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Mary Ludgera Pieperbeck
Loyola University Chicago

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LOYOLA UNIVERSITY OF CHICAGO

A HISTORY OF THE DEVELOPMENT OF NURSING EDUCATION IN
THE COMMUNITY OF THE SISTERS OF THE THIRD ORDER
OF SAINT FRANCIS, PEORIA, ILLINOIS

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL OF LOYOLA UNIVERSITY
OF CHICAGO IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

BY

SISTER MARY LUDGERA PIEPERBECK, O.S.F.

PEORIA, ILLINOIS

OCTOBER 1990

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SISTER MARY LUDGERA PIEPERBECK, O.S.F.

LOYOLA UNIVERSITY OF CHICAGO

ABSTRACT

A HISTORY OF THE DEVELOPMENT OF NURSING EDUCATION
IN THE COMMUNITY OF THE SISTERS OF THE THIRD
ORDER OF SAINT FRANCIS, PEORIA, ILLINOIS

This historical study was conducted to determine the usefulness of the past in understanding the present. It follows the growth of modern nursing from the Crimean War and Florence Nightingale to the present day. Special emphasis is placed on the teaching of nursing. An almost parallel temporal growth is followed from the creation of the religious nursing order that is now the Sisters of the Third Order of Saint Francis. The historical paths merge when the technological advances of the late nine-teenth and the twentieth century forces the order to start a formal nursing education program in 1901. The account is a story about the experiences of ordinary people within the social context, such as prevailing social values, meaning of work, economics, trials, difficulties and joys during a particular period of time. It also brings to light the many problems with which nursing has struggled in the past and is still struggling today, including the educational confusion which has been caused by social and scientific changes. The study follows nursing education as nursing

emerges as a profession. Emphasis is placed upon the emerging curriculum as required by professional and governmental agencies.

The study also looks at nursing demands placed upon the Order by its expanding network of hospitals. Initially, sister nurses were trained on the job. In 1901, the Order started its first school of nursing. Students in the schools of nursing were used as the hospital's nursing staff. Demands were made by technological advances and governmental agencies for a more formal education. These demands were met by the creation of five hospital-based three year schools which granted a diploma in nursing, enabling the graduates to become registered nurses (R.N.) by taking the state licensure examination. The two World Wars created a demand for nurses, and this study examines the effect of federal programs on the Order's schools. Information and data was collected by researching the archives of the Community. Further data was obtained through the archives of the Catholic Dioceses of Peoria and Rockford, Illinois; the historical holdings of public and Catholic newspapers of Peoria, Rockford, Keokuk, Iowa and Marquette Michigan; public and private libraries of Peoria and Rockford and the Historical Societies of these two cities.

Findings of the research are related in an historical context and close with a discussion of the sisters' response to the movement within the nursing profession to

require the baccalaureate degree as the entry level to professional nursing. The steps taken to receive both governmental and academic recognition for the baccalaureate degrees in nursing to be granted by the two remaining schools operated by the Order is set forth in some detail.

PREFACE

One of the values of historical research is that it teaches us how useful the past can be in understanding the present. Nursing, as it is today, was formed by its historical antecedents. Throughout history, the scope, nature and development of nursing and nursing education has been based upon what people believed about the learning process and what was known about health and disease. Since ancient times, the development and evolution of nursing and nursing education, within the social context of those times, throws light upon many of the problems with which nursing is struggling today; its lack of power, its educational confusion and the makeup of its practitioners. The impact of social and scientific changes on nursing and nursing's impact on society are ongoing processes.

A hundred years ago, there was objection from within and without the profession to nurses continuing their education. This scenario is repeated today. Seventy-five years ago, the question of nursing licensure was hotly debated. Today it is again a major concern. Because these are not new problems, an understanding of the past may bring additional clarity to the decisions that shape the future.

This historical account provides a focused backdrop on the foundation of a specific religious community and the development of nursing and nursing education within that

community. It is the Sisters of the Third Order of St. Francis, whose corporate headquarters are located in Peoria, Illinois.

The history and the foundation of the community as well as the nursing education taught by the community of the sisters is intimately intertwined with the development of nursing and nursing education within the United States. Attention has been given to selected leaders within and without the community whose ideas and careers influenced and impacted much of the course of the development of nursing and nursing education either positively or negatively.

Special emphasis is given to the nursing education development within the community. Limited information has been documented in the archives of the community. This study considers the types of nursing education programs as they developed over time. It provides detailed and accurate information to the present and future members of the community as well as employees of the community's health care institutions and the general public.

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I am especially indebted to my dissertation director, Rev. Michael Perko, S.J., Ph.D., Professor of Educational Leadership and Policy Studies at Loyola University of Chicago, who through his assistance and guidance has helped to make this research project a reality. My gratitude is also extended to the other members of my committee: Dr. Joan K. Smith and Dr. Gerald Gutek.

A special thank you goes to my sisters within the religious congregation for their prayerful support, in particular to the sisters in the motherhouse infirmary. I also want to express my appreciation to Sister M. Ildefon-
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I am also very grateful to Dr. Sharon Foss, faculty and staff at Saint Francis Medical Center College of Nursing, who kept the "home fires burning" during the last few years. Last, but not least, I appreciate very much the support of my dear friends, Paul and Mary Lindauer, who in so many ways helped me in my educational endeavors and in completing this project.

Finally, I am also truly indebted to my family in West Germany, who were a great support through their patience, understanding and encouragement during the last few years.

Sister Mary Ludgera Pieperbeck, O.S.F.

DEDICATED
TO
MY RELIGIOUS COMMUNITY
THE SISTERS OF THE THIRD ORDER OF SAINT FRANCIS
EAST PEORIA, ILLINOIS.

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LIST OF ABBREVIATIONS

- I. Motherhouse Archives, Peoria, Illinois MAPI
- II. St. Francis Medical Center College of Nursing. .
Files SFCoNF
- III. Archives of the Diocese of Rockford,
Illinois ADRI
- IV. St. Anthony College of Nursing FilesSACoNF

CHAPTER I

HISTORICAL PERSPECTIVES

Introduction

History, whether it deals with a nation, a civilization, a war, a profession or a community, must by its nature be selective and subjective. It is difficult to pinpoint a particular time or place for the beginnings of nursing as we know it. Nursing, as it is known today, is primarily a late nineteenth century development. It has always been around, although not always clearly identified as an occupation separate from medicine.

In early civilization, since the time of the first mother, women have carried the major responsibility for the nourishing and the nurturing of children and for caring for elderly and aging members of the family. The education of these people was largely by trial and error, advancing those methods that appeared successful and by the sharing of information with one another.

Medicine was dominated by superstition and magic and a close relationship existed between religion and the healing arts. In primitive societies, illness and suffering were thought to result from some evil spirit that may be inflicted on a person as punishment or curse for failing to

do as the gods wanted.¹ Each primitive society had its own curative agents, taboos and practices. These practices were shared as countries warred and conquered one another, with the more effective practices surviving.

Religious beliefs and myths were the foundation of nursing and medical practice. The responsibility for cure and care of the sick and injured was given to religious leaders and much was based on a faith healing concept. This was separate from the care of sick people who were cared for in the homes by relatives. Most of the caretakers were women.

Influence of Christianity

The first continuity in the history of nursing began with the rise of Christianity. Christ's teaching admonished people to love and care for their neighbors. His precepts placed women and men on a parity, and the early Church made both men and women deacons, with equal rank. Unmarried women had opportunities for service that were never imagined earlier.² It gave single women a meaningful and dignified role, a religious commitment, to help the sick, the injured and the poor.

With the establishment of churches in the Christian

¹Janis Rider Ellis and Celia Love Hartley, Nursing in Today's World, (Philadelphia: J. B. Lippincott Company, 1988), 11.

²Ibid., 16.

era, groups were organized as orders whose primary concern was the care of the sick, the poor, orphans, widows the aged, slaves and prisoners, done out of charity and Christian love. Of particular significance in nursing history were the deaconesses, widows and virgins. They had much in common and shared many characteristics. They carried out similar responsibilities by practicing the "Corporal and Spiritual Works of Mercy". Their influence diminished in the fifth and sixth centuries.³

Influence of Monasticism

The development of monastic orders, starting with the sixth and seventh centuries of the Christian era, gave the impetus and strength to religious commitment. Through the orders, young men and women were able to follow careers of their choice while living a Christian life. Monasticism, and with it the establishment of monasteries, played a large role in the preservation of culture and learning, as well as offering refuge to the persecuted, care to the sick service to the poor, and education for the uneducated. The care of the sick fell increasingly on these religious, but primarily on the women.⁴

Prior to the Reformation, women were respected by the

³Ellis and Hartley, Nursing in Today's World, 16.

⁴Sister Charles Marie Frank, The Historical Development of Nursing, (Philadelphia: W.B. Saunders Company, 1952), 82-84.

Church. Women of prominent families were encouraged to be involved in charitable activities outside the home, such as nursing. The Crusades, the Renaissance and the Reformation, each had a profound influence on the status of women and therefore on nursing.

The Crusades, the Renaissance and the Reformation

The Crusades, which swept through Europe, lasted for almost two hundred years (1096-1291). They created an exposure to other civilizations and cultures and a mingling of thoughts and people. Under the leadership of the Church, they were great religious and military enterprises as well as important stimulants to nursing and hospital work. Military nursing orders evolved as a result of the Crusades. The Knights Hospitallers of St. John was one such order. It was organized to staff two hospitals located in Jerusalem as well as to defend the hospitals and its patients. On their habit, its members wore the Maltese Cross, a symbol which became the forerunner of the nursing pin as it is known today.⁵

Secular orders of nurses also came into existence at this time. They operated much like the monastic orders, with the exception that members were not bound by the vows of monastic life and therefore could terminate their vocation at any time. The Beguines of Belgium and the

⁵Ellis and Hartley, Nursing in Today's World, 18.

Alexian Brothers are examples of secular orders. The nursing education offered to these dedicated people was in the form of apprenticeship. A new member usually was assigned to someone more experienced and would learn from that person.⁶

The Renaissance was the natural development of the diffusion across the cultural interfaces. Commercially, the buying and selling of and the demand for, goods from other cultures created an expanded concept of what were necessities of life. Concepts of individualism and nationalism became part of western social thought. As this secular spirit, arising in the commercial towns, permeated society and also invaded the church, the commitment to the sick and the injured changed. During the Renaissance, a new impetus was given to the arts and learning. This revival of learning also affected medicine and with it nursing. New discoveries in medical science corrected some of the erroneous theories of disease. It took the era of scientific thought to eventually formalize nursing and nursing education. Thus, several centuries elapsed before nursing became a part of the academic educational community.⁷

The Reformation, a religious movement that started

⁶Ellis and Hartley, Nursing in Today's World, 19.

⁷Philip A. Kalisch and Beatrice Kalisch, The Advance of American Nursing, (Boston: Little, Brown and Co., 1986), 19-22.

with the work of Martin Luther, began in Germany in 1517. It resulted in a revolt against the supremacy of the Pope and the formation of the Protestant churches across Europe. Monasteries were closed and religious orders were banned, especially in those countries where the kings and lords embraced the Protestantism.⁸

The Reformation brought a tremendous change in the role of women in society. Most nursing care had been given by Roman Catholic sisters, but with the religious changes occurring, many relatively good Catholic hospitals were closed. With the loss of Christian loving care by the sisters, care of the ill and unfortunate fell to whomever would take the job. When deprived of the dignity of the Church, nursing lost its social standing and respectable women no longer entered nursing. Hospital care was relegated to "uncommon" women, a group comprising prisoners, prostitutes and drunks. The typical hired nurse was accurately portrayed in Charles Dickens' novel: Martin Chuzzlewit in the personage of Mrs. Sairy Gamp -- an unsympathetic, incompetent woman who contributed much to human suffering. She was uncouth, always tipsy, dirty, and dishonest.⁹

Women, faced with earning their own living, were forced to work as domestic servants and, although nursing

⁸Ellis and Hartly, Nursing in Today's World, 19.

⁹Charles Dickens, Martin Chuzzlewit, (New York: Macmillan Co., 1910), 312-313.

was considered a domestic service, it was not a desirable one. The pay was poor, the hours long and the work was hard. The nurse was considered the lowest of servants.

In Catholic countries not affected by Protestantism, service to the sick and the poor continued in those institutions staffed by religious. Institutions conducted by municipal authorities were not as fortunate. In the Protestant countries, religious were not replaced and the lowest classes were induced to work in hospitals.¹⁰

The Reformation helped to precipitate the disaster toward which the vocation of nursing was headed. The period between 1500 and 1860 saw nursing conditions at their worst and is sometimes referred to as the dark period of nursing. Europe was devastated by plagues, epidemics, famine, filth and horror; and, the poor suffered the most. New hospitals were built, but the lack of knowledge of hygiene and sanitation were responsible for serious epidemics. The situation was made worse by mismanagement, inadequate staffing and deliberate exploitation. Social reform was needed and inevitable.¹¹

Contributions by Some Religious Communities

Some of the religious orders that remained, never abandoned the sick and the poor. They were sincerely

¹⁰Frank, The Historical Development of Nursing, 133.

¹¹Ellis and Hartley, Nursing in Today's World, 21.

interested in the care of the ill and those in need and they provided service for the sick and poor in hospitals, mental asylums, orphanages and workhouses. They also visited the sick in their homes, ministering to their needs. The care provided by the religious orders, was far superior to any other nursing available. They were motivated by their love of God, concern for the sick and desire to help those in distress in a very caring manner. Such orders as the Sisters of the Visitation of Mary, the Sisters of Charity of St. Vincent de Paul, and the Sisters of Mercy gave much time and service to the sick and the poor. The Sisters of Charity became an outstanding nursing order because they received a systematic program of nursing training that included experience in the hospital and in the home.¹²

Early Reformers

A number of leading citizens among the philanthropists, doctors, writers and clergy felt the great need for reform in nursing. The founding of the Deaconess School of Nursing at Kaiserswerth, Germany, by Pastor and Mrs. Theodor Fliedner in 1836 was one of the earliest and most successful attempts at nursing education reform. The Kaiserswerth school offered a three-year program which included duties,

¹²Kalisch and Kalisch, The Advance of American Nursing, 40-41.

such as cleaning, laundry, and cooking as well as nursing care in women's and men's wards. Students were all treated equally and all had a three-month probationary period at the beginning of their training. Each student was required to have a character reference from a clergyman, a health certificate from a physician and written permission from her nearest male relative to enter the school.¹³

The curriculum included lectures in the theory and bedside instructions by physicians. Pastor Fliedner taught ethics and religious doctrine, and Mrs. Fliedner taught the art and the practice of nursing. Because the nurses were trained to implicitly follow the physician's orders, the physician was responsible for both nursing and medical care. The school was the first organized training school for nurses. Florence Nightingale was a student at Kaiserswerth for a brief time, and her training and experience there was incorporated in her school of nursing later.¹⁴

The Birth of Modern Nursing

The development of nursing and nursing education from the time of Florence Nightingale and the founding of the first Nightingale school affiliated with the St. Thomas Hospital in London in 1860 is the story of the evolution of a profession. Formal nursing education was the inevitable

¹³Frank, The Historical Development of Nursing, 188.

¹⁴Kalisch and Kalisch, The Advance of American Nursing, 41.

result of the need for trained nurses, competent to assist physicians, and ethically and intelligently prepared to care for both hospitalized and private patients. Modern nursing education began with the founding of the Nightingale school at St. Thomas.¹⁵

Florence Nightingale was born in 1820 to a wealthy, socially prominent English family in Florence, Italy. During her numerous travels, she visited many institutions and became aware of the pitiful conditions in most health facilities and hospitals. She read a great deal and became an expert on hospital organization and reform.¹⁶

Florence Nightingale is considered the founder of modern nursing. She symbolizes a new era in health care. Her first recognition occurred during the Crimean War. Through Miss Nightingale's unique talents for organization and administration, knowledge of health and nursing care, and determination to change the poor conditions of the wounded soldiers at Scutari, she managed to reduce the death rate of English soldiers from forty-two percent to two percent in two months.¹⁷ When the war ended, she was a heroine to the English people, but more importantly, she had proven that competently trained nurses were a means to

¹⁵Kalisch and Kalisch, The Advance of American Nursing, 41.

¹⁶Ibid., 42-44.

¹⁷Ibid., 51.

better health care. Her vibrant interest in promoting a higher quality of health care by developing training schools for nurses was strongly supported in Great Britain. Miss Nightingale established the nursing school at St. Thomas Hospital in London in 1860. All of her expertise in the areas of nursing, nursing education, nursing administration and health care were incorporated into this school. It became the model for all other schools worldwide. She applied her learning experiences in nursing training at Kaiserswerth, Germany, her outstanding military nursing experience at Scutari in the Crimean War, her research in health care administration, nursing and nursing care, and her own genius in creating a new role for nurses.¹⁸

One of the hallmarks of the Nightingale school of nursing was complete autonomy from the hospital: financial, organizational and physical. Florence Nightingale believed it was essential for nurses to teach and control nursing. The three basic aims of the Nightingale schools were: to train hospital nurses, to train nurses to train others, and to train public health nurses for the sick and poor.¹⁹ She believed that nursing had a separate body of knowledge

¹⁸Kalisch and Kalisch, The Advance of American Nursing, 51-52.

¹⁹Lucie Young Kelly, Dimensions Of Professional Nursing, 4th Ed., (New York: Macmillan Publishing Co. Inc., 1981), 33-36.

and role function separate from medicine. She viewed the nurse as a colleague of the physician, working with him or her, but having a distinct sphere of responsibility. "It is the surgeon who saves the person's life, but it is the nurse who helps the person to live."²⁰

Miss Nightingale planned a curriculum that included required classroom lectures and clinical experiences. She believed that the hospital was not the sole center for education and practice of nursing; students should also visit homes where emphasis would be on health teaching. Overall, the Nightingale plan viewed the student as a learner, not as a worker. The student's education was not to be compromised by overwork, inadequate theory and clinical experience or responsibilities of non-nursing activities such as scrubbing and cleaning. Students were to be taught to detect symptoms and the reasons for these symptoms and they were to be given sufficient time to understand the reasons. Students in Miss Nightingale's program were encouraged to ask questions and to use the resources of their library and practice laboratory.²¹

Florence Nightingale crusaded for and brought about great reforms in nursing education, such as: nurses should be trained in teaching hospitals associated with medical

²⁰Josephine Dolan, Nursing in Society, 14th ed., (Philadelphia: W.B. Saunders, 1978), 167.

²¹Ibid., 168.

schools and organized for that purpose; nurses should be carefully selected and should reside in nurses' houses that would be fit to form discipline and character; the school matron would have the final authority over the curriculum, living, and all other aspects of the school; the curriculum would include both theoretical material and practical experiences; teachers would be paid for their instruction; records would be kept on the students, who would be required to attend lectures, take examinations, write papers, and keep diaries.²²

Miss Nightingale was always a busy writer and her books, Notes on Nursing, Notes of Hospitals and two books on community health were widely read in Europe and the United States. Her ideas stimulated the growing movement in America to develop training schools for nurses. Nursing programs prospered and the Nightingale system spread to other countries, including the United States.

Early American Health Services

One of the first American hospitals was the Philadelphia Alms House, also known as "Old Blockley," erected in 1731, which provided care for the sick, the indigent, the insane and the infirm.²³ The Bellevue Hospital in New York City was founded on the almshouse plan in 1735. The

²²Ellis and Hartley, Nursing in Today's World, 24.

²³Frank, The Historical Development of Nursing, 175.

Pennsylvania Hospital in Philadelphia was chartered in 1751 and opened in 1752, while another New York City Hospital opened in 1771.²⁴ At the outbreak of the American Revolution, care of sick and wounded soldiers was provided by mothers, wives and other dedicated women in hotels, warehouses, churches and private homes. In 1786, the Philadelphia Dispensary was established to nurse the sick in their homes, with a New York Dispensary opening in 1791.²⁵ All these alleged health care institutions had these things in common: shocking abuses and inhuman treatments. Epidemics of yellow fever and cholera raged through the institutions. Revolting indecencies, drunkenness, violence, neglect and cruelties were a daily occurrence. Some of the problems at Old Blockley were resolved when the Sisters of Mother Seton at Emmitsburg took over the operation of the hospital on a temporary basis.²⁶

The Founding of Early Schools of Nursing in America

One strategy to improve the care of the sick in hospitals and homes in the United States was to establish a system of training nurses to provide competent nursing care. Early interest in nursing arose from a variety of

²⁴Frank, *The Historical Development of Nursing*, 177-178.

²⁵*Ibid.*, 180.

²⁶*Ibid.*, 175-177.

sources and was expressed by pioneering women physicians as they strove to implement important changes in health care. Motivated by a lack of acceptance by their male peers and the poor quality of medical care for women and children, they succeeded in starting and establishing a new type of hospital. Three hospitals for women and children were founded between 1857 and 1862, and all included a training school for nursing in the initial planning.

The New York Infirmary for Women and Children was founded in 1857 by Drs. Elizabeth Blackwell, Emily Blackwell and Marie Zakrzewska. The infirmary was the first institution in the world established primarily for the care of women and children. It was staffed by female physicians and care was provided in the hospital, dispensary and in the home. The nursing program, however, was not a complete success. It was only a four-month program in which students were provided with room and board and received weekly lessons from Dr. Zakrzewska.²⁷

Four years after the successful establishment of the New York Infirmary for Women and Children, the Women's Hospital of Philadelphia was founded by Dr. Ann Preston. In 1862, a six-months nursing program was initiated and eventually all nurses hired for the hospital were trained

²⁷Kalisch and Kalisch, The Advance of American Nursing, 100-101.

in the school. No diplomas were awarded, but graduates were recognized as being trained nurses.²⁸

Dr. Marie Zakrzewska opened the New England Hospital for Women and Children on 1 July 1862. The hospital's nurse training program, which began ten years later, has been considered the first general training school for nurses in America. It provided an organized program and was loosely based on the ideas of Florence Nightingale. The training program was one year in length with twelve lectures given by five of the female physicians. Students provided care in the hospital from 5:50 AM to 9:00 PM with one free afternoon from 2:00 to 5:00 PM every second week. On 1 October 1873, Linda Richards became its first graduate and she has the distinctive honor of being the first nurse to complete a formal nursing education program in the United States. There were no nursing textbooks available. In spite of this, Miss Richards received the best education available at the time.²⁹ In 1879, Mary Mahoney, another graduate from this school, became the first black nurse to complete a formal nursing education program. She had a very distinguished career in many aspects of nursing.³⁰

²⁸Kalisch and Kalisch, The Advance of American Nursing, 101.

²⁹Ibid., 101.

³⁰Ibid., 100.

Nursing education during this time was under physicians' control. Physicians believed that schools of nursing should prepare them with competent assistants and only provide hospital nursing care. This care was then provided as an extension of the physicians themselves. The nurse exercised no independent judgment and performed only tasks as assigned by the physician.³¹

The late nineteenth century was witness to several social reforms in prisons, in hospitals for the mentally ill, and in health care. About the time that Florence Nightingale's school of nursing at the St. Thomas Hospital in London was getting off to a good beginning, the Civil War was dividing the United States. Throughout history, wars have always brought advances in medical and nursing care, and the Civil War was no exception. Some nursing care was provided to soldiers by Catholic orders and lay people, but most care was given by untrained but well-intentioned patriotic women.³²

The obvious need for trained nurses spurred the development of organized nursing education and formal nursing programs in the United States. Supporters were greatly

³¹Vern Bullough and Bonnie Bullough, History, Trends, and Politics of Nursing, (Norwalk: Appleton-Century-Crofts, 1984), 26-27.

³²Norma Anderson, "The Historical Development of American Nursing Education," Journal of Nursing Education, 20 (1981): 22.

influenced by the writings of Florence Nightingale. They planned their schools according to the St. Thomas Hospital mold. There was the intent to upgrade nursing education, for then nursing could attract women of refinement.

CHAPTER II

HISTORICAL BEGINNINGS

EVENTS IN NURSING AND NURSING EDUCATION IN THE UNITED STATES FROM 1860-1965.

The American Medical Association recommended in 1869 that every large hospital have a school of nursing. Three schools of nursing were opened in the United States in 1873 following the Nightingale model.

The first school of nursing was the Bellevue Hospital Training School in New York City. The school opened with twenty-nine students in May on 1873. The course was two years in length, including one year in service. Lectures were given irregularly by the nursing superintendent in charge of the school and by various physicians. In 1874, Linda Richards, the first trained nurse, became the night superintendent and initiated the practice of record keeping for students. Students were paid a stipend of \$10.00 per month for the first year, with a slight raise for the second. The difference in stipends recognized the increased clinical skills and service trained students provided. It also highlighted the conflict between the two aims of the school: nursing education versus nursing service to the hospital.¹

¹Lucie Young Kelly, Dimensions of Professional Nursing, 4th ed., (New York: Macmillan Publishing Co., 1981), 40-41.

The second training school in the United States was the Connecticut Training School in New Haven which opened in October 1873 with four students. It was established as a separate organization with a board of directors. They contracted with the hospital to provide nursing care in exchange for educational services. There were at least two important changes from the Nightingale model; the emphasis was on nursing service rather than nursing education and the training was not controlled by nursing. Additionally, part of the budget of the training school was obtained through fees paid by families who employed students as private nurses in their homes. The school remained an independent body until 1906, when control was assumed by the hospital.²

The third training school, at the Massachusetts General Hospital in Boston, was opened in November 1873 with a class of six students. The school directors were able to maintain control until 1896 when, as a result of financial problems, the school came under the control of the hospital. Linda Richards served as an early superintendent there also, and she organized the program to improve the educational component.³

These early schools soon proved their value to the

²Kelly, Dimensions of Professional Nursing, 41-42.

³Ibid., 42.

hospitals, and it became obvious that there existed a vital need to expand nursing schools. Hospitals viewed these nursing schools as an economic advantage which provided improved nursing care to patients. Very few saw the importance of the schools to provide skilled nurses for their community.⁴

Although the first three nursing schools in the United States were called Nightingale schools and were supposedly modeled after Florence Nightingale's original design for the school started in 1860, they were different in one very important respect. The American schools were not financially independent of the hospitals in which they were organized. In contrast, the St. Thomas School of Nursing had been endowed with a large sum of money collected to honor Florence Nightingale for her work in the Crimean War. She invested this money, and the accrued interest supported the school and its students, providing for their room and board and their learning experiences. Because of this, the St. Thomas School of Nursing was free to design the educational experiences offered, and the hospital could not demand the services of the students.⁵

From 1873 to 1933, the United States population

⁴Huda Abu-Saad, Nursing a World View, (St. Louis: C.V. Mosby Company, 1979), 96.

⁵Philip A. Kalisch and Beatrice Kalisch, The Advance of American Nursing, (Boston: Little, Brown and Co., 1986), 51.

doubled and the number of hospitals increased more than forty-two times, from 149 in 1873 to 6334 in 1933. This increase was due to scientific advances and discoveries that helped to preserve life, an expansion of support services, and a growing confidence in the quality of hospital care.⁶

Along with the rapid growth of hospitals came the rapid growth of nursing schools. In 1880, there were fifteen nursing schools and 323 students and 157 graduates in the United States. Only twenty years later, there were 432 training schools for nurses with more than 11,000 students and 3546 graduates.⁷

The rapid growth of scientific medicine called for more hospitals and for more nurses. Hospitals realized that training schools were the most economic means of obtaining a competent nursing staff for hospitals and homes. As a consequence of the development of science and the practical application of scientific principles, nurses required more knowledge and skills. More time and training was necessary to adequately prepare the nurse for practice.

While the initial programs were intended to be based on the Nightingale model, there were significant differences altering the history of nursing education. The core

⁶Kalisch and Kalisch, The Advance of American Nursing, 408.

⁷Ibid., 161.

weakness was the lack of autonomy caused by an unstable financial base. This caused schools to provide students' services to hospitals and private homes in an effort to provide a steady income. Students became primarily workers, not learners, as they worked when the hospitals needed them, regardless of classroom theory or schedule. Thus, students' experiences were restrictive, uncoordinated and inferior in many respects to their European counterparts using the financially independent Nightingale model. By the 1890s, students were working an average of seventy hours per week, with about two percent of the time spent in the classroom and ninety-eight percent in clinical practice on the hospital floors or in the homes. Lectures were usually given after a long day's work in the evening and students were required to make up any clinical time lost by attending lectures.⁸

Many schools tended to push the educational elements into the background especially in the smaller hospitals. These hospitals frequently had inadequate facilities for educating nursing students. There were no regulatory bodies or standards for curricula and new schools were started continually. The major emphasis was on technical proficiency and the number of clinical hours worked. Many schools had no nursing faculty and used students to completely

⁸Kalisch and Kalisch, The Advance of American Nursing, 161-171.

staff the hospital. If the students complained or refused to accept additional responsibility, they were threatened with dismissal.⁹ The initial founders of the training schools often expressed concern for students' health and education, but there was little they could do. Control of nursing had slipped away from nursing and had been passed on to the hospital which provided the school's financial support.

To meet hospital staffing needs, large numbers of students were admitted to programs several times a year. The education the students received was often incidental to their responsibilities as workers in the hospital. No standard of practice or means of assuring safe nursing care for the public existed. As scientific advances in medicine occurred, an even greater burden was placed on nursing students to provide care and assume the management of hospital units and to provide care in patients' homes.¹⁰ Hospitals relying on inexpensive student labor, employed relatively few graduate nurses, who usually served in the capacity of superintendents. On completion of the training program, the graduate nurse was forced to practice in private duty

⁹Norma Anderson, "The Historical Development of American Nursing Education," Journal of Nursing Education, 20, (1981): 24.

¹⁰Kalisch and Kalisch, The Advance of American Nursing, 185-193.

situations, primarily outside the hospital. Competition with the untrained for positions in private duty was commonplace. Nurses, who were fortunate enough to find employment, worked long hours for low pay and received no benefits for their personal well-being or future security.¹¹

By the end of the nineteenth century, conditions had reached a critical point and several superintendents of large, well-established training schools were voicing concerns for the future. Improvement in the education of nurses was seen as the first step in upgrading nursing practice.

In 1893, the American Society of Superintendents of Training Schools for Nurses in the United States and Canada was organized. This group was concerned with improving the nursing curricula and standards for admission.¹² In 1912, the association adopted its new name, the National League for Nursing Education (NLNE). Through the activities and efforts of the NLNE's education committee to raise the overall standards of education in hospital-based diploma programs, the Standard Curriculum for Schools of Nursing was published in 1917.¹³

This report outlined a three-year sequence including

¹¹Anderson, "Historical Development," 24.

¹²Kelly, Dimensions of Professional Nursing, 553.

¹³Kelly, Dimensions of Professional Nursing, 73.

courses in basic sciences, nursing and clinical experiences. The committee recommended that nursing students work no longer than eight hours a day and it advocated that high school graduation be a requirement for admission. The curriculum was revised and updated in 1927 and 1937.¹⁴ These guides were developed with members from all parts of the country and were regarded as instruments for improving the quality of nursing practice as well as promoting the growth of individual practitioners. The impact of the League's three curriculum projects stimulated nursing schools to substantially improve their educational standards. They were invaluable sources of references, and even though the 1937 Curriculum Guide never underwent another revision, the schools continued to implement its recommendations for many years thereafter.

Each development in nursing has been demarcated by some basic changes in nursing education and the struggle for educational opportunities for women has been a dominant theme in the history of American nursing. Even though there were opportunities for women to attend college in the United States when the Nightingale Training Schools were established in 1873, very few colleges admitted women. Colleges were not receptive to vocational and professional

¹⁴Committee on Curriculum of the National League for Nursing Education, A Curriculum Guide for Schools of Nursing, (New York: National League for Nursing Education, 1937), 3-14.

training, but concentrated on liberal arts. They visualized most of the female students as potential wives and mothers and not as long-time working women.

