ROYAL COMMISSION ON HEALTH SERVICES

NURSING EDUCATION IN CANADA

Helen K. Mussallem
Ed. D.

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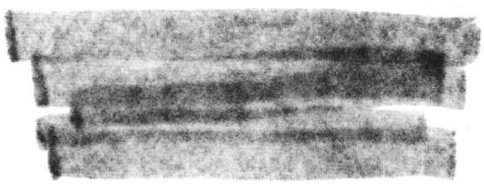

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FOREWORD

The study of Nursing Education in Canada was undertaken for the Royal Commission on Health Services in 1962. The main purpose of this study was to examine and analyse all types of formal educational programmes for personnel providing nursing care. It was, however, focused primarily on those educational programmes designed to prepare nurses for registration in the provinces.

Data for this study were collected through visits to all university schools of nursing, selected diploma schools of nursing, programmes for nursing assistants, "psychiatric nurses", midwives, and operating room technicians. Further information was obtained from interviews and official meetings with provincial and national nurses' associations, consultation with key officials in the health and education fields, a review of available statistics, national and international studies, and related literature. From a study of these data, proposals were made for necessary changes in the education of nursing personnel and the structure of the educational system.

I am grateful for the co-operation that was extended to me throughout this study by all personnel in the schools of nursing and hospitals, my colleagues in the nursing profession, the staff of the Royal Commission on Health Services and the staff of the national office of the Canadian Nurses' Association. I am most deeply indebted to Professor B.R. Blishen, Director of Research, for his valuable assistance and support at all times. I would also like to extend my appreciation to the Chairman, the Honourable Mr. Justice E. Hall, and the Commissioners for their interest and sensitive understanding of the problems presented.

To the President and Executive Committee of the Canadian Nurses' Association I extend a special "thank you" for permitting me to undertake this study which was an exciting and rewarding professional experience.

Ottawa,
1965

Helen K. Mussallem

CHAPTER I

INTRODUCTION

The Royal Commission on Health Services, in its study of the health needs of the Canadian people devoted considerable attention to major problems confronting the health professions and exploring alternative means of solving them. One of the persistent problems identified was the apparent inadequacy of health personnel – particularly nurses. This inadequacy is both quantitative and qualitative. So serious is the need for more nurses that many believe it can jeopardize the entire structure of medical care. The essential nature of nursing services in relation to medical services was recognized by the World Health Organization in the statement:

> "In many countries where medicine is highly developed and nursing is not, the health status of the people does not reflect the advanced stage of medicine."[1]

Although each profession has the responsibility to determine its own role, nursing has become aware that the many problems with which it must grapple are not subject to assessment and solution by nurses alone. The many issues facing nursing are part of the total health problem of the nation with ramifications in medicine, education, government and economics.

Before World War II it was evident that the old framework of the profession had serious weaknesses. These were supported by emergency props during the war, but the need for major alterations was still evident in the post-war years. Many at that time believed that the shortage of nurses was temporary. However, it has intensified in the succeeding quarter century.

Many reasons have been given for this well documented need for more nurses. Some believe it to be due to poor utilization of the present number of nurses, others to their substandard education. A study conducted in the past decade claims that, " . . . many nurses are carrying out too many duties for which they have been either over-trained or under-trained, or not trained at all".[2] There is some agreement that there is an uneven distribution of nursing manpower. Perhaps these problems have

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[1] World Health Organization, *Expert Committee on Nursing, Report of the First Session*, Geneva: The Organization, 1950, p. 5.

[2] Government of Saskatchewan, *Saskatchewan Health Survey Report*, Volume I, Regina: Queen's Printer, 1951, p. 190.

developed because nurses have not understood or kept pace with the changes in the society they serve. Blishen stated that:

> "I do not think that you can fulfil your responsibilities as nurses without first trying to understand the types of changes now taking place, and then tracing their relationship to you as a professional group and as individual nurses with a most important function to perform. Without this knowledge, it seems to me that you would be operating in an unreal world. The time would come when the organization and values of the profession no longer would meet the demands of a changed society."[1]

The available evidence reveals that the present health needs are not being met either qualitatively or quantitatively. The largest single group of practitioners in the health team is nurses. The quantitative problem has resulted in hospitals and other health agencies being unable to recruit adequately prepared personnel. This has had an effect on the quality of health care provided. Without enough nurses to fill the positions, the quality of care rendered suffers. In some provinces, particularly in metropolitan areas, the problem has not always been caused by a shortage of nursing personnel, but rather by budgetary restrictions imposed by the hospital insurance commissions.

Although there has been a phenomenal rise in the numbers of workers within the occupation of nursing,[2] they are unable to meet the rapidly increasing demands for nursing service. Indeed, unless more and better qualified nursing personnel are prepared, new health programmes, or an expansion of present ones, may be seriously hampered.

This study is directed to this aspect of the health services – how more and better qualified nurses may be provided for the health services of Canada.

PURPOSE OF THE STUDY

The purpose of this study is to examine, describe and analyse formal educational programmes for nurses and make proposals for needed change. To accomplish this it is necessary:

1. To examine the present types of programmes for the preparation of nurses and other workers within the occupation of nursing.
2. To assess these programmes in relation to the nursing needs of the country.
3. To make proposals for necessary and desirable changes in the education of nursing personnel.

SCOPE OF THE STUDY

Since registered nurses are the largest group giving nursing care, this study of nursing education in Canada deals primarily with the preparation of this group

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[1] Blishen, Bernard R., "Social Change in Canada", *The Canadian Nurse*, Vol. 58, October 1962, p. 894.

[2] Occupation of nursing is used in this study instead of profession of nursing, and refers to the entire field of nursing practice.

of practitioners. However, the preparation of nursing assistants,[1] "psychiatric nurses",[2] midwives and operating room technicians is also examined. No attempt has been made to examine the preparation of personnel who assist with some nursing activities and are trained on-the-job.

METHODOLOGY

Before proposals for change can be made in relation to any group of practitioners within the health field, it is essential to understand both the present health needs of society and the nature of changes in health needs probable in the next half century.[3] Studies of these needs have been made by other research personnel of the Royal Commission on Health Services, and the information was examined prior to and during this study. Therefore, only capsule comments are included in this study.

Information for this study was collected primarily through the use of questionnaires, interviews, surveys, attendance at official meetings of national and provincial nurses' associations, consultation with key officials in the fields of health and education, a review of earlier national studies,[4] and related literature. Comprehensive information was obtained on all schools of nursing in Canada.

Questionnaires were completed by all hospital and university schools of nursing. The Hospital School of Nursing Questionnaire, designed to obtain comprehensive data on individual schools, was used in addition to the annual Canadian Nurses' Association statistical information form on hospital schools of nursing. The questionnaire for all university schools was designed to supplement the annual Canadian Nurses' Association statistical information form on university schools of nursing. Other unpublished statistical data collected over a period of years through questionnaires by the Canadian Nurses' Association (hereafter referred to as "CNA") were also utilized.

Interviews were held with selected officials in the health and education fields in all provinces and at the national level to obtain specific information on hospital and university schools of nursing as well as programmes for nursing assistants, "psychiatric nurses", midwives, and operating room technicians.

Since there was limited documented information available on university schools, they were visited individually. Conferences were held with the director

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[1] Nursing assistant is used in this study to indicate one who has graduated from a recognized school for nursing assistants, who assists with the care of the patient in hospital or home, under the supervision of a physician or registered nurse and who is eligible for licensure in provinces where such legislation exists. The Canadian Nurses' Association recommends the title "nursing assistant". Two provinces use the title "practical nurse", and one province "nurses' aide".

[2] "Psychiatric nurse" is one who has graduated from a special basic programme for psychiatric nurses in one of the four western provinces and is eligible for licensure in her respective province, where such legislation exists.

[3] Brown, Esther L., *Nursing for the Future*, New York: Russell Sage Foundation, 1948, p. 12.

[4] Weir, George M., *Survey of Nursing Education in Canada*, Toronto: University of Toronto Press, 1932, and Mussallem, Helen K., *Spotlight on Nursing Education, The Report of the Pilot Project for Evaluation of Schools of Nursing in Canada*, Ottawa: Canadian Nurses' Association, 1960.

of each school, some or all members of the faculty, and with selected groups of students from each year of the course. Opinions were obtained from members of the faculty and students about the philosophy and purpose of the university school of nursing in Canada, its role in the education of nursing practitioners, the unique contribution of each school, and their assessment of the quality of graduates. Visits were also made to three universities that were planning for the immediate development of basic schools of nursing. The purpose of the visits was to gain insight into the beliefs held by these universities on the role of the school of nursing.

Since the director of this project had recently completed a survey of schools of nursing in Canada,[1] and conducted a second survey[2] prior to presenting a plan for the development of nursing education programmes within the general educational system of Canada, it was considered unnecessary to make an extensive survey of hospital schools. However, extensive data collected through the Hospital School of Nursing Questionnaire was used. In addition visits were made to schools with newly developed patterns of nursing education such as the Nightingale School of Nursing in Toronto which has a two-year basic programme, and institutions that offer the "two-plus-one" programme where the theoretical aspects of the programme are concentrated in the first two years with internship in the last year.

A visit was made to each of the provincial registered nurses' associations. Discussions were held with the executive secretary, the registrar, and key nurses such as advisers to schools of nursing and directors of nursing assistant programmes and "psychiatric nurse" programmes. Conferences were held with officials of the Ontario Department of Public Health and the Ontario College of Nurses, the senior nursing consultant of the Ontario Hospital Services Commission, selected deputy ministers of health and education, national and provincial executive directors of the medical and hospital associations or their deputies, and officials in the general field of education.

The project director met with national committees of the CNA and consulted with nursing leaders to obtain further data on practices in nursing service and nursing education in Canada.

The data thus obtained through interviews, questionnaires, surveys, and consultations were studied in conjunction with current literature on health and education, and briefs to the Royal Commission on Health Services by medical, nursing, and hospital associations.

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[1] Mussallem, Helen K., *ibid.*

[2] Mussallem, Helen K., *A Path to Quality, A Plan for the Development of Nursing Education Programs Within the General Educational Systems of Canada*, Ottawa: Canadian Nurses' Association, 1964.

CHAPTER II

EDUCATION OF NURSES IN CANADA

The education of nurses, like the education of other members of society, should be viewed in relation to the development of the educational system of the country and its present setting. In Canada the patterns of education have been derived from a variety of sources. Some have been achieved by adopting educational patterns from across the Atlantic, others by modifying new educational ideas from the United States, and still others as a result of this synthesis. This study selects from those the background specifically related to the education of nurses.

HISTORICAL ASPECT OF THE EDUCATION OF NURSES

The development of schools of nursing in Canada should be considered in relation to the history of the country and its health institutions. The social and economic developments of Canada have influenced health services since this country was first settled by the French in the early 1600's. Early records reveal that nursing services were provided for the first settlers in 1617 when Marie Hibou, wife of a surgeon-apothecary, visited the sick of the new colony. Two hospitals established in the early French settlement on the St. Lawrence have the longest history of active service in America.[1] The first, the Hôtel-Dieu de Québec, was founded in 1639 by three French Augustinian nuns. Two years later, Jeanne Mance came from France to Ville-Marie on the Island of Montreal and established the Hôtel-Dieu de Montréal which was staffed with nuns of the Order of St. Joseph de la Flèche. Secular hospitals were not developed in Canada until the middle of the eighteenth century when one was established in Halifax, Nova Scotia.[2]

About the same time the number of hospitals in the New World began to increase. To staff these hospitals, it was necessary to train personnel to be competent in carrying out doctors' orders. For this reason, training schools for nurses were introduced.

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[1] Stewart, Isabel, and Austin, Anne L., *A History of Nursing*, New York: G.P. Putnam's Sons, 1962, p. 124.

[2] *Ibid.*, p. 129.

The distinction of introducing the first training school for nurses in Canada goes to Dr. Theophilus Mack who established a school of nursing at St. Catharines, Ontario, in 1874, in connection with the General and Marine Hospital. This school was opened one year after the first "Nightingale School" in the United States.

Historians write that these schools were patterned after the Nightingale School in England. This is only partially true. The Nightingale School in England was an independent school, free from the control of St. Thomas' Hospital, and the students were not part of the hospital staff. When this system of education crossed the Atlantic, the students were students in name only. Service to the hospital took precedence over their educational requirements. Realizing the potential for nursing service, hospitals started training schools with great rapidity. By 1902, there were 545 schools in the United States,[1] and by 1909 there were 70 in Canada.[2]

From the outset the aims of the hospital were in conflict with the aims of the school of nursing. The nature of the development of the schools and of the learning experiences they offered indicated that their purpose was to provide charitable service rather than education. Students were admitted to the school and immediately assigned to the wards as workers. Teaching was incidental. Any lectures that were given usually consisted of one hour weekly by an attending physician. Attendance was sporadic and according to Nutting:

> "Heavy demands of the wards made it impossible for all students to attend their weekly lecture and it was always arranged that some students would choose to take very full notes and read them later to the assembled group of less fortunate. Lectures came under the category of privileges like 'hours off duty' to be granted 'hospital duties' permitting".[3]

The exploitation of student nurses became the great issue in the ensuing years. Nursing leaders banded together to demand educational standards, to set up legal controls, to prevent the spread and unlimited expansion of poor schools. By 1893, 40 superintendents of nurses representing leading schools in the United States and Canada formed The American Society of Superintendents of Training Schools of the United States and Canada. It was this association that gave some leadership in attempting to improve educational standards. Later this group divided at the political boundary to form the nucleus for the National League of Nursing Education in the United States and the Canadian Nurses' Association. Stewart says, of the relationship between these two groups, that "the two countries were never

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[1] Lambertsen, Eleanor, *Education for Nursing Leadership*, Philadelphia: J.B. Lippincott Co., 1958, p. 12.

[2] Gibbon, John M., and Mathewson, Mary S., *Three Centuries of Canadian Nursing*, Montreal: The Macmillan Company of Canada, 1947, p. 155.

[3] Nutting, Adelaide, *A Sound Economic Basis for Schools of Nursing*, New York: G.P. Putnam's Sons, 1926, p. 339.

far apart in their nursing reforms, and the general trends in nursing education have always been in much the same direction and at about the same rate".[1]

Because of the proximity of the two countries and the similarities in culture and educational philosophy, many of the surveys and the literature related to nursing have been used on both sides of the border. As might be expected nurses in the United States have produced many more studies, and have written far more prolifically than nurses in Canada.[2] The nursing literature from the United States has had a great impact on the development of nursing in Canada.

NURSING SCHOOLS BETWEEN THE WORLD WARS

Between 1910–1939 was a time of stress and turmoil in nursing, as it was in other aspects of national life. Educational adjustments of many kinds were made during this period. Some were made during World War I and the succeeding depression years. Others came about as a result of deliberate study and experimentation.

The first significant move to initiate standards was made in the United States, when the *Standard Curriculum for Schools of Nursing* was published in 1917.[3] This curriculum was used widely in Canada, as were the two succeeding versions of 1927 and 1937. The purpose of these publications was to serve as an example of good standards and to present to the public a fair idea of what, under the existing system, the profession of nursing believed to be an acceptable standard for the preparation of nurses.

Studies on nursing and nursing education were initiated during this time and had considerable influence on Canadian groups responsible for health services. The first notable report, *Nursing and Nursing Education in the United States,* was an important event in nursing education.[4] The scientific methods used in this report, and the impartial presentation of its findings, did much to bring the discussion of nursing education problems out of the realm of personal opinion and hearsay into the light of fact and reason.[5]

This report gave impetus to other studies aimed at the reform of nursing schools. At this time the work of Flexner[6] was having a profound effect on the elimination of "wretched medical schools". His *Report of Medical Education in the United States and Canada,* and developments in accreditation of professional institutions, stimulated the nursing group to investigate similar methods of control

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[1] Stewart, Isabel, *The Education of Nurses,* New York: The Macmillan Company, 1943, p. 128.

[2] Simmons, Leo, and Henderson, Virginia, *Survey and Assessment of Research in Nursing,* unpublished manuscript, 1961, Chapter X.

[3] National League of Nursing Education, *Standard Curriculum for Schools of Nursing,* New York: The League, 1917.

[4] Goldmark, Josephine, *Nursing and Nursing Education in the United States,* New York: The Macmillan Co., 1923, p. 194.

[5] Stewart, Isabel, *op. cit.*

[6] Flexner, Abraham, *Abraham Flexner, An Autobiography,* New York: Simon & Shuster, 1960, p. 75.

in nursing schools. The first study was focused on "ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed".[1] Later studies concentrated on the grading of schools of nursing. These reports showed that the system of hospital-owned and-operated schools of nursing prevailed throughout the United States, and that there was a very small number of collegiate schools. The main recommendation on professional standards stressed:

> "...a collegiate level of education; an enriched curriculum with more and better theory and less and better practice; a better-prepared student body and faculty comparable with those in other professional schools; an organization better fitted to safeguard the professional status and freedom of the school, dominated by neither hospital nor treasury, nor nursing traditions; and funds adequate to provide for such a school."[2]

These statements have been reiterated with little variation in many reports written in Canada and the United States during the past 30 years. Russell, in *The Report of a Study of Nursing Education in New Brunswick,* wrote:

> "Instead of the radical change which might have taken place in the 1920's, we have worried through thirty additional years of confused effort, dealing with the symptoms rather than with the disease itself. Certainly some improvement in detail has been affected but the fundamental condition has remained the same in that the hospital board of governors pays for the school and therefore controls it, while the student has retained the status of an employee and works her passage through the training course by servicing the hospital. Where the hospital has taken its responsibility for students seriously, the school has been a very expensive asset, and, fortunately, the wisest hospitals are beginning to question the whole procedure."[3]

A Canadian survey, carried on during the time of the Committee on Grading of Schools,[4] covered much of the same ground but used a different approach and different methods. Weir, a sociologist and professional educator, had charge of the survey jointly sponsored by the CNA and the Canadian Medical Association. The findings of this survey were substantially in accord with those of the two committees in the United States. Stewart believes this was to be expected because "the two countries had practically the same system of nursing education and the results of that system run true to form".[5] The main recommendations of the Canadian survey were to change the system of nursing education by removing nursing schools from hospital control and to bring the education of nurses into the general educational programme of each province.

Weir pointed out that although the social and educational principles governing the education of nurses did not differ fundamentally from those governing other

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[1] National League of Nursing Education, *Nursing Schools Today and Tomorrow,* New York: The League, Committee on the Grading of Schools, 1934, p. 23.

[2] *Ibid.,* p. 447.

[3] Russell, Edith K., *The Report of a Study of Nursing Education in New Brunswick,* Fredericton: University of New Brunswick Press, 1956, p. 25.

[4] Weir, George, *op. cit.*

[5] Stewart, Isabel, *op. cit.*

branches of education, these principles were often violated in nursing schools. He stated:

> "The consensus of evidence supplied by nearly 8,000 questionnaires ... bearing on nursing problems, the preponderance of the views expressed by 650 conferences and meetings attended by over 10,000 nurses, doctors, student nurses and members of the laity at points well distributed throughout Canada – all ... endorse the view that radical and far-reaching reorganization of the nursing services of Canada should be undertaken in the near future."[1]

In 1936, the CNA also produced a curriculum guide.[2] However, many instructors in Canada preferred to use the Guide produced in the United States. Publications of the National League of Nursing Education were also widely used in Canada, e.g., *The Essentials of a Good School of Nursing,*[3] published in 1936, and a *Manual of the Essentials of a Good Hospital Nursing Service.*[4]

Throughout this period, nursing leaders were still struggling with the persistent problems identified in the earlier period. Who should organize, administer and finance schools of nursing? What system of nursing education is best in terms of the needs of society? Studies pointed to the answers but little progress was made towards achieving a practical solution.

AFTER WORLD WAR II

Following World War II, federal-provincial agreements (usually cited as the Hospital Insurance and Diagnostic Services Act) were implemented in a majority of the provinces to provide a system of prepaid hospital insurance care. This Act has already affected nursing and nursing education in the country, and may well have a greater impact in the future.

Studies in the United States had an influence on nursing education in Canada. The Brown report, *Nursing for the Future,*[5] published in 1948, was quoted widely in Canada. It triggered a series of chain reactions among nurses and others concerned with nursing. In many respects this report echoed the studies, reports and writings of leaders in nursing of the past half century.

Nurses on both sides of the border continued to work toward better standards for schools of nursing. Numerous studies in the United States recommended the transfer of nursing schools from hospitals to the educational stream, but until recently, little change has been effected. About 80 per cent of the schools of

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[1] Weir, George M., *Survey of Nursing Education in Canada,* Toronto: University of Toronto Press, 1932, p. 471.

[2] Canadian Nurses' Association, *Proposed Curriculum Guide for Schools of Nursing in Canada,* Montreal: The Association, 1936.

[3] National League of Nursing Education, *The Essentials of a Good School of Nursing,* New York: The League, 1936.

[4] National League of Nursing Education, *Manual of the Essentials of a Good Hospital Nursing Service,* New York: The League, 1942.

[5] Brown, Esther Lucille, *Nursing for the Future,* New York: Russell Sage Foundation, 1948.

nursing in the United States are still owned and operated by hospitals,[1] and approximately 90 per cent in Canada.[2] One significant innovation in the United States was the introduction of a programme of nursing education to junior community colleges.[3]

Since World War II, only two studies on nursing education have been sponsored by national nursing organizations. These were the *Report of the Evaluation of the Metropolitan School of Nursing,* by Lord,[4] and the *Report of the Pilot Project for Evaluation of Schools of Nursing in Canada,* by Mussallem.[5] The Lord study, of five years duration, had as its immediate objectives:

1. To demonstrate the establishment of a nursing school as an educational institution.
2. To demonstrate, if possible, that a skilled clinical nurse can be prepared in a shorter period than three years, once the school is given control of the use of the students' time.[6]

This report indicated that it took only two years to educate a clinical nurse who was "at least as well-prepared for basic bedside nursing as the 'average' hospital school graduate, providing the school had complete control of the students' programme."[7]

The Mussallem study was conducted to "determine if Canadian schools of nursing are ready for a programme of accreditation, and if it is feasible at this time to initiate such a plan".[8] Upon completion of this survey, the director of the study recommended that "a re-examination and study of the whole field of nursing education be undertaken"[9] before any programme of accreditation be initiated. This recommendation was made because very few schools (16 per cent) were able to meet the established criteria.[10] Many serious weaknesses were noted during the survey of these schools, most of which resulted from control of the school of nursing by an institution whose primary aim was service.[11]

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[1] American Nurses' Association, *Facts about Nursing,* New York: The Association, 1963.

[2] Canadian Nurses' Association, *Submission to The Royal Commission on Health Services,* Ottawa: The Association, 1962, p. 27.

[3] Montag, Mildred, *Community College Education for Nursing,* New York: McGraw Hill, 1959.

[4] Lord, Arthur R., *Report of the Evaluation of the Metropolitan School of Nursing,* Ottawa: Canadian Nurses' Association, 1952.

[5] Mussallem, Helen K., *Spotlight on Nursing Education, Report of the Pilot Project for Evaluation of Schools of Nursing in Canada,* Ottawa: Canadian Nurses' Association, 1960.

[6] Lord, *op. cit.*

[7] *Ibid.*, p. 53.

[8] Mussallem, *op. cit.*, p. 2.

[9] *Ibid.*, p. 86.

[10] *Ibid.*, p. 7.

[11] *Ibid.*, p. 35.

CURRENT PATTERNS IN NURSING EDUCATION

In 1963, four main types of formal programmes for the education of nursing practitioners existed in Canada. There were 16 university schools of nursing, offering a course leading to a baccalaureate degree, 170 hospital schools, 79 programmes for the preparation of nursing assistants and seven programmes for the preparation of "psychiatric nurses". In addition there was one programme for the preparation of operating room technicians and two which prepared graduate nurses in advanced obstetrics or midwifery. University and hospital schools prepared graduate nurses for registration examinations. The university schools of nursing and many of the programmes for the preparation of nursing assistants were within the educational systems of the country. The hospital schools, which provide the main source of "skilled manpower" for the nursing services, were operated by agencies outside the established educational system of the country.

AUTHORITY IN NURSING AND NURSING EDUCATION

Canadian legislation requires that nursing affairs come under provincial control within the general category of health. In the majority of the provinces, the provincial nurses' association is authorized by legislation to deal with matters concerning the educational practice of nursing and the granting of registration.

Minimum requirements for admission to schools of nursing are specified in statutory regulations in each province. In seven of the provinces these statutory regulations are administered by the provincial nurses' associations who also assume responsibility for the approval or "inspection" of schools. In Alberta and Saskatchewan the approval of schools of nursing is under the jurisdiction of the provincial university, and in Ontario, (since January 1963), under the College of Nurses.

In four provinces – Newfoundland, Prince Edward Island, Quebec, and Manitoba – provincial legislation requires a licence to practise as a registered nurse.[1] In other provinces, the Act protects the title "registered nurse", but a person may practise as a nurse provided she does not indicate she is a registered nurse, or use the initials "R.N." or "Reg. N." after her name.

In all provinces except Ontario, the fee for registration includes membership in the provincial nurses' association, the Canadian Nurses' Association and the International Council of Nurses.

In Canada, unlike most countries, the provincial nurses' associations (except in Ontario) actually administer the nursing practice acts. This authority is granted to the nurses' association by the provincial legislatures.

[1] See Nursing Practice Acts for these provinces.

The Canadian Nurses' Association is a federation of the ten provincial associations. Members of the provincial associations become members of the national organization and the International Council of Nurses. The Canadian Nurses' Association, in common with other similar associations, has two major objectives – to improve the practice of nursing and the education of nurses and to promote the best interests of the members of the profession. The Canadian Nurses' Association can act only in an advisory capacity. It has no guarantee that the advice it gives will be followed in national policy matters or in matters affecting the provincial associations. The provincial associations are self-governing units, and are thus free to accept or reject the advice offered by the national association.

CHAPTER III

HOSPITAL SCHOOLS OF NURSING

This study of nursing education in Canada is concerned primarily with the present programmes of education of nurses at the post-high school level. In order to meet the purpose of this study – to examine and assess these programmes with a view to making proposals for needed change – the two main routes for becoming a graduate registered nurse have been surveyed.

The data collected on the hospital school of nursing were summarized under the following headings:

General Information on the School and the Controlling Hospital

Objectives

Organizational and Administrative Aspects

Instructional Personnel

Students

Curriculum

Clinical Facilities

Library and Other Services

Evaluation

GENERAL INFORMATION – THE SCHOOL AND THE CONTROLLING HOSPITAL

Numerical data on schools of nursing are not in themselves important. As changes are made in schools of nursing, numerical data become relatively less important for descriptive purposes. However, this information is necessary as background for some proposals made in this study and the following statistics are therefore included.

The greatest expansion in schools of nursing in Canada occurred during the first three decades of this century. In 1901, there were 65[1] schools of nursing with a total of 280 nurses and student nurses in Canada.[2] By December 1930, there were 218[3] schools with 9,088 students and on December 31, 1962, there were 170 hospital schools and 14 university schools with 23,878 students.

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[1] Gibbon and Mathewson, *op. cit.*, pp. 155–158.

[2] Weir, *op. cit.*, p. 52.

[3] *Ibid.*, p. 279.

A study of Table 1 reveals that from 1930 to 1962 the numbers of students increased from 9,088 to 23,878 or 162.7 per cent. It is significant that during that time the number of hospital nursing schools decreased from 218 to 170, a decrease of 22.0 per cent. The population of the country during this period increased from approximately 10 million to approximately 18 million or 80.0 per cent.

From 1947 to 1962 the total number of medical students increased by 497 or 16.03 per cent. During that same period the number of nursing students increased by 10,915 or 84.64 per cent. These figures, and other data on numbers of practising registered nursed in relation to number of doctors suggest one of the reasons why nurses have assumed responsibility for an increasing number of medical technical tasks.

TABLE 1

STUDENT ENROLMENT PER 100,000 POPULATION, CANADA, 1930–1962

Year	Nursing Student Enrolment		Medical Student Enrolment	
	No.	Per 100,000 Pop.	No.	Per 100,000 Pop.
1930	9,088	90.9	–	–
1939	8,500	75.6	–	–
1945	12,151	100.8	–	–
1946	12,880	105.5	–	–
1947	12,872	103.0	3,100	24.7
1948	13,273	103.7	3,233	25.2
1949	14,115	105.2	3,278	24.4
1950	14,811	108.2	3,489	25.4
1951	15,457	110.3	3,458	24.7
1952	15,423	106.7	3,444	23.8
1953	15,434	104.0	3,643	24.5
1954	15,883	103.9	3,589	23.5
1955	17,369	110.6	3,651	23.3
1956	17,948	111.6	3,655	22.7
1957	18,500	111.5	3,686	22.2
1958	18,168	106.6	3,668	21.5
1959	19,352	110.9	3,549	20.3
1960	21,297	119.6	3,508	19.6
1961	22,821	125.4	3,525	19.3
1962	23,787	126.7	3,597	19.2

Table 2 displays the trend ot new enrolments into schools of nursing by province and that enrolments have increased yearly. However, the percentage change is not consistent between provinces. Quebec had the greatest percentage increase in enrolment in the past 17 years with 157 per cent and Newfoundland had a 125 per cent increase in 10 years. The smallest increases were in New Brunswick and Manitoba.

