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A History of the Formation of the Loyola University School of Nursing: 1917 to 1935

Linda J. White
Loyola University Chicago

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A HISTORY OF THE FORMATION OF THE LOYOLA UNIVERSITY

SCHOOL OF NURSING: 1917 TO 1935

By

Linda J. White

A Thesis Submitted to the Faculty of the Graduate School
Of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of

Master of Science in Nursing

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1987

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VITA

The author, Linda J. White, is the daughter of Willard Philip Maddock and Jean Carol (Weiss) Maddock, born April 15, 1957 in Woodstock, Illinois. She was married to David C. White on March 24, 1984.

She graduated from Grant Community High School, Fox Lake, Illinois, in June, 1975. She graduated from Northern Illinois University in December, 1979 with a Bachelor of Science in Nursing. She is a member of Sigma Theta Tau, Beta Omega Chapter, and a member of the American Nurses' Association. In August, 1982, she began her Master's Program in Medical/Surgical Nursing at Loyola University, Niehoff School of Nursing. She graduated from Loyola University in January, 1987.

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CHAPTER I

INTRODUCTION

Time present and time past
Are both perhaps in time future,
And time future contained in time past.

(Dietz and Lehozky, 1967, p. 2)

Nursing has been considered one of the oldest of the arts and the youngest of the professions (Stewart and Austin, 1962). Growth of the profession did not occur quickly and not without any struggles or setbacks. Nursing has had to overcome its suppression as a profession by physicians and the suppression of women who wished to become more educated. These are examples of the major obstacles nurses had to face during the evolutionary phases of the profession.

The Loyola University Niehoff School of Nursing in the year, 1985, celebrated its 50th anniversary. It too has gone through many evolutionary phases before and since its official beginning in 1935. Records show that prior to 1935 there were seven hospital training schools affiliated with Loyola University Medical School. There was no formal organization until 1935. Very little research has been done on the early years of the development of Loyola's School of Nursing. Information concerning this period of the School's history is intertwined with the history of each of the seven affiliating schools.

Around the turn of the 20th century, nurses began to organize through the formation of state associations (Dunwiddie, 1937). These organizations were concerned with the types and the quality of nursing education being offered to young women. To help upgrade the educational system for nurses and to help the development of nursing as a profession, hospital training schools for nurses sought affiliation with universities (Loyolan, 1927). Before the Loyola University School of Nursing was formed, seven hospital training schools in metropolitan Chicago were granted affiliate status with Loyola University of Chicago. (Loyolan, 1931).

The purpose of this thesis is to identify the events that led to the affiliation of the training schools of nursing with Loyola University of Chicago and to the eventual formation of what is now the Loyola University Niehoff School of Nursing. The research questions are: 1) When were the early schools established and what were they like?; 2) What did the early schools have in common?; 3) What need caused these schools to affiliate and then unite in the Loyola School of Nursing?; and 4) Did state, national, or local trends influence decisions of the early educators at the time?

The period of study will be from 1917-1935. These dates were chosen because the former represents the first year a nursing school was "affiliated" with Loyola University of Chicago and the latter represents the year the Loyola University School of Nursing was officially established.

In studying the history of the formation of the Loyola University School of Nursing, we cannot look at only the immediate events

surrounding the formation. We must look at what was happening 1) in nursing education in general; 2) to women of that period; and 3) in medicine. According to Robinson (1967), the entire history of nursing may be summed up in sixteen words: "The nurse is the mirror in which is reflected the position of women through the ages" (Victor Robinson's White Caps in Dietz and Lehozky, 1967, p. 4). The documented religious, political, economical, professional, and other influences of the times need to be identified in order to determine which, if any, of these factors were influential in the decision to affiliate with a university and eventually form the present school.

What are the significant reasons for studying the history of the school and the history of the period? Several reasons are:

1. Nurses can appreciate the hurdles that the profession and the schools have overcome.
2. Nurses can avoid some of the failures of the past and build upon successes as they plan for the future (Treece and Treece, 1978, p. 168).
3. Nurses can gain insights into themselves, their roles, and their profession. (Treece and Treece, 1978, p. 167).

Limitations

As in any research study, there are limitations. In a historical research study, limitations are more difficult to overcome. There are several limitations which are inherent in any historical research project: 1) The variables cannot be manipulated or controlled; 2) no random sampling; 3) no control over documents available for the study;

4) surviving records may contain biases; lack of opportunity for replication (Polit & Hungler, 1983, p. 202). The following are the limitations of this historical research project:

1. Incompleteness of documentation available may have resulted in false or inaccurate conclusions because:
 - A. Earlier affiliated hospitals had not kept their old records or did not allow access to them.
 - B. Persons involved in the formation of the Loyola University School of Nursing were either deceased or too infirm to give a history.
 - C. The hospitals and their records were not easily accessible to the researcher because of their locations.
 - D. Though there was an abundance of primary source material in the library and the archives, some of it was "restricted" (personnel files) and was, therefore, inaccessible.
2. Researcher bias.
3. Bias by unknown authors who left behind documentation.

Discussion of Terms

In order to gain a clearer understanding of the text of this paper, several terms must be defined. The terms affiliation, graduate nurse certificate, academic degree, and fellowship appear frequently in the presentation of the data. The definitions of each of the terms as used in this paper follow.

Affiliation. The most difficult term to define was affiliation. Due to the lack of available information it was difficult to determine what type of "affiliation" relationship existed between the training schools and the Loyola University Medical School (L.U.M.S.) in 1917. Based on Loyola University Commencement Bulletins available in 1918, "affiliation" probably meant using Loyola University's facilities to graduate. This type of affiliation will be discussed in Chapter IV.

At the 1921 Loyola University commencement, Loyola's President and Dean presented the nursing students from the various training schools with their diplomas. In the 1927 Loyolan and the President's (Kelley) Report in 1933, the meaning of the term "affiliation" is made very clear. The definition of the term "affiliation" from 1921 through the end of this study was: (a) admission to the training school was allowed only from a four year accredited high school; (b) the faculty in the Schools of Nursing was approved by the School of Medicine and by the College of Arts and Sciences; (c) graduation of candidates was approved; (d) Graduate Nurse Certificate is granted by the University and the Nursing Schools; (e) entrance credits were subject to inspection and approval of the University; (f) nursing courses were approved by the University (President's Report, July 13, 1933).

These conditions of the contract had to be met for the hospital training school to be affiliated with the L.U.M.S. The L.U.M.S. used the affiliated hospitals facilities to gain a broader clinical experience for their medical students. In return, the training schools received the benefit of (a) having several of their classes

taught by Loyola physicians; (b) giving their nursing students the option to continue their education past the three year certificate to obtain an academic degree; and (c) use of Loyola's libraries and laboratories.

Fr. A. Schwitalla, S.J., President of the Catholic Hospital Association (C.H.A.), discussed college and university affiliations of nursing schools at the 41st Convention of the National League of Nursing Education. The School of Nursing apparently was not the only one to have difficulty in evaluating the term "affiliation." The North Central Association of Colleges and Secondary Schools also had difficulty in determining affiliations. Fr. Schwitalla warned "of mechanisms which permit a university to grant a degree for work over which it has no control. Affiliation has been used so loosely that it may mean anything from a letter from a Dean to a careful program...." (Schwitalla, 1935, p. 262).

Graduate nurse certificate. The "graduate nurse certificate" was awarded to the nursing student who had completed three years of technical and vocational courses offered by the L.U.M.S. and the hospital training schools. In the years 1921-1935, the certificates were usually awarded by the Dean of the L.U.M.S. and/or the President of Loyola University in conjunction with the affiliated hospital school where the student nurses received their training.

Academic degree or bachelor of science in nursing degree. Once the nursing student had received her graduate nurse certificate, the student then had the option to enter the Junior year in the College of Arts and Sciences at Loyola University of Chicago. After successfully

completing the Junior and Senior year courses in academic or cultural subjects, the Bachelor of Science in Nursing (B.S.N.) degree was awarded.

Fellowship. The term "fellowship" was used somewhat differently from its current use. From the minutes of the meeting of the Loyola University School of Nursing (L.U.S.N.) September 13, 1935, the researcher determined that fellowships were those scholarships given to sisters and graduates of the hospital training schools to enable them to obtain the Bachelor of Science in Nursing (B.S.N.). Room, board, tuition, and an allowance was supplied in return for five to eight hours per day of service in the hospital.

CHAPTER II

LITERATURE REVIEW

The literature review is presented in three sections: The Demand for Nursing Research, an Overview of Nursing History in Illinois: 1900-1935, and a General Overview of Nursing in the United States. The first two sections will be organized chronologically according to occurrence of events. The third section of the literature review will be organized by subject as it was too difficult to put this information into chronological sequence.

The Demand for Nursing Research

Nursing research probably began during the Crimean War when Florence Nightengale modified nursing care on the basis of her earlier recorded observations. "The early absence of nursing research probably stems from the apprenticeship nature of nursing and the prevailing Victorian attitude that men, not women, should show intellectual initiative" (Polit & Hungler, 1983, p. 7). During the late 1920's and on into the 1930's, nursing research gained in popularity. The main focus of research at that time was nursing education, as evidenced by the Goldmark Report (1923) and the survey by the Grading Committee (1926-1934). Great changes took place in nursing during this period, i.e., the move from training school to university education and the importance of employing registered,

educated nurses in the hospital setting. Beckwith (1936) stated that another function of nursing was research. He stated, "The time is upon us when knowledge of research techniques is to be demanded of you. Nursing as a profession cannot advance without critical examination of the problems which confront it. That is research" (Beckwith, 1936, p. 124). Studies concerning the clinical aspects of nursing practice were not published until the 1950's.

The profession of nursing was just starting to appreciate the value of studying nursing history. In reviewing the literature, only three documents were found relating to the early history of the Loyola University School of Nursing. Studying our past helps us to put present day events into perspective.

Suzanne Pelletier Murphy (1978) reported a study titled "The Founding of Loyola University School of Nursing: An Historical Perspective." The researcher was unable to find any further publications on this subject by Murphy. The first part of Murphy's paper was directed to a discussion of the religious influences on nursing and nursing education from early Christian times through the 1900's. Murphy reported that certain religious periods such as the reformation, had a profound effect on nursing and nursing education. Murphy gave a description of the transition from hospital training to university education of nurses which occurred in the early 20th century. Initially, nursing schools were begun because of the need for more nurses in the hospitals. Eventually the nurses realized that though they were many in number, there was a shortage of well prepared nurses (p. 15).

Alpha Tau Delta, an undergraduate national nursing sorority, compiled a brief "History of Loyola University School of Nursing: 1935-1963" (authors unknown, 1969). The initial paragraphs of the paper gave a short history of Loyola University as established in 1870 by the priests of the Society of Jesus. In 1909, the university's title changed from St. Ignatius College to Loyola University. Subsequent paragraphs dealt with the nursing school at Loyola University of Chicago from the day it was officially established in 1935, by the Board of Trustees, through 1963. Most of the information in the document related to the period 1947-1963. The apparent lack of information on the period before 1935 was possibly due to the fact that very few records seemed to have survived from that time. No information was provided about nursing education in the period prior to 1935 in the Alpha Tau Delta document.

A booklet was published during the 50th anniversary of Loyola University School of Nursing by Anne Zimmerman, distinguished professor, Niehoff Chair, (February 11, 1985). The booklet emphasized the highlights of the school starting in 1935 when Sister Helen Jarrell R.N., was appointed Dean through the time of Dr. Julia Lane, present Dean.

The literature search established that very little had been written concerning the very early history of the Loyola University School of Nursing. Today, nursing students enter a university nursing school, that appears well organized, without appreciating how this was accomplished. The history of nursing in Illinois was searched to

establish if any parallels exist between these events and those taking place in nursing education at Loyola University of Chicago.

Overview of Nursing History in Illinois: 1900-1935

Early 1900's

In the early 1900's, nurses in Illinois were in turmoil. Within the realm of nursing, those nurses who had studied long and hard practiced with so-called "trained nurses" who had little or no training or practiced with former students who had been dishonorably expelled from nurse's training (Dunwiddie, 1937, p. 2). Since there was no standardization of schools, a girl who was expelled from one school for whatever reason (i.e., mentally unstable) could be accepted by another school with lesser standards, graduate and then practice as a professional nurse. The student may not have gone back to school but "practiced" as a professional nurse (Dunwiddie, 1937, p. 56). All types of women took up the cause of trained nursing because women were so called "naturals at nursing." As a result of these different levels of practice, the image of nurses suffered considerably (Dunwiddie, 1937, p. 2).

Many nurses who had spent a great deal of time studying felt that they had no legal recourse to eliminate the untrained nurse. This led to the formation of the Illinois Graduate Nurses' Association on July 6, 1901. It was incorporated in August, 1901. In July, 1902, the name was changed to the Illinois State Association of Graduate Nurses (Dunwiddie, 1937, p. 4). The main goal of this organization was to

establish some legal authority to govern the state registration of nurses. In an effort to remedy the registration problem, the Illinois State Association of Graduate Nurses proposed State Bill No. 33 to the legislature in 1903. The bill entitled "An Act to Regulate the Practice of Professional Nursing of the Sick in the State of Illinois," stated that the Governor of the State (with the approval of the Senate) would appoint a Board of Examiners of Registered Nurses (three nurses) from a list provided by the Illinois State Association of Graduate Nurses. The bill described these positions in detail, giving length of term, qualifications, etc. (Dunwiddie, 1937, p. 8).

The bill also provided for bi-annual examinations for prospective nurses "to determine the fitness of the applicants to practice professional nursing" (Dunwiddie, 1937, p. 9). The Board of Examiners was to establish policies related to the examination and revocation of licenses. The Board's qualifications for nursing applicants were: satisfactory school work, age 21, good moral character, and a graduate of a two year Board approved school (Dunwiddie, 1937, p. 9). Once these qualifications were met, the applicant passed the State Board Exam and paid a \$10.00 fee, the nurse was considered a "registered nurse" and given a license. Nurses of good moral character, practicing for five years previous to the passing of the Act were grandfathered in as registered nurses provided they applied for a license within six months of the date the Act was passed. Any nurse practicing as a professional nurse without a license would pay a fine of \$50 to \$100 for the first offense and \$100 to \$500 if it happened again (Dunwiddie, 1937, p. 10).

This bill was revised by the State Board of Health and the State Nurses' Association at the State Board of Health's request. The compromise bill gave much power to the State Board of Health. Training schools would be supervised by the State Board of Health. The Board also had input into the examination option of nurses (Dunwiddie, 1937, p. 12).

The licensure bill passed the Assembly on April 22, 1903. Unfortunately, Governor Yates felt this bill gave the nursing profession too much authority over practice and did not provide for care of the sick by people other than nurses (Dunwiddie, 1937, p. 15). Two more bills were proposed and vetoed by then Governor Deneen for numerous reasons which included ambiguity of wording, contradictory statements and unfairness to some nurses. The State Nurses' Association hired an attorney to clarify the wording of the bill. Miss Adda Eldridge then presented the bill to the public and influential groups, such as the Chicago Tribune and the Chicago Medical Society. It was not until May 2, 1907 that a bill very similar to the original bill of 1903 was passed and made law by Governor Deneen (Dunwiddie, 1937, p. 34).

The next issue facing nurses in Illinois, according to the History of the Illinois State Nurses' Association, was "to secure a unified system of instruction based on sound educational principles..." (Dunwiddie, 1937, p. 37). The State Board of Nurse Examiners, established by the Bill of 1907, was appointed by Governor Deneen. The Board's requirements for all nursing schools for certification were:

(a) The training school should be connected with a hospital of not less than 25 beds and the number of pupil nurses was not to exceed by one-half to one-fourth the number of beds governed by the facilities for private and ward patients.

(b) The head of the training school should be a registered nurse or nurse eligible for registration.

(c) Entrance requirements for pupil nurses prescribed that applicants should be 21 years of age and graduates of a grammar school or its equivalent...

(d) The course of instruction in nursing schools was to cover at least two full years.... After July 1, 1910, all accredited training schools would be required to give a three year course... (Dunwiddie, 1937, p. 38).

These requirements were not finalized for many years. On June 30, 1913 a new Nurse Practice Act went into effect (signed by Governor Dunne) and resolved some issues: nursing schools were required to extend the length of study to three years, standardization of curricula, changed the registration age from 23 back to 21 years of age, and instituted a penalty for those nurses who did not notify the County Clerk of their registration (their license was revoked) (Dunwiddie, 1937, p. 41-43). The Nurse Practice Act of 1913 also provided for a state inspector of the Nursing Schools. Unfortunately, one was never appointed. It is of interest to note that of 827 nurses taking the first examination for certification in 1914, 121 failed. "At the close of 1914, there were 4,164 registered nurses in the state and out of approximately 126 schools for nurses there were 70 accredited schools" (Dunwiddie, 1937, p. 49).

1914-1919

Between 1914-1917, the Board of Nurse Examiners in Illinois

examined a variety of topics that had eventual bearing on the Loyola University School of Nursing. There were at least three relevant projects.

The first of these projects was the prerequisite preparation of nurses in accredited schools. The law stated that the minimum or prerequisite, for admission to nurses' training was "one year of high school or its equivalent" (Dunwiddie, 1937, p. 46). Eventually, the training schools developed three months of preparatory work that was to be accomplished before the actual nursing practice. This was a test of intelligence, morals, and conduct. If the student was successful in those three months, she was allowed to continue.

A second project of the Board of Examiners was school affiliation. If a school did not meet the accreditation requirements (certain courses of study were established), it was asked to affiliate with an institution that was recognized. The recognized institution was to provide the courses that were lacking at the affiliating school. "In 1905, the Illinois Training School was the first of the large schools to open its doors for affiliation with small schools" (Dunwiddie, 1937, p. 50).

An even more progressive step was for schools of nursing to affiliate with a university or college. Mercy Hospital Training School was noted as the first nursing school in the midwest to have done so (American Journal of Nursing, November 5, 1905). The Hospital Training School was affiliated with Northwestern University. Many of the nurses' lectures and examinations at Mercy Hospital Training

School were given by professors from Northwestern University's Medical School. The students received their diplomas from the University. The diplomas were signed by the Board of Examiners at the University (Dunwiddie, 1937, p. 50). Records show that, by 1916, seventeen nursing schools had affiliated with a university or college in Illinois (Dunwiddie, 1937, p. 51). It is of interest to note that in The History of the Illinois State Nurses' Association (Dunwiddie, 1937, p. 51), St. Bernard's Hospital was mentioned as being affiliated with Loyola University. (It is unclear whether the St. Bernard's Hospital Training School for Nurse's had an affiliation or whether the hospital alone was affiliated.) "In many instances, the nurses received diplomas from the university or college with which the training school was affiliated along with the other graduates of the college" (Dunwiddie, 1937, p. 51).

The third project the Board of Examiners was concerned with was the lack of supervision of pupils. They ruled that one instructor could have a maximum of six pupils and that a graduate nurse was required to be in attendance for night duty (Dunwiddie, 1937, p. 52). The Board of Examiners also recommended the twelve hour work day for nursing students be decreased to eight working hours (Dunwiddie, 1937, p. 53).

Another issue which greatly affected nursing during this period was the passage of the Civil Administrative Code (July 1, 1917) advocated by Governor Lowden of Illinois. The code, meant to economize and increase the efficiency in state government, consolidated 300 offices and 28 boards into nine departments. The

Board of Nurse Examiners was abolished and their powers turned over to the Department of Registration and Education. The Director of the Department of Registration could appoint five registered nurses to "recommend rules for governing the accrediting of training schools; prepare and conduct examinations; inspect training schools...." (Dunwiddie, 1937, p. 69). The Nurse Practice Act of 1913 was also challenged by this code. The Illinois State Association of Graduate Nurses worked closely with the Department of Registration and Education to incorporate those points listed above that were now lost because of the transfer of powers.

All through this period, the nursing profession was trying to raise its educational standards even higher. In 1919 the "Nurses' Bill" was proposed by the State Nurses' Association (S.N.A.) in conjunction with the Department of Registration and Education. The aim of the bill was two levels of nursing: registered nurses and junior registered nurses. The difference was in the type and length of training and in the type of service that could be rendered upon graduation. Registered nurse training was twenty-seven months. Upon graduation, the registered nurses could apply for any nursing job, such as supervising, private duty, or instructor. Junior registered nurses training was to be eighteen months, but upon graduation they could only perform their duties under the supervision of the registered nurse (Dunwiddie, 1937, p. 72-73).

At about the same time that this bill was proposed, many nurses were engaged in military service (1917-1918). It was also during this time that the influenza epidemic of 1918 occurred. Skilled nursing

care was in great demand. Therefore, nurses needed to be trained as quickly as possible. Educational standards were lowered to increase the number of nurses. The public felt that there was a scarcity of nurses and that most people would not be able to afford nursing services (Dunwiddie, 1937, p. 74).

