New York: Russell Sage Foundation, 1948).

⁵Esther Lucile Brown, Social Work as a Profession, (New York: Russell Sage Foundation, 1936).

⁶Carnegie Institute of Technology, Interprofessional Conferences on Education for Professional Responsibility, Education for Professional Responsibility, (Pittsburgh, Carnegie Press, 1948).

⁷Robert E. Doherty, The Development of Professional Education, (Pittsburgh: Carnegie Institute of Technology, 1950).

is an art."¹

The job of the professional school, as he sees it, is to help people learn the art, by teaching them significant accumulated scientific knowledge, (recognizing that what is significant may change rapidly), by helping them develop the ability to add to their accumulation of such knowledge, and by helping them develop the artistic skills needed to apply such knowledge to the situation in which they find themselves.

As nursing is a part of community service it would seem logical to assume that the development of a curriculum should take into consideration the needs and wishes of the people of the community. It would seem also to be the responsibility of the profession to constantly study itself in relation to social needs.

Nursing has been studying and evaluating itself over the past thirty years, and the information acquired has been used in making changes. Even concepts of health have broadened and changed in emphasis. An agency like the World Health Organization which must concern itself with the application of defensive measures against diseases which, although fairly well controlled in parts of the world, are rampant in others, defines health as a "state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."² A curriculum designed to prepare nurses must consider not only local but national and world health needs as well.

¹Carnegie Institute of Technology, op. cit., 32.

²"Constitution of the World Health Organization" Yearbook of the United Nations (Lake Success, New York, 1946-47), 793.

Modern educational philosophy itself represents a broad trend toward what might be expected in the beginning nursing students. If students have come from secondary schools which encouraged them to participate in group activities, and to take responsibilities for their educational experiences, then it might be possible to start at a more advanced level, to help them establish professional goals. Just as the total curriculum ought to be flexible to adapt itself to changing needs, so should the program of the individual student be adjusted to meet needs, no matter how unlike their backgrounds.

An educational philosophy, once it has been agreed upon, gives direction to the desirability of the goals or objectives. In most cases in nursing education, the faculty is interested in providing for the students, principles of a liberal education, certain ones of which can be broadened and deepened in the professional experience. Mrs. Lucile Petry Leone described it thus:

Students will learn nursing as a creative art with a scientific base. They will see nursing as a way of life evoking the full potential of their personal growth and as a profession with a role to play in a drama with other health professions.¹

Faculty members should share a common opinion as to what a school's objectives are, as each individual has his own philosophy of education and his objectives as a teacher, but they might differ greatly from those of his colleagues, especially if he or she is highly specialized in one area. An educational program in nursing, like any other educational program, should aim to bring about significant changes in the behavior of

¹Lucile Petry Leone, Foreword to Ole Sand, Curriculum Study in Basic Nursing Education (New York: GP. Putnam's Sons, 1955), xi.

its students - in their ways of thinking, feeling and acting. The materials selected, the outline of content, the instructional procedures and evaluation technics are all determined by the objectives. All the members of the controlling bodies and the advisory committee, as well as the nursing service should understand the objectives of the school very clearly.

The National League for Nursing criteria were used to evaluate the statements of philosophy and purposes of the fifteen selected schools in the United States and the two schools associated with universities in the Middle East. The result was that only three out of the seventeen had failed to make a statement of the philosophy of their educational program, two in the United States and one in the Middle East. Only one, a Middle East school, had failed to state its objectives. However, as all fifteen of the schools in the United States have been approved by the national accrediting agency, it is obvious that the number of failures to meet the requirements would be few.

All of the objectives analysed were objectives of the curriculum so they were stated in broad general terms as specified in the criteria. It is understood that course objectives would be stated specifically, for purposes of guidance and evaluation.

Administration and Faculty.

Administrative organization

Patterns of administrative organization in schools of nursing vary considerably, due to different organization patterns in college and

universities and to the conditions at the time the school of nursing was established. There are inter-relationships between schools of nursing, hospitals and colleges because the nursing unit fits into the general structural organization.

The variety of types of inter-relationships is unique to the school of nursing because the students in the school gain clinical experience by giving nursing care to hospital patients, thereby replacing, in some instances, hospital nursing personnel. In addition, in some organizational patterns, faculty members may be employees of the hospital as well as of the college or university.

Nursing education has been concerned about administrative organization of collegiate schools of nursing because, although uniformity is neither desirable nor possible, it is questionable whether all existing patterns are equally sound. As early as 1923 the Goldmark Study recommended that:

With the growing acceptance of university education for nurses it is essential that the new department is given the dignity and autonomy of an independent status. In no other way can it escape subordination to conflicting claims, and be free to develop its own best possibilities....

The department of nursing should have its own dean or director, who should also be a college graduate and who should combine, with the highest professional qualifications, some experience of college or university teaching. Where a university hospital exists, the director may also serve as superintendent of nurses. This two-fold office is open, it must be admitted, to serious criticism, as following a harmful precedent in setting up the again the conflict of functions so often emphasized, in re-establishing the struggle between education and service. By a far better arrangement the director would remain the educational head and would have as her associate the superintendent of nurses, who should be simply an administrative officer In her own sphere of directing the nursing service exclusive of students,

the superintendent of nurses would naturally be responsible to the superintendent of the hospital.¹

In 1953 Dr. Margaret Bridgman commented on organization as another important principle affecting the sound development of an educational unit thus:

... its organization should be comparable to that of other similar units. In colleges, the general pattern of organization is departments with heads or chairmen; in universities the major units are schools or colleges with directors or deans as administrative heads. Units may be grouped in a division but if one is subordinated to another it loses equal representation in the councils affecting all units, and equal opportunity to share resources and to advance its own interests.²

In a study completed at the University of Chicago in 1953 on administrative organization of collegiate schools of nursing, the following conclusions were reported:

- 1) Primary units apparently have a better qualified faculty than do subordinate units with respect to both academic rank and length of experience in teaching.
- 2) Likewise, more schools which are in colleges or universities under different control from that of the hospital, appear to have characteristics associated with schools excellence It would appear that the school is in a better position to negotiate to secure what is deemed desirable if the hospital is under different control....
- 3) In both types, the organizational relationships of the school of nursing to the hospital, specific advantages and problems are inherent.³

In a textbook on curriculum development, published in 1960, the author a professor, consultant and writer in nursing education,

¹Goldmark, op. cit., 490.

²Bridgman, op. cit., 98.

³Frances C. Thielbar, "Administrative Organization of Collegiate Schools of Nursing," Nursing Research, II, No. 2, (October, 1953), 77.

makes this opposing comment under a diagram of an organization plan of some of the personnel in an institution which separates education from service: "If the director of nursing services is not responsible to the dean (or director) of the school of nursing, it is not possible to control the learning situation for students."¹

Analysis

TABLE I

TYPES OF ORGANIZATION ON COLLEGIATE SCHOOLS OF NURSING

Relationship of nursing school to college or university	Selected Schools		U.S. Schools 1949	
	Number	Percent	Number	Percent
1. <u>Primary unit</u>				
Separate professional school	9	52	45	44
2. <u>Subordinate unit</u>				
a. unit of Medical Faculty, Health Affairs or Health Sciences Department	6	35	15	13
b. Department of a college (Applied Sciences, Science)	2	11	49	44
Total	17	100%	109	100%

In the analysis of the types of administrative organizations in the selected schools in this study, half of the group, 52 percent were

¹Amy F. Brown, Curriculum Development (Philadelphia: W.B. Saunders Co., 1960), 370.

primary or independent units; six of the seventeen schools or about one-third, 35 percent, were units functioning in association with other professions in Medical Faculty, Health Affairs, or Health Sciences Departments, whereas only two schools, 11 percent, were organized as a part of a college department. In these two the departments were those of Science and the Applied Sciences.

In comparing this with the report of the collegiate schools of nursing in the United States in 1949 as indicated in Table I, it is the great number of those associated with college departments (49 out of 109) as well as the large proportion (45 out of 109) of primary or independent units, that is impressive. In the twelve intervening years the number of primary units has increased only slightly; those associated with professional colleagues in Medicine and Health have increased; and those associated with college departments have markedly decreased.

As none of the seventeen schools in this study has a director with the joint responsibilities of nursing service and nursing education, that item of the administrative organization was not analyzed. When parallel appointments are made, the general feeling is that there is danger of conflict of interest.¹ However, in these selected schools, adequate and functional coordination were arranged for by the appointment of faculty members to the clinical services. They are responsible for arranging with nursing service staff for the educational experiences of the students. There is a parallel to this in most medical schools

¹Thielbar, Nursing Research, II, No. 2, 76.

where a clinical professor arranges for the experiences of medical student, in the hospital wards, teaching and supervising as well as evaluating performances.