TABLE 2

ENROLMENT AND PERCENTAGE CHANGE IN SCHOOLS OF NURSING FOR SELECTED YEARS, CANADA AND PROVINCES, 1945–1962

Province	1945	1948	1951	1954	1957	1960	1961	1962
Newfoundland	–	–	245	284	379	491	500	537
Percentage change	–	–	(0)	(16)	(55)	(100)	(104)	(125)
Prince Edward Island	105	144	142	163	176	186	175	182
Percentage change	(0)	(37)	(35)	(55)	(68)	(77)	(67)	(73)
Nova Scotia	763	776	840	1,048	1,135	1,175	1,256	1,346
Percentage change	(0)	(2)	(10)	(37)	(49)	(54)	(65)	(76)
New Brunswick	610	734	766	662	729	793	837	885
Percentage change	(0)	(20)	(26)	(9)	(20)	(30)	(37)	(45)
Quebec	2,528	2,517	3,381	3,761	4,033	5,693	6,188	6,509
Percentage change	(0)	(0)	(38)	(49)	(60)	(125)	(145)	(157)
Ontario	4,313	4,770	5,388	6,079	6,240	6,923	7,755	7,927
Percentage change	(0)	(11)	(25)	(41)	(45)	(61)	(80)	(84)
Manitoba	892	914	891	1,051	1,125	1,175	1,228	1,282
Percentage change	(0)	(2)	(0)	(18)	(26)	(32)	(38)	(44)
Saskatchewan	968	1,169	1,256	1,372	1,498	1,533	1,418	1,545
Percentage change	(0)	(21)	(30)	(42)	(55)	(59)	(46)	(60)
Alberta	946	1,131	1,249	1,558	1,659	1,747	1,872	1,959
Percentage change	(0)	(20)	(32)	(65)	(75)	(85)	(98)	(107)
British Columbia	1,026	1,118	1,299	1,391	1,519	1,581	1,592	1,615
Percentage change	(0)	(9)	(27)	(36)	(48)	(54)	(55)	(57)
Canada	12,151	13,273	15,457	17,369	18,493	21,297	22,821	23,787
Percentage change	(0)	(9)	(27)	(43)	(52)	(75)	(88)	(96)

TABLE 3

ENROLMENT AND PERCENTAGE CHANGE IN BASIC PROGRAMMES IN HOSPITAL AND UNIVERSITY SCHOOLS OF NURSING, CANADA AND PROVINCES, 1955 – 1962

Province	1955			1956			1957			1958		
	Hospital	University	Total	Hospital	University	Total	Hospital	University	Total	Hospital	University	Total
Newfoundland	284	–	284	335	–	335	379	–	379	101[1]	–	101[1]
Percentage change	(0)	–	(0)	(18)	–	(18)	(33)	–	(33)	(-64)	–	(-64)
Prince Edward Island	163	–	163	164	–	164	176	–	176	177	–	177
Percentage change	(0)	–	(0)	(1)	–	(1)	(8)	–	(8)	(9)	–	(9)
Nova Scotia	1,029	19	1,048	1,136	9	1,145	1,108	27	1,135	1,081	22	1,103
Percentage change	(0)	(0)	(0)	(10)	(-53)	(9)	(8)	(42)	(8)	(5)	(16)	(5)
New Brunswick	662	–	662	686	–	686	729	–	729	703	–	703
Percentage change	(0)	–	(0)	(4)	–	(4)	(10)	–	(10)	(6)	–	(6)
Quebec	3,761	–	3,761	3,740	–	3,740	4,021	19	4,040	4,380	24	4,404
Percentage change	(0)	–	(0)	(-1)	–	(-1)	(7)	(0)	(7)	(16)	(26)	(17)
Ontario	5,812	267	6,079	5,932	328	6,260	6,054	186	6,240	5,915	175	6,090
Percentage change	(0)	(0)	(0)	(2)	(23)	(3)	(4)	(-30)	(3)	(2)	(-34)	(0)
Manitoba	1,051	–	1,051	1,060	–	1,060	1,125	–	1,125	1,136	–	1,136
Percentage change	(0)	–	(0)	(1)	–	(1)	(7)	–	(7)	(8)	–	(8)
Saskatchewan	1,149	223	1,372	1,292	112	1,404	1,370	128	1,498	1,154	191	1,345
Percentage change	(0)	(0)	(0)	(12)	(-50)	(2)	(19)	(-43)	(9)	(0)	(-14)	(-2)
Alberta	1,392	166	1,558	1,511	121	1,632	1,549	110	1,659	1,539	135	1,674
Percentage change	(0)	(0)	(0)	(9)	(-27)	(5)	(11)	(-34)	(6)	(11)	(-19)	(7)
British Columbia	1,267	124	1,391	1,381	141	1,522	1,361	158	1,519	1,295	140	1,435
Percentage change	(0)	(0)	(0)	(9)	(14)	(9)	(7)	(27)	(9)	(2)	(13)	(3)
Canada	16,570	799	17,369	17,237	711	17,948	17,872	628	18,500	17,481	687	18,168
Percentage change	(0)	(0)	(0)	(4)	(-11)	(3)	(8)	(-21)	(7)	(5)	(-14)	(5)

TABLE 3 (Concluded)

ENROLMENT AND PERCENTAGE CHANGE IN BASIC PROGRAMMES IN HOSPITAL AND UNIVERSITY SCHOOLS OF NURSING, CANADA AND PROVINCES, 1955 – 1962

Province	1959			1960			1961			1962		
	Hospital	University	Total	Hospital	University	Total	Hospital	University	Total	Hospital	University	Total
Newfoundland	469	–	469	491	–	491	500	–	500	537	–	537
Percentage change	(65)	–	(65)	(73)	–	(73)	(76)	–	(76)	(89)	–	(89)
Prince Edward Island	176	–	176	186	–	186	175	–	175	182	–	182
Percentage change	(8)	–	(8)	(14)	-	(14)	(7)	–	(7)	(12)	–	(12)
Nova Scotia	1,043	24	1,067	1,143	32	1,175	1,204	52	1,256	1,286	60	1,346
Percentage change	(1)	(26)	(2)	(11)	(68)	(12)	(17)	(174)	(20)	(25)	(216)	(28)
New Brunswick	757	15	772	751	42	793	796	41	837	824	61	885
Percentage change	(14)	(0)	(17)	(13)	(180)	(20)	(20)	(173)	(26)	(24)	(307)	(34)
Quebec	4,788	33	4,821	5,652	41	5,693	6,143	45	6,188	6,441	68	6,509
Percentage change	(27)	(74)	(28)	(50)	(116)	(51)	(63)	(137)	(65)	(71)	(258)	(73)
Ontario	6,192	477	6,669	6,361	562	6,923	7,354	401	7,755	7,603	324	7,927
Percentage change	(7)	(79)	(10)	(9)	(110)	(14)	(27)	(50)	(28)	(31)	(21)	(30)
Manitoba	1,157	–	1,157	1,175	–	1,175	1,228	–	1,228	1,282	–	1,282
Percentage change	(10)	–	(10)	(12)	–	(12)	(17)	–	(17)	(22)	–	(22)
Saskatchewan	1,156	152	1,308	1,354	179	1,533	1,221	197	1,418	1,313	232	1,545
Percentage change	(1)	(-32)	(-5)	(18)	(-20)	(12)	(6)	(-12)	(3)	(14)	(4)	(13)
Alberta	1,445	132	1,577	1,617	130	1,747	1,754	118	1,872	1,888	71	1,959
Percentage change	(4)	(-20)	(1)	(16)	(-22)	(12)	(26)	(-29)	(20)	(36)	(-57)	(26)
British Columbia	1,258	78	1,336	1,471	110	1,581	1,496	96	1,592	1,512	103	1,615
Percentage change	(-1)	(-37)	(-4)	(16)	(-11)	(14)	(18)	(-23)	(14)	(19)	(-20)	(20)
Canada	18,441	916	19,352	20,201	1,096	21,297	21,871	950	22,821	22,868	919	23,787
Percentage change	(11)	(15)	(11)	(22)	(37)	(23)	(32)	(19)	(31)	(38)	(15)	(38)

[1] Only 1 school out of 3 reported.
Percentage increase shown in brackets. Base year is 1955.

TABLE 4

NUMBER OF HOSPITAL SCHOOLS OF NURSING, BY SIZE, CANADA AND PROVINCES, 1962

Province	Size of School Enrolment					
	Number of Schools	Over 300 Very Large	200-300 Large	100-199 Medium	50-99 Small	Under 50 Very Small
Newfoundland	3	–	1	2	–	–
Prince Edward Island	3	–	–	–	3	–
Nova Scotia	14	–	1	3	8	2
New Brunswick	13	–	–	2	5	6
Quebec	42	4	9	12	17	–
Ontario	59	4	4	23	23	5
Manitoba	7	1	2	1	3	–
Saskatchewan	11	–	2	3	5	1
Alberta	12	2	2	3	4	1
British Columbia	6	2	2	1	1	–
Canada	170	13	23	50	69	15

Source: Canadian Nurses' Association.

Discussions with representatives of the provincial nurses' associations did not reveal why the fluctuation occurred. The percentage change does not correlate very closely with the numbers of female high school graduates. Fluctuations and changes in percentage enrolment may be due to recruitment programmes, enlargement of schools, competition with other occupations, or socio-economic factors.

Table 3 shows the trend in student enrolment in hospital and university schools since 1955. Except for 1960, when a new university school was opened, the percentage increase of enrolments into university schools has lagged behind that of hospital schools. In 1955, the enrolment of students in university schools was 4.6 per cent of the total in schools of nursing and by 1962 this had decreased to 3.9 per cent. Although this decrease is small, it is viewed with concern when an increased expansion of enrolment into university schools is advocated to meet the nursing needs.

Table 4 reveals the variations in size[1] and numbers of schools in the provinces in 1962. For example, of the six hospital schools in British Columbia, two-thirds had an enrolment of 200 or more, whereas all 13 in New Brunswick had an enrolment of less than 200. Of the 60 schools in Ontario, 51 had an enrolment of under 200.

[1]For this study the following classification has been used for schools:
Over 300 students – very large
200 – 300 students – large
100 – 199 students – medium
50 – 99 students – small
Under 50 students – very small.

Table 5 reveals that almost 80 per cent of the schools in Canada have less than 200 students and 50 per cent have less than 100 students. These figures are significant to the problems of hospital schools, particularly in relation to the availability of qualified instructors. At present about 75 per cent of the instructors in hospital schools are not qualified for their positions and this figure improves only at the rate of about one per cent per year. Yet, the numbers of qualified instructors are stretched to cover shcools with very small student enrolments. Recent studies[1] have shown that schools of nursing should have an enrolment of 200 or more to make the most efficient and economical use of available personnel and facilities.

A consolidation of the figures relating to size of school and enrolment are translated into percentages in Table 5.

TABLE 5

NUMBER AND PERCENTAGE DISTRIBUTION OF SCHOOLS OF NURSING AND OF STUDENTS, BY SIZE OF SCHOOL, 1962

Student Enrolment	Number of Schools	Per Cent Schools	Number of Students	Per Cent Students Enrolled
5 – 49	15	8.8	415	1.8
50 – 99	70	41.2	5,109	22.5
100 – 199	50	29.4	7,110	31.4
200 – 299	23	13.5	5,408	25.9
300 +	12	7.1	4,621	20.4

Source: Canadian Nurses' Association.

In planning the total educational programme for students sufficient clinical facilities are necessary to meet the objectives of the programme. The most important factor however is the effective utilization of available resources. Nursing educators in Canada now recognize that adequate experience for the preparation of nursing practitioners cannot be obtained solely within the home hospital.

Examination of Table 6 reveals the disparity in the ratio of number of beds in the "home" hospital to numbers of students.

Table 7 indicates that in 1948 and 1961 the largest percentage of schools of nursing were conducted under the auspices of hospitals with 101 – 300 beds. These hospitals also enrolled the largest percentage of students.

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[1] Mussallem, Helen K., A *Path to Quality – A Plan for the Development of Nursing Education Programs Within the General Education System of Canada*, Ottawa: Canadian Nurses' Association, 1964.

TABLE 6

RATIO OF NUMBER OF BEDS IN "HOME" HOSPITAL TO NUMBER OF STUDENTS, BY PROVINCE, 1961

Province	Size of School	Beds	Students	Bed-Student Ratio
Newfoundland	100 – 199	386	287	1.3:1
	200 – 300	500	213	2.3:1
Prince Edward Island	– 50	115	43	2.7:1
	50 – 99	353	132	2.7:1
Nova Scotia	– 50	314	116	2.7:1
	50 – 99	1,559	453	3.4:1
	100 – 199	458	223	2.1:1
	200 – 300	558	283	2.0:1
New Brunswick	– 50	857	186	4.6:1
	50 – 99	856	294	2.9:1
	100 – 199	757	316	2.4:1
Quebec	50 – 99	8,858	1,355	6.5:1
	100 – 199	3,715	1,555	2.4:1
	200 – 300	4,678	2,007	2.3:1
	Over 300	1,779	697	2.6:1
Ontario	– 50	947	239	4.0:1
	50 – 99	8,521	1,923	4.4:1
	100 – 199	7,269	2,714	2.7:1
	200 – 300	5,302	1,598	3.3:1
	Over 300	830	309	2.7:1
Manitoba	50 – 99	544	203	2.7:1
	100 – 199	244	141	1.7:1
	200 – 300	1,059	520	2.0:1
	Over 300	874	364	2.4:1
Saskatchewan	– 50	75	40	1.9:1
	50 – 99	682	284	2.4:1
	100 – 199	1,107	499	2.2:1
	200 – 300	1,276	485	2.6:1
Alberta	– 50	1,448[1]	130	11.1:1
	50 – 99	761	228	3.3:1
	100 – 199	563	278	2.0:1
	200 – 300	2,497	789	3.2:1
	Over 300	737	329	2.2:1
British Columbia	50 – 99	178	77	2.3:1
	100 – 199	448	179	2.5:1
	200 – 300	880	426	2.1:1
	Over 300	2,114	814	2.6:1

[1] A provincial mental hospital.

TABLE 7

PERCENTAGE DISTRIBUTION OF SCHOOLS OF NURSING AND STUDENTS, BY BED CAPACITY OF "HOME" HOSPITAL, 1948 AND 1961

Bed Capacity	Per Cent Schools		Per Cent Students Enrolled	
	1948	1961	1948	1961
51 – 100	14	6	4	2
101 – 300	50	52	35	33
301 – 500	15	19	22	23
501 – 900	11	17	25	30
900 +	10	6	14	12

Source: Canadian Nurses' Association.

TABLE 8

NUMBER OF FEMALE STUDENTS AT JUNIOR MATRICULATION LEVEL ENROLLING IN SCHOOLS OF NURSING, CANADA, 1944–1962[1]

Year	Number of Female Students at Junior Matriculation Level[2]	Number Entering Nursing	Percentage Enrolling in Nursing
1944	21,709	5,035	23.19
1945	22,802	4,536	19.89
1946	23,462	5,160	21.99
1947	24,181	4,929	20.38
1948	23,739	4,954	20.86
1949	27,005	5,320	19.70
1950	27,448	5,743	20.92
1951	28,997	5,754	19.84
1955	37,393	6,270	16.50
1956	39,455	6,377	16.16
1957	49,466	6,385	12.90
1958	58,441	6,895	11.79
1959	66,956	6,994	10.44
1960	70,656	7,666	10.84
1961	78,162	8,428	10.78
1962	88,212	8,950	10.15

[1] Figures for the years 1952, 1953, and 1954 are not available.

[2] Students at Junior Matriculation level in private schools are not included except for the years 1957–1962.

Recruitment and New Enrolments

Over the past half century the majority of women selecting occupations chose teaching, nursing, or secretarial work, but during recent years increasing numbers

of young women have been attracted to other fields, such as medicine, dentistry, law and engineering. There is little doubt that competition from other fields for young women will increase. In absolute terms, the number of students entering schools of nursing has increased during the past two decades. However, in relative terms the percentage of high school graduates entering schools of nursing has declined.

In 1944, approximately one female student at junior matriculation level out of four entered a school of nursing. By 1962 the number had declined to one out of ten (Table 8). Though many view with satisfaction the increasing numbers entering schools of nursing, there is a dramatic drop in the percentage now entering. Ginsberg made the point that:

> "Recruitment will always be influenced by the conditions of employment, rewards and opportunities to participate in meaningful work and grow professionally, as well as by the length and quality of preparation."[1]

Many factors must be taken into consideration before a definite statement can be made regarding the number of students that should enter nursing to provide an adequate number of nursing practitioners. Although the percentage of female students at junior matriculation level entering nursing has decreased, the ratio of registered nurses to population in Canada has increased, making the ratio in this country one of the most favorable in the world.[2] It is suggested elsewhere in this study that the problem facing the nursing profession is not the need for more nurses – but more nursing.

Trends in the percentage of high school graduates entering nursing in Canada have followed closely those of the United States. In that country 5.2 per cent of all girls graduating from high school enter courses leading to licensure as registered nurses. The Surgeon General's Consultant Group in Nursing recommended recently that efforts be made to increase this to 6.0 per cent.[3] In Canada the decrease in percentage of female students at junior matriculation level entering nursing has followed that of the United States by about one decade. If this trend continues, the number being recruited into nursing will decrease to 5 per cent in 10 years. Such a development could contribute to a degeneration of the quality of nursing care below its present level.

Recruitment programmes alone will have little influence on increasing the numbers choosing nursing as a career. Studies indicate "that the traditional appeal of a career in nursing has been reaffirmed. . .(but) efforts should focus on determining an educational experience that will not only develop student skills and confidence

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[1] Ginsberg, Eli, *A Program for the Nursing Profession*, New York; The Macmillan Company, 1948, p. 8.

[2] International Labour Office, *Employment and Consitions of Work of Nurses*, Geneva: The Office, 1960, p. 27.

[3] United States Department of Health, Education and Welfare, *Toward Quality in Nursing*, Washington: The Department, p. 20.

but also maintain their initially high level of interest in the clinical field".[1] Another factor influencing recruitment is salary. To date little effort has been made to improve the economic welfare of nurses. Merton makes the point that:

> "Particularly in the salaried professions, as distinct from prevalently free-lance, fee-paid professions, the lone professional cannot effectively safeguard his social and economic welfare. There may be a considerable gap between the prevailing schedule of salaries and the schedule which, in all equity, he should obtain. . . Whether through collective bargaining, which is still infrequent among professional associations, or through the less direct pressures of appeal to the public opinion, which is the characteristic, though immediately less effective mode, the association works to reduce the extent of this gap between what is and what should be in the sphere of salaries"[2].

Although provincial nurses' associations have worked towards an improved salary structure for nurses, there is still a gap – as noted above – between "what is and what should be in the sphere of salaries". There is little doubt that this is a factor affecting recruitment into nursing.

Many factors in addition to those mentioned above also influence recruitment. In estimating the future enrolments into schools of nursing, a fixed percentage (6.00 per cent) was used.[3] Projected enrolments on the basis of the 18-year old female population with a net migration of 0 are tabulated in Table 10 and projected enrolments for the same population on a basis of net migration of 50,000 are tabulated in Table 11.

In 1961 the enrolment of students into schools of nursing was 8,428 and by 1991 it will probably double to 18,012. These figures are similar to the estimates provided by Sellers for Ontario, shown in Table 12.

Admission Requirements

Table 13 provides a summary of the minimum entrance requirements to schools of nursing. Many schools in Canada, however, set their entrance requirements above the provincial minimum. The general trend for provincial minimum requirements has been towards university entrance so that graduates of hospital schools of nursing may take post-basic education without making up deficiencies in general education.

In the course of this study an attempt was made to determine if the academic achievement of students entering schools of nursing was increasing or decreasing. In only two provinces – Saskatchewan and New Brunswick – were complete provincial figures available. These data reveal that the marks or grades achieved by the students entering schools of nursing have remained fairly constant, even though more of these students have reached a grade level above the legal minimum educational requirement.

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[1] Fox, David J., *et al.*, *Career Decisions and Professional Expectations of Nursing Students*, New York: Columbia University, 1961.

[2] Merton, Robert K., "The Functions of the Professional Association", *American Journal of Nursing*, Vol. 58, January 1958, p. 51.

[3] Hart, Margaret E., *Needs and Resources for Graduate Education in Nursing in Canada*, unpublished Doctor of Education project report, New York: Teachers' College, Columbia University, 1962.

TABLE 9

PERCENTAGE CHANGE IN ADMISSIONS TO SCHOOLS OF NURSING AND TEACHERS' COLLEGES, ONTARIO, 1950–1959

Year	Admissions to Schools of Nursing	Admissions to Teachers' Colleges		
		Total	Men	Women
1950	2,151	1,703	440	1,263
Percentage change	(0)	(0)	(0)	(0)
1951	2,081	1,628	356	1,272
Percentage change	(−3)	(−4)	(−19)	(1)
1952	2,065	1,873	453	1,420
Percentage change	(−4)	(10)	(3)	(12)
1953	2,229	1,732	338	1,394
Percentage change	(4)	(2)	(−23)	(10)
1954	2,191	2,692	592	2,100
Percentage change	(2)	(58)	(35)	(66)
1955	2,168	3,139	670	2,469
Percentage change	(1)	(84)	(52)	(95)
1956	2,377	3,442	757	2,685
Percentage change	(11)	(102)	(72)	(113)
1957	2,292	3,647	723	2,924
Percentage change	(7)	(114)	(64)	(132)
1958	2,300	4,688	1,186	3,502
Percentage change	(7)	(175)	(170)	(177)
1959	2,555	5,951	1,615	4,336
Percentage change	(19)	(249)	(267)	(243)

Source: Ontario Department of Education, and Nursing Branch, Ontario Department of Health.

Base year 1950.

TABLE 10

PROJECTED NEW ENROLMENTS IN SCHOOLS OF NURSING, ESTIMATED AT 6 PER CENT OF THE 18-YEAR-OLD FEMALE POPULATION, WITH A NET MIGRATION OF 0, CANADA, 1966–1991

Year Ending	Female Population 18 Years of Age	Projected New Enrolment in Schools of Nursing	
		Number	Percentage of Female Population 18 Years of Age
1966	175,600	10,536	6.00
1971	198,900	11,934	6.00
1976	216,800	13,008	6.00
1981	225,200	13,512	6.00
1986	245,300	14,718	6.00
1991	281,500	16,890	6.00

TABLE 11

PROJECTED NEW ENROLMENTS IN SCHOOLS OF NURSING, ESTIMATED AT 6 PER CENT OF THE 18-YEAR-OLD FEMALE POPULATION, WITH A NET MIGRATION OF 50,000, CANADA, 1966–1991

Year Ending	Female Population 18 Years of Age	Projected New Enrolment in Schools of Nursing	
		Number	Percentage of Female Population 18 Years of Age
1966	177,100	10,626	6.00
1971	201,900	12,114	6.00
1976	221,800	13,308	6,00
1981	233,200	13,992	6.00
1986	259,100	15,546	6.00
1991	300,200	18,012	6.00

TABLE 12[1]

ESTIMATED NEW ENROLMENTS IN SCHOOLS OF NURSING IN ONTARIO, BASED ON THE FEMALE POPULATION AGED 17–19, 1960–1968

Year	Estimated Female Population Aged 17–19	Estimate C	Estimate D	Estimated Per Cent Enrolled, Estimate D
1960	115,730	6,805	7,279	6.29
1961	122,420	7,198	7,847	6.41
1962	129,970	7,642	8,474	6.52
1963	138,250	8,129	9,180	6.64
1964	146,270	8,601	9,873	6.75
1965	156,080	9,178	10,707	6.86
1966	163,820	9,633	11,435	6.98
1967	171,560	10,088	12,164	7.09
1968	178,700	10,508	12,866	7.20

[1] Sellers, A.H., *Future Enrolment of Schools of Nursing in Ontario, 1960 to 1968*, Toronto: Nursing Branch, Ontario Department of Health, 1959, p. 4.

TABLE 13

MINIMUM ENTRANCE REQUIREMENTS FOR ADMISSION TO SCHOOLS OF NURSING, BY PROVINCE, 1962

Provinces	Academic Requirements	Minimum Age
Newfoundland	Grade XI (completion of secondary school), Dept. of Education diploma	17 years 7 mos.
Prince Edward Island	Grade XII (Junior Matriculation)	18 years
Nova Scotia	Grade XI (completion of secondary school)	18 years
New Brunswick	Junior Matriculation	17 years
Quebec	Four years high school with certain required subjects or Grade XI in a primary complementary school or entrance to a university of the province	17½ years
Ontario	Secondary school graduation diploma with required science subjects. This is Grade XII of a five-year education programme ending in Grade XIII	17 years
Manitoba[1]	Grade XI (Junior Matriculation)	17 years
Saskatchewan[2]	Grade XII or the equivalent of university entrance	17 years
Alberta	85 high school credits with certain required subjects in Grades XI and XII	—
British Columbia	University entrance	18 years

[1] Preference given to students with Grade XII. In 1962, 80 per cent of applicants had "better than" Junior Matriculation, and 55 per cent had Senior Matriculation standing.

[2] Effective January 1, 1965 the minimum requirement for entrance into Saskatchewan Schools of Nursing will be university entrance with specified subjects.

TABLE 14

WITHDRAWAL RATES OF DIPLOMA SCHOOLS OF NURSING FOR SELECTED YEARS, CANADA AND PROVINCES, 1948–1962

Province	1948[1]		1949[1]		1950[1]		1951[1]		1952[1]		1956[2]	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Newfoundland	–	–	–	–	20	20.4	33	29.2	41	36.9	6	9.8
Prince Edward Island	5	15.0	11	19.3	9	18.4	7	11.9	10	13.5	5	7.6
Nova Scotia	59	19.5	72	22.0	65	22.0	62	20.2	62	18.5	74	21.1
New Brunswick	64	26.5	57	20.6	43	15.0	48	16.9	50	17.3	65	24.6
Quebec	197	23.9	215	25.5	231	24.1	249	21.7	254	23.3	226	20.3
Ontario	194	14.9	246	15.4	275	15.0	249	14.0	279	15.1	309	14.3
Manitoba	84	22.1	113	28.6	100	25.5	57	15.9	73	21.7	70	19.1
Saskatchewan	88	20.0	105	24.2	98	20.2	98	20.7	91	19.9	86	18.7
Alberta	46	12.3	73	17.5	82	20.1	66	14.8	75	15.4	94	17.2
British Columbia	122	28.7	118	25.5	111	25.5	82	17.7	85	17.8	95	18.8
Canada	859	20.0	1,010	21.0	1,033	19.7	951	17.5	1,020	18.5	1,052	17.8

	1957[2]		1958[2]		1959[2]		1960[2]		1961[2]		1962[2]	
Newfoundland	16	17.6	13	8.6	24	15.8	15	9.9	26	14.1	38	20.0
Prince Edward Island	3	9.1	3	5.3	5	9.4	10	17.8	10	15.6	13	18.8
Nova Scotia	70	20.1	75	20.3	116	24.0	92	22.9	93	23.6	91	22.4
New Brunswick	97	33.9	62	23.8	79	28.5	97	31.3	44	15.4	52	16.1
Quebec	283	19.3	307	21.5	339	21.1	338	20.4	420	21.2	388	18.9
Ontario	324	15.4	350	17.1	356	15.2	351	19.5	366	15.7	428	17.1
Manitoba	88	22.1	69	17.6	89	21.4	97	20.7	76	16.5	102	23.1
Saskatchewan	84	19.8	101	21.5	92	17.7	129	25.9	104	20.2	121	21.9
Alberta	112	20.5	130	21.8	143	22.8	121	19.7	93	15.3	146	22.7
British Columbia	89	18.9	214	21.3	149	24.8	144	24.6	121	21.3	137	23.6
Canada	1,173	18.9	1,234	19.3	1,392	20.1	1,394	20.1	1,353	18.4	1,516	19.5

[1] From Dominion Bureau of Statistics.

[2] From Canadian Nurses' Association.

TABLE 14A

WITHDRAWAL RATES FROM DIPLOMA AND BASIC BACCALAUREATE SCHOOLS OF NURSING, 1959–1962

School	1959		1960		1961		1962	
	No.	%	No.	%	No.	%	No.	%
Diploma	1,392	20.1	1,394	20.1	1,353	18.4	1,516	19.5
University	67	27.3	106	37.1	51	21.4	75	33.2
Canada.....	1,459	20.1	1,500	20.9	1,404	18.5	1,591	19.9

Source: Canadian Nurses' Association.

Withdrawals

The withdrawal rate of diploma schools of nursing, shown in Table 14, remained fairly constant between 1948–1962. In these 13 years it fluctuated between 17.5 per cent and 21.0 per cent. At present approximately four out of every five students entering diploma schools of nursing graduate. The withdrawal rate from the basic baccalaureate degree course in the past four years has been higher than that of diploma schools of nursing (Table 14A).

The withdrawal in Canada is much lower than in either the United States, where it is 33 per cent, or in the United Kingdom, where it is almost 50 per cent.

Table 15 reveals that the largest percentage of students withdraw because of failure to meet educational requirements – usually in the first six months of the course. Other reasons are "Dislike for Nursing" and "Marriage". Those who have withdrawn because of "Dislike for Nursing", may not leave for this reason. This is usually a subjective evaluation by the director of the school. The large percentage leaving because of "Marriage" is due to the regulation that a student must leave the school when she marries. In many cases it was reported that students were within three and six months of completion of their total programme when their marriage became known to school authorities and as a result they were required to leave the school. Most of these students are not readmitted.

Graduates

The numbers of graduates in Canada between 1948 and 1962 increased from 3,862 to 6,394, an increase of 66.0 per cent (Table 16). In the provinces the greatest percentage increase in graduates during this period were Newfoundland (111.0 per cent) Prince Edward Island (100.0 per cent) and Quebec (96.0 per cent.

Table 17 reveals that only 2.3 per cent of nursing graduates were from basic baccalaureate programmes, even though enrolments in these programmes were 3.9 per cent of the total. The small number graduating from the basic baccalaureate programmes is shown in Table 18.

TABLE 15

PERCENTAGE OF WITHDRAWALS FROM CLASSES GRADUATING IN SELECTED YEARS, BY REASONS FOR WITHDRAWAL, CANADA, 1949–1962

Reason	1949	1950	1951	1952	1953	1958	1959	1960	1961	1962
Failure in classwork	19.8	21.7	22.0	24.9	26.3	29.2	29.0	28.8	30.6	32.1
Failure in clinical practice	4.6	3.2	4.6	3.4	4.8[1]					
Health reasons	19.3	18.5	20.0	13.4	10.9	10.8	9.8	12.2	9.7	9.5
Personality unsuited to nursing	8.6	8.5	7.5	9.2	9.0	5.9	7.1	6.1	7.6	7.4
Dislike for nursing	14.2	15.1	13.5	13.3	13.6	17.6	19.1	18.5	18.3	17.1
Unhappiness or homesickness	6.2	4.1	3.3	2.5	2.3	–	–	–	–	–
Failure to meet regulations	4.5	5.2	4.6	5.4	4.0	3.2	2.8	3.6	3.1	1.9
Home responsibilities	3.2	3.6	3.4	1.9	5.2	–	–	–	–	–
Marriage	15.4	16.3	16.0	21.1	18.6	21.9	19.8	20.2	18.8	18.9
Insufficient funds	–	–	–	.2	.6	–	–	–	–	–
Personal reasons	–	–	–	–	–	6.0	6.1	6.1	7.2	6.9
Other	4.2	3.8	5.1	4.7	4.7	5.4	6.3	4.5	4.7	6.2

[1] Combined with Failure in Classwork in 1958 under new category "Failure to Meet Education Requirements".

TABLE 16

NUMBER AND PERCENTAGE CHANGE, STUDENTS GRADUATING FROM SCHOOLS OF NURSING, CANADA AND PROVINCES, 1948–1962

Province	1948	1949	1950	1951	1956	1957	1958	1959	1960	1961	1962
Newfoundland	–	–	72	59	55	75	28[1]	128	136	158	152
Percentage change	–	–	(0)	(−18)	(−24)	(4)	(−61)	(78)	(89)	(119)	(111)
Prince Edward Island	28	46	39	52	61	30	56	47	49	52	56
Percentage change	(0)	(64)	(39)	(86)	(118)	(7)	(100)	(68)	(75)	(86)	(100)
Nova Scotia	260	245	215	240	276	307	334	365	316	313	326
Percentage change	(0)	(−6)	(−17)	(−8)	(6)	(18)	(28)	(40)	(22)	(20)	(25)
New Brunswick	194	215	241	226	199	189	201	197	221	230	270
Percentage change	(0)	(11)	(24)	(16)	(3)	(−3)	(4)	(2)	(14)	(19)	(39)
Quebec	842	589	640	844	887	1,182	1,147	1,243	1,306	1,571	1,664
Percentage change	(0)	(−30)	(−24)	(0)	(5)	(40)	(36)	(48)	(55)	(87)	(98)
Ontario	1,276	1,323	1,546	1,508	1,855	1,785	1,782	1,891	1,793	1,949	2,079
Percentage change	(0)	(4)	(21)	(18)	(45)	(40)	(40)	(48)	(41)	(53)	(63)
Manitoba	273	272	286	297	296	310	322	326	367	385	339
Percentage change	(0)	(0)	(5)	(9)	(8)	(14)	(18)	(19)	(34)	(41)	(24)
Saskatchewan	361	326	385	372	374	340	401	426	371	403	431
Percentage change	(0)	(−10)	(7)	(3)	(4)	(−6)	(11)	(18)	(3)	(12)	(18)
Alberta	330	344	326	374	452	434	473	462	495	517	496
Percentage change	(0)	(4)	(−1)	(13)	(37)	(32)	(43)	(40)	(50)	(57)	(50)
British Columbia	298	339	318	377	411	382	500	452	429	426	444
Percentage change	(0)	(14)	(7)	(27)	(38)	(28)	(68)	(52)	(44)	(43)	(49)
Canada	3,862	3,699	4,068	4,349	4,866	5,034	5,244	5,710	5,483	6,004	6,394
Percentage change	(0)	(−4)	(5)	(13)	(26)	(30)	(36)	(48)	(42)	(55)	(66)

[1] Only one school out of three reported.

Base year: all provinces except Newfoundland – 1948, Newfoundland – 1950.

TABLE 17

NUMBER OF STUDENTS GRADUATING FROM BASIC DIPLOMA AND BASIC BACCALAUREATE PROGRAMMES IN NURSING, CANADA AND PROVINCES, 1962

Province	Diploma Schools	University Schools	Total
Newfoundland	152	–	152
Prince Edward Island	56	–	56
Nova Scotia	315	11	326
New Brunswick	270	–	270
Quebec	1,664	4	1,668
Ontario	2,079	77	2,156
Manitoba	339	–	339
Saskatchewan	431	26	457
Alberta	496	11	507
British Columbia	444	19	463
Canada	6,246	148	6,394
Per cent	97.7	2.3	100

TABLE 18

BASIC DEGREE STUDENTS GRADUATING FROM UNIVERSITY SCHOOLS OF NURSING, 1962

University	No. of Students
University of Alberta, Edmonton, Alta.	11
University of British Columbia, Vancouver, B.C.	19
Dalhousie University, Halifax, N.S.	2
Mount Saint Vincent College, Halifax, N.S.	4
St. Francis Xavier University, Antigonish, N.S.	5
University of Windsor, Windsor, Ont.	4
McMaster University, Hamilton, Ont.	12
Queen's University, Kingston, Ont.	25
University of Toronto, Ont.	32
University of Western Ontario, London, Ont.	4
McGill University, Montreal, Que.	4
University of Saskatchewan, Saskatoon, Sask.	26
Total	148

N.B. – University of New Brunswick – no graduates until 1963.
– University of Ottawa's new integrated programme – no graduates until 1964.
– Institut Marguerite d'Youville – no graduates from new integrated programme until 1966.
– University of Manitoba – basic degree programme planned for commencement 1963.
– Université Laval – basic degree programme planned for commencement 1964.

Source: Canadian Nurses' Association.

OBJECTIVES OF HOSPITAL SCHOOLS OF NURSING

Faculty members interviewed during this study and previous surveys[1] agreed that people who are working together in any group need to be in agreement about the goals toward which they are all working – and that their goals should be explicit.