The beginning of higher education for nurses dates back to the establishment of the American Society of Superintendents of Training Schools. These dedicated nurses established university standards for nursing education by raising students' entrance requirements, promoting leadership in nursing and improvement of the quality of nursing programs, and worked for recognition by the universities.¹⁵

The pioneer of collegiate education in nursing was the Teachers College, Columbia University. The program was founded by a group of nurses. Led by Isabel Hampton Robb with the support of the dean, the initial programs provided additional education to nursing school graduates. The first program was established in 1899 as a course in hospital economics. By 1907, Adelaide Nutting was named the first professor of nursing at this university. Through a generous endowment, the Department of Nursing and Health was created in 1910. Teachers College pioneered in masters and doctoral education for nurses also.¹⁶

The first basic nursing program in a collegiate institution was started in 1908 at the University of Minnesota.

¹⁵Anderson, "Historical Development," 26.

¹⁶Ibid., 26.

Although students enrolled in the program were required to meet university standards for admission and classwork, they received a diploma from the university, not a degree. Two five-year programs leading to a baccalaureate degree were organized in 19 at the Columbia Teachers College and at the University of Cincinnati.¹⁷ In 1923, both the Yale University School of Nursing and the Frances Payne Bolton School of Nursing at Case Western University in Cleveland were established.

Another major development in nursing was the movement toward regulation of nursing practice by the states. The first state law regulating the education and practice of nursing was in North Carolina in 1903. By 1920, forty-seven states had passed the Nurse Practice Act, Nevada being the exception.¹⁸

When the United States entered World War I, schools of nursing were asked to increase their enrollments and to accelerate their programs to fill the increased nursing needs brought about by the war.¹⁹ In response to these pressures and other concerns, several landmark studies were conducted during the first few decades of the twentieth

¹⁷Joellen Watson, "The Evolution of Nursing Education in the United States: 100 Years of a Profession of Women," Journal of Nursing Education, 16, (1977): 35.

¹⁸Anderson, "Historical Development," 26-27.

¹⁹Watson, "The Evolution of Nursing Education in the United States...", 36.

century. Many nursing leaders were convinced of the need for sounder and broader educational programs to prepare nurses for expanded roles. These studies attracted national attention and had a profound influence and widespread impact on nursing and nursing education and the profession's development as a whole.

The Flexner Report of 1910, a study to reform medical education,²⁰ served as an impetus for the study entitled The Educational Status of Nursing, conducted in 1912 by Adelaide Nutting. This report revealed the appalling educational practices and the substandard living and working conditions of nursing students throughout the country. Its findings highlighted the need for major reforms and set the precedent for further investigations into nursing education and nursing practice.²¹

The initial major landmark study of American nursing and nursing education is the Goldmark Report of 1923, entitled Nursing and Nursing Education in the United States. This report was the result of a three-year investigation begun immediately following World War I. While the study identified numerous problems and issues in nursing and nursing education, it also revealed the profession's success

²⁰Bullough and Bullough, History, Trends and Politics of Nursing, 26.

²¹Janice Rider Ellis and Celia Love Hartley, Nursing in Today's World, (Philadelphia: J. B. Lippincott Company, 1988), 29.

and progress along certain lines. Overall, it clearly pointed out that the traditional apprenticeship system of diploma education was an inadequate method of preparing nurses for professional practice. Although the report, as a whole, constructively criticized all phases of nursing, including the Public Health Service, it provided specific challenges to the entire system of nursing education. It strongly urged a reorganization of schools and major improvements in the training of students. Even though the Goldmark Report offered a sound basis for dealing with the complex problems facing nursing, it did not stimulate broad public interest or widespread professional action for reform.²²

In 1928, the report on Nurses, Patients, and Pocket-books was released by the Committee on the Grading of Nursing Schools. This study was the first of three reports. Its origins can be traced back as far as 1911, when the idea of grading nursing schools was first given serious consideration by nursing leaders at the annual meeting of the National League of Nursing Education. The committee was made up of various interest groups, since the question of nursing education affected not only nurses but hospitals, physicians, other allied health groups and the public

²²Isabel M. Stewart, The Education of Nurses, (New York: The Macmillan Company, 1944), 196-205.

as well. Specific findings noted the great rate of growth of nursing schools since the turn of the century, as well as the minimal educational requirements for entrance. Further, the study demonstrated a serious overproduction of graduate nurses, resulting in chronic unemployment in the profession. Nurses were geographically maldistributed with low salaries and poor working conditions. Although patients and physicians generally seemed pleased with the nursing services rendered, there was evidence of serious incompetence by a number of nurses. The broad national statistical base gave the findings great authority in the nursing and medical professions but with the public also.²³

An Activity Analysis of Nursing, the second monograph report sponsored by the Committee on the Grading of Nursing Schools, was published in 1934. This study made an analysis of nursing functions and activities and used the findings to standardize and improve the curricula in nursing schools across the country, and to more closely correlate nursing theory with nursing practice.²⁴

The third and final report, Nursing Schools Today and Tomorrow, was completed and published in 1934. It set

²³May A. Burgess, Nurses, Patients and Pocketbooks, (New York: Committee on the Grading of Nursing Schools, 1928), 17, 260.

²⁴Ethel Johns and Blanche Pfefferkorn, An Activity Analysis of Nursing, (New York: Committee on the Grading of Nursing Schools, 1934), 79.

minimum standards for classifying schools. The committee concluded that the most fundamental problem in nursing education was the lack of adequate financial support. This final volume furnished the data and publicized the facts necessary to strengthen movements for reform and mold public opinion in support of nursing.²⁵

The peak in the number of training schools of nursing occurred in the late 1920s, reaching 2300. This phenomenal growth was halted by the Great Depression in 1929. Many hospitals went bankrupt and closed their doors, taking their schools of nursing with them. Many of the smaller and weaker schools vanished and by 1936, the number was reduced to about fifteen hundred state-accredited schools.²⁶

In the 1930s curricula were strengthened because the number of hours of service had been decreased and the number of hours of theory increased, but the curricula still had a narrow scope. Courses focused on technical dexterity and ignored liberal education.

With the outbreak of World War II, the nursing shortage reached critical dimensions. A bill was introduced by Frances Payne Bolton to the House of Representatives,

²⁵Committee on the Grading of Nursing Schools, Nursing Schools Today and Tomorrow, (New York: The Committee, 1934), 23-30.

²⁶Stewart, The Education of Nurses, 234-236.

creating the United States Cadet Nurse Corps in 1943. The Bolton Act was the first federal program subsidizing nursing education for both the school and the student. It was the first instance of federal aid to nursing.²⁷ Women, who volunteered for the Cadet Nurse Corps, committed themselves to engage in essential military or civilian nursing for the duration of the war.²⁸ While students had to fulfill the minimum admission requirements, such as required age (17 - 35), good health, a good scholastic record and graduation from an accredited high school, the nursing education program was accelerated from the normal thirty-six months to thirty months or less. Students who completed their basic educational requirements needed six months of experience before they could take the licensing examination. They received an important clinical practice assignment in a civilian, a military or a government institution for this time. The Cadet Nurse Corps was an outstanding success.²⁹

In the nation's schools of nursing the total student enrollment increased thirty percent from 1943 to 1948, including 179,000 cadet nurses. The final class was admitted in October 1945 and graduated in 1948 when the Cadet Nurse

²⁷Kelly, Dimension of Professional Nursing, 64.

²⁸Kalisch and Kalisch, The Advance of American Nursing, 529.

²⁹Ibid., 530.

Corps program terminated. A total of \$ 160 million in federal appropriations had been expended on this program. While nurses individually proved themselves during the war, efforts to reform nursing education were temporarily on hold.³⁰

In 1944 Congress passed a benefit package, the G.I. Bill of Rights, for all veterans of World War II. This bill included educational funds for veterans who chose to advance their education. More than 2.5 million veterans, including nurses, used their G.I. educational benefits. Nursing was one of the disciplines that received this influx of veterans.³¹

By 1946, with the war over and the domestic situation recovering slowly, nursing organizations set up a National Nursing Planning Committee to outline and define areas in nursing that needed study. Areas designated for study were the following: improvement in nursing service, nursing education programs, distribution of nursing services, standards and improvement of public relations, and general information about nursing to the public.³² With the establishment of these plans, the foundation was laid

³⁰Kalisch and Kalisch, The Advance of American Nursing, 541-542.

³¹John Brubacher and Willis Rudy, Higher Education in Transition, (New York: Harper and Row, Publishers, 1976), 233-235.

³²Anderson, "Historical Development," 29.

the establishment of these plans, the foundation was laid to further improve nursing education and bring about necessary changes, thus starting a new era in nursing education.

It became evident in the early 1940s that the education of nurses was in a period of transition. The development was from the older apprenticeship training to professional education; from the control of service agencies to educational control; from a conception of public service in the interests of the institution operating the school to one of primary concern for the interests of the public as a whole.

Several specific developments can clearly be seen as integral parts of this transition. First, there was the gradual increase in collegiate schools. Second, and closely related to the first, was the enlargement of the general education component in programs of nursing education. Third was the increasing application of professional control, in the form of accrediting and other broad types of social control. Finally, there was a trend toward consolidation of small schools and centralization of control, especially in universities which had medical centers. All of these trends seemed wholesome as they indicated that nursing was moving toward full professional status.

Several statistical articles were released in 1947 from the Department of Studies of the National League of

Nursing Education. From 1935 through 1946, the number of students enrolled in state-accredited schools of nursing increased yearly. After the declaration of war in December of 1941, the number of students admitted during the following year took a sharp rise, so that on 1 January 1943 there were 101,000 students enrolled. With establishment of the U. S. Cadet Nurse Corps in June of 1943 the increase became even more rapid. On 1 January 1944, there were 112,000 students enrolled increasing to 127,000 by 1 January 1945. At the end of the war, admissions to the Nurse Cadet Corps were closed resulting in a marked decrease in total student enrollment in schools of nursing.³³ On 1 January 1941, there were 1,303 schools of nursing. Since then the number has continued to decrease slightly each year with the exception of 1944, until in 1947 there were 1,253 state-accredited schools.³⁴

Sixty-two colleges and universities reported in the fall of 1948 that they were offering to graduate nurses programs leading to a degree to prepare them for teaching, administrative and supervisory positions. These institutions reported a total enrollment of 11,586 nurses. Of all students enrolled, twenty-seven percent were receiving

³³National League of Nursing Education, "Student Enrollment," American Journal of Nursing, (July, 1947): 489-490.

³⁴Ibid., 489-490.

funds under the G. I. Bill of Rights in 1948.³⁵ On 1 January 1949, there were 88,817 students enrolled in state-accredited professional basic schools of nursing. In 1949, 719 male students were reported enrolled in eighty-three schools. The number of black students enrolled in 149 schools reached 2,504.³⁶

The effects of all these trends were also noticeable in the hospital-based diploma nursing programs operated by the Sisters of the Third Order of St. Francis. Some important changes were about to take place in nursing and nursing education as well as health care.

Post World War II Studies of Nursing Education

Around 1950, a number of studies were published that had much impact on nursing education. One of the most influential was Dr. Esther Lucile Brown's report in 1948 entitled Nursing for the Future. Some of her most significant recommendations were the following:

that the term "professional" nurse be applied only to those nurses who have been graduated from college or university schools of nursing;
that different levels of nursing be identified,

³⁵National League of Nursing Education, "Graduate Nurses Enrolled in Colleges and Universities", American Journal of Nursing, (March 1949): 181-182.

³⁶National League of Nursing Education, "Student Enrollment, 1949, in Professional Basic Schools of Nursing," American Journal of Nursing, (June 1949): 394-395.

such as professional and technical;
 that lists of accredited schools be published and distributed, with a statement to the effect that any school not named had failed to meet minimum requirements for accreditation or had refused to permit examination;
 that hospital environments be changed so as to be more conducive to nurses' professional growth;
 that nurses be paid adequate salaries to induce them to remain in nursing;
 that provision be made for periodic reexamination of all schools listed or others requesting it, as well as for first examination of new schools, and for publication and distribution of the revised lists; and
 that definite improved curricula be instituted and higher educational standards be required.³⁷

The Ginzberg report in 1948, entitled A Program for the Nursing Profession, paralleled the Brown Report in many ways. He recommended that the preparation of professional nurses be in baccalaureate programs and the preparation of technical nurses in community colleges. He also recommended changes in the delivery of health care and suggested greater financial rewards for nursing and increased nursing research.³⁸

In her doctoral dissertation, published in 1951 as The Education of Nursing Technicians, Mildred Montag set forth her belief that the functions of nursing could be differentiated and that these functions lie along a continuum, with

³⁷Lulu Wolf, "The Brown Report," American Journal of Nursing, 48, (1948), 736-742.

³⁸Norma Anderson, "The Historical Development of American Nursing Education," Journal of Nursing Education, 20, (1981): 30.

professional at one end and technical at the other. Montag proposed the need for a new type of worker in health care, the "nurse technician," with nursing functions less in scope than the professional nurse and broader than the practical nurse. She advised that separate and distinct programs be set up for professional and technical workers and that the education of the nurse technician should take place in institutions of higher learning in this instance at the community college. The proposed technical nursing curriculum was to be a balance between general education and nursing courses. The emphasis was to be on education, not on service to the hospital. An associate degree was to be awarded at the end of the two-year program. Eligibility for state board examination for registered nurse licensure was assured.³⁹

The movement for associate degree nursing education began in 1952 as an outgrowth of the community college movement and the nurse cadet program created during World War II. The latter demonstrated that qualified students could be adequately educated in less than the traditional three years. The philosophy of associate degree nursing education is based on the premise that a nurse technician can be prepared for health care delivery performing routine

³⁹Susan Leddy and J. Mae Pepper, Conceptual Bases of Professional Nursing, (Philadelphia: J. B. Lippincott Company, 1985), 11.

nursing skills for patients. The setting of a nursing technician educational program is the junior and community college.

Dr. Mildred Montag, Director of the "Cooperative Research Project in Junior and Community College Education for Nursing", considered the program to be terminal. The associate degree programs maintained an open door policy and philosophy and therefore attracted non-traditional students such as older people, married women, men, minorities and students with a wide range of intellectual ability.⁴⁰

Dr. Margaret Bridgeman published another study on Collegiate Education in Nursing (1953) and warned that superimposing a liberal education on a diploma base was not the solution for the problems in nursing. She argued that nursing should have an upper division major as other academic disciplines.⁴¹

In 1958, a study, entitled Twenty Thousand Nurses Tell Their Story and initiated by the American Nurses' Association (ANA), was published. This study let nurses relate their attitudes, functions, and job satisfactions. It formed the basis for the formulation of statements on

⁴⁰Janis Rider Ellis and Celia Love Hartley, Nursing in Today's World, (Philadelphia: J. B. Lippincott Company, 1988), 48-52.

⁴¹Leddy and Pepper, Conceptual Bases of Professional Nursing, 12.

functions, standards, and qualifications for nurses published by the ANA Section on Nursing practice.⁴²

A report on nursing in the United States, entitled Toward Quality in Nursing: Needs and Goals, was issued in February of 1963 by the Surgeon General's Consultant Group in Nursing. Many deficiencies were cited, including many in the current nursing education system. It was recommended that a national investigation of nursing education be done that would place emphasis on the criteria for high-quality patient care.⁴³

The ANA Position Paper on Education for Nursing in 1965 is a landmark paper rather than a study. The basic position taken by the ANA was that the preparation for those employed in nursing should take place in institutions of higher learning within the general system of education.

The education for all those who are licensed to practice nursing should take place in institutions of higher education; ... minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing; ... minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing; ... education for assistants in the health service occupations should be short, intensive preservice programs in vocational education institutions rather than on-the-job training programs.⁴⁴

⁴²Anderson, "Historical Development," 30.

⁴³Surgeon General's Consulting Group in Nursing, Toward Quality in Nursing, (Washington, D. C.: Government Printing Office, 1963).

⁴⁴American Nurses' Association, Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper, 5-9.

The rationale for taking such a definite stand on the future direction of nursing education was in part based on the recognition of its heritage, its immediate problems, and the nature of nursing practice. The implications of the ANA's official position aroused intense controversy both within and without the profession. Its effects reached far beyond nursing, affecting colleges and universities, hospitals, physicians and other health care professionals. The statement had special significance for hospitals, which historically were responsible for preparing nurses. To this day, controversy still exists as to whether or not a combined liberal and professional education should take place in colleges and universities or in diploma schools of nursing.

Influence of Religious Women on Nursing and Nursing Education in the United States, 1860 to 1965.

Women religious in the United States have made a significant impact on American health care, nursing and nursing education. Religious have looked upon health ministry as a form of service. For many centuries, thousands of religious have given health care and administered nursing care within and without the walls of Catholic hospitals and institutions without considering race, religion or the ability to pay.

Catholic health care in this country has preeminently been a sister's story. It grew in response to both social and religious needs. The cost in terms of money, of goals and orientations, and of dedicated human lives, has been enormous. The schools and the

hospitals responded significantly to the needs for which they were fashioned. The credit is principally due to the successive generations of sisters who made up the religious congregations.⁴⁵

During the decades from 1820 to 1910, nearly thirty million immigrants were admitted to the United States, about ninety-one percent coming from Europe. Because of the persecution of the Catholic Church in Germany under Bismarck following the Franco-Prussian War, many were members of religious orders seeking refuge.⁴⁶

Along with the immigrants came a host of new social, economic and health problems. Crowded slums made for unhealthy living conditions. Slum dwellers were ravaged by epidemics of typhus, scarlet fever, smallpox, typhoid fever, tuberculosis and other communicable diseases.⁴⁷

From the earliest decades of the nineteenth century, congregations of women religious responded to the call of the Church and took upon themselves one of the most important challenges confronting the American society providing for the health care of a rapidly growing American population composed largely of immigrant families.⁴⁸

⁴⁵James Hennessey, "Prologue" in Ursula Stepsis and Dolores Liptak, Pioneer Healers, (New York: Crossroad, 1989), 8-9.

⁴⁶Stepsis and Liptak, Pioneer Healers, 35.

⁴⁷Kalisch and Kalisch, The Advance of American Nursing, 259-263.

⁴⁸Stepsis and Liptak, Pioneer Healers, 37.

From visiting the sick and poor in homes, their work quickly moved to the organization of hospitals and other health care institutions. Catholic health care during the late nineteenth century became increasingly institutionalized, as hospitals, staffed by women religious, served as the primary care givers, and as medical facilities were more frequently established to meet the requirements of specific ethnic groups.⁴⁹ Various communities of women religious continued to visit the sick and poor in their homes. Catholic women religious desired to relieve the suffering of the sick, and to bring them spiritual consolation during times of illness, distress and impending death.

During the Great Depression of 1929 and the years following, periods of suffering and deprivation were eased by Catholic women religious congregations giving support and comfort where possible and providing health services in hospitals and homes. During times of unemployment and impoverishment, illness increased in number and intensity. Many who were ill could not afford physicians' fees and hospital care and allowed their sickness to become critical rather than request charity. Others, men especially, became mentally ill through worry, anxiety and frustration when they were unable to

⁴⁹Stepsis and Liptak, *Pioneer Healers*, 114.

provide for their families because they could not find jobs. To meet the many social problems and hardships, hospitals and charitable institutions tried to alleviate suffering by furnishing medical and surgical care, food, nursing and other services.⁵⁰

Admissions to state hospitals tripled in the two-year period from 1930-1932 compared to the eight-year period between 1922 and 1930. The greatest number of illnesses, however, resulted from people being ill-fed and poorly clothed. On the streets, people fainted from hunger and poor diets caused rickets, scurvy, and pellagra.

Through this crisis, Catholic institutions, organizations and health care facilities opened their doors and assisted those who came for food and help. Long lines formed at their doors. Food was more readily available in health care institutions. Soup, sandwiches and coffee were served to people in the long breadlines.

Stretching food supplies to feed the hungry was not as difficult as stretching budgets to operate a hospital during this depression. Admissions decreased and forced many hospitals to close at least some of the floors. Many patients never paid their hospital bills or made only partial payment. Hospitals accepted payments in the form of

⁵⁰Stepsis and Liptak, Pioneer Healers, 138-140.

produce, in installments, or in other services in lieu of cash.⁵¹

For the sisters, the period of the Great Depression meant an increased workload and longer hours, as much as twelve to fourteen hours a day. Many had to give up the opportunity for further education or at least delay it. The majority of Catholic hospitals survived the Great Depression and have continued to maintain their policy of admitting patients of all creeds, races, nationalities, and financial means. Throughout the nineteenth and the first four decades of the twentieth century, members of religious communities of women in the United States reached out to those lacking adequate health care, to ethnic minority groups, to victims of natural disasters and economic depressions. Their motivation was love of God and their neighbor, and a dedication to service that allowed little time to record their activities.⁵²

The first school founded by Florence Nighingale for preparing lay women in the vocation of nursing, was built on the foundation of education as a social activity for developing the person first and then preparing her for service to others. In this respect, one may recall the word

⁵¹Stepsis and Liptak, Pioneer Healers, 141.

⁵²Ibid., 142-143.

of Pope Pius XI in his encyclical on the Christian Education of Youth:

Education consists essentially in preparing man for what he must be and for what he must do here below in order to attain the sublime end for which he was created. It is clear that there can be no true education which is not wholly directed to man's last end, and that in the present order of Providence, since God has revealed Himself to us in the Person of His Only Begotten Son, Who alone is the way, the truth and the life, there can be no ideally perfect education which is not Christian education Education is essentially a social and not a mere individual activity.⁵³

In a report entitled "General Statistics of the Catholic Hospital of the United States" published in 1938, the following statement is found:

During the last year, ten additional hospitals have been added to the list, so that at the present time we accept as Catholic hospitals 685 institutions in the United States. Six thousand three hundred and ninety-nine Sister nurses are engaged in active nursing duties in 441 Catholic hospitals, an average of 14.5 per hospital. Cooperating with this number of sisters there are, in 399 institutions, 6,572 graduate lay nurses, an average of 16.4 per hospital.

Of 476 institutions, 254 have introduced the eight hour day for their private duty nurses and 292 for their nurses on institutional service; while 222 institutions have not introduced it on their institutional service. Again we find regional differences. In the north and middle Atlantic states, the eight-hour plan for private duty has been introduced into only 40 per cent of the institutions, whereas in the far-western states the plan is in operation in 67 per cent of the institutions.

⁵³Pope Pius XI, Christian Education of Youth, (Washington, D.C.: National Catholic Welfare Conference, 1936), 13.

The eight-hour service for nurses on institutional duty has been introduced into only 35 per cent of the north and middle Atlantic states and into 73.9 per cent of the far-western states.

Among the 383 institutions, 156 report a shortage of nurses and 227 indicate by their answers that they have not felt such a shortage. The regional situations show considerable variation. In the north and middle Atlantic states only 23.2 per cent of hospitals have felt a shortage of nurses, but in the far-western states 59 per cent report such a shortage. A tabular summary of Catholic schools of nursing gives the number of general schools of nursing in the United States as 366.⁵⁴

It is difficult to place a beginning date for many of the modern schools of nursing for sisters (prior to admitting lay students), because, in many instances, they did not come into existence at a specific date, but evolved from perceived needs.⁵⁵ This was not the case for secular schools. A few orders planned specifically for schools for sisters only and organized them according to existing standards.

The curriculum content and the teaching in these schools was very simple and the lectures were given for the most part by physicians. It was customary for the members of the medical staff to give practically all of the lectures, including those on nursing care. Great stress was

⁵⁴Editorial, "Nursing in Catholic Hospitals," American Journal of Nursing, November 1938), 1254.

⁵⁵Sisters of Mercy, "Training School Methods and Organization under Religious Orders," (American Journal of Nursing, January 1913), 260.

placed upon housekeeping and much time spent on cleaning, dusting and other non-nursing duties. This was not peculiar to sisters' schools.⁵⁶ By 1927, sisters had organized 425 schools of nursing, of which 370 were state approved.

The total enrollment in all schools of nursing in 1927, was 19,031 students, of which 868 were religious. In addition to the 425 hospitals having schools, the sisters had under their management, 187 hospitals without schools.⁵⁷

Undoubtedly, many of the Sisters were influenced by their European backgrounds and brought to their hospital work and teaching many foreign customs which were not always understood by the American lay nurse, even if she was Catholic. What sometimes could be interpreted as unprogressiveness, was nothing more than European industry, frugality, and simplicity.⁵⁸

The interest of the Sisters in nursing education and in the advancement of the profession may be measured by their interest in and support of local, state, and national nursing organizations. Of the twenty-one State

⁵⁶Ann Doyle, "Nursing by Religious Orders in the United States," Part III--1871-1928, (American Journal of Nursing, September 1929), 1088.

⁵⁷Doyle, Catholic Year Book, (1928), 507, "Religious Orders," 1090.

⁵⁸Doyle, "Religious Orders," 1088.

Associations which answered a questionnaire sent them by the American Journal of Nursing in 1928, sixteen reported that all orders of Sister nurses in their respective states had representation in the State Association. Usually only one or two sisters of any particular order belonged, most often the superintendent of the hospital and the director of the school of nursing.⁵⁹ In 1914 there was but one Sister who was a member of the National League of Nursing Education. In 1928, twenty-five states had sisters who were members of the National League of Nursing Education.⁶⁰

Sisters have been members of important committees of the National League of Nursing Education since 1920. In 1928, sisters were involved as members and contributors in the following committees: Education; To Study Type of Magazine Required; Hospitality for Foreign Visitors; The Committee on Ethical Standards and the National Organization for Public Health Nursing. The committee which has been studying the grading of nursing schools, had a sister as one of its seven members.⁶¹

The group of nurses who have been honored by universities for distinguished work in their particular fields with honorary degrees, includes a sister nurse educator.

⁵⁹Ibid., 1088.

⁶⁰Ibid., 1088.

⁶¹Ibid., 1093-1093.

In 1926, Loyola University conferred upon Sister Veronica Ryan an earned degree of Doctor of Laws and thus she became the first Catholic Sister in the United States to be so honored.⁶²

The Catholic Hospital Association has been very interested in the education of nurses and carried on educational functions and services to schools of nursing through its Council on Nursing Education. At a meeting held in 1934, the Council on Nursing Education studied a practical plan for examining and evaluating Catholic schools of nursing. In 1938, an accrediting program for Catholic schools of nursing was inaugurated and the first forty-five schools were visited and accredited the same year. This was a valuable service to Catholic schools of nursing and assisted many schools in improving their educational program. The accreditation function of the association was discontinued upon the establishment of the National Nursing Accrediting Service in 1949.⁶³

There have been many outstanding lay and religious leaders in Catholic nursing education, such as Sister Veronica Ryan. Another outstanding leader was Sister M. Olivia Gowan, O.S.B. Her zeal for promoting high standards of achievement in nursing education is well recognized in

⁶²Ibid., 1094.

⁶³Frank, The Historical Development of Nursing, 320-321.

the profession. Through her professional leadership role in nursing education at the Catholic University of America and active membership in nursing associations, she influenced and touched many people all over the world.⁶⁴

These are only a few leaders in nursing and nursing education. Most of the Catholic nursing sisters went about their job of providing quality care to the sick, injured and poor and the training of the next generation for centuries without fanfare. Only with the emergence of nursing as a profession have the contributions of Catholic women religious begun to be recognized.

⁶⁴Stepsis and Liptak, Pioneer Healers, 224-229.

CHAPTER III

FOUNDATION OF THE COMMUNITY OF THE SISTERS OF THE THIRD ORDER OF SAINT FRANCIS IN THE MIDWESTERN UNITED STATES AND THE DEVELOPMENT OF HOSPITALS AND NURSING WITHIN THE ORDER

The development of the foundation of the community of the Sisters of the Third Order of St. Francis started when Divine Providence used an extremely negative and traumatic situation and experience to establish the sisters in a new community and in a new service arena. They moved from Europe to a new continent where the sisters were able to continue their charitable work for God and His people. If Otto von Bismarck, the "Iron Chancellor" of Germany, had not persecuted the religious orders in his native land through the May Laws of 1874, it is possible that the community of sisters might not exist today.

One of the most important personalities in the history and the development not only of Germany, but the whole of Europe in the second half of the nineteenth century, is von Bismarck. The results of his ascendancy to power are more far-reaching than those of any other statesman of his time. The unification of the German nation, the expulsion of Austria from Germany as well as Italy, the defeat of France and its consequent lasting antagonism with

Germany, are landmarks in the history of Europe up to World War I. All of these were the achievements of von Bismarck. He was responsible for the "Kulturkampf" and its sad consequences. The name "Kulturkampf" was given to the great campaign which Bismarck and German Liberalism fought against the Catholic Church and the Catholic Party of the "Zentrum."¹ In Germany, this struggle dominated the minds of people for four to five years in the early 1870s. It was a time of religious persecution in which many religious and priests left the country, because they were prohibited from carrying out the charitable work of the Church. It was this time period that shaped the community of the Sisters of the Third Order of St. Francis.

The story of the community actually begins a quarter of a century before the community was ever founded. The town of Herford, Germany, was in great need of an orphanage. Through the efforts of Rev. Bernard Heising, Catholic Pastor of Herford, a residence and a warehouse were obtained. These buildings were converted into an orphanage, one of the buildings for boys and one for girls. The orphanage was called "Haus Bethlehem" because of its extreme poverty. Being very concerned about the welfare of the children, Father Heising made great efforts to obtain the services of sisters to take care of the

¹Erich Eyck, Bismarck and the German Empire, (New York: W. W. Norton & Company, 1968), 202.

orphans. In 1852, he made application to the Franciscan Convent at Heythuisen, Germany. Because the demand for sisters was far greater than the supply, it was not until 1858 that he obtained the services of three Franciscan sisters for the Herford orphanage. For some unknown reason, the sisters were recalled to their motherhouse in less than two years and no replacement was found.²

On 3 February 1860, just a few weeks after the Franciscan sisters left, Father Heising, with the support of Bishop Conrad Martin of Paderborn, obtained four sisters from the Holy Cross Convent in Strassburg.³ One of these sisters was Sister Mary Xavier Termehr, who was destined to play a very important role in the history of the Sisters of the Third Order of St. Francis.⁴

Living conditions in the orphanage were extremely poor as funds for the orphans were not available. The sisters also cared for the sick parishioners in their homes and supported themselves and the orphans from voluntary donations and gifts of the people of Herford. Financial restraints made it almost impossible to afford travel for

²Sister Mary Cortona Gloden, The Sisters of Saint Francis of the Holy Family (St. Louis, Mo.: B. Herder Book Co., 1928), 12.

³Sister M. Thaddea Goedde, The Charity of Christ Urges Us, (Motherhouse, East Peoria, Illinois.: unpublished manuscript, 1969-1970), 30.

⁴Gloden, The Sisters of St. Francis of the Holy Family, 12-13.

the sisters to retreats, for illnesses or transfers to the motherhouse. Because of this, the sisters were not meeting the requirements of the Mother General in Strassburg. Father Heising, in cooperation of Bishop Conrad Martin of Paderborn and Bishop Roess of Strassburg, proposed to Madame A. de Glaubitz, the Mother General of the Holy Cross community, and to Sister Mary Xavier, that an independent community and motherhouse be established in Herford. Three sisters were recalled to Strassburg and Sister Mary Xavier withdrew from the Holy Cross community. After much correspondence, both bishops gave their wholehearted approval to the establishment of an independent community and motherhouse in Herford on 11 November 1864 with Sister M. Xavier as its superior.⁵

Sister Mary Xavier remained in Herford to take care of the orphans in "Haus Bethlehem" and within a week four other young women joined her. They later formed the nucleus of a new community. One of these young women was Theresia Krasse from Herbern, Germany. She later became Sister Mary Frances Krasse and the founder of the Sisters of the Third Order of St. Francis.⁶

By 1866, the small community had expanded to fourteen

⁵Gloden, The Sisters of St. Francis of the Holy Family, 13-14.

