



50 YEARS AT THE DIVISION OF
NURSING

UNITED STATES PUBLIC
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INTRODUCTION:

NURSING GAINS A PLACE AT THE FEDERAL LEVEL

MISSION

In 1946 the nursing profession attained a unified voice in the Federal Government in the form of the Division of Nursing (DN). Although it went through a number of transformations, it culminated in the division that exists today as a part of the Health Resources and Services Administration (HRSA). Since its founding, every American has benefitted, directly or indirectly, from the division's Federal-level focus on excellent nursing care. Fifty years after it was founded, the DN continues to provide national leadership to assure an adequate supply and distribution of qualified nursing personnel to meet the health needs of the Nation.

The division's overarching goal has always been to assure that patients are provided with the best possible nursing care. For the past 50 years, the DN has undertaken a vital leadership role in advancing the quality of nurse preparation and practice. The first systematic research on nursing questions began with DN assistance. Its nursing manpower projections helped predict future nurse supply needs.

Innovative programs to improve nursing education and practice were designed, implemented, and evaluated under DN leadership. Breaking down barriers to obtaining a professional education is one example of the many ways in which the division was an active force in nursing and in government. Members of disadvantaged and minority groups gained access to nursing through a variety of division-funded programs.

This history of the division is the result of many efforts. Cynthia A. Connolly and Joan E. Lynaugh researched and wrote it. In the process, they obtained primary resource material from Doris Bloch, Elaine Cohen, Jo Eleanor Elliott, Suzanne Feetham, Denise Geolot, Eileen Hasselmeyer, O. Marie Henry, Mary S. Hill, Marilyn Katz, Eugene Levine, Helen Lotsikas, Evelyn Moses, Gretchen Osgood, John Parascandola, Thomas Phillips, Marla Salmon, Irene Sandvold, Jessie Scott, and Margaret Truax. Ruth R. Alward provided editorial services.

ORIGINS OF FEDERAL INVOLVEMENT IN NURSING

Progressive era ideology and reforms at the turn of the century enhanced the idea of a Federal role in public health. The role grew stronger after World War I, when the United States Public Health Service (PHS) began to use nurses to investigate cases of communicable disease, teach people about health and sanitation, and inspect school children for various illnesses. Public health nurses helped implement the Sheppard-Towner Act of the 1920s that allocated money to states to improve the health of mothers and babies. These public health expenditures demonstrated that nurses could provide care that would improve the Nation's health.

President Franklin Roosevelt's "New Deal" contained a significant number of programs that ultimately affected the health of all Americans. The most important to the public's health was the Social Security Act of 1935. Money appropriated through this act funded training for public health nurses. To administer public health aspects of the act, nurses were authorized to work with State and local health departments to establish health organizations and train personnel. A public health nurse, Pearl McIver, was chief of the division responsible for training and assigning public health nurses to health departments.

WORLD WAR II

The United States Cadet Nurse Corps, created to relieve the severe shortage of nurses during World War II, was established under the Bolton Act of 1943. During the next 5 years, more than 120,000 nurses graduated from nursing schools with support from the Corps. Implementation of the Bolton Act led to the immediate creation of a Division of



A Public Health Service nurse teaches a mother how to prepare a feeding formula for her infant in 1920 (Program Support Center, DHHS)



Lucile Petry Leone, (left) Director, Cadet Nurse Corps; Director, Division of Nursing (1946-1949); Chief Nurse Officer of the Public Health Service (1949-1966) receiving Albert Lasker Award on behalf of the Nursing Services of the U.S. Public Health Service from President Harry S. Truman and Mary Lasker, 1955 (National Library of Medicine)

Nurse Education within the PHS directly responsible to the Surgeon General. Lucile Petry, a respected nursing educator, was selected to lead the division and oversee its administration.

The Corps' legacy to nursing was significant improvement in the nursing education system. Bolton Act money was allocated to nursing schools to improve and expand their facilities. A more academic approach to nursing education developed, requiring new course offerings and greater numbers of faculty. Accreditation procedures were strengthened. Finally, the Corps helped establish a prominent place for nursing in the PHS and set a precedent for Federal involvement in basic nursing education. In 1946 the Division of Nursing emerged from the administration unit of the Cadet Nurse Corps.