A recognition during the past five years of the need for statements of principles was illustrated when 78 per cent of the 168 schools participating in the Canadian Nurses' Association School Improvement Program submitted a statement of philosophy and a slightly higher percentage submitted a statement of objectives. The majority of these statements were formulated or revised in the last five years. However, the majority of statements were too general or too vague to serve as an adequate guide for programme development. Many were stated in elaborate terms, others were mere slogans. Many contained the statement that the aim of the programme was "to develop the student as a professional person and as a citizen". Yet, a review of the schools' policies, the curriculum, clinical training, the preparation of the instructional staff, and residence regulations indicated that the aim could not be achieved without considerable change in these areas.

Since the survey of hospital schools in Canada in 1959 little progress has been made in developing satisfactory statements of objectives. Table 19 shows a comparison of the 1959 and 1961 data.

TABLE 19

COMPARISON BETWEEN THE NUMBER AND PERCENTAGE OF SCHOOLS WHICH MET THE CRITERIA FOR THE STATEMENT OF PHILOSOPHY AND OBJECTIVES IN 1959 AND 1961

Statement of Criteria for Philosophy and Objectives	1959 Total 25 Schools		1961 Total 162 Schools	
	No.	%	No.	%
1. There is a statement of philosophy.	25	100	132	81.5
It includes beliefs accepted by the faculty regarding:				
(a) What nursing is	8	32	52	32.1
(b) What education is	6	24	27	16.7
(c) How students learn	6	24	25	15.4
2. There is a statement of objectives.	25	100	146	90.1
It is clear and concise and can be used as a guide for developing the programme.	6	24	31	19.1
The faculty participated in formulating the statements.	10	40	129	79.6

[1] Mussallem, Helen K., *Spotlight on Nursing Education*, Ottawa: Canadian Nurses' Association, 1960; meetings held with members of all hospital schools of nursing in Canada during Canadian Nurses' Association School Improvement Program.

ORGANIZATION AND ADMINISTRATION

The present debate over the future of nursing education embraces a number of issues. It stems from significant changes which have been brought about in the nurse's role by the impact of scientific and technical advances in health, on the organization of health services, and the education of health personnel. In the field of nursing, there is confusion over the purpose of a school of nursing and the type and quality of education that students should receive. There is conflict of purpose between educational and service activities in hospitals. Educational programmes suffer from the lack of financial support for programme development, and desirable clinical settings for students. They suffer too from the inadequate supply of qualified instructors.

Teaching schools for nurses became identified with hospitals when they originated in Great Britain around 1860. Developments in the medical and social sciences in the latter half of the 19th century affected changes in hospital conditions. To improve hospital services it was necessary to improve nursing services and this was accomplished to some extent through the development of the hospital school which provided a one-year training period. The first school – the Nightingale School – was independently organized and controlled. Since their inception in this country, hospital training schools in adopting much that was good from the Nightingale school overlooked one very important precept Miss Nightingale stressed – that the school should be independently organized and controlled. In a recent analysis of the change that took place when the Nightingale system of education crossed the Atlantic, Pillepich wrote:

> "Unfortunately, some of the ultimately more important aspects of the Nightingale School were overshadowed by the immediate and spectacular advantages to the hospital of having respectable, trained women giving nursing care to patients. The financial support, the independent control, and the educational nature of the Nightingale School were overlooked when, after the turn of the century, an avalanche of new nursing schools spread over the country."[1]

The history of nursing education in Canada reveals that the first training programmes proved to be a great asset to the hospital and the idea spread rapidly. There was ample potential for exploiting the student but there was also a recognition on the part of some authorities of the problems that would result when a service-oriented institution took on an educational role. Since the 1920's there has been an unrelenting drive by nursing leaders in Canada and the United States to assure a system designed and controlled by well-qualified teachers so that the student's educational preparation would be comparable to that of students in other fields. But this goal has not been achieved.

The pursuit of sound educational practices for nurses has been conducted in a climate of social change which has made it possible to correct the more obvious forms of student exploitation. But the fundamental weakness of the system cannot

[1] Pillepich, Mary K., *Development of General Education in Collegiate Nursing Programs: Role of the Administrator*, New York: Teachers' College, Columbia University, 1962, p. 4.

be changed by patching up an out-dated system. "No human effort could make the present nursing school serve its purpose economically or well", admonished Russell, "and yet it is so deeply entrenched that it persists with all its wasteful frustation".[1]

Studies by the World Health Organization, the International Council of Nurses, the Canadian Nurses' Association, the American Nurses' Association, the National League for Nursing, and others, point to administration, organization and financing as the major weaknesses in the development of sound educational programmes. The means of effecting improvement have been made clear and concerted efforts could have remedied the situation but, as a 1956 report stated:

> "Instead of the radical change which might have taken place in the 1920's, we have worried through thirty additional years of confused effort, dealing with symptoms rather than with the disease itself..."[2]

Evidence of the major problems in schools of nursing came from a group studying information provided by 168 of the 170 schools participating in the CNA School Improvement Program.[3] A Committee of the CNA was appointed to review documentation provided by the schools, and after careful study of the information this Committee made the following statements:

> Major weaknesses found in the majority of schools were:
>
> 1. The control exercised over the school of nursing does not permit the faculty to achieve its educational aims;
>   (a) learning experiences are planned to meet the service needs of the agency rather than the educational needs of students;
>   (b) the lack of proper budgeting and insufficient financial support hamper the development of the programme;
>   (c) the director of the school does not have complete authority for the administration of the school.
> 2. Some faculties do not know how to formulate philosophy and objectives. Some are able to express philosophy and objectives but do not know how to use them to develop the programme. Most statements do not indicate clearly the level of performance for which the graduate is prepared. Few statements identify what nursing is, what education is, how students learn.
> 3. There is still a great lack of well-qualified administrative and instructional personnel in the school of nursing. There is a lack of well prepared personnel at all levels of nursing service. There is lack of guidance counsellors, health counsellors and librarians in schools of nursing, and these functions are frequently performed by instructional personnel in addition to their other responsibilities.
> 4. There is little provision for the development of the faculty. There is little recognition that in addition to practical experience in a hospital,

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[1] Russell, E. Kathleen, *The Report of a Study of Nursing Education in New Brunswick*, Fredericton: University of New Brunswick, 1956, p. 17.

[2] *Ibid.*, p. 25.

[3] The CNA School Improvement Program was initiated in 1961 as a national programme to assist schools to improve their educational programmes. Permission was granted by the school to use these data in this study.

a well-qualified instructor must have been taught how to teach. In many schools there is a lack of formal organization and in most schools the faculty do not seem to work together as a team to achieve the objectives of the schools.

5. There is poor communication between faculty and other groups concerned. This appears to include lack of skill in communications, poorly established lines of communication, and an absence of systematic planning of communications.

6. The lack of qualified personnel on the faculty and the lack of other resources make it impossible to develop and evaluate the curriculum in terms of the philosophy and objectives of the school. The faculty have not identified the understandings, attitudes, skills and abilities that should be manifested by the student at various stages in the programme. There is a lack of continuity, sequence and integration in the curriculum and a lack of understanding of what these mean. There is a lack of awareness of what contributes to student learning and learning experiences are poorly selected. There is little variety in the teaching methods used.

Thus, once again, the control, the administration, and the organization of the hospital school has been viewed with grave concern. The situation becomes even more acute when one realizes that these schools represent over 90 per cent of the schools producing nursing practitioners.

Communication between the Director of the Schools and Other Groups

Some fifteen to twenty years ago the majority of hospital administrators were doctors and the director of nursing was a key figure at meetings of the hospital board. Gradually, the position of hospital administrator, particularly in the larger hospitals, was replaced by a lay person prepared in hospital administration. During that period the communication between the director of the school and the governing board has declined. As noted in Table 20, only 36.4 per cent of the directors of the schools of nursing meet directly with the governing board.

Advisory Committee

An advisory committee of a school can serve a useful function in two-way interpretation between the community and the school providing it has clearly stated terms of reference which indicate its advisory nature. Table 21 provides limited information on how many schools had an advisory committee. In most schools there was a large representation on the committee of members from the hospital and allied groups with very few from the community and educational institutions. Frequently the function of the committees was to make administrative decisions on selection and dismissal of students, the size of classes, the hiring of instructors, and even on the rules and regulations of the students' residence. Seventy-eight per cent of the schools reported they had an advisory committee.

TABLE 20

NUMBER OF SCHOOLS OF NURSING REPORTING, TYPES OF PERSONNEL IN HOSPITAL AND SCHOOL WITH WHOM DIRECTOR OF SCHOOL OF NURSING[1] HAD COMMUNICATION, BY PROVINCE, 1961

	Total		Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	No.	%										
	165	100.0	3	3	14	13	40	56	7	11	12	6
Director of Nursing meets with:												
Governing body	60	36.4	2	1	1	6	18	20	3	3	4	2
Hospital administrator	141	85.5	3	2	10	11	33	49	6	9	12	6
Director of nursing service	125	75.8	2	2	7	6	30	47	5	8	12	6
Faculty	141	85.5	3	2	11	10	36	49	7	8	12	3
Affiliated agencies	10	6.0	–	–	–	–	8	2	–	–	–	–
Nursing service personnel	122	73.9	2	–	9	11	29	41	7	6	12	5

[1] Director of School of Nursing refers to the top administrative nurse in the organization and may also be known as Director of Nursing or Director of Nursing Education.

TABLE 21

NUMBER OF SCHOOLS WHICH HAD AN ADVISORY COMMITTEE, ACCORDING TO SIZE, BY PROVINCE, 1961

Province	Total Schools Reporting	Total Schools With Committee	Very Small Schools	Small Schools	Medium Schools	Large Schools	Very Large Schools
Newfoundland..	3	2	–	–	2	–	–
Prince Edward Island	3	3	1	2	–	–	–
Nova Scotia ...	12	12	2	7	2	1	–
New Brunswick	13	12	6	4	2	–	–
Quebec	38	25	2	11	5	6	1
Ontario	58	53	10	22	14	7	–
Manitoba	7	7	1	2	2	1	1
Saskatchewan..	10	4	–	–	3	1	–
Alberta	12	5	2	–	1	2	–
British Columbia....	6	5	–	1	1	2	1
	162	128	24	49	32	20	3

Source: Canadian Nurses' Association.

Costs

What does it cost to educate a student in a hospital school? Little Canadian information is available to answer this question. One study[1] provided information about schools of nursing in Saskatchewan. It showed that in 1954 the average gross cost per student was $1,508. It might also be added that the average service cost per student – based on replacement value – was $1,280 resulting in an average net cost to the hospital of $228 per student. Badgley makes the point that:

> "Despite the fact that students are receiving a professional education they also provide a hospital with an economical source of labour ($228 for each student per annum)."[2]

One report on an experiment in nursing education[3] sets out the cost of education and maintenance of 159 students during the first and second years of a three-year programme given at the Atkinson School of Nursing, Toronto Western Hospital.

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[1] Wilson, Lola, *Cost Study of Basic Nursing Education Programs in Saskatchewan*, Regina: Saskatchewan Registered Nurses' Association, 1958.

[2] Badgley, Robin F., "The Cost and Scope of Ward Activities of Student Nurses", *Canadian Hospital*, Vol. 38, September 1961, p. 47.

[3] Wallace, W. Stewart, *A Report on the Experiment in Nursing Education of the Atkinson School of Nursing, The Toronto Western Hospital, 1950–1955*, Toronto: University of Toronto Press, 1955.

The programme in the first two years was patterned after the "Demonstration School", the Metropolitan School of Nursing at Windsor, Ontario. The objective of the Atkinson School was ". . . the improvement in nursing education by giving the School complete control of the student nurses' time, and by substituting a concentrated two years' instruction, followed by a year of internship, for the old three-year course".[1]

TABLE 22

COST OF EDUCATION AND MAINTENANCE OF 159 STUDENTS IN THE FIRST-AND SECOND-YEAR CLASSES AT THE TORONTO WESTERN HOSPITAL, FOR CALENDAR YEAR 1953[1]

Expense Items	Education and Maintenance		Education Only	
	$	%	$	%
Administration	65,210	31.5	61,310	66.6
Telephone	1,503	.7	668	.7
Laundry	7,465	3.7	—	—
Housekeeping	23,983	11.6	2,263	2.4
Dietary	52,496	25.4	—	—
Educational supplies and uniforms	20,020	9.6	20,020	21.6
Bedding and linen replacement	1,351	.6	—	—
Hospitalization	2,456	1.1	—	—
Student health services	3,906	1.9	3,906	4.2
Depreciation of furniture and equipment	3,697	1.8	1,532	1.5
Plant	24,877	12.1	3,089	3.0
Total	206,964	100.0	92,788	100.0

COST PER STUDENT NURSE

Education	$ 584	Return of nursing service	$ 574
Room and board	718	Tuition fee and extras	85
		Government health grants	261
		Hospital	382
Total	$1,302	Total	$1,302

[1] Wallace, W. Stewart, *A Report on the Experiment in Nursing Education of the Atkinson School of Nursing. The Toronto Western Hospital, 1950—1955,* Toronto: University of Toronto Press, 1955.

The Wallace report on this project reveals that "The gross cost of educating the student nurses in the first- and second-year classes for the calendar year 1953

[1] *Ibid.*, p. 7.

was $92,788. There were 159 students in the first-and second-year classes. Therefore, $584 represents the educational cost per student nurse for the year 1953.

To offset the gross educational cost of $92,788, there was the following revenue: federal and provincial subsidy $41,557.30

student fees and extras $13,612.30

$55,169.60

consequently, the net cost to the Toronto Western Hospital for a student nurse education was $37,618.40 or $236.60 per student for the calendar year 1953. Board and lodging are not included in this figure".[1]

The Ontario Hospital Services Commission requires hospitals to submit an annual statement of income and expenditures on behalf of its schools of nursing. These statements provide data on direct costs of hospital schools of nursing in that province. Sharpe [2] reported the following data prepared by the Hospital Finance Division of the Ontario Hospital Services Commission (Table 23).

TABLE 23

ESTIMATE OF INCOME AND EXPENSES OF NURSING EDUCATION IN 56 HOSPITAL SCHOOLS IN ONTARIO, 1959–1961

EXPENDITURES	1959	1960	1961
Salaries	$1,944,074	$2,635,579	$3,375,796
Training assistance	674,096	978,693	1,469,170
Perquisites	2,302,552	2,966,025	3,581,931
Admin. supplies and expense	415,703	490,405	551,076
Other supplies and expense	359,398	413,541	470,047
Depreciation	89,209	117,231	155,640
Total expenditures	5,785,032	7,601,474	9,603,660
Per student	857.17	1,126.31	1,422.97
INCOME			
Tuition fees	$ 68,010	$ 84,552	$ 83,383
Uniforms	8,769	22,743	32,268
Textbooks	21,447	29,996	31,975
Student services	.....	.....	.....
Other	20,829	24,150	27,458
Total income	119,055	161,441	175,084
Per student	17.64	23.92	25.94
Net expense	5,665,977	7,440,033	9,428,576
Per student	839.53	1,102.39	1,397.03

Source: Hospital Finance Division, Ontario Hospital Services Commission, February 7, 1961.

[1] *Ibid.*, p. 9.

[2] Sharpe, Gladys, "Components of Costs", *Canadian Hospital*, Vol. 38, April 1961, p. 40.

Recent data supplied by the consultants in nursing of the Ontario Hospital Services Commission indicate that the average cost per student in 1962 in the 55 hospital schools was $1,376.00 and that the range of costs per student per year was from $781.00 to $2,653.32.

National data (excluding the Province of Quebec) on the direct costs of educating students was supplied by the Research and Statistics Division, Department of National Health and Welfare in 1962 from Annual Return of Hospitals, Part I and II, 1960. (Table 24). These data show that the direct cost to the hospital to educate one student per year is $1,000.00. A study of these figures also indicates the variation in these costs by provinces.

TABLE 24

COSTS OF SALARIES, SUPPLIES AND OTHER EXPENSES OF NURSING EDUCATION FOR STUDENT NURSES IN HOSPITALS LISTED IN THE PROVINCIAL PLAN AGREEMENT, BY PROVINCE, 1960

Province	No. of Hospitals Included in Totals	Nursing Education Expense During Year			Student Nurses Enrolled on Dec. 31
		Salaries and Wages	Supplies and Other Expense	Total Nursing Education Expense	
Newfoundland.....	3	$ 630,746	$ 21,322	$ 652,068	504
Prince Edward Island	3	103,317	7,550	110,867	174
Nova Scotia	13	859,034	75,612	934,646	1,112
New Brunswick	13	843,787	67,356	911,143	734
Ontario	54	6,189,007	556,418	6,745,425	6,564
Manitoba	7	1,089,383	128,775	1,218,158	1,184
Saskatchewan.....	10	699,578	170,869	870,447	1,242
Alberta	11	1,320,455	280,690	1,601,145	1,648
British Columbia	6	1,458,437	87,063	1,545,500	1,454
Total (nine provinces)	120	13,193,744	1,395,655	14,589,399	14,616

Source: Research and Statistics Division, Department of National Health and Welfare, Ottawa.

Data collected by the Canadian Nurses' Association for 1961 and summarized in Table 25 indicate that the majority of schools reporting on the estimated costs to the hospital per student per year fell into a range between $1,000 to $1,499. The figures in Table 25 were submitted in writing by the schools and no attempt was made to check them.

TABLE 25

ESTIMATED ANNUAL COST TO HOSPITAL PER STUDENT, BY PROVINCE, 1961

Amount	Total	Province and Number of Schools Reporting									
		Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	98	1	2	5	8	22	40	4	7	5	4
Over $3,000.....	2	–	–	–	–	1	1	–	–	–	–
$2,500 – $2,999	3	–	–	–	–	2	–	1	–	–	–
$2,000 – $2,499	9	–	–	–	1	2	4	1	1	–	–
$1,500 – $1,999	14	–	–	–	1	5	6	–	1	–	1
$1,000 – $1,499	49	1	2	3	6	7	22	1	2	2	3
$ 500 – $ 999	14	–	–	2	–	4	4	1	1	2	–
Under $500.....	7	–	–	–	–	1	3	–	2	1	–

Source: Canadian Nurses' Association.

A study of the above tables indicates that current direct costs for educating one student per year is in excess of $1,000.00[1]. Hahn in his study of costs of 16 midwest hospital schools in the United States made the following observations:

> "On an annual basis, total gross cost to the hospital for operating the school, including indirect expenses, was an average of $2,571 per student per year. . .
>
> "Four schools did not include the indirect cost, but indicated an average cost of $1,225 per student per year. . . .The average of $2,571 with indirect costs included, as compared to $1,225 without these costs would lead me to believe that indirect costs are about equal to direct costs."[2]

Since other aspects of programmes on both sides of the border are so similar the statement is probably also true for Canada, i.e., that the indirect costs of a hospital school of nursing are about equal to the direct costs.

Neither the monetary value nor availability of student labour to the hospital is extracted from the above data. Although in some studies such calculations are made, it is believed that the principle underlying such an exercise is based on a poor understanding of the education of students.

Sound budgeting is an essential element of any enterprise. Hospitals in Canada are now being financed, to a large degree, by the provincial hospital services commissions and submit a yearly budget. Discussion with representatives of these commissions reveals that hospitals conducting schools of nursing identify certain obvious items, such as salaries and wages, as school costs. The total operating budget for the school, however, is seldom developed as a separate cost center.

Statements such as the following about budgeting of hospital schools of nursing as far back as 1942 can scarcely be disputed today.

> "In a hospital conducting a nursing school a separate budget should be made for the school and a separate budget for the nursing service. The practice of including both school and nursing service items in one budget does not represent good administration and does not provide the administrative information necessary for the control of either activity.
>
> ". . ,a budget becomes a broadly educational as well as an administrative device when each faculty member participates in it to the extent that she is required to consider her special functions and programme, to think through and submit for approval her tentative plan of action, and to be informed of the financial implications of the plan."[3]

Table 26 shows the number of schools with separate budgets. Encouraging though this table may be, it is not an accurate picture. The study of 25

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[1] A five-year study on costs of basic diploma (hospital) programmes in the United States (National League for Nursing Study on Costs of Nursing Education, New York: The League, 1964, p. 69) revealed that "the typical student in one year of the programme incurred the following costs to the parent institution — $1,000 for educational functions, and $1,400 for noneducational functions".

[2] Hahn, Jack, A.L., "Hospital Objectives, Nursing Education and Dollars", *Nursing Outlook*, Vol. 11, January 1963, p. 67.

[3] National League of Nursing Education, *Essentials of a Good School of Nursing*, New York: The League, 1942, p. 11.

hospital schools of nursing in Canada in 1958 and 1959 found that many schools indicating they had a budget did not understand what was actually meant. Indeed, the majority of the documents submitted as budgets were no more than statements of a few direct expenses.

TABLE 26

NUMBER OF SCHOOLS OF NURSING REPORTING A SEPARATE BUDGET, BY SIZE AND PROVINCE, 1961

Province	No. of Schools	No. Not Reported	Very Small Schools		Small Schools		Medium Schools		Large Schools		Very Large Schools	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nfld.	3	—	—	—	—	—	1	2	—	—	—	—
P.E.I.	3	—	—	1	1	1	—	—	—	—	—	—
N.S.	14	2	1	1	5	2	2	—	1	—	—	—
N.B.	13	—	3	4	2	2	1	1	—	—	—	—
Que.	40	2	3	—	7	9	6	4	6	2	1	—
Ont.	56	—	6	4	19	2	14	4	6	1	—	—
Man.	7	—	1	—	2	1	—	1	—	1	—	1
Sask.	11	1	1	—	1	3	3	—	1	1	—	—
Alta.	12	—	1	2	3	1	—	1	3	1	—	—
B.C.	6	—	—	—	1	1	1	—	1	1	2	—

Source: Canadian Nurses' Association.

The cost of nursing education is related to the number of students enrolled as well as to the scope and quality of the programme. Although there are no recent data available on a national scale, evidence suggests that cost data contained in *Nursing Schools at the Mid-Century*[1] are similar today. This study[2] revealed that with increased enrolments, the cost per student decreases (Table 27).

This study indicated that:

> "In view of the relatively high cost of instructing students in small schools, it would probably cost an additional $10,000,000 or $15,000,000 a year to raise the standard of instruction in all schools to the average level of those in Group I. The school with 50 students, for example, would have to provide a budget of $25,000 or $30,000 a year for such instruction. If, however, all students were educated in large schools which were comparable in quality to the average of today's Group I, the total cost would be no more than educating them in the number and variety of nursing schools in the country at present."[3]

[1] West, Margaret, and Hawkins, Christy, *Nursing Schools at the Mid-Century*, New York: National Committee for the Improvement of Nursing Service, 1950.

[2] *Ibid.*, p. 49.

[3] *Ibid.*, p. 49.

TABLE 27

AVERAGE COST OF INSTRUCTING STUDENTS IN SMALL AND LARGE SCHOOLS OF NURSING, UNITED STATES, 1949[1]

Group	Number of Students			
	50	100	150	200
Group I[2]				
Collegiate	$580	$380	$315	$285
Hospital	540	360	300	270
Group II[2]	310	220	190	175
Group III[2]	180	150	—	—

[1] West, Margaret, and Hawkins, Christy, *Nursing Schools at the Mid-Century*, New York: National Committee for the Improvement of Nursing Service, 1950.

[2] A 1949 Classification of Schools of Nursing in the United States. Group I were the best 25 per cent of the schools, Group II were the 50 per cent in the middle range and Group III had the poorest educational programmes.

Table 28 lists the numbers of schools in each province reporting a study on the cost of educational programmes undertaken.

TABLE 28

NUMBER OF HOSPITAL SCHOOLS, BY PROVINCE, THAT HAVE REPORTED STUDIES ON THE COST OF EDUCATIONAL PROGRAMMES, 1961

Province	Total Number of Schools	Number Reporting Studies
Newfoundland	3	—
Prince Edward Island	3	—
Nova Scotia	14	6
New Brunswick	13	—
Quebec	42	20
Ontario	59	28
Manitoba	7	3
Saskatchewan	11	2
Alberta	12	2
British Columbia	6	2
Total	170	63

Source: Canadian Nurses' Association.

Of the Canadian hospital schools of nursing which have undertaken studies of the cost of education programmes in recent years, approximately 65 per cent reported that there was a "separate budget for the school" (Table 26) but a review of these claims revealed that the "budget" was merely a statement of expenses.

The importance of sound financing for educational programmes is obvious. Without adequate financial resources the best developed curriculum can achieve little, but finances should serve not dominate an educational programme. Today, the financial regulations of the provincial hospital insurance commissions place severe restrictions on the financing of nursing education in Canada and this may be the strongest single force hindering the development of sound nursing educational programmes in Canada. The financing of schools of nursing deviates from the usual financing practices of educational institutions in this country. Expenses of the majority of schools of nursing are met with funds contributed for the care of patients. Some officials of insurance commissions have questioned the practice of financing an educational enterprise with money designated for patient care.

Cost to Students

When asked to report the need for financial assistance to students in schools of nursing, the schools of nursing advisers in each province indicated that students did not terminate their course in hospital schools because of financial need, nor indeed were they unable to enter hospital schools through lack of financial support. Table 29, summarizing the amount of stipend paid to students, and Table 30, showing the actual cash cost to students for the total three-year programme, provide evidence concerning the reason for these responses. Added to the stipend paid to students, of course, are costs for room and board, laundry, and in many cases uniforms, books, recreational facilities and transportation expenses. A closer scrutiny of the costs to students reveals that the student pays a high price for the type of education she receives in a hospital school. McCarthy and Maxwell[1] made an analysis of the economic rewards of this system of education and, as in many other studies, conclude that this method is costly in relation to the return expected.

INSTRUCTIONAL PERSONNEL

One of the most critical situations existing in the development of nursing education in Canada today is the lack of qualified teachers. One report emphasized that "no matter what may be its material resources and programmes, an educational institution cannot rise above the level of quality of its faculties".[2]

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[1] McCarthy, Bernard, and Maxwell, James, "Economic Rewards in the Nursing Profession", *Canadian Hospitals*, Vol. 38, April 1961, p. 54.

[2] Education Policies Commission, *Higher Education in a Decade of Decision*, Washington, D.C.: The Commission, 1957, p. 78.

TABLE 29

NUMBER OF SCHOOLS BY AMOUNT OF STIPEND PAID TO STUDENTS AND/OR FEE CHARGED, CANADA AND PROVINCES, 1962[1]

Amount	Canada	Province and Number of Schools Reporting									
		Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Over $1,500	11	1	–	1	–	–	7	–	1	1	–
$1,250 – $1,499	–	–	–	–	–	–	–	–	–	–	–
$1,000 – $1,249	5	2	–	–	1	1	1	–	–	–	–
$ 750 – $ 999	10	–	–	3	2	–	3	–	–	–	2
$ 500 – $ 749	25	–	1	–	–	6	15	–	–	3	–
$ 250 – $ 499	82	–	2	8	10	31	19	1	–	8	4
$ 200 – $ 249 or less	14	–	–	–	–	1	1	2	10	–	–
No stipend	18	–	–	–	–	4	10	4	–	–	–
Fee charged	47	–	1	–	–	21	15	4	–	3	4
Not stated	7	–	–	2	–	1	4	–	–	–	–

[1] Some schools that charge a fee also pay a student stipend. Fee charged often used for purchase of uniforms and textbooks.

TABLE 30

CASH COST TO STUDENT OF TOTAL PROGRAMME, BY PROVINCE, 1961

Amount	Total Reporting 148	Province and Number of Schools Reporting									
		Nfld. 3	P.E.I. 3	N.S. 11	N.B. 12	Que. 37	Ont. 51	Man. 7	Sask. 9	Alta. 10	B.C. 5
Over $1,500	1	–	–	–	–	–	1	–	–	–	–
$1,250 – $1,499.....	2	1	–	–	–	–	1	–	–	–	–
$1,000 – $1,249.....	4	–	–	–	–	1	3	–	–	–	–
$ 750 – $ 999.....	–	–	–	–	–	–	–	–	–	–	–
$ 500 – $ 749.....	4	–	–	–	–	1	3	–	–	–	–
$ 250 – $ 499.....	22	–	–	–	–	17	3	–	1	–	1
$ 200 – $ 249.....	29	–	2	–	1	8	13	2	2	–	1
$ 150 – $ 199.....	29	1	1	2	2	4	11	4	1	–	3
$ 100 – $ 149.....	21	1	–	–	1	6	7	1	4	1	–
$ 50 – $ 99.....	22	–	–	7	2	–	6	–	1	6	–
Under $50.....	14	–	–	2	6	–	3	–	–	3	–

Source: Canadian Nurses' Association.

Throughout the years nurses in Canada have struggled for the kind of educational preparation that is basic for those engaged in teaching. Limited salaries have made it difficult for them to accumulate sufficient financial resources to take additional preparation, and the number of bursaries and loans available have been insufficient. National Health Grants were introduced in 1948 to provide funds for the education of health personnel. Some provided for the preparation of nursing instructors, but often for only a one-academic-year certificate course. Although this provides some assistance to the individual, it can not be considered adequate preparation for teaching [1].Graduation from a poor three-year basic hospital course, plus an eight-to ten-month exposure to this course can hardly be considered adequate qualification for a nursing instructor. Table 31 reveals the inadequate preparation of full-time instructors. Had the part-time instructors and those who supervise students in clinical areas been included, the figures would be even more discouraging. Today, approximately 28 per cent of the instructors in hospital schools of nursing have no preparation for teaching. Forty-six per cent hold one-year post-basic certificates or diplomas and 26 per cent hold baccalaureate or higher degrees.

TABLE 31

ACADEMIC PREPARATION OF FULL-TIME INSTRUCTORS IN DIPLOMA SCHOOLS OF NURSING, 1959, 1960, 1961, 1962

Academic Preparation	25 Schools of Nursing in Pilot Project[1]		171 Schools of Nursing[2]		171 Schools of Nursing[3]		170 Schools of Nursing[3]	
	1959		1960		1961		1962	
	No.	%	No.	%	No.	%	No.	%
Total	265	100.0	1,446	100.0	1,526	100.0	1,932	100.0
No preparation	82	30.9	448	31.0	532	34.9	542	28.1
One-year diploma	116	43.8	625	44.0	568	37.2	882	45.7
Baccalaureate degree	57	21.5	319	22.0	394	25.8	453	23.4
Master's degree	10	3.8	54	3.0	32	2.1	55	2.8

[1] Pilot Project refers to Mussallem, Helen K., *Spotlight on Nursing Education, The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada*, Ottawa: Canadian Nurses' Association, 1960.
[2] Results of Canadian Nurses' Association *Fact Finding Survey*, 1960.
[3] Canadian Nurses' Association.

At this time when every effort is being made by governments to increase health services, only 26 per cent of the full-time teachers of the largest group of health workers are adequately prepared for their positions. This figure is almost reversed in the United States where "of the nurses engaged in teaching, one-fourth lack an

[1] *Desirable General Standards in Canadian University Schools of Nursing*, Canadian Conference of University Schools of Nursing, 1962.

academic degree". [1] The report of the Surgeon General's Consultant Group on Nursing stated:

> "The past few years have seen increased recognition of the need for college preparation for a substantial proportion of nurses. Since 1952 the number of professional nurses with baccalaureate degrees has increased by 40 per cent, and the number with master's degrees has more than doubled."[2]

Much of the credit for the rapid increase in the number of qualified teachers in the United States is given to the concerted efforts of the organized nursing groups and the federal government.

TABLE 32

PERCENTAGE OF INSTRUCTORS IN ONTARIO HOSPITAL AND UNIVERSITY SCHOOLS OF NURSING, BY LEVEL OF EDUCATIONAL PREPARATION, 1961
(N = 422)

Level of Preparation	Percentage of Instructors
None beyond basic hospital diploma course	12.8
Some special preparation but no university course	3.6
Short university courses only	[1]
University Certificate or Diploma	56.6
University Certificate with some credit toward Bachelor's Degree	[1]
Bachelor's Degree	21.8
Bachelor's Degree with some credit toward Master's Degree	[1]
Master's Degree	2.8
Master's Degree with some credit toward Doctorate	[1]

[1] Frequencies less than 1.0 per cent.

A study of the educational preparation of instructors in pre-service programmes in nursing in Ontario was recently compiled by Griffin[3] and reveals data very similar to that for all instructors in Canada. Table 32 includes preparation of 422 instructors in hospital and university schools in Ontario and one might expect that the figures would be more favourable than those for all hospital schools in the country. However, only 21.8 per cent have the minimum qualification of a baccalaureate degree as contrasted to the national figure for hospital schools of 23.4 per cent. Also 2.8 per cent of the instructors in Ontario hold master's degrees; the same as the national figure.

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[1] United States Department of Health, Education, and Welfare, *Toward Quality in Nursing: Needs and Goals*, Washington: The Department, 1963, p. 9.

[2] *Ibid.*, p. 9.

[3] Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, New York: Columbia University, 1963.