Although no one type of organization seems to be overwhelmingly preferred, there are problems and issues brought out for clarification, analysis and resolution. Each school has the opportunity to test the soundness of its own administrative set up by trial, or by study of a small unit, with alternate types of administrative organization. Only in this way can each school find out which pattern of organization is best suited to its needs at a given time.

Full-time Faculty

The determining factor in assessing the status of any type of education is the quality and level of instruction. In the American educational system the general standards by which teaching qualifications are judged are based on level of preparation. Elementary teaching requires at least a baccalaureate degree; the master's degree usually the minimum in order to qualify for a teaching position in a college. Lesser or different preparation is sometimes accepted in individual cases, for temporary employment or in developing areas. In any case it has become a widely accepted principle that the teacher's level and breadth of preparation should be beyond that of the courses he is teaching.

Regarding the preparation of faculty for collegiate schools of nursing, Dr. Margaret Bridgman makes the following statement:

The faculty is the agency through which the institution fulfills its responsibilities to students, their future employers, and the public for maintaining standards consistent with its processed purposes and established reputation. The scale of ranks and salaries, applying equally to comparable units, indicates relative status based on advanced education, experience, achievement and contribution. The faculty, including members in all units, is a group of colleagues working together for common purposes, sharing in making and carrying out policies of the institution, and directly responsible to its administrative authorities and to one another. The system of grades, credits and degrees presume a responsibility on the part of every member of the faculty to maintain the standards of the institution by teaching appropriate to the level of his courses, and by evaluating student progress and worthiness for credits and degrees in terms of these standards.

The establishment of any field of study as an educational unit of a college or university cannot be consistent with the integrity of higher education unless the faculty members in the unit are employed by the institution on an equal basis with those in other units, and share equally all responsibilities and benefits of faculty members.¹

These same statements of Dr. Bridgman were incorporated into the "Criteria for Evaluation of Educational Program in Nursing that lead to Baccalaureate Degrees," and are thus used when schools are being studied for accreditation.

In the analysis of the academic preparation of the full-time faculty members in the seventeen selected schools, the fact that nearly two thirds, (61.5 percent) had the Master's degree, and only .3 percent had no academic degree, is an indication of the rate of increases in collegiate schools of nursing's improvement in faculty preparation.

Table 2 indicates the percentage of faculty without degree, with Bachelor's degree, with Master's degree and with Doctor's degree, in 1959, in this selected group of collegiate schools. Table 3 compares

¹Bridgman, op. cit., 197.

TABLE 2

ANALYSIS OF ACADEMIC PREPARATION OF FULL TIME FACULTY MEMBERS IN SELECTED SCHOOLS OF NURSING

School	Total Number On Faculty	Without Degree	Percent of Total %	Bachelor's Degree	Percent of Total %	Master's Degree	Percent of Total %	Doctor's Degree	Percent of Total %	
1	50	0	0	2	.04	44	.88	4	.08	
2	63	0	0	17	.26	46	.73	0	.00	
3	31	0	0	7	.22	17	.54	7	.22	
4	53	0	0	15	.28	34	.64	4	.07	
5	50	0	0	17	.34	32	.64	1	.02	
6	45	0	0	11	.24	32	.71	2	.04	
7	39	0	0	9	.23	29	.74	1	.02	
8	ACADEMIC DEGREES NOT LISTED IN CATALOGUE									
9	27	0	0	10	.37	16	.59	1	.03	
10	18	0	0	9	.50	9	.50	0	.00	
11	36	5	13	11	.29	18	.50	2	.06	
12	51	1	2	23	.45	26	.50	1	.02	
13	34	7	20	23	.67	3	.08	1	.02	
14	65	1	2	18	.27	45	.68	1	.02	
15	13	0	0	1	.07	12	.92	0	.00	
16	15	4	26	6	.40	4	.26	1	.06	
17	13	5	38	4	.30	4	.30	0	.00	
Total	603	23	.3%	183	33.4%	371	61.5%	26	4.3%	

TABLE 3

COMPARISON OF SELECTED SCHOOLS WITH 1966 and 1959 UNITED STATES REPORTS ON NURSING SCHOOLS

Total Number of Faculty in Collegiate Schools	Without Degree	Bachelor's Degree	Master's Degree	Doctor's Degree
1956	1198	36.3%	55.6%	3.1%
1959	1412	30.5%	65.2%	3.4%
This Study	603	33.4%	61.5%	4.3%

the selected schools' percentages with the collegiate schools of the United States at large, in 1956 and also in 1959. The rapid fall of the number of faculty without degrees (2.5 percent to .9 percent) in three years is noted, as well as the ten percent (55.6 percent to 65.2 percent) rise in the number of Master's degrees, indicate the trend toward truly collegiate standing.

These percentages are all the more impressive when one refers to the report of 1960, Facts About Nursing in which it is stated:

The level of academic preparation was considerably higher in collegiate schools. About 23 percent of nurses in hospital schools did not have any degree while less than one percent in collegiate schools had no degree. Sixty-seven percent of nurses in collegiate schools held master's or doctor's degrees compared to 21 percent of hospital school educators.¹

This is an indication that provision of educational opportunities for nursing leaders is now accelerating. Sound standards for baccalaureate and advanced degrees are gradually being established. If the universities assuming responsibility for collegiate nursing programs continue to improve the qualifications of the faculty, study and evaluate the curriculum, and guide the potential leaders well, there is hope that the problems can be lessened in their severity.

Admission Policies

General Educational Requirements

The requirements for admission to a collegiate program in nursing are important because the quality and quantity of nursing

¹American Nurses' Association, Facts About Nursing, (New York: American Nurses' Association, 1960).

personnel are dependent on the selection of students. All collegiate schools of nursing have an admission committee which reviews all the applications, after the university admissions officer has stated that the applicants are eligible for entrance to the freshman class. Faculty members consider the following things when selecting students: high school percentile rank, achievement test results, academic aptitude test results, motivation and personality characteristics. Physical health examination and personal interview are also included.¹

Prediction studies in many areas of general and professional education indicate that the best single measure for prediction of an individual's possible achievement in education beyond high school is the high school percentile rank.² Size of high school graduating class is also important, since more is known about the meaning of the high school percentile in a large high school, and it is difficult to know the amount and quality of competition in a small high school.

Achievement test results are a good selective criteria, according to Dr. Ruth V. Johnston non-nurse counselor in the University of Minnesota School of Nursing, as "a positive relationship exists between a good background in mathematics and natural sciences and scholastic success in nursing." On the other hand, "... measure of achievement in English mechanics and in social studies do not contribute significantly to prediction of success in nursing programs."³

¹Ruth V. Johnston, Personnel Program Guide, (Philadelphia: W. B. Saunders Company, 1958), 15.

²Ibid., 15.

³Ibid., 16.

Academic aptitude tests are also included in admission requirements to provide better prediction of academic success for collegiate programs. These tests measure a person's ability to make high scores or achieve in school work. Among the facets of this ability are reasoning, memory, vocabulary, verbal relationships and understanding, - all necessary in a particular degree for success in academic groups.

Since students must have motivation to be interested in entering the nursing profession, faculty members usually try to elicit this information from the applicant. In some cases, the applicant is asked to write a paper on "How I became interested in nursing"; in other cases, the faculty tries to determine the amount of interest through interview or by using a standardized test of measure of interests. Thus far, there has not been a completely satisfactory interest test devised, although the large numbers of withdrawals from nursing schools and transfer to other types of work makes this type of information highly desirable prior to admission.

Objective measures of personality are usually included in the admission tests for nursing. The personality characteristics of dependability, integrity, flexibility, cheerfulness, empathy and cooperativeness are believed to be most desirable in candidates, according to nursing educators.

Physical health, as well as mental health, is a factor for consideration before admission. Serious visual handicaps, hearing, skin, foot, and back difficulties may be troublesome in maintaining health. Any candidate with a history of chronic illness, unusual size, or

deformities is also usually carefully considered.¹

Most schools of nursing insist upon a personal interview with the candidate, in order to gain supplementary information. The interviewer can obtain information, give information, and check on the written application materials. At the same time, the social poise and appearance, the degree of alertness, the quality of the voice and ability to communicate may be observed. The fact that the interviewer has his own limitations for observation and interpretation together with some biases, and that the applicant will be somewhat under tension, limits the usefulness of this as a criterion.

¹Ibid., 18.