Dr. John Dill Robertson, Health Commissioner of Chicago and head of "The Chicago Training School for Nurses" compounded the idea of the nursing shortage and decreased training time. The course of training was 18 months. Nurses received three months of lecture, performed three months of hospital work and three months of private duty. This series was then repeated for another nine months. Later, Robertson opened a hospital where he trained sixty nurses per class. The course was three months in length. His slogan was "are we going to let the poor die because there are no trained nurses?" (Dunwiddie, 1937, p. 74). He was of the opinion that "...nursing was not a profession but was housekeeping for the sick....and that nurses training as advocated by the nursing associations was unnecessary" (Dunwiddie, 1937, p. 74).

Robertson's viewpoint was supported by many of the physicians. These same physicians felt that since nurses' training took place in their (the physicians') hospitals, they should control the nurses' education. The physicians proposed several bills which would have placed the regulation of nursing practice in their (the physician's) hands. The nurses united and a compromise with the state was reached. The Governor signed into action the Nurse Practice Act of 1919. The new act provided for "...certificates of registration, holding of examinations, the issuing, renewing, and revoking of certificates...

reciprocity, charging of fees for certification, and the keeping of records...." (Dunwiddie, 1937, p. 77). An applicant for registration was

to be twenty-two years of age... finished at least one year of high school... and completed twenty-four months of study in an approved (by the Department of Registration and Education) School of Nursing, and successfully passed an examination for registration (Dunwiddie, 1937, p. 77).

The 1913 Nurse Practice Act was repealed.

1920-1934

Very few changes were made in nursing law for many years following the passage of the 1919 Nurse Practice Act. The only change was the Nurse Practice Act of 1931 which reduced the age requirement to 21 years of age for registration. According to Dunwiddie (1937), from the passage of the 1919 Nurse Practice Act to the writing of her book, the Illinois State Nurses' Association and the Department of Registration and Education worked independently of each other (Dunwiddie, 1937, p. 81). The State Nurses' Association had little or no input into the selection of the Board of Nurse Examiners. The selection was done by one person from the Illinois Department of Registration and Education.

As far back as 1904, the State Nurses' Association tried to achieve a higher level of education by offering scholarships. It was also hoped that a central nursing school would be established. The Illinois Training School (in 1904) proposed the idea of a Central School.

The hope was expressed that the University of Chicago would be endowed with sufficient means and interest to open a nursing department which would in time solve the many and difficult problems of the nursing world and would provide a uniform educator in nursing and a central college from which many hospitals could be supplied with nurses (Dunwiddie, 1937, p. 107).

Twenty-two years later, in 1926, the University of Chicago opened its doors to nurses and gave a Bachelor of Science Degree in Nursing (BSN). This helped to raise the educational standards of nurses (Dunwiddie, 1937, p. 108).

A series of three articles written for Hospital Progress in October 1927 provided insight into the direction of nursing in Chicago during that time.

Sr. Helen Jarrell, R.N., Directress at St. Bernard's Hospital School for Nursing wrote the first article "Casting the Nursing Curriculum Into an Educational Mold" (1927). She stated that the main problem facing the hospital school of nursing was how to educate the nurses and at the same time care for the patients. Nurses' training was based on apprenticeship. This type of training program was started to benefit the hospitals by supplying free student labor. Teaching students was secondary.

A recent report of a state inspector of schools of nursing finds less than ten percent of the small hospitals of that state adhering to their teaching programs; while the remaining ninety percent were taking unfair advantage of their pupil nurses and surrendering their rights in the alleged interest of the sick (Jarrell, 1927, p. 396).

Theory instruction was almost nonexistent because the students could not take time away from their duties. Sr. Jarrell (1927) recommended a curriculum balanced between practice and theory.

Too long has the word "training" been identified with our schools, and the advent of the term "school of nursing" is to be heralded as a happy substitute for the "training school" of former years. There is an essential difference between training and education. A too repetitional training in technic [sic] narrows the nurse and sharpens her to the point of a mere instrument; while a well ordered, systematized education develops mental breadth and capacity to think (Jarrell, 1927, p. 397).

Sr. M. Lidwina, Directress of Nurses at Mercy Hospital, Chicago, wrote her views in an article for Hospital Progress, "Casting the Nurses' Curriculum Into an Educational Mold" (1927). She suggested that, to give theory and practice university credit, the nursing curriculum comply with the standards of the university to which it was affiliated, and that teachers in nursing must be highly educated. Nursing, because it was considered a profession, should be afforded the benefit of collegiate education as was afforded to other professions.

Rev. P. J. Mahan, S.J., offered his viewpoint of "Casting the Nursing Curriculum Into an Educational Mold," (Hospital Progress, 1927) and discusses the two papers written by Sr. Jarrell and Sr. Lidwina (1927). He stated that education in nursing schools, by apprenticeship, was moving into an educational institution. The educationalists needed to be taught to appreciate the value of nursing classes.

The school for nurses must be an organization in itself. The one in charge of that school for nurses must be selected because of her ability, her knowledge, her training, her knowledge of the whole field of nursing, her knowledge of the current thought in nursing and her understanding of the whole running of a hospital. If she is thus selected, then she may with very great security, be allowed to dominate the whole nursing service of the entire institution and to say what must be and what must not be (Mahan, 1927, p. 402).

Reverend Mahan stated that in order to cut the costs incurred by the hospital resulting from a decrease in the number of student staff, the practice of giving an allowance to the nurses should be dropped and the money, that would have been given as allowances, be used toward the budget of the schools of nursing to employ full-time graduate nurses for the wards in the capacity of instructors for the school. This would maintain the balance between hospital and school and between theory and practice (Mahan, 1927, p. 402).

There was a national influence on nursing in Illinois at this time. In 1926, the Grading Committee, under the instruction of the National League of Nursing Education (N.L.N.E.) began a long survey of nursing to "...determine in general the meaning of good nursing from the viewpoint of the patient, the doctor, and the nurse; what the public should demand from the nurse and what the nurse should demand from the public" (Dunwiddie, 1937, p. 111). From this information they would be able to determine:

...preparation needed by the nurse; tentative standards of grading and of classifying schools; the need and supply of nurses; the current status of existing facilities for the education of members of the nursing profession. Illinois was happy to be one of the ten states to be included in the sample study (Dunwiddie, 1937, p. 111).

(The grading study will be described in greater detail later in this chapter.) As a result of the work of the Grading Committee, which ended during one of our nation's worst economic depressions, nurses were faced with some harsh statistics.

According to the U.S. Census, the population of the nation had increased 62 percent in thirty years; the number of trained nurses during this had increased 2,374 percent in the nation as a whole.

In Illinois, there had been a still greater increase of trained nurses as compared with the increase in the population (Dunwiddie, 1937, p. 112).

In Illinois, the increase in population in thirty years was 58 percent; the number of trained nurses in Illinois increased 2,600 percent in thirty years from 1900-1930 (Dunwiddie, 1937, p. 166). By 1930, Chicago had 10,434 trained nurses (237 were men) and 3,449 untrained nurses (Dunwiddie, 1937, p. 168).

The work of the Grading Committee revealed that when trained and untrained nurses in Illinois in the year 1930 were considered there was only 273 days of potential nurse employment and an average of 70 families for each individual nurse in the state (Dunwiddie, 1937, p. 112).

There was an oversupply of nurses, not a shortage as was originally thought. To alleviate this problem, the Illinois State Nurses' Association in 1932 created a Committee on Distribution of Nursing Service. This committee sent letters to 149 schools of nursing in Illinois to call their attention to the oversupply of graduate nurses and offer some suggestions: the closing of some smaller schools with insufficient equipment; limiting class size and limiting the number of incoming pupils; "organization of postgraduate work in hospital training schools; the establishment of a group nursing program"¹ (Dunwiddie, 1937, p. 115). Originally, students entered at any time of the year. As a result of this recommendation, five Chicago nursing schools closed and many reduced their pupil size

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"By group nursing is meant the procedure of two patients sharing the service and expense of a graduate nurse who is assigned to the care of the patients...." (Dunwiddie, 1937, p. 114).

by only taking in students twice a year. Student staff nurses were replaced with graduate nurses. The day was shortened from twelve hours to eight hours which gave more nurses work time. This resulted in the employment of more nurses. Physicians had originally been against a shortened day for nurses because they felt it would be disruptive to their patients to change nurses often (Dunwiddie, 1937, p. 117).

Late in 1934, employment had improved in all Illinois districts.

The last report from the Grading Committee showed that even during the severest depression Illinois nursing schools had made advances in educational standards, 92 percent of pupil and graduate nurses were high school graduates which was 2% higher than the country at large; 85 percent of the schools had one or more full time instructors; ...59 percent of the schools affiliated with other schools for part of the nurse's training. This was 2% higher than the country at large; 15 percent of the schools in the state were on the eight hour schedule and Illinois ranked eighth when compared with other states in this respect (Dunwiddie, 1937, p. 114).

The nurses in the State of Illinois had survived a severe crisis in their profession and yet made advances in educating their nurses. An Illinois nurse expressed this ideal: "Higher education calls for our warmest advocacy and support but if for one moment the trivial details, the common things of nursing, are scorned, nurses become not a help but a hindrance" (Dunwiddie, 1937, p. 155; taken from Adda Eldridge, "Common Things of Nursing." American Journal of Nursing, December, 1906, p. 173).

General Overview of Nursing in the United States

Apprenticeship

Nursing schools in the United States were patterned after Florence Nightengale's work in England. There was one major difference between the schools in England and schools in the United States. The English schools were endowed, United States schools of nursing were not, and therefore, were not financially independent (Ashley, 1976, p. 9). Most nurses believed that the training schools came into existence because the hospitals needed more nurses at a low cost. Lavinia Dock, in her paper on "The Relation of Training Schools to Hospitals in 1894" stated,

Did the hospital then call the training school into existence? Strangely enough it did not, though the two seem now so fundamentally united. The training school idea did not originate within the hospital but was grafted upon it by the efforts of a few inspired ones outside, who saw the terrible need of the sick, who knew the inadequacy of the care they received, and who bravely knocked at the hospital doors, first closed, but gradually opening more and more widely (Dock, 1912, p. 62).

To solve their financial problems, the nursing schools in the United States temporarily made an apprenticeship arrangement with the hospitals whereby the hospitals would provide clinical experience for the nursing school and the nursing school would provide nursing service at a low cost (Ashley, 1976, p. 9). Because of this arrangement the hospitals received free nursing services while the nursing students received only informal training. Patients were cared for by untrained, unsupervised, inexperienced students. Lectures by physicians were unscheduled and haphazard. Many times students could

not leave the ward for lecture. They worked long hours in the wards with little time off. When a lecture was given, the student was usually too tired to learn. The management of the school was under the control of the physicians and hospital administrators. Therefore, nurse educators had little control over the education of their own students. In 1908 Richard Olding Beard, a physician from Minnesota, and one of the few physicians who stood for bettering nurse education, stated that "the sooner we deal with the question of what is fit for the nurse and get away from the question of what the hospital needs, I believe it will be better for both" (Ashley, 1976, p. 24).

Nursing Faculty

Another problem confronting nurses was untrained teachers. As far back as 1894 it was known that well prepared teachers were a must in nursing education. Isabel Hampton, a well-known nursing leader, believed that nursing schools should only be started if there were adequate facilities available to enhance the training. She stated that "when human life and health are concerned, what shall we term the little things?" (Hampton, 1949, p. 62).

According to the 1934 Report by the Grading Committee, in 1932 twenty-three percent of the schools did not have a full time instructor. Of those schools who had instructors, thirty percent did not even have a high school education. More than one-half had no college education (Ashley, 1976, p. 30). Nurse educators remained untrained because they were women. The American Hospital Association (A.H.A.) Board of Trustees expressed their collective view in 1925:

We are thoroughly of the opinion that a nurse should have a fundamental education in the theory and practice of many essential subjects, but we do not believe that the value of the nursing profession may be enhanced by any system which places preliminary education, theoretical training, and specialized branches in a class above hospital schools (Ashley, 1976, p. 32).

Physician Domination

Physicians constantly expressed the view that nursing would become too independent from medicine. These physicians feared the loss of control over nurses. Comments like "the born nurse theory - a good nurse is born, not made"; "the best nurse is one who has never had any education"; "the nurse is the handmaiden of the physician"; and "nurses are overeducated" were echoed by most physicians in the early twentieth century (Ashley, 1976, p. 76). In 1906 the AMA stated: "...the professional instructor of...nurses should be entrusted exclusively to the physician, who only can judge what is necessary for them to know..." (Ashley, 1976, p. 78). William Alexander Dorland, a physician, in 1908 stated that "physicians should be regarded as superior in both knowledge and skill and that nurses should never aspire to such heights; for them to do so was not only 'dangerous', it could be 'fatal'" (Ashley, 1976, p. 77). A physician friend of Dorland, Henry Beates, was of the opinion that "she (the nurse) should ...never attempt to appear learned and of great importance...and (should) carry out his (the physician's) orders to the letter" (Ashley, 1976, p. 81). Another physician, Dr. C. Mayo, in 1921, wanted to hire

"country-girls" to train in nursing because "city trained nurses" were too difficult to handle, too expensive, and spent too much time getting educated...the only result of this training, he thought, was that the nurse was undertrained as a physician and overtrained as a nurse (Bullogh, 1978, p. 156).

Part of the problem was that most nurses were women and were therefore, considered second class citizens. Women did not need to be educated, vote, or become involved in anything that was not "womanly" or "motherly." This discrimination added to the hardship of nurses (women) trying to further their education (Ashley, 1976, p. 81).

Isabel Stewart, a nursing leader, stated in 1921 that the "age old tradition that men are naturally superior to women, that women exist to serve the comforts and purpose of man and that man knows best what is good for women, whether in politics or education or domestic life" (Ashley, 1976, p. 76) still existed. Women had to force themselves into institutions of men only. Because of these preexisting attitudes and the dominance of men physicians over the nursing profession and the education of nurses, it took a long time for nursing education to move to the collegiate level.

Untrained Nurses

Nurses not only had to compete with the physicians and the public, but they had to compete with each other. "Sub-nurses" were those trained in short courses (such as John Dill Robertson's three month course mentioned previously) or correspondence courses. (These classes were established by physicians who believed nurses didn't need much education and that nurses were in short supply.) This practice occurred during 1910-1930 (Ashley, 1976, p. 63). Literature advocated

that nurses could take courses through the mail, receive a cap, uniform, certificate and pin after taking a course of "24 or more easy lessons" (Ashley, 1976, p. 64).

The short course and correspondence course created a severe, long term problem for nurses. It was not until nearly 1950 that any state had a mandatory licensure law. Nurse practice acts had been useless in determining who could or could not practice nursing (Ashley, 1976, p. 65). Correspondence courses became a very profitable business venture for the physicians (Ashley, 1976, p. 64).

The Society of Training School Superintendents met in 1911 to discuss the need for public support for improving nursing education. Society in years past and up to the 1930's and '40's, continued to be unaware of the problems in the nursing profession. Patients were unaware of the inadequacy of the nurse taking care of them. Many times, their "nurse" was a newly admitted student. Students were left alone usually on night duty, for ten to twelve hours. Of the ten hours the student worked per day as a staff nurse, only eleven minutes were supervised! (Ashley, 1976, p. 89).

In 1911, The Society of Training School Superintendents saw the need to educate the public in this area and gain their support for nursing education in a collegiate setting (Ashley, 1976, p. 110). Some nurses did attend a few college preparatory courses but the cost was too great and they were given little or no academic standing. Because the hospital did not support this move, there was little incentive to continue. The public was unaware that nurses made money

for the hospital and that none of it was channeled back to help the nursing students' education (Ashley, 1976, p. 25).

Goldmark Report

Around 1920, nurses started to assess their profession. In 1923, the Winslow-Goldmark Report, also called Nursing and Nursing Education in the United States, was published. C. E. A. Winslow of the Department of Public Health at Yale University was Chairman of the Committee for the Study of Nursing Education. Josephine Goldmark was secretary of the committee and was in charge of the investigation. The survey was supported by the Rockefeller Foundation. The subjects under investigation were:

- 1) Unlike most professions which had established independent institutions of learning, nursing still maintained apprentice-type training programs which were operated as adjuncts to the management of hospitals.
- 2) The extraordinary increase in hospitals within the brief span of time had created a tremendous demand for nursing students, who were regarded by hospitals authorities as an inexpensive source of efficient labor. The need to secure more nursing students precipitated the lowering of admission requirements (ANA, 1976, p. 82).

From the survey of nursing education and nursing practice, the committee drew ten conclusions. The following three conclusions were the most important to this review:

- 1) All superintendents, supervisors, instructors, and public health nurses should receive special training beyond the basic nursing program. Moreover, all public and private agencies employing public health nurses should require postgraduate preparation.
- 2) University schools of nursing should be developed and strengthened and no attempt should be made to lower standards of educational attainment.

3) Steps should be taken to establish a training program to prepare subsidiary workers and to develop legislation for the definition and licensure of subsidiary levels of nursing practice (ANA, 1976, p. 82)

The Winslow-Goldmark Report (1923) also stated that:

...until the general public by taxation for public institutions, by endowments and gifts for those privately supported, makes the hospital independent of the school for its permanent nursing staff, the hospital must continue its paradoxical attempt to maintain a school without means; the school in its turn must remain in part at least crippled by work in excess of any possible educational program (Christy, 1969, p. 67).

The committee also observed that there were few full time instructors, and that the director of nursing provided patient care as well as being responsible for the education of the students. Lectures and labs were not consistent from day to day.

Committee on the Grading of Nursing Schools

The Winslow-Goldmark Report sparked many debates in nursing. The National League for Nursing Education (NLNE) worked to undertake a more comprehensive study of nursing. The education committee of the N.L.N.E. met with a committee that the American Medical Association had appointed to study nursing education. After this meeting the Committee on the Grading of Nursing Schools was formed in 1925.

The Committee for Grading of Nursing Schools consisted of two representatives from the National League for Nursing Education, the American Nurses' Association, and the Nursing Organization of Public Health Nursing; one representative from the American Medical Association, the American College of Surgeons, the American Hospital Association, and the American Public Health Association; four nursing

educators from various parts of the country; one public person and one general medical practitioner, Dr. William Darrach, who was a surgeon and the chairman of the committee, and lastly Dr. May Ayres Burgess, Ph.D., a statistician, who was the director of the investigation (Flanagan, 1976, p. 83).

There were three studies: 1) supply and demand of nurses, 2) actual grading of nursing schools, and 3) job analysis of nursing and nurse teaching. The study was to take five years although it actually took eight years to complete. Nurses personally raised \$115,000 for the study. The remainder of the money came from seven parent organizations (Flanagan, 1976, p. 83). The first report, a book entitled Nurses, Patients and Pocketbooks (1928) studied supply and demand for nurses (Flanagan, 1976, p. 83). Table 1 shows some of the results:

TABLE 1

How Fast Has Nursing Grown?
 Medical and Nursing Schools and Graduates

	<u>Medical School</u>	<u>Nursing School</u>	<u>Medical Graduates</u>	<u>Nursing Graduates</u>
1880	100	15	3,241	157
1890	133	33	4,454	471
1900	160	432	5,214	3,456
1910	131	1,129	4,440	8,140
1920	85	1,775	3,047	14,980
1926	79	2,155	3,962	17,522

(Taken from Dolan, 1979, p. 298)



The decrease in the number and the increased quality of medical schools was attributed to the Flexner Report of 1910. Medical discoveries such as "asepsis, immunization, control, and cure of disease increased the span of American life by seventeen years in the first half of the twentieth century" (Bridgeman, 1958, p. 1). This led to an increase in the number of hospitals in the early twentieth century. In 1890 there were 178 hospitals in the United States. This increased to 4,000 in 1909 and 6,800 by 1929 (Bridgeman, 1958, p. 1).

The first study on the supply and demand for nurses showed that, contrary to the public's and the physician's beliefs that there was a shortage of nurses, there was an extreme over supply of nurses (though in some special areas, i.e., rural areas, pediatrics, and teaching, there was a definite shortage). It was really a matter of there being a shortage of well-prepared and trained nurses (Flanagan, 1976, p. 83). The Committee on Grading of Nursing Schools recommendations were to decrease the number of schools, and therefore, decrease the number of graduates (already discussed in section as Illinois History of Nursing). In 1920 there were 149,128 trained and 515,996 untrained nurses in the United States. In 1930 there were 294,189 trained and 153,443 untrained nurses (Stewart, 1943, p. 108).

Other recommendations of the Committee were:

- 1) that the students be replaced in the hospitals by graduate nurses; 2) that hospitals be aided financially in their efforts to employ graduate nurses; and 3) that the public be more aware of their responsibility for the cost of nursing education (Murphy, 1977, p. 15).

After the publication of Nurses, Patients and Pocketbooks, the American Medical Association withdrew from the study for reasons unknown.

Between 1930 and 1931, the first grading study was undertaken. Three confidential reports were published: "The Student Body," "What Nurses Learn," and "Who Controls the Schools." Each school received a questionnaire from the Grading Committee to evaluate their school. The results were anonymously compared with those schools that were similar (Flanagan, 1976, p. 84). The study was voluntary.