Table 33 summarizes the responses of 54 Directors of Nursing in Ontario concerning the required educational qualifications for a fully prepared instructor. Many implications may be drawn from this summary, particularly when judged against the statement of the Canadian Nurses' Association that the minimum qualification of an instructor is a baccalaureate degree. Table 34 reveals that Directors of Schools of Nursing considered 65.9 per cent of their instructors fully prepared, yet only 24.6 per cent of these instructors hold a baccaulaureate or higher degree.

TABLE 33

EDUCATIONAL QUALIFICATIONS FOR A FULLY PREPARED INSTRUCTOR AS DESIGNATED BY THE DIRECTORS OF NURSING IN ONTARIO, 1961

Qualification	Percentage of Directors of Nursing so Designating
Three months post basic in special field but one year at university preferred	1.9
One year certificate or diploma course at university	42.6[1]
One year certificate or diploma course at university and/or Baccalaureate Degree	3.7
One year certificate or diploma course at university but Baccalaureate Degree preferred	29.7
Baccalaureate Degree	13.0
Baccalaureate or Master's Degree	1.9
Baccalaureate Degree but Master's Degree preferred	1.9
Master's Degree	1.9
No qualifications stated	3.7

1 Two schools indicating one year certificate or diploma course stipulated science teacher needed baccalaureate degree preferably.

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, New York: Columbia University, 196

TABLE 34

ESTIMATE OF CURRENTLY EMPLOYED INSTRUCTORS' DEGREE OF EDUCATIONAL PREPARATION, BY DIRECTORS OF SCHOOLS OF NURSING IN ONTARIO, 1961

Degree of Preparation	Percentage of Instructors
Fully prepared	65.9
Partially prepared	26.1
Unprepared	8.0

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, New York: Columbia University, 1963.

Looking at prospects for improvement in the level of preparation for instructors, the responses given by 422 instructors in Ontario are disturbing. Table 35 reveals that although 36.9 per cent planned to take some formal education courses during the next year, 57.8 per cent had no plans for further preparation. From this one may conclude that little improvement in the education of teachers can be expected. The reasons given for no plans for further formal education are summarized in Table 36. Additional reasons are indicated in Table 37 which shows that over 25 per cent of the instructors are married and 17.3 per cent have one or more dependents. The turnover of instructors also affects the stability of educational programmes. Table 38 indicates that 62.1 per cent of instructors in Ontario have been in their positions under 2 years and 86.3 per cent under 5 years.

TABLE 35

PERCENTAGE OF INSTRUCTORS IN ONTARIO HAVING PLANS FOR FURTHER FORMAL EDUCATION DURING THE COMING YEAR, 1961

Type of Plan for Study	Percentage of Instructors
Full-time	6.6
Part-time	30.3
Not at all	57.8
No response	5.2

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario,* unpublished doctoral project, New York: Columbia University, 1963.

TABLE 36

PERCENTAGE OF INSTRUCTORS IN ONTARIO OFFERING VARIOUS REASONS FOR NO PLANS FOR FURTHER FORMAL EDUCATION DURING COMING YEAR, 1961

Reason	Percentage of Instructors
Personal obligations	25.6
Have definite plans for it but at a later date	13.5
Financially impossible	9.7
Wish to gain more teaching experience before commencing it	6.9
Deem it unnecessary	2.1
No interest	.9
Total	58.7

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario,* unpublished doctoral project, New York: Columbia University, 1963.

TABLE 37

MARITAL STATUS AND NUMBER OF DEPENDENTS OF INSTRUCTORS IN ONTARIO, 1961

Marital Status	Percentage of Instructors	Dependents		Percentage of Instructors with Dependents
		Adults	Children	
Single	64.4	1	0	7.6
Married	28.2	2	0	1.4
Widowed	1.4	1	1	.5
Divorced	.2	1	2	.9
Separated	.9	0	1	3.3
No response	4.7	0	2	1.9
"		0	3	1.2
"		0	4	.5
Total	99.8			17.3

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, New York: Columbia University, 1963.

TABLE 38

CUMULATIVE PERCENTAGE OF INSTRUCTORS, BY YEAR OF APPOINTMENT, IN CURRENT POSITION IN ONTARIO, 1961

Year	Percentage of Instructors	Cumulative Percentage of Instructors
No response	2.4	99.5
1929 – 1931	.2	97.1
1932 – 1934	.0	96.9
1935 – 1937	.5	96.9
1938 – 1940	.0	96.4
1941 – 1943	.2	96.4
1944 – 1946	.2	96.2
1947 – 1949	1.4	96.0
1950 – 1952	3.1	94.6
1953 – 1955	5.2	91.5
1956 – 1958	24.2	86.3
1959 – 1961	62.1	62.1

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, New York: Columbia University, 196

Similarly, national figures for 1962 on the length of employment of instructors in any one school reveal that there has been little change in the past few years. The over-all figures indicate that at present only slightly more than 21 per cent of the instructors have been in their positions for three years or more. In 1960, this

TABLE 39

RATIO OF FULL-TIME INSTRUCTORS TO STUDENTS IN HOSPITAL SCHOOLS OF NURSING, 1962

Ratio	Total Schools 169[1]	Schools				
		Very Small 15	Small 68	Medium 50	Large 23	Very Large 13
1 : 6	3	2	–	1	–	–
1 : 7	3	1	1	1	–	–
1 : 8	8	1	6	–	1	–
1 : 9	4	1	3	–	–	–
1 : 10	15	2	6	6	1	1
1 : 11	16	2	6	7	1	–
1 : 12	19	–	8	6	3	2
1 : 13	18	1	9	5	3	–
1 : 14	14	2	5	5	1	1
1 : 15	12	1	4	2	3	2
1 : 16	13	2	5	4	2	–
1 : 17	7	–	2	1	1	3
1 : 18	6	–	1	4	–	1
1 : 19	5	–	2	2	–	1
1 : 20	2	–	1	1	–	–
1 : 21	3	–	1	–	2	–
1 : 22	2	–	–	–	1	1
1 : 23	3	–	1	1	1	–
1 : 24	1	–	1	–	–	–
1 : 25	1	–	1	–	–	–
1 : 26	1	–	–	1	–	–
1 : 28	1	–	1	–	–	–
1 : 29	4	–	–	2	1	1
1 : 30	1	–	–	–	1	–
1 : 36	2	–	1	1	–	–
1 : 37	1	–	–	1	–	–
1 : 38	1	–	–	–	1	–
1 : 39	1	–	1	–	–	–
1 : 45	1	–	1	–	–	–
1 : 52	1	–	1	–	–	–

[1] One school did not report.
Source: Canadian Nurses' Association.

figure was 20 per cent. These figures are comparable to the general movement of nurses across the country.

The student-faculty ratio is one basis for assessing the quality of an educational programme but it is difficult to establish which ratio is valid criterion. Factors such as the type of programme, the control of learning experiences by the instructor, the kinds of clinical experience available and their proximity and the fact that the welfare of patients may preclude the grouping of large numbers of students in one area, can all impose varying demands on faculty requirements. Furthermore, the clinical setting, which is looked upon as the clinical laboratory, cannot be

approached as if it were a science laboratory, for the physical structure of the hospital and relationships with other health personnel and patients change the character of the laboratory. Very little research in nursing has been done in regard to the optimum ratio of instructors to students in the three teaching areas, i.e., classroom, laboratory, and clinical field.

TABLE 40

POLICIES REGARDING RATIO OF INSTRUCTORS TO STUDENTS AS IDENTIFIED BY DIRECTORS OF SCHOOLS OF NURSING IN ONTARIO, 1961

Teaching Area	Percentage of Directors Indicating Some Ratio	Range	Mean	Mode
Classroom	50	1:7–1:60	1:27	1:10
Laboratory	45.4	1:6–1:25	1:15	1:10
Clinical	50	1:3–1:20	1:11	1:10

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, *New York: Columbia University, 19*.

TABLE 41

SECRETARIAL ASSISTANCE AVAILABLE TO DIRECTORS AND FACULTY ACCORDING TO SIZE OF SCHOOL, 1961

	Very Small Schools	Small Schools	Medium Schools	Large Schools	Very Large Schools	Total
Full-time						
7				1	1	2
6					1	1
5					1	1
4			1	1	1	3
3	1	2		7		10
2	4	8	15	7		34
1	14	39	15	4		72
0	2	2	1			5
Part-time						
3			2	1		3
2			1	3		4
1	2	14	5	7	1	29
0	1	1	1			3
Full-time[1]	2	6	5	3		16
Part-time[1]	2					2

[1]Not specified if available to teaching staff.
Source: Canadian Nurses' Association.

Table 39 reveals that in 1962, in hospital schools in Canada, the ratio of instructors to students ranged from 1:6 to 1:52. About 60 per cent of the schools had a ratio of from 1 instructor to 10 students to 1 instructor to 16 students. Data supplied for schools of nursing in Ontario indicate that the range in the ratio of instructors to students in all areas were from 1:3 to 1:60, with a mode of 1:10.

One of the problems facing those responsible for providing services is ineffective utilization of available personnel and this problem exists for instructional staffs. Many nursing instructors are performing duties which could be done by others. For example, some of the routine clerical tasks in a school of nursing could be assigned to secretarial or clerical personnel. In recent years more clerical assistance has been made available to personnel in schools of nursing. Table 41 reveals the number of clerical personnel available. Most schools employ clerical staff, yet many instructors still copy records and statistical information that could be assigned to a clerk. These instructors apparently are recluctant to delegate the tasks.

In data collected from 422 instructors in schools of nursing in Ontario (Table 42) one may observe the percentage of instructors having responsibilities for miscellaneous school activities. Here we note that over 50 per cent of these instructors are involved with school records. While it is difficult to draw specific conclusions from these data, the indications are that many hours of potential instruction time are lost to non-educational activities.

TABLE 42

PERCENTAGE OF INSTRUCTORS IN ONTARIO HAVING RESPONSIBILITY FOR MISCELLANEOUS SCHOOL ACTIVITIES, 1961

Activity	Percentage of Instructors
Answering school correspondence	20.1
Keeping school records	57.3
Planning students' clinical rotation	41.2
Scheduling classes	59.7
Interviewing prospective students	20.8
Interviewing prospective faculty	5.4
Orienting new faculty	39.3
Planning with affiliating agencies	26.5
Assisting with students' health programme	32.5
Planning visitors' programmes	19.9
Assisting with visitors' programmes	40.5
Graduate students' field experience planning	26.7
assisting with	34.3
evaluating	32.2
Participating in student recruitment programmes	33.9

Source: Griffin, Amy E., *The Improvement of the Educational Preparation of Instructors in Pre-Service Programs in Nursing in Ontario*, unpublished doctoral project, New York: Columbia University, 1963.

Table 43 indicates the salaries recommended for instructors in hospital schools of nursing. However, the salaries paid to instructors are usually below this range. Salaries for post-high school teachers are included in Table 44. In only one province does the beginning salary range for instructors in schools of nursing reach the lowest mean salary for instructors and lecturers in universities.

TABLE 43

SALARY RANGE FOR INSTRUCTORS[1]

Year	Province	Yearly Salary Range
1961	Newfoundland	$3,480 – $4,080
1961	Prince Edward Island	3,300 – 4,680
1964	Nova Scotia	4,140 –
1963	New Brunswick	4,560 – 6,480
1963	Quebec	4,020 – 5,880
1964	Ontario	4,892 – 7,497
1964	Manitoba	5,280 – 6,489
1963	Saskatchewan	4,032 – 6,156
1962	Alberta	4,140 – 5,512
1964	British Columbia	5,004 – 6,564

[1] As recommended in the Personnel Policies of the Provincial Nurses' Association.
Source: Canadian Nurses' Association.

TABLE 44

MEDIAN SALARIES OF TEACHERS AT 17 UNIVERSITIES, BY REGION, ACADEMIC YEAR 1961–62

Rank	Region				Staff Complement
	Atlantic Provinces	Central Provinces	Western Provinces	Total	
	$	$	$	$	No.
Deans	10,750	17,063	15,563	15,577	102
Professors	9,625	12,896	12,631	12,619	987
Associate professors	7,836	9,748	9,876	9,703	1,138
Assistant professors	6,481	7,749	7,783	7,687	1,449
Instructors and lecturers	5,190	6,045	6,172	6,039	870
Totals, all ranks	6,991	8,887	8,876	8,646	4,557[1]

[1] Includes 11 ungraded professors not distributed above.
Source: Dominion Bureau of Statistics, *Canada Year Book*, 1962, p. 311.

STUDENTS

Although data on students are included in other sections of this study where they could be more appropriately considered with other aspects of the educational programme, data relating to their selection and to male students are included here.

Student Selection

In all provinces the minimum requirement for admission to a school of nursing is stated in statutory regulations, but the majority of schools give preference to applicants with higher-than-minimum qualifications.

A questionnaire sent to all schools of nursing in 1961 by the Canadian Nurses' Association requested information on the numbers of applications received from prospective students and the numbers of students selected. This information was submitted by 156 of the 170 schools of nursing. Table 45 reveals that more than 66 per cent of the applicants were admitted to nursing schools in 1961. This table should be studied with Table 46 which summarizes the reasons why students were not admitted to schools.

TABLE 45

NUMBER OF STUDENTS SELECTED IN RELATION TO NUMBER OF COMPLETED APPLICATIONS, BY PROVINCE, 1961

Province	Total Number of Schools	Number of Completed Applications	Number of Students Selected from Completed Applications
Newfoundland	3	230	181
Prince Edward Island	3	115	65
Nova Scotia	13	671	476
New Brunswick	13	365	232
Quebec	34	2,905	2,077
Ontario	56	3,852	2,523
Manitoba	7	311	239
Saskatchewan	9	858	523
Alberta	12	810	602
British Columbia	6	1,181	607

Source: Canadian Nurses' Association.

TABLE 46

REASONS FOR NOT ADMITTING OPTIMUM NUMBER OF STUDENTS, BY PROVINCE, 1962

Reasons Optimum Number Students not Admitted	Total Schools Responding	Newfoundland	Nova Scotia	Prince Edward Island	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia
	162	3	12	3	13	38	58	7	10	12	6
Academic requirements not met	39	–	4	1	9	3	13	–	–	9	–
Insufficient applicants. ...	41	–	3	1	4	9	12	3	4	4	1
Insufficient instructors ...	4	–	–	–	1	2	1	–	–	–	–
Insufficient residence accom.	30	–	4	–	2	11	10	3	–	–	–
Insufficient classroom accom.	12	–	2	–	1	3	5	–	–	1	–
Insufficient clinical experience..	15	–	2	–	2	6	4	1	–	–	–

Source: Canadian Nurses' Association.

TABLE 47

MALE STUDENTS ENROLLED IN SCHOOLS OF NURSING,
1956 – 1962

Year	Total Number of Students	Male Students	Per Cent
1956	17,948	19	.0011
1957	18,500	14	.0075
1958	18,168	13	.0007
1959	19,352	22	.0011
1960	21,297	32	.0015
1961	22,821	92[1]	.0040
1962	23,787	123[2]	.0052

[1] Forty-one from Quebec which had not previously reported.
[2] Sixty male students enrolled in Quebec.

Male Students

Of the total number of students enrolled in basic programmes in 1962, 123 or less than 0.1 per cent were men. Table 47 reveals that the increase in the number of male students in schools of nursing has been gradual, except in 1961 when they were enrolled in schools of nursing in Quebec. Male students have been enrolled previously in Quebec but were not classified as nursing students.

Perhaps the small percentage of men attracted into nursing is due to the belief that:

> "More than any other role within the health professions that of nursing is defined as belonging to women. Some men enter nursing, but they constitute only a small proportion of the total number and are never quite fully accepted by the public as really being nurses. In fact the male nurse is a good example of marginal role..."[1]

In the western industrialized nations the numbers of men entering nursing remains very low. Many provinces have programmes for recruiting more men into nursing as a career, but to date few have been attracted. Of the 270 male nurses in Canada, the majority have received their nursing education outside the country.

CURRICULUM

Approximately 95 per cent of the nursing schools in Canada admit one class of students per year (Table 48). Of the 170 hospital schools 157 offer a three-year (156 weeks) basic curriculum. Eleven offer a "two-plus-one"[2] pattern, and one school offers a four-year programme (Table 49). The Nightingale School of Nursing, Toronto, offers the complete programme in two years, and the Regina Grey Nuns'

[1] King, Stanley H., *Perceptions of Illness and Medical Practice*, New York: Russell Sage Foundation, 1962, p. 241.

[2] The "two-plus-one" programme is a three-year programme leading to a diploma and prepares the graduate for registration examinations. The theoretical aspects of the course are concentrated in the first two years, and the third year is an "internship" year.

Hospital School of Nursing is offering a two-year programme to twenty of the eighty newly enrolled students. More recently three new programmes have been scheduled to open in Ontario; one at the Ryerson Technological Institute, Toronto, of three academic years in length; a two-year programme in the Hamilton area which will use several hospital and community resources; and a two-year programme "Quo Vadis School of Nursing" which is designed for applicants of 35 years or more.

TABLE 48

NUMBER OF CLASSES ADMITTED ANNUALLY TO SCHOOLS OF NURSING, BY PROVINCE, 1963

Province	Total Schools	One Class Yearly	Two Classes Yearly
Newfoundland	3	2	1
Nova Scotia	14	14	–
Prince Edward Island	3	3	–
New Brunswick	12	12	–
Quebec	42	41	1
Ontario	60	60	–
Manitoba	7	7	–
Saskatchewan	11	11	–
Alberta	11	10	1
British Columbia	6	3	3
Canada	169	163	6

Source: Canadian Nurses' Association.

TABLE 49

LENGTH OF DIPLOMA PROGRAMMES IN SCHOOLS OF NURSING, BY PROVINCE, 1962

Province	2 Years	3 Years	3 Years[1] (2+1)	4 Years	Total
Newfoundland	–	1	2	–	3
Nova Scotia	–	14	–	–	14
Prince Edward Island	–	3	–	–	3
New Brunswick	–	13	–	–	13
Quebec	–	41	1	–	42
Ontario	1	52	7	–	60
Manitoba	–	7	–	–	7
Saskatchewan	–	10	1	–	11
Alberta	–	10	–	1	11
British Columbia	–	6	–	–	6
Canada	1	157	11	1	170

[1] The "two plus one" programme is a three-year programme leading to a diploma and prepares the graduate for registration examination. The theoretical aspects of the course are concentrated in the first two years and the third year is an "internship year".

Source: Canadian Nurses' Association.

The outline of courses for hospital schools reveals that as many as 68 separate courses may be offered in one three-year programme. The fragmentation of courses into short "specialty" courses, such as orthopedics, ophthalmology and dermatology has been fostered by special interest groups who feel such knowledge is essential to increase the number of nursing practitioners with skills in specific fields. The concept of specialty preparation for beginning practitioners in nursing is considered unsound, since students are not being prepared as specialists in any area.[1]

A trend is noted, however, in the consolidation of courses into broader units of instruction. Apparently, instructors in some schools have discovered that there is overlapping of content in two or more courses with the result that some courses have disappeared, but the content is still presented in connection with other curriculum areas to which it is directly related. This has required a regrouping of content into larger units of instruction often with an improved sequence of courses.

The nursing care experience which a student receives is probably the most significant aspect of the total programme. The findings of a recent survey established the importance of a high quality of nursing service in the areas where students receive their clinical experience,[2] but great variation in the educational quality of nursing care experiences was noted. The quality of planning these experiences has an unquestionable influence on the type and quality of nursing service the student will provide when he graduates. It seems obvious, therefore, that hospital schools should study carefully how the best learning experience may be utilized so that it results in the acquisition of appropriate nursing skills by the student.

There is a growing tendency to call all nursing care experiences "laboratory experiences" but in too many instances these are not actually selected learning experiences. Staffing problems rather than the students' educational needs often dictate the selection of patients for study, and, too often the student has inadequate supervision. Results of this study and others[3] revealed that in only a very small percentage of the schools did policies exist governing evening and night experiences. In even fewer, the faculty had identified and planned the experiences which the students could receive at these times. The time plan for instruction in the programmes vary. A few schools divide the programme into terms within each year, but the majority appear to use a yearly plan.

A review of the curricula reveals that the "block system" is used in the majority of schools and is applied to a variety of patterns. In some schools the

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[1] Smith, Dorothy W., *Nursing of Adults: A Plan for Teaching Care of Adults*, New York: Teachers College, Columbia University, 1962, p. 3.

[2] Mussallem, Helen K., *Spotlight on Nursing Education, The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada*, Ottawa: Canadian Nurses' Association, 1960, p. 90.

[3] *Ibid.*, p. 74.

course may proceed as follows: following the preliminary term, two or three blocks of lectures of two to four (or even more) weeks are given at set periods for the remainder of the programme. The theory of certain subjects is given at this time with clinical experience following. The problem, however, is that although the clinical practice should be received after the block of lectures, it is sometimes delayed for six months to one year. In some cases students receive the clinical practice before the classes in theory. A study of class schedules in blocks of classes reveals that students attend lectures for up to forty hours per week! Instructors, however, agree with the principle that students should have time for independent study. With regard to this practice Lord commented that "... the average student with thirty lectures per week in twelve subjects and ten hours of ward duty can scarcely be expected to do more than memorize her notes."[1] In many of the schools where the "block" system is used, some type of clinical instruction programme is planned, but students are not always able to attend these "clinics" because of night assignment or days off.

Theory and practice are separated in the hospital programme results because the clinical experience is often selected primarily for its value in rendering nursing service, and because the students' hours are regulated to the needs of the clinical area and not to the students' educational programme. Any programme for the preparation of nursing practitioners which plans for a concentrated block of theory to be followed later by clinical experience is not educationally sound and wastes instructional time. "The need for economy of instructional time and for 'integration' of knowledge is most apparent, perhaps in the clinical nursing course".[2]

Table 50 summarizes the hours of planned instruction in each year of the course and indicates the percentage of hours of instruction given in each of the three years. Little progress has been made in this regard since 1932 when Weir stated:

> "...nearly 62 per cent of all the class periods are held during the first year. In other words, nearly two-thirds of the classroom lessons, or 'lectures', are given in the first third of the entire training course.
>
> "The reason for this procedure is largely due to economic and administrative expediting. Economic as well as nursing pressures demand that the untrained recruit shall be fitted, as soon as possible, to help on the wards. During the preliminary term, at least, the recruit is a distinct economic burden to the hospital. With as little delay as possible she is to be given the minimum of theoretical instruction and necessary nursing tools, that will enable her, relatively at least, to pay her way.
>
> "The fallacy of cramming the student nurse by giving her two thirds of her classroom instruction in the first third of her training is too obvious to require extended comment."[3]

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[1] Lord, Arthur R., *Report of the Evaluation of the Metropolitan School of Nursing*, New York: The League, 1959, p. 17.

[2] National League for Nursing, *Report of Hospital Schools of Nursing*, New York: The League, 1959, p. 17.

[3] Weir, George M., *Survey of Nursing Education in Canada*, Toronto: University of Toronto Press, 1932, p. 361.

TABLE 50

PERCENTAGE DISTRIBUTION OF HOURS OF PLANNED INSTRUCTION IN SCHOOLS OF NURSING, BY YEAR AND PROVINCE, 1961

Province	Number Schools Reporting	Year								Total Hours
		1st Year		2nd Year		3rd Year		4th Year		
		Hours	Per Cent	Hours	Per Cent	Hours	Per Cent	Hours	Per Cent	
Newfoundland	3	2,170	56.3	1,457	37.8	228	5.9	–	–	3,855
Nova Scotia	12	7,582	60.0	3,254	25.7	1,808	14.3	–	–	12,644
Prince Edward Island	3	1,670	52.0	862	26.9	678	21.1	–	–	3,210
New Brunswick	13	7,605	68.2	2,274	20.4	1,268	11.4	–	–	11,147
Quebec	38	20,887	57.5	10,165	28.0	5,268	14.5	–	–	36,320
Ontario	58	35,231	59.6	14,085	23.8	9,774	16.6	–	–	59,090
Manitoba	7	5,650	66.1	1,807	21.1	1,094	12.8	–	–	8,551
Saskatchewan	10	6,136	63.0	1,915	19.7	1,688	17.3	–	–	9,739
Alberta	12	8,197	54.5	4,307	28.6	2,340	15.5	215	1.4	15,059
British Columbia	6	3,934	56.8	1,634	23.6	1,363	19.6	–	–	6,931
Canada	162	99,062	59.5	41,760	25.1	25,509	15.3	215	.1	166,546

Source: Canadian Nurses' Association.

TABLE 51

RANGE AND AVERAGE HOURS OF PLANNED INSTRUCTION, BY YEARS OF COURSE. CANADA AND PROVINCES, 1961

Province	Range	Average Hours of Instruction			Total
		1st Year	2nd Year	3rd Year	
Newfoundland	840 – 1955	723	486	76	1,285
Nova Scotia	685 – 1325	631	271	151	1,053
Prince Edward Island	830 – 1240	557	287	226	1,070
New Brunswick	741 – 1186	634	190	105	929
Quebec	759 – 1758	633	308	160	1,101
Ontario	645 – 1934	705	282	195	1,182
Manitoba	907 – 1775	807	258	156	1,221
Saskatchewan	1023 – 1469	767	239	211	1,217
Alberta	972 – 1593	683	359	195[1]	1,237
British Columbia	928 – 1403	656	272	227	1,155
Canada		680	295	170	1,145

[1]Includes one school's instruction in fourth year.

Source: Canadian Nurses' Association.

TABLE 52

PERCENTAGE OF BEDSIDE CARE PROVIDED BY PROFESSIONAL, NON-PROFESSIONAL, AND STUDENT NURSES, CANADA AND PROVINCES, 1961

Province	Professional	Non-Professional	Student
Newfoundland	28.6	19.0	52.4
Prince Edward Island	33.2	30.3	36.5
Nova Scotia	36.2	31.9	31.9
New Brunswick	39.3	30.3	30.4
Quebec	30.9	37.2	31.9
Ontario	40.7	33.8	25.5
Manitoba	36.7	37.0	26.3
Saskatchewan	32.7	32.6	34.7
Alberta	40.4	33.5	26.1
British Columbia	39.3	36.1	24.6
Canada	35.8	32.2	32.0

Source: Canadian Nurses' Association.

CLINICAL FACILITIES

The quality of nursing service in the clinical settings where nursing students gain their nursing care experiences is an important part, if not the most important part, of the total educational programme. The fact that hospital schools are able

to use a real-life laboratory has its strengths as well as inherent hazards. Anderson, in presenting some paradoxes in nursing, put it this way:

> "It is always of interest to nurses to see other educational fields seek so eagerly for real life situations in which students may have learning experiences that will be beyond the classroom and deal with live materials. In nursing we have had this, for the hospital, with all its problems, has traditionally been the laboratory for learning. Our problem has not been to provide live materials but to prevent the real situation from crowding out the students' opportunity to absorb, use and interpret the vast amount of material available.
>
> "We believe... that students should be given only as much field experience as we can 'prepare them for and help them recover from'".[1]

The value and quality of clinical experience in the home hospital cannot be determined by quantitative data. For example, in a small school visited during this study, it was observed that 12 beds were reserved for nursing of children. Of the 10 patients nine were post-operative tonsillectomies. This was the only experience these students had in child care.

Data used for this study indicated that clinical facilities available in the majority of provinces were medicine, surgery, surgical and operative specialties, nursing of children and obstetrics. A few of the "home hospitals" had limited experience in psychiatric nursing and communicable disease nursing. The majority of schools reported that the facilities of the hospital were such that the students were able to learn to provide the kind of nursing care being taught. Again this assessment is questioned.

Information obtained for this study on the percentage of time spent in the clinical setting by graduates, students and non-professional personnel in a 24-hour period was indicated. In Canada evidently about one-third of the nursing service in hospitals is provided by the so-called "student".

Data from which Table 52 was compiled revealed that in many schools students are still carrying a substantial portion of the nursing service load.

Although some key officials in the health field have assumed that the demands for nursing service on the student have lessened, the claim has been made that:

> "Nursing can no longer be taught by the apprenticeship method: yet the students are part of the hospital service personnel, and when additional students are enrolled the complement of other nursing personnel for which the hospital can budget is reduced."[2]

On further investigation, through correspondence with the hospital insurance commissions, the following question was asked:

> "How are the numbers (of registered nurses, nursing assistants and other nursing personnel) adjusted when nursing students are in the situation?"

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[1] Anderson, Bernice E., "Some Paradoxes in Nursing", *The Canadian Nurse*, Vol. 49, June 1953, p. 456.

[2] Registered Nurses' Association of British Columbia, *Submission to the Royal Commission on Health Services*, The Association, April 1962, p. iv.

The response from eight provinces was as follows:

1. "Where student nurses are contributing to nursing service, they are considered professionnal staff with an effectiveness factor equivalent to 40% of the registered nurse service.

   "In a hospital with a school of nursing, the ratio may be 40% registered nurses, 20% student nurses and 40% non-professional. However, this ratio depends on the size of the school. (A maximum of 30% student nurse service may be allowed, but this seldom occurs, if ever, in our province.)

   "In a hospital where there are student nursing assistants, it is considered that the service they contribute for the first four months is nil, and for the remaining eight months of their course their effectiveness factor is 50% that of a registered nursing assistant – thus their effectiveness factor for the year is 33⅓ per cent."

2. "At the present time students are taken as one-half the total number which the hospital reports, less the average number of students on psychiatric affiliation away from the hospital. The basic formula is applied as mentioned previously and the staff for the total bedside nursing hours to be provided is then divided into thirds: one-third graduates, one-third non-professional nursing personnel and one-third students. Students are considered as an invariable and even though there are more or less than are needed to provide one-third of the care, the number shown by the hospital is accepted. If the number of students (discounted) is over one-third, the analysis may be continued by making some reduction in the paid staff. Similarly, if the students are less than are required to provide one-third of the nursing care, additional paid staff may be added. In considering the value placed on students, it should be borne in mind that the student here is evaluated on the basis of a 40-hour week though in many cases she is still actually working a 44-hour week. We recognize that if a school of nursing is very large the service value of some of the students may not be very high because of the difficulty in scheduling their activities on the hospital floors".

3. "An evaluation is made of student nurse hours contributing to direct patient care in hospitals conducting a school of nursing. In evaluating these hours the assumption is made that one student nurse hour is equivalent to .5 professional hours of care and .7 hours of non-professional care, or an average of .6 hours of professional and non-professional care. The ratio of 60% professional and 40% non-professional is applied in converting equivalents".

4. "In lieu of the lack of definitive standards, the current procedure is to allow up to ⅓ of the students' time as a contribution to nursing care hours. Therefore, once the total hours needed in each nursing unit for one year is compiled and the student contribution substracted, the remaining hours are those to be provided by professional and non-professional staff".

5. "Student nurses rated as giving ⅓ of the service of a general duty nurse".

6. "In general, senior student time is estimated as R.N. time, and that of Intermediates and Juniors in the L.P.N. category. Only actual time in the clinical areas is counted, but this is estimated at 100% in each category.

   "L.P.N. students are estimated at the aide level.

   "In certain services, where the requirement for student experience places a larger number in a situation than appears necessary for patient care, special allowance is made to ensure that an adequate professional staff is maintained".

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[1] Provinces are not identified but each number represents a different province.

7. "The proportion of Registered Nurses varies from low of 40% in hospitals with Schools of Nursing to as high as 60% in our smaller hospitals. Generally stated our previous formula of 50% Registered Nurses, 50% non-professional has been followed. One hospital has budgeted for 60% Registered Nurses and 40% other, and in two of our very small hospitals we recommend that a minimum of five registered nurses be employed resulting in a very high registered nurse ratio.

   "Hospitals with Schools of Nursing have been requested to clearly state the percentage of student nurse hours provided in the budgetary request. Two hospitals have complied indicating in one instance that 32% of all direct care nursing hours will be provided by student nurses, in the other hospital the ratio is 25%. The third hospital, while not fulfilling our request, has indicated that the proportion may be as low as 25%".

8. "Where student nurses are involved we generally consider the in-service hours of 3rd. year students or nursing internes to be hours of professional nursing care.

   "This raises the question of the objectives of a school of nursing".

The World Health Organization makes this comment:

> "It is felt essential that the student nurse be a student in fact and not only in name. A major difficulty in the way of improvement in nursing education lies in the fact that the majority of nursing schools are hospital schools in which the school has not obtained control of the students' time, and in which the so-called nursing student is, in reality, an employee or apprentice..."[1]

There can be no doubt from the data submitted by hospital insurance commissions that students in hospital schools of nursing in Canada are considered a substantial portion of the nursing service staff. Indeed, regulations of the hospital insurance commissions are a strong force militating against any improvement in nursing education in Canada.

Co-operating Teaching Agencies

The majority of "home" hospitals provide the basic clinical experience for students in medical-surgical nursing, maternal and child health. Psychiatric nursing is the one clinical service that is provided in only a few of the "home" hospitals. Some provinces require experience in communicable disease nursing or tuberculosis nursing as a qualification for registration. This experience is usually sought through affiliation.