Analysis

In the analysis of the data from the seventeen selected schools, the following information regarding admission requirements was collected:

TABLE 4

ANALYSIS OF ADMISSION REQUIREMENTS

Admission Requirements		Number of Schools	Percentage
1.	High School college preparatory course	16	} 94
	High School percentile rank	16	
	No report	1	
2.	National League for Nursing Pre-Nursing Test	2	10
	College Entrance Board Scholastic Aptitude Test	4	23
	University Entrance Test	4	23
	No testing reported	7	41
3.	Physical Examination	16	94
	No report	1	-5
4.	Personal Interview	16	94
	No report	1	-5

The admissions committees of the selected schools met the criteria 94% in relation to high school course requirements and percentile rank. Only the Higher Institute of Nursing at University of Alexandria did not specify requirements for admission.

The College Entrance Board Scholastic Aptitude Test is well-known for its use in selection of students for colleges in the United States. Four out of seventeen schools (23 percent) in this selected group required that the candidates pass the College Entrance Board Tests. As many universities have now developed entrance tests to suit their particular needs, it is not surprising that four out of the seventeen (23 percent) also require the candidate to pass the University entrance test.

The National League for Nursing has a Pre-Nursing and Guidance battery of tests which are required by two (10 percent) of the selected schools. This battery includes the American Council on Education Psychological Examination for College Freshman form 1948, Cooperative National Science Test, Form T, adaptation of the cooperative mathematics Test for grades 7, 8, 9; Cooperative History and Social Studies Test, Form XX; Cooperative English Test C 2: Reading Comprehension Higher Level Form T and the Personal Data Record Form.

In a study made by the National League of Nursing of the validity of its test measures, it was found that the best of the test predictors was the Cooperative Natural Science Test, followed by the American Council on Education Psychological Examination for College Freshmen. The criterion of success was the completion of a program in nursing and the passing of state registration examinations at the first time of taking.¹

¹American Journal of Nursing, "A Validation of the Pre-Nursing and Guidance Test Battery," American Journal of Nursing, LI, No. 3, (March, 1951), 201-205.

Dr. Johnston advises admission committees to use caution in interpretation of test data, as it is only a sample of behavior, and that sample may not be the applicant's usual behavior.¹ It is worthy of note that seven out of sixteen schools rely solely on the percentile rank in an accredited high school, as was stated previously as the best single predictive measure. Each school would do well to make its own studies on the value of tests for prediction of success in its program.

All but one school required a physical examination and personal interviews as part of the admission requirement. During the course of the physical examination or the interview, Dr. Johnston believes that such factors as "age, relation of height to weight, work experience and educational background might have a definite bearing on the selection of an applicant to a school program."²

Curricula

Organization of learning experiences

Many of the authorities on curriculum write about organization as if it were to motivate the student or to protect a particular area of subject matter. According to Tyler the primary concept of organization is "to relate the various learning experiences which together comprise the curriculum so as to produce the maximum cumulative effect in attaining the objectives...."³ He is of the opinion that if the experiences

¹Johnston, op. cit., 23.

²Ibid., 19.

³Vergil E. Herrick and Ralph W. Tyler (Editors), Toward Improved Curriculum Theory: The Organization of Learning Experiences (Supplementary Educational Monographs No. 71: University of Chicago Press, March 1951), 37.

provided build upon earlier experiences, there will be greater depth and breadth in the development of concepts and skills.

In a five-year research project in basic nursing education at the University of Washington one of the conclusions was that the time could be shortened if 1) the objectives are clarified, 2) the learning experiences are devised to relate theory and practice, 3) the practical clinical experiences clarify the basic social, natural and health sciences and the humanities so that each illuminates the other 4) the organizing structure for learning experiences facilitates continuity, sequence and integration.¹

They found that the program could be shortened to four academic years and one summer term if the following adjustments were made:

- 1) A sequence of courses in humanities is likely to give the student a better background than the discrete courses.
- 2) The natural science course could probably be shortened.
- 3) An integrated sequence in social sciences seems preferable to separate courses in sociology and psychology.
- 4) Physical education activities will be retained in the course for all students in the school.
- 5) To avoid unnecessary repetition and to focus on broader concepts and principles, the eight separate clinical areas will be taught in one broad organizing structure.
- 6) General and professional education will parallel each other

¹Ole Saud and Helen Belcher C. An Experience in Basic Nursing Education, (New York: G.P. Putnam's Sons, 1958), 139-140.

through the four years.

- 7) Emphasis on the growth and development of normal human beings from birth through the geriatric period will probably be the central idea around which the nursing curriculum can be organized.¹

These findings of the five year study are not yet completely implemented, but they are an indication of the direction in which faculties in collegiate schools are moving.

Dr. Amy Frances Brown has stated that the curriculum of the school of nursing may be thought of as "consisting of four main components: the humanities, the social sciences the physical and biological sciences and the clinical subjects."² If we analyze the relationships of the clinical subjects credit allotment to the allotment of credit for the humanities and the social sciences, noting at the same time the length in months of the selected programs, the average percentage of credits for the 13 schools included was 54 percent for the nursing subjects, 20 percent for the physical and biological sciences, 17 percent for the social sciences while humanities are allotted only 8 percent, about equal for professional and general education. This is shown in Table 5.

It is also of interest to note that of the seventeen schools studied eight schools (47 percent) have a program thirty-six months in length, three (17 percent) schools have thirty-nine months' programs, two are thirty-eight months (47 percent) and two are fifty-four months,

¹Ibid., 143-144.

²Brown, op. cit., 42.

TABLE 5

ANALYSIS OF SUBJECT AREAS AND LENGTH OF PROGRAM IN SELECTED SCHOOLS

School Number	Length of Program	Credits	Percentage of Credits Allowed to					Nursing		
			Art, Music, Philos., Liter.-Humanities	Social Sciences	Phys. & Biol. Sci.					
1	39 months	128 Sem hrs	16 Sem hrs	12%	25 Sem hrs	21%	29 Sem hrs	21%	60 Sem hrs	40%
2	50 months	157 Sem hrs	28 Sem hrs	17%	28 Sem hrs	17%	31 Sem hrs	19%	70 Sem hrs	44%
3	36 months	124 Sem hrs	17 Sem hrs	13%	31 Sem hrs	25%	25 Sem hrs	20%	51 Sem hrs	41%
4	54 months	(60 cr hr pre)	0	0	27 qt. cr	18%	19 qt cr	13%	99 qt cr	67%
5	36 months	220 qt cr	19 qt cr	8%	33 qt cr	15%	67 qt cr	30%	101 qt cr	45%
6	32 months	1409 clock hr	0	0	209 clock hr	14%	330 clock hr	23%	870 clock hrs	61%
7	39 months	136 cr hr	12 cr hr	8%	15 cr hr	11%	33 cr hr	24%	76 cr hr	55%
8	39 months	135 cr hr	16 cr hr	11%	21 cr hr	15%	31 cr hr	22%	67 cr hr	49%
9	36 months	Individual Program								
10	36 months	132 Sem hrs	15 Sem hrs	11%	29 Sem hr	21%	30 Sem hr	22%	58	43%
11	38 months	(63 qt hr pre)	0	0	25 qt hr	17%	20 qt hr	14%	95 qt hr	67%
12	38 months	184 qt hrs	18 qt hr	9%	31 qt hr	16%	45 qt hr	24%	90 qt hr	48%
13	36 months	195 qt hrs	16 qt hr	8%	38 qt hr	19%	49 qt hr	25%	92 qt hr	47%
14	36 months & 1 Summer Term	Individual Program								
15	36 months + 1 Summer	147 Sem cr	12 Sem cr	7%	21 Sem cr	14%	21 Sem cr	14%	93 Sem cr	65%
16*	4 Acad. Yr.	21 hrs/wk	21 hrs/wk		25 hrs/wk		33 hrs/wk		158 hrs/wk	
17**	2 Acad. Yr. & 18 ms. & 3 Cald. Yr. & 33 months	130 Sem hr	12 cr hrs		12 hrs/plus 15 elective cr hrs in A. & S.		8 cr hrs		602 clock hr	
Average				8%		17%		20%		54%

Percentage based on accrediting system in the individual school

*Higher Institute of Nursing, Alexandria
 **American University of Beirut

Note: (Three quarter hours equals two semester hrs.)

(Schools Number 9, 14, 16 and 17 were not included in Average)

and one is only thirty-two months in length. Although each school has its own philosophy and purpose one can observe that the longest programs are three of the earliest collegiate schools in the United States (Western Reserve University, University of Pittsburgh and Cornell University, New York Hospital) and have been least hasty in changing the length of the program, or the separation of the professional and general education areas. On the other hand, two schools in the United States (University of North Carolina and University of Washington) are apparently progressive enough to advocate no standard curriculum but have, instead, the individualized program.