⁶Sister Mary Eunice Mousel, They Have Taken Root (New York: Bookman Associates, 1954), 68.

members, but none had been invested or bound by vows. In a self-sacrificing spirit, they prayed and worked together in caring for the orphans and the sick in Herford. While battling with unbelievable poverty, they shared with anyone in need what they had to offer and no one was turned away.

Bishop Conrad Martin of Paderborn wanted the small community to give reasonable proof of its permanency before it would receive ecclesiastical approval. With the support of Pastor Heising as spiritual director and mentor, the young community received the Bishop's permission to live for one year under the Franciscan Rule of the Third Order before taking religious vows. On 11 February 1868, the Franciscan Provincial, the Reverend Pius Block, presided over the investiture ceremonies of sixteen young women who received the habit of the new congregation. The sisters adopted the name of the Sisters of Mercy of the Third Order of Saint Francis.⁷ On 3 November 1869, the sixteen novices pronounced their first vows and seven postulants received the habit. Three of these newly invested novices later became part of the Peoria Franciscan Community.⁸

During the Franco-Prussian War of 1870, sixteen of the twenty-three sisters volunteered their services to care for wounded and dying service men. Two of the sisters died as

⁷Mousel, They Have Taken Root, 69-73.

⁸Ibid., 74.

as a result of disease contacted in their service, while the health of five others was seriously impaired.⁸ In January 1872, the sisters were presented with the Iron Cross, the highest award given for distinguished services during the war. The document accompanying this honor was signed by the Empress Augusta. A Jesuit friend of the sisters however warned them: "I am no prophet, but do not be elated by the praise you are receiving now. In a few years, the same officials that now flatter you, will banish you."⁹ The warning became a reality.

Bismarck's infamous May Laws of 1874 attempted to make the Church in Germany subject to the state and to separate the German clergy and religious from Rome. The laws demanded civil action on all appointments made by the Pope. Other restrictions suppressed all religious orders and expelled all members except those caring for the sick.

Almost all bishops were imprisoned or exiled. About nine thousand religious, men and women, were driven from their homeland.¹⁰ When confronted with a choice of

⁸Ibid., 76-77.

⁹Ibid., 81. In the archives of the motherhouse in Dubuque, this Iron Cross still rests in the box in which it was presented many years ago. The ribbon has grown shabby, and the box also; but the cross itself looks new and untarnished.

¹⁰Mousel, They Have Taken Root, 81-83.

conforming to the laws and living as seculars in Germany or of remaining true to their religious vocation, the twenty-five sisters and four postulants, under the leadership of Sister Mary Xavier, unanimously decided to leave Germany. They decided to settle in America in the state of Iowa, financing their trip with their returned dowries, which were just enough to take care of their traveling expenses. Before the sisters made the trip to America, they were allowed to spend some time with their families. They also had the option to request dispensation from their vows, should the departure from Germany be too difficult. Not one of the sisters elected this option.¹¹ The Bishop of Paderborn gave the sisters the following letter of recommendation for the Bishop of Dubuque, Iowa:

The Sisters of St. Francis have been engaged in my diocese in educating children and orphans as well as caring for the sick in a most praiseworthy manner, but on account of the cruel laws of the State of Prussia, they have been obliged to emigrate to America. These, my good daughters, I recommend in the warmest manner to your brotherly care.¹²

The day of departure day was set for 20 August 1875.¹³ Pastor Heising, the orphans, and the sick in the

¹¹Gloden, The Sisters of St. Francis of the Holy Family, 30-35.

¹²Historical Sketch of the Founding and Work of the Sisters of the Third Order of St. Francis in Peoria, Illinois, 1920, 5.

¹³Mousel, They Have Taken Root, 91-92.

parish, deeply regretted the departure of the sisters. Rev. Heising tried to hold off their leaving as long as possible as he had no replacement for the departing sisters.

The Herford Newspaper Westfaelische Zeitung carried the following article:

The Sisters of St. Francis, about thirty in number, who have been stationed in Herford for a number of years, have departed for Rotterdam, whence they will set sail for America and later settle in the State of Iowa. From a merely humanitarian point of view, the departure of these nurses, is much to be deplored. They deserve great praise for their fidelity to duty, regardless of the religion of their patients. It has never been noticed that they tried to influence their patients to act against their religious convictions. Many of the sisters, moreover, are leaving their native land with sorrow-laden hearts.¹⁴

On 21 August 1875, twenty-five sisters and four postulants boarded the ship Caland and left Europe for the New World. Their original plan to leave on the Deutschland did not materialize. Later it was learned that the latter had shipwrecked in the English Channel and all passengers had lost their lives. The sisters landed safely in New York on 5 September 1875, and arrived in Iowa City on 8 September 1875.¹⁵

In keeping with their mission in Germany, they began to take care of the sick in their homes and the orphans. They also began to teach in schools, but the language

¹⁴Mousel, They Have Taken Root, 92.

¹⁵Ibid., 92-95.

difference proved to be a serious handicap in the first few months.

The sisters were again confronted with extreme poverty as they only accepted voluntary donations for compensation. To take care of the needs of patients and orphans, as well as themselves, some of the sisters went on begging tours and collecting trips. These trips demanded much humility, a strong faith, and a great physical endurance. It was on one of these collecting trips to Illinois in the winter of 1876 that the sisters made contact with the Reverend Bernard Baak, pastor of the St. Joseph's Catholic Church in Peoria and approached him for donations. Father Baak was very interested in establishing a Catholic hospital in Peoria, Illinois. There was also an acute need for nurses. Father Baak wrote to Mother Mary Xavier and requested to send a few sisters to Peoria to start a hospital. On 28 October 1876, six sisters left Iowa City for Peoria and started a hospital in a rented, old, two-story residence on S. Adams Street.¹⁶

The sisters began their work by caring for the sick and the poor in the hospital and in homes. Upon their arrival in Peoria and their first visit to St. Joseph's Church, Sister Frances Krasse and her companions sentiments of total dedication in serving the sick and the poor and a

¹⁶Mousel, They Have Taken Root, 118-119.

great trust in God. They seemed to promise never to refuse anyone who needed their help and care.¹⁷ While the sisters struggled with extreme poverty, because they were not charging for their services, they trusted in Divine Providence for their sustenance. Sometimes a well-to-do patient would give them money; other times, farm produce would help them to survive. When there was no more food, the sisters went from door to door, begging for food for their patients and themselves. Thus the sisters managed to accept patients regardless of their ability to pay, their physical condition, or their religious denomination.¹⁸

On 1 May 1877, shortly after the sisters' arrival in Peoria, John Lancaster Spalding was consecrated Bishop of Peoria. He took a keen interest in the hospital sisters. During a visit at the hospital, the Bishop was surprised at the poor surroundings, their lack of hospital necessities, and the old and poor building they used as a hospital. He set out to remedy the situation.¹⁹ The bishop's offer of help included more hardship and sacrifice for the sisters as it required a separation from the motherhouse in Iowa

¹⁷Sentiments passed on by word of mouth from Sister M. Barbara, (who was a member of the original group coming to Peoria) to Sister M. Leonilla to Sister Judith Ann and to Sister M. Ludgera.

¹⁸Mousel, They Have Taken Root, 119.

¹⁹John J. Burke, Trials and Triumphs, (New York: The Longfellow Press, 1942), 2.

City and the start of an independent community in his diocese, where the sisters would be devoted entirely to hospital work. Bishop Spalding contacted Mother Mary Xavier and offered his help if she would consider releasing the small group of sisters from the community and allowing him to establish them as a new and independent hospital community in Peoria. With mixed sentiments, Mother Mary Xavier gave her consent with the option that the sisters could chose freely to either remain in Peoria or return to Iowa City. This was the second time during their religious lives that some of these sisters had started a new apostolate in foreign surroundings, separated from their religious companions. The original group of six sisters agreed to stay in Peoria and begin the new community.²²

On 16 July 1877, the sisters met with Bishop Spalding for the purpose of founding the new community. Sister M. Frances Krasse was elected as the first Mother General of the Sisters of the Third Order of St. Francis, Peoria, Illinois. The religious community followed the Rule of St. Francis of Assisi and expressed its deep spiritual life through the care of the sick and the poor.²³

Thus was brought into existence this Franciscan community dedicated to Christ in the service of the sick

²²Goedde, The Charity of Christ Urges Us, 47-48.

²³Burke, Trials and Triumphs, 14.

and poor. It became a community destined to grow in membership and to foster health care for the sake of the Kingdom. In caring for the sick, injured and poor, it manifested the loving concern of the Church for the sick and poor people in various parts of Illinois, Iowa, Michigan, South Carolina and finally to some of the poorest of the poor in Ecuador, South America.

By the end of 1878, financial difficulties became unbearable for the sisters in Iowa City also. As so many times before, when their need was the greatest, God's help was nearest. On one of her trips in Iowa, Mother Mary Xavier traveled in the same coach as Bishop Hennessey. During the course of the conversation, the Bishop advised Mother Mary Xavier to contact Father Clement Johannes in Dubuque, Iowa, the chair of a committee planning an orphanage for the city of Dubuque, Iowa. As a result of these contacts, the Franciscan community of Iowa City moved to Dubuque, Iowa, in December, 1878. By this time a number of American-born young women had entered the congregation. The community, which is known today as the Sisters of St. Francis of Dubuque, Iowa, has given great service to the Church, particularly in the field of education.²⁴

²⁴Mousel, They Have Taken Root, 125-134.

Growth and Expansion of the Peoria Community

Theresia Krasse, foundress of the Sisters of the Third Order of Saint Francis, Peoria, Illinois, was born as the fifth of six children on 23 March 1839 in Herbern, Germany into a farmers' family. She was the third young woman to join Mother M. Xavier at "Haus Bethlehem." Her entrance day was 5 April 1865, and she received the name of Schwester M. Franziska (Sister M. Frances) as a novice on 11 February 1868. She took her first vows on 19 November 1869.²⁵

Sister Mary Frances Krasse was only thirty-eight years old when she was elected the first Mother General of the new community. She seemed to exemplify a spirit of deep faith and humility as she administered the small community and cared for the sick and the poor. In her motherly and self-sacrificing way, she seemed to have gained the trust and confidence of all her sisters. Although she only had a limited education as an elementary school teacher and none as an administrator, she had a natural and practical business sense which enabled her to lead her young community wisely, working with the sisters to make every undertaking a work of love.

²⁵Rev. L. Bernard, Letter to the Sisters of the Third Order of St. Francis, 17 February 1964; Motherhouse Archives, Peoria, Illinois (hereafter cited as MAPI).

One of Mother Frances Krasse's great concerns was for the growth of Christian holiness among the sisters. Her New Year's letter of 1884 to the community, hand-written in German in very old script used before 1900, expresses a true Franciscan spirit and tells something about the woman who wrote it:

A happy New Year! Thus I call to you from afar. Yes, today, on the first day of the new year I cannot but offer to you my best wishes and give you a few heart-felt words. How much I would like to be in your midst today; but since we have already several houses, this is an impossibility for me and for you, dear sisters. You must be satisfied if I sent you my New Year's greetings from afar.

What diverse feelings crowd into our hearts this day! Feelings of thanks gratitude and love towards God for the many graces and benefits we have received throughout the past year from His hands; but also feelings of sorrow and humility because of our ungratefulness towards God. -- O God, when we consider our life we must say that we have not spent even one day during the past year in a manner really pleasing to God. Let us judge ourselves justly on this day that we may not one day be judged in eternity.

Let us think over our past life and see what we have to improve upon. How many years have we lived in the order and still we continue to commit the same faults and imperfections. When will we finally start in earnest to strive for perfection? Let us not postpone this resolution from one day and from one year to another so that we may not find ourselves at the end of life with empty hands and find that our whole life has been only a wishing and wanting; and that our good resolutions were never carried out -- Oh, if this is true of us, we will be found at the end of life like those foolish virgins in the Gospel, who, although having lamps, had no oil in them. They had not the oil of good works and the Bridegroom was close before their eyes; but they could not enter with the Bridegroom to the wedding feast; instead they heard the terrible words: "I do not know you."

Let us therefore, like the wise virgins, keep our lamps always filled with the oil of good works, so that when our heavenly Bridegroom comes and calls us, He will find us ready, and we will enter with Him to the everlasting "Wedding feast of the Lamb."²⁶

Another letter entitled Mother Frances' Last Letter is in existence in a handwritten notebook in the archives of the Motherhouse, apparently copied by a novice. It is dated New Year 1885.

Blessed New Year! So do I call out to you, dear Sisters, from afar. Again a whole year is passed, and today begins a new year. Wonderfully and full of love has the dear God guided us during the past year. Each new day was a new evidence of the fatherly the fatherly goodness of God. How much gratitude we owe Him. How shall we begin to express all the feelings of our hearts inspired by the memory of the multitude and the greatness of His kindness. How ashamed do we feel at the thought that we have been so ungrateful during the past year toward such a good God; how often we have neglected our duties; how often we have failed against our holy Rule.

Today, on the first day of the year, we want to recall to memory once more the past year and ask ourselves the following three questions: 1) Have I become better or worse? 2) Have I taken pains to grow in virtue and perfection? 3) How would I have stood before the judgement seat of God, if He had called me through death during this past year? O my God, who will not have to look back with shame, but it shall be better in the future. During the coming year we shall not let pass one day, not even one hour without lifting up to Him our spirit and childlike prayer. Exactly and conscientiously we want to carry out our duties in love to our heavenly Bridegroom; carry out the works of charity to the sick in a spirit of faith; never stand still in the striving for perfection;

²⁶Mother M. Frances Krasse, 1 January 1884, letter in German to the community, MAPI.

always go ahead courageously. In all sufferings and temptations we want to consider that a wise and good Father directs and guides the destinies of man and sends everything for our best.

These shall be our resolutions for today and all the days in our life, since we do not know when for us the last day will come. So that, when the Bridegroom comes to call us, we may be ready, and He finds us watching and we enter with Him to the heavenly nuptials.²⁷

The serious, nostalgic tone of these letters seems to indicate that Mother M. Frances perhaps had a premonition that her time on earth would be short.²⁸

In March, 1885 Mother M. Frances became seriously ill with a lung problem which resulted in consumption. It was her most ardent wish to see a chapel erected for the sisters. It was during her illness that the dedication of the new chapel was scheduled on 12 August 1885. Unable to take part in the ceremonies, she requested to be carried into the chapel on 17 September 1885. With a prayer: "Lord, let me die, for I have seen your chapel," she resigned her intense suffering to God's Will.²⁹ On 28 October 1885, at 5:15 A.M., surrounded by her praying and mourning sisters, Mother Mary Frances Krasse died at the age of forty-six. Her last admonition to her

²⁷Willeke, Gaudentia, trans., The Spirituality of Our Pioneer Sisters, (Peoria, Illinois: Motherhouse, unpublished notebook, 1976), 49.

²⁸Goedde, The Charity of Christ Urges Us, 52.

²⁹Ibid., 53.

sisters was this message:

Sisters, keep yourselves in strict accord with the Holy Rule and Statutes. Live in meekness and obedience, nurse the sick with the greatest care and love; then will God's blessing be with you.³⁰

The sisters were filled with deepest sorrow and sadness at their great loss. The funeral took place on 30 October 1885. Bishop Spalding celebrated a solemn High Mass and gave a short but touching eulogy in which he alluded to the many virtues and loving character of the deceased. He held up her dutiful and self-sacrificing life as an example worthy of imitation. Worthy to live and worthy to die -- this was the Foundress' legacy to her sisters.³¹

When the new community of the Sisters of the Third Order of St. Francis was established on 16 July 1877, there were eight professed sisters, one novice and one postulant. The novice received the religious habit on the founding day. The postulant received the religious habit a few months later on 5 October 1877. By the end of 1877, the membership of the community comprised eight professed sisters and two novices. Gradually the number of members grew as shown in the table below:

³⁰Willeke, trans., The Spirituality of Our Pioneer Sisters, 49.

³¹Historical Sketch, Chapter III, 9.

Table I

End of Year	Professed Sisters	Novices
1877	8	2
1878	8	4
1879	10	7
1880	11	9
1881	15	16
1882	15	21
1883	26	16
1884	31	16
1885	34	12
1886	40	7
1887	43	7

Source: Community Register, (Motherhouse, Peoria: Sisters of the Third Order of St. Francis, 1877-1990), MAPI.

In 1881 and 1882 the novices outnumbered the professed sisters. Because the novitiate was two years in length, there was an overlap in the number of novices from one year to the next. The table also shows that not every novice was admitted for profession. A record of these pioneer sisters is available by legal name, religious name, date and place of birth, admission and death or departure.³² The life of the sisters was not easy, but often very demanding and physically exhausting. In spite of this, the number of members grew gradually and so did their apostolate.

³²Community Register (Motherhouse, Peoria: Sisters of the Third Order of St. Francis, 1877-1990), MAPI. This register contains the sisters' names, date of birth, birth place, date of admittance, date of reception, first vows, second vows, final vows, date of death. All entries have a running number.

The small, two-story building on 700 S. Adams Street soon proved to be inadequate for the care of the sick and housing for the sisters. With the help of Bishop Spalding, who was a great supporter and friend of the sisters, and other friends of the sisters, the Underhill Estate on the East Bluff of Peoria, comprising thirty-one acres and overlooking the Illinois River, was acquired and purchased from Mrs. Lydia Bradley on 9 August 1877. Immediately, plans were made for remodeling and enlarging the existing structure. The cornerstone was laid on 30 September 1877 by Bishop Spalding.³³

On the East Bluff one of the most conspicuous and handsome buildings is the Bradley Hospital. It is owned and conducted by the Sisters of St. Francis, who were exiled from Germany a few years ago. It was established in 1878.³⁴

At the time the Sisters of St. Francis, who take charge of the hospital, had a small infirmary on Adams Street, near Bridge Street, which they had managed about a year and a half. Thereupon the scene of their devoted labors was transferred to their new building, which had been fitted up with everything necessary for its purpose, and hundreds can testify from their own experience, to the unremitting watchfulness and care with which the good sisters had tended the beds of those who have been inmates The patients last year (1879) numbered about one hundred fifty, and about one hundred of them were charity patients.³⁵

³³Souvenir of the Silver Jubilee, Sisters of the Third Order of St. Francis, Peoria, Illinois, 1878-1903, (n.p. 1903), 8, MAPI.

³⁴History of Peoria County, (Chicago: Johnson and Co., 1880), 460.

³⁵Ibid., 568.

The hospital was completed and ready for occupancy by March 1878, at the cost of \$ 10,500 and was dedicated by Bishop Spalding in May of 1878.³⁶

It was a four-story structure and had a capacity of thirty-five beds. The new building also served as the nucleus and motherhouse of the religious community. A large room was set aside to be used as a chapel.

There were facilities for a kitchen, a bakery, a laundry and a sister's dining room. The sisters used any spare rooms in the building for their personal quarters.³⁷ The sisters were very happy to have more room for their patients.

Available pictures show that the new spacious facility had a beautiful and panoramic view of the Illinois River, was surrounded by majestic trees and the grapevine covered hillside leading one hundred and ten steps down toward Greenleaf Street to the vegetable garden.³⁸

The sisters used the open land to raise their own vegetables, providing food for themselves and their patients. It can well be imagined that it was often difficult to find adequate time for farm chores as well as for their

³⁶Souvenir of the Silver Jubilee, 1878-1903, 9, MAPI.

³⁷Diamond Jubilee Booklet, St. Francis Hospital, Peoria, Illinois, 1878-1953, (n. p. 1953), 33, MAPI.

³⁸Souvenir of the Silver Jubilee, 15, MAPI.

work in the hospital as there were only eight professed sisters, two novices and two postulants when the new hospital opened.³⁹

The daily routine of these pioneer sisters was very strenuous: rising at 5:00 AM each morning to pray and work; caring for the patients in the sick rooms and transporting them up and down the stairs; performing the housecleaning and maintenance duties of the hospital; washing the hospital laundry. All of this work was done by the sisters themselves.⁴⁰

Many of the sisters' services were freely given to the poor and needy as well as to the sick with no hope or thought of payment.⁴¹ The young community was quickly in debt. Patients were crowding into the hospital and most of them were unable to pay for their care. The sisters went on collecting and begging trips. In general, they were successful in their solicitation and received sufficient donations to enable the community to carry on its work for the care of the sick.

On many occasions the sisters were heroic in their self-sacrificing care for the sick. The following example is an illustration of one such heroic experience:

³⁹Community Register, 1877-1990, MAPI.

⁴⁰Historical Sketch, 13.

⁴¹Goedde, The Charity of Christ Urges Us, 62.

An illustration of the hardships of the sisters, when the hospital was in its infancy, was a small-pox case of the most virulent kind. The superior, not wishing to ask one of the sisters to handle the case, called for volunteers. One sister came forward, insisting on serving. Two rooms were set aside in the attic, one for the patient and one for the sister. Here they remained for more than a month. For days it appeared the victim would die, and for days the sister comforted and cared for him. At last he was pronounced out of danger, and although he carried the disease's pock marks to the end of his life, he never forgot the kind treatment of those who cared for him.⁴²

Early Hospital Records

The earliest summary of statistical information of St. Francis Hospital, Peoria is a handwritten Record Book, kept in the archives of the motherhouse. It is dated from 1 January 1879 through January of 1888. The statistics are well kept, giving the following information on each patient admitted to St. Francis Hospital: Date of admission, patient's name, hospital number, age, religion, nationality, city of residence, disease, issue (whether the patient recovered, was found incurable, left the hospital, was discharged or died), date of discharge or death. If a patient died, the day of discharge was marked with a small cross.

In studying these early records, some interesting facts have come to light. In one situation a young mother was admitted to the hospital and her two children, ages one and one half and three, were also brought in as boarders

⁴²Burke, Trials and Triumph, 23.

until the mother was well again and was discharged. In another instance, both the husband and the child boarded at the hospital, while the wife and mother was a patient. Other boarders were also cared for such as: young women, ages eighteen to twenty and aged people who had nowhere to live. The aged remained at St. Francis Hospital until they died. Much of this service was freely given to the poor and needy without compensation. Many entrees were marked "charity" alongside the date of discharge or death.⁴¹

An analysis of the "place of residence" of the patients during the first two years recorded in this book shows that, of the 128 persons admitted to St. Francis Hospital during 1879, only sixty-eight were residents of Peoria. The rest of the patients were from twenty-eight other cities and towns of Illinois. In 1880 the number of patients increased to 148, and the place of residence, besides Peoria, to thirty-five cities and towns. Of the 128 patients during 1879, twelve died and of the 148 patients during 1880, twelve died also. During these two years the most prevalent diagnoses in the hospital were as follows: Malaria, fever, sore eyes, rheumatism, pneumonia, old age, debility, tuberculosis, insanity, and nervousness.⁴²

⁴¹St. Francis Hospital Record Book, 1879 to 1888,
 MAPI, (handwritten record book).

⁴²St. Francis Hospital Record Book, 1879-1888, MAPI.

The ages of patients during these same two years are recorded as follows:

Table II

<u>Age Group</u>	<u>% admitted in 1879</u>	<u>% admitted in 1880</u>
0 to 9	5	9
10 to 19	10	14
20 to 29	17	20
30 to 39	15	16
40 to 49	27	17
50 to 59	13	15
60 to 69	9	5
Over 70	4	4

Source: St. Francis Hospital Record Book, (Peoria, Illinois: St. Francis Hospital, 1879-1888) MAPI.

The medical staff of St. Francis Hospital increased also. By 1890, the medical staff of the Hospital consisted of sixteen physicians.⁴³

Becoming a Legal Corporation

Late in December of 1879, the sisters took steps to have the community organized as a legal corporation under the laws of the State of Illinois for the purpose of conducting hospitals. Apparently this step was taken on legal advice and for the purpose of legal recognition. The new corporation was given the same title as the sisters' congregation: The Sisters of the Third Order of St. Francis, Peoria, Illinois. The final Articles of Incorporation were filed on 2 January 1880, in Bloomington, Illinois,

⁴³Ibid., MAPI.

Mc Lean County, which became the sisters' legal place of business.⁴⁴ It was anticipated that the seat of the Diocese would be in Bloomington, Illinois.

In 1900, Mother Clara took steps to to have the place of business of the Corporation of the Sisters of the Third Order of St. Francis changed from Bloomington, Illinois to Peoria, Illinois, because of the great inconvenience for the Board of Managers to travel to Bloomington for all business meetings. The resolution of this change was adopted by the members of the corporation, the sisters, at a special meeting on 22 May 1900. The certificate of this legal change is dated 5 June 1900.⁴⁵

The management of the corporation was vested in a board of three managers who were elected according to the by-laws of the corporation, the Mother Superior of the Congregation always being ex-officio the president of the corporation. According to the by-laws, in addition to the Board of Managers, there was a Board of Directors made up of seven sisters, three of whom were the Board of Managers and four others elected by the sisters of the corporation.⁴⁶ The young corporation had regular meetings

⁴⁴Articles of Incorporation, Sisters of the Third Order of St. Francis, Peoria, Illinois, 1880, MAPI.

⁴⁵Board minutes, 22 May 1900, MAPI.

⁴⁶By-laws of the Corporation of the Sisters of the Third Order of St. Francis, Peoria, Illinois, 1880, MAPI.

starting with 5 January 1880. Minutes indicate concise business transactions and resolutions made regarding purchasing property, borrowing and spending money, repayments of loans, building new hospitals, enlarging existing hospitals, appointing superiors, who for many years were also the administrators of the hospitals, and appointing sisters for special services.

In reading through the minutes of these early board meetings, which are recorded in a large handwritten book, one is amazed to find business practices in existence that are still practiced today. It seems these pioneer sisters had much common sense and perhaps good legal advice. It also seems that their trust in God's providence in undertaking almost impossible projects was a great help in accomplishing them.⁴⁹

The reputation of the sisters' excellent nursing care and their loving concern for their patients spread throughout the surrounding area and into other states. Requests came from bishops, physicians and other prominent people of various cities in different states to carry on the work of Christ in healing the sick and establishing hospitals. Within a period of thirty-five years, eleven hospitals were established. The foundation that Mother

⁴⁹Book of Minutes, Sisters of the Third Order of St. Francis, 1880-1900, MAPI.

Frances Krasse had so humbly begun, was destined to flourish and grow beyond her greatest expectations.

The following is a list of names and locations of hospitals established:

- 1877 St. Francis Hospital, Peoria, Illinois,
now Saint Francis Medical Center.
- 1880 St. Joseph Hospital, Bloomington, Illinois,
now St. Joseph Medical Center.
- 1882 St. Francis Hospital, Burlington, Iowa,
now St. Francis Continuation Care and
Nursing Home Center.
- 1884 St. Francis Hospital, Escanaba,
Michigan.
- 1887 St. Joseph Hospital, Keokuk, Iowa,
(closed in 1975)
- 1889 St. Joseph Hospital, Menominee, Michigan,
(closed in 1974).
- 1890 St. Mary Hospital, Marquette, Michigan,
(closed in 1973).
- 1899 St. Anthony Hospital, Rockford, Illinois,
now St. Anthony Medical Center.
- 1907 St. James Hospital, Pontiac, Illinois.
- 1909 St. Mary Hospital, Galesburg, Illinois,
now St. Mary Medical Center.
- 1912 Sacred Heart Hospital, Fort Madison, Iowa,
(closed in 1977).
- 1935 St. Philip Hospital, Rock Hill,
South Carolina, (closed in 1958).
- 1957 General Corporate Office, Peoria,
Illinois.
- 1968 Mission for Indians, Ambato, Ecuador.
- 1988 St. Joseph Hospital, Belvidere,
Illinois.

1989 St. Anthony Continuing Care Center, Rock Island, Illinois, and St. Mary of the Angels Convent, Rock Island, Illinois.⁵⁰

First Mission: St. Joseph Hospital, Bloomington, Illinois

In 1880, Bishop Spalding and the citizens of Bloomington, Illinois, initiated a move for the establishment of a Catholic hospital by the Sisters of the Third Order of St. Francis. In the minutes of the first board meeting of the sisters is the adopted resolution for the establishment of the first mission house of the sisters:

To comply with the wishes of the Rt. Rev. Bishop Spalding of Peoria, Illinois, and some physicians and citizens of Bloomington, Illinois: be it resolved that Mother M. Frances Krasse and Sister M. Augustina Krasse are authorized to go to Bloomington to select and purchase property to open the hospital, said hospital is to be called St. Joseph Hospital.⁵¹

The pastor of St. Mary Church in Bloomington assisted Mother Frances Krasse to purchase a five acre plot on West Jackson Street with a two-story brick house in the center for \$7,000 for use as a hospital. The interior of the house was remodeled and converted into suitable hospital rooms. The hospital opened on 11 March 1880 with Sister Augustina Krasse as the first superior and administrator of the hospital. Two other sisters accompanied her.⁵²

⁵⁰Book of Minutes, listing of the founding years of hospitals, 1880-1989, MAPI.

⁵¹Board minutes, 5 January 1880, MAPI.

⁵²Historical Sketch, 19.

Second Mission: St. Francis Hospital, Burlington, Iowa

In 1882, the Bishop of Davenport and the Jesuits in Burlington, Iowa, supported by the citizens of Burlington, recognized the need for a hospital in that town. The mayor and the city council approved the request and asked the sisters from Peoria to start a hospital. Within a week of the request, Mother M. Frances sent three sisters to establish a hospital in Burlington, Iowa. The minutes of the sisters' board meeting read as follows:

To comply with the wishes of the Rt. Rev. Bishop McMullen of Davenport, Iowa, and the citizens of Burlington, Iowa, it appears necessary to purchase a house and grounds to open a hospital and conduct same by members of the Sisters of the Third Order of St. Francis from Peoria, Illinois. To loan (borrow) \$1,000 from the Bank of Peoria, Illinois, as part payment on the property of Burlington, Iowa.⁵³

Sister Clara, the superior, rented a two-story brick house and on 1 May 1882, the sisters opened their doors for the sick and the poor. Patients paid from five to ten dollars per week if they were able. This charge included room, board, nursing care and medicine. In 1883, Mother M. Frances permitted the sisters in Burlington to take charge of the Chicago, Burlington and Quincy Hospital where the sisters performed an effective service for the sick and injured railroad employees.

⁵³Board minutes, 16 April 1882, MAPI.

At the time the sisters established their second mission hospital in Burlington, Iowa, there were fifteen professed sisters in the community and sixteen novices. The expanding Franciscan family was eager to answer the call of the sick, the poor, and the needy wherever they could be of help.⁵⁴

Unsuccessful Mission

Not all undertakings of the Franciscan sisters were successful. They were flexible and humble enough to give up a work if they recognized God's Will. An example of this was the founding of a hospital in Rock Island, Illinois. The board minutes read as follows:

...moved the following resolution to comply with the wishes of Rt. Rev. Bishop Spalding to rent a house and open a hospital in Rock Island, Illinois; resolved that Mother M. Francisca Krasse and Sister M. Clara Conner go to Rock Island and select a suitable place for such hospital to be called St. Francis Hospital.⁵⁵

Six months later, the Board drafted this resolution:

Whereas it appears that the present St. Francis Hospital at Rock Island, Illinois opened the 4th day of December, 1883, proved not to be a success, thought it would be advisable to give up the said hospital. Resolved that Sister (unable to read name) go to Rt. Rev. Bishop Spalding to inform him of leaving Rock Island, Illinois; resolved that Mother Francisca Krasse should inform the sisters at Rock Island to come to Peoria, Illinois on the 28th day of May, 1884.⁵⁶

⁵⁴Community Register, MAPI.