In 1932 a second self study was undertaken. This time the schools were compared to see whether there had been any improvement in their deficient areas, such as employing a full-time instructor, age of the pupils, number of pupils enrolled, size of the school (Flanagan, 1976, p. 84).

In 1934 two reports were filed - "An Activity Analysis of Nursing" by Ethel Johns and Blanche Pfefferkorn (a job analysis of nursing and nurse teaching), and the final report from the Grading Committee on "Nursing Schools - Today and Tomorrow." The Activity Analysis Report contained the results of the study on job analysis of nursing and nurse teaching, what activities constituted good nursing care, and what matter of instruction was necessary to achieve good nursing. What constituted good care, basic work conditions, and a list of work activities, were included. Two recommendations that came out of this report were: 1) all faculty should be able to give instructions on a college level, 2) in every professional school function, the majority of the faculty should be registered nurses and,

where consistent with other professional qualifications, they should all be college graduates (Flanagan, 1976, p. 84).

The report, Nursing Schools - Today and Tomorrow (1934), gave a summary of the eight year project. It discussed "the knowledge and skills of the professional nurse, the essential elements of a professional school of nursing, and courses for graduate nurses" (Flanagan, 1976, p. 85). The Committee on Grading recommended that the report showed that students were regarded as employees and that the existent form of apprenticeship training should be moved to the college level. The committee also recommended absolute requirements for the functioning of the professional nursing school:

- 1) A professional school of nursing should be controlled by an educational board composed of members of hospital, medical, and nursing groups, as well as individuals representing the interests of the whole community.
- 2) A professional school of nursing should draw its funds in part from tuition fees and in part from endowments, gifts, or subsidies.
- 3) The majority of the faculty in a school of nursing should be registered nurses with specialized training in a particular field of nursing (ANA, 1976, p. 86).

To deal with the problem of the absence of qualified nursing instructors and the poor emphasis on what constitutes good nursing, the committee recommended that many hospital schools be closed or transformed into professional schools of nursing and provide specialized courses for graduate nurses (Flanagan, 1976, p. 86).

Affiliations

In response to these reports, schools of nursing tried to affiliate not only with their own hospital, but with other hospitals

to supplement missing courses. Hospital administrators were not in favor of this practice. They feared that this would lead to disloyalty to the "home" institutions and could cut their labor force.

The next move was for the training schools to try to affiliate with a university. This concept was not new. The first collegiate program in nursing was established in 1893 at Howard University in Washington D.C. (Bullough, 1978, p. 159). Another collegiate school for nurses was developed in 1897 at the University of Iowa. The school for nurses was affiliated with the University of Iowa Medical Department. The course of training was two years. "The course of instruction comprises practical work in the wards, theoretical work in class, lecture rooms, and a complete course in invalid cooking" (Dietz, 1967, p. 107).

Dr. Richard Olding Beard of Minnesota established a university nursing school in 1909 that provided basic preparation for nurses. The nursing school was under the authority of the medical department. The length of study was three years. The significance of this project was twofold. It helped to upgrade the training that nurses received and secondly the program was established by a physician. In 1916, the diploma could be applied towards attaining the BS degree. Two more years of study were required. Physicians, as well as nurses, were opposed to this project because they felt it was unrealistic.

Dr. Beard gave an address in 1909 before the American Federation of Nurses in St. Paul. He stated that education had two equally important purposes:

the first and primary one was to secure the highest and the essentially symmetrical development of the physical, mental, and spiritual possibilities of the individual; second, to secure the highest possible adaptation of the individual to the particular purposes to which he proposes to put his personal power (Stewart, 1943, p. 175).

He also stated that, because of the need for nurses (which came about because of the increasing number of hospitals), the profession of nursing had had to lower standards to produce the needed number of nurses. This had also kept the nursing schools under the authority of the hospitals because of the economics involved. The nursing schools could not afford to be independent. But now, he felt, was the time to reorganize the system by increasing the standards of education, by having the education of the nurse be of utmost importance, and financing this education with public funds. This could be done through a university. Graduate nurses would act as supervisors. The university would regulate admissions and teaching. To consider the anticipated reaction of the "overtrained" nurse, he stated, "some graduates were overtrained because they were initially and irredeemably unfit for training in the first place" and that "without proper education the nurse might become an overdeveloped, overorganized machine, too costly of operation for the public good" (Stewart, 1943, p. 176).

In 1920, Dr. Richard Olding Beard again spoke about university schools.

There is one thing essential in such a union. It should be educationally complete. The university or college should assume the ownership and control of the school, whether it owns or does not own the hospital which serves as the laboratory of the school. It must determine and direct the educational policy of the school. It must guarantee the fitness of its graduates and the degree or

diploma is the best public seal it can set upon their work. That loose order of affiliation which sometimes obtains, under which the university lends its name and reserves its responsibility for the school of nursing is a mischievous mistake. It is a mere pretense of university relationship which is not worthwhile (Stewart, 1943, p. 227).

Dr. Beard, who opened the University of Minnesota School of Nursing in 1909, stimulated other schools to follow so that by 1920, 180 other nursing schools had academic standing (Deloughery, 1977, p. 129). Teachers College, Columbia University, held the first graduate course for nurses in 1899. This was a course on hospital economics. Mrs. Helen Hartley Jenkins gave an endowment of \$200,000 which was used to found a chair of nurses at Teachers' College, Columbia University. Miss Adelaide Nutting "became the first nurse in the world to hold a professorship in a university" (Dietz, 1967, p. 108). Miss Nutting, R.N., had introduced the first preparatory course in the United States at the John Hopkins Hospital School, Baltimore in 1901. The idea of her preparatory course was to provide theoretical courses such as anatomy and physiology in conjunction with practice. By having the students on probation for six months, the instructors could decide which students were best fit for nursing duty (Stewart, 1943, p. 162).

Nutting (1916) wrote an article entitled "A Sounder Economic Basis for Training Schools of Nurses." She explored the three types of support given to universities - public funds from taxation, private funds from gifts, and fees from students. As of 1916, only two training schools had received endowments.

Certainly no public funds have been used for nursing education and charging tuition fees is not in common practice.

How then can training schools be financed? The services rendered by the student nurses is considered to be equal for the amount of tuition that would have been paid. Nursing instruction is done by officers of the nursing department, so little or no expense is incurred by the hospital. Few hospitals have libraries. Obviously service in the hospital is first; education second (Nutting, 1916, p. 314).

Miss Nutting believed that if the public knew nursing was wanting, they would respond. When Nutting was asked what an endowment would do for nursing, she stated that it would do any or all of the following things: 1) provide trained teachers; 2) provide proper teaching materials; 3) provide for student libraries, laboratories, and proper living quarters and recreational areas for students (Nutting, 1916, p. 317).

Stewart (1918) stated that all other professions had looked to colleges for the education of their own. Nursing, an emerging profession, was doing the same. Several nursing schools had now affiliated with universities. The main reason for affiliation with the university was to raise the educational standards of the School of Nursing. The university was the place to do this since they had ample money, library facilities, laboratory facilities, good instructors, and social advantages. "If the nursing school is to profit by these advantages, it must have a real and not merely a nominal relationship with the university...it (nursing school) may still be an integral part of the University" (Stewart, 1918, p. 311).

To bring this about, Stewart recommended that: 1) the student graduate from an accredited high school or preparatory school, 2) courses in the nursing curriculum should be at the college level, 3) more time be given to theoretical work, 4) nursing students completing

university courses should receive academic credit - a diploma for the three year nursing course and the degree of Bachelor of Science to those continuing on with two more years of academic study, 5) nursing students should graduate with the other university students, 6) there is a nursing representative in the university to supervise the students, 7) the university approve the work of the nursing schools. (paraphrased) (Stewart, 1918, p. 311).

In a letter written by Nutting to Stewart in 1919, Nutting stated:

if I mistake not we shall need to keep our voices crying not only in the wilderness but in the marketplace and from the housetops. For it seems to be entirely clear that our effort toward freedom in universities are going to be blocked by our medical friends. We get out from under the hospital only to pass under the hands of the medical school (cited in Christy, 1969, p. 81).

Nutting, who had been the director of the first university connected department of nursing, and Stewart became consultants to newly developed university schools.

Because of the special problems that arose with nursing schools affiliating with universities, a Committee on University Relations (1924) was also formed. Its function was:

To study existing university schools of nursing to the end that it may act as a source of information regarding the standards by which university schools of nursing may be judged. The committee believes that the time has come for the definite effort toward the establishment of standards for the university schools of nursing forecasted in the preliminary discussion contained in the carefully prepared Report on University Schools of Nursing published by the Education Committee on the National League of Nursing Education in 1921 (Christy, 1976, p. 82).

Goodrich (1928) stated that nursing schools originally came into existence in the United States because of the need to improve patient

care. This was in conflict with earlier thinking. She asked:

what do we understand by a university school? A university school, in the real sense of the term, demands the following:

- 1) An established and recognized status. That is to say, it must be a school admitted to all the rights and privileges accorded the other schools and colleges of any given university.
- 2) The resources accepted as essential for the creation, maintenance and future development of professional education, and in addition the resources demanded by the special nature of any given profession.
- 3) A qualified student body (Goodrich, 1932, p. 319).

T. D. Beckwith, Ph.D. (Professor of Bacteriology, University of California at Los Angeles), talked about "Universities" in his address during the 42nd Annual Convention of the National League for Nursing Education. One of his opening statements included the fact that nursing was a profession. It was no longer just a vocation. Because it was a profession, its instruction was intensifying. Nursing was becoming more specialized. The major person involved in the training of these nurses for their specialty was the instructor, who should be adequately prepared (Beckwith, 1936, p. 118).

Beckwith (1936) further stated that a university was composed mainly of individuals who were trained as specialists and if nursing was a profession of specialists, this was where their training should take place! This is one of the functions of a university - instruction (Beckwith, 1936, p. 120).

Sr. M. deChantel (1929) stated that "the instructress of today" needs a higher level of education—more than the college degree (deChantel, 1929, p. 448). Standards for this level of education were being met in the university setting. Furthermore, she felt that

nursing had gone through two stages: Stage one: the desire to save, and Stage two: the technical. Nursing was entering Stage three: the phase of educational training to raise the educational standards of nursing and establish it as a profession (deChantel, 1929, p. 448). This education must take place within the university because the nursing school, alone, could not meet the demands of the profession.

Several assumptions can be made concerning the outcomes of university affiliation: an improvement in academic and technical equipment; the faculty of the university assumed the responsibility of teaching those subjects not entirely nursing; a curriculum based on college hours; the student received college credit for work done; the curriculum included courses required by the National League of Nursing Education; and the student was encouraged to study for the BSN (deChantel, 1929, p. 449). "The school with university affiliation has a dignity all its own. The girl who enters such a school is part of the great university; she is no longer a pupil nurse in a 'training school', she is a student in a 'school of nursing'" (deChantel, 1929, p. 449).

Catholic Influences

An important influence on the knowledge that the student acquired was from the Catholic university and Catholic hospital. The Catholic principle was that education and religion should work together.

We are told that only 62 percent of the 744 university schools and colleges in the United States have any connection with Schools of Nursing. Here is an opportunity for the Catholic university to take the lead. The young student can find there that sound Catholic principle and teaching which will be the foundation of her

professional career. In the Catholic university and in the Catholic hospital she will imbibe the spirit, the ideals which should underlie her work (deChantel, 1929, p. 449).

Fr. Charles Moulinier, S.J. of the Catholic Education Association stated that Catholic nursing schools were the most important of all Catholic educational institutions. "They are nearly one hundred times as numerous as our medical schools...." "They are constantly improving in methods and curriculum and perhaps no other department of Catholic education has made such rapid significant progress as in the nursing schools" (Moulinier, 1927, p. 32).

In the February, 1932, issue of Hospital Progress the Committee on Nursing Education reported that of the 303 non-Catholic hospitals 8.8 percent (67) were affiliated in some way with a university and of the 281 Catholic schools, 18.8 percent (56) were affiliated with some educational institution. The Committee on Nursing Education was formed to study Catholic training schools and determine certain standards for the schools. The results are summarized in Tables 2 and 3.

TABLE 2

Types of Institutions With Which Schools of Nursing Are Affiliated

<u>Number of Schools of Nursing Affiliated With</u>	<u>Non-Catholic (67)</u>	<u>Catholic (56)</u>	<u>Total (123)</u>
University	26	14	40
College	22	31	53
Junior College	<u>0</u>	<u>7</u>	<u>7</u>
Total	48	52	100

(Taken from a Report of the Committee on Nursing Education - Part II, December, 1931, p. 515)

TABLE 3

Nursing School Affiliations

Affiliation with College or University	Non-Catholic		Catholic	
	No.	Percent	No.	Percent
1. Yes	67	18.8*	56	18.8*
2. No	236	66.8*	225	75.8*
3. Not Stated	53	14.3*	16	5.3*
Character of Such Affiliation				
1. Complete	24	35.8**	22	39.2**
2. Special Subjects	27	40.3**	34	60.7**
3. Central School of Nursing	16	23.8**	0	00.0**

*Of those answering this section

**Of those having affiliation

(Taken from a Report of the Committee on Nursing Education, November, 1931, p. 466).

Committee on Nursing Education

Around the time of the Committee on Grading of Nursing School activities (1930-1932) were taking place, physicians and deans of medical schools were meeting because of their interest in nursing education. The report from the Committee on Nursing Education was adopted and approved November 15, 1932 at the 43rd Annual Meeting of the Association of American Medical Colleges. The report and recommendations were submitted by A. C. Bachmeyer, M.D., Dean of the University of Cincinnati, Ohio; E. P. Lyon, Ph.D., Dean of the University of Minnesota; and the Reverend Alphonse M. Schwitalla, S.J., Dean of St. Louis University School of Medicine.

Dr. Lyon, a member of the Committee on Nursing Education, stated that it was important for the medical profession to get involved in nursing education and that the medical profession's responsibility should extend beyond the problems in their own institutions. He stated that by linking nursing education with medical education, medicine would have the ability to bring nursing up to the level at which it should be functioning at (Bachmeyer, 1932, p. 4).

The Committee on Nursing Education made the following recommendations:

1. That this Association hereby records its deep interest in the developments now taking place in Nursing Education and that it regards these developments as significant for the future not merely of medical practice but also of medical education;
2. That since Nursing is fundamentally a profession auxiliary to that of medicine in its aims and procedures, Nursing Education, despite the progress which it has already made, would do well to accept the directive guidance of medical education concerning many of the features of Nursing Education; and that, therefore, the

influence of the School of Medicine should increasingly pervade the development of the School of Nursing.

3. That those universities which are conducting schools of nursing should bend every effort towards the safeguarding of educational standards in these schools by increasing the measure of educational control over these schools and by conducting them upon a collegiate level. This means that they should not use their nursing schools as service adjuncts of their hospitals but rather should, if necessary, use such additional university resources as may be necessary to bring their nursing schools up to the general level of the other colleges.

4. That the university schools of nursing elaborate educational programs not alone for the traditional three year curriculum in nursing but also and with major emphasis for an adequate curriculum leading to the degree of Bachelor of Science, as well as other advanced curricula in the various fields of specialized nursing endeavor;

5. That the university schools of nursing be hereby encouraged to undertake sound educational experimentation in nursing education with special reference to the solution of existing controversies concerning curricular administration;

6. That universities accept the principle that courses in the curriculum of the school of nursing be formulated and administered with the same seriousness and upon the same collegiate levels as are demanded of the accredited Colleges of Arts and Sciences particularly with reference to the curricular content, the diversification of courses, the sequence of courses, the quantitative evaluation and full requirements of courses and a satisfactory equilibrium between theoretical and practical courses; and that, therefore, the form of administrative and instructional control in these schools be organized with the view of safeguarding accepted standards in all of these respects.

The universities can also help raise standards by refusing full credit on their advanced courses to graduates of three year courses which do not maintain reasonable standards.

7. That this Association appoint a committee which will not only offer its services concerning the medical aspects of Nursing and Nursing Education to the other groups interested in the field, but will also initiate under the guidance and with the authority of this Association, such activities in the field of nursing education as may from time to time be found necessary for the safeguarding of the interests of our Schools of Medicine in the progressive development of our schools of nursing.

Respectfully submitted

A. C. Bachmeyer, M.D. - Dean, University of Cincinnati,
Cincinnati, Ohio
E. P. Loyn, Ph.D. - Dean, University of Minnesota, School of
Medicine, Minneapolis, Minnesota
The Reverend Alphonse M. Schwitalla, S.J., Dean - St. Louis
University School of Medicine, St. Louis, Missouri

(Bachmeyer, Lyon & Schwitalla, 1932, p. 14 and 15).

As can be seen, the nursing profession had made great strides with the medical profession and with their own profession. With this background information, the researcher looked at the development of the Loyola University School of Nursing and compared it to the trends in other schools in Illinois and the United States in general.

CHAPTER III

METHODOLOGY

Design of the Study

The design of the study is a historical, non-experimental, research design. "Historical research is the systematic collection and critical evaluation of data relating to past occurrences" (Polit & Hungler, 1983, p. 202). This type of research is usually done to gain insight into how past events relate to present day behaviors or to study trends and answer questions. Studying the past to explore causes can sometimes help understand the present and could help predict the future.

The characteristics of historical research are similar to those of the scientific method: the area of interest is identified, research questions formulated, data collected and analyzed, results synthesized and recommendations are made. Evaluation of the data is different in historical research when compared to other types of research. Because the data in historical research are events, communications, ideas or opinions, the data are collected, and evaluated according to external and internal criticism before they can be reported as findings. External criticism is employed to determine whether data are genuine or authentic, i.e., the physical aspects of the data. The point may be difficult to determine. Though there are

lab tests to determine the authenticity or genuineness of the document, these are not always foolproof or practical.

Internal criticism is used to determine whether the contents of the data are trustworthy.

Evidence bearing on the accuracy of historical data might include one of the following: (1) comparisons with other people's account of the same event to determine the degree of agreement; (2) knowledge of the time at which the document has produced (reports of events or situations tend to be more accurate if they are written immediately following the event, such as in diaries or minutes of a meeting); (3) knowledge of the point of view or biases of the writer; and (4) knowledge of the degree of competence of the writer to record events authoritatively and accurately (Polit & Hungler, 1983, p. 205).

Analysis of historical data is done through logical thought processes whereas other research is done using statistical methods. The data are organized logically, discrepancies resolved, and findings reported as objectively as possible. Analysis of data in historical research is also done through content analysis. "Content analysis is a method for the objective, systematic, and quantitative description of communications and documentary evidence" (Polit & Hungler, 1983, p. 344). Polit and Hungler (1983) adopted the following questions from Holsti (1968): who said what?, to whom?, how?, why?, and to what effect?

Procedure

The first step in this project was to explore the Loyola University Cudahy Library archives for information pertaining to the nursing schools and the years under study. All information found from 1917 through 1937 was examined. Though the period of study is through

1935, the researcher found several documents after 1935 reflecting the organization of the Loyola University School of Nursing. Murphy's (1978) research, found in the archives, lead the researcher to several library resources, i.e., books by Adelaide Nutting and Isabel Stewart, American Journal of Nursing (1900 - present), and Hospital Progress (1927-1932), that became the foundation information concerning the economical, political, social, religious and other influences of the period.

The files in the archives are categorized in boxes according to university presidential terms. Files from past university president, Fr. Samuel Wilson, S.J. and Sr. Helen Jarrell were culled from a content list of the above files. Each file was examined carefully since important findings were sometimes in an apparently unrelated sub-file.

Issues of the Loyolan (the Loyola University yearbook) were examined. The yearbook was started in 1924. All copies from 1924-1937 were available.

From the Loyolan and the archive files came a list of seven hospital training schools that had at one time been affiliated with Loyola University Medical School. A Catholic Directory in the archives was checked and the addresses and phone numbers of each of the hospitals or schools still in existence were obtained (John B. Murphy School for Nurses closed in 1935.)

A representative at each hospital was then contacted by telephone. The contact person was from nursing administration. Nursing administration was chosen because initial inquiries about

records at two hospitals led to nursing administration. Each school representative was asked the following questions: (1) were any records concerning their affiliation with Loyola University Medical School saved, and if so, were they accessible to the researcher; (2) had a history of their hospital been written and was it available to the researcher; (3) was information saved, where was it stored; and (4) was there anyone available for interview who knew Sr. Helen Jarrell.

Additional documents in the archives alluded to "contracts" that had once been in existence between the hospitals and Loyola University Medical School. The secretary to the provost of the Loyola Medical School was contacted for possible information concerning these contracts. No information was obtained, but the suggestion was made to inquire at the Office of the General Counsel of Loyola University. This approach was fruitless since the General Counsel's office had very few nursing papers from more than ten years ago. The vault at Lewis Towers, Water Tower Campus, was also checked. No early nursing contracts were discovered.