Of the two programs in the Middle East, one is four academic years in length but indicates the measurement of time allotted to subject areas in "hours per week." The other is two academic years followed by three calendar years, in which the measurement is recorded in both semesters credits and clock hours. The latter, the American University of Beirut, stated through its Registrar that the courses in the school of nursing did not receive credit value as such.¹

Analysis

In 1960 the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing in the United States set up criteria for the evaluation of educational programs in nursing. The section on Philosophy and Purposes states that:

¹Letter from Mr. Farid Fuleihan, Registrar, American University of Beirut. (Students meet University entrance requirements, complete 75 semester credits and nursing diploma to receive B.S. in Nursing.)

- 1) The guiding philosophy has been developed by the faculty and is valid in that it is:
 - A. Expressive of basic educational principles to which the faculty agrees the unit should adhere.
 - B. Consistent with the philosophy of the institution of which the unit is a part.
- 2) The purposes are consistent with this philosophy and with the purposes of nursing education accepted by the National League for Nursing, and reflect a broad concept of:
 - A. The role of the professional nurse in present-day society.
 - B. The need of nurses for self-fulfillment as persons and members of society as well as for realization of their potentials as nurses.
 - C. The education that will prepare students in nursing for maximum satisfactions and contributions in their adult lives as individuals, citizens and members of the nursing profession.¹

Only one school in the United States group continues to list its course requirements in "clock hours," although it was established as early as June, 1935.

The criteria published by the National League for Nursing does not specify any number of months as a standard for the length of the baccalaureate program. However, it does state the following.

- 1) Courses are planned on an academic term basis and each includes the total learning experience in a specific area. . . .
- 2) Assignment of course-credit, including that of clinical practice, is in accordance with general policies governing college credit. . . .²

If these criteria are applied to the courses listed by the seventeen selected schools then those schools who record "clock hours"

¹National League for Nursing. Criteria for the Evaluation of Educational Programs in Nursing that Lead to Baccalaureate or Masters Degrees. (New York: National League for Nursing, 1960), 2.

²Ibid., 2.

and "hours per week" do not meet the requirements. Three schools out of the seventeen do not comply in this respect.

As many of the authorities on curriculum organization suggest that courses be taught "from the simple to the complex" in a planned sequence, an analysis of the seventeen programs shows at which level the first course in nursing is given. In other words, is the professional major withheld until the third year, or it integrated throughout the program? Table 6 shows this.

TABLE 6

TIME OF INTRODUCTION TO NURSING COURSES

School	First Year	Second Year	Third year
1	x		
2			x
3	x		
4			x
5	x		
6			x
7		x	
8		x	
9	x		
10	x		
11		x	
12		x	
13	x		
14	x		
15	x		
16*	x		
17**			x
100%	53 1/3%	23 1/3%	23 1/3 %

*Higher Institute of Nursing, University of Alexandria

**American University of Beirut.

Table 6, the time at which the professional education begins, indicates that more than half of the seventeen selected schools begin the nursing or professional courses during the first year. This agrees with the report of the President's Commission on Higher Education which states:

The aim should be to integrate liberal and vocational education, letting them proceed simultaneously, though in varying proportions, throughout the student's college life, each enriching and giving meaning to the other.¹

In attempting to decide which concepts or generalizations from general education have implications for nursing, one has to refer once again to the studies recently completed at the University of Washington. Highly competent professors in social sciences and natural sciences worked directly with students assisting them in applying principles both in nursing classes and at the bedside. Basic to these studies were the criteria for a well-organized curriculum - continuity, sequence and integration, which may be defined as:

1. Continuity - vertical re-iteration of major curriculum elements (concepts, values, skills) which can serve as threads running from first year to last, to tie the learning experiences together.
2. Sequence - related to continuity but goes beyond it. Continuous treatment of major elements but emphasizing the importance of having each successive experience not only build upon the preceding one but go more broadly and deeply into the matters involved.²

¹President's Commission on Higher Education, Higher Education for American Democracy, I, (New York: Harper and Brothers, 1947), 74.

²Ole Sand, "Continuity and Sequence in Social Studies Curriculum" Journal of Educational Research, XLIV, No. 8, (April 1951), 565.

3. Integration - horizontal relationships of curriculum experiences. Helping the student get a unified view and to unify his behavior in relation to the elements dealt with.¹

The courses at University of Washington differed from the usual pattern which consisted of a block of general education followed by professional courses. For example, three two-hour courses in human growth and development were given in a period of three years in place of one five hour course in psychology in one term. At the same time, in chemistry, fifteen hours of formal classwork was reduced to ten hours, with the clinical faculty working with the chemistry faculty, helping the students throughout their clinical experience to use the important principles. Finally, in the Senior year a seminar on Scientific Principles in Nursing Care will stress the use of principles of natural and social sciences in the solution of problems of nursing care. This is described as an attempt "to demonstrate that hours of formal classwork can be reduced if clinical faculty can help students broaden and deepen important principles throughout clinical practice."²

The major courses in nursing are distinctive in the fact that they are designed to develop abilities to use knowledge derived from various sources as a basis for skillful performance to achieve specific goals, General education is usually concerned with knowledge

¹Ralph W. Tyler, Basic Principles of Curriculum and Instruction, (Chicago: University of Chicago Press, 1950), 55.

²Ole Sand, Curriculum Study in Basic Nursing Education, (New York: G.P. Putnam's Sons, 1955), 94.

for cultural purposes and technical training is concerned with acquiring skills; the nursing student uses her knowledge of relevant principles, judgement in their application and skill in procedures to solve problems. The collegiate program of nursing must, therefore, provide a sequence of courses which will enable the student to focus the learning from related fields and combine it with the technical skills in nursing.

In a study reported by Dr. Faye G. Abdellah she expresses her beliefs that:

Basic in the education of all health workers is need for a knowledge of:

1. Normal growth and development including the aging process.
2. dynamics of group behavior and interpersonal relationship.
3. psychological, sociological and economic concepts that are used to interpret individual behavior.
4. principles of learning and teaching .
5. concepts of prevention and rehabilitations.
6. basic communication skills.¹

Further to this same opinion that general education is the bulwork in breadth against the narrow depth of special education is the statement of the Educational Policies Commission of the National Education association, in which it says "in their inescapable role as citizens, specialists need a common platform of values and sensitivities, and a language for communication concerning common problems."²

¹Faye G. Abdellah, "Methods of Identifying Covert Aspects of Nursing Problems." Nursing Research, VI, No. 2, (June 1957), 6.

²Education Policies Commission, Higher Education in a Decade of Decision. (Washington D.C. Nat. Ed. Assoc. of the United States 1957), 50.

All but one of the schools in this study meet the criteria of the National League for nursing in the following requirements:

Each nursing course uses and strengthens relevant learning from preceding and concurrent liberal arts and nursing courses, continues and advances the development of skills and understanding needed in all professional nursing, and adds new knowledge and skills in the special areas of nursing with which it is concerned.¹

The program of the American University of Beirut does not meet this requirement because the learning experiences in the three year diploma program are not taught at the level of the third year of college.

Another criterion which is not met equally well is that related to . . . selected and carefully organized learning experiences to develop in students competencies essential for skillful performance of technical, interpersonal, teaching and managerial functions in the nursing case and rehabilitation of the sick and disabled in hospitals, homes and communities."² This is shown in Table 7.

In the seventeen selected schools, fifteen (88 percent) include principles of teaching in their programs, thirteen (76 percent) have management or administrative principles included. As a considerable part of the nurses' time is spent in teaching patients, their families, and assistants they do need to have some knowledge of technics in applying psychological principles of learning.

¹National League for Nursing. Criteria for the Evaluation of Educational Programs that Lead to Baccalaureate or Masters Degrees, (New York: National League for Nursing, 1960), 10.

²Ibid., 10.