⁵⁵Board Minutes, 19 November 1883, MAPI.

⁵⁶Board minutes, 15 May 1884, MAPI.

Third Mission: Delta County Hospital, Escanaba, Michigan

In 1883, another request came to Mother Frances for a new foundation of the sisters much further away. County officials had provided the people with Delta County Hospital to care for their health needs. Shortage of good nursing personnel prompted the county and city officials to engage Catholic sisters for their nursing staff. The combined appeal of the mayor, the county physician and a Franciscan priest from St. Joseph Church in Escanaba presented the plan to the Bishop of the Marquette Diocese of which Escanaba is a part. In the minutes of the Board of Managers the following resolution can be found:

To comply with the wishes of Rt. Rev. Bishop Vertin and Rev. E. Buttermann, O.F.M., and the physician Dr. Tracy and other prominent citizens of Escanaba, Michigan, to take charge of the Delta County Hospital. Two sisters to go and inspect the building and get the contract.⁵⁷

The sisters traveled to Escanaba and made an agreement with the authorities on 12 February 1884 to conduct the hospital as nurses to be paid by the City of Escanaba. Sister Barbara Markford, Superior, was accompanied by four other sisters. This first mission of the sisters in the Upper Peninsula of Michigan was many miles away from the Motherhouse in Peoria and in a small town surrounded by

⁵⁷Board minutes, 7 January 1884, MAPI.

forests among hardy men and women who survived the long icy winter months. Thus the Franciscan sisters were now established in three different states: Illinois, Iowa, and Michigan.

The existing hospitals soon were overcrowded and several new additions or relocations were planned and accomplished. For example, St. Francis Hospital in Peoria received eighteen additional rooms and a chapel to seat ninety persons for a total cost of \$9,700, bringing the bed capacity up to fifty three. The new addition was opened in 1885.⁵⁸

When Mother M. Frances Krasse died on 28 October 1885, there were thirty-four professed sisters and twelve novices in the community.⁵⁹ Her legacy and example seemed to encourage the sisters to carry on the great work of love which she had begun in Peoria in 1877 inspite of much hardship and many sacrifices.

Fourth Mission: St. Joseph Hospital, Keokuk, Iowa

The population in the Midwest grew rapidly in the late nineteenth century and the southeastern region of Iowa had no facilities available to take of the sick. Furthermore, to establish a hospital was extremely difficult, because the majority of the population was rural and the

⁵⁸Burke, Trials and Triumph, 28.

⁵⁹Community Register, MAPI.

income of the average family was low. In 1886, the sisters accepted an invitation to establish a hospital in Keokuk, Iowa. This is documented in the board minutes as follows:

Whereas it seems advisable to open a hospital with the permission of the Rt. Rev. Bishop Cosgrove of Davenport, Iowa, and Rev. J. Orth and prominent citizens and physicians of Keokuk, Iowa, resolved to accept and occupy a building belonging to the physicians of Keokuk, Iowa, for hospital purposes, the hospital to be called St. Joseph Hospital.⁶⁰

At the time the sisters came to Keokuk, there was a Keokuk Medical College of Physicians and Surgeons located in the city. The physicians did all in their power to assist the sisters in their new venture. On 28 April 1886, the sisters opened a residence outside the city. The record of the class of 1900 of the Keokuk Medical College gives an account of the events as follows:

In 1886, the Sisters of the Third Order of St. Francis were given five acres of ground and a large residence. This site was given jointly by the faculty of the Keokuk Medical College and the city. The hospital in this location was only moderately successful, and it was found to be too far from the college for clinical purposes. At this time, the Rev. Father Orth offered to deed his house and three lots to the sisterhood. The offer was accepted and the present hospital on 14th and Exchange Streets was erected in 1887. Father Orth continued to assist the sisters and the hospital during his life, and at his death, in 1897, left a substantial legacy.⁶¹

⁶⁰Board minutes, 5 January 1886, MAPI.

⁶¹Record of the Class of 1900, Keokuk Medical College of Physicians and Surgeons (April, 1900), 79, MAPI.

The sisters' board voted to accept Father Orth's offer and build an addition to the house to make it large enough for a hospital. On 19 June 1887, the new St. Joseph Hospital was ready for occupancy. The three-story brick structure accommodated fifty patients and included an operating room, a kitchen and a dining room.⁶²

St. Joseph Hospital is a handsome, well constructed building with all modern improvements and has a capacity of fifty beds. It has the most complete and best lighted amphitheatre of any hospital in the west. It comfortably seats two hundred and fifty students, is heated with steam, lighted by gas and electricity, and is furnished with all the apparatus and appliances necessary for the best modern antiseptic and aseptic work.

The hospital is managed by the Sisters of St. Francis. The present superioress, Sister M. Juliana, has been in charge for five years and has shown remarkable executive ability. She has greatly enlarged and improved the hospital. Her plans are well matured, and then they are executed regardless of obstacles. She is ably assisted by from ten to fifteen sisters, who at all times keep the hospital clean, comfortable and in splendid hygienic condition. These sisters are trained, experienced and faithful nurses.

The clinical medical services of St. Joseph's Hospital are under the exclusive control of the Keokuk Medical College of Physicians and Surgeons. Students of this institution spend Monday, Wednesday and Saturday afternoons at the hospital, where they witness hundreds of operations of every grade from circumcision to a hysterectomy and see almost every variety and phase of disease during each session. This is by far the largest, most important, and best clinic in the state of Iowa.⁶³

⁶²Board minutes, 5 March 1887, MAPI.

⁶³Keokuk Medical College Record, 81, MAPI.

One can assume that the educational environment at the hospital was very conducive to learning. This is significant, because the corporation's first school of nursing was to be established in Keokuk at a later date.

New Additions of Existing Hospitals

All existing hospitals, thus far operated by the sisters, were soon overcrowded and too small. Periodically, new grounds were purchased to either build new hospitals or enlarge the existing ones. All these business transactions are well documented in the minutes of the Board of Managers' meetings.

The addition to St. Joseph Hospital in Bloomington shows the following recording in the minutes:

Whereas the present St. Joseph Hospital, Bloomington, Illinois, is too small to accommodate all the patients who apply for admittance, resolved that plans are to be drawn and the contract let, same to be completed by July 30, 1889.⁶⁴

The above resolution brought about the planning and construction of an addition of St. Joseph Hospital, Bloomington, Illinois.

Fifth Mission: Providence Hospital, Menominee, Michigan

Menominee, Michigan, was one of the leading lumber centers of the country in 1889. Mills lined the banks of the Menominee River and logging camps were scattered around

⁶⁴Board minutes, 2 August 1888, MAPI.

the countryside. As was to be expected, there were frequent accidents in the lumber camps, but there was no hospital close by to offer help and care. Some of the town's people sought relief from this situation and formed a delegation to visit the sisters at the Delta County Hospital in Escanaba. They presented a plan and asked for help. The sisters accepted this idea and encouraged the delegation to contact Mother M. Thecla, the Mother General of the Order, for assistance in establishing a hospital in Menominee.

To be successful, the group of citizens formed the Bay Shore Providence Hospital Association. They bought a two-story hotel of nine rooms, The Montreal House, which they remodeled into a hospital, naming it Providence Hospital. To raise funds, they sold tickets to the lumbermen for nine dollars each. A ticket entitled the bearer, when sick or injured, to one admission to the hospital. No limit was set for the duration of the patient's stay and no extra charges were made for medicine or other special treatments during the patient's illness.⁶⁵

Mother M. Thecla agreed to send two sisters to inspect the building and to determine the terms under which the sisters would take charge of the hospital.⁶⁶ After

⁶⁵Goedde, The Charity of Christ Urges Us, 108-109.

⁶⁶Board minutes, 2 July 1889, MAPI.

this occurred, four sisters with Sister Barbara Markford as their superior, arrived during the summer of 1889 to take over the nursing duties.

The following article from the local newspaper tells of the early development of the hospital:

The old Montreal House, which later became the Providence Hospital, and the first hospital in Menominee in which Sisters of St. Francis served, was operated by Firmin Montpas, father of Jean Montpas, a Menominee Barber, who recalls that his parents moved out of the building about three years before it became a hospital. Providence Hospital is the only institution of its kind on the river where the sisters are in charge and the medical attendance is not surpassed by any other hospital in the Northwest. Mr. C.P. Ludwig, an experienced hospital man, is manager. Dr. E.T. Phillips of this city is president, Dr. S.P. Jones is vice-president. They have unquestionable reputations and the hospital is excellently managed. The hospital building is located on the corner of Bellevue and Dunlap Avenues and for years was known as the Montreal House. The premises have been especially fitted up for hospital purposes and contain all the modern improvements, with baths or shower and electricity. The rooms are excellently appointed for the convenience and comfort of the sick. Catholic Sisters are very kind and painstaking in their efforts to relieve the suffering of the sick and injured patients. The firm who owns the hospital is known as the Bay Shore Providence Company.⁶⁷

The patients soon filled the small building, showing the desperate need for the sisters' work there. For a few years the sisters struggled to make the hospital a success and to make ends meet. The income was very small and great poverty was a daily companion. The people of Menominee

⁶⁷The Menominee Herald, 24 October 1889, MAPI.

praised the sisters for their devoted care to all who needed help. Financially the situation went from bad to worse and the Bay Shore Providence Hospital Association found itself at the point of bankruptcy and facing the closure of the hospital or selling it. The sisters were unable to buy it but Mother Barbara, the first superior of the Menominee Hospital and the newly elected Mother General, discussed it with her board and asked Mr. John Niehaus, the lawyer for the community, to try to obtain the property for the sisters.⁶⁸ He arrived unannounced in Menominee and participated unidentified in the public auction and secured the hospital at the fourth bidding for \$7,500 for the sisters.⁶⁹

There always was the problem of overcrowded conditions and the need for more space to take adequate care of all the patients. Rather than enlarge the old building, the sisters made plans for a new hospital, which also would have a large room for a chapel within the hospital so that the sisters did not need to walk seven blocks to the closest Catholic Church for daily Mass. An ideal place was for sale and the sisters were given permission to raise the necessary funds for the project. The sisters approached the many lumbermen in the Menominee area. On their many

⁶⁸Board minutes, 5 August 1893, MAPI.

⁶⁹Goedde, The Charity of Christ Urges Us, 110.

collecting trips to the lumber camps they encountered many hardships and even danger. The sisters had to travel on foot over rough roads in constant danger of encountering wild animals. With great confidence in God, the sisters were well received by the men in the camps. The sisters told them of their great need for a new hospital and asked for their help. The boss usually assembled his men and handed his hat around to collect the money. The generosity of the men was touching. Occassionally the sisters were far out in the woods and could not get back before dark; then the lumberjack boss had one of the log cabins cleaned out and offered it to the sisters for the night. It was mainly the generosity of the lumberjacks that enabled the construction of the new St. Joseph's Hospital in Menominee, which was completed and ready for dedication in 1895.⁷⁰

Sixth Mission: St. Mary Hospital, Marquette, Michigan

In the late 1880s, Dr. A. K. Thiell, a very capable and charitable physician, recognized the need for a large and well-managed hospital in Marquette, Michigan, to take the place of the totally inadequate emergency facility where his work was done. He worked for many years to establish such an institution. Finally his wish became reality, when Bishop John Vertin invited Mother M. Thecla to found a hospital in this episcopal city.

⁷⁰Goedde, The Charity of Christ Urges Us, 110-111.

Marquette, Michigan, was a small obscure town in 1890, situated on the southern shore of Lake Superior in a densely wooded wilderness. The many woodmen working in this timberland were often in great need of medical and nursing care. It was this need that prompted Mother M. Thecla to respond so quickly to Bishop Vertin's request. The fact that the community already had sisters in Menominee and Escanaba, with Marquette being seventy-five miles north of Escanaba, certainly must have had some bearing on the decision to establish a hospital in Marquette. A small furnished boardinghouse was rented in September 1890. With some remodeling it was converted into a hospital which would accommodate twenty to twenty-five patients. Sister Colette, the superior, and her four companions arrived on 4 October 1890, the feast of St. Francis and were welcomed by Bishop Vertin and Dr. Thiell to their new home.⁷¹

Many of the patients were lumbermen. When the sisters asked for the small sum of seventy-five cents per day, they found that they were dealing with good-hearted but very poor people. The sisters' struggle with extreme poverty resumed. On the advice of Mother Thecla and to relieve the most pressing needs of the group, two sisters went on a house-to-house begging trip. It helped somewhat, but the sisters soon found out that most of the people in

⁷¹Historical Sketch, 25.

the area were about as poor as they were. Mother Thecla again decided to approach the lumberjacks in their camps. The sisters, even though they were aware of the dangers in the dense forest, received friendly welcomes in the camps. The men showed a lively interest in the hospital established for their needs. They were especially interested in the sisters' hospital plan -- a ten dollar ticket for entrance into the hospital that would provide full hospital care. The lumberjacks were very generous with their contributions and the possibility for a more adequate hospital in Marquette became reality.⁷⁰

At the suggestion of Bishop Vertin, the sisters bought twenty lots of land in a beautiful section of Marquette with a great view of Lake Superior and the city of Marquette. In May of 1891, the contract for the new building was awarded and the dedication of the new hospital took place in October of that year. While the building was under construction, an epidemic of typhoid fever broke out in Marquette. Many people became ill so that the sisters were treating the victims in temporary tents erected on a

⁷⁰In the archives of the Marquette County Historical Society one of these tickets is preserved. Issued in 1906, it entitled the purchaser to medicine, medical attendance, board, except for contagious, incurable, infectious or chronic disorders, eye ailments and insanity. For \$5.00 extra per week, the holder could have a private room. The ticket was good for hospitalization not only at St. Mary Hospital, Marquette, but also at the seven hospitals the sisters operated at that time.

vacant lot.⁷³ Dr. Thiell was still very active in his hospital work. A tribute to him as the hospital's first chief surgeon was paid in a journal:

He is a man absorbed in his profession and is a born surgeon. His skills not only have established his reputation throughout the Upper Peninsula, but has made him widely known in Milwaukee, Chicago and elsewhere.

The same article also cited the following:

Marquette is a central point in the Upper Peninsula. Men injured in logging camps, on railroads, in mills and in mines can be brought here easily. The Sisters of St. Francis have made no mistake in entering boldly, as they have, upon their chosen work in this city.⁷⁴

The health care facility became known throughout the Upper Peninsula. One of the local newspaper carried an interesting story in one of its editions referring to St. Mary's Hospital:

Wednesday, when a reporter visited the institution, he found the sisters in the throes of housecleaning. The Mother Superior explained that there were only thirty patients in the hospital that day, and that the sisters were taking advantage of the slack time, when so many rooms were unoccupied, to do a little cleaning. With this excuse for the presence of scrub pails and brushes, she conducted him over the entire hospital and into the surgical and medical wards, the contagious disease wards, the latter fortunately empty, and into the many rooms for private patients. As each new place, so clean and airy, was visited, the question which rose to the reporter's lips was: "What's the use of housecleaning in a place where nothing ever seems to get dirty?"⁷⁵

⁷³Historical Sketch, 25.

⁷⁴The Mining Journal, 16 May 1891, MAPI.

⁷⁵Daily Mining Journal, 10 April 1897, MAPI.

Growth of the Religious Community

Records show that during Mother Thecla's administration from 1885 to 1891 the community increased to forty-six professed sisters and eight novices.⁷⁶ The sisters were working in the apostolate of health care in seven different cities in the Midwest, serving the sick and the poor and thus living out their religious commitment. Also, three missions had been established between 1885 and 1891.

St. Francis Hospital in Peoria, which was also the Motherhouse for the young community, in 1890, brought its bed capacity up to ninety five with the completion of a new addition at the cost of \$12,300.⁷⁷ The sisters often reflected on God's goodness and help, realizing that He accomplished through them great things in serving His people.

The Rule and Constitutions

When the sisters founded the new community in 1877, they continued to use the Franciscan Rule and Constitutions which they had brought with them from the Iowa City motherhouse. Under Mother Barbara Markford's direction, during her term of office from 1891 to 1897, a new Constitution was drawn up and sent to Rome in 1893 for approval. The sisters were to live according to this new Constitution for a five year trial period before the Sacred Congregation

⁷⁶Community Register, MAPI.

⁷⁷Board minutes, 15 March 1890, MAPI.

for the Propagation of the Faith would give the final approval.⁷⁸

When Mother Clara took office in 1897, she focused much energy on obtaining the final approval of the community by the Holy See in Rome. On 7 April 1899, the decree of approbation was granted by the Sacred Congregation for the Propagation of the Faith. Religious communities in the United States were under this particular Congregation since the United States was still considered a mission country. The approbation made the community a Pontifical Institute. The following is a portion of the Decree of Approbation:

Since the community of the Sisters of the Third Order of St. Francis, whose Motherhouse is in the Diocese of Peoria in the United States of America, has urgently requested this Sacred Congregation of the Faith to have its Constitutions, which already in the year of 1893 for a trial for five years have been approved, for all times approved, the Commission for the reviewing of Rules of new religious Communities, to whom this affair has been entrusted, presided over by His Eminence, the Most Reverend Camillus Mazella, Cardinal of the Holy Roman Church, has decided to make known the following:

Since the named Community by the Most Reverend Ordinaries, in whose dioceses its institutions are located, has been recommended for its usefulness with highest praise, therefore shall it be given a Decree of Approbation and shall its Constitutions for all times be approved, provided that the amendments which the Commission itself has requested, be included in the text, in such manner as they are contained in the copy of this Decree.⁷⁹

⁷⁸Constitutions (Peoria, Illinois: Sisters of the Third Order of St. Francis, 1986), Foreword.

⁷⁹Constitutions, 1909, MAPI.

Then follows Pope Leo XIII's statement of approval, the date, and the signatures of the Prefect and Secretary of this Sacred Congregation.

St. Francis Hospital, Peoria, Illinois

Even though the sisters owned and operated the hospital, in 1891 there seemed to be a problem over the name of the sisters' first hospital. A warrenty deed of the property required that the property be called Bradley Hospital according to the specifications of Mrs. Lydia Bradley from whom the land and house had been purchased. The following is recorded in the minutes:

...moved the following resolutions and stated that after having an interview with Mrs. Lydia Bradley, that in consideration of \$2,480 conveys a Quit Claim to the Sisters of the Third Order of St. Francis of the City of Peoria of the County of Peoria, State of Illinois. All interests and rights on real estate as described in the Quit Claim deed. Resolved that the above sum be borrowed at the bank to pay to Mrs. Lydia Bradley for interests and rights as described in the Quit Claims deed. The resolution was unanimously adopted.⁸⁰

With this action the name of St. Francis Hospital was retained. Needless to say, the sisters thanked God for this happy solution.

The religious community continued to grow in membership. In addition to young women entering from the United States, there were many applicants from Germany. New

⁸⁰Board minutes, 28 July 1891, MAPI.

members from Germany were at times met in New York as can be read in the board minutes.⁸¹ By the end of 1897, the membership in the community had increased to sixty-eight professed sisters and fourteen novices.⁸²

With the expanding community, during the years of 1894 through 1897, renovations were made and new additions were built at St. Francis Hospital, Peoria; St. Francis Hospital, Burlington, Iowa; St. Joseph Hospital, Keokuk, Iowa; St. Joseph Hospital, Menominee, Michigan; and St. Joseph Hospital in Bloomington, Illinois. It seemed the existing facilities became inadequate as soon as they were established and the needs became greater.

Seventh Mission: St. Anthony Hospital, Rockford, Illinois

In the late 1890s, Rockford, known as the forest city of Illinois, experienced a population growth through immigration and resettlement. With this growth, the need for a second hospital in the city became more acute. Situated on a high elevation and providing a beautiful view of the city was the Schmauss family homestead, a deserted place in 1899. This picturesque property on East State Street was purchased in the spring of 1899 to be the first home of St. Anthony Hospital. The new Catholic hospital was obtained through the efforts of Mr. William Crotty, a

⁸¹Board minutes, 2 March 1896, MAPI.

⁸²Community Register, MAPI.

real estate dealer of Rockford, for the cost of \$12,000. The Franciscan sisters furnished \$6,000 and the remainder was supplied by fundraising activities. Citizens of all faiths responded generously, and when the sisters reached Rockford, less than five hundred dollars remained to be raised.⁸³

On the evening of 1 July 1899, Sister M. Regina, the superior, and four other sisters, accompanied by Mother Clara, arrived in Rockford from Peoria. It is related that the sisters, fatigued after their journey, were taken from the station to the newly purchased property in carriages. When they arrived, a bewildered look on their faces indicated surprise at the condition of their new home, but their spirit of determination helped them to overcome all obstacles.

Work was immediately begun to transform the property into a real hospital. Floors were laid, walls refinished and a wide stairway was built to facilitate the transport of patients. An operating room, a chapel, sleeping quarters for the sisters, a kitchen and dining room were provided.

Just as the hospital was beginning its work, Mr. Grotty, the sisters' benefactor, died suddenly. He was the

⁸³Cornelius Kirkfleet, The History of the Parishes of the Diocese of Rockford, Illinois (Chicago: John Anderson Publishing Company, 1924), 141.

sisters' first patient after their arrival and was cared cared by them in his home. The untimely death of this friend and supporter of the hospital project was most keenly felt.⁸⁴

The hospital could accommodate eighteen patients and formally opened for occupancy on 18 August 1899 with eleven patients being admitted immediately. The first operation in the hospital was performed on a twenty-two year old man, who was hospitalized for twenty-six days. His total bill was \$22.25, and the room rate was \$6.00 per week.⁸⁵

The sisters, by their kindness and devotion to duty, soon won the affection and support of the Rockford citizens regardless of creed. This created a pressing demand for larger accommodations. Work on a new addition was begun in 1902 and completed in March 1903.⁸⁶ Rt. Rev. Peter J. Muldoon, Auxiliary Bishop of the Archdiocese of Chicago from 1901-1908,⁸⁷ on the occasion of the laying of the cornerstone, gave a brief address:

...We may judge the beauty of a city by the spires that point to heaven, and by the houses of charity that are at work in it. So, too, the beauty of a city depends on the amount of charity and the good will of man to man.

⁸⁴Kirkfleet, The History of the Parishes of the Diocese of Rockford, Illinois, 142.

⁸⁵Ibid., 142-143.

⁸⁶Ibid., 145.

⁸⁷Ibid., 36.

The church has given in charity, eyes to the blind, arms and legs to those maimed and the care of a father and mother to those without such care. In this stone (the cornerstone) is the best wish of the community. Sealed up here is the history of today and the hope of tomorrow.

You may come here yourselves in the future, and you will find yourselves in good hands. There are almshouses and the county hospitals, but there is a difference in the charity of these. It is the paid service that works eight hours for a wage. It is not moved by love of Christ. Here the help is truly charity. It is the charity given in love and not for hire, and no task is too great for these sisters who have come to labor in your midst.⁸⁸

The new addition raised the capacity of the hospital from eighteen to sixty beds. At this time, eleven sisters and two assistants made up the total personnel at St. Anthony Hospital.⁸⁹ The sisters also tried to learn the Swedish language, since many of the residents in the area spoke Swedish. Many entered the hospital as patients.⁹⁰

St. Francis Hospital, Peoria

In an early Patients' Record Book some interesting facts are found. The admission numbers of patients were started with number one on 1 January of each year, giving a

⁸⁸Kirkfleet, The History of the Parishes of the Diocese of Rockford, Illinois, 144.

⁸⁹Community Register, MAPI.

⁹⁰The city of Rockford belonged to the Archdiocese of Chicago until 1908. The Catholic Directory of 1901 lists St. Anthony Hospital, Rockford, as a charitable institutions on page 47, Sister Rosalia as the superior and six sisters. In 1906, the same source on page 53, indicates Sister Clara, superior, 12 sisters and 381 patients.

number first to the patients who were kept over from the previous calendar year. No longer was the diagnosis listed for each patient. Included in this record is the charge for hospitalization. Rates varied from \$3.00 per week to \$10.00 per week. In some cases the charges were as low as \$10.00 per year. Many entries were marked charity. In 1899, patients came from ninety-nine cities and towns outside of Peoria, but the largest majority came from Peoria itself.⁹¹

By the close of 1900 the membership in the Franciscan community had increased to eighty-five professed sisters and twelve novices.⁹² The sisters cared for the sick and the poor in eight hospitals in Illinois, Iowa and Michigan. They continued to perform almost all the work in the hospitals as well as garden and farm chores. They worked hand in hand with physicians and learned much by working with them, but they also learned by trial and error and eventually became quite efficient in nursing the sick. This expertise was passed on to the young women entering the community as they worked with more experienced sisters.

Late in 1904, under Mother Thecla's administration, the community received the Certificate of Aggregation of the community to the Franciscan Order of Friars Minor from

⁹¹Patients' Record Book, St. Francis Hospital, Peoria, 1898-1907, MAPI.

⁹²Community Register, MAPI.

the superior general of the order in Rome. This indicated that from this day on all sisters would share in all prayers and good works of the Order of Friars Minor, the first Order that St. Francis of Assisi established.⁹³

Eighth Mission: St. James Hospital, Pontiac, Illinois

It was through the great efforts of Rev. Father James Dollard that St. James Hospital came to be. Father Dollard, a former Peorian, was a young assistant at the only Catholic church in Pontiac and he was appalled by the lack of physical and spiritual care for the sick. The possibility of establishing a Catholic hospital, operated by sisters, appealed to him as they would take care of both the physical and spiritual needs of the sick and poor. Rev. Dollard contacted the physicians in the vicinity for their support. With the permission of Bishop Spalding, he worked toward the establishment of a Catholic hospital with sisters to manage it. The bishop had directed him to collect \$20,000 before beginning the plans for the building. Mother Thecla promised to send sisters to Pontiac if a building was prepared for them. The sisters met with some of the physicians in Pontiac. While a number of the physicians seemed to suffer from religious prejudice, others acknowledged the good work the sisters were doing.⁹⁴

⁹³Certificate of Aggregation, 10 December 1904, MAPI.

⁹⁴Goedde, The Charity of Christ Urges Us, 129-130.

In the summer of 1906, thirty physicians adopted and signed a resolution emphasizing the need for a hospital and inviting the Franciscan sisters of Peoria to establish such an institution. At the same time, the citizens of the county were asked to give encouragement and financial assistance to the endeavor. Father Dollard and a committee of Catholic women worked hard to secure pledges from the citizens of Pontiac and other parts of Livingston County until the drive produced the required twenty thousand dollars. A piece of property was bought for twelve thousand dollars on East Water Street. The remaining funds were used to furnish the hospital. The hospital was named St. James Hospital in recognition of the sisters' great benefactor. On 29 January 1907, seven sisters moved into the hospital to begin their work of mercy.⁹⁵

Poverty and hardships were again daily companions of the sisters. There was no food and no money to buy food. The only alternative was to go begging. Some people were more generous than others and some were more kind than others. The superior maintained a housekeeping record, which gives an indication of the poverty of these early days⁹⁶ :

⁹⁵Goedde, The Charity of Christ Urges Us, 131-132.

⁹⁶Ibid., 134.

TABLE III

Housekeeping Record

<u>Income</u>		<u>Expenses</u>	
<u>January, 1907</u>			
In the treasury	\$ 0.00	Groceries	\$ 0.35
From patients	0.00	Priest's	
From Motherhouse	100.00	stipend	<u>2.00</u>
Donations	<u>10.00</u>		\$ 2.35
	\$110.00		
<u>February, 1907</u>			
Patients	\$ 118.00	Groceries	\$ 25.58
Motherhouse	200.00	Meat	7.50
Donations	<u>15.15</u>	Dry Goods	24.21
	333.15	Labor	1.00
		New building	100.00
		Furniture	<u>71.54</u>
			\$229.93
<u>March, 1907</u>			
Patients	\$ 0.00	Groceries	\$ 25.68
Motherhouse	<u>0.00</u>		
	0.00		\$ 25.68

Admissions to the hospital showed a steady increase. In February, there were seven admissions; in March, eleven; in May, sixteen; in June seventeen; and in August thirty-one patients. During its first year, one hundred and forty-seven patients were cared for in this small hospital.⁹⁷

The sisters lived under extremely poor conditions. Since the hospital was very small, it has been said that the sisters converted the attic of an old horse barn behind the hospital for their living quarters. The wooden walls

⁹⁷St. James Hospital Record Book, 1907, MAPI.

were cleaned and whitewashed, the floor was thoroughly scrubbed, and the beds curtained off for privacy. Bathroom facilities were used at the home of benefactors. The sisters working nights stayed in the tank room, so called because empty gas tanks and supplies were stored here.

Like all of the hospitals operated by the Sisters of the Third Order of St. Francis, the number of patients increased rapidly and more room was needed to take care of them adequately. Mother Anthony and her board made plans for a new addition to St. James Hospital.⁹⁸

To help increase the building fund, Sister Mary Alberta, the superior, accepted a position as a private duty nurse at the state reformatory in Pontiac. Other sisters worked day and night to take care of the patients and to complete all the other housekeeping chores, living only on food left over after patients had been fed. In July 1907 the cornerstone for the new addition was laid and the new building was occupied eighteen months later. Records show that all earlier loans and financial responsibilities had been paid in full by 1 November 1908.⁹⁹ The new addition added another financial burden of about \$50,000.00 for the sisters. The financial obligations were reduced slowly year after year.

⁹⁸Board minutes, March 1907, MAPI.

⁹⁹St. James Hospital Record Book, 1908, MAPI.

Ninth Mission: St. Mary Hospital, Galesburg, Illinois

Much like the history of some of the other of the order hospitals, St. Mary's in Galesburg owes its being to the untiring efforts of a priest, the Rev. Joseph Costa, I.C. He had been very instrumental in establishing Catholic educational institutions in Galesburg, which was a town of about 30,000 inhabitants. He also became very concerned about the health care of the population and approached Bishop Spalding in 1908 for permission to ask sisters from St. Francis Hospital in Peoria to open a hospital in Galesburg.¹⁰⁰ The sisters were willing to undertake this task. They purchased property and began to remodel the existing buildings to provide room for twenty-seven patients and a home for the sisters. Sister M. Frances Diemann and two other sisters were assigned to the hospital in 1909 and five more sisters followed within a short time.¹⁰¹

The kindness and charity of the sisters soon won the friendship and cooperation of the town's people. The sisters as always were taking care of all regardless of race, creed, nationality or ability to pay. All the work in the hospital was done by the sisters, such as nursing, washing, cleaning, bookkeeping and gardening. The sisters had only

¹⁰⁰Goedde, The Charity of Christ Urges Us, 142-144.

¹⁰¹Board minutes, 1 October 1908, MAPI.

one handyman who took care of the boiler room and helped with heavy lifting. The first employee for household duties was hired in 1914.¹⁰² The Sisters were often overwhelmed by the generosity of the people of Galesburg, especially the ladies' auxiliary. The enthusiastic support of the physicians was a great help also and the small hospital was soon filled to capacity.

While new hospitals were established, the existing ones needed new additions and improvements. Decisions were made by the Board of Managers to increase the bed capacity at St. Anthony's in Rockford, St. Joseph's in Bloomington and St. Francis in Burlington. Chapels were needed to be built at St. Joseph's in Menominee and St. Francis in Peoria; a new laundry was needed at St. Joseph's in Bloomington and a new steam plant at St. Francis in Peoria, as well as an amphitheater at St. Joseph's in Keokuk, Iowa.¹⁰³ There were not sufficient funds available to accomplish everything that needed to be done, but Divine Providence always seemed to find a way.

Tenth Mission: Sacred Heart Hospital, Fort Madison, Iowa

In the early 1900s, the need for a hospital in Fort Madison became quite evident. A few sisters from another

¹⁰²Goedde, The Charity of Christ Urges Us, 145-146.