The results of the telephone calls to the hospital representatives were not as helpful as expected. It was hoped that the schools would have saved their correspondence, minutes of meetings, or documents of association with the Loyola University Medical School.

Oak Park, St. Anne's, St. Elizabeth's, and Columbus Hospitals no longer had records of the period under study. The records had been destroyed because of lack of space, were lost or burned in hospital

fires. One person stated that their school had a written history, but after several follow-up calls, this information was still unavailable. The researcher was not able to contact anyone who knew Sr. Jarrell personally, or professionally, to obtain direct information about her.

The St. Bernard's Hospital representative stated that, although they had closed the school in 1976, the state required that they keep some records. Sister A. Doyle, the present administrator, closed the school herself and helped carry boxes of information from the school's office to the hospital. Because they have no archives, the information was stored in boxes in the basement.

The researcher examined the boxes of information and found that the records of the students were the only pieces of information saved from the early school. (Appendix A). St. Bernard's Hospital compiled a history of their hospital in 1962. A copy of this document was obtained and reviewed.

Copies of the Loyola University Bulletin, School of Nursing Catalogue published in May of 1936 for the 1935-1936 year (and another from 1944) were found in the files in the Loyola University Cudahy Library archives. The catalogues contained a synopsis of each school which was affiliated during 1935 with Loyola University Medical School.

Other archival material had already shown a discrepancy in affiliating dates between the Loyola University Medical School and the training schools. The 1935 Catalogue stated that there were conflicting dates for the affiliation of the training schools with Loyola University Medical School. Based on the information found, the

researcher concluded that the most likely affiliation dates were those supported by outside evidence. If there was no other evidence available to help determine an affiliation date, the first date listed in the 1935-1936 Loyola University Bulletin, School of Nursing Catalogue, was used, because this information was the most recent information obtained after the formation of the Loyola University School of Nursing.

Analysis of Data

The information was arranged chronologically for greater clarity. All archival materials obtained concerning the period of study were reviewed. The problems with using records as the primary source of information is that there are biases and the records are usually incomplete. Polit and Hungler (1983) state that there are two major sources of biases in records that are self-explanatory: selective deposit and selective survival. The question arises: are surviving records really representative of the situation? The researcher believed that although there was a lack of information about the early years of the formation of the Loyola University Nursing School, there was enough evidence to give the reader some insight into this period of time. There was an abundance of information available about the 1930's that was crucial to the analysis of the formation of the Loyola University School of Nursing.

External criticism of the information was not possible. Internal criticism was used inasmuch as an account of each situation was compared to other documentation of the event. Information written

closer to the time of the event was considered to be more accurate than documents produced ten years later. Content analysis was used in assessing any communications found.

The last step in this historical research project was to report the findings. Implications for nursing and recommendations for further studies are be given.

CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

The Schools

When were the early schools established and what were they like? What did the early schools have in common? What need caused these schools to affiliate and then unite? Did state, national, or local trends influence decisions of the early educators at the time? A brief history of each of the affiliated schools before they united to form the Loyola University School of Nursing follows.

St. Bernard Hospital

In 1903, Father Bernard P. Murray, founder and pastor of St. Bernard's Parish Church and School, Chicago, Illinois, realized that Englewood was a rapidly growing town which would need a hospital which could give the people physical as well as spiritual assistance. He received permission from Archbishop Quigley to build such a hospital.

Father Murray wrote to the Superior of Hotel Dieu, Kingston, Ontario, Canada, asking for the help of the Sisters' in the establishment of a hospital in Chicago. On November 21, 1903, seven Sisters arrived. Two years to the day later, the new hospital, which had a 200 bed capacity, was finished and named St. Bernard's Hotel Dieu. Due to a rapid influx of patients, more Sisters were requested.

With the new Sisters' arrival and the increase in patients, the Sisters felt the need to establish a nursing school. A charter was granted in February 17, 1906. "The services in the various departments are well balanced to correlate with the theoretical instruction and to meet the requirements of the nursing curriculum" (Loyola University Bulletin, 1935-1936). In June, 1909, sixteen lay nurses and five Hotel Dieu Sisters were in the first graduating class. In 1913, St. Bernard's Hospital affiliated with the Loyola University Medical School (L.U.M.S.). The medical students came twice a week from Loyola for clinical experience. In 1925, St. Bernard's School of Nursing became affiliated with Loyola University. Sister Helen Jarrell, Director of the St. Bernard's School of Nursing, became Director and Dean of the Loyola University School of Nursing in 1935 (History of St. Bernard, 1962; and Loyola University Bulletin (Nursing Catalog), 1935-1936.)

Mercy Hospital

In 1889 the Nursing School of Mercy Hospital came into existence because the Sisters could not attend the increasing number of patients. (Bed capacity could not be found for this year. In 1928, there were 380 beds.) A charter was obtained in 1892. The Sisters of Mercy saw to the education of their nurses. By 1901, the original nursing course was lengthened from two years with one months probation, to three years with three months probation. Entrance requirements were made more stringent in 1905 when a high school diploma was required.

In 1905, Mercy Nursing School became affiliated with Northwestern University. This affiliation continued until 1918, when an agreement was made to change the affiliation to Loyola University Medical School (Hospital Progress, 1929, p. 198). "Faculty, curriculum, and methods of procedure were regulated by the Regent of the L.U.M.S. Members of the medical faculty, in addition to the graduate nurses who act as instructors, conduct many classes" (Loyolan, the school yearbook, 1932; Hospital Progress, May 1929, p. 197). A 1932 pamphlet on Mercy Hospital Nursing School states that the advantages of affiliating with Loyola were:

instruction by faculty at Loyola, use of library and laboratory, and students can graduate with university convocation. A diploma from Mercy entitles the candidate to sit for state boards. They can use the credit toward the Bachelor of Science in Nursing Degree in the Department of Liberal Arts and Sciences of Loyola. Admission credits, courses, teachers and exams are subject to the Regent and Dean of Loyola School of Medicine (Mercy Pamphlet, 1932).

St. Elizabeth's Hospital

St. Elizabeth's Hospital (325 bed capacity) was established in 1886 and was conducted by the Poor Handmaids of Jesus Christ. The School of Nursing was established in 1914, and became affiliated with L.U.M.S. in 1929 after raising its entrance requirements and modifying its educational facilities (Loyolan, 1932, p. 152). Upon graduating, there were many options available to the nurses such as the American Red Cross Nursing and becoming a member of the American Nurses Association (Loyola University Bulletin, 1935-1936; and Loyolan, 1932, p. 152).

Columbus Hospital

Columbus Hospital (165 bed capacity) was established in 1905 by Mother Cabrini, foundress of the Order of Missionary Sisters of the Sacred Heart. Because the hospital felt the need to prepare nurses adequately, a nursing school was established and accredited by the Board of Registration and Education in 1906 (Loyola University Bulletin, School of Nursing Catalogue, 1936). In 1930, Columbus Hospital School of Nursing became affiliated with L.U.M.S.

By this union the educational rank of the hospital became higher and the expanse of the Medical Department became greater....the nurses in training have been given the advantage of the professorship of men whose training in the field of medicine is very extensive. Likewise, the students leaving the Medical School have had another institution of high caliber open to them in which they may take their internship (Loyolan, 1932, p. 151.)

St. Anne's Hospital

St. Anne's Hospital (300 bed capacity) was established in 1903. The School of Nursing was established in January, 1913. In 1921, St. Anne's became affiliated with Loyola University Medical School. The Sisters of the Poor Handmaids of Jesus Christ supervised the hospital. A course stressing ethical principles of the nursing profession was offered at St. Anne's long before other nursing schools saw the need for such a course. The professional courses offered by St. Anne's consisted of religion, education, and social activity (Loyolan, 1932, p. 140; Loyola University Bulletin, 1935-1936).

Oak Park Hospital

Oak Park Hospital School of Nursing was established in 1906. The hospital had a 165 bed capacity and was supervised by the Sisters of Misericorde (Loyolan, 1932, p. 164). In 1917, Oak Park Hospital School of Nursing affiliated with Loyola University School of Medicine. "The (Nursing) School is conducted on a thoroughly progressive plan, advancing its entrance requirements and its admission policy and curriculum with the increasing demands of nursing education and practice" (Loyola University Bulletin, 1935-1936).

John B. Murphy Hospital

The John B. Murphy Hospital Training School affiliated with Loyola University Medical School in 1930.

The John B. Murphy nurses were the first of the affiliated nursing groups to have the privilege of utilizing the lab of the Art's Campus of Loyola for their course in chemistry. During the past year, the student nurses journeyed to the Lake Shore Campus weekly for their instruction in Chemical Science (Loyolan, 1932, p. 160.)

In 1935, John B. Murphy Hospital discontinued their nursing program and transferred their nursing students to Mercy Hospital's Nursing School (Letter, March 4, 1935 from Sr. Veronica to Fr. Ahearn).

Discussion of the Formation

of the Loyola University School of Nursing

1917-1926

The earliest information available relating to the formation of

the Loyola University Nursing School can be found in Loyola's commencement bulletins:

On Saturday, June 1st, 1918, Dean Wm. Hurley, M.D., of St. Bernard's Hospital, presented seventeen students of St. Bernard's Hotel Dieu Training School and Dean Alfred D. Roulet M.D., of Oak Park Hospital, presented ten students from Oak Park Hospital School for Nurses all graduate nurse certificates (Commencement Bulletin, June 1, 1918).

On Saturday, June 15, 1921, under President John B. Furay, S.J. of Loyola University, Dean Louis Moorhead, A.M., M.S., M.D., of Loyola University Medical School, presented Oak Park Training School -- seven graduates; St. Anne's Hospital School for Nurses -- fourteen graduates; St. Elizabeth's Training School -- eleven graduates; and Mercy Hospital School for Nurses -- thirty-seven graduates, with nurse certificates. (The Commencement Bulletin stated that the certificates were given by the hospital where the training was taken.) (Commencement Bulletin, June 15, 1921).

It is possible that originally these schools only used Loyola's facilities to graduate. St. Bernard's School of Nursing and Oak Park Hospital School of Nursing (1918 Loyolan Commencement Bulletin) had graduates receiving "Graduate Nurse Certificates" (three year diploma), from the Deans of the various medical departments at Loyola University. In 1921 Dean Louis Moorhead, Dean of Loyola's Medical School, presented graduate nurse certificates to Oak Park nursing graduates, St. Elizabeth's nursing graduates, Mercy nursing graduates, and St. Anne's students. Various sources reflect the fact that St. Elizabeth's Nursing School may not have yet affiliated. One explanation could be that the dates for the affiliation of the nursing school with L.U.M.S. were being confused with the dates for the affiliation of the hospitals themselves (not the nursing schools) with the L.U.M.S.

St. Bernard's Hotel Dieu Training School is first mentioned in the commencement bulletin of June 1st, 1918, as giving graduate nurse certificates through St. Bernard's Dean. St. Bernard's School for Nurses was not found again in the commencement bulletins available, until June, 1926, when the certificates were given by Dean L. Moorhead of Loyola's Medical School. The Loyolan states affiliation of St. Bernard's Hotel Dieu Training School and Loyola University Medical School occurred in 1925 (Loyolan, 1931, p. 160; and Loyolan, 1933, p. 27). The Loyola University Bulletin, 1944, states that St. Bernard's Hotel Dieu Training School affiliated with L.U.M.S. in 1913. Murphy (1978, p. 13) stated that St. Bernard's Hotel Dieu Hospital (not the nursing school) first affiliated with Loyola's Medical School in 1913. A History of St. Bernard's Hospital, states that "in 1913, St. Bernard's Hospital was affiliated with Loyola University Medical School" (1962, p. 12). Information in this booklet indicates that the nursing school did not affiliate until after 1924, during Mother Julia Sullivan's (Superior) tenure of office (History of St. Bernard's Hospital, 1962, p. 13.)

According to the 1944 Loyola University Bulletin, Oak Park Hospital School of Nursing was affiliated with Loyola in 1917 (p. 20), which concurs with the 1935-1936 Loyola University Bulletin. Murphy (1978) stated that the affiliating date was 1921. Oak Park Hospital School of Nursing is mentioned in the 1918 commencement bulletin as receiving graduate nurse certificates conferred by the Oak Park Hospital's Dean of Medicine. Evidence, based on the nursing records, points to the original date of 1917 as the affiliation date.

Mercy Hospital Training School affiliated in 1918, according to the Loyolan of 1931 (p. 166). Mercy was not mentioned as being an original affiliate in Murphy's (1978) article. The May, 1929 issue of Hospital Progress (p. 197) stated that Mercy Hospital changed affiliations from Northwestern University to L.U.M.S. in 1918. The affiliation between Loyola University Medical School and Mercy Training School was dissolved in 1935 (Letter from Sr. Lidwina to Fr. Ahearn, April 10, 1935).

St. Anne's Hospital Training School was listed as having graduates in the June 15, 1921 commencement bulletin. The 1935 Loyola University Bulletin stated that St. Anne's Training School affiliated with Loyola in 1921, which is in accordance with the 1944 Loyola University Bulletin (p. 20), and Murphy's (1978) paper.

St. Elizabeth's Hospital School of Nursing had several affiliation dates. The 1944 Loyola University Bulletin stated that the affiliation date was 1926; the 1935 Loyola University Bulletin (p. 12) listed two possible dates of affiliation: 1929 and 1921. The 1932 Loyolan stated 1929 as the affiliation date with Loyola University Medical School.

Columbus Hospital Nursing students first graduated from Loyola in 1930 according to the 1932 Loyolan (p. 151), which agrees with the date given by the 1944 Loyola University Bulletin, the 1935 Loyola University Bulletin, and Murphy's (1978) paper.

John B. Murphy School of Nursing was seldom mentioned. The 1932 Loyolan (p. 160), stated that "the class of 1932 is the third

graduating class" since the affiliation with Loyola University Medical School. This affiliation was dissolved by 1935.

In the commencement bulletin of June 7, 1933, (p. 2) the nursing schools were listed in order of their affiliation with Loyola: Mercy, St. Bernard's, St. Anne's, Oak Park, St. Elizabeth's, Columbus, John B. Murphy. The above list conflicts with all other information obtained. We will probably never know exactly which affiliation dates were correct or what was the exact nature of each relationship between the individual training schools and the Loyola University Medical School during the early 1920's. We do know that at one time there were seven training schools for nurses affiliated with Loyola. A summary of the information just discussed is presented in Table 4.

Table 4

Nursing Schools in Order of Affiliation
with Loyola University of Chicago

<u>School of Nursing</u>	<u>Year Established</u>	<u>Year Affiliated With L.U.M.S.</u>
St. Bernard's	1906	1925 (1913)
Mercy	1889	1918
St. Elizabeth's	1914	1929 (1926, 1921)
Columbus	1906	1930
St. Anne's	1913	1921
Oak Park	1906	1917 (1921)
John B. Murphy	?	1930

The dates in "()" are alternate dates offered where there is definite uncertainty.

1927-1931

The 1927 Loyolan carried an article "The Department of Hospital Training" written by P. J. Mahan, S.J., Regent of the Loyola University School of Medicine. The following is an excerpt which gives us some indication of the type of relationship that existed at that time:

One of the educational developments of recent years is the introduction of Schools for Nurses into the family of schools which make up the modern University. This movement is the indirect result of the development of the University Schools of Medicine, which have connected with them, as a necessary adjunct, hospitals for teaching. Thus many Schools for Nurses have been put upon a collegiate basis so that the pupils in these schools receive academic credit counting toward the B. S. Degree in Nursing.

Loyola University, with the purpose of encouraging higher standards in nursing with the idea of enabling Catholic young women to secure educational advantages within our own system of schools which cannot be obtained elsewhere, has granted to two of its affiliated Schools for Nurses the privilege of academic credit. These two schools are the School for Nurses of Mercy Hospital and the School for Nurses of St. Bernard's Hospital.

Only high school graduates are admitted into these schools. All entrance credits are subject to inspection and approval of the university; the faculty is selected, and in great part supplied by the University; the curriculum and system of teaching are determined by the Committee on Nursing Education of the University.

Upon completion of the three years' course in the School for Nurses, the graduate earns academic credit of 60 semeser hours. She becomes eligible for admission to the Junior year in the College of Arts and Sciences and upon completion of her Junior and Senior years, is entitled to the Degree of B.S. in Nursing.

...The Nursing Schools benefit by the prestige attached to graduating from a University and from the high standards of teaching laid down, while the University gains much from the increased cooperation possible between the hospital and the medical department. Increased efficiency and much better service to the community are in consequence, immediately derived from this procedure (Loyolan, 1927, p. 51.)

The following year, Sr. Helen Jarrell, R.N., B.S., Dean of St. Bernard's Hospital School for Nurses, wrote an article in the November 1928 issue of Hospital Progress entitled "Loyola University Nursing Curriculum." The next paragraphs identify some of the modern day thinking that the administration of Loyola University and the affiliated schools showed.

The new Loyola curriculum was adopted by Mercy and St. Bernard Schools of Nursing (which were affiliated with Loyola University). A three year survey was done before its adoption identifying the aims, needs, and goals of student nurses.

It is a minutely devised plan for giving the student the greatest amount of instruction in the time available, for raising the instruction to university students, and for adopting university form and methods in classroom instruction and assignment of credits (Jarrell, 1928, p. 343.)

The main features of the new curriculum are:

(1) a carefully worked out sequence of studies by means of which all subjects follow or precede other subjects according to the relationship of their subject matter; (2) a proper subordination and coordination of these studies; (3) division of the school year into three quarters of twelve weeks each, and the schedule of classes within these quarters to effect a complete coverage of subject matter within allotted time; and (4) the grouping of subjects and the timing of instruction to permit the awarding of university credit (Jarrell, 1928, p. 343).

Instruction was organized. Schedules of students' clinical experiences were made one year in advance; there was a specific time each day set aside for clinical experiences, and medical faculty had specific dates, times and subjects for their lectures. Examinations and quizzes were given to stimulate the student. Quizzes were given at the beginning of every class so that 1) the student and the teacher

knew where the student was having difficulty, or 2) where the instructor failed (Jarrell, 1928, p. 345).

One serious problem which was identified in planning needed to be dealt with: the staffing problem of the hospital. Because student services would be taken away at times during the day when they were needed most, patients would suffer and more staff would be needed to make up the loss.

Another problem was the fact that more time was needed for outside study to keep up with the university standards. "It was decided, first and foremost, that the education of the nurse was paramount and if any sacrifice was to be made, the hospital would make it" (Jarrell, 1928, p. 343). The students' education came first, then service to the hospital. Therefore, a reference library was provided to encourage outside study (Jarrell, 1928, p. 344).

The nursing schools also benefited from the new curriculum at Loyola because the educational standards of the schools were raised. Jarrell stated that this standardization of schools of nursing was a movement which was inevitable in the future of nursing (Jarrell, 1928, p. 344).

The new Loyola curriculum included all the subjects that were suggested in the Standard Curriculum for Schools of Nursing (Jarrell, 1928). Theory and practice were finally in balance. The Reverend P. J. Mahan, S.J. (Regent of Loyola) "whose achievements on the executive and administrative side of the field of nursing need no commendation" (Jarrell, 1928, p. 344) helped facilitate this balance. He stated

that the new curriculum was an excellent way to organize the nurse's training and yet was very flexible (Jarrell, 1928, p. 344).

Reverend P. J. Mahan wrote an article in the February 1929 issue of Hospital Progress as a follow-up to Sr. Helen Jarrell's article. He wrote that "preparing for the future" was now the present (Mahan, 1929, p. 80). The administrative point of view concerning the new curriculum presented by Sr. Jarrell was further discussed by Reverend Mahan.

Loyola University and its affiliated Schools of Nursing have adopted the principle of the wise and have...endeavored to formulate and put into effect a system of instruction, a content of curriculum, and a quality of faculty that will be productive of educational program adequate to meet any reasonable standards that are likely to be put forth by the Committee on Standardization (Mahan, 1929, p. 80).

Furthermore, he stated that

We first committed ourselves frankly and unreasonably to the policy of making our nursing institutions educational institutions of collegiate grade...and that many who are involved in practical management of the hospital will oppose this vision (Mahan, 1929, p. 80).

The ideal curriculum established by the National League for Nurses (NLN) was used as the basis for the new curriculum at Loyola University. The school year was laid out on a quarterly basis (Appendix B). Most didactic work was incorporated into the freshman year, leaving the bulk of the junior and senior years for the clinical learning. Reverend Mahan warned nurses that much criticism was to be expected by those who were in charge of the wards. For the new curriculum to work efficiently, each side must make concessions (Mahan, 1929, p. 81).

Furthermore, Reverend Mahan also stated that:

...no concession inconsistent with good educational practice can any longer be justified. The solution of the problem must not continue to be found in the subordination of the educational program of the student nurse to the practical needs of the hospital, but in the employment of an adequate number of graduate floor nurses to permit the proper functioning of the school and to supply the supervision and instruction for the student nurse necessary to give solid educational value to her practical work on the floors and in the wards. This, I believe, can be done without putting added financial burdens upon the hospital if the present antiquated and evil practice of paying student nurses so much per month were stopped and the amount thus saved were spent in salaries to a few properly trained nurse teachers (Mahan, 1929, p. 81.)