TABLE 7

USE OF RESOURCES FOR CLINICAL AND COMMUNITY HEALTH COURSES

School	Required Clinical Facilities	Principles of Teaching	Principles of Management	Community Health Experiences			
	(Medical, Surgical Maternal, Child and Psychiatric)			Home & O.P.D	Nurs-ery	School	Industry
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	No	No
3	Yes	Yes	Yes	Yes	No	No	No
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Yes	No	Yes	Yes	No	No	No
6	Yes	Yes	Yes	Yes	Yes	No	No
7	Yes	Yes	Yes	Yes	Yes	No	Yes
8	Yes	No	No	Yes	No	No	Yes
9	Yes	Yes	Yes	Yes	Yes	No	No
10	Yes	Yes	No	Yes	No	Yes	No
11	Yes	Yes	No	Yes	Yes	No	No
12	Yes	Yes	Yes	Yes	Yes	Yes	No
13	Yes	Yes	Yes	Yes	No	No	No
14	Yes	Yes	Yes	Yes	No	No	No
15	Yes	Yes	Yes	Yes	Yes	No	No
*16	No Psychiatry	Yes	Yes	Yes	No	No	No
**17	Yes	Yes	No	Yes	No	No	No
Total	16	15	13	17	9	4	4
Percent- age Yes	94	88	76	100	53	24	24

* - Higher Institute of Nursing, Alexandria
 ** - American University of Beirut

As the nursing team has been developed with the professional nurse as team leader, the necessity for skill and confidence in intra - and inter-professional relationships is essential. These can be more easily acquired, it is believed, if the principles of management or administration are introduced at the baccalaureate level.¹

The major field of nursing, according to the established criteria, includes medical, surgical, maternal and child, psychiatric and public health nursing. All seventeen selected schools, except one (Higher Institute of Nursing, University of Alexandria) provide the necessary resources in the hospital clinical areas. One school has no facilities for clinical experiences in psychiatric nursing, although the course is taught in class and mental hygiene principles are integrated throughout the other clinical courses.

In relation to the public health nursing requirements, the differences are greater, possibly due to the specifics listed in the criterion:

The resources for planned learning experiences include the service needed for the purposes of the program, such as general and special hospitals, outpatient departments, nursery schools or other resources for guided experience with well children, public health and other community agencies including occupational health units and school systems.²

All of the seventeen schools were able to meet the requirement

¹Herman Finer, Administration and the Nursing Service, (New York: Macmillan Co., 1952), 150.

²National League for Nursing, Criteria for the Evaluation of Educational Programs that Lead to Baccalaureate or Masters Degrees, (New York: National League for Nursing, 1960), 9.

of public health nursing experience in outpatient clinics and homes, but only 53 percent provided experiences in nursery schools, 24 percent, in schools and 24 percent in industry or occupations. This is again an indication of the tendency to emphasize aspects of illness more than the aspects of preventive and maintenance of health. More use of all community agencies is apparently needed in most of the selected schools.

Resources Other Than Academic

Adequate facilities is another essential for a sound collegiate program, such as libraries and museums, laboratories observatories, art and music studios. Playing fields, practice areas, homes, hospitals and clinics are all controlled by the educational institution for educational purposes, or for the enrichment of the lives of the people of the community. All of the seventeen selected schools state that their students share in the recreation resources of the university. Specifically, on analysis, the following information is presented:

TABLE 8

NON ACADEMIC FACILITIES REPORTED IN USE BY SELECTED SCHOOLS

School	Physical Education Course in Program	Student Activities in Program
1	Yes	Yes
2	Yes	Yes
3	Yes	Yes
4	No	Yes
5	Yes	No
6	No	Yes
7	Yes	Yes
8	Yes	Yes
9	No	Yes
10	Yes	Yes
11	No	No
12	Yes	Yes
13	Yes	No
14	Yes	Yes
15	Yes	Yes
16*	No	No
17**	No	Yes
	64.75% Yes	76.46% Yes

* - Higher Institute of Nursing
** - American University of Beirut

In the five year experimental program at the School of Nursing of the University of Washington, the course offerings of the physical education department were studied. The objectives were changed to include:

to develop the students' motor skills to prevent strain and to preserve time and energy; . . . to help students understand general body control through application of physical laws to everyday activities, nursing activities and sports.¹

As a result, in the evaluation, one of the students commented thus:

I have always dreaded physical education as I am not very well coordinated and tire easily. Consequently, my physical education courses have not been anticipated with pleasure. I am happy to report that, after thirteen years of physical education in school courses, this is² the only course I feel has really been of value to me.

The failure to have the students in the nursing major share all of the recreational, social and cultural opportunities is pointed out by Dr. Margaret Bridgman. She also comments thus:

Exclusion from the general residence for women often sets these students apart socially and limits their opportunities in student activities. This practice is sometimes based only on our outworn tradition, or is due to the existence of a building adjacent to the hospital in which classrooms and student housing are combined, an arrangement undesirable for both and different from that in any other department. Remedying this situation would do much to make the nursing group an integral part of the educational community with a due share in its advantages Unfavorable social conditions loom large in the minds of students and their families and have deterred many with potential interest from entering the field of nursing.³

¹Sand and Belcher, op. cit., 95.

²Ibid., 95.

³Bridgman, op. cit., 121.

Summary of Analysis

An analysis of the fifteen collegiate nursing curricula in the United States and of the two degree-granting nursing programs in the Middle East was compiled. The following points were brought out:

- 1) Three schools failed to make a statement of the philosophy of their educational program.
- 2) Nine out of seventeen schools exist as separate professional schools within a university.
- 3) Sixty five and eight-tenths percent of the total number of the faculty members had master's degrees or higher.
- 4) Slightly over half of the programs introduced the nursing courses in the freshman year.
- 5) General and professional education courses were included in nearly equal proportion.
- 6) Thirteen schools have programs 36 to 38 months in length, with only three in the United States and the one in Beirut having programs longer than 39 months.
- 7) Most of the schools depend on the student's percentile rank in high schools in college preparatory course as the main admission requirement.
- 8) More than three-fourths of schools provide resources for a variety of clinical experiences with various age groups of differing social and physical conditions.
- 9) Not all the programs have included teaching and management principles, nor have they provided all types of experiences outside the hospital that the accrediting agencies considers essential.
- 10) The students in the nursing program share equally with other students in the recreational and cultural resources of their respective universities.

From these specific likenesses and differences it is evident that no one pattern of nursing education at the collegiate level has

been developed. It is obvious that the geographical areas of the United States provide educational programs for their regions, each unique. Chapter IV will discuss the recommendations for the possible improvement of a degree program of the American University of Beirut.

CHAPTER IV

SYNTHESIS AND RECOMMENDATIONS

Summary of the Findings in the Analysis

The purpose of this study was to survey collegiate basic nursing curricula as they have been carried out in selected schools in the United States and in the two schools in the Middle East offering programs based on patterns developed in the Western Hemisphere. The likenesses and differences of the seventeen schools were brought out by comparing them in the light of recent research in nursing education.

The characteristics held in common by sixteen out of seventeen collegiate schools, excluding the American University of Beirut, were as follows:

1. The length of the program was approximately four years.
2. The learning experiences were organized to provide a sequence of courses extending throughout the four years (not given in "blocks").
3. General and professional education were given in about equal proportions.
4. The professional courses were given by qualified faculty on the same credit basis as other university courses.
5. Clinical courses were evaluated on a credit basis with variety of experiences in homes, hospitals, schools, industry and health agencies, under qualified faculty.

6. Recreational and cultural opportunities for those in the nursing major were shared equally with other university students.

In spite of the variations in length, organization, and curriculum there appear to be certain basic characteristics common to the well-established programs. The school established in 1955 at the Higher Institute of Nursing, University of Alexandria, had considerable advantage in that it was opened after a survey had established its need, a faculty of six highly qualified World Health Organization nurse-educators had been employed and had planned the program, they expected to carry out. With adequate financial resources, and no diploma school to be considered simultaneously, the clinical and general education courses could be developed more easily than has been possible at the American University of Beirut. It was for these reasons that its program appears more favorably in the analysis than that of the American University of Beirut.

Resume of the Research in Nursing-Education in the United States

Since 1923 the nursing profession in the United States has been studying itself and making recommendations. It is significant that many of the same problems have persisted throughout thirty-five years, and continue to be problems. Because the traditions are so deeply rooted in the past, changes in long-established patterns have been slow to appear.

Beginning with the Goldmark Report in 1923, recommendations were made (a) to eliminate unessential, non-educational routines, (b)

to arrange for the training of subsidiary workers (c) to provide for faculty members to have education beyond the basic course and (d) to develop and strengthen university schools of nursing, giving full credit for general and professional courses. The second report, published in 1934, entitled Nursing Schools Today and Tomorrow, after an eight year study, recommended that nursing education and nursing service be clearly defined so that students would not be given responsibilities for which they were not prepared.

Between 1930 and 1942, the national organization concerned with professional education, published manuals on The Nursing School Faculty (1930), The Essentials of a Good School of Nursing (1936), A Curriculum Guide for Schools of Nursing (1937) as well as a second edition of The Essentials of a Good School of Nursing in 1942. This series of publications served as a means of disseminating basic educational concepts, in order to meet the needs of those persons who were teaching in schools of nursing but who were nurses with no special preparation for teaching.