¹⁰³Board minutes, 4 October 1907, 24 October 1907, 10 November 1907, 10 November 1908, 6 October 1910, 12 October 1911, MAPI.

community had started a small hospital, but had to discontinue the venture because of lack of finances. Through the efforts of Rev. Peter Hoffmann, Pastor of Sacred Heart Church, Fort Madison, Iowa, contributions were made by the citizens of Fort Madison for the construction of a hospital. Towards the end of the campaign, a gentleman donated the grounds for the new hospital.¹⁰⁴ Father Hoffmann contacted Mother Anthony at St. Francis Hospital in Peoria and asked for sisters to staff the hospital. The sisters' Board of Managers resolved:

...to accept the grounds donated ... and build a hospital on the same, the name of which shall be the Sacred Heart Hospital.¹⁰⁵

At the same meeting, a resolution was passed to borrow \$15,000.00 to be used in the construction of the hospital. Thus the project was shared by the sisters and the citizens of Fort Madison. Dedication ceremonies were held on 5 October 1912 with the Most Rev. James Davis, Bishop of the Diocese of Davenport, officiating and in the presence of about three thousand visitors.¹⁰⁶ Sister M. Juliana Stenger, who became the superior, was accompanied by two other sisters.¹⁰⁷ As they took charge and the building

¹⁰⁴Goedde, The Charity of Christ Urges Us, 150.

¹⁰⁵Board minutes, 12 October 1911, MAPI.

¹⁰⁶Goedde, The Charity of Christ Urges Us, 151.

¹⁰⁷Community Register, MAPI.

was inspected, the citizens assisted the sisters in equipping and furnishing the hospital. The institution, with its thirty beds, was filled quickly.

The Purchase of the Delta County Hospital, Escanaba, Michigan

The sisters had been working in the Delta County Hospital as nurses since 1884. In 1913, the mayor of Escanaba suggested, the Sisters of the Third Order of St. Francis purchase the Delta County Hospital. The sisters purchased it and renamed it St. Francis Hospital. The minutes of the board meeting record that the hospital was purchased and a new building was to be constructed at the hospital site, not to exceed \$70,000.¹⁰⁸

To help finance this as well as other new constructions, the Board of Managers decided that three of the order hospitals would take out loans. This became a pattern for the future, a way of financing the building up and remodeling of the existing hospitals.

During a meeting of the Board of Managers, it was ...resolved to borrow \$50,000.00 for the purpose of finishing, furnishing, and equipping a new hospital upon the property of the Corporation in the City of Galesburg, Illinois.¹⁰⁹

In order to help finance the new hospital to be erected north of the old building, a fund drive was started

¹⁰⁸Board minutes, 17 January 1914, MAPI.

¹⁰⁹Board minutes, 20 March 1914, MAPI.

The new building was completed and dedicated in July 1914. It had a capacity of eighty-three beds in a new five-story building.

During the initial growth period of thirty-five years, a total of eleven hospitals were established, many new hospital wings, chapels, boiler houses and convents were added. In spite of financial difficulties, the sisters, with the grace of God, were able to give service to the sick and the poor wherever the work of Christian charity called them.

As the sisters' apostolate grew, the membership of the congregation grew also. By the end of 1906, there were 119 professed sisters and twenty-nine novices. Many of the young women entering the community came from Europe. To provide sisters for the United States, a community house had been established in Echt, Holland. The young girls who entered in Echt were given their initial religious training there and if acceptable, they were sent to Peoria as candidates for religious life. By the end of 1912, the number of professed sisters had increased to 202.¹¹⁰

In 1917, the following resolution was made by the Board of Managers:

Whereas it is not safe to travel on high sea, while we are still at war, that we open a novitiate in

¹¹⁰Community Register, MAPI.

Echt, Holland, at our mission house. We have sent to Rome, to get the consent of the Holy See, to establish a novitiate at St. Antonius Kloster, Echt, Holland, for the future. We are awaiting the answer. Any candidate who may be there now or will enter in the future, after a year's probation, may be invested and received into the novitiate after the superior and sisters have voted and found she has the majority of votes in her favor. The time of the novitiate is two years. After the war is over, the novice shall be sent to the motherhouse to take her vows, but if it is not yet safe to travel, she may take her vows there after consulting with the Mother Superior and stating the case of each novice. The novice must receive all necessary instruction which is required of her as a religious, also learning the English language. After getting the consent of the Mother Superior and the Council Sisters at the Motherhouse in Peoria, Illinois, she may take her vows for one year, same as we do here in the motherhouse. Hoping to receive an answer from Rome.¹¹¹

The sisters and novices at St. Antonius, Echt, cared for the sick, the dying and the poor. They also did home nursing in the area, especially in the summer of 1918 when the Spanish influenza spread across Europe, taking many lives.

By the end of 1918, the congregation numbered 252 professed sisters.¹¹² New additions were added to existing hospitals. St. Francis Hospital in Peoria had increased its capacity to 350 beds.

Many other difficulties, outside of financial ones were facing the sisters. On 3 May 1919, lightning struck

¹¹¹Board minutes, 9 May 1917, MAPI.

¹¹²Community Register, MAPI.

St. James Hospital in Pontiac, Illinois and burned it to the ground. No lives were lost in the fire. On the day following the fire, an encouraging announcement appeared in the local newspaper:

At four o'clock this afternoon there will be a public meeting of the citizens of the community in the Opera House, to make plans for the rebuilding of St. James Hospital, which was gutted by fire early this morning. Immediately after the blaze was under control, the directors of the Chamber of Commerce met to assist in laying plans for a new structure to rise from the smoldering ashes. President A. M. Lagg was in the chair and spoke of the need of this institution for Pontiac, the selflessness and untiring interest of the attending sisters and the loss to the community as long as their care and service is withheld from the citizens of Livingston County.

Every member of the directorate pledged his work and interest to carry this proposition through and as the Chamber of Commerce is an absolutely non-sectarian body, representing all interests in the city, it is right and proper that this movement should emanate from there.... Even if you do not attend this meeting, you will be solicited before the week is over. Why not show your big heart by giving your money and support at the start?¹¹³

The response of the people of Pontiac was overwhelming as indicated in the following newspaper article:

At the mass-meeting on Sunday, 4 May, called by the Chamber of Commerce, \$33,000.00 subscribed to at once; eighteen men pledged \$1,000.00 each; then followed \$200.00; twenty men more followed with \$500.00 each; then followed pledges of \$300.00, \$250.00, \$25.00 and smaller. Even children joined in with pledges; \$5.00 from an eleven year old boy and another \$5.00 from a ten year old boy--until a total of \$33,000 had been pledged.¹¹⁴

¹¹³pontiac Daily Leader, 4 May 1919, MAPI.

¹¹⁴pontiac Daily Leader, 5 May 1919, MAPI.

Arrangements for rebuilding the hospital were made without delay when Mother Antony arrived from Peoria. A few changes were made in the plans, and construction of the new building was started. Along with the hospital, a new chapel was erected, living quarters for the sisters were provided and the entire building was made fire resistant. The hospital was completed in 1920, rebuilt with the contribution of \$80,000 from the citizens of Pontiac.¹¹⁵

Another fire emergency happened at St. Francis Hospital in Escanaba on Holy Saturday, 3 April 1926. The hospital was partially destroyed. Rebuilding was undertaken immediately with more needed beds added as well as a convent for the sisters and a chapel. On 10 July 1927, the dedication ceremonies were held by the bishop of Marquette. The hospital was considered one of the finest in the Upper Peninsula of Michigan. During 1926 nearly 1,800 patients were cared for by the sisters without the help of lay personnel.¹¹⁶

Many new construction projects were completed between 1924-1930. A new addition was constructed at St. Joseph's hospital in Keokuk, Iowa; St. Francis Hospital in Burlington, Iowa, received a new wing, bringing the bed

¹¹⁵Goedde, The Charity of Christ Urges Us, 139.

¹¹⁶Ibid., 106.

capacity to sixty-five; at St. Mary's Hospital in Galesburg a new wing was completed which increased the bed capacity to one hundred and twenty-five. St. Anthony's in Rockford had a large five-story addition. This tremendous amount of construction took place in a very short time span, as well as the construction of a new large motherhouse.

Motherhouse, St. Francis Convent, Peoria, Illinois

During the first fifty years of the Community's existence, the sisters lived in the older parts of St. Francis Hospital in areas equipped with bare necessities. As the number of sisters increased, living conditions became more and more inadequate. By 1929, the membership of the congregation had increased to three hundred and fifty-eight sisters.¹¹⁷ Many of them were living in the other ten cities in which the community had established hospitals, however they all came to Peoria for their annual retreat as well as for other occasions. There was a great need for a large convent separated from St. Francis Hospital. It was during Mother Ottilia's administration from 1924-1930, that plans were developed for the construction of a large motherhouse and that the and that the project was actively pursued. The cornerstone for the new motherhouse was laid by Bishop Dunne, second bishop of Peoria, during the summer

¹¹⁷Community Register, MAPI.

of 1929. Before the building was completed, Bishop Dunne died and Bishop Schlarmann was installed as the third bishop of Peoria on 26 June 1930. He dedicated the new St. Francis convent and motherhouse on 25 November 1930.¹¹⁸

The new motherhouse was a large seven-story building which could accommodate up to four hundred sisters. Its multiple capabilities included the novitiate, the convent for the professed sisters, the infirmary for the sick and retired sisters and a retreat house for all the sisters of the community. When the sisters moved into their new home, sixty additional beds at St. Francis Hospital were released increasing the hospital's bed capacity to 410.¹¹⁹

Many important changes in the community life of the sisters took place in the late 1920s. As documented in minutes, the sisters who were nursing in the hospital were to wear white aprons while on duty. A short time after that the sisters could wear white habits in their hospital work. It also was determined that community prayers were to be prayed in English rather than in German, starting 1 November 1927. Each sister was provided with individual copies of meditation books. Prior to this time, when the sisters

¹¹⁸Diamond Jubilee Booklet, St. Francis Hospital, Peoria, Illinois, 1878-1953.

¹¹⁹St. Francis Hospital Record Book, Peoria, Illinois, 1930, MAPI.

were gathered in the chapel for meditation, one sister would begin the prayer period by reading from a book, then all would meditate on the particular passage. Providing each sister with her own book gave the sisters a better choice of subject matter for meditation and much more freedom in her personal prayer life.¹²⁰

In 1927, the Constitutions of the Sisters of the Third Order of St. Francis were revised to bring them in conformity with the newly promulgated Code of Canon Law, the law of the Roman Catholic Church. The Constitutions of 1899 had been printed in German. The 1927 revision was printed in English. It remained the official copy of the Constitutions of the community until a further revision in 1961.¹²¹

New Novitiate in Bad Pyrmont, Germany

During Mother Cunigunde's administration from 1930 to 1936, the St. Antonius Kloster in Echt, Holland, maintaining the European novitiate, was still in existence, when the decision was reached to transfer the novitiate from Holland to the "St. Josef Haus" in Bad Pyrmont, Germany in the spring of 1931.¹²² Approximately three hundred young women from Holland and Germany had entered the

¹²⁰Board minutes, 6 October 1926, MAPI.

¹²¹Constitutions, (Peoria, Illinois: The Sisters of the Third Order of St. Francis, 1927), MAPI.

¹²²Board minutes, May 1931, MAPI.

community through Echt, coming later to the motherhouse in Peoria, Illinois.¹²³ However, political conditions in Europe made immigration from Germany through Holland increasingly difficult.

The novitiate in Bad Pyrmont admitted 127 novices in a twenty year period.¹²⁴ A number of young women who had entered there in 1938 and were received in 1939, were unable to obtain visas to the United States at that time. They remained in Bad Pyrmont until after World War II, taking their temporary and final vows and in 1949 they were allowed to enter the United States. The sisters who entered in 1948 and 1949 came to the United States by way of Switzerland. Those entering in Bad Pyrmont between 1950 and 1951 came to the United States for their novitiate training. At that time the novitiate in Bad Pyrmont was discontinued, because of the difficulty to obtain immigration visas. The effects of World War II forced some of the young women to return home or join other religious communities. The St. Josef Haus and the property in Bad Pyrmont was given to Archbishop Lorenz Jaeger of Paderborn for use in his diocese in 1958.¹²⁵

¹²³Community Register, MAPI.

¹²⁴Community Register, MAPI.

¹²⁵Board minutes, May 1958, MAPI.

New Mission: St. Philip Hospital, Rock Hill,
South Carolina

It can truly be said that the opening of St. Philip Hospital in Rock Hill, South Carolina, was inspired by missionary zeal. The people of Rock Hill, even years after the Civil War, were feeling its results in their economic status and the great depression of the 1930s aggravated the condition. Poverty, fear and distrust of Yankees and Catholics were great in this predominantly Baptist region. Father Paul Hatsch, an Oratorian priest, was invited by Bishop Emmet Walsh of Charleston, South Carolina, to open an oratory in the area, with the hope of bringing the Church closer to the people. Succeeding in acquiring the necessary property for the oratory, he felt that the best approach to bring the Catholic faith to the area would be through the works of mercy, specifically through the establishment of a Catholic hospital. In April of 1935 he met with thirty-five physicians in the city to discuss with them the feasibility of securing some Catholic sisters to open a hospital. With the support of the bishop and the physicians, he investigated various communities engaged in hospital work and became acquainted with the Franciscan Sisters of Peoria, Illinois.

After proposing his missionary project to Mother M. Cunigunde in May of 1935, she and a sister companion went to South Carolina. There was a hospital in the city, the Fennel Infirmary, managed by Dr. Ward. He was willing to

sell it to a group who could effectively operate the facility, leaving him to practice his medical profession. The Fennel Infirmary was bought for \$45,000 and the sisters took over the hospital on 15 August 1935.¹²⁶

Mother Cunigunde found many enthusiastic sisters to volunteer for the new hospital in Rock Hill, even though many anticipated and unforeseen obstacles needed to be overcome to make the new venture a success. Mother M. Cunigunde sent nine sisters to the new mission in South Carolina. Sister M. Lilirosa, one of the future major superiors, was appointed superior. When the sisters arrived at St. Philip Hospital, they experienced a shock as they came face to face with the poverty of the people in the deep south, the dilapidated buildings, the inadequate hospital facilities, and the general condition of disorder and neglect.¹²⁷

There also was resentment on the part of the people of Rock Hill, particularly in the beginning. Most of the townspeople had never come in contact with sisters. They were not prepared for the type of clothing they wore and called the sisters "Hallowees" because of the long white habits they wore. Gradually, as the people became more acquainted with the sisters, their feelings changed. The

¹²⁶Board minutes, May 1935, MAPI.

¹²⁷Burke, Trials and Triumphs, 105-109.

physicians trusted them for their knowledge of nursing and their dedication in caring for their patients. The patients themselves, after receiving the kind and competent care of the sisters, began to love them and realized that Catholics are not so bad, after all. The sisters made the greatest impact on the black people. Segregation was everywhere. Hardly any private hospital took care of them. Blacks were admitted to the basement of the hospital and cared for by black nurses. The sisters however took care of all patients, regardless of their ability to pay, creed or the color of their skin. Relentless efforts were made by the sisters to break down and overcome prejudice.¹²⁸

There also was a special problem regarding children in the area, as there were children without homes, unwanted children and children of disturbed families. So the sisters opened an orphanage across from the hospital. Many children found a home and were taken care of by the sisters.¹²⁹

Since the hospital was an old building, after some years a great need arose to have a new and larger hospital to give adequate care to those who needed help. The majority of physicians were of the same opinion and were

¹²⁸Burke, Trials and Triumphs, 108.

¹²⁹Goedde, The Charity of Christ Urges Us, 153-156.

therefore willing to pledge toward an anticipated fund drive. Even the local newspaper gave a lot of publicity regarding health and hospital needs in the area and thus indirectly supported the effort of building a new hospital. Public opinion ran high in favor of a new hospital. The motherhouse was also willing to contribute a large sum of money and the people in the city were willing to donate what they could afford.

The sisters had applied to the federal government to be considered for money through the Hill-Burton Act. In 1958, it was learned that there was little chance to obtain the funds, because several hospitals had greater priority. There was no hope that the citizens of Rock Hill could supply the amount of funds expected from the government. Without the availability of the necessary funds, the sisters' only choice was closing the hospital.¹³⁰

New Frontiers

In October of 1936, Sister Alphonsa was elected as Mother General of the Franciscan sisters. She served for two consecutive terms of six years, from 1936 to 1948. During her term of office the community reached its peak membership. At the end of 1939 there were 402 professed sisters in the community. After that date the membership gradually declined, due to death of the sisters and the

¹³⁰Goedde, The Charity of Christ Urges Us, 156-157.

decrease in numbers of new members during World War II. By 1948 the membership was 359.¹³¹

In the fall of 1936 another important change was made in the community structure of the sisters. A sister other than the Mother General was appointed administrator of St. Francis Hospital, Peoria. Her office was right inside the main entrance to the hospital, where the previous Mothers General had their office. The Mother General's office was in the newly erected motherhouse adjacent to St. Francis Hospital.¹³²

Construction never ceased at St. Francis Hospital in Peoria. In 1937 a new boiler and laundry building was completed. With the appointment of Sister Ancilla as the administrator in 1939, a new eight-story building with basement and subbasement was planned and constructed, replacing the original building. The project cost was over \$800,000. Rt. Rev. Schlarmann of Peoria, laid the cornerstone in May of 1941. Its completion in April of 1942 made St. Francis Hospital into one of the most modern and up-to-date hospitals in the State of Illinois, increasing the bed capacity to five hundred.¹³³

¹³¹Community Register, MAPI.

¹³²Board minutes, October 1936, MAPI.

¹³³Burke, Trials and Triumphs, 30-32.

In October of 1948, Mother Alphonsa completed her second term as Mother General. Her administration, inspite of World War II and its effects on the nation, the hospitals and the religious community, was filled with many activities on part of the sisters, much construction at the various hospital sites and many works of charity.

St. Francis Hospital Community Clinic, Peoria

In accordance with the sisters' philosophy of serving the sick and the poor, the St. Francis Hospital Community Clinic was opened in November of 1942. This clinic was established for outpatient medical care to serve the needs of those unable to afford a private physician. The clinic began its service on 1 January 1943. It was organized as an independent community agency, subject to the control and management of a board of directors with its activities supervised by the Sisters of St. Francis. Financially it was mainly supported by St. Francis Hospital with some help from selected community agencies. Through the years, this clinic has served innumerable persons with health problems who otherwise would not have had any medical health care assistance. It has been one of the great charitable undertakings of the sisters and with their support, the medically indigent of Peoria have received good health care and supervision.¹³⁴

¹³⁴Diamond Jubilee Booklet (Peoria, Illinois: St. Francis Hospital, 1878-1953, 1953), 45, MAPI.

In 1948, a new project was undertaken by the sisters. The Forest Park Foundation built a hospital across from St. Francis Hospital and connected it to the hospital by underground tunnel. This new project was built adjacent to St. Francis Hospital to provide facilities for convalescent and chronically ill patients, as well as treatment areas for the physically handicapped. The hospital was called Forest Park Home, St. Francis Hospital Division. The building's maintenance and administrative duties were performed by the Sisters of St. Francis Hospital and their staff. The Institute of Physical Medicine and Rehabilitation, established on the first floor of the building, was operated by the Forest Park Foundation. The remaining three floors were under the administration of St. Francis Hospital. The one hundred and fifteen beds of this division increased the bed capacity of St. Francis Hospital to six hundred and fifteen. This facility became the center for the treatment of polio victims and for post-polio treatments during the polio epidemic in the late 1940s.¹³⁵

On 31 October 1952, groundbreaking ceremonies were held for the new Children's Hospital to be connected to the main building of St. Francis Hospital. Originally it was to be devoted to the exclusive care of children, but later,

¹³⁵Diamond Jubilee Booklet, 46-47.

it was decided to have the St. Francis Community Clinic occupy the ground floor. Dedication services were held in the fall of 1953. The Children's Hospital, one of the state-of-the-art structures, had the most modern medical facilities for children of any age.¹³⁶

As the organization of the hospitals became more complex and construction costs escalated, the support of the local civic community was needed. While the federal government, through the Hill-Burton Act, helped finance construction of hospitals, these federal funds had to be matched by local funds before they could be obtained. To make the public aware of the needs and the service of hospitals and to provide input from the local community regarding future health needs of its people, Lay Advisory Boards were established in all order hospitals between 1950 and 1953. The Community Advisory Board of St. Francis Hospital was established in October of 1952. A summary statement of its establishment is as follows:

The Board of Managers of the Sisters of the Third Order of St. Francis of Peoria, Illinois, which owns and operates St. Francis Hospital in Peoria, Illinois, wishing to improve the friendly relations existing between said hospital and the Peoria area population served by it, and for further betterment of hospital management and patient care, established the Community Advisory Board on 3 October 1952.¹³⁷

¹³⁶Diamond Jubilee Booklet, 50.

¹³⁷Board minutes, 3 October 1952, MAPI.

The members of the advisory boards, both men and women, worked for the benefit of the hospitals and excellence of health care in their respective cities, thus contributing greatly to the development of the modern health care facilities.¹³⁸

Never in the history of the community had there been as many extensive construction projects going on simultaneously as in the 1950s. The following projects were accomplished:

St. Mary's Hospital, Marquette, Michigan: a new four-story hospital to replace the old one;

Sacred Heart Hospital, Fort Madison, Iowa: a new five-story structure to add ninth-three beds plus many services;

St. James Hospital, Pontiac, Illinois: a major wing to add thirty-nine beds plus services;

St. Joseph's Hospital, Bloomington, Illinois: a new addition of twenty-six beds and a new department for cerebral palsy patients;

St. Joseph's Hospital, Menominee, Michigan: Lloyd addition, plus extensive remodeling of the old hospital;

St. Francis Hospital, Peoria, Illinois: a four-story rehabilitation hospital and a three-story children's hospital;

St. Mary's Hospital, Galesburg, Illinois: a four-story addition.

St. Francis Hospital, Escanaba, Michigan: a new addition and modernization of the older building;

¹³⁸Goedde, The Charity of Christ Urges Us, 159-162.

St. Francis Hospital, Burlington, Iowa:
a two-story addition for continuation care
services;

St. Anthony Hospital, Rockford, Illinois:
extensive remodeling;

St. Joseph's Hospital, Keokuk, Iowa:
a large addition to the existing
hospital;

Central Organization, Sisters of the Third Order of
St. Francis

The operation of the community's twelve hospitals became more and more complicated and complex. The individual hospitals in four states grew from small simple institutions to larger complex and departmentalized facilities where the sick and injured were cared for by highly skilled professional people. New technology and new methods of treating various diseases and illness were constantly developing. High tech and high touch inventions called for greater areas of work space in the hospitals and for greater expenditure of funds for new equipment. With the help of the finance committee of the Advisory Board of St. Francis Hospital, Peoria, the financial borrowing capacity was investigated. The finance committee evolved into the Orderwide Advisory Board with the approval of Bishop Cousins of Peoria. He expressed satisfaction with this arrangement, saying:

With such a board, recommendations can be made to you with the full knowledge of the Council, and decisions can be made with their sharing your responsibility. Since the men named are competent

and loyal to the sisters, I think you are wise in showing a willingness to be advised.¹³⁹

A central office, headed by an administrative manager, was created to assist the board of managers in the management of the twelve hospitals. The administrative manager had staff responsibility and reported directly to the board of managers and had functional relationship for administration to the hospitals of the order. Within three years, the central office created the following divisions: engineering, purchasing, accounting, and personnel and public relations. In 1959, a centralized data processing system was installed.¹⁴⁰

The next three decades in the development of the congregation were filled with many changes. Major construction projects were undertaken in all existing hospitals. St. Francis Hospital, Peoria, developed into a large tertiary medical center. It is a Catholic health care facility which not only provides high technology and the newest in medical treatment, but also maintains the human and caring touch so necessary in the recovery process of patients. Quality care is extended to all persons, regardless of their ability to pay.

Times have changed, yet the threads of continuity are there, linking the past to the present. Each era has

¹³⁹Board minutes, 7 June 1957, MAPI.

¹⁴⁰Board Minutes, 28 June 1959, MAPI.

seen new problems and these have demanded new responses. Through human effort and the guidance of the Holy Spirit working in individuals and the community, the response has usually measured up to the challenge and succeeding generations have been the beneficiaries.

CHAPTER IV

COMMUNITY HISTORY OF NURSING EDUCATION FROM 1901-1965 AND THE ESTABLISHMENT OF NURSING EDUCATION PROGRAMS BETWEEN 1901 and 1920

In the early years after the foundation of the congregation, the sisters were involved in every aspect of hospital work, including nursing, cooking, housekeeping, gardening, administration and much more. Nursing by the sisters was necessarily simple, consisting for the most part of giving patients their meals, bathing them and keeping them comfortable. Under the direction of the physicians, they gave simple treatments and medications, washed and dressed patients' wounds, comforted the sick and prayed with them especially when they were dying. There was no thought at the time to establish nursing schools. The young women who entered the Franciscan community learned the art of nursing from the older sisters and carried on these nursing traditions.

With the apostolate expanding and branching out to other parts of the country and the steady advance of medical science, nursing became increasingly more complicated. New methods of treatment used by the physicians required not only more nursing sisters, but also greater skills in the practice of nursing. As health care became more complex and scientific and technological advances helped

preserve life, the sisters realized that more formal nursing education was needed to give quality nursing care. They started their first school of nursing in 1901. Within four years the value of the school was so evident to the community that in February 1905 the sisters' board amended the articles of incorporation to read:

BE IT RESOLVED, That Article 2 of the Articles of Incorporation of the Sisters of the Third Order of St. Francis, a corporation, which now reads: "The object for which it is formed, is conducting hospitals," shall be amended to read as follows, to-wit: "The object for which it is formed is conducting hospitals and training schools for nurses;" and that Article 3 of said Articles of Incorporation which now reads: The management of the aforesaid corporation shall be vested in a Board of three Managers who are to be elected as the by-laws of said corporation shall provide, "shall be amended to read as follows, to-wit: "The management of the aforesaid corporation shall be vested in a Board of five managers who are to be elected as the by-laws of said corporation shall provide."¹

The amended articles of incorporation were filed with the Secretary of State on 21 February 1905 in the County of Peoria, Illinois. It was with careful consideration that the following schools of nursing were established over a nineteen year period:

1901 - 1945	St. Joseph School of Nursing, Keokuk, Iowa;
1905	St. Francis School of Nursing, Peoria, Il.;
1915	St. Anthony School of Nursing, Rockford, Il.;

¹Articles of Incorporation, 8 February 1905, MAPI.

1918 - 1921 St. Joseph School of Nursing, Menominee,
Michigan;

1920 - 1962 St. Joseph School of Nursing, Bloomington,
Illinois;

All the schools, when established, served the nursing needs of the hospitals that operated the schools. Since the schools were hospital-based, these diploma programs were all under the control of the hospitals. Some of the schools closed after a period of years, because of increasing expenses, lack of enrollment, and lack of prepared faculty.

Common Threads of Diploma Education Within the Third
Order Educational Programs

The hospital-based nursing schools within the community of the Sisters of the Third Order of St. Francis basically were established for the primary purpose of supplying nursing personnel to the hospitals. While reasonable efforts were made to qualify as an educational institution, service to the hospital and its patients was the overall concern. Many of the instructors were graduates of the diploma programs. Although they undoubtedly possessed many nursing skills and had much practical experience, they knew little of teaching-learning theories, teaching skills and techniques, curriculum design and development, or evaluation processes. Quite often, instructors had dual positions, that of being a teacher as well as a supervisor

or nursing care manager of one of the nursing units.²

The curriculum generally was laid out in blocks of study that included medical nursing, surgical nursing, obstetrics, pediatrics, operating and emergency room experience, as well as support courses in anatomy, physiology, nutrition, pharmacology, history of nursing, and often a course entitled professional adjustment. If a hospital was unable to provide certain learning experiences, such as pediatrics, students were sent to an affiliated hospital where they could receive that education. Students usually were assigned to the hospital units during the early and late hours of the day, when staffing needs were the greatest. Often split shifts were employed for students, so they could attend classes from 1:00 PM. till 3:00 PM. in the afternoon.

Almost all the students were single young females who started the program after completing high school. They entered a probationary period of two to six months. This was a testing period when both the student and the school, evaluated the student's aptitude for nursing. If students survived the probationary period, they completed the remainder of the year as freshmen. After being junior students for one year, they completed the final year of the

²Souvenir Booklet of the Dedication of the New Addition to St. Francis Hospital, Peoria, Illinois, (Peoria: St. Francis Hospital, 1942), 19-23.

three-year program as seniors. During the senior year, students were often given the responsibility of supervising units in the hospital on days, evenings and nights. At the completion of the three years, students were awarded a diploma, but this was not recognized as an academic degree. No academic credit was given for the three years, because hospitals were not considered academic institutions.

As a result of spending many hours in hospital service, the students graduating from the order's diploma programs were skilled in nursing arts and thus were able to assume positions as staff and charge nurses needing little or no orientation. They were able "to do" and give nursing care, but were weak in knowing why something was done.³

For more than a century, diploma schools carried the major responsibility for producing graduates who could meet the health needs of the nation. It was in the late 1940s, that changes in nursing education began to occur.

School of Nursing, St. Joseph's Hospital, Keokuk, Iowa,

1901-1945

By the year 1901, the Keokuk Medical College and the College of Physicians and Surgeons had merged and all

³Sister M. Cleophae Rademacher, interview with author, East Peoria, Illinois, 28 April 1990. Sister was a former superintendent of St. Joseph School of Nursing in Keokuk, Iowa and is now retired at the motherhouse in East Peoria, Illinois. She is a member of the Sisters of the Third Order of St. Francis, age 87.

clinical surgeries and bedside studies were done at St. Joseph Hospital, where the college had enlarged its medical clinic. There were increasing numbers of medical students visiting the hospital for lectures and observation of operations. Since most of the physicians in the area were connected with the Keokuk Medical College, most patients were referred there and the number of hospitalized patients at St. Joseph's continued to increase. The task of giving adequate care to these patients soon became too great for the fifteen sisters assigned to the hospital and the need was felt for more nursing personnel to carry out the increasing duties. Since more sisters could not be spared from the motherhouse of the community, Sister Anthony, the superior of the hospital, presented the need for more nurses to Mother Thecla. With her approval and in conjunction with the members of the Medical College, a school of nursing was established for lay nurses in 1901, the first school established by the sisters.⁴

This new venture, non-sectarian in character, was undertaken not only to secure more nurses for the care of the sick in the hospital, but also to prepare young women to become able assistants to the medical profession in the care of sick persons in private homes. Thus, the community would also be provided with a staff of efficient nurses

⁴Golden Jubilee Souvenir, (Keokuk, Iowa: St. Joseph Hospital, 1887-1937, 1937), 9.

ready to serve whenever and wherever the need arose. Announcements were printed and distributed throughout the area, explaining that trainees could graduate as nurses after completing two years of study. Applicants were received for a term of probation, and if the applicant, after a few months, proved to be physically and mentally able to meet the demands of the profession, she signed an agreement to remain for the rest of the required term. Students normally received board, lodging, laundry and a small salary sufficient to buy the uniforms and a few simple necessities. They also were expected to remain unmarried. The school of nursing was under the control of the hospital and the medical college. The sisters were in charge of the training and taught bandaging, dressing of wounds and other practical details. The sisters were kind, considerate and compassionate and were like foster others to their pupils. They taught values other than medicine by both counsel and example.⁵ The curriculum at the school of nursing was constantly enlarged and intensified as the years passed.