THE PIONEER YEARS: 1946-1960

THE POSTWAR ERA

The postwar era brought significant changes both to society and to health care. A booming economy resulted in a higher standard of living for many Americans and an optimistic national outlook. During these years the locus for health care

dominated the discourse of the profession. Many nurses were eager for the Federal Government to take a more active role in basic nurse education.

The postwar period also saw a number of organizational changes in the PHS. Its annual appropriations quadrupled between 1949 and 1960, as the Government began to assume more responsibility for the Nation's public health.

Before World War II private benefactors funded most medical research. The National Institute (later Institutes) of Health had been created out of the PHS Hygienic Laboratory in 1930; however, it would be several years before enough money was available to support research on a national scale. After the war, subsidizing health care research increasingly was recognized as a promising new role for government.



Construction grants in the 1960s and 1970s enabled schools of nursing to build new facilities with state of the art laboratory and audiovisual technologies (Program Support Center, DHHS)

shifted from the home to the hospital. Hospitals expanded in size and complexity. Scientific technology offered successful new treatments for acute and chronic illnesses, and the public began to seek them out.

Political action reflected societal attitudes. The 1946 Hill-Burton Act authorized large amounts of Federal assistance to States for the construction of new hospitals and health centers. Influenced by Americans' perceptions of health care as a right, employers increasingly offered private hospital insurance to their employees.

In the years after the war, American nursing stood at a turning point. A greater demand for nurses was created by hospital expansion, new technologies, shifts in consumer ideology about health, greater individual and national prosperity and increasing numbers of older Americans needing care. The resulting shortage and debates about the best way to educate stu-

A DIVISION OF NURSING ESTABLISHED

A Division of Nursing (soon to become the Division of Nursing Resources) was organized in 1946 to provide ways to identify resources for nursing services in the States. Located within the Office of the Surgeon General, it consisted of three offices: Public Health Nursing, Nurse Education, and Resources and Hospital Nursing. Lucile Petry became its first director. Destined to become a major component in nursing's postwar development, the division attracted visionary leaders and productive, highly competent staff.

The division's responsibilities included:

- oversight of the final phase of the Cadet Nurse Corps program,

- studying the nursing needs of the PHS and making suggestions regarding nursing programs and standards for nursing practice,
- devising and implementing nursing research studies,
- representing the PHS on national boards concerned with nursing,
- collaborating with universities and colleges in planning and conducting educational programs for nurses,
- providing leadership on legislative measures, and
- serving as a nursing consultant to other Government agencies.

In the beginning, however, the division was not granted the administrative authority nor the funding to carry out its complex mission.

The PHS was reorganized in 1949. A new position, that of Chief Nurse Officer, was created in the Office of the Surgeon General. Lucile Petry was appointed to the post, which carried the rank of Assistant Surgeon General. Pearl McIver became the director of the now independent Office of Public Health Nursing. This office consulted on public health nursing in State and local health departments, schools of nursing, and professional organizations. Its ongoing mission was to strengthen and broaden public health nursing activities in the Nation. Manpower analyses of the public health work force helped accomplish this goal. These data were used to document the need for more public health nurses, a specialty able to bring health care directly to the public.

In the 1949 restructuring, the DN was renamed the Division of Nursing Resources (DNR). Margaret Arnstein, a public health nurse, was appointed director. The overarching objective of the division

was to develop the necessary resources to advance and improve patient care. One way to achieve this goal was by assuring an adequate supply of well-educated nurses. The division encouraged continuing education for nurses to help them keep abreast of health care changes. At the request of State nurses' associations, the DNR assisted in determining State nursing needs. Statistical services that undergirded all DNR operations were developed.