Two studies, Nursing as a Profession (1936) and Nursing for the Future (1948) were completed by Dr. Esther Lucile Brown who recommended that (1) an accrediting agency be established (2) legislation be more specific as to responsibilities of professional nurses (3) nursing functions be analyzed and re-assigned (4) hospital schools that were not accredited be discontinued (5) existing university schools be strengthened, and new ones established and (6) general and professional education be integrated for maximum learning.

In 1950, Margaret West, statistician, and Christy Hawkins, nurse educator, conducted a survey of all the nursing schools in the United States. Their report, Nursing Schools at Mid-Century, revealed the wide diversity of practices and the need for genuine university schools.

Dean Margaret Bridgman of Skidmore College, made an extensive survey and submitted a critical report, Collegiate Education for Nursing in 1953. In it, again, the need for broad general education and development of professional skills by selected clinical experiences were recommended, all to be given on the baccalaureate level.

The Nursing Research Center at Teachers College, Columbia University undertook a five year project in cooperation with Junior Community Colleges in selected areas, to determine if it were possible to prepare a student for bedside nursing in a two year associate degree program. The reports published in 1957, on this experiment, indicate that it was successful in that particular group, and therefore the program is being continued and new programs are being set up in other areas.

In 1954, the Curriculum Research Project in Basic Nursing Education was undertaken at the University of Washington in Seattle. For a five year period the entire faculty, together with consultants from other universities, critically sought to learn how the time for a collegiate nursing program might be reduced, and how it could be improved for maximum effectiveness. An experimental program was carried on simultaneously with the regular program, and both groups of students were given tests and evaluations after completing their respective learning experiences. It

was concluded that the time could be shortened, provided that (1) objectives were clarified, (2) the learning experiences arranged for maximum correlation of theory and practice, (3) the social sciences and the clinical experiences, and (4) the organization of learning experiences facilitate continuity, sequence and integration of student learning. The technics, research tools and reports, with the final conclusions, have been published in three volumes.

Continuous and varied as the past research has been, there are three areas in which there seems to be critical need for research projects to be undertaken, as follows:

- 1) The application of science to the technic of nursing.

Such research should add to the body of nursing knowledge in a systematic way, replacing empirical bases for practice with a scientific basis that will insure keeping pace with advances in related physical, biological, social, psychological, and medical sciences. The cooperation of specialists in these sciences is needed to advance nursing knowledge.

- 2) The organization and administration of nursing service.

Such research should provide for the application of the science of human engineering to the organization and administration of nursing personnel, to make the most efficient use of their nursing and related skills. The cooperation of specialists in business administration and industrial engineering as well as hospital administration is needed to advance knowledge in this area.

- 3) Education for nurses; Such research should provide for the application of the principles of education to the development of programs preparing various types of nursing personnel, and preparing teachers of nurses. This should include, with respect to educational programs, research in selecting students, designing curricular patterns, selecting learning experiences and developing methods and tools of teaching and evaluation.

Nursing educators urgently need to seek the assistance of their colleagues in related fields of study, to strengthen their own resources; in the research that must be done to keep abreast of developments.

Specific Analysis of the Degree-granting Program of the American University of Beirut School of Nursing

The existing program of the school of nursing of the American University of Beirut, when compared with the characteristics of the other schools in the group, reveals:

- 1) The American University of Beirut school is the only one in this group which has a five year program in which the major (diploma portion) is given at sub-collegiate level.
- 2) The learning experiences are not correlated - two academic years of college preparation without any introduction to nursing or medical aspects, followed by three calendar years of professional courses, with fifteen credits in the liberal arts in the final year.

- 3) The proportion of general and professional education is difficult to assay because the professional portion is evaluated in clock hours. It appears that the general education is about one-third of the total (39 semester hours out of a total of 130 required for B.S. degree), less than the other schools which give equal proportions.
- 4) The preparation of the faculty was 30% less in the Master's degree comparison than the 1959 total of the United States schools. (See Table 2 and Table 3 School number 17).
- 5) The clinical nursing courses in the American University of Beirut school of nursing are given in the psychiatric and general hospitals, in outpatient clinics and, in limited proportions, in homes. Schools, nurseries, industry and health agencies are not used for providing clinical experiences to the same extent as in the other selected schools.
- 6) Recreational and cultural activities, in practice, are not generally shared equally with other students. For example, few nursing students are enrolled in physical education courses, and music, dramatics, journalism and leadership roles in student organizations.

If the history of the degree program is examined, it shows that 22 degrees have been granted in twenty-three years, and that most of the faculty positions in the school have continued to be filled by overseas personnel. At present only two graduates of the degree program are faculty members. There are no records that any graduate of the program has had a leadership role in any other country.

One question whether this program has a raison d'etre and what makes the enrollment so small and the activities of the graduates so negligible. After completing the program, the graduates have been assigned to staff nursing duties at the American University Hospital, with the same rank and salary as those persons who have completed the diploma program. Apparently, teaching and administrative experience has been too limited during the preparation to qualify the graduate for more than staff positions. Since social and economic status are always considered when one chooses a profession, this program appealed to very few persons.

To examine further the reasons for the sparse enrollment in the degree program, and the limited participation of the graduates in the development of the school during two decades, reference is made to studies made by two graduates of the American University diploma program. The first one, a thesis completed at the University of Chicago in 1954, proposed a shortening of the program to four academic years and four summer terms, with the student being partially self-supporting during the educational period. The second, a field study for a post-Master's degree certificate at Boston University in Boston, Massachusetts in 1962, concluded that lack of knowledge about the nursing profession, and its failure to provide an educational program in a college or university had given nursing its low social status in the Middle Eastern countries.

The first study mentioned expressed the opinion that the high cost of a college education, and the low value given to women's

education prevented parents from paying for a five year program. The following proposal was put forward:

Therefore, if a four year college program in nursing education could be planned in such a way as to make the high school graduate partly self-supporting through work rendered in the hospital services . . . more young women would be encouraged to enter the collegiate program.¹

The author states further:

If nursing receives professional status, attitudes toward nurses and nursing will be changed for the better. A favorable public opinion will stimulate young women to enter the profession and promote a condition whereby parents will allow their daughters to choose their careers without fear of jeopardizing their status. The prestige that a degree and a college education carries, by all means should not be overlooked and underestimated.²

The paper presented at Boston University, based on a questionnaire presented to 113 freshmen at the Beirut College for Women, concluded that there was insufficient realistic information about nursing, that nurses were not favorably looked upon in the Middle East and did not consider nursing as a science of acceptable intellectual and social reputation. The countries represented in this study were Lebanon, Jordan, Iraq, Kuwait, Bahrein and Syria. The study was done at Beirut College for Women because the girls were of the socio-economic status to attend college. The data also showed that the attitudes of the respondents, their parents and their social class were much more favorable toward the respondent's studying nursing in a

¹Vartanoosh Arandjian, "Curriculum Plan for a Selected Collegiate School of Nursing," (unpublished Master's Thesis, Division of Social Sciences, University of Chicago), 7.

²Ibid., 7.

college program leading to a degree, as compared with studying in a hospital school.¹

The respondents to the questionnaire were described as being from urban environments in the Middle East, and of the upper socio-economic level of society. In contrast to their opinion, an anthropological study on the social structure in a Lebanese village, presented by Dr. John Gulick in 1955, made the following comment about occupations:

"... it will be observed that over half of the gainfully employed women and girls are medical nurses. The position is one of some prestige in itself. Parents and family prefer it to other jobs because it means that the girl will be under the protection of an institution, and also because it may eventuate into the marriage of the girl to a doctor, a very prestigious status."²

If this attitude is representative of the differences in opinion of social status from the urban to the village, it is one indication of the differences in social values in the two environments. Also, the two nursing studies are especially worthy of note because they were completed by young women who had been students in the diploma program themselves.

It may be that a program evolved in Western society and set up in a rapidly changing cosmopolitan environment did not serve its purpose, either because it was not well-projected or appealed to young people

¹Batishwa Badawi, "Enrollment in Schools of Nursing in the Middle East" (unpublished field study, School of Nursing, Boston University) 47,48.

²John Gulick, Social Structure and Culture Change in a Lebanese Village, (New York: Wenner-Gren Foundation for Anthropological Research, Inc.), 59.

from a group who could not afford to pay the required tuition, as these studies imply. To initiate and continue curriculum planning in terms of the specific educational situation would seem to be essential if the problem is to be resolved. If the social climate is not favorable, efforts must be made to change it, and if the program does not meet either the student's educational needs or society's needs, definite steps should be taken to revise it.