The medical college faculty conducted classes and lectures covering anatomy, physiology and medical science. Almost all staff physicians participated in the teaching of diseases and medical and surgical treatments. This was

⁵"School of Nursing at St. Joseph's Was First for Sisters of St. Francis," Free Press, Keokuk, Iowa, 24 October 1979.

considered quite an advantage, because there were few training schools for nurses at the time that were as closely connected with a good medical college as the St. Joseph's School of Nursing. The school of nursing was considered more or less an integral part of the college. Nurses who were approaching graduation were frequently taken to patients in private homes to work hand-in-hand with the attending physician. This allowed for close identification of diagnoses and treatments of certain illnesses and diseases. The first graduation at St. Joseph's Hospital, composed of six nurses, was held in 1903.⁶ Although St. Joseph's School of Nursing was not state-accredited in the beginning, it always tried to measure up to the requirements of the time.

From the inauguration of the nursing school, St. Joseph's has sent out a total of one hundred and sixty-five graduates who have assumed positions in which they could give the most service. And those who sooner or later entered the matrimonial state, became better wives and mothers by reason of their nursing education.⁷

As the time and years went on, the hospital and the school of nursing experienced more and more serious and increasing difficulties. Perhaps the greatest difficulty was caused by the inability to secure qualified faculty to educate the nursing students. Additional pressure to build a

⁶Golden Jubilee Souvenir, 1887-1937, 10, MAPI.

⁷Ibid., 10-11.

more adequate educational building and to enlarge the teaching faculty of the school came from the State of Iowa. Recruitment of students was another serious problem.⁸ Several sisters, serving in a supervisory capacity, were not licensed as graduate registered nurses in Iowa, nor were they eligible for licensure since they were senior nursing students at St. Francis Hospital School of Nursing in Peoria, Illinois. A letter from the Iowa Board of Nurse Examiners asked for an immediate resolution of this situation, otherwise action would be taken to remove St. Joseph's Hospital School of Nursing, Keokuk, from the list of accredited schools of nursing in Iowa.⁹

The sisters' board decided to close the school in August of 1945 because of the inability to recruit enough students to warrant the expenses of building a nurses' home and enlarging the faculty. Students, still enrolled at St. Joseph's, were given the opportunity to transfer to St. Francis Hospital School of Nursing in Peoria without any loss of credits.¹⁰

⁸Vera Sage to Rev. Mother M. Alphonsa, 16 April 1945, MAPI. (The writer of the letter was the executive secretary of the Iowa Board of Nurse Examiners).

⁹Vera Sage to Rev. Mother M. Alphonsa, 16 April 1945, MAPI.

¹⁰Board minutes, June 1945, MAPI.

School of Nursing, St. Francis Hospital, Peoria, Illinois,
1905-1965.

The greatest educational endeavor of the Sisters of the Third Order of St. Francis was the establishment of St. Francis School of Nursing in 1905. St. Francis Hospital in Peoria, the nucleus of the order, grew rapidly over the years as more and more patients sought help, support and healing within its walls. The sisters, with the careful instructions given by the hospital's medical staff, had given quality care to the patients, but with the advance of modern science, the sisters and physicians realized the need for a formal course in nursing to better prepare the sisters for their work. As a result, the St. Francis Hospital School of Nursing was established solely for the sisters of the community on 8 February 1905. Sister Bernardine was the first superintendent of the school.¹¹

Much was lacking in the beginning. Nursing textbooks were rare; in fact, when the school opened, there was only one suitable textbook available. It was published by St. John's Hospital in Springfield, Illinois, and was called The Nursing Sister. The book itself was a manual for candidates and novices of hospital communities and a popular guide to the art of nursing. While Chapter I dealt with the qualifications of the nursing sister, personal

¹¹Annual Report (Peoria: St. Francis Hospital, 1924), 2, MAPI.

appearance, her conduct toward physicians, patients, families and servants, meals, rest and exercise, chapters II to XLVIII dealt with patients' environment, diseases and treatments, and other clinical applications.¹²

Classes were held at irregular times. Many physicians lectured to supplement bedside instructions. The student sisters were carefully supervised as to nursing procedures by the older sisters. After three years of training, the sister graduated and received her diploma signed by all active staff physicians.¹³

Since the opening of the school of nursing, attempts to achieve state registration for nurses increased. By 1915 forty states in the United States had enacted legislation regulating nursing training, including Illinois.¹⁴ The Nurse Registration Act protected the title "R.N.", but it was not compulsory.

St. Francis Hospital, as one of the leading hospitals in the State of Illinois, was interested in the credential and took steps in the fall of 1914 to have the school state accredited. The school was reorganized and

¹²L. H., The Nursing Sister (Springfield, Illinois: H. W. Rokker Co., Printers and Binders, 1899), III-IV, V-VIII, 1-14.

¹³Diamond Jubilee Booklet 1878-1953, (Peoria, Illinois: St. Francis Hospital, 1953), 73-74.

¹⁴Vern Bullough and Bonnie Bullough, History, Trends, and Politics of Nursing, (Norwalk: Appleton-Century-Crofts, 1984), 127.

became accredited by the State of Illinois on 15 July 1915 with Miss Catherine Warneck, R.N., as superintendent.¹⁵ All the sisters who had graduated since 1905 wrote the state board examination when it became available in 1915. They all had high passing scores.¹⁶

With the population of Peoria and vicinity rapidly increasing, St. Francis Hospital also was expanding. It was soon found that the sisters alone could not adequately attend to the growing numbers of patients. More nurses were needed and as a result, the school accepted lay students on 1 April 1918.¹⁷ The first lay nurse, admitted to the school of nursing, was Miss Sophia Brandt, who entered in June of 1918. She was soon followed by seven other students.¹⁸

A three-story brick building was acquired as a home for the student nurses. The nurses' residence was under the supervision of a sister, who gave special attention to the students' health. She tried to make their surroundings as home-like as possible. The students were carefully

¹⁵Diamond Jubilee Booklet, 1878-1953, 74.
 (Ms. Warneck served from 1915-1917. Before and thereafter all superintendents were sisters).

¹⁶State Board Records, 1915-1920. MAPI.

¹⁷Annual Report (Peoria: St. Francis Hospital, 1919), 9, MAPI.

¹⁸Souvenir Booklet of Dedication of New Addition (Peoria: St. Francis Hospital, 1942), 20.

guarded and had to abide by the regulations set up by the school for the maintenance of a "refined home." No wages were offered, as it was considered that the education and training received were an equivalent for the services rendered by students. However, to help defray the expense of uniforms, textbooks and other necessities, \$4.00 first year, \$6.00 second year and \$8.00 the third year were given each month. Student nurses received room, board, and laundry during the three years without charge.¹⁹

Requirements for Admission

The earliest printed requirements for admission are listed in the Annual Report of St. Francis Hospital, 1919. They were as follows:

Those wishing to obtain the course of instruction should apply to the superintendent of nurses, if possible in person, or by letter. A candidate must be between the ages of nineteen and thirty years of age and have as a minimum education, one year of high school or its equivalent.

She must submit a statement from a physician, certifying good health and that she has recently been vaccinated, and from a dentist, that her teeth are in good condition. She must also have a statement from a clergyman and two other responsible persons, testifying to her good moral character and general fitness for nursing, and a qualifying certificate from the Department of Registration and Education.

Students were admitted in March and September of each year. Although this is a Catholic institution, no young woman otherwise qualified will be excluded on account of religion.

¹⁹Annual Report, St. Francis Hospital, 1919, 9, MAPI.

In illness, all students are cared for gratuitously by the hospital. The time lost, however, through this or any other cause, beyond stipulated limits, must be made up at the end of the course.

Two weeks of vacation are allowed each year. At the end of three years, students who have completed the required courses in theory and practice, upon the recommendation of the hospital faculty, receive their diplomas, which entitles them to take the state board examination to become registered nurses.²⁰

The requirements for admission were slightly changed in 1922. Sometimes exceptions were made as to the maximum age if the applicant was young in appearance. The applicant was required to have a good command of the English language in order to understand the course of study and therefore high school graduates were preferred. All applicants were required to serve a probationary period of three months, during which time both applicants and faculty could find out if the applicant was suited for nursing. Also the monthly stipend was increased to \$6.00 for the first year, \$8.00 for the second year and \$10.00 for the third year. Standards for graduation were also raised. A nurse, who completed the three-year course, needed an average of seventy-five percent in the final examination of the school to be eligible for the school's nursing diploma and to be enrolled as a graduate nurse. The diploma enabled the student to apply for state registration and

²⁰Annual Report, St. Francis Hospital, 1919, 10-11, MAPI.

membership in any nursing organization. The alumnae association of the school was organized in 1922. The purpose of the association was to keep current with the nursing profession, to aid its members materially and to prove their loyalty to the hospital and the school.²¹

In the Annual Report of 1924, the age limitation for admission of nursing students was extended to thirty-five years of age, while in the school's bi-annual report of 1927-1928 no upward age limit is mentioned. A new criterion was instituted at this time. An applicant was required to be a graduate of an accredited high school.²²

Educational requirements differed greatly from today. Great importance was placed on character, maturity and spirit of service. "Patients first" was the constantly repeated slogan. The daily schedule was from 7:00 AM to 7:00 PM with one hour off for meals and two hours for classes. The superintendent of nurses was the only nurse-teacher.²³

The course of instruction was that required by the State of Illinois for accredited schools. It covered a period of three years. The practical experience in medical,

²¹Annual Report, St. Francis Hospital, 1922, 22, MAPI.

²²Diamond Jubilee Booklet, 1878-1953, 74-75.

²³Bi-annual Report, St. Francis Hospital, 1927-1928, 47-48, MAPI.

surgical, gynecological and obstetrical nursing, as well as in the nursing of children, was gained in the various departments of the hospital. In addition, each student nurse was given a period of service in the drug room, diet kitchen, laboratory, hydro-electro room and the operating room. The work in each department was graded, beginning with the fundamental and passing to the more advanced.²⁴ Throughout the course of training, the method of instruction was given by class, lecture and bedside training with the lectures given by staff physicians. Staff physicians' lectures included some of the following topics: nursing ethics, anesthetics and bandaging, anatomy and physiology, chemistry, materia medica and laboratory technique, obstetrics, gynecological nursing, circulatory and respiratory diseases, gastro-intestinal diseases, pediatrics, dietetics, infant feeding, dermatology, psychology and psychiatry, pathology, ophthalmology, otology, rhinology, laryngology, orthopedics, operating room technique, surgical diseases and complications, communicable diseases, hydrotherapy, and genito-urinary diseases. All the general nursing in the hospital was done by student nurses under the supervision and instruction of the superintendent and head nurses.²⁵

²⁴Annual Report, St. Francis Hospital, 1919, 10, MAPI.

²⁵Annual Report, St. Francis Hospital, 1922, 20, MAPI.

By 1935, the student enrollment had grown to about one hundred, all crowded into the sixty bed nurses' home. The building of a new nurses' home became paramount. In June of 1936, the Board of Managers passed the following resolution:

RESOLVED, that the Sisters of the Third Order of St. Francis, Peoria, borrow the sum of \$300,000.00 for the purpose of erecting a nurses home in connection with the St. Francis Hospital, Peoria, Illinois and that the president and secretary of said corporation be, and they are hereby authorized, to negotiate said loan on the best terms and conditions obtainable, and report their actions back to the members of the Board of Managers of said corporation. This resolution was unanimously adopted by the Board of Managers.²⁶

Plans for an eight-story nurses home were completed in 1936 by the Peoria architectural firm of Hamilton B. Dox. The site chosen for the school was the old convent garden on Greenleaf Street, at the foot of the hill on which the hospital buildings were located.²⁷

By the time of completion of the eight-story nurses' home at St. Francis hospital in Peoria, the cost of the construction had risen to \$400,000.00. Dedication services were held on Tuesday morning, 17 August 1937, with Bishop J. Schlarmann of Peoria officiating. A large crowd of clergy, religious, nurses and laity was gathered on the seventh floor of the building to hear the inspiring address

²⁶Board minutes, 12 June 1936, MAPI.

²⁷Diamond Jubilee Booklet, 1878-1953, 74-75.

delivered by Bishop Schlarmann at the completion of the blessing of the home. In his address, he spoke particularly to the nursing students about their "New Home," their academic institution, and about their apostolate and responsibilities as nurses. At the time of the dedication there were about 120 nursing students enrolled.²⁸

The nurses' home, from now on called the School of Nursing, was build to last for many years. It was built of brick and reinforced concrete with terrazzo floors and it had accommodations for about 220 students. Large class rooms, conference rooms, laboratories, a large library, visiting rooms, reception, lobby and recreational areas were provided. The school was connected with the hospital proper by a bridge of special architectural design.²⁹ By 1940, there were 182 students enrolled in the nursing program, including nine sisters.³⁰

Besides the academic program, there were many other scheduled activities, such as annual retreats for Catholic students, beautiful capping and graduation ceremonies, as

²⁸The Register, Peoria Edition, 29 August 1937, MAPI.

²⁹Peoria Journal-Transcript, 10 October 1937, MAPI.

³⁰In the files of St. Francis Medical Center College of Nursing, there is a handwritten note book, listing all students by name and class enrolled in the program at anyone time.

well as attendance at professional nurses' meetings and congresses. The St. Francis Hospital School of Nursing's Sodality of Our Lady, organized on 8 December 1920, was a very active organization and included all Catholic students.³¹ Since its organization in 1905 and its subsequent approval by the State of Illinois in 1915, St. Francis Hospital School of Nursing has developed, enriched and improved its curriculum based upon the changing trends in health care and needs of health care consumers.

In 1943, during World War II, St. Francis Hospital School of Nursing cooperated with other leading schools of nursing in the United States and participated in the accelerated course of the United States Cadet Nurse Corps. The acuteness of the military and civilian needs for nursing service, the increasing competition for womanpower, and the development of new attitudes toward use of federal funds for preparation of nurses called for large appropriations of federal moneys to nursing education. The nursing program at St. Francis benefitted from these federal allocations because funds were granted in proportion to the school's ability to increase enrollment and to accelerate the curriculum. The essential instruction and experience needed to be shortened from three years to twenty-four or

³¹Sodality of Our Lady Record Booklet, (Peoria, Illinois: St. Francis Hospital School of Nursing, 1920-1950), MAPI.

thirty months according to the accepted practice in basic nursing education. Adequate clinical experience and instruction in the four basic services of nursing -- medicine, surgery, obstetrics and pediatrics -- had to be assured. The cadet nursing students had to meet the requirements for graduation as well as the state's requirements for registration.³² Students were given scholarships in accordance to their financial needs.

The school accepted new cadet students three times a year to speed up the preparation for nurses. The total enrollment during the calendar year of 1944 reached 303 nursing students. With the help of federal funds, provided by the Bolton Bill, which was designed to increase available nursepower by preparing more nurses more rapidly, new living accommodations were build for eighty-four cadet nurse students. This new addition was known as St. Clara's Hall.³³

In order for St. Francis School of Nursing to be eligible to participate in this federal nurse education program, verification of state approval by the Illinois Board of Nurse Examiners had to be provided. The school also had to certify that the student being accepted was

³²Lucile Petry, "U. S. Cadet Nurse Corps," American Journal of Nursing, (1943), 705.

³³Diamond Jubilee Booklet, (Peoria: St. Francis Hospital 1878-1953, 1953), 78-79.

physically, mentally and scholastically fit for nursing and that the student had graduated from an accredited high school. Additional requirements were an adequate educational staff, well-equipped class rooms, laboratories, library and other student facilities.³⁴

The Application for Participation in Federal Nurse Training Program was processed by the Federal Security Agency, U. S. Public Health Service Division of Nursing. All terms of the contract were clearly spelled and carried out during and after completion of the training program. After the application and the plan of studies was approved, an allotment from federal funds was set aside and prepayments against this allotment were made to the school quarterly. Federal funds were made available upon request for tuition and fees for all students joining the corps.³⁵ Approval was granted in June 1946 for the fiscal year 1946-1947. The total request for federal financial reimbursement for 137 U.S. Cadet Nurse Corps students was \$22,983.00.³⁶ Regular audits of fund accounts were

³⁴Lucile Petry, "The U. S. Cadet Nurse Corps, A Summing Up," American Journal of Nursing, (1945), 1027-1028.

³⁵Form of Application for Participation in Federal Nurse Training Program, July 1, 1946 - June 30, 1947, St. Francis Hospital School of Nursing, May 1946, SFCoNF.

³⁶Federal Security Agency, U.S. Public Health Service, Division of Nursing, Budget for Basic Nursing Program, 7/1/46 to 6/30/47, 9 July 1946, signed Lucile Petry, SFCoNF.

made by a field officer of the Federal Security Agency, U. S. Public Health Service, Division of Nursing, as indicated by a visit on 23 August 1948.³⁷ In 1949 the school returned to the established policy of admitting only one class each year in September.³⁸ The St. Francis Hospital School of Nursing received state approval for Veterans' Education -- Public Law 550 -- on 20 November 1952, from the State of Illinois, Office of the Superintendent of Public Instruction.³⁹ The school of nursing also participated in the Exchange-Visitor Program through the Department of State, Washington, D. C. This provided undergraduate nursing education to qualified foreign students to enable them to obtain training in the United States to assist them in training others in the field of nursing when returning to their homelands and to promote general interest in international exchange of arts and sciences.⁴⁰

³⁷Federal Security Agency, U.S. Public Health Service, Division of Nursing to Sister M. Thaddea, Director, School of Nursing, 19 August 1948, SFCoNF.

³⁸Bulletin of St. Francis Hospital School of Nursing, (Peoria, Illinois: St. Francis Hospital, 1951), 2.

³⁹State of Illinois, Office of the Superintendent of Public Instruction, State Approval Agency to Sister M. Walburga, Administrator, St. Francis Hospital, 20 November 1952, SFCoNF.

⁴⁰Ivan Nelson, International Educational Exchange Service, Department of State, Washington, D.C., to Director of St. Francis Hospital School of Nursing, Peoria, 14 September 1955, SFCoNF.

Several foreign exchange students from Formosa and China received their nursing education at St. Francis Hospital School of Nursing.

St. Francis Hospital School of Nursing received and maintained state accreditation and approval since 1915. This is well documented in correspondence between the Department of Registration and Education, State of Illinois and the Director of St. Francis Hospital School of Nursing, indicating continuous state approval.⁴¹

As national professional accreditation became more prevalent, St. Francis was one of the schools joining the ranks of nationally accredited nursing programs and maintained such accreditation until 1987 when the diploma school closed due to a total program change in the level of educational preparation of St. Francis' graduates.⁴²

When the National League of Nursing Education reorganized in 1952 and combined several nursing organizations

⁴¹There are seventy-five pieces of correspondence available between St. Francis Hospital School of Nursing and the State of Illinois, Department of Registration and Education, Springfield, Illinois, covering the years 1915 to 1956. These documents are available in the college files of the St. Francis Medical Center College of Nursing, Peoria, Illinois.

⁴²The first official listing of accredited programs of nursing education approved by the National Nursing Accrediting Service was published in October 1949 in the American Journal of Nursing. Subsequently national accreditation information was published in the same journal annually.

into the National League for Nursing (NLN), the NLN assumed the function of accrediting nursing education programs formerly carried out by the National Nursing Accrediting Service.⁴³ The St. Francis Hospital School of Nursing is listed in all issues as being accredited by the National League for Nursing until its closing in 1987 when the complete program change took place. Accreditation visits by the NLN to St. Francis' nursing education program were made about every six years until 1980 when the time interval was changed to eight years.⁴⁴

In the school Bulletin for the academic school year 1951 to 1952, the requirements for admission to the school were revised. Information was given as to age and health, academic preparatory requirements such as highschool and prenursing psychological testing dealing with scholastic and nursing aptitudes and personality factors. A general plan of course content was also included.⁴⁵

⁴³Lists of diploma programs in nursing, accredited by the NLN, were published once a year in August in Nursing Outlook, February 1961-1964, August 1965-1979. Starting in 1980, the listing of accredited nursing programs was published in Nursing and Health Care, September 1980 to 1988.

⁴⁴Francis Peterson, Kathrine Brim, National League for Nursing, 23 June 1967, 3 July 1973, 30 May 1980, Letters of Accreditation to St. Francis Hospital School of Nursing, Peoria, Illinois, SFCoNF.

⁴⁵St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1951-1952, (Peoria, Illinois: St. Francis Hospital, 1951), 17-21.

While the main clinical experience was scheduled at St. Francis Hospital, other experiences in general nursing were provided in the community through the hospital's out-patient department and the Visiting Nurses Association. Affiliation with the Peoria State Hospital provided theory and practice in psychiatric nursing.⁴⁶ On successful completion of the three-year program and the earning of at least a C or a 2.0 credit point average in each course, the student was allowed to graduate, receive the diploma of the school and be eligible to write the State Board Examination to become a registered nurse (R.N.).⁴⁷

The school Bulletin for the period of 1954 to 1956 described improved classroom facilities, laboratories and an expanded library. The hospital had a bed capacity of six hundred and eighty-eight, assuring the nursing students a broad and varied clinical experience.⁴⁸

Up until 1952, psychiatric nursing was a 13-week elective experience at the affiliate school in Peoria State Hospital. From 1952 to 1954, students had this experience at St. Joseph's Hospital, Creighton University, Omaha, Nebraska as well as Peoria State Hospital. Starting in 1954,

⁴⁶St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1951-1952, 19, SFCoNF.

⁴⁷Ibid., 20-21, SFCoNF.

⁴⁸St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1954-1956, (Peoria, Illinois: St. Francis Hospital, 1954), 18, SFCoNF.

students had their psychiatric experiences at Elgin State Hospital, Elgin, Illinois and Peoria State Hospital, Peoria, Illinois.⁴⁹

The admission requirements were further clarified in regard to married women. It was customary in most nursing schools not to admit married students to the program. At St. Francis School of Nursing some exceptions were made on an individual basis for serious reasons. Underlying reasons for such a regulation were perhaps the possibility of pregnancy and the possible interruption of the program because of it. For the same reasons, students enrolled in the program were not permitted to remain in the school if they contracted marriage before the last six months of their program in nursing. The pre-entrance test in form of a series of aptitude tests became mandatory at this time.⁵⁰

Between 1954 and 1956, St. Francis School of Nursing became affiliated with Bradley University. Besides the basic diploma program of three years, Bradley's degree program was another option. Academic work at Bradley University could be earned either before entering the nursing program at St. Francis or after completion of the basic three-year program. For the completed basic nursing program

⁴⁹St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1954-1956, 40, SFCoNF.

⁵⁰Ibid., 19, SFCoNF.

at the hospital, the student received forty-eight credit hours toward the B.S. degree in nursing. The academic part of the degree in nursing was given at Bradley University and consisted of seventy-six semester hours of credit. The completion of college courses prior to entering the St. Francis' diploma program appeared to be an advantage because it enabled the student to complete the nursing program in thirty months at the end of which the student not only received the nursing diploma but also the B.S. degree in nursing from Bradley University.⁵¹

The St. Francis Hospital School of Nursing Bulletin of 1962-1964 included a required interview as part of the admission process. Academic policies were stated also much more explicit.⁵²

In 1965 the school made a major curriculum change. The initiation and implementation of the academic year shortened the nursing educational program to a forty-week year with clinical experience in ten-week quarters.⁵³

The level concept was introduced in 1974. It arranged the curriculum in four major divisions. The first

⁵¹St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing 1954-1956, (Peoria, Illinois: St. Francis Hospital, 1954), 40-41, SFCoNF.

⁵²St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1962-1964, (Peoria, Illinois: St. Francis Hospital, 1962) 21-27.

⁵³St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1967-1970, (Peoria, Illinois: St. Francis Hospital, 1967), 3.

level was composed of three ten-week terms during which the student studied biological and social sciences and basic nursing.

The second level included thirty weeks in which the student identified nursing problems, developed plans for nursing care and administered care to patients in various clinical settings. Throughout the curriculum, the theory of nursing was taught concurrently with clinical practice.

The third level student was introduced to specialty area nursing, such as maternal and child health nursing, psychiatric and rehabilitation nursing. These courses comprised a forty week period also.

Level four included a period of twenty weeks of studies. The student increased knowledge and skills and independence in caring for patients with complex problems and needs.⁵⁴

Throughout its existence, St. Francis Hospital School of Nursing has contributed significantly to the profession of nursing through its graduates. The development, enrichment and improvement of the program over the decades has been based upon the needs of health care consumers and the changing trends in nursing and health care. Beginning with a faculty of one and a graduating class of six, the

⁵⁴St. Francis Hospital, Bulletin of St. Francis Hospital School of Nursing, 1974-1976, (Peoria, Illinois: St. Francis Hospital, 1974), 21-31, SFCoNF.

school grew to a faculty of twenty-five and an average enrollment of one hundred and eighty.

During the time period of sixty years, over 3000 nursing students have graduated from the nursing education program at St. Francis Hospital School of Nursing, Peoria, Illinois. Its graduates have historically achieved well on licencing examinations and have performed well in acute and non-acute health care settings.

School of Nursing, St. Anthony Hospital, Rockford, Illinois,

1915 to 1965

The growth of St. Anthony Hospital kept pace with the increasing growth and population of the city of Rockford. With the 1915 addition to the hospital, it was almost impossible for the sisters to meet all the daily demands of patient care. In order to best serve the community of Rockford and to give quality patient care, the St. Anthony Nurses' Training School opened on 2 November 1915 with an enrollment of five students.⁵⁵ Shortly after its establishment, property adjoining the hospital on both east and west sides was obtained and converted into a nurses' home for students. Student enrollment increased to forty in June of 1919.⁵⁶

⁵⁵Souvenir of the Silver Jubilee of St. Anthony's Hospital Booklet (Rockford, Illinois: St. Anthony's Hospital, 1899-1924), 20, MAPI.

⁵⁶Ibid., 20, MAPI.

The first class of four students graduated from the nursing program on the evening of 23 October 1918. A representative of the medical staff awarded the diplomas and school pins.⁵⁷

In 1929, when the hospital enlarged its facilities by building a large new wing, the first floor of the new section was devoted to the educational and recreational pursuits of the nursing students. A new auditorium was used for many of the various social events held by the student body.⁵⁸

The nurses' training school was under the management of a superintendent. During the first three years the program was under the direction of a lay nurse. After that time, the superintendent was always one of the sisters.⁵⁹

Although common to all schools of the Third Order, the Golden Jubilee Booklet specifically states that the objectives of the school of nursing at St. Anthony Hospital were embodied in two ideals. The first was to educate young women for the profession of nursing. The second objective was to acquaint students with the Christian philosophy of

⁵⁷Souvenir of the Silver Jubilee of St. Anthony's Hospital Booklet, 1899-1924, 20-21, MAPI.

⁵⁸Golden Jubilee Booklet (Rockford, Illinois: St. Anthony Hospital School of Nursing, 1915-1965), 1. MAPI.

⁵⁹Cornelius Kirkfleet, The History of the Parishes of the Diocese of Rockford, Illinois, (Chicago: John Anderson Publishing Company, 1924), 147-148.

life and the Christian code of ethics and morality necessary for a personal life of honesty, integrity and happiness. Since the spiritual life of a nurse is very important, there were two active organizations in the school: the Sodality of Our Lady for the Catholic students and the Gideon Society to which many of the Protestant students belonged.⁶⁰

Instructions and the practice of nursing were similar to that of the school of nursing at St. Francis Hospital in Peoria. Many of the specialized physicians at the hospital taught the students the subjects in their respective fields of expertise.⁶¹ The school had been approved continuously by the State of Illinois, Department of Registration and Education since 1915 as a source of first licensure.

From the beginning the school had developed and grown not only in the number and quality of applicants but also in the quality of instruction, learning experiences and clinical facilities. Increasing enrollment in the school of nursing necessitated the planning of a new building to accommodate the nursing students and to provide teaching facilities. Sister M. Edmunda, administrator of St. Anthony Hospital, solicited the assistance of the

⁶⁰Golden Jubilee Booklet, 1915-1965, 2. MAPI.

⁶¹Ibid., 2, MAPI.

architectural firm of W. W. Hubbard in Rockford to plan and erect a residence and educational building with the possibility of expansion.⁶² At the same time, a letter of intent with an attached building plan and a copy of the letter to the Hubbard firm was sent to the Rt. Rev. Msgr. F.J. Conron, Chancellor of the Diocese of Rockford.⁶³ A contractual agreement was signed with the Scandroli Construction Company regarding scope of work, time of completion and payment on 27 May 1941 after the permission was received from the Apostolic Delegation of the United States in Washington D. C. on 17 May 1941.⁶⁴ The Motherhouse of the Sisters of the Third Order of St. Francis was responsible for the cost and the loan. The new building for St. Anthony Hospital School of Nursing was erected and completed by the end of 1941 at the cost of \$200,000.00. The modern five-story facility provided living, recreational and educational accommodations for one hundred and forty-four students.⁶⁵

⁶²Sister M. Edmunda to W.W. Hubbard, 29 November 1940, Archives of the Diocese of Rockford, Illinois, from now referred to as ADRI.

⁶³Sister M. Edmunda to Rt. Rev. Msgr. F.J. Conron, 29 November 1940, ADRI.

⁶⁴Archbishop A.G. Cicognani, Apostolic Delegate, to Bishop Edward F. Hoban, Bishop of Rockford, 17 May 1941, ADRI.

⁶⁵Golden Jubilee Booklet 1915-1965, (Rockford, Illinois: St. Anthony Hospital School of Nursing, 1965), 1-2, MAPI.

Admissions to the school of nursing continued to increase especially as the enrollment for the Cadet Nurse Corps reached its peak of two-hundred students. Because of this influx of students, the facility became too small and permission was granted by Bishop Hoban of Rockford on 2 September 1944 to add a new wing to the existing nurses' home.⁶⁶ The faculty of the school was composed of two sisters, both of whom earned Master's degrees in the early 1950s from De Paul University in Chicago, and three lay nurse instructors for teaching nursing. Many of the staff physicians taught subjects in their field of expertise to the students. Three of the science courses were taught at Rockford College where the students received college credits toward their degree in nursing.⁶⁷

In 1946, Bishop Hoban of Rockford corresponded with Rev. Edward F. Maher, S.J. of Loyola University School of Medicine regarding a possible affiliation of St. Anthony Hospital School of Nursing and Loyola University.⁶⁸

On 18 and 19 June 1946, a visitation was held at St. Anthony Hospital by Sister Helen Jarrel and Doctor Howard Egan of Loyola University. The visitors' report presented

⁶⁶Bishop Hoban to Sister M. Edmunda, 2 September 1944, ADRI.

⁶⁷Golden Jubilee Booklet 1915-1965, 2, MAPI.

⁶⁸Bishop Hoban to Rev. Edward F. Maher, S.J., 3 June 1946, ADRI.

a few major deficiencies and recommended that the school be revisited in a year for further consideration of affiliation.⁶⁹

St. Anthony Hospital School of Nursing was revisited on 6 June 1947 by Gladys Kiniery, recently appointed as director of the school of nursing at Loyola University. It was pointed out that:

... with a university affiliation the latter's standards must be met and control must be exercised by the university over the educational system in the school of nursing. Geographic location and our own process of reorganization are factors which in my mind make this affiliation unwise.⁷⁰

Efforts continued on part of St. Anthony Hospital School of Nursing to be affiliated with a college or university. A letter from DePaul University, Chicago, dated 24 June 1947, acknowledged contact by Sister M. Cecelia, Superior of St. Anthony Hospital, Rockford, for the purpose of initiating affiliation with DePaul University. Arrangements were made to have a preliminary visit at the hospital and to make a formal report to the Committee on Affiliation.⁷¹

⁶⁹Sister Helen Jarrel and Dr. Howard Egan, A Report on a Visitation to St. Anthony Hospital, Rockford, Illinois, 18 and 19 June 1946, ADRI.

⁷⁰Gladys Kiniery Report to Rev. Michael English, S.J., 10 June 1947, ADRI.