In a 1929 newspaper article, Father Robert Kelley, S.J.,

President of Loyola University stated that as of October 30, 1928, the student body consisted of 4,047 students including nurses; and that 120 certificates had been awarded to students of schools of nursing: St. Bernard's, St. Anne's, St. Elizabeth's, and Mercy (Wilson Papers, Box 2.)

Father Robert Kelley, S.J., and Father Frederic Siedenburg, Secretary to the University Board of Trustees at Loyola, reported to the American Council on Education on October 31, 1931, that five schools of nursing were now affiliated with Loyola — Mercy, St. Bernard's, St. Anne's, Oak Park, and St. Elizabeth's. These nursing schools were listed under the supervision of the medical school. On June 10, 1931, 170 certificates and nine Bachelor of Science degrees in Nursing were awarded to graduate nurses (Wilson Papers, Box 1, typed.)

The minutes of the December, 1931 meeting of the Loyola University Council of Regents and Deans (L.U.C.R.D.; originally titled Academic Council in 1927; changed to L.U.C.R.D. in 1928; changed back to Academic Council in 1935), dealt with the question of whether the

nurses should be given a place on stage at graduation. The suggestion was made that they be required to wear cap and gown. Dean Moorhead stated that this would be violating the affiliation agreements. Contracts were signed year to year between the hospitals and the Loyola Medical School. This practice was dropped according to Sister Helen Jarrell (date unknown). (Taken from July 22, 1937 letter to Fr. G. Warth, Regent, from Fr. Samuel Wilson, President of Loyola University.) The minutes of December, 1931 also stated that

hopefully by September of 1932, the School of Nursing would be established on a more efficient basis and a bulletin issued. An executive officer of the University would supervise the work being done in the hospital for the degree of Bachelor of Science in Nursing.

Further discussion ensued on the value of credits for nurses from different parts of the country. The L.U.C.R.D. felt that "discretion was to be used in dealing with the Nursing Schools in enforcing the standards because the Medical School needed the benefits of the hospitals" (L.U.R.C.D., December, 1931). Regent T. Ahearn explained that Cardinal Mundelein wished Loyola Medical School to aid the nursing schools in attaining University standards (L.U.R.C.D., December, 1931).

The State of Illinois required only one year of high school for nurses (L.U.R.C.D., December, 1931). A high school diploma was required by Loyola University. Regent Ahearn stated to the Council that Cook County School of Nursing was trying to have the University of Illinois adopt them. The Cook County Hospital, he stated, was the successor of the Illinois Training School and that they wanted to raise the educational standards of nursing education in Illinois.

Hopefully, this would be accomplished within two years. It was suggested that this was another reason for reorganizing Loyola's affiliated Schools of Nursing (Wilson Papers, December, 1931, typed copy of the minutes of L.U.C.R.D., p. 2.)

1932-1934

Reverend M. R. Knief1 of the Catholic Hospital Association (C.H.A.) sent a copy of the Resolution on Nursing Education written by a group of physicians in 1932, to Father Kelley (letter, January 4, 1932). On January 8, 1932, Father Kelley stated that because the hospitals in Chicago affiliated with Medical Schools, the matter of standardizing nursing education was of great importance (Typed copy, Letter from Kelley to Knief1, Wilson Papers.)

As early as 1929, at a meeting of the L.U.C.R.D. (undated material), the Council had urged the School of Nursing to organize. A plan was developed (October, 1932 minutes of the L.U.C.R.D.) for the consolidation of the affiliated Schools of Nursing. The plan included: a supervisory officer representing the university; establishing a Nursing Council to discuss educational programs; or establishing an executive council; and a committee on Admissions and Degrees. An agreement had been reached by the hospitals and the university that courses given in fundamental subjects were approved and planned under the supervision of the department heads of the School of Medicine. There was a need to make the Nursing School an integral part of the university organization and to establish a central Nursing College capable of granting of degrees in Nursing.

On September 14, 1932, Sister Stanislaus, Superior of Little Company of Mary in Evergreen Park wrote to Father Kelley asking that this school affiliate with Loyola. She stated "This year opened the training school for nurses. Two years ago it was just for the Sisters. After two State Board exams at Springfield by Lydia O'Shea, she gave her final approval. We follow Loyola's curriculum" (Wilson Papers, typed). Father Kelley responded that he had received her request and the he would talk with Father Ahearn. He stated that several steps needed to be taken: "1) a letter needs to be sent to Father Ahearn with the intention of affiliating; 2) he will refer it to the committee on Hospital Clinics and Internships which is a standing committee of the Medical School" (Wilson Papers, September 14, 1932, typed). No further records, to which the researcher had access, were found on the subject of their affiliation with Loyola. This affiliation did not take place.

At a meeting of the L.U.C.R.D. (April 1933, typed abridged minutes), President Kelley stated that the matter of reorganization of the Administration of the Nursing School was urgent and therefore, he would appoint a committee. Regent Ahearn (according to the May, 1933 minutes of the meeting of the L.U.C.R.D.), called all the heads of the nursing schools together to meet to explain to them what was to be done. The new plan was to consolidate the nursing schools into a School of Nursing with its own Dean, Registrar, administrative officers, and a Nursing Council to administer the school and regulate the curriculum. This was to have taken place by the fall term. On

May 4, 1933, Father Ahearn was given the authority to proceed with the reorganization of the affiliated nursing schools.

The President's report of a committee meeting regarding the affiliated nursing schools (July 13, 1933) gave an indication of what progress was made in the formation of the Loyola University School of Nursing. From this report it was possible to establish what types of relationships existed among Loyola University and its related hospitals before the unification:

In my office last evening a meeting was held concerning the affiliated Nursing Schools of Loyola University. There were present Regent T. H. Ahearn, S.J., Dean T. A. Egan (Arts and Science School); Dean L. D. Moorhead, and myself (Father Kelley). The meeting lasted from seven until nine o'clock. Following are the topics and a summary of the matter discussed.

1. Relationship between Loyola University and its related hospitals. Three possible relationships were spoken of:
 - A. A University School of Nursing, forming an independent unit similar to the other units or divisions of the University where complete control, financial, disciplinary, and academic, is had by the University;
 - B. Affiliated Schools of Nursing, in which, according to the contracts in force between Loyola University and the Schools of Nursing, (a) admission is allowed only from a four-year accredited high school, (b) the faculty is approved in the Schools of Nursing by the School of Medicine and by the College of Arts and Sciences, (c) graduation of candidates should be approved, (d) the Certificate of Graduate Nurse should be granted jointly by the University and the Nursing Schools, (e) courses taken should be accepted and approved or accredited by the University; and
 - C. Accredited Schools of Nursing, i.e., those that are approved but have no articulation in the University.

After discussing these three types of relationships, it was agreed that the ultimate aim of the relationship existing between Loyola and its Nursing Schools should be that of the "University School of Nursing" type. However, all thought that this should not be announced at the present time. The existing relationship, it was agreed, i.e., all that is practicable under present conditions, is the "Affiliated Schools of Nursing" type.

2. Administration of the Schools of Nursing.

A. Finances and discipline of the Nursing Schools pertain to the affiliated hospitals; academic administration is under the jurisdiction of the University through the School of Medicine. The agency of this academic control is as follows:

B. Regent of the School of Medicine, Assistant to the Regent, Dean of the School of Medicine, Dean of the College of Arts and Sciences, and an Associate Dean of each of the affiliated schools.

C. Professional and academic objectives of the Schools of Nursing
 (a) Certificates of Graduate Nurse, is generally awarded after three years, where the courses are mainly technical and vocational;
 (b) Bachelor of Nursing, requiring generally two additional years in which the curriculum is mainly academic or cultural. (Basic science, nursing, and medical subjects should be administered by the Regent of the Medical School assisted by the Administrative Council of the Nursing Schools. Social science and cultural subjects should be administered by the Dean of the College of Arts and Sciences.)

D. Admission requirements should be the same as in the College of Arts and Sciences. The hospitals may admit students on this basis. The credentials of the students are subject to review by Regent of the School of Medicine or his representative.

E. Financing the academic administration: (a) it was suggested that the hospitals pay \$2.50 to the University for each nurse registered, for the purpose of paying in part the salary of the Assistant to the Regent; (b) fees for tuition and laboratory work in basic science, nursing, and medical subjects should be determined by the Administrative Council and approved by the Regent; (c) fees for the cultural subjects should be determined by the Dean of the College of Arts and Sciences. Dean Egan saw no objection to employing instructors not on the faculty of the College of Arts and Sciences, provided that the instructors are competent and approved by the Dean of the College of Arts and Sciences, and that the courses thus given are not specifically accredited by the University.

F. Granting of degrees: in the light of what other universities are doing, e.g., Northwestern University, it was thought that it would be satisfactory to grant the Bachelor of Nursing degree to those students who satisfactorily complete the three-year curriculum of the Affiliated Schools of Nursing and a two-year curriculum in the College of Arts and Sciences... (President's report, Father Kelley reporting, July 13, 1933.)

At a November, 1933 meeting of the L.U.C.R.D. (abridged minutes, copy typed), a lengthy discussion took place about the necessity of reorganizing the teaching of academic courses in the School of Nursing. President Wilson appointed a committee with Regent Ahearn as

chairman, Deans Egan, F. Gerst (Graduate School) and Moorhead as members to formulate a definite plan.

There seems to be a gap in the history at this point. No information for the year of 1934 could be found. In the 1934 Loyolan (p. 131), seven hospitals are pictured with their graduating nurses. President Wilson, in the Loyolan, stated that the nursing schools realized:

that education...must do more than instruct the student on a particular subject or subjects. The nuns have introduced the Jesuit system of supplementing professional courses with comprehensive background work in a number of subjects. Practical training is obtained under staff and graduate nurses. The curriculum also includes courses of a cultural nature and religion.

The Beginning Years of The School of Nursing

The Reverend T. H. Ahearn, S.J., wrote a letter dated January 31, 1935 to Father Wilson regarding the "Proposition for St. Bernard's Hospital." The letter stated that:

A recent overturn in the administration of Mercy Hospital, has removed an obstacle to the accomplishment of our desire of establishing the school of nursing. The removal of Sr. Mary Attracta leaves Sister Helen Jarrell the outstanding and undisputed claimant to recognition. I wonder if the time is ripe for discussing the possibility of putting her in charge of our School of Nursing with the title Director of the School of Nursing, or Dean, whichever seems more advisable. Her experience and national reputation in nursing circles would add distinction to our new organization.

The response dated February 1, 1935 to Fr. Ahearn from Samuel K. Wilson, S.J., President, stated that Fr. Ahearn could tentatively approach Sister Jarrell, though she was not to be formally offered the position of the Director of the Nursing School.

In a letter dated February 8, 1935 to Fr. Wilson from Fr. Egan, Fr. Egan stated "that there should be a board appointed to control our Nursing Schools." The letter further stated that, Father Kelley, when the matter was originally presented, had not been able to make a decision one way or another as to who should control the BSN degree. Fr. Egan also expressed the opinion that the Board should consist of people from the Medical School, the Sisters of the hospitals, and one man from the Arts College. "The board would control the nursing school and the degree of Bachelor of Science in Nursing as well as the diploma. Sr. Jarrell stated that there already was a board, but that it wasn't functioning well" (Letter from Fr. Egan to Fr. Wilson, February 8, 1935).

From the information available, there seemed to be a lack of communication about the Bachelor of Science Degree in Nursing. Few office communications were found for the year of 1934. The conclusion of this letter of February 8, 1935 contained a memo from Fr. Siedenburger, who stated that "a few degrees were conferred one year but diplomas were not made out on time and there was a dispute as to whether the Arts College or the Medical School had charge of them. In the commencement bulletin, the names were listed under the jurisdiction of the medical school." He also stated that there was no problem with the Bachelor of Science in Nursing Degree being given through the Arts College "unless there is a law against giving too many degrees." Fr. Siedenburger was also of the opinion that there should be an active board consisting of the Sisters from the schools of nursing and that this board should control all nursing matters,

including degrees and diplomas. "The Bachelor of Science in Nursing Degree is a professional degree and should be conferred through the Medical School" (Fr. Siedenburg memo).

Further research found that at a meeting of the affiliated schools, presided over by Reverend Mahan, Regent of the L.U.M.S., in September, 1929, a decision has been made that eighteen major credits would be allowed toward a Bachelor of Science Degree in Nursing (B.S.N.): three major credits from the Downtown College at Loyola University, and nine major credits for the hospital course. The B.S.N. was to be conferred through the Medical School.

On February 11, 1935, a memo was sent to Dean Egan, by Fr. Ahearn, asking for a meeting with Fr. Ahearn to draw up further preliminary plans for the proposed school of nursing. That same day, Fr. Ahearn sent the following letter to Fr. Wilson regarding the appointment of Sister Helen Jarrell as the head of the School of Nursing with the title of Directress:

Personal Qualifications: She is unquestionably one of the outstanding, if not the outstanding nun in Catholic Nursing circles. She has been in an official capacity with the Catholic Hospital Association for the last 15 years and has exercised both local and national influence. You have had experience of her mental capacity, and of this, I need say no more. As far as her character goes, I think she is a square shooter...and would tackle the problems incidental to our reorganization with dispatch.

The advantages of the early settlement of this problem are:

1. The organization of the schools of nursing which enables us to put its problems in the hands of those who are actually in the field of Nursing and capable of making contact with the various divisions of the university.
2. Organization of the summer school for nursing would bring enrollment of 100 or greater to the Downtown School.
3. The national advertising which would come to the university because of her position in the Catholic Hospital Association.

Would lose no opportunity to let the entire Catholic group know she is directress.

4. By putting the administration and organization problem in the hands of the nurse of our affiliating hospitals we would do more to educate them in cooperative administration than any formal course on administration. The activity of our affiliated group might form the basis for a coalition of our nurses with those of DePaul, thereby, enabling the Catholics of the city to present a united front to standardizing and investing agencies.

5. The organizing of the school would be of great benefit to me in the operation of the dispensary, for the assignment of nurses for the dispensary and outpatient services would then be a matter of routine procedure (Memo, Feb. 11, 1935, from Fr. Ahearn to Fr. Wilson.)

Once the decision about Sister Jarrell was made, a letter was sent to her on February 18, 1935, from President S. Wilson. The letter informed Sr. Jarrell that it was the desire of the Academic Committee of the University that the "various nursing units come together into a closer organization and cooperation with the Loyola Medical School. Only then can we begin to confer the degree of B.S.N." The committee asked Sr. Jarrell if she would consider running the school under the title of Directress. The appointed committee had made preliminary outlines of the proposed organization. It was to be headed by the Reverend Terrence H. Ahearn, S.J. (Regent of the Medical School). Under him would be a council consisting of one representative from each nursing unit affiliated with the University. The Council would confer with the Academic Committee of the University consisting of Fr. Ahearn, Fr. Francis Gerst, S.J. (Dean of the Graduate School), and Fr. Thomas A. Egan, S.J. (Dean of the College of Arts and Sciences). "It is the desire of the Academic Committee that you assume chairmanship of the Nursing School with the title of Directress" (Letter to Sr. Jarrell, February 18, 1935, typed). A

letter of acceptance was sent by Sr. Jarrell, February 20, 1935, after the matter was discussed with the Reverend Mother at St. Bernard's Hospital (Letter from Sr. Jarrell to Fr. Samuel Wilson, February 20, 1935).

The organization had a leader. Invitations were sent out to the affiliating hospitals to send a representative to a meeting at Loyola.

As a final step in the long deferred organization of the School of Nursing, I am appointing Sister Helen Jarrell as Director of the School of Nursing. To insure formulation of policies which are to govern the School of Nursing, will you send a Sister in charge of your training school to meet at Loyola. It is desirable to send religious representative (Letter to Sr. Lucilla, St. Anne's Hospital, from S. K. Wilson, President, February 28, 1935.)

While the formation of the school was taking place, a very important letter was sent to Fr. Ahearn from President Wilson. Wilson stated that the Cardinal (Mundelein) wanted to see all Catholic Hospitals in Chicago associated with Loyola — mainly St. Francis in Evanston (eventually affiliated August 3, 1936), Little Company of Mary on 95th Street, Blue Island, Alexian Brothers, St. Vincent's Asylum, and St. Joseph's. "Although St. Joseph's Nursing School is organized and affiliated with DePaul, the Sisters here are impervious to Jesuit influence!" (Letter, February 28, 1935, Wilson papers).

Because the Cardinal felt strongly that nursing schools be affiliated with Loyola, the researcher believed that the Cardinal was dismayed when he learned that John B. Murphy School for Nurses had sent a letter on March 4, 1935 to T. H. Ahearn stating that "this was an official notice" of the discontinuance of their affiliation with Loyola University. In a letter of March 9, 1935 to Father Wilson from T. H. Ahearn we learn that Sr. Veronica of John B. Murphy School of

Nursing sent a letter on March 4, 1935, which was the first official notice of the discontinuance of the John B. Murphy School for Nurses. They discontinued their affiliation with Loyola University without notice. As of April 10th, 1935, Mercy Hospital School for Nurses, to whom the John B. Murphy nursing students transferred, handled the diplomas. Therefore, the students from Mercy and John B. Murphy School for Nurses did not participate in the June graduation at Loyola (Letter to Fr. S. Wilson from T. H. Ahearn, March 9, 1935). President Wilson was disturbed by the fact that six nurses from John B. Murphy School were transferred (without prior notice) to Mercy's Nursing Program (Letter to Fr. Ahearn from President Wilson, March 13, 1935.) The question became, "Does Loyola legally give their diplomas?" President Wilson felt that the schools were acting as their own government and could, therefore, take care of their own (Letter from Fr. Ahearn to Fr. Samuel Wilson, March 13, 1935).

Fr. Wilson sent a letter to Sr. Lidwina, R.S.M., of Mercy Hospital on April 13, 1935, stating that he presumed that the letter of April 10 was a final notice of withdrawal from the affiliation between Loyola Medical School and Mercy Hospital Nursing School.

However I realize that now when the Sisters of Mercy have a central organization instead of the old Diocesan arrangements, all your hospitals will be able to pool together nursing strengths and are accordingly in a position to establish a strong and important independent nursing school (Letter dated April 13, 1935 to Sr. Lidwina from S. Wilson.)

No reply was recorded.

On May 14, 1935, a letter was sent to Sr. Timothea of Mercy Hospital by S. K. Wilson, President. Sr. Timothea had requested that

Loyola sign the nurses' diplomas for that semester. President Wilson believed that because of that request, the matter had not been made clear. He stated that the University had accepted April 10, 1935, as the official notification of severance of affiliation, and that Mercy nurses would not participate at the June graduation.

On May 20, 1935, Fr. Wilson sent a long memorandum to Fr. Ahearn regarding the problem. Mother Sophia, of St. Xavier's College, with whom Mercy and the old John B. Murphy School nurses were now affiliated, and Sr. Lidwina of Mercy Hospital came to see Fr. Wilson. They requested that Loyola give the 1935 graduating class of nurses at Mercy, including those six nurses transferred from John B. Murphy School, their certificates. Fr. Wilson replied that he felt that the silence after his letter accepting the severance was an acceptance of the date assigned, and that the transfer of the John B. Murphy nurses without notice was poor etiquette. Mother Sophia stated that Sr. Lidwina had made a mistake in not notifying Loyola that the relationship was not to be dissolved until July 1st. Both Mother Sophia and Sr. Lidwina apologized, saying that they wished to build up a strong centralized nursing school of their own and that, to accomplish this, it would be best to sever the affiliation with Loyola. Loyola had no objection to this statement. The Mercy representatives, stated Fr. Wilson, did not perceive that there was any difference between an academic degree and a certificate in nursing. On May 22, 1935, Fr. Wilson sent a letter to Mother Sophia stating that after much consultation and thought, the Mercy nurses would be given their certificates through Loyola until St. Xavier's

was organized the next year and that the Mercy nurses could go through graduation (Letter from S. Wilson to T. Ahearn, May 20, 1935, copy, typed.)

At the time this problem with Mercy Hospital School and John B. Murphy School took place, the first meeting of the Administrative Board of the School of Nursing of Loyola University took place on March 7, 1935. The original minutes are dated March 7, 1935, but in an address by the President the date is stated as March 9, 1935. The minutes of this meeting show that the following schools were represented: St. Anne's, Columbus, St. Bernard's, Oak Park, and St. Elizabeth's. John B. Murphy School for Nurses, whose affiliation with Loyola had been dissolved, and Mercy School for Nurses, unofficially dissolved affiliation with Loyola, were not represented. President Wilson, chairperson, recommended to Fr. Ahearn, that they continue to send the minutes and announcements of the meetings to Mercy even though they were not replying. Fr. Ahearn explained that President Wilson wished to speed up plans for the reorganization and unification of the Nursing School and that the administrative power would be placed in the Sisters' hands.