When schools seek affiliation in order to provide experience in certain clinical areas for students, the faculty of the school delegates one of its major responsibilities – instruction in one or more fields of nursing – to the service or instructional personnel in the affiliated institution. It seems logical, therefore, that joint planning with the co-operating teaching agencies should take place. Table 53 reveals the responses given by schools of nursing on the extent in which there is joint planning of courses between the home school and the affiliating agencies. The validity of these responses was not investigated.

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[1]World Health Organization, *Report of a Study Group on Basic Nursing Curriculum*, Geneva: The Organization, 1956, p. 9.

TABLE 53

NUMBER OF SCHOOLS HAVING JOINT PLANNING WITH CO-OPERATING TEACHING AGENCIES, BY AREA OF JOINT PLANNING, 1961

Area of Joint Planning	Total Schools 162	Very Small Schools 29	Small Schools 62	Medium Schools 41	Large Schools 26	Very Large Schools 4
Content	114	20	41	29	20	4
Experience	121	22	42	33	20	4
Evaluation	99	16	35	24	20	4
Others	19	6	6	5	1	1

Source: Canadian Nurses' Association.

LIBRARY AND OTHER SERVICES

The provision of a library as an essential component in any educational institution is well recognized. However, a recent survey indicated that only 28 per cent of hospital schools in Canada had adequate library facilities.[1] Many of these deficiencies are caused by the lack of qualified instructional personnel who, failing to understand the value of an adequately stocked library, rely solely on one or two text books in each clinical area.

Data on libraries for this study were obtained from 148 of the 170 schools. As noted in Table 54, the majority of these schools had between 250 and 500 titles, and over one-third had less than 250. Approximately 40 per cent of this latter figure was recorded for medium and large schools.

TABLE 54

NUMBER OF TITLES OF BOOKS IN LIBRARY AND CLINICAL AREAS ACCORDING TO SIZE OF SCHOOL, 1961

Number of Titles	Total Schools 170	Very Small Schools 24	Small Schools 59	Medium Schools 38	Large Schools 23	Very Large Schools 4
Over 2,500	—	—	—	—	—	—
2,000 –2,499	1	—	—	—	1	—
1,500 –1,999	7	—	2	2	3	—
1,000 –1,499	5	—	2	—	1	2
500 – 999	40	7	10	9	12	2
250 – 499	43	6	24	12	1	—
Less than 250	52	11	21	15	5	—
Not reporting	22	—	—	—	—	—

Source: Canadian Nurses' Association.

[1]Mussallem, *op. cit.*, p. 68.

Table 55 provides some data on the actual numbers of books available to student nurses in 1961. These data do not indicate date of publication, if the numbers include previous editions, nor if these books are in fact on the text book level.

The services of a librarian, even on a part-time basis, would appear to be essential for a library. But Table 56 reveals that 80 per cent of the libraries have no one who assumes this role! Of the 24 full-time librarians and the 8 part-time librarians in our hospital schools, 9 have degrees in library science and 18 have taken a course in library science.

TABLE 55

NUMBER OF SCHOOLS, BY NUMBER OF VOLUMES OF BOOKS IN LIBRARY AND CLINICAL AREAS, BY SIZE OF SCHOOL, 1961

Number of Volumes	Total Schools 170	Very Small Schools 25	Small Schools 63	Medium Schools 39	Large Schools 24	Very Large Schools 4
Over 2,500	8	—	1	2	5	—
2,000 –2,499	7	—	1	2	3	1
1,500 –1,999	20	—	6	4	8	2
1,000 –1,499	25	1	10	10	3	1
500 – 999	66	10	36	14	5	—
250 – 499	22	9	7	6	—	—
Less than 250	8	5	2	1	—	—
Not reporting	14	—	—	—	—	—

Source: Canadian Nurses' Association.

TABLE 56

NUMBER OF SCHOOLS WITH FULL-TIME OR PART-TIME LIBRARIAN[1], BY SIZE, 1961

	Total Schools 170	Very Small Schools 28	Small Schools 62	Medium Schools 41	Large Schools 24	Very Large Schools 4
Full-time	24	1	3	9	9	2
Part-time	8	—	1	6	—	1
None	127	27	58	26	15	1
Not reporting	11	—	—	—	—	—

[1]Nine librarians hold a degree in Library Science and 18 have had a course in Library Science.

Source: Canadian Nurses' Association.

The amount of money spent on the library for the purchase of books provides some indication of the importance placed on this service. Table 57 shows that over 62 per cent of schools spent less than $500 per annum on library books. It is noted too, that of this number about 33 per cent are medium, large or very large schools.

TABLE 57

AMOUNT SPENT ON LIBRARY FOR 1961 IN RELATION TO SIZE OF SCHOOL

Amount	Total Schools Reporting 136	Very Small Schools 22	Small Schools 54	Medium Schools 34	Large Schools 22	Very Large Schools 4
Above $1,000	20	1	10	4	5	–
$750 – $999	12	1	3	3	4	1
$500 – $749	19	–	4	7	6	2
$250 – $499	33	3	14	9	6	1
Less than $250	52	17	23	11	1	–

Source: Canadian Nurses' Association.

Counselling Programmes

Although the majority of personnel in schools of nursing seemed to recognize the need for student counselling, they do not favour a formal or structured counselling service.

Available data indicate that some type of counselling services are available, i.e., that members of the instructional staff, residence or health directors or members of the clergy, are willing to assist students with their problems. In the majority of schools, the services of a psychologist or psychiatrist are available to students requiring their assistance. Only six of 168 schools have a full-time guidance counsellor.

Health Services

All schools have a health service. Some employ a nurse for student health only; some employ a nurse for the total hospital personnel, while others have an instructor who assumes this responsibility. In the majority of schools this programme is under the direction of one or more physicians employed on a part-time basis. In the other cases, the family physician or a doctor of the student's choice in the community assumes responsibility for the health programme of one or more students. A review of the students' health services revealed that a fairly comprehensive health programme is provided for students.

Although the majority of health programmes are considered adequate, the real health hazard appeared to be the "work load" of the students. As is noted elsewhere in this study, the student in the large majority of schools is regarded as a member of the labour force and her schedule is regulated with this in mind. In some cases, it is less well regulated than for other hospital personnel. When the graduate nurse and nursing assistant staff moved from a forty-eight or forty-four hour work week to a forty-hour work week, the students (so-called) in several hospital schools remained on a forty-eight or forty-four hour week in the clinical area. In many instances class hours were in addition to "ward duty". The practice of requiring students on "night duty" to attend lectures during the day is indeed still carried on in several schools. The reason given for this practice is that "the patients must be looked after and there's no one else to put on nights". It is difficult to determine how these young students can meet the exacting demands of critically ill patients for eight hours, and often more, during the night and then, after a few hours sleep, attend lectures for one or two hours. The conclusion is obvious that not only are these programmes providing sub-standard education but they are exposing students to health hazards which few in our society would condone. Yet these are carried on in so-called educational institutions, and within the walls of a major health agency in the community. (The hazards to patients should also be mentioned.) Over twenty years ago a well recognized authority recommended a maximum of a forty-four hour week for students which was to include class, laboratory and clinical experience, and added the comment that:

> "Long hours of work and too great pressure of work imposed upon students constitutes a health hazard to which no educational institution has a moral right to expose its students."[1]

Residence

Throughout the years hospitals have provided residence accommodation for students. This practice flourishes today, although very few schools have recognized that students should have a choice with regard to their living arrangements. Although the majority of directors consider that student housing arrangements are satisfactory, there is a wide range of quality in residence structures. In the past decade, many have been built with a recognition of the need for students to live in attractive, well-planned surroundings. Indeed some go beyond this. Others are unattractive and even dingy. In too many, hazardous living arrangements still exist. If students were permitted a choice of living at home or in residence, the concern about the latter would not be so great. Table 58 reveals the numbers of schools in each province which have policies requiring students to live in residence for the entire three years, or for part of that time. The practice of requesting, in some cases requiring, students to "live out" during the third year resulted from lack of residence accommodation.

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[1]National League of Nursing Education, *Essentials of a Good School of Nursing*, New York: The League, 1942, p. 30.

TABLE 58

POLICIES REGARDING STUDENTS OF HOSPITAL SCHOOLS LIVING IN RESIDENCE, BY PROVINCE, 1961

Province	Policies
Newfoundland	All three schools require students to live in residence.
Prince Edward Island	One school requires students to live in residence. The remaining two schools prefer that students live in. One of these schools, however, will allow married students to live out.
Nova Scotia	All schools require students to live in residence. There is a trend to allow third-year students to live out. This is the case in one hospital because of lack of residence facilities.
New Brunswick	Ten schools will allow students to live out. Two schools require students to live out if home or relatives are in town.
Quebec	Some schools give students a choice of living in residence or in the community.
Ontario	Thirty-six schools require students to live in. Seven schools allow students to live out if married. Six schools allow students to live out in senior year. Two schools allow students to live out in last two years. Six schools allow students to live out. Four schools give no information.
Manitoba	Some of the larger schools allow students to live out.
Saskatchewan	Some schools allow students to live out mainly because of insufficient residence accommodation, other schools are considering the establishment of a policy which would provide a choice for the student.
Alberta	Two schools allow students to live out in last six months. Two schools allow students to live out if married. One school allows students to live out in senior year.
British Columbia	Four schools require students to live in residence. In one of these schools, because of lack of accommodation, students may, sometimes, be allowed to live out during last three months of the course. This privilege is extended at the discretion of the director of the school. In this same school the privilege of living out during the last six months is being considered. The remaining two schools require their students to live in residence. Because of lack of residence facilities one may, sometimes, request local pre-clinical students to live out in special occasions, e.g., unhappy in residence. Such students must have adequate transportation and keep up well with their studies.

Source: Canadian Nurses' Association.

It cannot be denied that there are many advantages in communal living. Universities have recognized this and in recent years more student residences are appearing on campuses. But these are not single purpose institutions, restricted to one group of students in one specialized programme.

Residence rules and regulations are in most cases extremely rigid and are not in line with the stated objectives of the school. The concept of freedom for the

student to develop as an individual with opportunity for growth in all aspects of her life is the stated objective. But a review of the rules of residence suggests that little or no opportunity for development is provided. Following is a list of some rules picked at random:

"Students must arise in time to be properly dressed, to have a good breakfast, and to arrive on duty on schedule. Students late for duty will forfeit one late leave. For two infractions of this rule, a student may be suspended."

"With the exception of students on night duty, all students must be in their rooms by 10 p.m. and asleep by 10:30 p.m."

"Students must be in residence by 9:45 p.m. After the Preliminary term students may remain out until 12 m.n. once per week. This is a privilege and may be withdrawn at any time."

"Any student wearing a ring on duty will be subject to suspension."

"Students must not attend public dances in (name of city), or when out of city on vacation."

"Students must not lean out of windows."

"Students rooms must be tidy at all times. Inspection without warning will take place at any time."

"Furniture must not be taken from one room to another at any time or under any circumstances."

"No pictures may be hung on the walls. Students who have hung pictures in their rooms will pay for the cost of redecorating the room."

"Washing hair or clothes in the bathroom is not permitted."

"Students must turn off all lights, open drapes and shut windows when leaving their rooms."

"Gentleman friends may be entertained in Reception Area only, and must leave the residence by 9:30 p.m. Gentleman guests may not call on students in residence more than twice per week."

"Boisterous noise and conduct at any time will not be tolerated."

"Students may watch T.V. in residence
1. The night before a day off.
2. Saturday nights when on duty at noon Sunday."

"Students must not watch T.V. on Sunday."

"Nothing is kept under the bed."

"Capes must be worn by all students from October 1 to May 1. Capes may not be worn in classrooms. Regulation white sweaters must be worn."

"Gentleman friends must observe accepted standards of dress and behavior."

"Broken glass must be placed in the container marked 'broken glass'."

The whole question of the appropriateness of hospitals maintaining residences for students should be reviewed. This does not imply that residence life cannot help in the development of a student. But students are now questioning the limited environment in which they are expected to live. Comments made by the students during this study reveal that they are puzzled, and, in some cases, bitter, because they are required to carry heavy responsibilities in the clinical setting and yet are not allowed to make decisions about their own behaviour in residence.

EVALUATION

Although an evaluation of the students' progress is made throughout her programme, perhaps the real acid test of any education programme is the extent to which it has helped its students to prepare for their future responsibilities as citizens, and in the case of professional schools, their future professional responsibilities.

The only comparable data available for comparison between graduates of schools of nursing is their performance on the licensing examinations in those provinces that use the State Board Test Pool Examinations. At present, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec (English speaking), Nova Scotia, Prince Edward Island and Newfoundland use these tests.

Standard scores obtained by schools and provinces were made available by the provincial Nurses' Association for this study. An analysis of these data revealed a wide range of achievement between schools and provinces. In two of the provinces, except for psychiatric nursing, the provincial mean scores were in the top four to six places of all jurisdictions in the United States and Canada. Yet in three provinces and occasionally a fourth, the provincial score was well below the national mean – in one province the scores have been in the last half-dozen places.

CHAPTER IV

UNIVERSITY SCHOOLS OF NURSING

The first basic nursing programme offered by a university was developed at the University of Minnesota in 1909. By 1916 this had developed into a five-year programme leading to a baccalaureate degree. The innovation was soon followed in Canada. In 1919 the University of British Columbia established the first programme in nursing in the Commonwealth leading to a baccalaureate degree. It was a five-year programme with the first two years taken at the university under the control of the university. The next two-and-a-half years were at the Vancouver General Hospital under the control of that institution. The final year was again given at the university under its jurisdiction. Other universities soon opened their doors to graduate nurses offering one-year post-basic courses. Dalhousie University in Halifax was the first, beginning in February 1920.

As university programmes developed in Canada, the baccalaureate programme came under scrutiny and universities began to recognize the need for complete control of the students' educational experience. Nursing schools developed five-year, then four-year programmes in which theory and practice were integrated. The faculty of the university school assumed full responsibility for its organization and teaching, including clinical experience.

Today, only 16 Canadian universities offer basic education in nursing. Two have recently developed graduate programmes at the master's level. Eight are currently offering basic degree courses comparable to those offered to other professions. These are the schools of nursing at the universities of British Columbia, Manitoba, Toronto, McMaster, Ottawa, McGill, New Brunswick, and l'Institut Marguerite d'Youville of the Université de Montréal. In these schools the faculty plans and assumes responsibility for the entire course. Social and biological sciences are given by the appropriate departments and are usually taken with other university students. Theory, clinical experience and supervised practice are planned in co-operation with hospitals and other community health agencies. The majority are four-year programmes and require Junior or Senior Matriculation, or first-year Arts as an entrance requirement. Students from these courses graduate with a baccalaureate degree and are prepared to write examinations for registration in their respective provinces.

Eight universities currently grant baccalaureate degrees at the end of a five- or six-year course. In these programmes the first and last years are planned and controlled by the faculty of the university school. However, during the second, third and fourth year (or a portion thereof), the students are enrolled in hospital schools of nursing and come under their control. These universities, therefore, grant baccalaureate degrees to students for whom they control only two-fifths of the programme. Of this practice Bridgman makes the point that:

> "It seems little short of tragic that the interest of higher education in nursing, so long and earnestly sought by the nursing profession, should manifest itself to so great an extent in a pattern that is contributing little to the improvement either of nursing education or nursing service. Many leaders of the nursing profession regard the affiliation pattern as the most serious threat to the continuation of the notable progress that has been made in nursing education, because such schools confuse issues, devaluate the degree in nursing, and deflect students from sound collegiate schools."[1]

Two universities now have definite plans for the development of new programmes and these will add to the total numbers of students receiving basic baccalaureate degrees in university programmes. However, there is concern over the decreasing percentage of students entering and graduating from university schools of nursing, particularly in view of the rapid expansion in health services and the requirements for leadership in nursing.

There has been a trend towards more three-year diploma programme graduates taking supplementary courses at university. These courses include:

1. A one-year post-basic certificate programme which usually places emphasis on nursing education, nursing service, public health or a special clinical course. In 1962, 1,012 graduate nurses took these courses (Table 59).
2. A post-basic degree (baccalaureate).

These supplementary programmes are usually two years beyond Senior Matriculation. They offer the graduate nurse the additional courses required for basic credit for a baccalaureate degree. The soundness of putting a layer of academic subjects over a technical orientation ot the major field is questioned, as is the credit value granted for courses obtained in a service-centred agency over which the university has had no control. True, there are some students who have demonstrated that this type of educational programme has provided them with a great breadth of understanding of nursing and the world about them. But the fundamental issue still remains. Is this sound practice in professional education, and should it be perpetuated? It is of interest to note that the age level of the majority of students in these courses has dropped considerably. Ten to fifteen years ago the age range for most of the students in the post-basic degree courses was thirty to forty-five years – the largest number being in the mid-thirties. Today the majority of students are in the twenty to twenty-nine age group. Because these types of pro-

[1]Bridgman, Margaret, *Collegiate Education for Nursing*, New York: Russell Sage Foundation, 1953, p. 122.

grammes exist it is not unusual to hear students claim that they will go to a hospital school first and then go to university for a degree. Indeed, this is common practice and increasing numbers are entering the supplemental programmes. Nurses and others believe this to be a sound course of action. Yet a look at this method of obtaining university preparation reveals the deficiencies of the programme. The three-year technical orientation to the practice of nursing is deeply stamped on the graduates. The attempts of the university to help them broaden and deepen their understanding of the leadership role in nursing often fails. The baccalaureate degree may be granted, but the holder comes through with little more than an appreciation of some courses in the liberal arts. When this is layered on a hard base of technical knowledge, it does not result in a liberally educated practitioner. In 1962, 270 students were enrolled in these programmes. As Table 60 shows, this represents more than 25 per cent of the total number enrolled in all basic university schools and more than 65 per cent of all students in the integrated basic university programme. This table also reveals the increase in numbers of students in post-basic certificate and post-basic degree programmes.

TABLE 59

NUMBER OF STUDENTS ENROLLED IN POST-BASIC CERTIFICATE OR DIPLOMA COURSES, 1941–1962[1]

Academic Year	Total	Type of Post-basic Certificate or Diploma Course			
		Nursing Education	Nursing Service	Public Health	Other[2]
1941–42	142	45	4	93	–
1942–43	240	88	12	140	–
1943–44	272	87	18	167	–
1944–45	308	89	15	204	–
1945–46	392	127	14	251	–
1946–47	462	156	12	294	–
1947–48	383	129	7	247	–
1948–49	332	120	18	191	3
1949–50	393	133	9	249	2
1950–51	395	127	19	244	5
1951–52	379	137	24	215	3
1952–53	423	158	20	234	11
1953–54	450	170	24	249	7
1954–55	495	193	16	280	6
1955–56	534	173	50	308	3
1956–57	561	181	49	321	10
1957–58	631	215	48	349	19
1958–59	660	187	100	350	23
1959–60	671	226	64	357	24
1960–61	787	279	108	374	26
1961–62	879	291	170	394	24
1962–63	1,012	349	213	427	23

[1]University Schools of Nursing.

[2]Other – Nursing Specialties.

TABLE 60

NUMBER OF STUDENTS ENROLLED IN POST-BASIC BACCALAUREATE DEGREE COURSES, 1941–1962[1]

Academic Year	Total	Major Fields Post-basic Baccalaureate Degree			
		Nursing Education	Nursing Service	Public Health	Other[2]
1941–42.....	17	3	–	6	8
1942–43.....	34	4	–	10	20
1943–44.....	30	7	–	6	17
1944–45.....	31	5	–	5	21
1945–46.....	75	14	3	30	28
1946–47.....	87	19	4	39	25
1947–48.....	108	33	19	48	8
1948–49.....	80	19	10	42	9
1949–50.....	86	36	11	26	13
1950–51.....	61	32	9	16	4
1951–52.....	65	30	7	23	5
1952–53.....	59	28	8	12	11
1953–54.....	79	40	8	20	11
1954–55.....	97	32	13	18	34
1955–56.....	111	31	17	6	57
1956–57.....	109	24	13	10	62
1957–58.....	130	35	8	14	73
1958–59.....	162	36	24	22	80
1959–60.....	183	46	20	24	93
1960–61.....	244	60	40	31	113
1961–62.....	235	74	45	52	64
1962–63.....	270	92	42	45	91

[1] University Schools of Nursing.

[2] No major field noted.

Until 1959 students wishing to pursue graduate study in nursing beyond the baccalaureate degree were required to go to the United States, where the majority enrolled at Teachers' College, Columbia University.[1] To date, in Canada, two universities have developed programmes on the master's level. These programmes at the University of Western Ontario and McGill University offer a two-year course in Administration in Nursing Service and Nursing Education. The Université de Montréal plans to offer a master's programme in nursing at a later date.

The development of these programmes in Canada is long overdue. However, many factors have retarded this movement. Master's programmes should evolve when sufficient numbers of sound baccalaureate programmes are available, but only eight such baccalaureate programmes exist in nursing. There is also a lack of nurses prepared at the doctoral level. In 1962, only three nurses in Canada had earned doctoral degrees.

[1] Hart, Margaret E., *op. cit.*

Although it is necessary to have some nurses prepared in graduate programmes for administration, there is also a need for nurses prepared in the clinical specialties, in consultation, and in research methodology. It is recognized, of course, that preparation for research is obtained at the doctoral level, but until such programmes are developed in Canada some rudiments of research methodology should be offered at the master's level. There is a pressing need for research in the practice of nursing itself, in nursing education and in nursing administration. A multidisciplinary approach to this research may introduce a favourable and more positive approach to total patient and health care.

Up to November 1963, 16 students had graduated from master's programmes in university schools of nursing in Canada. Currently enrolled (1963–64) are fourteen full-time first-year students, nine full-time second-year students, one student in a qualifying year and eleven part-time students.

University schools of nursing offering basic baccalaureate degrees are organized within public or private universities. The majority of them are separate professional schools or departments of a faculty of applied science or arts and science. One school is a department within the faculty of health professions and three are departments of a faculty or college of medicine (Table 61).

Each professional school has a director responsible either to the dean of the faculty within which it is a department, or directly to the president of the university for budget, personnel, and administrative details of the school. The newly established school of nursing at the Université de Montréal has been designated as a separate faculty with equal status to that of medicine and other professional schools on the campus, and the administrative officer is given the title of dean. None of the schools with enrolled students are organized as a faculty with status comparable to other faculties such as medicine, law or dentistry. Currently a few university schools of nursing are exploring the possibility of gaining the recognition of a separate faculty. However, data obtained in the course of this study reveal that some Canadian universities are proposing a department or division of health sciences, which would encompass all professional schools on campus related to the health professions, and these would be grouped under a dean or senior administrative officer.

PURPOSE OF THE UNIVERSITY SCHOOL

One widely used source states that:

> "The philosophy and purposes of the educational unit in nursing and the purposes of the programme (s) are agreed upon, clearly stated, and periodically reviewed by the faculty of the unit, and are used as a touchstone in developing and conducting the educational programme (s) and evaluating educational results."[1]

[1]National League for Nursing, *Criteria for the Evaluation of Educational Programs in Nursing that Lead to Baccalaureate or Master's Degrees*, New York: The League, 1960, p. 2.

The Committee of Studies of the Canadian Conference of University Schools of Nursing has stated the purpose of the university school of nursing as follows:

> "The underlying responsibility laid upon all professional schools of a university is that they will prepare men and women who will be ready to give leadership in their own professional groups, and also in the councils of the community. This demands achievement to the point of competence in the technical skills and knowledge of a profession, and broad general education in the humanities and social sciences in order that each one will be fitted for the total responsibilities of his profession.
>
> "The purpose of a university school of nursing is to provide for the professional preparation of nurses through correlated programmes of liberal and professional education."

The objectives of the university school of nursing include:

> "(1) The professional preparation of a nurse who is technically efficient, well-grounded in the scientific knowledge essential in her field, and who possesses those understandings and insights that make for good human relationships and social effectiveness.
>
> "(2) The professional preparation of a nurse who can make decisions which involve some understanding of the basic principles of economics, religion, sociology, political and biological sciences, etc.
>
> "(3) The preparation of a nurse who can accept nursing responsibilities in hospitals and other community health services, and with experience assume positions of leadership in the profession."[1]

There is agreement that the purposes and objectives of a school of nursing should be developed by the faculty and should provide a frame of reference acceptable to and used by the faculty in developing and evaluating all aspects of the educational programme. Table 62 reveals the number of university schools which have stated objectives.

ORGANIZATION AND ADMINISTRATION

Examination of school calendars, responses to questionnaires, and discussions with the directors of the eight university schools of nursing in Canada offering integrated programmes, reveal that the organization and administration of the school are in accordance with the general policies governing the organization and administration of comparable programmes in the university.

Of the 16 university schools of nursing offering a basic course leading to a baccalaureate degree, eight integrate theory and practice throughout the entire programme. The others have a "sandwich type" programme in which the first two years are offered at the university under its control, the next two to three years in a hospital school programme with the final year back at the university. The following data reveal the nature and control of the programme with the major areas used for clinical experience.

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[1] Canadian Conference of University Schools of Nursing, *Desirable General Standards for Canadian University Schools of Nursing*, The Conference, 1962, p. 1.

TABLE 61

ORGANIZATION OF UNIVERSITY SCHOOLS OF NURSING

Type of Organization	Total
Schools reported	13
Separate professional schools	7
Department of faculty of college of medicine	3
Department of faculty of applied science	1
Department of faculty of health professions	1
Faculty of arts and science	1

TABLE 62

NUMBERS OF UNIVERSITY SCHOOLS OF NURSING[1] WHICH HAVE FORMULATED A STATEMENT OF OBJECTIVES

	Number which have Formulated a Statement
There is a statement of philosophy	9
These statements were:	
(a) formulated by the faculty	9
(b) recently reviewed or revised	9
There is a statement of objectives	12
These statements were:	
(a) formulated by the faculty	12
(b) recently reviewed or revised	12

[1] Thirteen of the sixteen university schools reported this information.

The questions and responses were:

	Total	Yes	No
Does the university school of nursing have agreements or contracts with all agencies used for clinical experience for basic students?	13	8	5
(a) Are they initiated by the university school of nursing?	13	11	2
(b) Are they in written form?	13	7	6
(c) Are they jointly developed?	13	11	2

	Total	Yes	No
(d) Are they periodically revised by both parties?	13	10	3
(e) Do the arrangements ensure that faculty members of the university school of nursing have freedom to guide the students and to select learning experiences for students' practice in nursing in consultation with appropriate members of the agency staff, but unhampered by obligation for service?	13	7	6
(f) Are the services that the faculty-student group provide to the agency in the course of the programme considered as a contribution to the agency and not accounted for in financial arrangements?	13	9	4

Here then is further proof that in almost 50 per cent of the basic university programmes students' clinical experience is controlled by the service needs of the hospital rather than their educational needs.

Another area which reveals the nature and control of the programme is the provision of an allowance or stipend to the student during her clinical experience.

The questions and responses were:

	Total	Yes	No
Do the students at any time throughout the programme receive an allowance or stipend from a hospital or other agency during clinical periods?	13	6	7

This information reveals that the services provided by students in about half the university programmes are part of the nursing services of the hospital. In some instances these "university students" provide a substantial portion of hospital nursing service for two-fifths or more of their programme leading to a baccalaureate degree.

The budget is an essential aspect of administration. It is a safeguard for the systematic development of educational programmes and serves as a blueprint for controlling and checking the quality of performance throughout the fiscal period.[1]

[1]National League of Nursing Education, *Essentials of a Good School of Nursing*, New York: The League, 1942, p. 11.

TABLE 63

QUALIFICATIONS OF NURSE INSTRUCTORS, BASIC DEGREE PROGRAMME, BY PROVINCE, 1962

Province	Total Instructors	Total No. Full-time Instructors		Total No. Part-time Instructors		University Certificate or Diploma		Baccalaureate		Master's		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Nova Scotia	19	16	84.2	3	15.8	1	5.3	9	47.4	5	26.3	4	21.0
New Brunswick	7	7	100	—	—	—	—	3	42.9	4	57.1	—	—
Quebec	44	24	54.5	20	45.5	—	—	29	65.9	14	31.8	1	2.3
Ontario	44	28	63.6	16	36.4	—	—	27	61.4	15	34.1	2	4.5
Saskatchewan	17	17	100	—	—	5	29.4	8	47.1	4	23.5	—	—
Alberta	8	6	75	2	25	—	—	5	62.5	3	37.5	—	—
British Columbia	16	16	100	—	—	—	—	8	50.0	8	50.0	—	—
Total	155	114	73.5	41	26.5	6	3.9	89	57.4	53	34.2	7	4.5

Source: Canadian Nurses' Association.

In the majority of university schools of nursing budgeting responsibilities are shared by the university. The director of the school usually prepares a budget for direct expenses and submits it to administrative authorities for approval. The budget is administered by the university in a manner similar to that for other professional schools.

FACULTY

In a university school of nursing, as in other professional schools, the numbers and qualifications of faculty members are key factors in the quality of the educational programme. Although the academic qualifications of faculty in university schools of nursing are higher than those for hospital schools, it should be recognized that university instructors are teaching at the baccalaureate level and their preparation should be beyond that of their students. Table 63 is a summary of the qualifications in university programmes by province and for Canada. Almost 58 per cent of the faculty have a baccalaureate degree and 38 per cent a master's degree or higher.

In all but one university school the director was appointed by the president or board of the university. The one exception was in a school where the appointment of the director was made by the religious congregation. The instructors were usually selected by the director of the school and the appointments ratified by the president or board of the university. All universities have given faculty status to nurse instructors except in one school where the same clinical instructors are utilized for a diploma and a degree programme. Here the clinical instructors for university students do not have faculty status. Table 64 reveals that personnel policies for faculty members are comparable to those for faculty members throughout the university.

TABLE 64

PERSONNEL POLICIES FOR FACULTY MEMBERS
OF UNIVERSITY SCHOOLS OF NURSING, 1961

Policy	Total	Yes	No
Policies in effect for faculty members of school of nursing are similar to those of other faculty members throughout the university in relation to:			
1. Selection, appointment and promotion	12[1]	11	1
2. Salary scale	13	13	
3. Faculty welfare such as leaves of absence and retirement provision	13	13	
4. Teaching load	12[1]	10	2
5. Length of academic year	12[1]	8	4

[1] One has no policy.

Data collected for this study indicate that the length of the "teaching year" for nurse faculty was usually longer than that for other faculty members. In those instances where the academic year was the same as for other members of the university instructional staff, the actual hours per week were considerably longer.

A formal faculty organization was found in all schools but one. Meetings were held as frequently as once a week, but not less than once a month. In the one exception there were only two full-time faculty members. Here one must question the term "university school of nursing" attached to an organization with only two members.

STUDENTS

The same policies are in effect for nursing students in the integrated programme as for students at the same academic level throughout the university. Included are policies regarding admissions, counselling, health services, tuition, membership in student organizations, and living accommodation. Six of the fourteen schools offering basic degrees in nursing reported that standardized intelligence and aptitude tests were used as part of the student selection process. This was similar to the over-all university policy. In only two universities were these tests administered to freshman students and not to beginning students in the basic degree programmes in nursing. In all university schools of nursing the basic baccalaureate degree students go through the same registration and enrolment procedures as other basic students of the university. Similarly, the same university counselling and health services are utilized by the basic baccalaureate degree students. However, because of the nature of clinical experience, additional health services such as immunization are given to nursing students and in some instances more frequent health examinations are required.

Comments made by selected groups of students about their programme were very astute, and of particular interest. There was no doubt that the students in the "sandwich type" course were dissatisfied with their programme.

FINANCES

The estimated total cost to the student (excluding personal expenses) is summarized in Table 65. This table should be studied with care since the totals may be misleading. Tuition fees paid to the university are similar to fees paid by other students, but the estimated costs of room and board vary according to the location of the university. The cost to the student in the integrated programme is higher than the "sandwich type" programme where the student in the middle years is enrolled with other hospital students and earns her room and board through services given to the hospital. Elsewhere in this study the fallacy of the latter programme is noted.