⁷¹Rev. Comerford O'Malley to Bishop John Boylan of Rockford, 24 June 1947, ADRI.

Dr. Joseph Tobin, Director of Nursing Education at DePaul University, visited St. Anthony School of Nursing and submitted a favorable report with the recommendation that St. Anthony Hospital School of Nursing be affiliated with DePaul University effective 1 September 1947. The report cited several recommendations to be carried out as soon as convenient.⁷² Thus St. Anthony Hospital School of Nursing became affiliated with a university. This affiliation remained active until the late 1950s, when it was no longer feasible to give credit for courses taken at a hospital school of nursing.

In November 1958, it was announced to the public that a new St. Anthony Hospital be build on some east side farm property to meet the increasing local and regional needs for acute and improved hospital facilities. A 75-acre hospital site was purchased on the east side of Rockford for \$5,000,000.00. It was planned that the construction of the new facility would begin within a year.⁷³ The new St. Anthony Hospital was officially opened on 2 February 1963. After the hospital was relocated, the school of nursing remained at the original site four miles west of the hospital. The nursing students commuted by bus to

⁷²Rev. Comerford O'Malley to Sister M. Cecelia, 28 August 1947, ADRI.

⁷³"New Hospital for Rockford," The Observer, Catholic Newspaper of the Diocese of Rockford, 7 November 1958.

the hospital for clinical experience and some classes. Many inconveniences were encountered by nursing students in commuting. Within a few years, plans were made to construct a school of nursing at the new hospital site.⁷⁴

There were no major curriculum changes during the 1950s and early 1960s. Teaching syllabi were updated on an ongoing basis to keep in line with new developments and trends in nursing and nursing education. In 1958, a new administration took over the leadership of St. Anthony Hospital School of Nursing. Sister Mary Linus, a progressive and experienced nurse educator and a recent graduate of the Catholic University of America, brought new and innovative ideas to the educational program. Faculty, well prepared by both experience and formal education, were added to the teaching staff. Her goal was to obtain national accreditation by the National League for Nursing for St. Anthony Hospital School of Nursing. It was in the mid 1960s when the director and the faculty began negotiations with Rock Valley Community College in Rockford to contract for some general education courses for St. Anthony's nursing students. This step was undertaken and planned in view of an anticipated visit by the National League for Nursing within the late 1960s or early 1970s to receive national accreditation status. An other reason for providing general

⁷⁴"Student Nurses Commute 4 Miles", Rockford Register-Republic, 3 January 1968.

education courses in the curriculum was to help students in their professional practice of nursing.⁷⁵

School of Nursing, St. Joseph's Hospital, Menominee, Michigan, 1918-1921.

A school of nursing was established at St. Joseph Hospital in Menominee, Michigan in 1918 for the purpose of supplying nurses for patient care. The sisters acquired a multi-family residence adjacent to the hospital and remodeled it for the nursing students. Because of World War I, the school was beset with many difficulties, including the choice of the first superintendent engaged for the school. She resigned her position before a year was completed. Sister M. Rufina was sent by the Mother General to supervise the school. She was a capable and successful educator, but unfortunately her poor health status forced her to resign in 1921. There was no other sister available to take her place. Other problems facing the successful operation of the school were lack of sufficient enrollment and the availability of qualified faculty. The first and only class of students graduated in 1921, but no other class was admitted and the school was closed.⁷⁶

⁷⁵The author was a clinical supervisor for nursing students at St. Anthony Hospital, Rockford, Illinois, from 1958-1961, and a full time faculty member from 1964-1976.

⁷⁶Goedde, The Charity of Christ Urges Us, 113. No other written documentation is available in the archives of the religious community. From all appearances there was only verbal communication.

School of Nursing, St. Joseph's Hospital, Bloomington,
Illinois, 1920-1962.

In 1919, Mother Anthony realized that there was not sufficient sister nursing personnel to provide quality care to the patients at St. Joseph's Hospital. In order to remedy the situation, a school of nursing for girls interested in the profession was opened late in 1920. Sister Rufina was appointed as the first superintendent for the nursing school.⁷⁷ At the same time, Mother Anthony took steps to establish a modern building to used as a school of nursing at St. Joseph's Hospital, combining a nurses' residence accommodating about sixty students and an educational section. The new school was completed in 1926. It included laboratories, library, class rooms and nursing arts practice rooms.⁷⁸

Instructions in nursing and medicine were given by the superintendent and one instructor. Most of the lectures in clinical conditions were given by the staff physicians. The instructional cost, as well as room and board, was absorbed by the hospital in the beginning decade. The classes of students remained quite small, as few as five to a maximum of sixteen.

⁷⁷Goedde, The Charity of Christ Urges Us, 93.
Interestingly enough, this is the same Sister Rufina who resigned in Menominee, Michigan, due to ill health.

⁷⁸Picture History, Volume I, 1852-1934, 43, MAPI.

St. Joseph's Hospital School of Nursing maintained state accreditation during its entire existence, starting with the first graduating class in 1923 to its closing in September of 1962. Accreditation was obtained through the Association of Catholic Schools of Nursing and subsequently through the National Accrediting Service when it became available in 1949.⁷⁹

During the years of its existence, St. Joseph's Hospital School of Nursing graduated 635 nurses, starting with the first graduation in 1923 and ending with the class of 1962.⁸⁰ The objectives of the nursing program were clearly stated in the school bulletin of 1948 and 1959. They reflected behavioral outcomes typical of Catholic hospital diploma programs.⁸¹

Being located in a university town, St. Joseph's Hospital School of Nursing affiliated with Illinois State University in Bloomington-Normal during the 1950s until its

⁷⁹Diamond Jubilee 1878-1953 Booklet, (Peoria: St. Francis Hospital, 1953), 83, MAPI.

⁸⁰The permanent records of the graduates of St. Joseph's Hospital School of Nursing, Bloomington, Illinois, are filed in the record room of St. Francis Medical Center College of Nursing. Along with these records is a listing of all graduates by name, year of graduation and their R.N. licensing number for the State of Illinois.

⁸¹Bulletin of St. Joseph's Hospital School of Nursing, Bloomington, Illinois, 1959, 11-12.

closing by contracting courses in the physical and biological sciences during the freshmen year.⁸² There were other advantages to being associated with a university, one of which was the socialization and intermingling of the university students and students from St. Joseph's in educational, cultural and social events.

The basic professional curriculum in the 1950s was three years with the program divided into six semesters and three summer sessions. While the first year was mainly devoted to the study of the physical, biological and social sciences and their applications in basic principles of nursing care, the remaining terms were concerned with the study of nursing in clinical fields. A forty-hour a week schedule was maintained throughout the entire program. A planned program of clinical teaching was given to assist students to integrate classroom instructions with actual patient situations.⁸³

Tuition and fee charges were minimal. Financial obligations, covering the three years of the program, totaled \$734.01 at the time of closing in 1962. These costs included also medical insurance, uniforms, books and

⁸²Bulletin of St. Joseph's Hospital School of Nursing, Bloomington, Illinois, 1959, 13.

⁸³Bulletin of St. Joseph's Hospital School of Nursing, Bloomington, Illinois, 1955, 22-26.

supplies. Room and board was only charged if the student withdrew or was dismissed from the school of nursing during the first six months. If the student remained in school, room and board were provided by the school for the entire three years. Students were able to apply for financial aid from several loan funds and scholarships, the latter was restricted to students who maintained satisfactory grade point averages.⁸⁴

In August of 1961 the decision was made by the Board of Managers to discontinue the educational program at St. Joseph's and to close the school of nursing.⁸⁵ A definite date of closing was not set. The reasons for the closure were the high costs of maintaining the nursing program.⁸⁶ The expense of education far exceeded the income from students' tuition or value of their services while in school.⁸⁷ At the time of the announcement there were sixty-seven students enrolled in the program -- twenty-six

⁸⁴Bulletin of St. Joseph's Hospital School of Nursing, Bloomington, Illinois, 1961, 15-16.

⁸⁵Board Minutes, 3 August 1961.

⁸⁶The tuition for three years at the time of the announcement was \$250.00. (Bulletin of 1961, page 15). The Sister of the Third Order of St. Francis subsidized all exceeding costs.

⁸⁷Board minutes, 3 August 1961, MAPI.

freshmen, twenty-four juniors and seventeen seniors.⁸⁸ Several problems involved in the operation of the school of nursing and its closing, such as contractual agreements with clinical agencies, transfer of students, curriculum and rotation plans, notification of the State of Illinois, Department of Registration and Education, were stated by the Associate Administrator of the hospital in a letter to the Mother General M. Pieta for clarification. Specifically the date of final closure needed to be set.⁸⁹

The Alumnae Association of St. Joseph's Hospital School of Nursing was very much disturbed about the decision to discontinue the nursing program. In a lengthy communication to the Mother General, representatives of the alumnae expressed strong views of disagreement.⁹⁰

There are some pieces of correspondence available between the school, the hospital and the central administrative offices regarding possible effects of the closure,⁹¹ such as: sufficient nursing supply for the

⁸⁸This count was established from the permanent school records which are located at the St. Francis Medical Center College of Nursing, Peoria, Illinois.

⁸⁹Paul Elbow to Mother M. Pieta, 28 August 1961, MAPI.

⁹⁰Alice Rodgers and Joan Vogel to Rev. Mother M. Pieta, 5 October 1961, MAPI. (Both ladies were officers of the St. Joseph's Alumnae Association).

⁹¹There are twelve pieces of correspondence available, some of which are very lengthy. Correspondence collection: 3, 28 August, 5 October, 6 November, 12 December 1961; 4 January, 24 March, 24 June, 24 July, 13 August, 7 September, 1 November 1962, MAPI.

hospital; the use of the physical facilities; the transfer of first and second year students and the completion of third year students; the records of graduates; financial arrangements and minimum time loss of students with other schools who accept transfer students. ⁹²

On 12 December 1961, Sister M. Loyola, director of the school of nursing, was informed in writing by Rev. J. Weishar that arrangement could be made for fifteen students to transfer to Mercy Hospital School of Nursing, Urbana, Illinois; thirteen students to St. Francis Hospital School of Nursing in Peoria, Illinois and that any difference in charges incurred by the transfer of students will be paid by the Sisters of the Third Order of St. Francis.⁹³

After notification and subsequent inspection by the Department of Registration and Education, State of Illinois, the following recommendations were made:

that the school is commended for having been instrumental in providing sound educational choices for students;

that the Department be informed regarding permanent storage of school records of all present and former students in the school;⁹⁴

⁹²Rev. John Weishar to Rev. Mother M. Pieta and Members of the Governing Board, Members of General Advisory Board, 6 November 1961, MAPI.

⁹³Rev. J. Weishar to Sister M. Loyola, 12 December 1961, MAPI.

⁹⁴William Sylvester White, Director, Department of Registration and Education, Springfield, Illinois, to Sister M. Loyola, 24 July 1962, MAPI.

The official closing of the St. Joseph's Hospital School of Nursing was accomplished on 7 September 1962. School records of present and former students are filed in fireproof files at Saint Francis Hospital School of Nursing, Peoria, Illinois. With the official notification of the Department of Registration and Education, State of Illinois, on 13 August 1962, the St. Joseph's Hospital School of Nursing, Bloomington, Illinois, ceased to exist.⁹⁵

Summary

Five nursing education programs were started within the corporation of the Sisters of the Third Order of St. Francis since 1901. Only two schools of nursing stood the test of time and developed into schools of excellent reputation, enriching and improving the curriculum based upon changing trends in health care and needs for health care consumers. These two schools are St. Francis Hospital School of Nursing, Peoria, Illinois and St. Anthony Hospital School of Nursing, Rockford, Illinois.

One of the indicators of the quality of nursing education at St. Francis Hospital School of Nursing is the performance on the State of Illinois nursing licensing examination. Graduates of the Class of 1960, consisting of fifty-five members, had a pass rate of 92.7 percent. The

⁹⁵Sister M. Loyola to William Sylvester White, 13 August 1962, MAPI.

Class of 1962, consisting of forty-one members, had a pass rate of 97.3 percent, while the Class of 1963 with forty-two members had a pass rate of 100 per cent.⁹⁶ Periodic questionnaires, sent to Employers of graduates of St. Francis Hospital School of Nursing for one, three and five year evaluations, indicate high nursing competencies and leadership abilities.⁹⁷

The period from 1948 to 1965 can be considered a period of transition in nursing education. Important landmark studies in nursing and nursing education had a positive effect on existing programs.

⁹⁶State Board Test Pool Examination Report (Springfield, Illinois: State of Illinois, 1960, 1962, 1963) SFCoNF.

⁹⁷Annual Reports, (Peoria: St. Francis Hospital School of Nursing, 1960, 1962, 1963), SFCoNF.

CHAPTER V

TRENDS IN NURSING AND NURSING EDUCATION IN THE UNITED STATES, 1965-1990.

During the first three-quarters of the twentieth century, the United States experienced major social, political, and economic changes that significantly affected the lifestyle, attitudes, beliefs and values of the American people. Because these changes included new technologies, scientific discoveries, rapid growth of hospitals, and increased needs and demands for health care, nursing emerged as an integral and essential element of society and as an important component of the American health care delivery system.¹

By the mid-1960s health care had evolved into a complex, rapidly changing highly technological industry. Nursing practice and the role of nurses had assumed progressively greater degrees of complexity and diversity as specialized roles emerged, such as intensive and coronary care nursing.

Now, nurses are caring for a diverse population in multiple roles as teachers, practitioners, coordinators of care and as resource persons. Nurses are employed in a variety of settings such as acute care, ambulatory care,

¹Alvin Toffler, Future Shock, (New York: Random House, Inc., 1970), 2.

skilled and extended care facilities, home health care, public health, hospices, correctional institutions and in many other capacities.²

Nurses working in acute care settings assume an increased role of responsibility and accountability for patient care requiring decision-making, problem-solving and critical thinking skills. The expanded technology in the acute care setting demands an increased level of sophistication in the nurse. Nurses facilitate the transition of clients from the acute care setting to their homes in the community through patient education programs and home health care. The primary focus of interest and concern, to both the nursing profession and the public, has been the adequate preparation of nurses for practice. As nurses moved into expanded roles within acute care and community settings, a broader knowledge base is required.

There have been many efforts to examine and plan for nursing and nursing education after both World War I and II. The trend in nursing education away from diploma schools and toward colleges and universities became even more pronounced during the late 1960s. As a direct outgrowth of a recommendation issued by the Surgeon General's Consultant Group on Nursing in its 1963 report entitled

²Faculty, A Feasibility Study, (Peoria, Illinois: St. Francis Hospital School of Nursing, 1984), 1-3, SFCoNF.

Toward Quality in Nursing,³ the American Nurses' Association and the National League for Nursing established the National Commission on Nursing and Nursing Education to conduct a nationwide comprehensive investigation of educational patterns of nursing. The Commission reported its findings in 1970 under the well-known title: An Abstract for Action.⁴ The report, written by Dr. J. Lysaught, made extensive recommendations including support for formal, academic education as well as for continuing education. While recognizing the outstanding contributions made by hospital schools of nursing, he strongly suggested that those hospital schools that are strong and vital, endowed with a qualified faculty, suitable educational facilities, motivated for excellence, meeting the requirements of accrediting agencies, be encouraged to seek and obtain regional accreditation and degree granting power.⁵

In 1978, the American Nurses' Association's position was restated and reemphasized and the efforts of the organization have continued on behalf of the 1978

³U.S. Public Health Service, Toward Quality in Nursing: Needs and Goals, Report of the Surgeon General's Consultant Group on Nursing, (Washington, D.C.: Government Printing Office, 1963),

⁴Jerome Lysaught, An Abstract for Action, (New York: McGraw-Hill Book Company, 1970), 129-145.

⁵Lysaught, An Abstract for Action, 109.

resolution.⁶ The February 1982 position statement of the National League for Nursing on "Nursing Roles - Scope and Preparation" identified that "...professional nursing practice requires the minimum of a baccalaureate degree with a major in nursing."⁷

One of the major studies of nursing conducted in the 1980s was that of the National Commission on Nursing. The disagreements and confusion about educational preparation for nurses and the controversy about entry into practice were identified as serious blocks to the advancement of the profession. Therefore, emphasis on the placement of nursing education within institutions of higher education continued to be stressed.⁸

Since the mid-1960s, there has been a decline in enrollment in hospital diploma programs each year. The National League for Nursing and the American Nurses' Association have published statistical reports on education frequently.

⁶American Nurses' Association Commission on Nursing Education, A Case for Baccalaureate Preparation in Nursing, Pub. No. NE-6 15 M, (New York: American Nurses' Association, 1979), 5-7.

⁷National League for Nursing, "Position Statement on Nursing Roles - Scope and Preparation", NLN Position Statements, (New York: National League for Nursing, 1982), Pub. No. 41-1891, 2-3.

⁸National Institute of Medicine, Nursing and Nursing Education: Public Policies and Private Actions, (Washington, D.C.: National Academy Press, 1983), 2-3.

Table IV

BASIC RN PROGRAM CHANGE FROM PREVIOUS YEAR,

BY TYPE OF PROGRAM: 1963 TO 1982

YEAR	NUMBER OF SCHOOLS	ALL BASIC RN PROGRAMS	BACCALAUREATE PROGRAMS	ASSOCIATE DEGREE PROGRAMS	DIPLOMA PROGRAMS
		NUMBER OF PROGRAMS	NUMBER OF PROGRAMS	NUMBER OF PROGRAMS	NUMBER OF PROGRAMS
1963	1,134	1,140	182	105	853
1964	1,145	1,150	187	130	833
1965	1,180	1,182	197	172	813
1966	1,206	1,212	208	215	789
1967	1,247	1,254	219	276	759
1968	1,272	1,278	233	324	721
1969	1,313	1,324	252	384	688
1970	1,330	1,340	267	437	636
1971	1,338	1,349	282	484	583
1972	1,350	1,362	290	532	540
1973	1,348	1,360	302	565	493
1974	1,347	1,358	310	588	460
1975	1,349	1,362	326	608	428
1976	1,337	1,358	336	632	390
1977	1,339	1,356	344	645	367
1978	1,340	1,358	348	666	344
1979	1,354	1,374	363	678	333
1980	1,360	1,385	377	697	311
1981	1,377	1,401	383	715	303
1982	1,406	1,432	402	742	288

Source: Adopted from NLN Nursing Data Book 1983-84, Pub. No. 19-1954, (New York: National League for Nursing, 1984), 1.

Table V

BASIC RN PROGRAM CHANGE FROM PREVIOUS YEAR,

BY TYPE OF PROGRAM: 1982 TO 1988

YEAR	NUMBER OF SCHOOLS	ALL BASIC RN PROGRAMS	BACCALAUREATE PROGRAMS	ASSOCIATE DEGREE PROGRAMS	DIPLOMA PROGRAMS
		NUMBER OF PROGRAMS	NUMBER OF PROGRAMS	NUMBER OF PROGRAMS	NUMBER OF PROGRAMS
1982	1,406	1,432	402	742	288
1983	1,432	1,466	421	764	281
1984	1,445	1,477	427	777	273
1985	1,434	1,473	441	776	256
1986	1,426	1,469	455	776	238
1987	1,406	1,465	467	789	209
1988	1,391	1,442	479	792	171

Source: Adopted from NLN Nursing Data Review 1982, Pub. No. 19-2332,
(New York: National League for Nursing, 1990), 8.

Tables IV and V verify the great increase of associate degree programs in nursing as well as the gradual increase of baccalaureate nursing programs. The decline in diploma education programs was primarily the result of nursing education studies which had been conducted throughout the nation, emphasizing the need to provide nursing education in institutions of higher learning.

Influence of Vatican II on Religious Institutions of Women

Diploma nursing education programs, many of which were sponsored by Catholic religious institutes of women, not only faced professional educational confusion and disagreements, but also the effects of the major event in church history in the 1960s, Vatican Council II. With its conclusion in December of 1965, some of the changes it had set in motion were beginning to take effect in various parts of the world including the United States. Given the disparity of the people within the church, the pace of change seemed too fast for some and too slow for others, while the large majority waited patiently, yet with some dismay, for things to happen. Issues, such as collegiality, social action projects, ecumenical affairs, participation of the laity in church affairs and on the diocesan level, changes in the liturgy, demanded responses. Many people found the immediate post-Vatican days exhilarating and responded enthusiastically to new opportunities for participation in activities of all kinds. Along with the changes

in the church, Americans and people all over the world had to contend with revolution in various forms. Draft resistance, civil rights, free speech, women's rights and similar issues, found enthusiastic proponents and oponents. Many of the reform efforts took on religious overtones. The combination of civil disturbance, foreign war, economic and social change and changing regulations of the church caused tensions for most Catholics.⁹ The impact on religious congregations was serious. Invited, even commanded, to review the structure and renew the spirit of their religious communities, men and women in these congregations undertook personal and institutional self-examinations and began adapting their regulations.

Beginning in the mid-1960s, a great exodus of sisters began to occur. Many of them discovered that their decision to enter the religious life had not been one made maturely, and they sought dispensations from their vows. For some, the whole atmosphere of questioning struck at the roots of their faith. At the same time that the number of those leaving religious orders and the clergy was increasing, applications for entering congregations of religious women or for admissions to the seminaries declined drastically. Because a considerable number of those who left their

⁹Ursula Stepsis and Dolores Liptak, Pioneer Healers, (New York: Crossroad, 1989), 155-156.

religious communities at this time were engaged in the ministry of nursing, many aspects of hospital administration and personnel were affected. Members of the laity were recruited to share the work traditionally carried out by religious.

The Sisters of the Third Order of St. Francis began to feel the impact of these problems and happenings by the late 1960s and it has continued to today. Some of the younger and middle aged members left the congregation. As the number of sisters actively engaged in health care, diminished, including in nursing and nursing education, qualified lay personnel were appointed to leadership positions in the sisters' health care institutions. Only in this way could the Catholic philosophy and the ministry to the sick and the poor in the sister's health care facilities be maintained and preserved.

In the order's schools of nursing only the positions of director of the nursing education program were held by religious. Qualified lay nurse educators were employed to teach students the many facets and aspects of professional nursing practice. Great care was taken to insure the continued teaching of Christian social and ethical principles and the dignity of the human person in caring for the sick.

Another problem that continued to confront religious institutes of women engaged in health care starting with the late 1960s were the consequences of diversification and

specialization of services in health care institutions. While specialization was not an outcome of Vatican II, the Council reemphasized the incorporation of the principles of Christ in the midst of expanding scientific knowledge and technology especially in the area of medico-moral issues and concern for human life and the dignity of the human person.

The decades since Vatican II have brought many and great changes within the Catholic Church, religious institutes of women and Catholic health care. In response to Vatican II directives and post-Vatican II sensitivities, the following five major trends can be identified:

First, both internationally and nationally, there has been a higher level of papal and episcopal involvement in the Catholic health ministry. Second, there is an awareness of the significance of responding to the new ethical issues that have developed from advances in scientific knowledge and technology, and that have been and will continue to be most deeply and persuasively experienced within health care. Third, a large body of literature on sponsorship and Catholic identity has developed. Fourth, religious congregations have experienced a major decline in membership but have modified their views of ministry and their governance structure to compensate for the numerical decline. Finally, in the post-Vatican period, the laity have come of age and have expanded into every level of service, management, and governance in health care, often becoming equal partners with members of religious congregations.¹⁰

¹⁰Ursula Stepsis and Dolores Liptak, Pioneer Healers, (New York: Crossroad, 1989), 166.

The Sisters of the Third Order of St. Francis History of Nursing Education During the Period from 1965-1990.

Nursing education became increasingly integrated into academic settings. Enrollment in baccalaureate programs increased substantially. Diploma graduates, who were career-conscious and wanted to have opportunities for advancement, found themselves in need of higher education. Their investment of time, energy and money was discounted. They were considered second-class nurses in spite of their hard earned diploma. They found it difficult to accept that classification.

St. Francis Hospital School of Nursing, Peoria, Illinois

St. Francis Hospital School of Nursing tried very hard to keep up with new trends in nursing and nursing education and made marked efforts to improve the quality of the educational program. Starting with the class of 1965, course as well as clinical experience hours did not exceed thirty-five hours per week.¹¹ With the class starting in 1967, nine credit hours in English were introduced into the curriculum, taught at Illinois Central College (ICC), a local community college.¹² Other courses, previously taught by school of nursing faculty, were obtained through

¹¹Bulletin 1965-1967, (Peoria: Saint Francis Hospital School of Nursing, 1965), 33-36, SFCoNF.

¹²Bulletin 1967-1970, (Peoria: Saint Francis Hospital School of Nursing, 1967), 28-31, SFCoNF.

contractual agreements with ICC. With the early 1970s, some general education courses, such as English, speech, psychology, sociology, child growth and development, were included in the curriculum.¹³

During the school year 1976-1977, the author was appointed director of the school of nursing. Starting with the following year, chemistry and the aging process were added to the courses St. Francis Hospital School of Nursing contracted to ICC.¹⁴ In 1982, nutrition was included in the contracted courses.¹⁵ At this time, students enrolled in the nursing program at St. Francis, received a total of twenty-four college credits through contracted courses with ICC.

St. Francis Hospital School of Nursing has held continuous accreditation by the National League for Nursing since 1952, when the National League for Nursing began its accreditation process. Prior to that, accreditation was granted and maintained through the National Nursing accrediting Service. At its June 1973 meeting, the Board of

¹³St. Francis Hospital School of Nursing, The Report of Self Evaluation for Continued NLN Accreditation of the Diploma Program, (Peoria, Illinois: Faculty, St. Francis Hospital School of Nursing, 1973), 128-133.

¹⁴Bulletin 1977-1979, (Peoria: Saint Francis Hospital School of Nursing, 1977), 23-25, SFCoNF.

¹⁵Bulletin 1982-1984, Peoria: Saint Francis Hospital School of Nursing, 1982), 22-24, SFCoNF.

Review for Diploma Programs evaluated for NLN accreditation the program offered by St. Francis Hospital School of Nursing. The Board's action was "...to continue accreditation of the program in nursing ... and schedule a revisit at any time during 1980".¹⁶ The NLN accreditation visit in 1980 was a positive experience for the faculty and the administration of the school and resulted in eight years of accreditation, the maximum period possible.¹⁷

From the time of its foundation, St. Francis Hospital School of Nursing has graduated approximately 3500 nurses, who have historically performed well on the licensure examination, comparing favorably with graduates of other types of programs.¹⁸ The reputation of the St. Francis' graduates for competence in nursing and the excellent clinical facilities available to students at the Medical Center are part of the contributing factors that had made St. Francis Hospital School of Nursing an outstanding diploma nursing education program.

¹⁶Katherine Brim to Sister M. Canisia, 3 July 1973, SFCoNF.

¹⁷Katherine Brim to Sister M. Canisia, 30 May 1980, SFCoNF.

¹⁸The following are the pass rates of the licensing examination as reported from the Illinois Department of Registration and Education: 1970 - 48/49; 1971 - 48/49; 1972 - 46/47; 1973 - 52/52; 1974 - 53/54; 1975 - 65/67; 1976 - 46/50; The class of 1977 showed a one hundred percent pass rate, while the classes of 1978, 1979 and 1980 showed a range of 93.67 to 98.61, SFCoNF.

During the 1980s, external forces and pressures were primarily responsible for an investigation into alternatives in the level of educational preparation for the school's graduates. The decision was made to close the hospital diploma program upon the graduation of the class of 1987 and continue a nursing education program that would have degree granting power and provide baccalaureate nursing education.

St. Francis Hospital School of Nursing, Peoria, Illinois, has had a long tradition and history of offering a quality educational program leading to a diploma in nursing. During the academic year of 1982-1983, the faculty of the school of nursing concluded that a baccalaureate approach to nursing education would best serve the graduates, the nursing profession, the community and society. As a result of a strategic planning process which included an in-depth study of nursing, nursing education, higher education, health care and needs of the community, the St. Francis Medical Center College of Nursing was established in November 1985 by obtaining the approval from the Department of Registration and Education, State of Illinois.¹⁹ This process began in 1982-1983 and had as its long-range goal the achievement of institutional and program accreditation.

¹⁹Judy A. Otto to Sister M. Ludgera, 6 November 1985, SFCoNF.

The Strategic Planning Process

In investigating the environmental trends at this time, it was found that there was a surplus of nurses in the job market. Efforts by the two major professional nursing associations (ANA and NLN), to promote the baccalaureate degree for entry into professional nursing practice negatively impacted on recruitment to diploma schools of nursing. The future of diploma education appeared to be uncertain. The faculty of St. Francis Hospital School of Nursing felt the need to revise the curriculum of the diploma nursing program from a medically oriented model to a nursing model. Also, it seemed a logical time to investigate alternatives in educational preparation for the program's graduates. Graduates had frequently expressed on alumni surveys the difficulties they encountered when continuing their education in nursing and noted that the school needed to facilitate their graduates' educational mobility. By this time, a few diploma schools of nursing had made program changes and were granting a bachelor of science in nursing degree.

The Assembly of Hospital Schools of Nursing sponsored two workshops dealing with upward educational mobility for hospital-based schools of nursing.²⁰ Responding

²⁰Sister M. Ludgera and the associate director of the St. Francis Hospital School of Nursing each attended one of these programs.

to these trends and on the request of the faculty, the author who was the director of the school of nursing, appointed a committee composed of six faculty members and chaired by the associate director of the school of nursing. This committee was charged with investigating potential alternatives which would result in the school granting a baccalaureate degree in nursing. While faculty had been most supportive of the purpose, mission and viability of St. Francis' educational program, they saw the need for change at this time.

The first priority was to share the school's concerns with the administration of St. Francis Medical Center²¹ and the Board of Managers²² and to request formal approval for the investigation. The responses of the Medical Center administration²³ and the Board of Managers²⁴ were positive. Following approval for the investigation, the school requested information from the Department of Registration and Education about the procedure for initiating change from one level of educational

²¹Sister M. Ludgera to Sister M. Canisia, 21 September 1983, SFCoNF.

²²Sister M. Ludgera to Board of Managers, 21 September 1983, SFCoNF.

²³Sister M. Canisia to Sister M. Ludgera, 4 October 1983, SFCoNF.

²⁴Sister Frances Marie to Sister M. Canisia, 9 November 1983, SFCoNF.

preparation to a different level. The Department directed the school to the January 1984 draft of the "Rules and Regulations for the Nursing Act" for the requirements for change. In accordance with the protocol for change, the school sent a letter of intent to the Department of Registration and Education.²⁵

School administration and members of the committee met with Judy Otto, nursing education coordinator for the Department of Registration and Education for the State of Illinois, in May of 1984 to elicit her suggestions for the program change. As an outcome of this meeting, a survey form for high school counselors was developed to obtain information about the number of students interested in nursing; knowledge about the entry issue for nursing; and counselors' recommendations to students. A letter to inform counselors regarding the school's investigation of program change was developed also. Meetings were arranged with the administrators of existing nursing programs in the Peoria area to inform them of the investigation and possible change.

In investigating alternative models for a baccalaureate approach to nursing education, seven nursing programs, who either had made a partial or complete change in

²⁵Sister M. Ludgera to Judy Otto, 10 April 1984, SFCoNF.

educational mobility, were consulted.²⁶ Three basic educational models emerged: the three plus one model; the joint four year program; and the upper division professional program in a single purpose institution.²⁷

A letter was developed to inquire if various four-year institutions, without a generic nursing program, were interested in establishing a cooperative relationship with a college of nursing to provide the prenursing requirements.²⁸ The exploratory letter was sent to ten private liberal arts colleges and four public universities.