Characteristics of Nursing Roles in the Middle East

As one looks at the role of the nurse in the Middle East its diversity, its ambiguous status, its relative isolation, its conservative organization and its inevitable changeability are apparent. The development of modern medicine and health are dependent on leadership ability to think critically about these characteristics, and to plan accordingly, in the best interest of this complex society.

Nursing is diversified, the tasks ranging from that of the person who receives the patients in the doctor's office to the dean of a college of nursing, a public health consultant or an operating room assistant. The titles of the nurses range from "nurse's assistants" in villages in the United Arab Republic to the faculty members of the Higher Institute of Nursing at the University of Alexandria, or the assistant and associate professors at the nursing school of the American University of Beirut. Their preparation also is diversified, ranging from in-service training or hospital apprenticeship to a Ph.D. with formal education and

many years experience. The public image is necessarily obscured by all this diversity in preparation and responsibility.

The ambiguous status has been brought about in part because the requirements are high and the prestige low. The nurses if she is not to cause injury to patients, must have extensive knowledge in science, psychiatry, economics and management, and must carry heavy responsibility for the safety and welfare of people.

Nurses are relatively isolated, socially speaking, probably because the nature of their duties gives few opportunities for establishing relationships outside nursing circles. In some hospitals there is so much status attached to different positions that isolation results because the person cannot associate, either with those of the lower echelons, or with the physicians who are assumed to outrant them. Some of this status is doubtless the heritage of military and religious disciplines of earlier times.

Conservatism, dependability, stability and caution are characteristics that nurses are usually encouraged to develop, as being highly desirable. Because the development of imagination, resourcefulness, progressiveness, and liking for change are not emphasized as being the best characteristics for nursing success, most nurses are reluctant to abandon old functions and take on new ones. They accept the rigid traditions without question and rarely initiate suggestions for change. Because of the inflexible structure in most nursing situations, a bureaucratic, sometimes static, organization results. This characteristic accounts for the tendency to accept the status quo, to develop an attitude

of self-pity and consequent inactivity. In an East-West culture, such as exists in the Middle East there is often a reluctance, also, to take on standards felt to be imposed by persons from other cultures

Inevitable is the changeability, the rate and direction of which the nurse cannot control. Because of the tremendous acceleration in medical knowledge and health organization development in all parts of the world, new ways in nursing must be substituted for the old and outmoded. The nurse whose skills and functions were formerly generalized, now must accept the fact that each individual must have a highly specialized skill to contribute to a team, of which she is one member.

Specific Recommendations for the Program at the American University of Beirut.

1. Solicit the interest and concern of the university administration and faculty to assure the leadership in the development of this essential program.

Because the health of the people of an area is an integral part of society, and its problems are the concern of all, these new developments must be brought to the attention of professional and lay groups. College and university leaders should share the responsibilities, and give support and encouragement to those who undertake revision of already existing programs, or are instituting new ones.

Ralph R. Fields, Director, Division of Instruction, Teachers College, Columbia University has suggested the responsibilities of university administrators in this respect, as follows:

- 1) To find out enough about the problems of educating nurses to react to them intelligently.
- 2) To cooperate with the professional groups in nursing, to secure their advice, understanding and assistance, especially in such areas as accreditation of courses.
- 3) To take the lead, with the faculty and various nursing groups in the development of a sound instructional program, whose curriculum should be in harmony with the principles governing other programs within the college.
- 4) To secure an adequate staff of nurse educators whose selection, reimbursement and promotion will follow the same personnel policy as all other faculty members.
- 5) To assume the financial resources carefully before the program is launched, in order to be certain that there are funds potentially available to insure an adequately staffed and properly equipped program.
- 6) To assume the leadership for educating the community regarding the nursing program. High school students, health

agencies, hospitals, doctors, parents of college students, professional nursing organizations, secondary school teachers and principals, all need to understand the aims of the program in order to insure its acceptance.¹

Unless the need is understood at the highest levels the development of the collegiate nursing education program cannot proceed satisfactorily.

2. Organize a joint committee of nursing and other faculty members to study and revise the present degree program curriculum.

Inasmuch as the school of nursing is organized as a branch of the Faculty of Medical Science at the American University of Beirut, it would have the dean of that faculty as an ex-officio member. The School of Medicine and the School of Nursing both have standing Curriculum Committees so that the Research Committee could be organized as a sub-committee. Their particular task would be to coordinate the findings of nursing education faculty members regarding present curriculum patterns in the school, with the suggestions and recommendations of faculty members from other departments. The Director of Nursing Education could be the Chairman in this research, and by requesting the consultant services of the physical sciences, biological sciences, education, humanities, social sciences, art, physical education, as well as the medical sciences faculty members could offer recommendations to the Curriculum Committee. A workshop would probably be useful to have all members present at one session. This Committee, in turn, reports to the dean for

¹Ralph R. Fields, "The Junior College Administrator and His Role in the Education of Nurses," Nursing Education in Junior and Community Colleges. (New York: National League for Nursing, 1956), 41-44.

administrative action.

The problem of the kind of program is paramount, and for the American University of Beirut it must be at the baccalaureate level. As the school of nursing is subject to the regulations of the New York State Board of Regents, and to the New York Board of Nurse Examiners, the administration and faculty must be aware of a recent announcement. The American Nurses' Association in 1960 adopted as one of its goals, "the promotion of the baccalaureate program . . . so that in due course it becomes the basic educational foundation for professional nursing."¹ In order to fulfill the requirements of these two agencies in New York, the problem must be faced if the school expects to continue to be approved.

With all indications that the baccalaureate degree will be the minimum requirement for professional nursing in the United States in the not distant future, and the recommendations of the renowned medical educators experienced in Middle Eastern health activities, referred to in Chapter I, the need for revising the present degree program at the American University of Beirut is obvious and urgent. If the university is to provide the leadership that is expected of it, the number of nursing school graduates with superior qualifications must be increased. To accomplish this the present program must be re-designed and evaluated by a group of faculty members from several disciplines, not only medicine

¹"Nursing Education for Whom, Where, When," American Journal of Nursing, (April 1962), 50.

and nursing. A program should be developed, four years in length, if possible, to present for approval. This will require the following tasks:

1. The selection of arts and science courses (some pre-requisite and others concurrent with, professional education). These must be shared with students in other major programs to provide the greatest possible breadth of general education.

Since the proportion of professional education and general education is usually recommended to be equal, the choice of courses becomes very significant. If the school has a semester and summer session, as the American University of Beirut has at present, the physical and biological sciences might be distributed throughout the three periods, thus; first and second semesters, Anatomy and Physiology or Biology, and Chemistry. In the summer term, Microbiology and Nutrition might be given.

The social sciences might include sociology in the first semester, followed by psychology in the second semester. Communication skills and foreign language are to be included for the complex society in Beirut, placement in courses to be made after testing each student's previous knowledge of the language. (This information may be already available from the students' test results).

The Curriculum Committee must be aware that, throughout the program, the nursing principles must be emphasized, in relation to their basis in biological, physical and social sciences. From the general education courses given in the sophomore year the student can acquire a background in history, philosophy, and religion, art, and music

and literature. These courses, together with those in language, would provide the breadth and would open new vistas for the student.

- 2) The development of a sequence in psychology and sociology along with communication skills in at least two languages to provide a basis for understanding people of all ages and conditions.

The recommended practice, according to Dr. Bridgman,¹ is to have a sequence in psychology by first giving a thorough course in personality development and social adjustment, emphasizing emotional development from birth through childhood and adolescence into maturity. These fundamentals help the nurse in adjusting to her profession and in aiding the patient adjust to his illness. The second course in the sequence is the psychology of learning, in which the nurse can learn principles of effective teaching, with consideration for the perceptual field of the learner. A course in social psychology is recommended, taught either by the sociology or psychology departments, or jointly, in order to give the nurse familiarity with psychological and sociological technics.

Communication skills are essential for the writing of records, and hospital reports where clarity and conciseness have particular value. Reading skill and speed should be an objective of this course, and speaking in public is highly recommended.

¹Bridgman, op. cit., p. 151.

- 3) The inclusion of as much biological and physical sciences as is essential to understand and apply the scientific principles that are involved in medical practical and nursing procedures.

The principles of the basic science courses, anatomy and physiology, microbiology, chemistry and physics, together with the allied professional subjects of nutrition, pharmacology and public health ought to be applied and interrelated throughout the program in the nursing care of the patients. For example, the physical and biological sciences are applied in understanding physical conditions, diagnostic procedures, asepsis, medications, diet, and patient reactions to treatment. Principles of physics are frequently included in the Fundamentals of Nursing course, and biological chemistry principles are integrated with Nutrition, because of the lack of time for a full course in those subjects.