It was announced by Fr. Ahearn at this meeting that Sr. Jarrell was designated as the Director of the Loyola University School of Nursing (L.U.S.N.). A tentative Constitution and By-Laws were submitted to the Sisters for study and report on at the next meeting.

During the meeting of March 12, 1935, the following was discussed: 1. The Constitution and By-Laws — suggestions and corrections; 2. The curriculum (using the St. Louis University

Bulletin); 3. Curriculum as used at St. Bernard's Hospital School for Nurses.

On March 20, 1935, the committee looked for guidance to the St. Louis University Bulletin and arranged a daily schedule for three years using the quarter system. The same schedule was used in 1928 by Loyola University and two of its affiliating schools, Mercy and St. Bernard's. This curriculum met and exceeded the standards demanded by the National League of Nursing (N.L.N.), and therefore, was finalized at the April 24, 1935 meeting. All illustrative material and teaching material needed in the new curriculum would be centralized at the School of Medicine (May 1, 1935, minutes of the meeting of the Administrative Board of the L.U.S.N.).

It is possible to obtain an overall view of the progress made thus far in organizing the school from Regent Ahearn's report from the School of Nursing to the President on June 10, 1935.

For some time the administration of the University has been conscious of the fact that our Schools of Nursing were not securing the recognition they deserved and were not in a position to cooperate with the recent advances in the reorganization of nursing education. Their inability to share the responsibility in this reconstruction was due, perhaps, to the looseness of the organization of our older type of affiliation. This affiliation was characterized by a lack of centralization and an impossibility of supervision of teachers and of curriculum, with the consequent loss of prestige.

To obviate these difficulties and to place the Schools of Nursing in an influential position, the administration of the University thought it advisable to modify the old plan of affiliation to the extent of centralizing the organization of the Schools of Nursing and of making provision for its independent, adequate and efficient administration.

The University adopted a very liberal attitude to the Schools of Nursing when it conceded the greatest possible academic independence consistent with corporate integrity, placing the

The topic of "application" was next discussed. The St. Bernard's Hospital representative gave an example of their procedure:

- a. reception of a letter
- b. uniform application blank sent to applicant
- c. study of application blank by the committee on admissions (they require high school transcript and other information)
- d. evaluation of scholastic standing and recommendation by committee on admissions.
- e. letter sent to applicant -- either rejection or temporary acceptance, based on scholastic record. Final acceptance dependent on satisfactory physical exam and psychological tests (Moss and Hunt test for nurses and personality tests of Stanford University) (Minutes of Administrative Board, September 27, 1935).

Other topics discussed by the Administrative Board of the School of Nursing at the September 27, 1935 meeting were: 1. records of the School of Nursing; 2. Texts -- notes were sent to publishers about getting complimentary books; 3. B.S.N. -- The St. Louis University Catalogue was studied. A list of requirements for the B.S.N. degree awarded by the Downtown College at Loyola University was drawn up. The suggestion was made that replacement of six hours of nursing subjects would be the only change in curriculum; 4. Fellowships -- number of hours spent in nursing and the hospitals; 5. dismissal and transfer of students -- if a nurse was dismissed, because of disciplinary action, from one hospital, they could not enter another affiliated hospital; 6. Dispensary Service: elective service for seniors.

On October 18, 1935, the administrative council met again. They stated that the "purpose of the University is to assist the Sisters to organize the School of Nursing." The Administrative Board met with the instructors of Anatomy and Physiology in the School of Nursing.

The decision was made that the instructor could be a nurse or a physician.

Fr. Egan sent a memo to the Administrative Board at their meeting of November 8, 1935, saying that he

approved the reduction in tuition to \$10 a major for graduate nurses for whom the School of Nursing are paying, which applies only to those graduates that are Fellows in the five year course. The policy with Fellowship remuneration is for the nurse to give part-time service to the hospital in return for tuition, room and board (Letter, November 8, 1935).

A discussion ensued about the representation of the School of Nursing in the Loyola Union. "The Loyola Union was started in 1928. It was an elective student organization of all departments. The purpose of the Loyola Union was to control student activities by acting as a subsidiary to the President" (Undated archival materials). On October 10, 1935, the Academic Council discussed this problem because when the Constitution was drawn up for the Loyola Union, only men were allowed. Now, with the Nursing School, there were women. It was brought up at the Academic Council meeting that the nurses were not represented in the Loyola Union. Thus it was voted that "each Sister would select a senior girl to represent her hospital in the Loyola Union. The Loyola Union would be empowered to accept representation of any division by whatever representative the division selects" (Minutes of Administrative Board, November 8, 1935).

The last meeting for the year was held on December 6, 1935. The agenda consisted of: senior pictures, preparation of slides, the Nursing Bulletin (catalogue), tuition rates, publicity, and failures. St. Bernard's School for Nurses sent letters to various high schools

explaining their nursing courses as a means of publicizing the school. It was decided that a representative could go to the schools as well as sending letters to advertise the Hospital School's programs.

The committee issued the following policy on student failures:

If a student is failing one class, the student needs to retake the exam; if the student fails this exam, she needs to repeat the course; if she fails again, she is dropped; if the student does well in school but poor at work, she will be dropped" (Minutes of the Administrative Board meeting, December 6, 1935).

This concluded the meetings of the first official year of the Loyola University School of Nursing.

The American Journal of Nursing, June 1935 carried an article entitled "University Schools Organized":

The final step in the organization of the hospitals affiliated with Loyola University (Chicago) into a university unit was taken with the appointment of Sister Helen Jarrell, as director of the University School of Nursing. Sister Jarrell is a graduate of Loyola University and of St. Joseph's Hospital School of Nursing, Kingston, Ontario. Since 1914 she has been dean and director of the St. Bernard's School of Nursing in Chicago and during the past twelve years has held executive offices on the Illinois Conference of the Catholic Hospital Association.

As director, Sister Jarrell is chairman of the administrative board of the Loyola University School of Nursing. This board, composed of two university representatives and two representatives from each of the nursing school units, will be responsible to the president of the university through a special committee. The board has no immediate jurisdiction over individual hospitals or schools of nursing. Its recommendations will be carried to the university committee composed of representatives from the graduate school, the school of medicine, and the college of arts and sciences. A council made up of the director of each hospital unit and representatives of the hospital and teaching staffs will be set up in each unit. It will be the duty of this council to put into operation in each unit the policies outlined by the administrative board.

"Each division of Loyola University will collaborate with the administrative board in advancing nursing education." President Wilson said in the announcement. "If called upon, the Graduate School and the College of Arts and Sciences will open its curricula

to nursing subjects which can be used towards the M.S. and B.S. degree, while the medical school can supply the faculty."

This plan of organization is similar to those in operation at St. Louis and Creighton universities.

The 1937 Loyolan (p. 68) also gives us a summary of 1935-1936 in retrospect:

Realizing the need for a closer unification and co-ordination of the five hospitals -- St. Anne's, Columbus, St. Bernard's, Oak Park, St. Elizabeth's -- with Loyola University, a project was launched in 1935 that today is hailed as one of the real monuments in current educational progress.

Through the untiring efforts of Sister Helen Jarrell, R.N., A.M., and the Reverend Terence H. Ahearn, S.J., regent of the School of Medicine, the work was begun in January of that year and completed three months later.

Previous to this endeavor Loyola claimed, as affiliates, the five hospitals mentioned above, each operated under a different curriculum. Instructors in academic subjects were provided, together with professional aid from the Loyola School of Medicine. Concluding the general term, the graduates were granted a diploma from the University at the June Commencement.

It is not hard to see how such a loose system, though providing a good nursing education, was completely lacking in unity. The necessity for co-ordinating the programs was apparent and, through the combined efforts of Sister Jarrell and Father Ahearn working with President Wilson, the reorganization of the curriculum, a strict policy of admission, and a general health program were introduced. The Reverend Samuel Knox Wilson, S.J., became the first president of the new unit, which officially opened as the Loyola University School of Nursing. Father Ahearn took the office of regent and Sister Jarrell, that of directress.

Under such a system co-operation between the five hospitals was made possible and the frequent conferences between the individual heads has brought about identical programs in each division. Both a three-year course in nursing leading to a certificate of graduate nurse and a five-year course, the completion of which leads to a Bachelor of Science in Nursing or Nursing Education, is provided.

Widely acclaimed as a milestone in modern medical training for nurses and as a foremost step in progressive education, this movement has proved of mutual advantage to both the nursing units and the University alike, the former realizing the benefits of affiliation with one of the outstanding institutions of the Middle

West, and the latter being able to offer a Catholic nursing education of unsurpassable quality to young women of the Nation.

More recently, the addition of St. Francis Hospital of Evanston has increased the affiliates to six. Announced in August of 1936, the co-ordination of this new unit gives to Loyola one of the strongest and most unified systems in the country (Loyolan, 1937, p. 68).

According to the Loyola University commencement bulletin, June 10, 1936 was the 1st Annual Commencement of the Loyola University School of Nursing and the 56th annual commencement of Loyola University. Samuel Wilson was president of the university at that time. Unlike the past commencements where the nurses received their certificates or degrees from the President of the University or the Dean of the Medical School of Loyola University, these certificates were presented by Sister Helen Jarrell, B.S., R.N., A.M., Director of the new Loyola University School of Nursing, who was also Directress of the St. Bernard's Hospital Unit.

The Commencement Bulletin from 1936 stated that the students were presented certificates in the order of their school's association with Loyola. Table 5 lists the hospital units, directresses of these units, and the number of graduate certificates given at the first commencement of the new L.U.S.N. It is interesting to note that no Bachelor's Degrees in Nursing were given at this ceremony, though the degree was offered (L. U. Commencement Bulletin, 1936).

Table 5

Schools Represented at The 1st Annual Commencement of the
Loyola University of Chicago School of Nursing, 1936

<u>School</u>	<u>Directress</u>	<u>No. of Graduate Certificates</u>
St. Bernard Hospital Unit	Sr. Helen Jarrell, R.N., B.S., A.M.	20
Oak Park Hospital Unit	Sr. St. Timothy, R.N.	18
St. Anne's Hospital Unit	Miss Helen Walderbach, R.N.	20
St. Elizabeth's Hospital Unit	Sr. Mary Cornelia, R.N., B.S.	28
Columbus Hospital Unit	Sr. Mary Clement, R.N., B.A. (Assistant)	10

(Loyola University Commencement Bulletin, 1936)

According to the Loyola University Bulletin, School of Nursing Catalog 1935-1936 (May 1936, p. 27), a two-fold curriculum was being offered:

1. A three-year course whereby the student receives a Certificate of Graduate Nurse from the University and is then qualified to take the State Board Examination to become a Registered Nurse.
2. A five-year course whereby the first three years are spent the same as above. In the fourth and fifth year, the student will then specialize in her area of interest. All of the courses then lead to a Certificate of Graduate Nurse and a Bachelor of Science Degree in Nursing. (See Appendix C for details of admission and graduation criteria for the B.S.N.)

The Degree of Bachelor of Science in Nursing Education (B.S.N.E.) was also offered. This program was basically the same as that for the B.S.N. with the exception that the student studying for the B.S.N.E. had to complete a minimum of five majors in educational subjects in addition to the courses needed for the B.S.N. (see Appendix C)

Fellowships in nursing were offered by the University through the five affiliated Schools of Nursing to "stimulate the advanced education of graduate nurses" (L.U. Bulletin, May 1936, p. 31). Room and board, tuition and fees were waived for the graduate nurse employed by one of the hospital units of Loyola, in return for service in the area of their interest.

Admission requirements. The School of Nursing operated on the quarter system. Students applied for admission to the Director of the particular hospital unit one month before the start of the school year. The student then presented an official transcript from her high school showing that she had completed four years of high school and obtained at least 15 units.¹ Two testimonials of moral character were also required. Once the student presented these, he/she was next subjected to "exhaustive physical, environmental, and psychological" testing by the Student Health Service (Loyola University Bulletin, School of Nursing, May 1936, p. 22). After the student passed all of these requirements, she was given a schedule of classes. (See Appendix C)

Graduate requirements. Further provisions for promoting grading of examinations, discipline, honorable discharge or leave of absence, and advanced standing were laid out in the 1935-1936 School of Nursing Catalog. (See Appendix C)

What were the graduation requirements?

A candidate for graduation must have met the following requirements:

- 1) The student must have present acceptable evidence of good moral character.
- 2) The student must have paid all indebtedness to the School.

1

A unit is the credit value of at least 36 weeks' work of four or five recitation periods a week, each recitation period to be not less than 40 minutes (Loyola University Bulletin, School of Nursing, May 1936, p. 21)

3) The student must have satisfactorily completed the prescribed curriculum (Loyola University Bulletin, School of Nursing Catalog, 1935-1936, p. 24).

In addition to these requirements, a final health examination was given just prior to graduation.

Thus, the newly formed Loyola University School of Nursing had established itself as a permanent part of the university. In the years that followed many changes took place.

Period From 1936-1985

St. Francis Hospital was added to the hospital units making a total of six units (Alpha Tau Delta, 1969, p. 1).

In 1938 a public health nursing program was established, as requested by the Chicago Health Department and the Illinois Department of Public Health. This curriculum led to a certificate of Public Health. In 1943, the program was expanded to include a B.S. in Public Health Nursing (Alpha Tau Delta, 1969, p. 4).

On February 2, 1939, Sr. Helen Jarrell was officially notified by the Academic Council of Loyola University that her title was changed from Director of the L.U.S.N. to Dean of the L.U.S.N. (Letter from Samuel Wilson, S.J., to Helen Jarrell, February 2, 1939).

In 1942 World War II created a need for medical personnel. Loyola University responded by organizing the Loyola University Medicine Unit of the Army, General Hospital Unit #108. Sr. Jarrell recruited 120 nurses for this unit (Zimmerman, 1985, p. 7).

A survey, conducted by the United States Public Health Service (UPHS), Division of Nursing, was done at the nursing school at the

request of Reverend John C. Malloy, S.J. There was concern that there were too many different administrative operations taking place in the hospital units. The U.P.H.S. recommended that the university take responsibility for the three nursing programs: BSN, BSNE, and Public Health Nursing (Zimmerman, 1985, p. 7).

To accomplish this, Reverend Michael I. English, S.J. was appointed Regent of the School of Nursing in 1946. Because he recognized a need for standardization, he recommended the appointment of a full-time nursing director. Gladys Kiniery, M.S.P.H., R.N. was appointed second Dean of the School of Nursing in May, 1947 (Zimmerman, 1985, p. 7).

Fr. English and Miss Kiniery surveyed the six hospital units looking at various policies and procedures. Because there were such variances among the schools, it was felt there was no way to improve the situation as it currently stood. Therefore, recommendations were made to the Presidents and the Board of Trustees to discontinue the unit organization. This was done in 1947. The hospital units would be responsible for their own diploma programs (three year certificates); the University would be responsible for the three degree programs: B.S.N., B.S.N.E., and B.S.P.H.N. (Zimmerman, 1985, p. 7).

The discontinuance of the old program and implementation of the new program became effective in September, 1948 (Alpha Tau Delta, 1969, p. 5). In addition to Gladys Kiniery, the university hired three full-time nursing faculty. Dr. Helen Jarrell received emeritus status in 1948 (Zimmerman, 1985, p. 8). She also retired from her

position of Directress at St. Bernard's School of Nursing (Undated files for Helen Jarrell).

A four calendar year curriculum was developed for the basic program. The old three year certificate and two year advanced quarter system were eliminated (Zimmerman, 1985, p. 8).

The trend of thought in 1952 was that the general nurse should be Bachelor's prepared and the specialty nurse, such as teachers, should be Master's prepared. The B.S.N.E. degree was eliminated. Therefore, all high school graduates and Registered Nurses were admitted to the basic degree program which was housed at the Lakeshore Campus (Zimmerman, 1985, p. 8).

In December, 1954, the L.U.S.N. applied for and received accreditation by the National League for Nursing (NLN) Accrediting Service for its basic program. The L.U.S.N. was the first accredited collegiate School of Nursing, which included public health nursing in its curriculum in Illinois. It was one of twenty-five in the United States (Zimmerman, 1985, p. 8).

The B.S.P.H.N. program was discontinued in 1957. Certification courses in PHN continued until 1960 (Zimmerman, 1985, p. 8).

Grants in 1955 and 1960 allowed Loyola University School of Nursing to develop and supervise mental health/public health and pediatric nursing. Full-time instructors were hired for public health nursing and pediatric clinical courses. All of nursing experiences were under the control of full-time Loyola faculty (Zimmerman, 1985, p. 8).

Illinois Nurses Association Special Committee on Nursing Needs in Illinois and the Department of Registration and Education recommended in 1959 the development of a Master's program at Loyola University (Zimmerman, 1985, p. 10).

Alpha Beta Chapter of Sigma Theta Tau, a nursing honor society, was established at Loyola University in 1963 making it the first collegiate school in Illinois to have a chapter (Zimmerman, 1985, p. 9).

Fourteen students were admitted to the Loyola University School of Nursing Master's program in 1964. A Loyola University faculty member, Imogene King, took a leave of absence in 1963 to develop the graduate program (Zimmerman, 1985, p. 10).

A construction grant in 1965 funded by the United States Public Health Service (U.S.P.H.S.) allowed the L.U.S.N. to occupy two floors of Damen Hall at the Lakeshore Campus. Offices and classrooms were constructed (Zimmerman, 1985, p. 9).

The ANA published a position paper in 1965 stating that the BSN should be required for entry into the practice of professional nursing (Zimmerman, 1985, p. 10).

Gladys Kiniery retired in 1966 and Mary P. Lodge, Ed., R.N., replaced her as the third dean of the School of Nursing (Zimmerman, 1985, p. 10).

The graduate program was fully accredited by the NLN in December, 1967. The program was relocated from the Water Tower Campus to the Lakeshore Campus to house it with the nursing program (Zimmerman, 1985, p. 10).

The school reorganized into three departments in 1968: Medical-Surgical, Psychiatric-Public Health Nursing, and Maternal-Child Nursing. Each department was responsible for both undergraduate and graduate courses (Zimmerman, 1985, p. 10).

Also in 1968, the Loyola University Medical Center was established in Maywood, Illinois. Money from the Nurse Training Act supported clinical experiences for nursing students at the Medical Center (Zimmerman, 1985, p. 11).

The curriculum was changed in 1972 so that the upper division undergraduate curriculum was now fully integrated and focused on health maintenance and disease prevention. The curriculum was based on the concept of mastery. In 1976, a major continuing education program on "Integrating a Curriculum" was given to meet the many requests for information on how integration could be accomplished (Zimmerman, 1985, p. 11 and Dr. Avis McDonald, 1986).

Zimmerman (1985) stated:

Between 1970 to 1980 the School of Nursing faculty grew from 28 to 55 and the number with earned doctorates went from one to nine faculty. More than twenty percent of the remaining faculty were enrolled in doctoral study and every faculty member held a master's degree in a clinical nursing specialty...undergraduate enrollment increased by 43 percent and graduate enrollment increased by 500 percent (1985, p. 11 and 12).

In 1980, Marcella Niehoff endowed the school with \$3,000,000. Because of the endowment, the Loyola University School of Nursing was renamed the Niehoff School of Nursing. The Niehoff chair was also established (Zimmerman, 1985, p. 12).

Zimmerman (1985) stated: "The Marcella Niehoff School of Nursing remains the largest in Illinois" (p. 12). She further stated that

four thousand degrees have been awarded since the school started in 1935 (Zimmerman, 1985, p. 3).

CHAPTER V

CONCLUSIONS

Summary

When were the early schools established? What were they like? When did they affiliate with Loyola? Table 6 summarizes this material. The dates of affiliation are the dates that the researcher had judged to be most accurate after reviewing the archival material presented in Chapter IV.

Table 6

**Nursing Schools: Year Established and Year Affiliated
With Loyola University of Chicago - A Summary**

School of Nursing	Year Established	Year Affiliated
Oak Park	1906	1917
Mercy	1889	1918
St. Anne's	1913	1921
St. Bernard's	1906	1925
St. Elizabeth	1914	1929
John B. Murphy	?	1930
Columbus	1906	1930

It was difficult to ascertain when each of the schools affiliated with Loyola University of Chicago. Various records showed different

affiliation dates for St. Bernard's School, St. Elizabeth School, and Oak Park School. Murphy (1978) listed affiliating dates that conflicted with other documents used such as Commencement Bulletins and yearbooks. Perhaps the trouble with the dates of affiliation was due to the unclear understanding of the term "affiliation."

What did the early schools have in common? The early hospital units had between 160-380 beds. All of the schools, with the exception of John B. Murphy, were run by Catholic Sisters. Each school was in a growing area of the city or a suburb of Chicago. Most hospital units had been established in response to an increased number of patients. With the increased number of patients, additional educated nurses were needed. All the hospital units affiliated with or changed affiliation to Loyola University, in order to raise their educational standards. In exchange for nursing students from the hospitals taking courses at Loyola University, Loyola sent their medical students for clinical rotation through the various affiliated hospitals.