²⁶The seven educational programs consulted are as follows: St. Anthony Hospital School of Nursing, Rockford, Illinois; Bishop Clarkson College of Nursing, Omaha, Nebraska; Columbia College of Nursing, Milwaukee, Wisconsin; Deaconess College of Nursing, St. Louis, Missouri; West Suburban College of Nursing, Oakpark, Illinois; Mennonite College of Nursing, Bloomington, Illinois; and Rush University College of Nursing, Chicago, Illinois.

²⁷These models are described as follows:
Three plus one -- an independent college of nursing, offering a diploma at the end of three years and a baccalaureate degree at the end of the fourth year.
Joint program -- a generic four year baccalaureate program in which the college of nursing and the liberal arts college grant the degree jointly.
College of Nursing -- an upper division, generic baccalaureate nursing program offered in a single purpose institution with degree granting authority; a two year program that integrates and builds on two years of required general education obtained in universities, colleges or community colleges.

²⁸Committee Minutes, 26 March 1984, SFCONF.

Eight institutions responded positively to the letter; three institutions indicated no interest because they already had an RN completion or generic nursing program, and three institutions did not acknowledge the letter.²⁹ From these responses, the faculty chose their model, an upper division single purpose institution offering an educational program leading to a baccalaureate degree with a major in nursing.³⁰ This choice provided the opportunity for the school to maintain both the Catholic philosophy and the school's autonomy in the development and control of the nursing program. Although this model was different from the existing four-year generic baccalaureate program in the community of Peoria, it would provide a viable option for persons holding a completed degree to pursue a career in nursing. It also allowed students to maintain a measure of control over the cost of nursing education through selection of the site of the lower division course work.³¹

At the time of the exploration of colleges' interest, the director of the school wrote to the Illinois Board of Higher Education (IBHE) documenting the school's charter and continuous operation since 1905. In requesting

²⁹Faculty, Feasibility Study (Peoria, Illinois: St. Francis Hospital School of Nursing, 1984), 5-6, SFCoNF.

³⁰Faculty Organization Minutes, 1 July 1984, SFCoNF.

³¹Faculty Curriculum Workshop Minutes, 1 July 1984, SFCoNF.

information on the appropriate procedure to obtain approval to offer a baccalaureate degree, the response from the Illinois Board of Higher Education offered the opinion that "...the Saint Francis Hospital School of Nursing requires no approval to offer the baccalaureate degree...."³²

According to the Rules for Administration of the Illinois Nursing Act, Section 300.40, a feasibility study was needed and submitted for review to the Committee of Nurse Examiners before pursuing development of the program.³³ The feasibility study, prepared by the faculty, consisted of an in-depth survey of the School's student body, alumni, area employers, regional nursing programs and high school counselors. Students and alumni were given the opportunity to remain anonymous. The prompt response and high rate of returns from each group surveyed indicated great interest and concern in the educational preparation of nurses.³⁴

The feasibility study was accepted by the Board of Managers of the Sisters of the Third Order of St. Francis in December 1984 and by the Committee of Nurse Examiners,

³²Richard Wagner to Sister M. Ludgera, 13 April 1984, SFCoNF.

³³Illinois Nursing Act, 1984, Section 300.40.

³⁴Faculty, Feasibility Study for Proposed Change in Level of Educational Preparation of Graduates, (Peoria, Illinois: St. Francis Hospital School of Nursing, 1984), 8-21.

Department of Registration and Education, State of Illinois in March 1985.³⁵ This acceptance by the State of Illinois gave the school the legal sanction and official permission to develop the baccalaureate program.

An NLN consultant visited the school in January 1985, was consulted in May 1985 in Chicago, and returned for a curriculum workshop in June 1985. Other consultants with expertise in baccalaureate nursing education visited the school in September 1984 and June 1985. Faculty held daily curriculum development meetings from 1 July to 16 August 1985, with the Associate Director as facilitator. The baccalaureate program, developed by the faculty, included a statement of mission, philosophy, goals and objectives; an organizing framework and a description of the curriculum and levels; objectives for each level; course descriptions, objectives and outlines denoting coordinated clinical and theoretical learning experiences, instructional approaches and methods of evaluation; identification of agencies for clinical experience; a program evaluation plan and a plan of study for students. The program objectives were designed to be most relevant to current nursing practice as seen in criteria, standards of practice and publications of the State of Illinois, National League for

³⁵Judy Otto to Sister M. Ludgera, 14 March 1985, SFCoNF.

Nursing, the American Nurses' Association and other professional organizations. The curriculum proposal was presented to the State of Illinois³⁶ and approved in November 1985. The school was placed on the official list of Baccalaureate Nursing Education Programs for the State of Illinois. The permission was given to admit students in the Fall of 1986. Upon approval of the baccalaureate program, the institution was renamed Saint Francis Medical Center College of Nursing.³⁷

The first class of twelve baccalaureate students as juniors was enrolled in August 1986. Enrollment was opened to RNs, part time and unclassified students with the spring semester. All of the student government and social activities for students during the 1986-87 academic year included students of both the diploma and baccalaureate programs.

The academic year 1986-1987 saw the transition, the phasing out the diploma program and the phasing in of the baccalaureate program. The last class in the diploma program graduated in June 1987. The institution hosted special alumni activities in conjunction with the graduation of the last diploma class of 1987, celebrating over eighty

³⁶Faculty, Proposed Baccalaureate Curriculum, Vol. I and II, (Peoria, Illinois: Saint Francis Medical Center College of Nursing, 1985), SFCoNF.

³⁷Judy Otto to Sister M. Ludgera, 6 November 1985, SFCoNF.

years of diploma education and the retirement of the diploma program.

The faculty and administration completed a self-study in application for initial candidacy with the North Central Association Commission on Institutions of Higher Education (NCA) and hosted the site visitation team in April 1987.³⁸ The team recommended the college for initial candidacy. NCA candidacy is a prerequisite to accreditation and it is important for Saint Francis Medical College of Nursing because NCA accreditation is a requirement for National League for Nursing accreditation. The recommendation was upheld by the Review Commission in July 1987 and granted officially by the Commission on Higher Education in August 1987. With the achievement of initial candidacy, the college became eligible to participate in the student financial aid programs of both the state and federal governments.³⁹

Comprehensive evaluation site visits are required at least every two years during candidacy. Therefore, the College of Nursing had a comprehensive evaluation site

³⁸Faculty, A Self-Study for Candidacy for Accreditation, (Peoria, Illinois: St. Francis Medical Center College of Nursing, 1987), SFCoNF.

³⁹North Central Association of Colleges and Schools Commission on Institutions of Higher Education to Saint Francis Medical Center College of Nursing, 21 August 1987, SFCoNF.

visit by NCA in October 1988. The result of the October 1988 visit was the recommendation for continued candidacy.⁴⁰ The next comprehensive site visit is scheduled for March 1991.

The College of Nursing faculty and administration are strongly committed to and working toward the achievement of both types of accreditation. St. Francis Medical Center College of Nursing is considered a new institution because of the change. It has to go through a process which is time consuming and lengthy.⁴¹ Since May 1988, 111 students have graduated from the baccalaureate program with a BS degree in Nursing. They are eligible to take the licensing examination for professional nurses.⁴²

St. Anthony Hospital School of Nursing, Rockford, Illinois

St. Anthony Hospital School of Nursing maintained a quality diploma nursing education program, keeping pace with requirements of state and national accrediting

⁴⁰North Central Association of Colleges and Schools Commission on Institutions of Higher Education to Saint Francis Medical Center College of Nursing, 30 January 1989, SFCoNF.

⁴¹Accreditation is a credential which gives the school the prestige of a quality nursing education program. Students benefit from it to be eligible for admission into further educational programs.

⁴²A graduation record is located in the registrar's office at St. Francis Medical Center College of Nursing, Peoria, Illinois, SFCoNF.

agencies. In the late 1960s and early 1970s, the total hours per student for each week, including theory and clinical experience, consisted of thirty-five hours. In 1963, the St. Anthony Hospital was relocated to the east side of Rockford. To make the nursing students more accessible to the hospital without extra transportation, a new school of nursing was erected at the new hospital site in 1969. Dedication ceremonies were held on 10 August 1969 by the Most Rev. Arthur J. O'Neill, Bishop of Rockford.⁴³ This modern building, with its spacious library, classrooms, recreational and living facilities for students, greatly enhanced the educational efforts of the faculty.⁴⁴ In 1972, conscious of the fact that national accreditation would be the stamp of approval of a quality educational nursing program, application was made to the National League for Nursing for a comprehensive evaluation visit by the NLN Council of Diploma Programs. This visit took place in March of 1972. It was on 8 July 1972, that St. Anthony Hospital School of Nursing was informed by letter of its first accreditation for a term of six years.⁴⁵ The NLN visit in 1978, resulted in a new accreditation status of

⁴³Rockford Register Republic, 10 August 1969.

⁴⁴Sister M. Ludgera (author) was a member of the faculty of St. Anthony Hospital School of Nursing from 1964-1976.

⁴⁵Kathrine Brim to Richard Nadolny, 3 July 1972, SACoNF.

eight years until 1986.⁴⁶ Since then, St. Anthony's has been awarded national accreditation status by the NLN until its last diploma class will graduate in 1991.

The faculty of St. Anthony Hospital School of Nursing has always striven to provide a high quality nursing education program for its students. Faculty were involved in formal and informal educational endeavors to upgrade their own expertise in their area of teaching.⁴⁷ Students earned college credits as courses, in particular basic science courses, were contracted at Rock Valley Community College. A total of twenty credit hours were earned during the first year.⁴⁸

In an attempt to provide an opportunity for upward mobility in diploma nursing education, a new bachelor of science in nursing program beginning the fall of 1981 was announced in January 1981 by Rockford College, Rockford. This new program took the form of a consortium and was offered in conjunction with the nursing schools at Rockford Memorial Hospital and St. Anthony Hospital. It was to "... combine the best aspects of theoretical nursing

⁴⁶Kathrine Brim to Sister Joan Marie, 11 July 1978, SACoNF.

⁴⁷Faculty attended workshops and seminars when possible; kept competent in clinical practice; opportunity for formal education was made available.

⁴⁸Bulletin 1977-1978, (Rockford: St. Anthony Hospital School of Nursing, 1977), 23, SACoNF.

education and clinical experience with the broad educational benefits of a liberal arts education."⁴⁹ The program also recognized the value of the students' previous studies and their professional experience by providing credits toward the degree for nurses who have completed either a hospital-based diploma program or an associate degree in nursing followed by employment in the nursing field. The underlying principle for the arrangement was to meet the needs of a growing shortage of nurses for primary nursing and nursing leadership positions in the Rockford community.

The program development was supported in part by the results of a survey of practicing professional nurses in ten counties in northern Illinois and three counties in southern Wisconsin who expressed a desire for the opportunity to obtain a bachelor's degree without extensive commuting and with various options in study schedules which would enable them to pursue a degree in nursing while working.⁵⁰

The program started in the fall of 1981 and was well received by nurses and the community. It prospered despite a period of economic malaise in the community. After five

⁴⁹John Mecklenburg, News Release, "Rockford College Develops New Concept in Nursing Education", 6 January 1981, SACoNF.

⁵⁰News Release, 6 January 1981, SACoNF.

years of operation, some of the original promoters left Rockford College. The new president was in favor of developing a four-year generic nursing education program at the college. The consortium BSN completion program was discontinued after all enrolled students had graduated. The current nurse shortage has forced St. Anthony School of Nursing to undertake an exploration of alternatives to insure that nurse manpower needs of health care facilities in the community, state and region are met for the future.

The nursing educational program at St. Anthony's Hospital has been in existence for over seventy years and has been highly respected for the professional quality of its graduates and their excellent performance on the nursing licensing examination.⁵¹ The results of the licensing examinations from 1978 to 1987 ranged from 89 per cent to 100 per cent. The multiple forces and societal trends affecting nursing practice and nursing education directed the administration and faculty toward a change of the level of educational preparation of its graduates to meet the current and future needs in health care. A strategic planning process led to the establishment of Saint Anthony College of Nursing in 1989.

⁵¹Faculty, Feasibility Study, (Rockford, Illinois: St. Anthony Medical Center School of Nursing, 1988), 13.

In August of 1986, as a response to faculty request, the director of the school of nursing appointed a committee of four faculty members to investigate alternative programs by which the school might move towards a baccalaureate approach to nursing education.⁵² The first priority was to obtain the approval of the Board of Managers of the Sisters of the Third Order of St. Francis⁵³ and the administration of Saint Anthony Medical Center.⁵⁴ With the approval of both groups,⁵⁵ during the academic year 1986-1987, the administration and faculty contacted the Department of Registration and Education, State of Illinois, to communicate their intention to initiate the investigation to change the educational credentials of its graduates and develop a BSN program.⁵⁶ This investigational process began with the preparation of a Feasibility Study for Proposed Change in Level of Educational Preparation of Graduates.

⁵²Faculty, Feasibility Study for Proposed Change in Level of Educational Preparation of Graduates, (Rockford, Illinois: St. Anthony Hospital School of Nursing, 1988), 5.

⁵³Sister M. Linus to Sister Mary John, 25 January 1988. (St. Anthony College of Nursing Files, SACoNF).

⁵⁴Sister M. Linus to Kevin Schoeplein, 25 January 1988, SACoNF.

⁵⁵Sister Mary John to Sister M. Linus, 8 March 1988; and Kevin Schoeplein to Sister M. Linus, 22 February 1988, SACoNF.

⁵⁶Sister M. Linus to Judy Otto, 12 February 1987, SACoNF.

The director and faculty of St. Anthony Hospital School of Nursing proposed to undertake the exploring of a nursing education model leading to a baccalaureate degree in nursing, the BSN. In accordance with the requirements for change, the Rules and Regulations for the Nursing Act for the State of Illinois were followed and a letter of intent was sent to the Department of Registration and Education, State of Illinois.⁵⁷

During the period of anticipated change, students in the program were informed about the investigation, an interest survey was administered and at the same time the students were reassured of the continuation of their quality education.⁵⁸ Area High school counselors were informed as well as surveyed regarding projected interested students.⁵⁹ Regional employers were informed and surveyed also.⁶⁰ Another important group that was informed and surveyed were graduates of the program.⁶¹ Informative

⁵⁷Sister M. Linus to Judy Otto, 12 February 1987, SACoNF.

⁵⁸Sister M. Linus to students of St. Anthony Hospital School of Nursing, Rockford, Illinois, 19 May 1987, SACoNF.

⁵⁹Sister M. Linus to high school counselors, 20 May 1987, SACoNF.

⁶⁰Sister M. Linus to regional employers, 29 May 1987, SACoNF.

⁶¹Sister M. Linus to graduates of the program, July 1987, SACoNF.

letters were sent to regional nursing programs along with a survey to determine the impact of the proposed program on existing nursing programs within a fifty mile radius.⁶²

Contact was also made with staff of the North Central Association of Colleges and Schools to initiate a relationship.⁶³

During the investigative process of alternative models for a baccalaureate approach to nursing education, eight schools were studied and/or consulted. From these three basic models emerged: the three plus one model; the joint four year program; and the upper division professional program in a single purpose institution. The administration and faculty of the school selected the latter model.⁶⁴

On 29 February 1988, the Illinois Board of Higher Education (IBHE) was contacted to request information on the appropriate procedure for obtaining approval to offer the baccalaureate degree, documenting the school's charter and continuous operation since 1915. The response indicated

⁶²Sister M. Linus to regional nursing schools, 30 October 1987, SACoNF.

⁶³Sister M. Linus to North Central Association of Colleges and Schools, 26 May 1987, SACoNF.

⁶⁴Faculty, Feasibility Study for Proposed Change in Level of Educational Preparation of Graduates, (Rockford, Illinois: St. Anthony Hospital School of Nursing, 1988), 86.

that under "an act regulating private colleges" and an "act regulating the granting of academic degrees", that St. Anthony Medical Center School of Nursing did not require approval of IBHE to offer the baccalaureate degree in nursing.⁶⁵ Exploratory letters were sent to nine area colleges to assess their interest in establishing cooperative agreements.⁶⁶

The multiple and encouraging responses from all individuals and agencies surveyed for the feasibility study indicated the students, alumnae, and community support of the proposed change.⁶⁷ The proposed baccalaureate nursing program's feasibility study was accepted on 8 July 1988 by the Illinois Department of Professional Regulation (formerly known as Department of Registration and Education).⁶⁸ With this acceptance, St. Anthony Hospital School of Nursing received permission to develop a baccalaureate curriculum for the proposed college.

The faculty of St. Anthony Hospital School of Nursing developed a curriculum based on knowledge of the profession of nursing, nursing education, research and

⁶⁵Richard Wagner to Sister M. Linus, 7 March 1988, SACoNF.

⁶⁶Sister M. Linus to area colleges, December 1987 January 1988, SACoNF.

⁶⁷Feasibility Study, 86.

⁶⁸Judy Otto to Sister M. Linus, 13 July 1988, SACoF.

strategic planning for nursing in the 1990s. The curricular changes were designed to meet the needs of the students, the college, clients and the community. Graduation from the baccalaureate program requires 128 semester credits. Sixty-four of these credits are in general education and prerequisite courses and electives. In addition to the sixty-four semester hours, the student is required to obtain sixty-four semester credits in the upper division professional nursing courses. The upper division nursing courses were arranged within an organizing framework based on Orem's Model of Self-Care.⁶⁹ Various contributing theories have been incorporated into this model.

The curriculum proposal,⁷⁰ a very complete document which incorporates course outlines, program as well as course objectives, teaching methods, outcomes and behavioral changes along with evaluative methods, was presented to the Department of Professional Regulation, State of Illinois, in November 1989. Formal acceptance of the curriculum proposal was received in a letter from the Department of Professional Regulation, which placed St. Anthony School of Nursing on the official list of state approved baccalaureate nursing programs. The School is now liste

⁶⁹Faculty, A Curriculum Proposal, Vol. II, (Rockford, Illinois: St. Anthony College of Nursing, 1989), 293-295, SACoNF.

⁷⁰Ibid., A Curriculum Proposal, Volume II, SACoNF.

as the St. Anthony College of Nursing. The first class of nine students was admitted to start the new program on 20 August 1990.⁷¹

Nursing education has been an integral part of the order's apostolate. In keeping pace with the trends and demands for quality education, both schools of nursing have evolved from a three-year diploma school of nursing to a four-year college, granting baccalaureate degrees in nursing. The sisters, throughout the evolutionary process, have built the curriculum upon Christian social and ethical principles. The course of study has changed as technological and scientific advancements and trends in medical and nursing practice took place, however the care for the sick, the injured and the poor is a great concern in educating nurses for the profession.

⁷¹Judy Otto to Sister M. Linus, 6 November 1989, SACoNF.

CHAPTER VI

SUMMARY AND CONCLUSION

Since the beginning of recorded time, the minute by minute, day by day, month by month, delivery of health care was provided by women of the local community. Generally, the nursing care was given with love and concern. Over the centuries, health care and services developed from simple emergencies and palliative care and treatment to a broad spectrum of preventive, restorative and rehabilitative care. Management methods evolved from simple individualistic leadership to elaborative governance and administrative structures. The staffs of health care institutions grew from a single physician with a few sister nurses to thousands of employees in the various medical specialities and nursing areas.

From this simple historical generality grew the present day multiple health care system of nine health care facilities and two colleges of nursing in three states. These facilities are operated by the Sisters of the Third Order of St. Francis to bring quality health care to the sick, the injured and the poor. The development of the order's schools of nursing was a needed and necessary adjunct to the overall operation.

Nursing in the early Christian era naturally fell upon dedicated women, and later upon religious orders,

particularly women religious. These early groups provided the simple care that was available in those times as a service to the Lord out of Christian charity. With the Reformation, nursing remained a simple but honorable occupation within the Catholic orders. The general public lost respect for nursing because of the type of women who performed the nursing duties. Hospital operations and the women who worked there created many scandals. These "Dark Ages of Nursing" continued to the early nineteenth century. Then modern nursing began with the first formal school of nursing at Kaiserswerth, Germany.

Florence Nightingale was an exception and proved the value of skilled nursing care in the Crimean War. She also established St. Thomas School of Nursing in London which served as a model for the world. This was one of the turning points in the history of nursing. Schools, modeled after the Nightingale system, soon appeared in the United States, initially in the eastern states. As these schools developed, they fulfilled the hospitals' needs for nursing services and provided an inexpensive source of labor who took and implemented physicians' directions.

Those who saw nursing as a profession, independent of the medical profession, recognized the need for a specific course of nursing education and strove to determine what this course should be. Their belief was validated with

the passage of time. As modern technology and scientific advances increased the knowledge level required for nurses, curricula were agreed upon, codified and eventually came under state regulation.

Both of the world wars brought increased need for nurses, and by World War II federal assistance for the training of nurses was a financial benefit to many schools of nursing. This assistance was first implemented by the Cadet Nurse Corps, a federally funded program in which nurses were educated in existing nursing schools, and later when many veterans exercised their G. I. Bill educational benefits in schools of nursing.

What nurses should be taught has not remained static. The specifics of what nurses do is constantly expanding and the education required is becoming more and more complex. One of the outstanding debates within the profession is the level of education a nurse requires for entry into the profession. The three year hospital-based diploma school, awarding a diploma of nursing upon completion, is being gradually replaced by other schools. Although diploma schools are still in existence and prepare nurses for licensure, their number is greatly decreasing. Additionally, nurses can qualify for licensure by completing either an associate degree program at a two year community college or a bachelor of science in nursing (BSN) at a college or university or a single

purpose, independent, college of nursing.

Nursing programs throughout the United States are in a state of transition. The positions related to nursing practice and education taken by the National League for Nursing and the American Nurses' Association, coupled with ensuing interpretive statements and speeches by staff of both organizations, have directed the attention of educators in nursing to the changes taking place in the institutional structure of nursing programs. These changes have taken a multitude of forms, but most of these involve redesigning the program to somehow fit in with the nationally accepted system of higher education. Nursing education across the country is rapidly moving into the higher education mainstream. Successful, accreditable transitions cannot be accomplished by retaining the old forms. An organizational structure and governance that does not have education as its primary focus is not effective. The essence of the former curriculum, which was preparing the student for a different level of nursing practice needs to be totally revised. A milieu, that has only a service rather than an educational focus needs to be changed. A faculty that lacks the academic and experiential credentials requisite for teaching in institutions of higher learning cannot be an effective teacher to educate nurses.

When faced with current health problems, advances in health care, a changing health care delivery system and the

social forces influencing the nursing profession, it is not difficult to debate the importance of baccalaureate education for nursing. The future will be different from the past. The advances made by nurses in institutions of higher learning must form the foundation of charting that future if the profession of nursing is to reach its full potential.

According to Lysaught, there are two ways of viewing this period of transition:

An optimist reviewing the transformation of the patterning for nursing education would argue that we are halfway to our goals; a pessimist would insist that we have failed by half to reach them. An idealist would deplore the fact that more years have been consumed in the struggle to make nursing education a unified and articulated system. A realist would simply say that the hardest part of the fight is still ahead and that our efforts must be doubled and redoubled accordingly. By any measure, there is an unfinished agenda that must be addressed with determination and decisiveness. The students, in the last analysis, shall be the ones who pay for our follies or reap the benefits of our wisdom.¹

In 1981, when the above quote was made, there were forty-two percent fewer hospital schools of nursing than there were in 1970, and almost half of those remaining were involved in substantive discussions and planning with institutions of higher education concerning the possibility

¹Jerome P. Lysaught, Action in Affirmation: Toward an Unambiguous Profession of Nursing, (New York: McGraw-Hill, 1981), 102-103.

of articulation or joint activity.² This scenerio continued and at the present time there are only a few diploma schools remaining open. A repatterning of nursing education seemed to be needed to enhance opportunities for career mobility and broadened personal vista throughout students' life time of learning.

The beginnings of the Sisters of the Third Order of St. Francis was very simple, unassuming and in severe poverty. An orphanage in Germany needed a woman's touch and some sisters filled the need. The sisters were forced to emigrate by the harsh rule of Bismarck and chose the state of Iowa for their new home. When the sisters were invited to start a hospital in Peoria, they undertook this new venture and mission. The sisters, through frugal planning and the grace of God, were able to expand their ministry of care to other localities in Illinois, Iowa, and Michigan. Their schools of nursing were the product of expanding hospitals and the growing scientific base of nursing care.

The sisters' first school of nursing was started in 1901 in Keokuk, Iowa, to fulfill a nursing need in that area. By 1905, their second school was opened in Peoria for sisters only, but later it was expanded to include lay students. The sisters sought to establish other schools

²Lysaught, Action in Affirmation: Toward an Unambiguous Profession of Nursing, 102.

where a need was apparent. Not all of the ventures were successful, but each made some contributions and had at least some small accomplishments.

As nursing began to develop as a profession, these schools either did all that was needed to respond to the changing demands, or they closed their doors. By 1915, the various states were regulating schools of nursing and the licensure of nurses (RN). The sisters' schools expanded and modified their curricula to meet the recommendations of the Department of Registration and Education in Illinois and Iowa and the various demands of the nursing profession, actively maintaining their state accreditation. In times of national emergencies, these schools participated in the various federal programs designed for the development of professional nurses and thus provided professional nursing personnel.

The sisters responded to the level of education required for professional nursing by acknowledging the importance of baccalaureate education. The assistance of the faculty, the state, professional organizations and professional consultants was solicited and the two nursing schools, currently operated by the sisters, implemented baccalaureate nursing programs which are eligible to educate nurses and award them a meaningful baccalaureate degree in nursing.

The sisters, through their schools of nursing, have

sought to provide well qualified practitioners in nursing for their hospitals, schools, communities and the nations. These schools have also taught nursing as an extension of Christ's love. Their graduates have not achieved international acclaim, but their accomplishments have been recognized at the bedside of critically ill patients, adults and children, and their families. These small miracles of love go often unheralded, somewhat as the schools that educate them. With quiet competence, the sisters and their schools discharge the historical health care role of nursing in an exponentially expanding medical environment.

One of the most significant developments in health care today is the competition between hospitals, not only on the local level, but also in the regional market. This trend suggests that single, smaller and independent hospitals may be unable to survive in the future. Consequently, hospitals and health care systems are realigning in a variety of relationships to strengthen their capacity to achieve their common mission. A challenge for health care sponsoring groups is to protect their mission and their assets. This is done by insuring that the hospitals gain a competitive advantage without losing their identity or violating their code of ethics. Health care is definitely a changing environment and those who administer health care are moving into a new and radically different era of health care. As health care changes, the role of the nurse is also

affected, just as the role of women in society is changing. In the past, a women's special position of influence was her role in the home and with the family. However in recent years, an increased number of women have entered higher education, including nursing and medical specialities traditionally reserved for men. The women in today's society have a voice in decision making in the home, in the civic community, in politics and in the business world. This social changes have implications for the nursing profession. Nurses are taking the initiative and the responsibilities of administering health care side by side with the physicians. More and more responsibility is being placed on the nurse to evaluate and meet patients' needs. Nurses who seek to further their professional careers and stay within acute care hospitals are using their professional expertise for patients who are acutely ill and are in need of more intensified services. At the same time, society is placing more demands for efficiency and personalized care on nurses. John Naisbitt, in his best seller Megatrends³ speaks about the movement from a forced technology to a high tech, high touch society. Nurses find themselves surrounded by high degrees of technology and increased demands to properly utilize this technology. The need for greater

³John Naisbitt, Megatrends, (New York: Warner Books, Inc., 1984), 35.

sensitivity and touching the patient is more important in the health field as ever before.

Because of the increased complexity of health care and changing of delivery of health services, nurses must exercise good judgement in seeking consultation, accepting responsibilities, and assigning responsibilities to others to ensure that patients receive quality care at all times. This critical thinking and decision-making ability is more likely to be developed in institutions of higher learning. Baccalaureate nursing education builds upon and incorporates the natural and social sciences and the liberal arts. This broad foundation provides the understanding of persons and society necessary for the learner to begin the implementation of the nursing process. Professional nursing education integrates theories, principles and facts from general studies with nursing theories, concepts and experiences⁴. This is the underlying reason for the change in the curriculum from diploma to baccalaureate nursing education at St. Francis.

Throughout this historical study, existing nursing and nursing education issues and problems were identified, some of which are recent, but most have existed for many years. It also records the accomplishments made in dealing

⁴Philosophy Statement of St. Francis Medical Center College of Nursing, Peoria, Illinois.

with these issues and problems. They have been examined and written about prior to this research, but it is hoped that with this account these issues and problems can be seen in a new light.

This study points out the sisters' great dedication, commitment and unfailing trust in God. The sisters' accomplishments in and contributions to health care, nursing and nursing education, have been important and countless. Even when faced with apparently impossible obstacles and difficulties, their work and apostolate came to fruition.

This research account has boundaries and is limited to the time period from 1860 to 1990. It deals with the trials and triumphs of one religious community with emphasis on nursing and nursing education. The order's story is only one of many that could be told. It also deals with the changes in curricular development needed to keep pace with professional trends in nursing, the needs of the communities and most of all the needs of nursing students. These changes in the level of educational preparation of nursing graduates have emphasized the need to provide baccalaureate education to nurses and to place nursing education in the mainstream of higher education.

Further research expansion could take place in other areas. Investigation of the philosophy and values, mission and vision, and the curricular structure of various single purpose colleges of nursing and their educational outcomes could prove very valuable.

Times have changed, yet the threads of continuity are there, linking the past to the present. Each era has seen new problems and these have demanded new responses. As we move onward, these words of St. Paul, the Apostle, might apply: "I am sure of this much, that He who has begun the good work in you will carry it through completion, right up to the day of Christ Jesus (Phil., 1, 6).

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VITA

The author, Sister Mary Ludgera Pieperbeck, is the daughter of the late Wilhelm and Maria Pieperbeck and was born on 24 April 1927 in Bochum, West Germany.

Her elementary education was obtained in Bochum, W. Germany. Her secondary education was in W. Germany and from the Academy of Our Lady, Peoria, Illinois from which she graduated in 1953.

She received her diploma in nursing from the St. Francis Hospital School of Nursing, Peoria, Illinois in 1956. Her B.S. in Nursing Education was earned in 1963 at the St. Mary's College in Leavenworth, Kansas. She received her M.S.N. from Loyola University of Chicago, Illinois, in 1969 and an M. A. in Educational Administration from Bradley University, Peoria, Illinois in 1982. She is a member of PHI KAPPA PHI National Honor Society and a member of the PI LAMBDA THETA National Honor and Professional Association in Education.

Most of her nursing experiences have been in the area of maternity and child nursing, operating room department and hospital supervision. Many years of her professional life have been spent in nursing education as faculty and as administrator at St. Anthony Hospital School of Nursing in Rockford and at St. Francis Hospital School of

Nursing in Peoria. In 1976, she became the Director of St. Francis Hospital School of Nursing in Peoria and in 1985, she was appointed dean of the new baccalaureate program at the St. Francis Medical Center College of Nursing.

APPROVAL

The dissertation submitted by Sister Mary Ludgera Pieperbeck has been read and approved by the following committee:

Rev. Michael Perko, S.J., Ph.D.,
Professor of Educational Leadership and Policy
Studies,
Loyola University of Chicago,
Chicago, Illinois

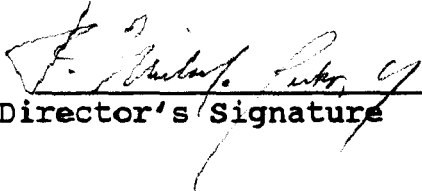
Dr. Gerald Gutek, Ph.D.,
Professor of Educational Leadership and Policy Studies
and History,
Loyola University of Chicago,
Chicago, Illinois

Dr. Joan K. Smith, Ph.D.,
Professor of Educational Leadership and Policy
Studies,
Associate Dean of Graduate School,
Loyola University of Chicago,
Chicago, Illinois

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

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

1 November 1990
Date


Director's Signature