A feared shortage of nurses for hospital work was the impetus for several post-war studies of nursing. Eli Ginzberg's Program for the Nursing Profession outlined the current and prospective nursing shortage from an economic perspective. Another study, Esther Lucille Brown's 1948 Nursing for the Future, focused specifically on nursing education as a crucial element in the nursing shortage problem. At the end of World War II schools of nursing were operated almost entirely by hospitals, and students often were used as staff. Brown believed that the apprenticeship system of nursing education made it impossible to meet the quantitative and qualitative demands of modern health care. Her report was widely accepted by nursing leadership as an agenda for reform.



*Margaret Arnstein, Director,
Division of Nursing Resources,
1949-1957 (Program Support
Center, DHHS)*

*Division of Nursing Director
Margaret Arnstein with
Department of Health,
Education and Welfare
Secretary Oveta Culp Hobby
(National Library of Medicine)*



THE DIVISION ADVANCES NURSING RESEARCH

The DNR aggressively addressed the challenges facing nursing. State nursing resource surveys were the beginning of manpower research in nursing and set the stage for many of the division's later accomplishments. After a State nurses' association contacted the division for assistance with a resource project, a DNR consultant worked with the association to design the study, oversee its implementation, interpret the results and draft recommendations. Division staff also were loaned to PHS regional offices to consult on resource and professional issues.

Valuable data on nurse supply and demand were generated as a result of collaborative efforts. Patient satisfaction with nursing care also was appraised and used to substantiate recommendations for more professional nurses. One of the lasting contributions of nursing resource surveys was that more nurses were stimulated to think about systematic research as an approach to solving health care problems.

One early division publication, *Measuring Nursing Resources*, exemplified the developing research expertise of division staff and is an early example of nursing manpower research. In this clearly written manual, State nurses' associations were given detailed instructions on how to conduct surveys of nurses. The manual also described ways to estimate the numbers of nurses currently employed, how to determine nursing personnel needs for the future, and various planning methods for meeting those needs. Although this publication was widely available, requests for assistance with the survey process continued to pour in to the division.

Measuring Nursing Resources placed emphasis on estimating the quantity of

nursing services and drew heavily on Esther Lucille Brown's recommendations from *Nursing for the Future*. Difficulty arose, however, in attempting to measure the less easily quantified influences on nurses' work such as patient acuity, staffing variations, and other factors. The caring aspect of nurses' work also proved elusive to gauge.

The manual recommended that surveyors capture as much information as possible. For example, based on Brown's recommendation, the surveyors of schools of nursing were admonished to make note of faculty members' academic degrees. Curriculum suggestions published in *Measuring Nursing Resources* were lifted verbatim from Brown's report. Schools were encouraged to follow her advice to admit students regardless of ethnic background or race.

During the 1950s, many self-help publications for hospitals were developed by the DNR. Each of these manuals was designed to improve nurse utilization and patient care. Manuals were published describing systems for surveying nursing activities on inpatient units and methods to study supervisors' and head nurses' work.

State surveys revealed that professional nurses spent more time on nonnursing functions such as clerical work, and less time on direct patient care than did practical nurses and ancillary staff. After analyzing these surveys, the division promoted better ways of organizing nursing personnel to improve patient care. Working with States on nursing workforce issues gave the division improved visibility. Staff rose to national prominence grappling with nurse supply and utilization issues.

Collaboration between the DNR and the American Nurses' Association (ANA) led to the creation in 1955 of the Interagency Conference on Nursing Statistics (ICONS). This informal network of researchers and

statisticians was organized to develop nursing statistics. Other ICONS members represented a variety of organizations including the American Hospital Association (AHA) and the National League for Nursing (NLN). The group continues to the present, analyzing gaps in nursing data and promoting dissemination of statistics about the profession.

FEDERAL FUNDING FOR NURSING RESEARCH

By 1955, when the DNR secured the first Federal funding to support extramural nursing research, its own intramural research was already well underway. Division leaders and staff were prescient in understanding that developing a strong research base was vital to improving nursing care and strengthening the profession's future.