Should the faculty members in other departments, who may be unfamiliar with nursing situations, question the placing of the beginning professional courses in the freshman year, some reasons which may be given are:

- 1) The members of the faculty can come to know the students at the beginning of their learning experiences, and can be more informed about individual needs or problems.
- 2) Such courses keep the students interested in, and in contact with their major field from the beginning of their college career.

3. Develop an adequate public relations program as a basis for recruitment of collegiate level students. As the study about the attitudes toward nursing indicated, there are young people who are interested in a collegiate nursing program. As a part of the public relations program, the information should be released that nursing education is on an equal tuition basis with other curricula, its educational goals should be explained and clarified, and nursing students should publicly be shown as participants in campus life.

As magazines, newspapers, radio and television are among the major media in popular use, a carefully planned public relations program should be worked out jointly by university publicity experts and nursing education faculty. This would be an assurance that correct information would be given out by the best possible methods.

The faculty of the school of nursing has a standing committee on Admissions, which might be called upon to undertake the publicity for increasing the admissions. Television technicians can be asked to cover important events, which they show as "news" for which there is no charge. Such events on the Nursing Section Conference of the Middle East Medical Conference, the Florence Nightingale Tea, the initiation of the use of a new respirator, or other equipment new in therapy. Women's magazines, both French and Arabic, will send a feature writer and photographer to do an article on a typical day in a student nurse's life, if they are asked in advance and are given some written material to which they can refer. Radio can also be used, especially

on the panels about careers when a dialogue script, previously prepared, can be broadcast at no expense to the school. The University Department of Relations is finally responsible for all the press and publicity relations and all these possibilities need to be arranged with their cooperation and approval.

At present, only the Career Seminar at the Beirut College for Women, and the visits to high schools whose interested students are invited for Hospital Day on May 12, are used to inform people about the possibilities for a nursing career. A Scholarship Ball is also a possible method of earning money for the qualified people who would enter the program if the tuition fees were available.

The Committee, whatever its title, might be composed of the public relations officer of the University, a doctor from the Medical Assembly Committee, nursing instructors, and students, along with a representative from the Hospital Administration.

High school teachers, medical associates (doctors, therapists, pharmacists and social workers) should be invited to participate in conferences where the developing role of nursing education could be presented. The annual Medical Assembly offers an opportunity to acquaint professional associates with present developments and future plans.

4. Re-explore and re-evaluate the service agencies in the community.

There are resources such as doctor's offices, nursery schools, primary schools, factories and public health agencies that have been overlooked

as possible learning fields for students. This serves also to have the student not only become aware of community activities, but would help to improve the public image, and widen the circle of acquaintance with facts, not vague suppositions, as to the nature and purposes of collegiate nursing education.

For example, the nursing faculty responsible for teaching public health and pediatrics nursing, could investigate the nursery school of Miss Kammar, who has the pre-Kindergarten group aged from two to five years. This school was formerly used as a community resource, for the observation of well toddlers and nursery age children. This might be re-instituted as a part of the course in child development, as well as observations in the elementary school of the American Community School which teaches health. The latter school would probably appreciate the assistance of a student nurse. Industrial plants have not been used, but could be approached through the Industrial Committee of the YWCA in Beirut which works in cooperation with factory management. In this area personal health, such as nutrition, immunization, hygiene and safety might be taught by students along with their instructors. There is a special class for retarded children at the International College which offers an opportunity to observe what may be done for this group. The Holland - Lebanese Mission has facilities for the care and treatment of the deaf and for spastic children, which can be used as an example of the care of the handicapped. The Lebanese government also has a special school for the blind and deaf which ought to be used as a source of experience in observation, at least.

5. Re-define professional education by re-patterning the duties of the professional nurse, technician and aide. Since a series of modifications in function has occurred, and tasks once assigned to professional nurses are now being delegated to others, professional nursing has taken on increasingly administrative aspects. As this is a highly important and significant segment of the total efforts of both preventive and clinical research medicine, supervision of the care of the patient has become as important and immeasurably more demanding than the actual giving of care.

Traditionally, five distinct groups of activities have been included in the work of the nurse: (a) non-nursing activities, as cleaning equipment, reception duties, and dietary supervision, (b) simple nursing tasks, as making beds, caring for flowers, feeding patients and getting patients up in chairs, (c) practical nurse functions, as taking temperatures, admitting new patients and collecting specimens, (d) general staff-level nursing, as therapeutic measures, surgical procedures, and assisting doctors with treatments, and (e) advanced specialized responsibilities such as those of consultants, teachers, supervisors, administrators and research workers.

In an effort to make maximum use of the different degrees of skill of these five groups of persons, an extensive study was undertaken at the school of nursing at the University of Pittsburgh. The findings were reported in a book entitled Patterns of Patient Care,¹

¹Frances L. George and Ruth P. Kuehn, Patterns of Patient Care, (New York: The MacMillan Co., 1955.

published in 1955, with the duties of each group outlined. A single ward unit had been used for this research, which was evaluated by all the participants - patients, nurses, aides, doctors, and clerks.

At the American University Hospital, the nursing service director could be the chairman of a committee with head nurses, nurses, doctors, and students in which an experiment could be carried out, in one ward unit similar to the one reported in this book. In the resulting data, there should be information which could be used to make a new assignment of duties. After it had been demonstrated that the patient care would be adequate, or even improved, the pattern of assigning duties could be used in other wards or departments. Much of the misuse of professional skills could be eliminated in this way, and the care of the patients improved because of the increased morale of the staff.

In the 1959 report on the activities of the Rockefeller Foundation, Miss Virginia Arnold, their Nursing Consultant, made several statements which confirm the foregoing recommendations, thus:

In its nursing program, now in its fifth decade, the Rockefeller Foundation has laid principal stress on a succession of objectives In view of its myriad and, if interesting, still trying problems, the nursing profession needs imaginative new approaches. For example, one answer to the growing demand for nursing service is to attract a larger proportion of high school graduates to nursing schools.... A re-distribution of nursing service, with heavier reliance on nurses aides, and a radical repatterning of nursing duties in the direction of more accomplishment without a heavier workload.... Self-evaluation, basic research, new work in education, advanced study, both individual and collective - all perhaps conduce to the formulation of imaginative new approaches.¹

¹Virginia Arnold, "The Rockefeller Foundation," The Yearbook of Modern Nursing, ed. M. Cordelia Cowan (1958-59), 377-378.

Summary of Recommendations

In this effort to have the American University of Beirut School of Nursing develop its degree-granting programs into a truly collegiate educational experience, the following recommendations are presented:

1) Solicit the interest and concern of the University administration and faculty of the American University of Beirut to assume the leadership role in the development of this essential program, pointing out present and future needs.

2) Organize a joint committee of faculty from the Medical and Nursing departments and faculty members from social sciences, bio-physical sciences and Education departments to study the present curriculum, accredit the content and propose changes as indicated by recent research.

3) Develop an adequate public relations program as a basis for the recruitment of college level students, by soliciting the help of the University administrative officers and alumni, in an effort to inform the public by press, radio and television. Personal contacts, conferences for teachers, parents, doctors and social and health agencies should be included.

4) Re-explore and re-evaluate the agencies in the community as possible field experience areas.

5) Re-define professional education by a re-assignment of the duties of professional nurses, staff or technical nurses, and aides, giving the leadership roles to those with the best preparation. This

should make possible a health service organized to carry out a program of patient care that will utilize the medical and nursing personnel, the physical plant and community resources in the most efficient way possible.

With full partnership between professional and general education, between hospital and home, school and industry, the objectives of a truly collegiate preparation can be achieved. Then nursing becomes a combined effort of the head, heart and hand of not one person, but of a team working together to contribute to the attainment of the maximum physical and mental well-being of all.

APPENDIX

The following collegiate nursing schools were selected for this survey:

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|--------|----|---|
| Number | 1 | Boston University |
| | 2 | Cornell University |
| | 3 | Rutgers: The State University |
| | 4 | University of Pittsburgh |
| | 5 | Ohio State University |
| | 6 | Western Reserve University |
| | 7 | Wayne State University |
| | 8 | State University of Iowa |
| | 9 | University of North Carolina |
| | 10 | Vanderbilt University |
| | 11 | University of Texas |
| | 12 | University of Colorado |
| | 13 | Montana State College |
| | 14 | University of Washington |
| | 15 | University of Hawaii |
| | 16 | Higher Institute of Nursing, University of Alexandria |
| | 17 | American University of Beirut |

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