What need caused the schools to affiliate and then unite into the L.U.S.N.? A major factor was the Resolution on Nursing Education in 1932 that was sent to Fr. Kelley (then Loyola University President), by Reverend Kneifl of the Catholic Hospital Association (C.H.A.). Nursing schools were affiliating with Chicago Medical Schools. It was important that nursing education become standardized in this process. The idea of a university sponsored school of nursing had first originated at Loyola in 1929 but had fallen by the way side. Now the matter had become urgent. The resolution identified a need for a

central school with its own dean, registrar, administrative officers and a committee to regulate the curriculum, distribute degrees in nursing, establish entrance requests, grades and finances. Fr. Ahearn influenced many of the decisions made regarding the formation of the school. The advantages he described are listed on pages 77-78. The hospital units also recognized the need to become an integral part of the university. In keeping with changing educational standards of nursing, the hospital schools became more concerned with the completion of the bachelor's degree in nursing or nursing education.

Association with Loyola University of Chicago offered the hospital units credibility. Resources were combined and services and experiences for the students were increased. In keeping with the educational requirements of the University, the curriculum requirements for nursing students were increased.

Did state, national or local trends influence the decisions of the early educators? As nursing emerged into a profession in the early 1900's, pressure was put on the schools to affiliate with an institution of higher education. This pressure was from local associations, state associations and religious associations. The recommendations made by the Committee on the Grading of Nursing Schools, the Committee on Nursing Education, and the ANA, that hospital schools affiliate with universities, influenced the hospital units' decision to affiliate with a university. However, it should be noted that many of the hospital units, who affiliated with Loyola University of Chicago in the early 1900's, were in keeping with or ahead of the times in doing this. The hospital units in question

chose a Catholic University. Research was unable to establish exactly why the hospital units chose Loyola University over DePaul University of Chicago. The researcher was of the opinion that they may have chosen Loyola University because it had a medical school. Other influences can be inferred from Cardinal Mundelein's indication that he wanted all Catholic hospitals in the Chicago area to affiliate with Loyola University. Prominent nursing leaders like Isabel Stewart and Adelaide Nutting, and physicians like Dr. Beard and Dr. Beckwith influenced the nursing profession to move to the collegiate level by voicing their concerns through the state and local nursing associations, establishing university schools of nursing or by speaking to nursing leaders at their annual conferences.

In conclusion, the schools were very homogeneous. The hospital units kept pace with Loyola University's development and national trends concerning the education of nurses. Once affiliated with Loyola University, this trend was continued and, in some cases, the standards established by Loyola University and the hospital units surpassed those required by the NLN and the state. Religious leaders of that time played an important role in the demand for increased education for nurses. Loyola University School of Nursing was one of the leaders in nursing education during the period of study. Today, it still remains a leader in the field of nursing education and in the establishment of nursing as a profession.

Research and Implications

Because of the location of some of the records, more man hours would be needed for further research. Additional topics of inquiry are: when did St. Bernard's Hospital actually affiliate with Loyola University and what was the exact nature of this affiliation; the identification and interviewing of persons who might have participated in the events during the period of study. Suggested resources are a graduate of the first class of the Loyola University School of Nursing, or someone who graduated under the affiliation agreements before the LUSN was formed.

Further research into Sr. Helen Jarrell's annals at St. Bernard's Hospital and into the records of the Hotel Dieu Sisters of Kingston, Ontario, Canada, would be a necessary and important key to the mystery of the term affiliation, and affiliation dates, as well as the factors which motivated this affiliation.

Another recommendation for future studies in this area is consultation with a nurse historian. A nurse historian could provide other insights into nursing history and methodology and offer suggestions for data collection methods, documentation, and interpretation of data.

Further studies could include research into the Catholic Hospital Association that included these nursing schools. Research into the religious aspects of the schools from the Catholic Hospital Association's viewpoint could be an important clue about why certain school units were associated with the LUSN.

By studying the history of nursing which is intertwined with the history of women, an attempt has been made to understand why it has taken nurses so long to get to the present state of development as a profession. The attitudes of the physicians toward nurses, or men toward women, has been one of dominance. Even in the 1970's "...physicians still assume that nurses will remain in their logical place at the physician's side functioning under the supervision of physicians for the purpose of extend[ing] the hands of the physician" (Statement by the American Medical Association's Committee on Nursing approved by the Association in 1970) (Ashley, 1976, p. 129).

In looking at nursing history we can understand how different levels of nursing that still exist today came into being in the 1920's and 1930's. It took nurses until 1965 to define what and who the professional nurse should be. Twenty plus years later this issue still has not been resolved.

Some of the issues of importance to the earlier schools have been resolved: entrance requirements have become standardized; all schools are now required to have instructors prepared at a minimum of a master's level and board examinations have been standardized throughout the United States.

The profession of nursing will see many changes in the next twenty years as it continues to establish itself as a separate entity. With an increasing number of specialities in nursing and the increasing educational level of the bedside nurse, the medical profession may come to realize that nurses have become a vital part of the health care system with whom they must work "hand-in-hand".

As the nursing profession moves forward, so will the School of Nursing at Loyola University. "Having a doctoral program in nursing in place before the end of the decade will strengthen the foundation of the school's commitment to excellence and will demonstrate the University's support for nursing scholarship at the highest level" (Zimmerman, 1985, p. 14). By increasing the opportunities for faculty and graduate students to be involved in nursing research, Loyola University can contribute to the body of knowledge that is inherent to any profession (Zimmerman, 1985). Research into our history can help us predict trends in nursing and help us understand from where we have come.

Nurses today face many of the same obstacles that plagued nurses in the early years of the 20th century:

- physicians concerned about nurses moving in on their practice -- nurse practitioners;
- nursing is viewed by many women as a supplemental income source, and not as a career;
- low wages persist;
- the issue of different entry levels has not been resolved;
- pay differential among diploma, associate degree, and BSN graduates is not uniformly available;
- despite increased education, nurses retain their "bed pan image" with the public;
- in many institutions, medicine dominates nursing.

On the positive side, nursing schools are routinely accredited; nurses must be registered to practice; the move to collegiate

educations, for nurses, is on the increase; the entry level at the Baccalaureate level for professional practice is beginning to be a reality; and nursing centers are developing.

Adelaide Nutting, a great nursing leader, left the following pencilled notes:

There can be no final conception of the right education for nurses; it must be a steady evolutionary process --. All the programs in nursing depend on the creative intelligence, character and capacity of those who make up the profession of nursing...who breathe into it the breath of growing healthful life. Here is where we hold the future with all its inspiring potentialities in our hands (Stewart & Austin, 1962, p. 485).

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APPENDIX A

LOYOLA UNIVERSITY SCHOOL OF NURSING

Name	Residence	Residence	Matriculated
Place and Date of Birth			
Parent or Guardian	Residence		
HIGH SCHOOL CREDITS			
English	History	Algebra	Biology
French	Civics	E. Geometry	Botany
German	Physiography	M. Geometry	Physiology
Latin	Com'l Subjects	Trigonometry	Physics
Spanish	Domestic Science		Chemistry
			Graduated
			Total Units

COLLEGE CREDITS				Degrees
English	History	Biology	Physics	
French	Philosophy	Zoology	Chemistry—Inorg.	
German	Mathematics	Botany	Chemistry—Org.	
Latin				
				Total Sem. Hrs.

FRESHMAN					FRESHMAN					
Quar.	Course	No.	Hrs.	Gd.	Quar.	Course	No.	Hrs.	Gd.	Failures
	Anatomy & Physio.	AnPh 1				Hygiene	Nr 4			
	Microbiology	Mb 1				Phar. & Ther.	Pr 1			
	Chemistry	Ch 1				Medical Diseases	Nr 13			
	Dietetics	Nr 11a				Pathology	Pt 1			
	Diet. Therapy	Nr 11b				Im. to Nursing Arts	Nr 1			
	English	En 2				Px. & Pt. of Nursing	Nr 1			
	Prof. Adjustments	Nr 7				Psychology	Ps 2			
	History of Nursing	Nr 5				Religion	Rl 32			
						Bandaging	Nr 15			
										Aver. Grade

SOPHOMORE					SOPHOMORE					
Quar.	Course	No.	Hrs.	Gd.	Quar.	Course	No.	Hrs.	Gd.	Failures
	Case Study	Nr 8				Oper. Room Tech.	Nr 33			
	Em. N. & F. Aid	Nr 8				Pediatrics	Nr 21			
	E. E. N. & T.	Nr 48				Pharmacology	Pr 2			
	Gynecology	Nr 43				Religion	Rl 32			
	Medical Spec.:	Nr 23				Surgical Dia.	Nr 31			
	Communicable Dis.					Surgical Spec.:	Nr 41			
	Skin and Ven. Dis.					Oral Hygiene				
	Tuberculosis					Orthopedics				
	Obstetrics	Nr 45				Esentogenology				
	Laboratory Tech.	Nr 10				Urology				
						Philosophy	Ph 150			
						Adv. Nursing	Nr 2a			
										Aver. Grade

SENIOR					SENIOR					
Quar.	Course	No.	Hrs.	Gd.	Quar.	Course	No.	Hrs.	Gd.	State Board Exams.
	Mod. Soc. & H. Mo.	Nr 54				Pub. H. & P. H. Nr.	Nr 53			An. & Ph.
	Sociology	Nr 60				Religion	Rl 32			Mat. Med.
	Prof. Adjustments	Nr 3				Sanitary Sc.	Nr 51			Obstetrics
	Physiotherapy	Nr 27				Surv. of Nr. Fid.	Nr 81			Dietetics
	Psychiatry	Nr 25				Gen. Review (Nr. Subj.)	Nr 2b			Eth. & Hist. of Nurs.
										Pediatrics
										Hygiene & Sanitation
										Surg. & Gyna.
										Nerv. Ment. & Med.
										Bact. & Urinalysis
										Aver. Grade

Name of Student

Practical Work

Professional and Social Adaptation

Department	1st Year		2nd Year		3rd Year		Total	
	D	N	D	N	D	N	D	N
Medical								
Surgical								
Pediatric								
Obstetric								
Diet Kitchen								
Operating Room								
Dispensary								
X-Ray								
Pathological Lab.								
Pharmacy								
Executive								
Public Health								
Social Service								
Absence								
Illness								
Vacation								
Total								

	1st Yr.	2d Yr.	3d Yr.	Average
	Grade	Grade	Grade	
Courtesy				
Adaptability				
Resourcefulness				
Responsibleness				
Observation				
Initiative				
Personal Neatness				
Attitude				

Remarks and recommendations as to personal fitness for special lines of work

COLLEGIATE COURSES AFTER CERTIFICATE:

Sem.	Course No.	Course	Sem. Hrs.	Gr.	School	Date

Leaves of Absence

- Recommended for Certificate
- Admitted as Candidate for B.S. Degree
- Recommended for Degree

COUNCIL ACTIONS:

Transcripts issued:

APPENDIX B

HOSPITAL PROGRESS

Loyola-Mercy-St. Bernard Curriculum and Schedule
Classroom Schedule: First Year Nursing

Autumn Quarter: October to December					
Monday 9-11 Anatomy 2-3 Elem. Nurs.	Tuesday 9-11 Physiology 2-3 Elem. Nurs.	Wednesday 9-11 Anatomy 2-3 Elem. Nurs.	Thursday 9-11 Anatomy 2-3 Elem. Nurs.	Friday 9-11 Physiology 2-3 Elem. Nurs.	Saturday 9-11 Physiology 2-3 Elem. Nurs.
Winter Quarter: January to March					
Monday 9-11 Chemistry 2-3 Dietetics	Tuesday 9-11 Bacteriology 2-3 Dietetics	Wednesday 9-11 Chemistry 2-3 Dietetics	Thursday 9-11 Bacteriology 2-3 Dietetics	Friday 9-11 Chemistry 2-3 Dietetics	Saturday 9-11 Bacteriology 2-3 Bandaging
Spring Quarter: April to June First Term, Six Weeks					
Monday 9-11 Pathology 2-3 Hist. Nurs.	Tuesday 9-11 Drugs & Sol. 2-3 Hygiene	Wednesday 9-11 Pathology 2-3 Hist. Nurs.	Thursday 9-11 Drugs & Sol. 2-3 Hygiene	Friday 9-11 Pathology 2-3 Hist. Nurs.	Saturday 9-11 2-3 Hygiene
Second Term, Six Weeks					
Monday 9-10 Adv. Nurs.	Tuesday 9-11 Mat. Med. 2-3 Psychology	Wednesday 9-10 Adv. Nurs.	Thursday 9-11 Mat. Med. 2-3 Psychology	Friday 9-10 Adv. Nurs.	Saturday 9-10 Adv. Nurs.

Subjects—	Summary		Length	Hours	Credit
	Weeks	Periods			
Anatomy	12	3	2	72	.6 mjs.
Physiology	12	3	2	72	.6 "
Bacteriology	12	3	2	72	.6 "
Chemistry	12	3	2	72	.6 "
Pathology	6	2	2	36	.3 "
Mat. Med.-Drugs & Sol.	12	2	2	48	.3 "
Elementary Nursing	12	6	1	72	1.0 "
Advanced Nursing	6	4	1	24	.3 "
Dietetics	12	5	1	60	.5 "
Bandaging	12	1	1	12	.1 "
History of Nursing	6	3	1	18	.3 "
Hygiene	6	3	1	18	.3 "
Psychology	6	2	1	12	.2 "
			Total.....	588	5.7 mjs.

CLASSROOM SCHEDULE JUNIOR YEAR

Autumn Quarter					
Monday Medicine 1. Gen. Med.	Tuesday English	Wednesday Medicine 2. Comm. Dis.	Thursday Medicine 1.	Friday English	Saturday Medicine 2.
Winter Quarter					
Monday Surgery 1 Gen. Surg.	Tuesday English	Wednesday Medicine 3. Inf. Child.	Thursday Surgery 1	Friday English	Saturday Medicine 3.
Spring Quarter					
Monday Obstetrics	Tuesday English	Wednesday Obstetrics	Thursday Ethics	Friday English	Saturday Ethics

CLASSROOM SCHEDULE SENIOR YEAR

Autumn Quarter					
Monday Medicine 4 Ment.-Nerv.	Tuesday Sociology	Wednesday Surgery 2. Orthopedic	Thursday Medicine 4	Friday Sociology	Saturday Surgery 3 E.E.N.T.
Winter Quarter					
Monday Medicine 5 Skin-Vener.	Tuesday Sociology	Wednesday Nursing 3 Survey	Thursday Nursing 4 Prof. Prob.	Friday Sociology	Saturday Nursing 5 Emergency
Spring Quarter					
Monday Nursing 6 Priv. Nurs.	Tuesday Sociology	Wednesday Nursing 7 Inst. Work	Thursday Nursing 8 Indust. Nurs.	Friday Sociology	Saturday Gynecology

APPENDIX C

ACADEMIC REGULATIONS

THE ACADEMIC YEAR

The academic year in the School of Nursing begins on September 14, 1936. During the first week the student spends most of her time in getting acquainted with her new surroundings and her new duties. Class exercises are held in elementary details of nursing practice. The first quarter begins on September 21 and during the ensuing twelve weeks until December 12 regular class instruction is given with a service in the hospital.

The second quarter begins on December 14 and continues until March 15. During this quarter much the same program is followed as during the first quarter. The spring quarter extends from March 17 to June 9. During the summer each of the student nurses is entitled to a vacation period of three weeks.

REQUIREMENTS FOR ADMISSION

For admission to the Loyola University School of Nursing all applicants must present credits covering a full four-year course of at least 15 units in an accredited high school. No student will be admitted except on the presentation of an official transcript of credits from the high school last attended. Credentials which are accepted for admission become the property of the University and are kept permanently on file.

Applications for admission must be properly filled out and must be presented to the director of Nurses of the respective hospital not later than August 15 of the year during which the applicant desires to enter. Students not known to the officials of the School of Nursing must present additional testimonials of moral character from at least two outstanding members of the community from which they came. It is suggested that at least one of these should be written by a clergyman who knows the applicant. In the case of transferred students, a certificate of honorable dismissal must be presented.

The required subjects for admission must include the following:

*English	3 units	Foreign Language	2 units
Algebra	1 unit	(both in same language)	
Plane Geometry	1 unit	Science	1 unit

The elective subjects for admission will include the subjects counted by standard accredited high schools toward graduation.

QUALIFYING TESTS FOR ADMISSION

In addition to the academic and character requirements for admis-

* A unit is the credit value of at least 36 weeks' work of four or five recitation periods a week, each recitation period to be not less than 40 minutes.

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sion into the School of Nursing, final approval of the student's application for admission cannot be given until the student has satisfied the requirements of the Student Health Service and has submitted to certain psychological tests. The student health examination is an exhaustive physical, environmental, and psychological study of the student. The Administrative Board reserves the right to prescribe the exact character of the psychological tests to be taken by the student.

ADVANCED STANDING

Students who have completed one or more years of college study will be accepted for advanced standing in preparation for the degree of Bachelor of Science in Nursing, provided that they complete the three-year nurses' curriculum in this School; in other words, no credit for collegiate studies previously taken will be allowed toward an abbreviation of the time required for completing the three-year nurses' curriculum. Credit, however, will be allowed for subjects taken previously to admission if such studies coincide with, or exceed in credit value, similar subjects taken in the School of Nursing. These candidates must present the following in advance of registration:

1. A certificate of honorable dismissal.
2. An official transcript of credits, with specifications of credits, year when taken, hours and grades.
3. An official certified statement of entrance credits, giving the same data as under 2 above.

No student will be admitted to the School of Nursing as a candidate for a degree after the beginning of the first quarter of the student's final year.

PROMOTION

All matters concerning the student's academic standing, such as promotion, advanced standing, and special privileges, are determined by the Administrative Board. The Board is governed by the following general rules:

1. A student having deficiencies amounting to one-fourth of the total number of hours in a given year cannot be advanced in registration. Time service requirements, however, in actual nursing may be credited independently of registration standing provided the Board votes favorably upon recommendations of the director of nurses.
2. A student incurring deficiencies in one-half of the total number of hours will be required to repeat all the courses or to withdraw according to the action of the Board.
3. Students incurring deficiencies, if these deficiencies demand a repetition of the course, will be held responsible for defraying the tuition costs for said course.

EXAMINATIONS, GRADING

Course examinations on the work pursued by students are given at the end of each quarter. These examinations are usually written,

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but may be partially or wholly oral and practical, at the discretion of the instructor.

The University reserves the right of revising at any time the existing regulations regarding examinations.

A student's grade of scholarship in each of the subjects is determined by the combined results of examinations, class and laboratory work, and nursing practice.

ABOVE PASSING	BELOW PASSING
A—93-100, Excellent	E—60-69, Conditioned
B—85- 92, Good	F— 0-59, Failed
C—77- 84, Fair	I— Incomplete
D—70- 76, Passing	

Grades of E or I must be removed by the end of each current year; otherwise the grades are recorded as failures.

These grades are not given out to the students by the professors, but are regularly issued from the office of the director of the School of Nursing.

Re-examinations for students conditioned in the first quarter will be given at the end of December; for those conditioned in the second quarter, just before the third quarter opens; and for those conditioned in the third quarter, just before the opening of the autumn quarter. No fee is charged for these examinations. Failure to take or to pass this second examination leads to a grade of E, which requires a repetition of the subject.

A fee of \$2.00 will be charged for examination, regular or conditioned, given at any other time. Under no circumstances is this fee remitted.

DISCIPLINE

Irregularity of conduct, negligence, or habitual absence from the assigned work of the institution is by regulation made sufficient reason for suspension or expulsion. The School reserves the right of dismissing a pupil at any period of her course for inefficiency, misconduct, neglect of duty or non-adaptability, or a similar reason. Students who have been absent from 20% of their classes or other assigned duties lose their right to examination.

HONORABLE DISCHARGE AND LEAVE OF ABSENCE

Honorable discharge is granted to any adult student in good standing who may desire to withdraw from the University. Before such a discharge is granted to a minor, however, the student must submit the consent of parents or guardian. Honorable discharge when presented by a former student of Loyola University to another school is not to be interpreted as a recommendation; it is to be considered only as a testimonial of the student's freedom from disciplinary penalties at the time when the honorable discharge was granted. On withdrawal of a student, fees already paid to the University are not

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returnable unless in some special cases weighty reasons might dictate contrary action.

Leave of absence for a protracted period of time is given to students only on action of the director of the School.

REQUIREMENTS FOR GRADUATION

A candidate for graduation must have met the following requirements:

1. The student must have presented acceptable evidence of good moral character.
2. The student must have paid all indebtedness to the School.
3. The student must have satisfactorily completed the prescribed curriculum.

STUDENT HEALTH SERVICE

The student nurses, as all the students in the University, are subject to the supervision of the Student Health Service in their health problems.