The division's intramural research program included administrative and clinical subject areas. One study, investigating how much time nurses engaged in ancillary tasks, found that approximately 25 to 33 percent of nurses' time was spent on nonnursing duties. This investigation resulted in the implementation of a new staffing approach--the employment of ward clerks to save nursing hours for patient care.

Other investigations were more clinical. One division staff member analyzed the effects of nursing care interventions on premature babies. Artificial back props or "diaper rolls" were studied as a possibility to promote weight gain and minimize fretfulness.

With Federal dollars, nursing research designs and techniques gradually became more sophisticated. Most of the early extramural awards went to nonnurse researchers because there were not many nurses qualified to undertake investigations. At the end of the 1950s, this was

no longer the case and the division was supporting conferences to educate more nurses about research methods.

Although Federally funded nursing research was particularly concerned with the supply, education, and utilization of nursing personnel during these years, other problems were addressed as well.



The DNR was proactive in the type of extramural studies it funded. In a time when scant attention was paid to the special problems of aging, the division recognized that the elderly had special nursing care needs. Research was supported to investigate the nursing care required by the chronically ill elderly. Developing methods to evaluate different modes of nursing care delivery and to determine the relationship between nursing care and patient welfare was also heavily supported.

Lucile Petry Leone (third from right) meets with nursing staff at the Clinical Center of the National Institutes of Health (Program Support Center, DHHS)

NATIONAL CONCERN ABOUT AVAILABILITY OF NURSES

The DNR was active in matters pertaining to nursing work force deployment on a national scale. In 1950, the onset of the Korean War threatened to exacerbate the acute shortage of nurses. Division staff developed various action plans to be enacted should nurses be needed in the same numbers as they were in World War

II. Several pieces of legislation that would have provided Federal dollars for nursing education failed to win congressional approval in the early 1950s. From the end of World War II until 1956, the only significant financial support for nursing education came from the National Mental Health Act of 1946. This legislation provided funds for graduate education in psychiatric nursing.

THE HEALTH AMENDMENTS ACT OF 1956

In 1956 the Health Amendments Act was passed. This legislation had three authorities:

- funding practical nurse education,
- supporting advanced training for public health nurses, and
- allocating money through the Professional Nurse Traineeship Program for nurses to become teachers, supervisors, and nursing service administrators.

Too few nurses held baccalaureate degrees, and the great majority were barred from pursuing graduate study. Traineeships provided tuition support and stipends to nurses, enabling them initially to complete a baccalaureate degree. Later, when the pool of baccalaureate graduates had increased substantially, traineeships were awarded exclusively for graduate study. Supporting nurses in both undergraduate and graduate programs was an effort to increase the cohort of nurses who had sufficient education to fill responsible administrative and educative posts.

To upgrade nursing education, an initial investment had to be made in developing faculty. Well-educated faculty produced better nurses and, ultimately, a higher quality of patient care. Nurses

with graduate degrees were also to lead the profession in efforts to establish a scientific basis for nursing through research.

END OF THE PIONEER YEARS

During the DN's pioneer years, explicating nurses' roles took on new importance for the profession. Different meanings for the word "nurse" had evolved in the years after World War II. Prior to the war, a nurse was a student apprentice in a hospital or a trained graduate nurse who usually worked in private duty. By the 1950s graduate nurses, then known as general duty nurses, were working more often in hospitals. New assistant caregiver roles also were created. A hospitalized patient who called for a nurse in 1959 might be attended by a student, graduate nurse, practical nurse, aide or orderly. The definition of nurses' work and who would do it, therefore, became increasingly unclear.

By the end of the decade, the DNR had earned its important nursing leadership role. Its leaders -- Margaret Arnstein and Appollonia Adams -- provided visionary direction to the division as it responded to society's need for better quality nursing care. The 1950s were highly creative years at the division; its efforts influenced the nursing profession's roles and responsibilities in a direct and profound manner. Federal involvement in nursing research was inaugurated. The Professional Nurse Traineeship Program was initiated to support advanced nursing preparation. Groundwork was laid for the next wave of changes in nursing education that would occur in the 1960s.