Key personnel in nursing, education and allied health professions believe that considerably more students would enter the integrated university school of nursing were the financial obligations not so great. Fox in his study of *Career*

TABLE 65

ESTIMATED TOTAL COST TO THE STUDENT (EXCLUDING PERSONAL EXPENSES) FOR THE BASIC DEGREE NURSING PROGRAMME, BY YEAR OF PROGRAMME

	U. of B.C.	U. of Alta.	U. of Sask.	Assumption U.	U. of W. Ontario	McMaster Univ.	U. of Toronto	Queen's Univ.	U. of Ottawa	McGill Univ.	Marguerite d'Youville	U. of N.B.	Dalhousie University
1st Year													
Fees....	$346.00	$324.50	$252.50	$475.00	$465.00	$353.50	$370.00	$455.00	$355.00	$400.00	$400.00	$377.00	$465.00
R. & B. .	650.00	540.00	500.00	550.00	750.00	700.00	785.00	640.00	—	800.00	900.00[1]	600.00	600.00
Other ...	215.00	205.00	60.00	78.00	80.00	180.00	495.00	100.00	56.00	135.00	110.00	125.00	40.50
Total .	1,211.00	1,069.50	812.50	1,103.00	1,295.00	1,233.50	1,650.00	1,195.00	411.00	1,335.00	1,410.00	1,102.00	1,105.50
2nd Year													
Fees....	148.00	12.50	277.50	—	—	353.50	370.00	10.00	405.00	400.00	392.50	377.00	465.00
R. & B. .	280.00	—	500.00	—	—	710.00	785.00	—	—	700.00	990.00[1]	600.00	600.00
Other ...	65.00	120.00	95.00	—	—	50.00	290.00	—	56.00	65.00	80.00	130.00	40.50
Total .	493.00	132.50	872.50	—	—	1,113.50	1,445.00	10.00	461.00	1,165.00	1,462.50	1,107.00	1,105.50
3rd Year													
Fees....	82.00	12.50	50.00	—	—	353.50	370.00	10.00	405.00	400.00	362.50	377.00	40.00
R. & B. .	385.00	—	—	—	—	—	785.00	—	—	700.00	990.00[1]	600.00	—
Other ...	—	120.00	50.00	—	—	15.00	300.00	—	56.00	80.00	130.00	60.00	.50
Total .	467.00	132.50	100.00	—	—	368.50	1,455.00	10.00	461.00	1,180.00	1,482.50	1,037.00	40.50
4th Year													
Fees....	356.00	12.50	50.00	—	—	353.50	370.00	10.00	405.00	400.00	362.50	377.00	40.00
R. & B. .	650.00	—	—	—	—	277.00	785.00	—	—	700.00	900.00[1]	600.00	—
Other ...	271.00	120.00	45.00	—	—	48.00	265.00	—	56.00	65.00	60.00	100.00	.50
Total .	1,277.00	132.50	95.00	—	—	678.50	1,420.00	10.00	461.00	1,165.00	1,322.50	1,077.00	40.50
5th Year													
Fees....	—	324.50	277.50	475.00	465.00	—	—	470.00	405.00	400.00	—	—	40.00
R. & B. .	—	540.00	550.00	550.00	750.00	—	—	640.00	—	700.00	—	—	—
Other ...	—	295.00	160.25	168.00	220.00	—	—	—	56.00	80.00	—	—	.50
Total .	—	1,159.50	987.75	1,193.00	1,435.00	—	—	1,110.00	461.00	1,180.00	—	—	40.50
6th Year													
Fees....	—	—	—	—	—	—	—	—	—	—	—	—	405.00
R. & B. .	—	—	—	—	—	—	—	—	—	—	—	—	600.00
Other ...	—	—	—	—	—	—	—	—	—	—	—	—	40.50
Total ...	—	—	—	—	—	—	—	—	—	—	—	—	1,045.50
GRAND TOTAL	3,448.00	2,626.50	2,867.75	2,296.00	2,730.00	3,394.00	5,970.00	2,335.00	2,255.00	6,025.00	5,677.50	4,323.00	3,378.00

[1] These are an approximation as most students live out.

+ Room & Board

Decisions and Professional Expectations of Nursing Students reports that "the proportion of diploma students (hospital schools) who would select a different program, i.e., a degree program, is larger for the second- and third-year students than for freshmen, suggesting their dissatisfaction is with the type of program rather than a specific school".[1] More students would have entered university schools of nursing had financial support been available. Discussion with students in Canadian schools of nursing indicate this to be true and the following comment is relevant:

> "This raises the question of why these students chose a diploma rather than a degree program. Further research would be needed to determine the extent to which this choice is determined by such factors as number and location of degree program, their admission standards, and the relative costs of degree and diploma program."[2]

Fox also found that nursing students chose diploma programmes because they lacked information about the different programmes in nursing and their relative advantages. This is most certainly true in Canada. During this survey, conferences with a representative group of students in all university schools of nursing revealed that information about these programmes was gained mostly by chance and not from school counsellors, even though the national and provincial nurses' associations have made efforts to keep the counsellors informed through conferences and printed literature. As a result of this – and other factors mentioned elsewhere – less than 5 per cent of all students entering schools of nursing choose the university programme. Yet data on academic achievement of students entering schools revealed that over 25 per cent had achieved the academic requirements for entrance to university programmes.

WITHDRAWALS

Table 66 indicates that the percentage of withdrawals of students from university schools of nursing is slightly higher than from hospital schools. Table 67 reveals that the main reason for these withdrawals is failure to meet academic requirements.

GRADUATES

Although less than 5 per cent of all students entering schools of nursing enrol in university programmes, the percentage of graduates from these schools is about 2 per cent of all graduates. This trend in the small percentage of graduates from university schools of nursing could be improved if the university schools of nursing could enrol to capacity. About 350 more students could be accommodated in the present programmes, and this figure could be further increased. Some officials in university schools of nursing have indicated that if more basic degree

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[1]Fox, David L., *et al.*, *Career Decisions and Professional Expectations of Nursing Students*, New York: Teachers College, Columbia University, 1961, p. 43.

[2]Fox, *op. cit.*

students were enrolled they would decrease the enrolment in the one-year certificate programme. Also added to this number would be the numbers to be enrolled in the newly developing schools of nursing.

TABLE 66

NUMBER AND PERCENTAGE OF WITHDRAWALS
FROM THE BASIC DEGREE COURSE, CLASS OF 1962

University	Enrolled	Graduated	Withdrew	Postponed
University of British Columbia ...	24	19[1]	8	–
University of Alberta	28	11	16	1
University of Saskatchewan.....	45	26	19	–
University of Western Ontario ...	6	4	2	–
University of Toronto	37	32	5	–
Queen's University	30	25	–	5
University of Windsor.....	5	4	1	–
McMaster University.....	15	12	3	–
McGill University	20	4	16	–
Mount Saint Vincent	5	4	1	–
St. Francis Xavier.....	5	5	–	–
Dalhousie University	6	2	4	–
Total.....	226	148[1]	75	6
Per cent	100.0	65.5	33.2	2.7

[1] Includes 3 transfers.

Source: Canadian Nurses' Association.

TABLE 67

NUMBER AND PERCENTAGE OF WITHDRAWALS
FROM CLASS OF 1962 BASIC DEGREE COURSE,
BY REASON FOR WITHDRAWAL

Reason	Number	Percentage
Failure to meet education requirements	33	44.0
Dislike for nursing	3	4.0
Marriage	12	16.0
Personality.....	–	–
Health	1	1.3
Failure to meet regulations	–	–
Personal reasons	11	14.7
Financial assistance	3	4.0
Other.....	12	16.0
Total.....	75	100.0

CURRICULUM

Two essential features in any educational programme are the quality of the instructional staff, and the curriculum.

The objectives of the educational programme differ and may be studied in the calendars of university schools. Essentially the programmes prepare educated women and professional practitioners of nursing. A detailed study of the calendar of each school of nursing reveals that students are prepared to function in "first level" positions and beyond. There is general agreement within the nurses' association that they should be prepared to begin practice at essentially the same level. Although the time factor should not be over-emphasized, Table 68 reveals that there are many variations in length of academic year and number of years.

TABLE 68

LENGTH OF SCHOOL YEAR IN MONTHS FOR BASIC DEGREE PROGRAMMES[1]

University	Year 1[1]	Year 2	Year 3	Year 4	Year 5	Year 6
University of Alberta	7½	11	11	11	8½	–
University of British Columbia ...	7½	10	10	10	10	–
University of New Brunswick	9½	9½	9½	9½	–	–
Dalhousie University	7½	7½	11	11	6	9
Assumption University	8	11	11	11	8	–
University of Western Ontario	8	11	11	12	8	–
University of Ottawa	8	11	11	8	–	–
University of Toronto	10	10	11	9	–	–
Queen's University	7	11	11	11	9	–
McMaster University	9	9½	11	8	–	–
Institut Marguerite d'Youville	10	11	11	10	–	–
McGill University	9	11	11	11	8	–
University of Saskatchewan.....	7	7	11	11	8	–

[1] Year 1 may be the first year of nursing programme or a prerequisite year in general education (post-high school).

Source: Questionnaire for Study of Nursing Education in Canada for Royal Commission on Health Services—1962.

According to authorities in the educational field the curriculum should maintain "an approximate balance between education in the arts and sciences and education in the professional major field of nursing".[1] However, in this study the information supplied revealed that for the total course the variation was from 15 per cent general education and 85 per cent professional education to about 50 per cent of each. It should be noted that the latter school was a unique situation. The majority of programmes had a very large percentage of professional and technical

[1]National League for Nursing, *op. cit.*

content and this should be questioned. If a programme has 85 per cent professional and technical content is it using the university offerings to advantage? The need for university schools is certainly not being questioned, but some of their programmes are.

Hickman makes this point in referring to the development of a professional programme in a university:

> "I am proud to say that the curriculum [for teachers] is 70% academic, composed of liberal arts courses, and 30% professional. It has often been calculated that it is possible for both teachers and nurses to master, in 12 to 15 months, sufficient basic facts, techniques and methods. But to be a good teacher of children, a good nurse of human beings in this world so frequently and rightly described as changing, complex, and scientific, much more is necessary than basic training and method. One has to be aware of the community and the world, feel part of a vast explosive situation, know something of past thought and philosophy in order to assess oneself, to understand ones fellow man, and to imagine the future. Courses in history, literature, psychology, sociology, economics and the fine arts, help us to understand the strains under which children and patients live, help one to enjoy life and to direct others to similar enjoyments."[1]

He further pleads for the education of nurses and teachers in a university atmosphere:

> "I believe that it was restricting to train teachers in normal schools, in isolation so to speak, as so many training colleges are in Britain. Surely it is preferable to educate teachers on a campus where they experience more freedom and where they rub shoulders and exchange ideas with other pre-professional groups. This move may help to break down Mr. Public's attitude that teachers are a bit different! Perhaps there is an analogy with nursing; would there not be advantages to escaping from the hospital atmosphere and to mingling with young men and women who intend to be lawyers, social workers, librarians, doctors and teachers?"[2]

POST-BASIC PROGRAMMES FOR GRADUATE NURSES

There are, generally speaking, three types of programmes offered to graduate nurses:

1. Post-basic certificate courses in (using general terms)
   (a) nursing education
   (b) nursing service
   (c) public health
   (d) special clinical areas
2. Post-basic baccalaureate degree courses
3. Graduate course – master's degree

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[1]Hickman, Harry, "Keynote Address, Canadian Nurses' Association, 31st Biennial Meeting", *Canadian Nurse*, Vol.58, October 1962, p. 882.

[2]*Loc. cit.*

The post-basic certificate courses are usually one academic year in length and have for many years provided the registered nurse with some additional preparation in the field of her choice. With the increasing complexity in the health field and demands made on those assuming senior positions many nurses and interested groups are seriously questioning the soundness of such a course. What are its objectives? What does it prepare the nurse to do? Are such courses the legitimate functions of a university school? Recent discussions at the Canadian Conference of University Schools of Nursing and national committees on nursing education suggest that these courses might be discontinued and supplanted for a stated period of time by the post-basic baccalaureate degree course. Here the student (R.N.) is at least provided with two or more years of university study and this might conceivably help her to develop some of the broader concepts of health care and the society in which she lives.

Thirteen of the university schools of nursing now offer courses for graduate nurses leading to the baccalaureate degree. Requirement for admission to these courses include graduation from an approved school of nursing, registration, and senior matriculation standing. The university programme usually consists of two or more years of general and professional education with a major in nursing education, nursing service, public health or a special clinical course.

In the past few years larger numbers of students have enrolled in these post-basic programmes. Table 69 shows the growth in one year in these courses as well as in the basic degree.

TABLE 69

ENROLMENT IN BASIC DEGREE AND POST-BASIC DEGREE PROGRAMMES IN UNIVERSITY SCHOOLS OF NURSING IN CANADA, FOR ACADEMIC YEARS 1960–61, 1961–62, 1962–63

	1960–61	1961–62	1962–63
Basic baccalaureate degree	881	950	956
Post-basic baccalaureate degree	199	235	270
Post-basic certificate	692	879	1,012
Total	1,772	2,064	2,238

Source: Canadian Nurses' Association.

As stated earlier, only two universities offer programmes at the master's level. These programmes are two academic years in length and prepare the graduates in nursing administration. In 1963, 35 students were enrolled in these programmes.

TABLE 70

ENROLMENT IN UNIVERSITY SCHOOLS OF NURSING, DECEMBER 31, 1961

University	Basic Degree								Post-basic Degree Baccalaureate				Post-basic Degree Master			Post-basic Certificate				
	1st yr.	2nd yr.	3rd yr.	4th yr.	5th yr.	5½ yr.	6th yr.	Total	1st yr.	2nd yr.	3rd yr.	Total	1st yr.	2nd yr.	Total	Nursing Education	Nursing Service	Public Health	Special Clinical Courses	Total
University of Alberta.....	43	28	14	23	10	–	–	118	15	5	–	20	–	–	–	12	–	15	8	35
University of B.C.....	29	24	26	17	–	–	–	96	2	5	7	14	–	–	–	–	12	40	–	52
University of Manitoba	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	14	–	16	–	30
University of New Brunswick	16	13	12	–	–	–	–	41	–	–	–	–	–	–	–	–	–	–	–	–
St. Francis Xavier University...	7	4	3	1	7	–	–	22	–	–	–	–	–	–	–	–	–	–	–	–
Dalhousie University...	6	8	3	5	3	3	2	30	–	–	–	–	–	–	–	18	7	31	–	56
Assumption University...	4	2	1	–	4	–	–	11	–	–	–	–	–	–	–	8	4	5	–	17
McMaster University...	20	7	5	12	–	–	–	44	–	–	–	–	–	–	–	–	–	–	–	–
University of Ottawa.....	8	–	–	–	–	–	–	8	3	15	–	18	–	–	–	42	–	39	–	81
Queen's University...	35	27	18	18	11	–	–	109	–	–	–	–	–	–	–	2	–	3	–	5
University of Toronto	43	36	42	33	–	–	–	154	3	21	8	32	–	–	–	18	58	103	–	179
University of Western Ontario	20	17	23	10	5	–	–	75	–	29	–	29	6	6	12	57	39	72	–	168
McGill University...	19	13	9	4	–	–	–	45	–	45	–	45	4	–	4	83	–	27	–	110

University of Montreal.....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	37	–	37
Institut Marguerite D'Youville...	–	–	–	–	–	–	–	–	41	54	–	95	–	–	–	76	106	–	27	209
University of Saskatchewan	55	55	27	34	26	–	–	197	1	3	2	6	–	–	–	23	23	18	–	64
Total	305	234	183	157	66	3	2	950	65	177	17	259	10	6	16	353	249	406	35	1,043

CHAPTER V

EDUCATIONAL PROGRAMMES FOR AUXILIARY PERSONNEL

The hospital and university schools of nursing outlined in the two previous chapters prepare students for practice as graduate nurses. There are also four other categories of personnel prepared through formal education programmes to function within the occupation of nursing. These are programmes for (a) the preparation of nursing assistants, (b) the preparation of the "psychiatric nurse" in the four western provinces, (c) the operating room technician and (d) two programmes in advanced obstetrical nursing or midwifery.

NURSING ASSISTANT PROGRAMMES

Of all the categories of workers in the health occupations prepared through formal educational programmes, none has increased as rapidly over the past two decades as the nursing assistant.[1] Through programmes initiated during the early 1940's, the numbers now known to be practising in Canada exceeds 17, 000 (Table 71). This category of auxiliary worker, however, was not newly created in the 1940's. Russell[2] noted that this auxiliary was used for many years in the home of the sick, but it was not until the early part of World War II that she was utilized in the hospital and other forms of organized nursing. At that time provinces began to introduce legislation for this worker. The formal educational programme for nursing assistants was formulated by the Canadian Nurses' Association and its provincial counterparts. These programmes were and are still conducted by registered nurses. Official recognition of these programmes and the graduates has been granted by provincial legislation in all but two provinces, which are British Columbia and Newfoundland. As indicated in Table 72, in 1962 there were 79 programmes in the 10 provinces as contrasted to 23 recognized programmes in 1947. During this period there was a 376 per cent increase in enrolled students.

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[1] A nursing assistant is one who has graduated from a recognized school for nursing assistants and who assists with the care of the patient in hospital or home, under the supervision of a physician or registered nurse.

(Note: The Canadian Nurses' Association recommends the title "nursing assistant". Two provinces use the title "practical nurse", and one province "nurses' aide".)

[2] Russell, E. Kathleen, *The Report of a Study of Nursing Education in New Brunswick*, Fredericton: University of New Brunswick Press, 1956, p. 26.

TABLE 71

NUMBER OF NURSING ASSISTANT PROGRAMMES, ENROLLED NURSING ASSISTANT STUDENTS AND EMPLOYED GRADUATE ASSISTANTS IN INSTITUTIONS,[1] CANADA, 1949–1962[2]

Year	Nursing Assistant Programmes	Enrolled Nursing Assistant Students	Employed Graduate Nursing Assistants
1949	14	544	–
1950	16	738	2,009[3]
1951	19	876	2,825[3]
1952	19	848	4,218
1953	23	773	6,367
1954	30	1,092	8,375
1955	37	1,304	9,292
1957	36	1,322	9,478
1958	40	1,564	10,639
1959	46	1,775	13,912
1960	43	2,200	14,882
1961	58	2,432	15,958
1962	79	2,682	17,140

[1] Excluding federal hospitals.

[2] Figures for 1956 are not available.

[3] Including nurses' aides.

Source: Health and Welfare Division of Dominion Bureau of Statistics, and provincial departments concerned with nursing assistant programmes.

TABLE 72

NUMBER OF PROGRAMMES AND ENROLLED STUDENTS, BY PROVINCE, IN 1947 AND 1962

Province	1947		1962	
	No. of Programmes	No. of Students	No. of Programmes	No. of Students
Newfoundland	–	–	4	100
Prince Edward Island	–	–	1	23
Nova Scotia	–	–	5	146
New Brunswick	–	12	7	152
Quebec	6 (Fr.)	13	14	250
Ontario	–	417	40	943
Manitoba	17	75	2	300
Saskatchewan	–	16	1	152
Alberta	–	30	2	419
British Columbia	–	–	3	197
Total	23	563	79	2,682

The majority of nursing assistant programmes follow the one suggested by the Canadian Nurses' Association, but, as revealed in Table 73, there are variations between provinces. These variations are mainly in sponsorship, approval and entrance requirements.

TABLE 73

SPONSORSHIP, INSPECTION AND APPROVAL, ENTRANCE REQUIREMENTS AND LENGTH OF COURSE FOR NURSING ASSISTANTS

Provinces	Sponsorship of Schools	Inspection and Approval	Entrance Requirements		Length of Course	Tuition Fee	Emoluments	
			Age	Min. Educ.			Allowance	Maintenance
Alberta	Provincial Department of Health	Min. of Health, Director Nursing Aide Education	Over 17½–55	Resident of Alberta Grade IX	40 weeks – (20 in school, 20 in hospital)	Nil	$10.50 – $19.50 per week	Room and board during hospital experience. Uniforms provided. Laundry provided
British Columbia	Board of School Trustees – Vancouver, Nanaimo and Victoria in co-operation with Department of Education	Nil	18–45	Grade X	1 year – (4 months school 8 months hospital)	$15.00 monthly 1st 4 months	$14-$20 per week	Uniforms provided
Manitoba	1-Man. Department of Health 1-Sisters of Charity	Man. Department of Health Registrar-Consultant	17–55	Grade X	1 year (17 weeks school, 33 weeks hospital, 2 weeks vacation)	Nil	$20 per month during hospital experience. Uniform charged – $39.00	Room and board during hospital experience
New Brunswick	4-hospital 2-vocational training, Department of Education	New Brunswick Association of Registered Nurses	"mature" over 17	Grade IX (pass)	12 months	Nil except out of town girls in one city school and those over 25 years of age	Varies according to school. Generally $10-$35 per month	Full maintenance or equivalent

TABLE 73 (Concl.)

SPONSORSHIP, INSPECTION AND APPROVAL ENTRANCE REQUIREMENTS AND LENGTH OF COURSE FOR NURSING ASSISTANTS

Provinces	Sponsorship of Schools	Inspection and Approval	Entrance Requirements		Length of Course	Tuition Fee	Emoluments	
			Age	Min. Educ.			Allowance	Maintenance
Newfoundland	Department of Health	Department of Health	17	Grade IX	10 months	Nil	$1,370 untrained and $1,700-$1,815 trained	Uniforms provided. If living in – room and board $35 monthly
Nova Scotia	2-Provincial Government 2-Hospitals 1-Department of Veterans' Affairs	Inspection—Registered Nurses' Association of Nova Scotia Nursing Secretary	17-40	Grade IX	10 months – 12 months	$40 – Department of Veterans' Affairs, nil in others	Varies $10-$145. Male N.S. Hospital $55	Room and board during hospital experience – some request to live out. If living in $40 is deducted
Ontario	31-Hospital 1-Royal Canadian Army Medical 6-Department of Health 2-Vocational Schools	Nursing Branch of Ontario Department of Health. College of Nurses	17	Grade VIII	10 months	Nil	$60-$70	Room and board not provided. Uniforms provided
Prince Edward Island	1-Central School for Nursing Assistants	Consultant visits school and reports to Executive Commissioner appointed under Licensing Act.	18-no max. age	Grade IX	12 months	Nil	$70 monthly	Stipend of $70 covers maintenance. Books and uniforms provided

Quebec	No legal sponsorship	Association of Nurses of the Province of Quebec approves and supervises 12 schools	17½-45	Grade IX	18 months including 6 months internship	Nil	$60-$70	Meals while on duty. Uniforms provided
Saskatchewan	Canadian vocational training, Saskatchewan Department of Education	Saskatchewan Registered Nurses' Association	18-50	Grade X	14 weeks school, 28 weeks hospital	Nil	Pre-clinic $15 per week. Stipend of $10 per month	Board and room, uniforms supplied and laundered at no cost to the student

Although the entrance requirements are set at Grade IX or X, the recent recruits usually have a higher educational standing. In Alberta the principal of the School for Nursing Aides (nursing assistants) prepared a chart of the grade achievement of students registered in the classes from January 1960 to December 1962. This chart revealed that in January 1960 there were approximately 32 students entering with the equivalent to Grade IX, a similar number with full Grade IX, X and XI, and 14 students with Grade XII. In only two years these numbers had shifted and now seven only were enrolled with Grade IX, 34 with full Grade IX, 54 with Grade X, 38 with Grade XI and 14 with Grade XII diplomas.

In British Columbia discussion with the Director of the Practical Nurse (nursing assistant) Programme in Vancouver, revealed that about 1, 200 female students graduate from high school in British Columbia with university entrance and schools of nursing can only accept 400. This, she believed, was the reason for higher academic qualifications of applicants to Practical Nurse Programme. This director reported that out of the 50 students admitted to the recent class, 42 had university entrance and it would have been possible to take all 50 with university entrance. This programme selects 50 students out of 200 applicants in each of the three classes per year. An interesting question posed by this director was in relation to what was happening to the students who left school at Grade X and XI and for whom this course was originally designed.

In all provinces the persons responsible for the nursing assistant programmes indicated that students were entering the programmes with qualifications well beyond the minimum educational requirements. On more than one occasion these persons commented that these students had similar qualifications to those entering the basic schools of nursing some 15 to 20 years ago.

On graduation from an approved nursing assistant programme graduates may become certified or licensed in seven provinces (Table 74).

Although there is no national association for nursing assistants, there are provincial associations in six provinces and in two provinces nursing assistants are working towards developing an association. Table 74 reveals the relationship between the provincial nursing assistant associations and the provincial nurses' associations.

PSYCHIATRIC NURSE PROGRAMMES

In the four western provinces – British Columbia, Alberta, Saskatchewan, and Manitoba – formal programmes are offered to qualified applicants to prepare them as "psychiatric nurses". In these provinces legislation provides for, or is being sought for, the licensing of all students who graduate from the recognized courses and meet the requirements as stated in the Acts.[1] These programmes are located in provincial mental hospitals.

[1] See appropriate Provincial Acts.

TABLE 74

LEGISLATION, CERTIFICATION, ORGANIZATION AND BY-LAWS FOR NURSING ASSISTANTS[1]

Provinces	Legislation	Certification or Licensing Body	Certification or Licensing Fee	Organization and By-laws	Relation to Nurses' Association
Alberta	Nursing Aides Act 1947	Provincial Dept. of Health Advisory Council under Act	Registration – $2.00 Annual Licence Fee – $1.00	Alberta Certified Nursing Aide Association	Alberta Association of Registered Nurses represented on Advisory Council
British Columbia	Practical Nurses' Act (not implemented)	None	None	Association of Practical Nurses of British Columbia	No official relationship
Manitoba	The Licensed Practical Nurses' Act	Dept. of Health Advisory Council appointed by Lt.-Gov. in Council	Licensing Exam. –$ 8.00 Enrolment on Registry–$ 5.00 Annual Permit or Licence –$ 5.00 Annually –$15.00	Manitoba Association of Licensed Practical Nurses	Manitoba Association of Registered Nurses represented in Advisory Council and Standing Committees
New Brunswick	Section 17-A Registered Nurses' Act	The New Brunswick Association of Registered Nurses		By-laws in respect to Nursing Assistants made pursuant to Section 17-A, Registered Nurses' Act	Supervised and controlled by the New Brunswick Association of Registered Nurses. Nursing Assistants Association not yet formed
Newfoundland	No legislation for Nursing Assistants				

TABLE 74 (Concl.)

LEGISLATION, CERTIFICATION, ORGANIZATION AND BY-LAWS FOR NURSING ASSISTANTS[1]

Provinces	Legislation	Certification or Licensing Body	Certification or Licensing Fee	Organization and By-laws	Relation to Nurses' Association
Nova Scotia	Nursing Assistants' Act	Board of Registration of Nursing Assistants	Annually – $7.00	Nova Scotia Nursing Assistants Association Act and By-laws under Joint Companies Act	Official relationship Reg. Nurses' Association of Nova Scotia. Registrar-Secretary-Treasurer of R.N.A.N.S. appointed by the Board of Registration of Nursing Assistants
Ontario	Nurses Act 1961–1962	College of Nurses	Registration –$3.00 Annual renewal –$1.00	Association of Certified Nursing Assistants of Ontario	Association of Certified Nursing Assistants of Ontario organized under sponsorship of Reg. Nurses' Association of Ontario. R.N.A.O. represented on ACNAO Executive Committee
Prince Edward Island	Licensed Nursing Assistant Act implemented April 1959, assented to in 1952	Dept. of Health Executive Committee appointed under Act	Licensing Fee By examination–$8.00 By waiver –$5.00 Annual renewal–$2.00	Not organized – Constitution and By-laws in readiness to be presented to the Legislature for approval	Association of Nurses of Prince Edward Island representative on Executive Committee is also Registrar and Consultant for Nursing Assistants

Quebec	No legislation as yet, but working on it	Association of Nurses of the Province of Quebec gives certification to graduates of schools approved by it and to individuals who meet requirements	Admission Fee —$10.00 Annual Renewal —$ 5.00		
Saskatchewan	Section II — the Registered Nurses' Act	Saskatchewan Registered Nurses' Association	Annually —$ 5.00	Saskatchewan Nursing Assistants Association By-laws Section 19. Sask. Registered Nurses' Association By-laws Sections 20, 21, 22, 23.	Saskatchewan Nursing Assistants Association organized under sponsorship of Sask. Registered Nurses' Association.

[1]Known in some provinces as aides or practical nurses.

Source: Canadian Nurses' Association.

The schools for psychiatric nurses were developed in response to a need for prepared attendants to care for the mentally ill. In the early years of mental hospitals, custodial care of inmates was provided by various types of workers who had little or no training. In the past 30 years psychiatric care has progressed from predominately protective and custodial care to a modern therapy directed toward keeping the patient in his home environment or, if hospitalization is necessary, returning him to his home and a protective life as quickly as possible. Over the years registered nurses have not been attracted to this field in any appreciable numbers.[1]

TABLE 75

NUMBER OF SCHOOLS FOR REGISTERED PSYCHIATRIC NURSES, NUMBER OF GRADUATES AND PRE-NURSING EDUCATION[1] OF THESE GRADUATES, FOUR WESTERN PROVINCES[2]

Year	Number of Schools	Number of Graduates	Pre-nursing Education					
			Pre-Gr. X	Gr. X	Gr. XI	Gr. XII	Univ. Entrance	Higher
1950 ...	8	277	8	44	44	36	9	1
1951 ...	8	221	6	23	47	45	2	–
1952 ...	8	267	15	22	34	35	1	2
1953 ...	8	349	11	29	29	34	–	1
1954 ...	8	295	12	45	52	29	2	–
1955 ...	8	193	4	54	62	70	2	1
1956 ...	8	201	3	43	61	85	6	3
1957 ...	8	200	7	48	65	71	8	1
1958 ...	8	228	1	41	87	86	3	10
1959 ...	8	197	1	33	83	76	3	1
1960 ...	8	293	2	47	105	103	35	1
1961 ...	8	281	1	58	105	112	1	4
1962 ...	8	272	2	32	99	89	43	7
1963 ...	8	253	–	27	82	94	48	2

[1] Six hundred and ninety-one incomplete files on pre-nursing education in the years 1950–1954.

[2] Only two schools out of three in Manitoba reported.

As the mental health movement progressed there arose a need to prepare individuals who could support the therapeutic regime of the psychiatrist. Since there were very few registered nurses working in this field, and fewer who had any specific additional preparation for psychiatric nursing, about three to four decades ago authorities in the psychiatric hospitals promoted short formal courses for attendants. In British Columbia, by 1931, a two-year programme for "mental nursing" was begun for female attendants. This programme was extended

[1] Canadian Nurses' Association, *Submission to The Royal Commission on Health Services*, Ottawa: The Association, 1962, p. 16.

to three years. Essentially the students in this programme were civil servants providing service to the institution during their training. In 1950 the educational programme at the provincial Mental Health Services at Essondale, British Columbia, was, after study, changed to a two-year programme. This shortened and improved programme was brought more into alignment with educational principles. Students were no longer classified as civil servants. The programme was placed under the supervision of a qualified senior instructor and she became responsible for the planning and implementing of the educational programme which included the rotation of the students through their clinical experience.

Improvements have also been instituted in the programmes for "psychiatric nurses" in the three provinces – Alberta, Saskatchewan and Manitoba – but the length of programme for the preparation of this worker remains at three years. Entrance requirements for the "psychiatric nurse" programme vary in each province, but there is a trend toward enrolees having a higher educational achievement (Tables 75, 76, 77, 78, 79) than required. This higher academic achievement of students is due largely (as noted previously) to the increased numbers of applicants with higher qualifications seeking admission to hospital schools of nursing. Those not successful in gaining admission to hospital schools of nursing often re-apply for entrance to nursing assistant programmes or to schools for "psychiatric nurses".

TABLE 76

NUMBER OF SCHOOLS FOR REGISTERED PSYCHIATRIC NURSES, NUMBER OF GRADUATES AND PRE-NURSING EDUCATION OF THESE GRADUATES, BRITISH COLUMBIA[1]

Year	Number of Schools	Number of Graduates	Pre-nursing Education				
			Gr. X	Gr. XI	Gr. XII	Univ. Entrance	Higher
1950	1	121	–	–	–	–	–
1951	1	86	–	–	–	–	–
1952	1	150	–	–	–	–	–
1953	1	245	–	–	–	–	–
1954	1	155	–	–	–	–	–
1955	1	81	19	28	34	–	–
1956	1	87	10	23	51	1	2
1957	1	83	20	18	42	3	–
1958	1	92	11	26	48	–	7
1959	1	59	10	15	33	–	1
1960	1	111	15	28	35	32	1
1961	1	94	8	32	51	–	3
1962	1	115	6	23	40	39	7
1963	1	103	5	16	35	45	2

[1] Pre-nursing education prior to 1955 unavailable.

TABLE 77

NUMBER OF SCHOOLS FOR REGISTERED PSYCHIATRIC NURSES, NUMBER OF GRADUATES AND PRE-NURSING EDUCATION OF THESE GRADUATES, ALBERTA

Year	Number of Schools	Number of Graduates	Pre-nursing Education				
			Gr. IX	Gr. X	Gr. XI	Gr. XII	Entrance
1950	2	22	8	5	6	2	1
1951	2	21	4	4	7	4	2
1952	2	18	9	3	3	2	1
1953	2	27	8	7	5	7	—
1954	2	25	5	10	7	2	1
1955	2	14	—	6	5	1	2
1956	2	27	3	7	6	6	5
1957	2	23	5	2	7	5	4
1958	2	18	—	3	9	3	3
1959	2	15	—	3	6	3	3
1960	2	26	2	3	12	7	2
1961	2	32	1	14	6	10	1
1962	2	31	2	3	10	12	4
1963	2	24	—	2	2	17	3

Source: Canadian Nurses' Association.