ENTRANCE EXAMINATIONS

Each student nurse is required to undergo a physical examination prior to her definite acceptance into the school. This examination shall be conducted by one of the members of the Student Health Service of the University.

Each student nurse shall undergo the following tests, and receive inoculations and vaccinations as soon as possible after the entrance examination:

- (a) Wasserman Test.
- (b) Schick Test.
- (c) Dick Test.
- (d) Smallpox vaccination.
- (e) Typhoid inoculation.

CARE OF SICK NURSES

The sick student nurse will be subject in all details to the requirements of the Student Health Service of the University and the particular modifications of such regulations as are in force in each of the Hospital Units. The usual history, consultation, and record forms of the University Student Health Service will be used in all cases and duplicate files will be kept in the hospital and in the office of the Director of the School unit. The sick nurses will receive the same nursing care as other hospital patients and the usual diagnostic procedures of the hospital routine will be carried out as indicated.

GRADUATING EXAMINATION

Each student nurse will be given a final health examination just

SCHOOL OF NURSING

prior to her graduation which shall conform to the requirements of the University Student Health Service.

SCHEDULE OF COURSES

FRESHMEN

SUBJECTS	COURSE NO.	DIDACT.	LAB.	TOTAL
Anatomy and Physiology	An Ph 1	32	64	96
Chemistry	Ch 1	24	40	64
Elementary Pharmacology	Pr 1	32		32
Ethics of Nursing	Nr 7	16		16
History of Nursing	Nr 5	16		16
Principles and Practice of Nursing	Nr 1	60	72	132
Bacteriology	Bc 1	16	32	48
Dietetics	Nr 11a	20	40	60
Pathology	Pt 1	16		16
Medical Diseases	Nr 13	32		32
Psychology	Ps 2	64		64
English	En 2	64		64
Religion	Rl 32	32		32
Hygiene	Nr 4	16		16
Diet in Disease	Nr 11b	16		16

JUNIORS

Gynecology	Nr 43	16		16
Obstetrics	Nr 45	32		32
Pediatrics	Nr 21	32	8	40
Philosophy	Ph 150	64		64
Operating Room Technique	Nr 33	10		10
Emergency Nursing and First Aid	Nr 8	16		16
Case Study	Nr 9	16		16
Surgical Diseases	Nr 31	32		32
Medical Specialties:	Nr 23			36
Communicable Diseases		20		
Tuberculosis		4		
Venereal and Skin Diseases		12		
Eye, Ear, Nose and Throat	Nr 48	16		16
Surgical Specialties:	Nr 41			24
Orthopedics		10		
Urology		7		
Oral Hygiene		3		
Roentgenology		4		
Advanced Nursing	Nr 2a	32		32
Religion	Rl 32	32		32
Pharmacology	Pr 2	32		32
Laboratory Technique	Nr 10		10	10

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SENIORS

Psychiatry	Nr 25	32	32
Public Health Nursing	Nr 53	32	32
Social Problems	Nr 60	64	64
Physiotherapy	Nr 27	16	16
Professional Problems	Nr 3	16	16
Survey of the Nursing Field	Nr 81	16	16
Sanitary Science	Nr 51	16	16
Modern Social and Health Movements ..	Nr 54	16	16
Religion	Rl 32	32	32
Advanced Nursing	Nr 2b	32	32

SCHEDULE OF HOSPITAL PRACTICE

MONTHS		MONTHS	
Preliminary	4	Pediatrics	3
Medical Diseases	5	Mental and Nervous Diseases ..	2
Surgical Diseases	5	Communicable Diseases	3
Operating Room	3	Laboratory	1
Obstetrics	3	Electives	3
WEEKS		WEEKS	
Diet Kitchen	6	Vacation	10

THE BACHELOR OF SCIENCE DEGREES

1. THE BACHELOR OF SCIENCE DEGREE IN NURSING

The many changes which have taken place in recent years in nursing education and nursing practice have inspired nurses who have already completed the undergraduate curriculum in nursing to ambition educational advancement in their profession. The factors involved in this highly desirable development are very numerous and are so well known that they need not be detailed here.

Since schools of nursing are constantly receiving more applicants who have already completed one or more years of college and who, therefore, can enter a university school of nursing with advanced standing, it is one of the aims of the University to promote the plan by which the student will receive at the same time her Certificate in Nursing and the degree of Bachelor of Science in Nursing. It is expected, therefore, that more students will enter upon the professional nursing curriculum after having completed one or more years of college.

ADVANCED STANDING FOR GRADUATE NURSES

Nurses having certificates from other schools of nursing will be admitted to the Loyola University with advanced standing granted on the basis of their previous education, as candidates for the degree of Bachelor of Science in Nursing. The admission of such students will be subject to the following conditions:

1. The applicant must have completed a full four-year course of at least fifteen units in an accredited high school. If she has completed less than that previous to her admission to her former school of nursing, she will be required first of all to complete her four years of high school before she will be allowed collegiate credit for any subjects taken in the School of Nursing. In no case may credits received in a school of nursing be used to supply deficiencies in the applicant's high-school record.

2. The graduate nurse must have received grades during her entire period of training which exceeded mediocrity.

3. The hospital in which the applicant for admission into the Loyola University School of Nursing received her professional training must be one that meets the following requirements:

- (a) Its capacity must be at least fifty beds. If it has a smaller capacity, evidence will be required that through affiliation with other hospitals it is able to give to its students a well-rounded curriculum in nursing.
- (b) It must be well organized and present evidence that the instructors in the medical subjects of the school are responsible

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to the medical staff of the hospital as well as to the authorities of the school of nursing.

- (c) It must be one of the hospitals approved by the American College of Surgeons and preferably one approved for internships by the Council on Medical Education and Hospitals of the American Medical Association. This requirement shall, however, not be interpreted as militating against the admission of applicants from schools of nursing which existed previous to the practice of accrediting or registering of hospitals by either of the two agencies mentioned.

4. The School of Nursing in which the applicant received her professional training must have been approved by the proper state authorities of the state in which the school of nursing is located. This regulation, however, shall not militate against the admission of applicants from schools which existed previous to the practice of accrediting or approving schools of nursing in their respective states.

5. Advanced standing will not be granted even to those who present college credit in addition to credit for nurses' course, to such an extent that the applicant may complete the required number of credit hours for the degree of Bachelor of Science in Nursing within less than one year of residence in this University.

6. All credits presented in support of an application for advanced standing will be individually evaluated, and action taken in one case is not to be interpreted as a precedent in other cases even when two applications are presented from the same school.

7. It should be especially noted that Loyola University will give no credit for the curriculum in nursing either in "bulk" or for any part of it—that is, for any courses taken in such a curriculum—unless the particular courses in question can be successfully and safely integrated into an acceptable program meeting the needs and purposes of the individual student. For example, such courses as chemistry as taken in the ordinary nurse's curriculum are acceptable for credit as part of such a curriculum, but may not therefore be considered acceptable in a chemistry sequence. The same should be noted for any of the other courses in the nursing curriculum.

REQUIRED CURRICULUM

Students who become candidates for the degree of Bachelor of Science in Nursing and offer the undergraduate curriculum for advanced standing will be required to complete courses in the following subjects to the extent indicated by the number of major credits:

MAJORS	MAJORS
English	3
Science (1 laboratory Science) .	4
Philosophy (Ethics, Rational	1
Psychology)	4
	Psychology (General Psychology and Mental Hygiene)
	Electives to total 36 majors

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Religion	1	Nursing	8-14
History	2	*Nursing Education	2
		†Minor Sequence	4-6

CHOICE OF MINOR SEQUENCES

Biology .. 16 sem. hrs. or 5 majors	History	6 majors
Chemistry	Latin	5 majors
Economics	Mathematics	5 majors
Education	Philosophy	5 majors
English	Psychology	4 majors
French	Social Work or Sociol- ogy	5 majors

2. THE BACHELOR OF SCIENCE DEGREE IN NURSING EDUCATION

The degree of Bachelor of Science in Nursing Education is becoming increasingly popular for those who ambition instructorships in schools of nursing and administrative positions in such institutions. In its effort to meet the needs of such persons, the University has approved programs similar to those to be followed for the degree of Bachelor of Science in Nursing. The differentiation in the two degrees, however, lies in the fact that the student following the curriculum leading to the degree of Bachelor of Science in Nursing Education must complete a minimum of five majors in educational subjects in addition to the requirements described in curriculum for the degree of Bachelor of Science in Nursing.

Students intending to prepare for instructorships or administrative positions in schools of nursing are cautioned to acquaint themselves with the specific requirements of the different states governing the eligibility for such positions. In some states the State Board of Nurse Examiners or an equivalent body lays down specific course requirements; in other states this is done by the State Department of Education.

PREREQUISITES

The prerequisites for admission to this curriculum leading to the degree of Bachelor of Science in Nursing Education are the same as those previously stated for the degree of Bachelor of Science in Nursing. The University has thus far not approved a degree of Bachelor of Science in Nursing Education for those who have not completed the undergraduate nursing curriculum.

* Ward administration and the history of nursing should be taken if schedule permits. If these courses cannot be taken student may substitute other courses in nursing education, which courses will be advised by the office of the registrar.

† If minor sequence is chosen which requires 6 majors, student will need 37 majors to graduate. Student will have electives depending upon which minor sequence is chosen. Electives will also be available depending upon the amount of credit allowed for nursing.

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ACADEMIC REGULATIONS

All the other academic regulations discussed on previous pages are in force for students following a curriculum in nursing education.

COURSE REQUIREMENTS

MAJORS	MAJORS
English	Psychology (General Psy-
Science (Laboratory Science) ..	chology and Mental Hy-
Philosophy (Ethics and Rational	giene)
Psychology)	*Education
Religion	Nursing
History	†Nursing Education
3	1
4	3
4	8-14
1	4
2	

The student is advised to register for enough courses in education to meet the requirements of the Department of Education of this University. To meet the requirements of a major in nursing education, however, the student is advised so to arrange her program as to build her courses in nursing education upon the corresponding courses in general education.

COURSES IN GENERAL EDUCATION

- 102B. History of Education.
- 156. Supervised Study.
- 130. Introduction to School Administration.
- 139E. The Unadjusted Child.
- 112. Philosophy of Education.
- 191. Tests and Measurements.

COURSES IN NURSING EDUCATION

- Administration of Schools of Nursing.
- History of Nursing.
- Ward Administration in Schools of Nursing.
- Supervision in Schools of Nursing.
- Ethics of Nursing.
- The Curriculum in Schools of Nursing.

There are many other courses in education which the graduate nurse may take.

The minor sequence will be nursing education and education.
 * Principles of education and educational psychology should be taken. If these courses cannot be taken by student because of schedule difficulties, other courses in education may be taken with the advice and permission of the registrar.

† Principles of teaching in schools of nursing, ward administration, principles of nursing school administration, and history of nursing should be taken. If these courses cannot be taken by student because of schedule difficulties, other courses in nursing education may be taken with the advice and permission of the registrar.

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FELLOWSHIPS

For the purpose of stimulating the advanced education of graduate nurses, the University and the five affiliated Schools of Nursing have jointly provided service fellowships. These fellowships are open only to graduate nurses of the affiliated schools of Loyola University. Incumbents are relieved of all obligations for the payment of tuition and fees, and enjoy board and maintenance in the unit from which they graduated.

Their service obligations comprise a limited number of hours allotted to them by the director and with direct reference to their academic interests. The service period, far from being a hindrance, should rather serve as a stimulus to the student's educational progress. The programs of such fellows are subject to the direction of a supervisor who is designated as the director of student graduate nurses.

It is the aim of the University to secure only the best students available for these fellowships.

DEPARTMENTS OF INSTRUCTION

ANATOMY AND PHYSIOLOGY (An Ph)

1. **General Human Anatomy and Introductory Physiology.**—Lectures, and demonstration and laboratory study of prepared human dissections, models, and microscopic slides. The physiology of muscle, nerve, central nervous system, sensation, circulation, respiration, excretion, and digestion. Lectures and laboratory. For first-year nursing students. 96 hours.

BACTERIOLOGY (Bc)

1. **General Bacteriology.**—A survey course of the fundamental facts of bacteriology with particular reference to human disease, bacteriological methods, and the establishment of a sound bacteriological technique. For first-year nursing students. 48 hours.

CHEMISTRY (Ch)

1. **General Chemistry.**—A survey course of the fundamental facts of organic and inorganic chemistry with a review of the more important facts of biochemistry. For first-year nursing students. 64 hours.

ENGLISH (En)

2. **English Composition.**—For first-year nursing students. 64 hours. Or

Public Speaking.—For first-year nursing students. 64 hours.

NURSING (Nr)

1. **Principles and Practice of Nursing.**—A lecture course with demonstrations. Admission and general nursing care of patient; observation and recording of patient's condition; the elements of bandaging and nursing treatments. For first-year nursing students. 132 hours.

3. **Professional Problems in Nursing.**—An advanced course dealing with the social, educational, and professional problems of the nurse. For third-year nursing students. 16 hours.

5. **The History of Nursing.**—A lecture course on the origin and meaning of nursing and on the development of nursing practice in Christian countries with special reference to conditions in America. For first-year nursing students. 16 hours.

7. **Ethics of Nursing.**—A lecture course on the relation of the nurse to the patient, other members of the medical profession, the hospital, and society. For first-year nursing students. 16 hours.

8. **Emergency Nursing and First Aid.**—A lecture course on the adaptation of nursing methods to emergency and extra-hospital situations; industrial emergencies, and accidents. Demonstrations are

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given as subject matter demands. For second-year nursing students. 16 hours.

9. The Case-Study Method in Nursing.—A lecture course with practical exercise on the nurse's professional approach to the individual patient and her understanding of the particular patient as an individual problem, with its social backgrounds, its care, and its after-care. For second year nursing students. 16 hours.

10. Pathological Technique.—A lecture and demonstration course on the specimens of gross and microscopic pathological preparation, with special reference to surgical, gynecological, and obstetrical specimens. For second-year nursing students. 10 hours.

11a. Food and Dietetics.—Lectures, laboratory and conferences. A study of foods with especial stress on the nutritional value; the food needs of the normal and pathological individual; planning, calculating, and preparing diets. For first-year nursing students. 60 hours.

11b. Diet in Disease.—A lecture and laboratory course on the elements of nutrition and cookery; food requirements and food values; balanced and special diets. For first-year nursing students. 16 hours.

13. Medical Disease Nursing.—A lecture course with clinics and demonstrations on the causes, symptoms, prevention, treatment, and nursing care of the common medical diseases. For first-year nursing students. 32 hours.

21. Pediatric Nursing.—A lecture course with clinics and demonstrations on child development, hygiene and management; the care of sick and well children; the manifestations of children's diseases and their prevention; the elements of child welfare; and the nursing care of children. For second-year nursing students. 40 hours.

23. Nursing and Medical Specialties.—A lecture and laboratory course with clinics and demonstrations on acute communicable diseases, tuberculosis, and venereal and skin diseases. For second-year nursing students. 36 hours.

25. Psychiatric Nursing.—A lecture and laboratory course with clinics and demonstrations on the development, prevention, treatment, and nursing care of patients afflicted with mental conditions; the causes of mental disorders and their recognition. For third-year nursing students. 32 hours.

27. Physiotherapy.—A lecture course with demonstrations on physiotherapy with special emphasis upon those procedures in which the nurse may be expected to assist; the function of the nurse in after-treatment. For third-year nursing students. 16 hours.

31. Surgical Disease Nursing.—A lecture course with clinics and demonstrations on the principal surgical diseases; their causes, symptoms, preoperative, operative, and post-operative nursing treatment. For second-year nursing students. 32 hours.

33. Operating-Room Technique.—A lecture course with demon-

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strations on the requirements of operating-room procedures: apparatus, instruments, anesthetics, the duties of a nurse in the various classes of operations. For second-year nursing students. 10 hours.

41. **Nursing and Surgical Specialties.**—A lecture course with clinics and demonstrations on orthopedic (ten hours) urological (seven hours) oral hygiene (three hours), and their nursing treatment; roentgenological procedures (four hours). For second-year nursing students. 24 hours.

43. **Gynecological Nursing.**—A lecture course with clinics and demonstrations on the principles of gynecology, the development of gynecological conditions, and nursing care. For second-year nursing students. 16 hours.

45. **Obstetrical Nursing.**—A lecture course with clinics and demonstrations on the facts of human reproduction and embryology; pregnancy, its normal and special course; prenatal care; delivery; post-operative care of mother and child; the nursing care of babies. For second-year nursing students. 32 hours.

48. **Nursing in Eye, Ear, Nose, and Throat Diseases.**—A lecture course with clinics and demonstrations on diseases of the eye, ear, nose, and throat and their nursing care. For second-year nursing students. 16 hours.

51. **Sanitary Science.**—A lecture course with excursions and field experience in the problems of sanitation: the control of purity in food; food and water; sewerage; public buildings and schools; industrial plants; vital statistics; health administration. For third-year nursing students. 16 hours.

53. **Public Health and Public Health Nursing.**—A lecture course supplemented by readings in public health work and the place of the nurse in public health activity. For third-year nursing students. 32 hours.

54. **Modern Social and Health Movements.**—A lecture course reviewing the changing social standards of living with special reference to their relations in the field of health. For third-year nursing students. 16 hours.

60. **Social Service in the Field of Health.**—A lecture course with limited field work on social service as related to health, with special references to hospital social service. For third-year nursing students. 64 hours.

81. **Survey of the Nursing Field.**—A lecture course on the various branches of nursing work; the nurse's responsibilities and problems; vocational guidance within the nursing profession; nursing organizations; nursing legislation. For third-year nursing students. 16 hours.

NURSING EDUCATION (NE)

101. **History of Nursing.**—A lecture and library course intended for instructors in schools of nursing on the development of nursing practice, nursing education and special phases of nursing education

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during Christian times with special reference to conditions in American and the Catholic nursing Sisterhoods. Prerequisite: The completion of the nursing curriculum, and Nr. 5.

111. Principles of Teaching in Schools of Nursing.—A course introductory to the study of teaching methods in schools of nursing, dealing with the general pedagogical principles of teaching methods.

121. The Principles of Ward Teaching and Supervision.—A lecture course on principles of ward teaching and supervision, problems of construction, organization, personnel and operation of a hospital unit or ward. The application of the principles and methods of teaching to the various clinical services.

141. Ward Administration in Schools of Nursing.—A lecture course intended for floor supervisors and instructors on the management of duties, assignments and ward walks. Prerequisite: The completion of the nursing curriculum.

151. Supervision in Schools of Nursing.—A course intended chiefly for supervisors and instructors but required of all candidates for the Bachelor of Science Degree in Nursing on the principles of departmental and divisional supervision with special reference to administrative and educational features. Prerequisite: The completion of the nursing curriculum.

161. The Curriculum in Schools of Nursing.—An introductory course on the curriculum in schools of nursing. The course deals with the general aspects of curriculum building and administration and applies these principles to the course of study in schools of nursing. Prerequisite: The completion of the nursing curriculum.

171. Ethics of Nursing.—A lecture and library course intended chiefly for instructors in schools of nursing on the ethics of nursing and the development of inter-professional relationships with special reference to the methods employed in teaching this subject in schools of nursing. Prerequisite: The completion of the nursing curriculum and Nr. 7.

199. Principles of Nursing-School Administration.—A lecture and seminar course on the administration of schools of nursing with special reference to collegiate standards and school organizations. Prerequisite: The completion of the nursing curriculum.

PATHOLOGY (Pt)

1. Pathology.—A survey course composed of lectures and demonstrations on the basic facts of pathology. For first-year nursing students. 16 hours.

PHARMACOLOGY (Pr)

1. Elementary Pharmacology.—An introductory course of lectures and demonstrations on pharmaceutical calculations; the making of solutions; the classes of antiseptics and drugs; poisons and antidotes. For first-year nursing students. 32 hours.

2. Pharmacology.—A course of lectures, demonstrations, and

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laboratory exercises on drugs in their relation to therapeutics; the effect of drugs on various organ systems. For second-year nursing students. 32 hours.

PHILOSOPHY (P1)

106. A Survey of Psychology.—A lecture course, supplemented by reading on the basic facts of experimental and rational psychology; mental hygiene. For first-year nursing students. 64 hours.

150. General Ethics.—An introductory course on the subject matter of ethics. For second-year nursing students. 64 hours.

RELIGION (R1)

32. Catholicism and the Modern Mind; Christian Doctrine.—For first-, second-, and third-year nursing students. One hour a week for the three quarters.

APPROVAL SHEET

The thesis submitted by Linda J. White has been read and approved by the following committee:

Dr. Claudette Varricchio, Director
Assistant Professor
Medical-Surgical Nursing, Loyola

Dr. Avis McDonald
Professor Emerita
School of Nursing, Loyola

Dr. Mary Pat Ryan
Professor
Mental Health Nursing, Loyola

Brother Michael Grace, S.J.
University Archivist, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to the content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Science in Nursing.

12-1-86
Date

Claudette Varricchio, D.S.N., R.N.
Director's Signature