TABLE 78

NUMBER OF SCHOOLS FOR REGISTERED PSYCHIATRIC NURSES, NUMBER OF GRADUATES AND PRE-NURSING EDUCATION OF THESE GRADUATES, SASKATCHEWAN

Year	Number of Schools	Number of Graduates	Pre-nursing Education				
			Gr. X	Gr. XI	Gr. XII	Univ. Ent.	Higher
1950	3	96[1]	28	23	30	—	1
1951	3	80[1]	3	28	37	—	—
1952	3	71[1]	5	25	32	—	1
1953	3	57	9	21	26	—	1
1954	3	66	5	34	27	—	—
1955	3	68	10	24	33	—	1
1956	3	67	13	26	27	—	1
1957	3	58	3	31	23	—	1
1958	3	88	11	40	34	—	3
1959	3	89	2	49	38	—	—
1960	3	106	3	45	58	—	—
1961	3	94	1	46	46	—	1
1962	3	87	—	53	34	—	—
1963	3	80	—	40	40	—	—

[1] Thirty-four incomplete files.

Unable to differentiate between those who have Grade XII and those who have university entrance.

TABLE 79

NUMBER OF SCHOOLS FOR REGISTERED PSYCHIATRIC NURSES, NUMBER OF GRADUATES AND PRE-NURSING EDUCATION OF THESE GRADUATES, MANITOBA

Year	Number[1] of Schools	Number of Graduates	Pre-nursing Education					
			Pre-Gr.X and Adult Testing	Gr.X	Gr.XI	Gr.XII	Univ. Ent.	Higher
1950	2	38	—	11	15	4	8	—
1951	2	34	2	16	12	4	—	—
1952	2	28	6	14	6	1	—	1
1953	2	20	3	13	3	1	—	—
1954	2	49	7	30	11	—	1	—
1955	2	30	4	19	5	2	—	—
1956	2	20	—	13	6	1	—	—
1957	2	36	2	23	9	1	1	—
1958	2	30	1	16	12	1	—	—
1959	2	34	1	18	13	2	—	—
1960	2	50	—	26	20	3	1	—
1961	2	61	—	35	21	5	—	—
1962	2	39	—	23	13	3	—	—
1963	2	46	—	20	24	2	—	—

[1]Only two schools out of the three reported.

In discussion with officials of schools for psychiatric nurses, it was revealed that the majority of students selected the psychiatric nurse course because of:

1. Financial reasons – students are given a substantial allowance during the course, and room and board are provided at a low cost. (Average stipend – about $200.00 per month, accommodation $5.00 per month and 30 cents per meal.)
2. Failure in university – students who fail in university and are interested in behavioural sciences.
3. Interest in field of social work. Some applicants indicate a desire to become social workers, but because of financial barriers, or others, decide to take the psychiatric course.

Although fewer men than women enter this course, it does attract considerably more men than the course leading to the registered nurse. In the majority of provinces about 20 per cent of the total school population are men.

Instructional Personnel

Information made available at the time of this study indicates that the preparation of instructional personnel in "psychiatric nurse" programmes has improved recently. Of the 19 instructors employed at the provincial Mental Health Services School in British Columbia at the time of this survey, 12 had obtained

the baccalaureate degree, and 5 held diplomas in teaching and supervision. Twelve additional instructors were employed for teaching in the clinical fields. Similar reports were provided by the schools in two of the other three provinces. This is interesting when compared with the very low qualifications of instructors in diploma schools of nursing. (Chapter III)

Curriculum

A review of the aims of the curriculums of the programmes for psychiatric nurses indicate that they seek to prepare nursing personnel who will have an understanding of human behaviour, a knowledge of psychiatric principles and concepts as well as varying degrees of skill in the preventive treatment and rehabilitation aspects of mental illness.

Although these objectives are commendable, the question is raised as to whether students of these programmes should be responsible for the care of the mentally ill. In essence, it prepares a technical nurse in one specific area of activity. In this situation it appears that the practitioner should have a broad general education in the field and following this, additional preparation in a specific clinical specialty.

Graduates and Licensure

The graduates of the psychiatric nurse programmes are prepared for positions in psychiatric hospitals, clinics and schools for mentally retarded and are eligible for licensure as a "psychiatric nurse" as provided for by legislation in the province.

In discussion with graduates of these psychiatric programmes many comments were made that indicated that the graduate "psychiatric nurse" was bitter because of lack of mobility in employment between provinces and in other countries. When questioned if they were aware on entering the school that they were prepared only for psychiatric nurse practice in that province, the answer was they were told, but they did not really understand the full implications.

In reviewing the "psychiatric nurse" programme, and the function of the graduate, the perpetuation of such courses is questioned. The need for these workers, at present, is recognized. However, recent and proposed changes in the mental health field dictate the necessity for re-examination of the method of preparing practitioners in the area. One proposal for this group is that selected "psychiatric nurses" be given additional preparation through a formal educational programme to qualify them as graduate registered nurses. Such a programme has been formulated in one of the western provinces.

Eventually then, those nursing practitioners who care for the mentally ill should have a similar basic preparation as those for other patients in the community, with additional post-basic preparation in the clinical specialty.

OPERATING ROOM TECHNICIAN[1] PROGRAMME

A small group of practitioners who are prepared through formal educational programmes and practice within the occupation of nursing are operating room technicians. Although several hospitals in Canada report that they are using operating room technicians, at present only one course prepares these technicians for employment outside the home hospital. This course is given at the Winnipeg General Hospital. Prior to the initiation of the course, a few hospitals in Canada prepared nursing assistants as O.R. technicians. This practice is still carried on – particularly in the large hospitals. A few hospitals have organized programmes for preparing O.R. technicians, but do not purport to qualify them for practice outside their own operating rooms.

The course at the Winnipeg General Hospital is of six months duration and offers study in Operating Room Principles and Practice which prepares them for practice outside their own hospital. Entrance requirements for this course require that the applicant have a Grade X standing (minimum), be between 18 and 35 years of age, and have passed a physical examination.

Students entering this course are required to pay a $10.00 fee and provide their own text books and other materials which does not exceed $25.00. A remuneration of $125.00 per month is granted each student.

The curriculum includes 150-200 hours of clinics and conferences in operating room technique, microbiology and pathology, anatomy, administration, orientation to operating rooms, anaesthesia and surgery. Practical experience is provided in all general and specialized operating rooms, instrument rooms and out-patients' operating room. Preparation of operating theatres, preparation as a scrub assistant and circulating nurse, pre-operative preparation, post-operative care and assisting on the operating team are some of the experiences offered.[2] On successful completion of the course a certificate is granted by the Winnipeg General Hospital which states that the student: "Has satisfactorily completed a six months course of study in Operating Room Principles and Practice, and is qualified to practise as an Operating Room Technician".

At present this course is limited to ten students per year. The Director of Nursing of the Winnipeg General Hospital indicated that the demand for these O.R. technicians was very great and exceeds the supply. (The size of the class is limited because this clinical experience is also required for basic and graduate nursing students.)

The Director of Nursing commented that many of these O.R. technicians "are excellent" and "become as adept as an operating room nurse" and all

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[1] The Operating Room Technician is a selected person who, by means of a planned programme of instruction, is prepared to function under the direct supervision of a qualified professional nurse in hospital areas directly concerned with the principles and practice of surgical asepsis.

[2] Winnipeg General Hospital, *Operating Room Principles and Practice, Technician's Course*, Winnipeg: Winnipeg General Hospital, 1962.

have successfully fulfilled positions in operating rooms. She also stated that the majority of surgeons and nurses have accepted them as competent members of the O.R. team.

The use of O.R. technicians should be encouraged. The functions performed by the "scrub nurse" are of a technical nature and it is unnecessary to use a graduate nurse for this activity. However, where independent judgment is required, such as by the "circulating nurse" or supervisor then a graduate nurse should be assigned.

MIDWIFERY COURSES

An advanced practical obstetric course was begun at the University of Alberta School of Nursing in Edmonton in 1943. At first, the aim of this course was to prepare district nurses and later it was broadened to prepare nurses in small hospitals to cope with obstetrical practices in the remote parts of the province. The objective of the course has now been modified and aims "to prepare nurses for responsibility in any position in obstetrics either in large or small hospitals or remote areas of the north".

This post-registered nurse course is of 21 weeks duration and includes the following:

Part I: (10 weeks)

"Includes lectures in anatomy and physiology; obstetrics; pediatrics; gynecology; genetics; breathing and relaxation; nursing care; how to study and public speaking; observation and experience in doctors' offices, in the obstetrical clinic of an out-patient department, and in the wards of local hospitals including one week in a premature nursery; practice teaching of patients and student nurses. A project, a long-term assignment, on a subject of the student's choice, is started during the fifth week. Three examinations are given during the last weeks."

Part II: (8 weeks)

"Spent in a selected hospital in the province, with experience on the ward, in the nursery and in the case room. The student assists in a minimum of 20 deliveries under the instruction, supervision, and responsibility of the patients' doctors."

Part III: (2 weeks)

"Conclusion of the course. Each student presents a report on her field experience and her project. There are a few lectures, some field trips, and the final examination."[1]

[1] Madden, Margaret M., "The Storks Fly On", *The Canadian Nurse*, Vol. 57, August 1961, p. 763.

Two classes of students are admitted each year, and the maximum for each class is ten students – yet rarely have ten students entered the class. The numbers since 1958 are as follows:

Fall 1958 – 7 students

Spring 1959 – 4 students
Fall 1959 – 7 students

Spring 1960 – 4 students
Fall 1960 – 4 students

Spring 1961 – 4 students
Fall 1961 – 10 students

Spring 1962 – 9 students

As this is the only advanced practical obstetrical course for nurses in Canada that offers detailed theory and advanced practice including the delivery of patients, students come from all parts of Canada and a few from the United States.

Graduates from this course have assumed positions as nursing supervisors of obstetrical departments, premature nurseries, case rooms, as clinical instructors, head nurses and as staff nurses in both large and small hospitals. Some graduates are in the public health fields and others are missionaries.

In October 1961, an official of the Central Midwives Board of England and Wales surveyed the programme and in December of that year this course at the University of Alberta was granted recognition by the Central Midwives Board as the equivalent of Part I of the English Midwifery Course[1].

During a visit to Laval University to gain information about the programmes in nursing education, the Directeur de l'Ecole des Sciences hospitalières reported that in September 1962 a six-months course in midwifery had been initiated. This course is reported to be under the aegis of the Laval school and the course is given at Hôpital St. Sacrement. It was explained this course was offered only to lay and religious nurses who were going into the mission field.

[1] Madden, Margaret M., "The Storks Fly Higher", *The Canadian Nurse*, Vol. 58, July 1962, p. 626.

CHAPTER VI

PRESENT AND SUGGESTED CATEGORIES OF NURSING PRACTITIONERS

At present there are four major categories of workers within the occupation of nursing. These are the registered nurses (graduates of university and diploma schools), nursing assistants, "psychiatric nurses", and orderlies and attendants. In addition, there are a small number of operating room technicians and others noted elsewhere.

PRESENT CATEGORIES OF PERSONNEL

In Table 80, the four categories with the largest number of personnel contributing to nursing care are listed.

TABLE 80

NUMBER OF VARIOUS CATEGORIES OF PERSONNEL CONTRIBUTING TO NURSING CARE, CANADA, 1960–1962

Category	1960	1961	1962
Registered nurse[1]	68,502[2]	70,164[2]	78,340[2]
Certified nursing assistant	14,882[2]	15,958[2]	17,140[2]
Licensed psychiatric nurse	2,453[3]	2,130[3]	2,191[3]
Orderlies and attendants	10,387[3]	13,630[3]	–

[1] Includes both the graduates of university and the hospital schools of nursing as of January 1.

[2] Canadian Nurses' Association.

[3] Dominion Bureau of Statistics.

As indicated previously nursing assistants are prepared through formal programmes of 10 to 18 months. In many of the provinces these programmes are located within the general educational stream, being under the control of the Department of

Education which bears responsibility for vocational education. The psychiatric nurse is prepared through programmes established in psychiatric hospitals in the four western provinces. These courses are two or three years in duration, and prepare the graduate to function as a "psychiatric nurse" in a psychiatric hospital in one of the four provinces.

Orderlies and attendants are usually prepared on-the-job. No set course is required of these workers and their preparation may be minimal. In two of the western provinces, the hospital orderlies are forming, or have formed, an organization for the purpose of improving standards. Nursing care given by these workers is limited to male patients, but they do perform complicated procedures which are usually the province of the more skilled and better prepared worker.

Concern has been expressed recently about the proliferation of workers within the occupation of nursing. In their briefs to the Royal Commissionon Health Services, each provincial nurses' organization either identified the levels of categories of nursing personnel that would be required in that province, or identified this as an area requiring immediate study. The CNA, reflecting the thinking of the provincial associations, stated:

> "...the Association is concerned about the proliferation of workers in nursing. Too often – at least to the patient – the patient belongs to no one and no one belongs to the patient. Besides the interference of nurse-patient relationship it gives rise to overlapping and duplication of activities and results in the fragmentation of patient care.
>
> "The performance by nursing assistants of nursing functions beyond the worker's preparation and often without competent supervision, may jeopardize the quality of care given and the safety and well-being of patients.
>
> "The Canadian Nurses' Association therefore believes that nursing service can best be met through the consolidation of current categories of nursing personnel into fewer, possibly two, groups which can be differentiated on the basis of function and education..."[1]

Concern about the workers who assist the nurse has been recorded by the World Health Organization, the International Labour Organization, the International Council of Nurses, and others.

In 1950, the First Session of the WHO Expert Committee concluded that there were three simultaneous and related approaches necessary for providing an adequate quantity and quality of nursing services in any country. These are:

1. securing candidates for training of all types;
2. promotion of the most effective use of various types of nursing personnel;

[1] Canadian Nurses' Association, *Submission to The Royal Commission on Health Services*, Ottawa: The Association, 1962, p. 5.

3. provision of educational facilities and programmes for all types of nurses needed.[1]

The report of this Committee indicates that among the factors involved in the effective use of nursing personnel was: "assignment of various types of functions to appropriate types of personnel".[2] In connection with auxiliary nursing personnel, the Committee stated that:

> "...many nursing activities formerly performed by nurses can be safely entrusted to workers with less comprehensive training, [and] the committee considers the employment of auxiliary nursing personnel an essential factor in the provision of nursing services in homes and in hospitals, general and special, including tuberculosis sanatoria, mental hospitals, and institutions for chronic patients."[3]

A later report of WHO concluded that:

> "There is considerable evidence that there is an important and continuing place for the auxiliary workers in public health, to perform the many duties which require less independent judgment than is expected of professional nurses."[4]

Consideration of auxiliary nursing personnel was also a focus of the International Labour Organization publication, *Employment and Conditions of Work of Nurses*. This report noted that:

> "A basic problem of effective utilization of existing nursing personnel is linked with the definition of nursing functions. What are the proper duties of professional nurses? What functions can be performed effectively by auxiliary staff? What can be done to conserve nursing energies for the performance of professional functions?"[5]

The report pointed out that many countries are seeking answers to such questions and that some have undertaken work study and job analyses in order to find the answers. The report stated that one of the chief means of ensuring the best use of professional nursing skill is by the judicious employment of auxiliary personnel.

During the past decade, when international consideration was being given to the role of the auxiliary nurse, the CNA was attempting to resolve the confusion in relation to the nursing assistant. This association has constantly sought to introduce measures that would assist in the improvement of nursing services, but these efforts have been harassed by fragmentation of activities within the occupation of nursing.

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[1] World Health Organization, *Expert Committee on Nursing, Report on the First Session*, Geneva: The Organization, 1950, p. 8.

[2] The term "auxiliary worker" is used by the United Nations family of organizations to designate a paid worker in a particular technical field with less than full professional qualifications in that field who assists or is supervised by a professional worker. United Nations, Administrative Committee on Co-ordination (1954).

[3] World Health Organization, *op. cit.*, p. 18.

[4] World Health Organization, *Expert Committee on Nursing, Fourth Report*, Geneva: The Organization, 1959, p. 27.

[5] International Labour Organization, *Employment and Condition of Work of Nurses*, Geneva: The Organization, 1960, p. 44.

The use of nursing assistants came into prominence during and directly after World War II, when there arose a need, as it was then thought, to fill the gap left by the shortage of registered nurses. It should be noted parenthetically, that efforts are now being made to determine how much was due to an actual shortage of personnel, and how much due to out-dated and wasteful methods of utilizing the time of registered nurses. This need for prepared nursing personnel became even more acute as health services expanded and medical science advanced at an accelerated rate.

Because of the rapid growth in numbers of nursing assistants and the confusion between the role of this assistant and the registered nurse, the CNA appointed a task committee – the Special Committee on Nursing Assistants – to investigate the problems and make recommendations to the organized profession. This committee recognized that the CNA was instrumental in developing this group known as nursing assistants in the 1940's when there was an "acute shortage of nurses". In studying the problem, this CNA committee recognized that:

1. The function of the registered nurse is broad and subject to different interpretations or approaches depending on working conditions. Nursing activities carried out by nursing assistants also vary within different sets of circumstances. This has created confusion and conflict in relation to the role of the nursing assistant.
2. Hospitals are relying more and more on the nursing assistants.
3. A growing group such as the nursing assistants will develop bargaining powers as they increase in numbers. They have been approached by union organizations who have offered to bargain on their behalf.
4. If these assistants obtain a highly developed bargaining power, they could conceivably assume a scope of operations which would then be denied to the registered nurse. Under these circumstances, the registered nurses might find their scope of action as a profession being limited by outside pressure. Confusion exists in the ranks of nurses and others in the health field about the scope of action of both groups. This may lead to conflict. Also, the confusion may eventually become apparent to the public, in which case it might inevitably lead to a loss of confidence which would in turn lessen the ability of nursing groups to do their work effectively. It is recognized that a situation in which two groups work autonomously and independently in the same general area has within it the seeds of confusion, conflict and controversy.

One of the recommendations of the CNA stated in part:

> "...the Special Committee on Nursing Assistants has studied this question... and is convinced that some type of wise well-planned integration of the nursing assistant group into the registered nurse group is the eventual answer in meeting the nursing needs of patients, and for keeping our profession in order.."[1]

[1] Canadian Nurses' Association, *Folio of Reports*, "Report of Special Committee on Nursing Assistants", February 1962, p. 41.

Thus the Committee on Nursing Assistants has in effect, as a result of their exploration of the problem of the nursing assistants, recommended the consolidation of the nursing assistant group and the registered nurse group into one. Beyond this there would need to be prepared a nursing practitioner who would assume leadership in planning and providing for nursing services.

From the above, it may be concluded that only two categories of workers are needed within the occupation of nursing. However, before a conclusion can be reached an examination must be made of the whole range of the functions of nursing.

FUNCTIONS OF NURSING

As a basis for the identification of categories of nursing personnel required, a definition of nursing and the functions of the nurse is needed. Actually, there are many definitions of nursing and the functions of the nurse. The World Health Organization stated that:

> "Nursing, as one of the disciplines of the health team, strives to meet the health needs of the people which are within its province. The Committee sees the functions of the nursing personnel to be:
>
> 1. Carrying out the therapeutic programme designed by physicians for sick patients, including also personal services aimed at hygiene and comfort;
> 2. maintenance of physical and psychological environment conducive to recovery and to health;
> 3. engaging the patient and his family in his recovery and rehabilitation;
> 4. instructing people, sick and well, in measures promoting total health (physical and mental) in its positive sense;
> 5. carrying out measures for the prevention of disease;
> 6. co-ordinating nursing with efforts of other members of the health team and of other community groups."[1]

The CNA has identified the functions of nursing as including:

> " 1. Giving nursing care and assisting with the rehabilitation of patients in all types of mental and physical illness, at home and in hospitals.
> 2. Assisting the doctor in carrying out the therapeutic plan of care through administration of treatments and medicines, as prescribed by the physician, and in observing significant developments in the patient's mental and physical condition and communicating these to the physician.
> 3. Teaching the principles and practice of health promotion and conservation, and providing health supervision and counselling.
> 4. Planning, administering, and supervising nursing services and participating in over-all planning for health services insofar as nursing service is concerned.
> 5. Co-ordinating the various services available to the patient, in order that the best interests and welfare of the patient be safeguarded.

[1] World Health Organization, *Expert Committee on Nursing, Report on First Session*, Geneva: The Organization, 1950, p. 5.

6. Organizing, administering and participating in the education of both professional and auxiliary nursing personnel.
7. Organizing, administering, and participating in the activities of professional nursing organizations. These activities include the promotion of legislation for the control of the practice of nursing, the establishment of requirements for registration and the standards of nursing education, and the advancement of the economic welfare of nurses."[1]

The CNA has also stated that when the nurse carries out these functions, she assists in the promotion, conservation, and restoration of the health of the individual and his family which, in turn, reflects the level of health of the community by giving service to:

> "Patients and their families in hospitals, clinics, and homes. School children and their parents within the school health programs. Workers and their families within the occupational health services. Parents and their children in maternal and child health programs. Communities in rural and urban public health services."[2]

Lesnik and Anderson[3] have identified seven areas of professional nursing – six of these areas are independent areas and one is a dependent area of nursing.

Statement of Functions of General Staff Nurse	*Seven Areas of Control*[4]
Prepares, administers and supervises a patient care plan for each patient in the group for which she is responsible.	The supervision of a patient involving the whole management of care, requiring the application of principles based upon the biologic, the physical and the social sciences. *(Independent)*
Assists in the provision of optimum physical and emotional environment.	The observation of symptoms and reactions including sympto-matology of physical and mental conditions and needs requiring evaluation or application of principles based upon the biologic, the physical and the social sciences. *(Independent)*
Applies scientific principles in performing nursing procedures and techniques through constant evaluation in the light of nursing and medical progress.	The accurate recording and reporting of facts, including evaluation of the whole care of the patient. *(Independent)*
Performs therapeutic measures prescribed and delegated by medical authority.	The supervision of others except physicians contributing to the care of the patient. *(Independent)*
Continuously evaluates symptoms, reactions and progress.	

[1] Canadian Nurses' Association, *Submission to The Royal Commission on Health Services*, Ottawa: The Association, 1962, pp. 11-12.

[2] Ibid., p. 12.

[3] Lesnik, Milton J., and Anderson, Bernice E., *Nursing Practice and the Law*, 2nd edition with revisions, Philadelphia: J.B. Lippincott Co., 1962, pp. 259-60.

[4] *Loc. cit.*

The application and execution of nursing procedures and techniques. *(Independent)*

The direction and the education to secure physical and mental care. *(Independent)*

The application and execution of legal orders of physicians concerning treatments and medications, with an understanding of cause and effect thereof. *(Dependent)*

In a presentation of the function of nursing, and in attempting to analyze the categories of personnel needed to carry out these functions, it is necessary to recognize that nursing activities will change with the advances in medical and social sciences. The function – the "unique, definite, and essential social function"[1] of nursing cannot be described or conceived of as being an aggregate of activities.

> "McManus...conceives of the function of the profession as the hard core of professional services which the profession performs with expert care and which is distinctive to that profession...The broad generalizations of professional function allows for expanding concepts of this function and for continuous delineation of routinized tasks which may be delegated to ancillary groups. The function is never delegated; activities associated with the broad function may be."[2]

McManus states that the distinctive professional role of the nurse includes:

" 1. Identifying the nursing problem of the patient – or making a nursing diagnosis.
2. Determining the objectives of nursing for the patient within the framework of the physician's plan of medical care, the patient's capacity for self-direction in his health care, and the social milieu.
3. Deciding upon the course of nursing action to be taken – the nursing regime.
4. Developing an individualized program of nursing care of the patient, incorporating the reassurance of psychological support and health guidance needed, and the medical treatments delegated by the physician to the nursing staff to carry out.
5. Carrying out the nursing program, both by performing such tasks as require professional judgement and skill and by delegating to other nursing personnel, the family, or others who assist the nurse, those tasks appropriate to their training and competence.
6. Giving continuous direction to and supervising those who assist her, evaluating their ministrations, and modifying the plan of nursing as need be to achieve the desired results for the patient.
7. Co-ordinating the nursing care program with the services of the medical and allied professional practitioners."[3]

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[1] Lieberman, Myron, *Education as a Profession*, New Jersey: Prentice-Hall, 1956, p. 19.

[2] Lambertsen, Eleanor, *Education for Nursing Leadership*, Philadelphia: J.B. Lippincott Co., 1958, p. 49.

[3] McManus, R. Louise, "Nurses Want a Chance to be Professional", *The Modern Hospital*, Vol. 91, October 1958, p. 89.

On the question of the functions of nurses the American Nurses' Association made this observation:

> "Robert Merton has stated that the basic dynamic of professional development exists 'only if there is an effective enlargement of a hard core of knowledge which is initiated within the profession and which becomes, so to say, its intellectual property'. Though the functions of nurses have considerably expanded, is the expansion due to the growth of *independent* nursing functions and the development of the 'hard core of knowledge' or to the increased acceptance by nurses of more and more delegated functions?"[1]

In the practice of nursing, unlike other occupational groups, it is noted that there is a continual transfer of activities from the medical group to the nursing group. "When such professions as nursing and medicine participate so closely as to be interdependent and complementary in the service of the patient and the community, there is a special obligation on each to study and understand the other." Merton described the transfer of function from one profession to another as "a process of continual definition and redefinition of the scope of a profession".[2]

Over the past decade or more, nursing leaders have come to recognize that the practice of nursing was becoming more and more complex, and that the range between the simple routine activities and the complex activities was widening. Of this range of activities Montag makes the observation that:

> "The functions of nursing can be said to be on a continuum or as having a spectrum-like range. At one extreme of the range are those activities which are simple and which serve to give assistance to the nurse or physician...
>
> "The functions of nursing found at the other extreme of the range of functions are those skills which are extremely complex and require a high degree of skill and expertness...
>
> "The main volume of nursing in hospitals, clinics, and other agencies giving nursing care lies somewhere between the two extremes just described."[3]

Montag also makes the point that the boundaries between these areas are not fixed forever but that "there are recognizable limits and the individual should be able to work within these limits without difficulty".[4]

CATEGORIES OF NURSING PRACTITIONERS NEEDED IN THE FUTURE

A study of the broad functions of a nurse, as described above, might lead to the conclusion that one category of practitioner might be prepared to perform all these essential functions. However, as noted previously, this would not be the most efficient or effective method of performing the functions of nursing, or

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[1] American Nurses' Association, *A Discussion Guide on Public Funds for Nursing Education*, New York: The Association, p. 2 (mimeographed).

[2] Merton, Robert K., *Issues in the Growth of a Profession*, New York: American Nurses' Association, 1958, p. 8.

[3] Montag, Mildred L., *The Education of Nursing Technicians*, New York: G.P. Putnam's Sons, 1951, p. 5.

[4] *Ibid.*, p. 6.

of utilizing nursing personnel. If the functions of nursing are on a continuum or have "a spectrum-like range", and progress from the simple to the extremely complex, then one, two, three or more categories might be prepared with each functioning in specified segments along the continuum. However, for reasons already identified there is no justification for providing more classifications of workers than is essential.

On the basis of all evidence available, a review of all research and of present experience, the conclusion is that two categories of nurses are required to carry out the functions of nursing. These are two distinct categories of nurses, and should be prepared through programmes which have different objectives.

In Chapters III, IV, and V there is evidence that more than four categories of workers are being prepared through formal educational programmes. But this is the result of "meeting an immediate need" as the practice of nursing becomes more complex. It is not the result of a clear definitive analysis of how the functions of nursing can be effectively and efficiently met. Perhaps the practice of engineering will illustrate the point. "Professional engineers provide the intellectual leadership in engineering.... Engineering technicians, who are generally spoken of as engineers and thus speak of themselves, are employed on the operating level."[1] Lest the impression be given that one category of nurse or engineer is more important to society than the other, Brown makes the point that the work of the engineering technician "is of unquestioned importance in the maintenance and operation of industry and in the forwarding of engineering enterprises. The scope of their work, however, is narrow and responsibility assumed for over all administration is negligible".[2]

More recently Darley[3] put forth criteria for distinguishing the professional from the technical. This has application to nursing, in that it is suggested that the professional person can be distinguished from the technical worker by his ability to judge data and to determine their significance in relation to the problem to be solved. "The kind of judgment which the professional person exercises cannot be standardized", stated Darley, "and, therefore, cannot be regulated by any authority outside the person."[4] This concept embodies the central responsibility of the professional. Rules and regulations set by the professional group are only the base line for the professional. He must ultimately set his own standards by which he himself can measure his success in his professional and personal life.

> "...the truly professional person is one who, by virtue of intellectual capacity, education and moral outlook, is capable of the exercise of intellectual and moral judgment at a high level of responsibility. My entire concept of the word

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[1] Brown, Esther Lucille, *Nursing for the Future*, New York: Russell Sage Foundation, 1948, p. 64.

[2] *Ibid.*

[3] Darley, Ward, "The Professions and Professional People", *Nursing Forum*, Vol. 1, Winter 1961-1962, p. 83.

[4] *Ibid.*

> 'profession' is anchored to the word 'judgment'. Judgment is an art, and the professional person of whom I speak practices his art on the basis of broad knowledge, penetrating wisdom and great moral certitude. He cannot depend alone upon rules, regulations and formulae for guidance in the formulation of his judgment. He is not a technician."

This concept of the two categories of workers within an occupation is applied to nursing. Each category would be prepared in different kinds of educational institutions with different aims and objectives. One category would be prepared in institutions of higher learning which leads to the baccalaureate degree. The other category would be prepared in a post-high school institution (e.g., junior colleges) and would lead to a diploma. (Ratio of numbers to be prepared in each category follows this section.)

The *graduate of the university school of nursing* will be able to perform the following functions:

1. Providing skilled nursing care in the hospital and community. Performing complex functions requiring specific skills and judgment, e.g., she identifies and assesses nursing problems of the patient:
   - making a nursing diagnosis,
   - preparing a nursing care plan,
   - initiating the plan, and performs those aspects of the plan requiring professional judgment and skill. She delegates to other personnel, or those who assist her, such tasks as are consistent with what they know, or such tasks as are appropriate to their competence and training,
   - evaluating the nursing care plan and adapts this plan as the situation changes.
2. Maintaining a collaborative relationship with the physician and other health workers, and co-ordinating the nursing care plan with that of the medical care plan.
3. Observing, assessing, and reporting effects of therapy, making changes in the nursing regime, if indicated.
4. Interpreting and demonstrating skilled nursing care to others requiring this service.
5. Initiating changes in the nursing care based on understanding of principles and assessment of new advances in medical and social science.
6. Recognizing and using health practices, utilizing opportunity to teach the patient and give him and his family an opportunity to learn about health problems.
7. Recognizing the extent of need of the patient for personal counselling and maintains a relation with him that provides support and security but does not allow him to lose his identity or violate his privacy.
8. Performing to the level of a team leader (as a beginning practitioner) but through experience and advanced preparation may progress to positions of administration, teaching, consultation, and research.

9. Participating with members of allied professions, other professionals, and community groups in solving health problems of the community.
10. Understanding and fulfilling the historic role of nursing:
    - assuming responsibility for the quality of service rendered,
    - maintaining integrity in relation to the person she is serving,
    - contributing to society individually and through her professional association.

The role of the *graduate of the diploma programme,* in comparison with the graduate of the university school of nursing, is seen as:

1. Performing as a beginning practitioner, under the supervision of a graduate of a university school of nursing and carrying out assigned functions which may involve varying amounts of judgment and skill. She does not make a nursing diagnosis, but in her observation and reporting may assist the professional in a nursing diagnosis. She does not prepare a nursing care plan, but plans her assigned tasks. She does not evaluate the nursing care plan, but with the professional evaluates her own assignment.
2. Performing as a member of the nursing team, under direction of the professional nurse. (Does not assume the role of a team leader.)
3. Observing and reporting on patients as a member of the team.
4. Receiving additional knowledge about patient care through observations made by the professional nurse. Is prepared to be self-directive in learning from experience as practising nurse.
5. Reporting on the effectiveness of the nursing care plan and may initiate changes under guidance.
6. Using health practices, and teaching patient within the scope of her competence.
7. Relating with people, co-operating and sharing responsibility for patients' welfare with other members of the nursing and health staff.

The preceding outline of roles of the two categories of nurses suggests a distinctly different type of preparation for each, and a programme that would be attractive to individuals with different potentialities. These two programmes would prepare all needed categories of nurses. The role to be assumed by the professional nurse implies that she should have a professional education as a basis for developing a high level of professional and technical competence. This competence can be developed only if the practitioner has a sound understanding of scientific principles, as contrasted to the applied science which would be the basis for operation of the technical nurse.

Henderson states that:

> "The development of understanding and skills of a professional nature implies that the professional nursing program not only provide for the inclusion of these principles, but also assist the student to understand the relationships of the fundamental sciences to professional nursing practice.

> "The need for academic, as well as specialized, education places the responsibility for professional education strictly within the confines of colleges and universities."[1]

RATIO OF THE TWO CATEGORIES

A necessary factor in proposing that only two categories of nurses be prepared in educational institutions is the determination of the numbers that would be needed in each category. In at least two of the provinces an attempt was made to determine these numbers. In Saskatchewan, an actual count was made of the positions in the province which required the services of a professional nurse, as defined by the World Health Organization.[2] In the brief of the University of Saskatchewan School of Nursing to the Royal Commission it was stated that "there are 847 positions, exclusive of those in psychiatric hospitals, which should be filled by nurses with preparation at the Bachelor's level and above".[3] In this province 2,455 nurses were employed, exclusive of those in psychiatric hospitals. These figures suggest that the ratio of graduates of basic degree programme to graduates of basic diploma programme should be one to three.

In the Atlantic Province of New Brunswick, a different type of study was undertaken. For the year 1961 the entrance qualifications of all students to schools of nursing in the province were examined. An analysis of these data revealed that 24 per cent had qualifications which would meet the entrance requirements to the University of New Brunswick.[4] This was considered by the registrar of The New Brunswick Association of Registered Nurses to be a reasonably typical sampling of students applying to schools of nursing. This would indicate that the number of young women now entering the occupation in New Brunswick have the entrance qualifications that would enable them to be divided into two streams in the ratio of one student to the basic university degree programme and three to the basic diploma programme.

The Canadian Conference of University Schools of Nursing also studied the question of the numbers of nurses required in each category. Figures supplied to this Conference by the Canadian Nurses' Association indicated that in 1959 there were 51,632 nurses actively engaged in the major fields of nursing. Of this number 5,109 (10.1 per cent) were engaged in public health, 1,459 (2.8 per cent) were teachers in schools of nursing, and 6,257 (12.2 per cent) were engaged as head nurses or supervisors. This reveals that for these positions alone more than 25

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[1] Henderson, Linnen E., "A Proposal for Preservice Nursing Programs in West Virginia", Doctor of Education Project Report, New York: Teachers College, Columbia University, 1962, p. 119.

[2] World Health Organization, *Expert Committee on Nursing, Report of the First Session*, Geneva: The Organization, 1950, p. 4.

[3] University of Saskatchewan School of Nursing, *Brief to the Royal Commission on Health Services*, Saskatoon: The School, 1961, p. 4.

[4] New Brunswick Association of Registered Nurses, *Brief to the Royal Commission on Health Services*, Fredericton: The Association, 1961, Appendix II.

per cent of the total nurse population should have the type of preparation that would qualify them for leadership positions, and it is conceded that the basic baccalaureate programme is the type of programme that would provide a base for this preparation.

Hart also conducted a study of the needs for graduate education in nursing in Canada and concluded that at least one-third of the nurses in Canada should be prepared in the university programmes if the required number of leadership positions are to be filled.[1]

In view of the studies performed in Canada, and on the basis of documentation provided elsewhere in this study, it appears that two types of nurses should be prepared in formal educational programmes and intthe required numbers that will provide a ratio of one graduate of the basic university programme to three graduates of the diploma programme. This conclusion is reached on the basis of current data.

TYPES OF EDUCATIONAL PROGRAMMES NEEDED

The official statement made by the Canadian Nurses' Association on types of programmes required was:

> "As one envisages the future developments in the health programs and realizes that these must be thought of with consideration to an increasing population, one realizes that a sound and reasonably economical way must be found to educate large numbers of nurses. This leads the Canadian Nurses' Association to ask if in the future planning two types of educational programs should not be considered:
>
> "The university school—in which the professional nurse could be prepared to give nursing care and to advance to positions of teaching, supervision, consultation, administration, and research;
>
> "A new type of school—at the post-high school level, under the jurisdiction of institutions whose primary function is education, and in which the nurses could be prepared in relatively large numbers to meet the needs for nursing care. The schools would work closely with hospitals and other health agencies so that students would have suitable clinical experience and nursing practice."[2]

The CNA did not identify in specific terms where the "new type of school" would be located other than " under the jurisdiction of institutions whose primary function is education".

The Canadian Conference of Catholic Schools of Nursing also recognized the need for change in the present system of education and stated, "We recognize the complexity and disadvantage of providing education, while exacting service in

[1] Hart, Margaret E., "Needs and Resources for Graduate Education in Nursing in Canada", unpublished Doctor of Education project report, New York: Columbia University. 1962.

[2] Canadian Nurses' Association, *Submission to The Royal Commission on Health Services*, Ottawa: The Association, 1962, p. 31.

payment for such education".[1] The Grey Nuns' Hospital School of Nursing, Regina, also put it this way:

> "Nursing education programs have traditionally developed with the progress of the supporting hospital agency. In most instances the student nurses enrolled in the school of nursing provide a large percentage of the patient care. Much of the student nurses' experience is acquired on evening or night duty where adequate supervision is limited."[2]

The School of Nursing of the University of Toronto, in its brief to the Royal Commission, also supported the proposal of the CNA that two types of nurses should be prepared within the occupation of nursing. These were identified as being:

> "1. graduates of university programs in which the content of the humanities and sciences is integrated with nursing and in which the university assumes responsibility for the total program including the teaching and practice of nursing. The graduates of these programs should be qualified for practice of both hospital and public health nursing;
>
> "2. graduates of a new type of program within the structure of the educational system. The exact place for this institution and its grade placement should be determined by investigation."[3]

The majority of the provincial nurses' associations' briefs also indicated that two types of programmes – one for the professional nurse and one for the "technical" or "clinical" nurse – should be developed within the educational system. Those who did not specifically identify the number of types of programmes that would be needed, indicated that this information should be supplied through research. There is no doubt that the professional nurse should be prepared as other professional practitioners, within institutions of higher learning, and that the entire programme should be planned and controlled by the university. The Canadian Conference of University Schools of Nursing agreed that the university schools of nursing should be of the "integrated" type and that the baccalaureate degree in nursing should prepare the graduate for first level positions in nursing.[4]

Although the aims of the university schools differ in statement, examination reveals their agreement with the ideas put forth by Russell:

> "The most advanced views today assume that, if it is to be fully effective in preparing graduates for the complicated demands of contemporary life, professional education must have not a single goal but rather three comprehensive objectives. Because of its very nature, it must obviously inculcate a corpus of knowledge, the complement of skills, and the traits of personality and character which constitute the distinctive features of a particular craft...

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[1] Catholic Hospital Association of Canada, *Brief presented to the Royal Commission on Health Services*, Montreal: The Association, 1962, p. 21.

[2] Regina Grey Nuns' Hospital School of Nursing, *Brief presented to the Department of Health and Welfare and the Saskatchewan Registered Nurses' Association*, Regina: The School, 1962, p. 4.

[3] University of Toronto, School of Nursing, *Brief to the Royal Commission on Health Services*, Toronto: The School, 1962, p. 1.

[4] Recorded in minutes of Canadian Conference on University Schools of Nursing, June 1961.

> " A second purpose of rising importance is concerned with the general education, which those who attend an institution of higher education must have if they are to understand, and live competently in, an increasingly complex democratic society...
>
> "Furthermore, an educational institution can hardly absolve itself of a third responsibility of assisting the student in gaining self-understanding, a moral grounding, and a consistent view of the world."[1]

Each university, it is conceded, will develop a programme to meet its stated objective, and that the time required to meet these objectives will vary according to the goals. At least one university school of nursing, at Fredericton, New Brunswick, has planned a programme of four academic years in which there is close co-ordination of theory and practice, and a progression of courses in both general and professional education. Regarding this school, the following statement was made in the 1962 Annual Report by the Kellogg Foundation:

> "Each year the basic program has built upon its growth of the preceding year, with the greatest asset perhaps residing in the caliber of the nursing faculty, unusually well prepared, imaginative, and creative. Other factors in this "secret of success" are the backing of the New Brunswick Association of Registered Nurses, a particularly enthusiastic and intelligent leader as Director of the university nursing education program and whole-hearted support not only from the university but also from the entire Province."[2]

However, it is not possible to state categorically what the length of the university programme should be, since factors such as procurement of university courses in the humanities, and natural sciences, and the proximity of clinical resources may alter the time factor. On this subject Brown stated:

> "...the integrated basic curriculum of four calendar years represents the patterns that is now being forged for the future, on the basis of which subsequent planning for the preparation of professional nurses should probably move forward."[3]

The second type of programme would be developed for the graduate of the diploma programme who would work under the supervision of the professional nurse. The exact placement of these programmes in the present educational system is explored in a recent study.[4]

Fundamental to this type of programme are Montag's basic assumptions[5] that nursing functions form a spectrum ranging from simple to complex; that these functions can be differentiated by major groupings. The complex functions are those of the professional nurse who is prepared by the university and the others, those of the graduate of the diploma programme.

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[1] Russell, Charles E., *Liberal Education and Nursing*, New York: Teachers College, Columbia University, 1959, pp. 6-7.

[2] W.K. Kellogg Foundation, *Annual Report 1962*, Battle Creek: The Foundation, 1962, p. 99.

[3] Brown, Esther Lucille, Nursing for the Future, New York: Russell Sage Foundation, 1948, p. 145.

[4] Mussallem, Helen K., *A Path to Quality, a Plan for the Development of Nursing Education Programs within the General Educational Systems of Canada*, Ottawa: Canadian Nurses' Association, 1964.

[5] Montag, Mildred L., *The Education of Nursing Technicians*, New York: G.P. Putnam's Sons, 1951, pp. 3-4.

As in the case of the professional programme, a time limitation cannot be placed on the diploma programme. This will be determined by the purpose to be achieved. Montag identifies some characteristics of experimental programmes which would have to be taken into account.

> "The first characteristic of the new nursing curriculum is that it includes both general and specialized education... Therefore, general education accounts for from one-third to one-half of the curriculum, with specialized education, or nursing, accounting for the remaining two-thirds or one-half...
>
> "The second characteristic of the curriculum is that the specialized or nursing courses have been reorganized and placed in a different sequence. Instead of the numerous small courses found in the traditional nursing curriculum, the content and learning experiences have been grouped around a central theme into fewer courses.
>
> "A third general characteristic of the curriculum is its use of the many facilities for rendering health services which each community provides...
>
> "A fourth characteristic of the new type of programme is its duration over a two-year period, though the term *two-year* is variously interpreted."[1]

Three other characteristics of both the professional and diploma programmes identified by Montag are that the faculty members of the programmes are selected, appointed, and paid by the university or college; that the students enjoy the same status as all other students; and that the curriculum is controlled and financed by the educational institution.

A study of an experimental programme in nursing education in Canada[2] has revealed that a student can be prepared in a diploma programme in less time than the traditional three-year hospital-controlled programme, if the school is independent of the control of the hospital and its service needs, and if the faculty can plan and control the entire programme. When the experimental programme at the Metropolitan School of Nursing, Windsor, was completed the programme was 25 months.

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[1] Montag, Mildred L., *Community College Education for Nursing*, New York: McGraw-Hill Book Company, 1959, pp. 70-80.

[2] Lord, Arthur R., *Report of the Evaluation of the Metropolitan School of Nursing*, Ottawa: Canadian Nurses' Association, 1952.

CHAPTER VII

SUMMARY AND CONCLUSIONS

This study reveals serious weaknesses in the education of nurses in Canada. In spite of advances made in other fields of education no fundamental change has been made in the system of nursing education since its initiation in this country 80 years ago. Weaknesses pointed out in surveys of nursing education over the past 30 years have not been remedied. Key personnel in nursing, in general education, in allied professional groups as well as other occupations have all asked "why?".

Why has the educational system for nurses always been different? Why do nurses have to work so hard with so little pay for their education? Why are hospitals expected to finance the education of nurses? How can hospitals be expected to provide the total education for those required to function at a high intellectual level and provide a wide range of activities? Why are schools not established in educational institutions and hospitals used as educational laboratories?

For more than a decade the national and provincial nurses' associations have pressed for better educational preparation for nurses. Their efforts have met with little success. One of the many CNA publications states:

> "The preparation of the nurse should be an educational experience and the method by which this can best be achieved is through a school which plans and controls the complete experience of the student."[1]

For a high quality of nursing service to be provided, continual improvement will have to be made in the education of those providing that service. Education is not a component problem but the fundamental base from which all other problems may be attacked.

A summary of the findings during this survey supports the concern about the probable consequences to the quality of nursing care unless major reforms are introduced.

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[1]Canadian Nurses' Association, *Policies Regarding Nursing Service and Nursing Education*, Ottawa: The Association, revised 1958.

Some of the findings are summarized:

1. *Admissions into Nursing Schools*
   (a) The percentage of high school graduates entering nursing has declined steadily. In 1944, 25 per cent of female high school graduates entered nursing. By 1951 this figure had dropped to 20 per cent. Today only 10 per cent of the female high school graduates enter nursing. Evidence points to an even greater decline in the next ten years. Unless significant improvements are made, this figure will drop to 5 per cent.

   (b) Information from the provinces reveals a gradual increase in the number of admissions to schools of nursing but a spectacular increase in admissions to teachers' colleges. From 1950 to 1960 the annual admissions to nursing schools in Ontario increased from 2,151 to 2,555 while admissions into teaching increased from 1,263 to 4,336.

2. *Total Enrolment in Schools of Nursing*
   (a) The total enrolment of nursing students in university and hospital schools increased by 140 per cent in the past 30 years, compared to an 80 per cent increase in population.

   (b) During the past 13 years the total number of nursing students increased by 65.5 per cent while the total number of medical students increased by 13.2 per cent. From 1941 to 1961 the doctor-population ratio for Canada changed from 1 to 969 to 1 to 869. The nurse-population ratio for the same period changed from 1 to 456 to 1 to 286. This latter figure does not take into account the large number of nursing assistants, "psychiatric nurses", and others contributing to nursing care.

   (c) Enrolment in basic university schools of nursing has increased, but the percentage has decreased to 3.9 per cent of the total nursing students. This decline is viewed with concern. If the nursing needs of society are to be met, increasingly larger numbers must be prepared in university schools of nursing. From this group should come the leaders in nursing practice as well as a nucleus of nurses for teaching, consultation and administration.

3. *Size of Schools*
   (a) At present 80 per cent of the total diploma schools have an enrolment of less than 200 students. In fact, over half of the schools of nursing in Canada have a total enrolment of less than 100. Those with 5 to 99 students have enrolled only 25 per cent of the entire student population. No valid evidence has been found to support the continuation of small diploma schools of nursing. They are uneconomical and inefficient. A more serious condition is the fact that in the majority of cases they have a poorly prepared instructional staff and provide a very low standard of education. Though a superficial examination of this problem may lead one to believe that the students at least provide a cheap source of labour, what they really provide is a source of poor quality labour. The consequences to patients, not to mention the student, is a serious matter. Supervision of students in these schools is minimal, particularly on the evening and night tours of duty. The question

of closing these schools has been raised. Desirous as the "inspectors" of schools of nursing may be of eliminating these poor, socially undesirable schools, they are powerless to act because the requirements laid down in the provincial Acts are so minimal.

The Canadian Nurses' Association has approved in principle a programme of national accreditation. Under this programme the criteria for accreditation would be set at an optimal level and could be upgraded as required. These criteria could be adjusted much more expeditiously than the provincial Acts could be changed.

However, implementation of a national accreditation programme without first establishing optimum criteria would result in patching up an unsound system of nursing education that requires radical change. It would cause present patterns to become welded into the system of nursing education for many years to come, if not forever.

4. *The Educational System*

Data obtained in this survey reveals that the present educational structure for nursing personnel is haphazard. Three major programmes of varying length and curriculum content now exist in all provinces – the baccalaureate programme of four to six years, the diploma programme of three years (in one case two years, in another four years) and the nursing assistant programme of ten to eighteen months. In many work situations graduates of all three programmes carry similar responsibilities. Further examination reveals there is a lack of any systematic relationship between the programmes.

In the four western provinces a fourth type of programme exists for the preparation of "psychiatric nurses". This is a two-year programme in one province and three years in the others.

Many on-the-job training courses are offered to varied types of workers but these are not included in the scope of this study. Two other types of formal courses might, however, be mentioned. One for operating room technicians and the other for midwifery.

The lack of any systematic relationship between the formal educational programmes for nursing personnel is viewed with concern. It is confusing to the public and to the health workers. This confusion can and has led to serious situations.

In this study the range of functions of nursing were viewed as a spectrum with a range of responsibilities from the very simple to the complex. Tne major portion of the activities could be effectively performed by two groups – the graduates of basic university degree programmes and the graduates of a diploma programme. The roles of these two groups were identified in the study. The role to be assumed by the professional nurse implied that she should have a professional education as a basis for developing a high level of professional and technical competence. This competence can only be developed if the practitioner has a sound understanding of scientific

principles as contrasted to the applied sciences which would form the basis for the nurse graduating from the diploma course.

5. *Objectives of the Programmes*

The majority of schools do not know or are unable to state in realistic terms, the competencies their graduates should have. Although some educators believe that a statement of objectives of an educational programme is unnecessary, there is agreement that any group of people working together should have a clear understanding of the objectives toward which they are aiming.

6. *Organization and Administration*

(a) In the large majority of hospital schools of nursing the administrative controls exercised over the school do not permit the faculty to achieve the educational aims of the programme. Learning experiences are planned to meet the service needs of the agency rather than the educational needs of the student. In 50 per cent of university schools of nursing, two-fifths of the basic programme is under the jurisdiction of the hospital school, and is without educational control. The "sandwich type" programme or "2–2–1 pattern" in the university school of nursing cannot be considered equivalent to the integrated programme even though they both lead to a baccalaureate degree.

(b) In the large majority of provinces, the hospital services commission include the services provided by students as a substantial proportion of the total nursing services in each hospital conducting a school of nursing.

This practice has had, and continues to have, serious consequences. Some of the better schools wishing to maintain sufficient graduate staff for patient care and supervision of students have held down the numbers of students. The poor schools, unable to recruit graduates, have increased the numbers. The financing of an educational enterprise on the *per diem* rate of care of the sick must be questioned.

7. *Costs*

(a) Of educating students.

Direct costs for educating one student per year in a hospital school range from $1,000 – $1,400.

Indirect costs are about equal to direct costs in these schools, so the total cost is roughly $2,000 – $2,800 per student per year. Costs of university students are comparable to those for other students on campus.

The cost of educating a student in a hospital school is somewhat comparable to the cost of a university year. It appears to be a cheap method of education for the student, but in reality it is expensive. As revealed in the study, the loss of salary due to a lengthy programme of "earn while you learn" more than offsets any advantage this type of financing may have. Added to this is the loss to society of nurses who could have graduated about one year earlier if they were enrolled in a sound educational programme.

(b) To the student.

Out-of-pocket expenses for students in hospital schools (not including personal expenses for clothes, recreation, etc.) range from $50 – $1,500. Stipends paid to students range from zero to over $1,500 for the total programme.

8. *Instructional Personnel*

(a) Approximately 75 per cent of the full-time instructional and administrative personnel in hospital schools do not have the minimum preparation for their positions. If the personnel who supervise students in the clinical area were included, such data would reveal that 80 to 85 per cent of the instructional personnel are unqualified. Of all the problems in schools of nursing today, this is unquestionably the most serious. Unless this serious problem is attacked, little progress can be made in the education of nursing personnel.

(b) Almost 58 per cent of the full-time instructors in university schools of nursing hold baccalaureate degrees, and 38 per cent a master's degree or above. Since the preparation of instructors should be beyond that of the degree for which they prepare their basic students, the need to quickly upgrade the educational qualifications of university instructors is essential.

(c) The turnover of instructional personnel in hospital schools is high. Only 21 per cent have been in their present positions for more than three years.

(d) Personnel policies for instructors in hospital schools are comparable to those for other graduates in the hospital. Salaries are considerably below those paid to other post-high school teachers. The salary differential provides little incentive for nurses to prepare for instructional positions. It would take more than ten years for them to make sufficient money to attend university, not to mention the loss of salary during the period at university. Salaries are too low to permit savings to finance these courses, and grants through government and other sources are very limited. One hundred and thirty applications were received in the CNA national office in 1964 for one $1,200 scholarship. These applications were from prospective teachers and supervisors for the coming university year, and all appeared in considerable need of assistance.

9. *Students*

(a) Although data reveal that only 65 per cent of the applicants to schools of nursing were admitted, the main reason given for not accepting applicants was "academic requirements not met".

(b) Rules and regulations imposed on students in most diploma schools of nursing are rigid and restrictive and bear little relationship to the stated objectives of the educational programme. The appropriateness of hospitals compelling students to live in residences requires review.

(c) There are only 123 male students in schools of nursing out of a total enrolment of 23,787 (or .0052 per cent).

10. *Curriculum*

(a) At present 157 of the 170 hospital schools of nursing offer a three-year programme, 11 offer a "two plus one" programme, one a four-year programme. There is a two-year programme conducted by an independent board. The Regina Grey Nuns Hospital School of Nursing also offers a two-year programme to 25 per cent of their first-year student group. Sixteen university schools offer basic educational programmes in nursing. Two offer graduate programmes at the master's degree level. Eight offer basic programmes comparable to other programmes where the university controls the entire programme. The other eight have basic programmes in which the university controls the first two and the last years. Students are "farmed out" to hospitals for the middle two to two and one-half years. A university degree granted by a university over which the university controls only three-fifths of the course is seriously questioned. These latter courses also purport to prepare the new graduate for teaching, supervision and administration.

(b) The plan of instruction in relation to achievement of the stated objective in most hospital schools is questioned. The "block system" still prevails. This system of presenting a concentrated and usually indigestible block of classes for two to four weeks for two or three times in three years followed by the clinical experience months, sometimes a year or more later, is a mockery of all educational principles. To further insult the method, some students receive experience in a clinical area before the block of lectures. Almost 60 per cent of the planned instruction in hospital schools is given in the first year. There has been little improvement since the Weir report of 1932 when 62 per cent was given. Weir's comment then was "The fallacy of cramming the student nurse by giving her two-thirds of her classroom instruction in the first third of her training is too obvious to require extended comment".

Fragmentation of content areas into short "specialty" courses is still practised widely in hospital schools and is questioned.

There is a lack of supervision of students in clinical areas in hospital schools especially during evenings and nights. The hazard to patients makes this a serious problem. Although the student may "learn" in this situation, it can scarcely be considered a part of any planned educational programme. It jeopardizes the student, the patient, and any programme conceived for positive health care.

Students still carry too heavy a proportion of the nursing service responsibilities. Reports from the provincial insurance commissions reveal that students are counted in the nursing services staffing to the equivalent of about 33 to 60 per cent of a graduate nurse. In hospitals in most provinces, then, if the numbers of students are increased the numbers of graduate nursing staff are decreased. As indicated earlier, key nursing personnel in the majority of provinces report that this has resulted in the good schools

holding steady the enrolment of students and poor schools substantially increasing the size of the student group.

11. *Library Resources*

Eighty per cent of the "libraries" in hospital schools have no one who assumes responsibility for their supervision.

Sixty-two per cent of the schools spent less than $500 per year on books, and this figure frequently included "leisure time" reading books. Outdated books are often retained to bolster the numbers of library books.

Some instructional staff believed that if students had text books "they don't need too much in the library" and "anyway they don't use it much". Little wonder, when a "student" carries an exceedingly heavy work load of eight hours or more and often on "evening and nights". She is scarcely able to suddenly become a student in the full sense of the word and pursue intellectual activity in a poorly stocked library.

12. *Evaluation*

The results of the National League for Nursing State Board Test Pool examinations written for provincial nurse registration reveal wide variations between provinces. Of significance is the fact that five to ten years ago the majority of the participating provinces were above the national mean for the United States and Canada and in the top five or ten scores of the 58 jurisdictions. The last results show that a large percentage of Canadian jurisdictions are below the national mean.

13. *Educational Programmes for Auxiliary Personnel*

(a) Nursing Assistant Programme

From 1940, when nursing assistant programmes were initiated, to 1963, 79 programmes have been developed in Canada. At present these schools have an enrolment of 2,682 students, or approximately one-tenth that of students preparing as graduate nurses. Although academic entrance requirements for the nursing assistants was set at Grade VIII, IX, or X, the survey revealed that students had achieved higher grades. In some provinces this was equivalent to the minimum requirement of students entering the diploma programmes some 10 to 15 years ago.

Numbers of nursing assistants practising within the occupation of nursing have increased from none (theoretically) in the early 1940's to 17,140 in 1963.

(b) "Psychiatric Nurse" Programmes

Students entering these courses have a much higher academic achievement than is required for admission. Students who graduate from these programmes have a preparation limited to psychiatric nursing, and although they may be licensed in one of the four western provinces, they are essentially immobile. Students complain of this immobility and are bitter. The question is raised as to whether the large majority of nursing care given should be provided by personnel with this limited type of preparation.

(c) Operating Room Technicians Programme

Only one programme in Canada (six months' duration) with a limited enrolment of ten students, prepares operating room technicians for practice outside their "home" hospital. Several large hospitals give some form of programme for persons carrying on the function of the operating room technician, but do not purport to qualify them for practice outside their own operating rooms. The demand for qualified operating room technicians exceeds the supply.

(d) Midwifery Course

A six-months course in advanced practical obstetrical nursing is offered at the University of Alberta School of Nursing. Graduates of this course are granted recognition by the Central Midwives Board of England and Wales. They are considered to have completed Part One of the English Midwifery Course. Two classes are admitted yearly. Each class will accommodate ten students, but rarely are these classes filled.

The Director of l'École des Sciences Hospitalières reported that a six-months course in midwifery had been initiated under the aegis of Laval University and practical experience is given at Hôpital St. Sacrement. This course is offered only to lay and religious nurses who are going into the mission field.

The summary of data obtained from the study of the education of nursing personnel provides cogent reasons for an examination of the entire system. Making changes within the present systems would be palliative only and would inevitably result in patching up an unsound system that requires more radical change. The changes proposed should be predicated on a clear understanding of society's present and future health needs.

Well documented evidence reveals that the nursing needs of Canada are not being met and suggests that this dilemma could have been averted had the recommendations made through studies over the past thirty years been implemented. The fact that they were not suggests that the system was financially attractive to the controlling groups, and the shortcomings of the educational process overlooked.

The majority of educational nursing programmes are in hospitals and are largely based on a poor apprenticeship system. Poor utilization of nurses is still carried on and does not provide them with the knowledge or skills needed. Preparation for service in hospitals alone is a very narrow and limited approach to the education of nurses and is an outdated approach to the total health needs of the community. The concept of the hospital as a community agency has not been applied to nursing services which are a major component of health services. Certainly the present system of education gives little more than lip service to the need for nurses to function outside the present hospital milieu.

At present public health nursing functions are carried on by officials and voluntary agencies. Their contribution to the health of the nation is admirable, but their services are provided to only a small segment of the population. Even in areas where these services are provided, key officials agree that much could

be done with more and better prepared nursing personnel. It requires little imagination to assess the economic and social advantages that would accrue were there sufficient qualified nurses in the community to provide an effective programme of early recognition and treatment of emotional and physical problems. But more important is the need for sufficient nursing personnel to maintain a programme of positive health care, particularly in the younger age groups.

What conclusions then are reached, and what proposals for the education of nursing personnel could assist in providing more adequate nursing services for Canada?

1. Clearly, the deplorable situation of unqualified teachers must be remedied as soon as possible. It is crucial and basic to the development of any sound educational programme. Some financial assistance has been provided through Dominion-Provincial Training Grants, but too few have been offered to make any impact. Today 75 per cent of hospital school instructors are unqualified, and a large percentage of instructors in university schools require further graduate preparation for their positions.

   At present there are approximately 1,424 full-time instructors in hospital schools requiring additional study to complete the basic minimum qualifications. Approximately 1,000 require two or more years of university preparation to meet these requirements. Evidence reveals that the majority of these nurses do not have the resources to finance this education.

2. Immediate plans should be directed towards introducing diploma schools of nursing into the post-high school system of the country. Until such time as an appropriate educational system evolves in Canada (e.g., junior community colleges), it is suggested that these schools be administratively under the aegis of a university. Financial support to students and schools should be directed only to those in educational settings.

   The financing of the education of nurses in the educational systems of the country need no longer be an impediment to change. The monies are now allocated through provincial governments, and little valid evidence is given to support those who believe this is an obstacle. Nor should the change in administrative control present a problem. A school of nursing is an educational entity and fits naturally into an educational enterprise.

   One major change will be the affiliation with hospitals and other health agencies required to provide the nursing experiences for the education of nurses. (The clinical resources of hospitals and other health agencies must be available to nursing students.) But affiliation arrangements are not new in schools of nursing, and arrangements such as those made for other students in the health field could be followed or adapted. It is true, that many hospitals will suffer as the result of loss of student labor, but this need not be of concern if the transition is properly planned. Certainly no one can deny any move towards improved education for nurses on the basis of foregoing student labor.

3. A complete revision of the types of educational programmes in nursing is essential. The many formal educational programmes for nursing personnel could

be channelled into two – the university and diploma schools of nursing. The university programme should be entirely planned and controlled by the university using hospitals and health agencies as teaching laboratories. The baccalaureate degree awarded should represent a sound educational programme in the liberal arts as well as in professional education. This group would be prepared to provide leadership roles in nursing practice. (Preparation for administration, teaching, consultation and research should be provided at the post-baccalaureate level.)

The diploma school of nursing should be introduced into the educational systems of the country and be designed to prepare practitioners to assist the professional nurse. Present evidence indicates that the professional nurse and the graduate of the diploma programme should be prepared in a ratio of one to three.[1]

The development of educational programmes should not follow a set pattern or be standardized. Schools should always have freedom to develop a programme to meet their own objectives and these objectives should be in harmony with the health goals of the community.

The question may be raised about the future of the "psychiatric nurse". This study reveals that the present preparation of this group is too restrictive for the broad field of psychiatric nursing. Provision should be made to assist those with the potential to obtain the required qualifications to become registered nurses. In one of the western provinces such a programme has been formulated.

4. Sufficient potential candidates for leadership positions in nursing should be channelled into university schools of nursing. At present less than 5 per cent of all students enter university schools. No less than 25 per cent should be prepared in this stream, if nurses are to provide the necessary leadership in nursing practice. At present there are sufficient students with necessary qualification to pursue university study on this level, but financial obstacles permit only a few to enter. Financial support through government funds should be allocated to students to pursue this university study. This is viewed as an ongoing programme, but the goal for the completion of this streaming of students should be reached in ten years.

   Using the projection made on admissions to schools of nursing, a minimum of 6,000 students should now be enrolled in university schools of nursing. As noted elsewhere preparation of this number of students in the university stream is essential if the nursing goals are to be achieved.

5. The present number of university schools are too few to meet the projected total enrolment of 60,000 students by 1991.

   The present number of diploma schools is sufficient to meet the projected enrolment for diploma schools. However, as pointed out above, the control of

[1]Further data on methods for developing these programmes is contained in Mussallem, Helen K., *A Path to Quality, a Plan for the Development of Nursing Education Programs within the General Educational System of Canada*, Ottawa: Canadian Nurses' Association, 1964.

these schools and the programmes should be completely changed to embody a new and improved concept of the preparation of the diploma nurse. Such a programme could be shorter than the present diploma programme and would be better.

6. Programmes should be established to attract older women into nursing. Because of the restrictions schools have in age and marital status for applicants, married women over 35 re-entering the labor force are lost to this field. Schools should re-examine their selection policies so that nursing may tap this valuable resource. Action should be taken to attract more men into nursing. At present approximately 30 per cent of the schools admit male students. Programmes should also be established for the re-entry of inactive nurses into nursing.

   A study should be made regarding the establishment of a programme in nursing that would prepare students from general baccalaureate programmes for the practice of nursing. A study should also be made of the feasibility of recruiting into nursing "uncommitted" female students in the general courses in universities.

7. To add vitality to the educational programmes, programmes for research in nursing practice should be carried on. Because of the nature of the health team it is suggested that there be an interdisciplinary approach used in this research.

8. More graduate programmes in nursing should be introduced for preparation of nurses in research, consultation, administration and as nursing specialists. There should be regional planning of these programmes so that the limited resources available can be fully utilized.

9. Experimentation in educational programmes should be encouraged. Little can be gained from another major study of nursing education. But designing and implementing experimental educational programmes could add considerably to the present knowledge of how to prepare nurses more efficiently and effectively.

   Other proposals for improving the weaknesses within the present systems could be, but are not, made here. When more and better qualified teachers and leaders are prepared, and when better educational programmes are offered under educational auspices, many of the problems will be resolved. It would, however, be naive to conclude that there would then be no problems. Problems and conflicts will arise but they will be centered where they should be – on educational matters. Nursing educators will, hopefully, always be dissatisfied with things as they are and press for better education for the preparation of their practitioners.

   A clear vision of the consequences of failure to act at this time in providing sound educational programmes for nurses will surely provide the motivation for drastic change. Positive courageous action in implementing necessary changes will result in a major stride forward in providing adequate health care for the Canadian people.