

THE 1990s AND BEYOND



*Marla E. Salmon, Director,
Division of Nursing, 1991-
(Program Support Center,
DHHS)*

THE CRISIS IN HEALTH CARE DEEPENS

The Nation's ability to pay for its health care system was strained to the breaking point by the early 1990s. No country spent more on health care than the United States. Between 1970 and 1990, spending increased by more than twice the rate of inflation. Health care expenditures consumed 12 percent of the GNP in 1990 and 14 percent in 1993; they were projected to reach 17 percent by the year 2000.

Some experts warned that expensive new therapies and technologies, coupled with unbridled utilization, threatened to cripple the economy. Lifesaving but expensive therapies continued to be discovered and made widely available. Once uncommon procedures such as organ transplantation became commonplace. The number of liver transplants in the United States, for example, rose from 26 in 1981 to 3,000 in 1991.

The task of moderating increases in health care expenditures without affecting quality was essential. The Federal Government funded research to find ways of distributing health care resources in a more judicious manner. Debates about rationing health care were common. Permission to experiment with their own cost-containment initiatives was granted to individual States. The public increasingly recognized that some health care procedures and interventions were unnecessary, or at least of low benefit. Many consumers expressed ambivalence about modern health care delivery; it seemed to have lost its human face.

AN ERA OF HEALTH CARE REFORM

The DN had much to be proud of by the early 1990s. Its new director, Marla Salmon, played a prominent role in health care reform proposals. The supply and diversity of nurses had increased. Workforce estimates at the end of 1994 gauged the number of nurses in the United States at 2,044,000, an increase of 506,000 since the end of 1985. Minorities now comprised 9 percent of all nurses. From 1980 to 1992, the number of men in the profession doubled. In 1992, two-thirds of all nurses were still employed in hospitals, but more practiced in outpatient areas than ever before.

Education of the nursing work force had improved substantially. The 1994 division statistical analysis indicated that only 60 percent of nurses were estimated to have a diploma or 2 year degree as their highest education. Nurses with bachelor's degrees constituted 31 percent of the employed registered nurse supply in 1994, a 23 percent increase from the 1980's. Eight and a half percent of all employed nurses were educated at the graduate level in 1994.

LEGISLATION INFLUENCING NURSING IN THE EARLY 1990s

Programs and projects that improved minority representation in nursing and care to minority or vulnerable populations continued to receive the highest priority in legislative action. Funding was established through the division to encourage nurse-managed practices to improve access to primary health care in medically underserved communities.

To analyze the number of advanced practice nurses the nation required, the DN worked on projections for each specialty. Advanced practice nurses again were surveyed to obtain current information on their numbers, geographic distribution, and scope of practice.

RECENT DIVISION OF NURSING ENDEAVORS

Technology and the information age changed the way people worked in the 1990s. The DN, for example, participated in meetings and conferences by way of the Internet. It also supported the American Journal of Nursing Company's efforts to develop a computer network that offered continuing education to nurses in medically underserved communities.

The division's commitment to the disadvantaged and underrepresented in nursing was clear. Two successful conferences in the early 1990s, entitled "Caring for the Emerging Majority," were co-supported by the DN and HRSA's Office of Minority Health. Increasing the number of minority professionals in leadership positions in nursing practice and education was a primary goal of the participants.

The division became more visible internationally in the early 1990s. Director Marla Salmon was a member of the United States delegation to the World Health Assembly. In 1994 and 1995 alone, the division consulted with or represented the United States at meetings with nurses from 11 countries. Staff also took part in workshops with an international emphasis.

The DN promoted interdisciplinary collaboration in the United States as well. One such effort was carried out jointly by the National Advisory Council on Nurse Education and Practice and the Council on Graduate Medical Education. It resulted in the development of a model to

project the requirements for certified nurse-midwives, nurse practitioners, physician assistants, and primary care physicians to provide primary care. A joint work group was established by the two councils to advise on this model and examine the issues related to an integrated workforce.

Health care delivery was in a state of flux in the mid 1990s. As hospitals downsized and restructured to reduce costs, the foundations on which health care practice rested for many years were threatened. There was no longer a perceived shortage of generalist nurses. Some found it difficult to find work, though nurses with advanced degrees were still sought. The Pew Health Professions Commission released the findings of a study predicting that there would be a oversupply of certain categories of nurses by the year 2000.

In the middle of the decade, the DN's task to assure an adequate supply of appropriately educated nurses included an investigation of educational requirements for advanced practice nurses in an era of health care reform. The capacity of advanced practice educational programs to produce primary care providers was evaluated. The division also analyzed the educational preparation of the nursing work force in light of changing health care needs and the reforming health care system.

THE DIVISION OF NURSING AT 50

The nursing profession is facing a new set of crises in 1996. Hospitals have been the center of practice and education for more than 50 years since care of the sick was relocated from the home. Now, nurses will need to anticipate and plan for new care delivery systems that again almost certainly will be less hospital-based. Nursing, the largest of the health care professions, continues to confront

fundamental alterations in its function of holding the American health care system together. How the profession will respond to these insistent, ever-changing demands is the story of the next 50 years. The Federal Government's role in nursing education and practice in a new health care era will be defined by public preferences and demands.

Over the years, Federal involvement in nursing was influenced by the perceived crises of the Great Depression and World War II, concerns about qualitative and quantitative shortages of nurses, and the need for more primary care providers. Since 1964, the commitment of Congress to securing an adequate supply of well-prepared nurses has resulted in many extensions of the NTA.

Fifty years after the creation of the division, change is in the air. While there

have been many changes in health care since 1946, the nurse's primary roles of caring, curing, and advocating for patients have not changed fundamentally. The Federal Government's nursing trust, the Division of Nursing, also experienced many changes over the years; but its primary mission of assuring the provision of high quality nursing care to the American people continues unabated. The division has been responsive to changes in health care and society over time. Its role as champion of ideals that improve the public's health and its creativity in finding ways to achieve its goals have not changed. Through the division's leadership, Federal resources were, and are, proactively deployed in ways that greatly benefit society. The vision of the DN's directors and staff continues to guide their judicious use of Federal resources to advanced nursing education and practice.

DIVISION OF NURSING TIMELINE

- 1946: The Division of Nursing is established with Lucile Petry as its first director.
- 1948: The Carnegie-funded report by Esther Lucille Brown, *Nursing for the Future*, is published.
- 1949: The Public Health Service (PHS) reorganizes with Margaret Arnstein as director of the Division of Nursing Resources and Pearl McIver as director of the Office of Public Health Nursing.
- 1955: Section 301 of the PHS Act provides support for nursing research.
- 1956: The Health Amendments Act is passed to prepare nurses for careers in teaching, administration, and supervision.
- 1957: Appollonia Adams becomes director of the Division of Nursing Resources. Margaret Arnstein is named director of the Office of Public Health Nursing.
- 1960: The PHS is reorganized. The Division of Nursing Resources and the Office of Public Health Nursing are combined to form the Division of Nursing with Margaret Arnstein as director.

- 1963: The Surgeon General's report of the Consultant Group on Nursing, *Toward Quality in Nursing*, is published.

Jessie Scott becomes director of the Division of Nursing.

- 1964: Title VIII is added to the PHS Act by the Nurse Training Act of 1964 (P.L. 88-51). This legislation authorized grants for the construction of new nursing education facilities as well as to upgrade existing ones. Project grants are authorized to strengthen, improve, or expand nursing education programs as well as to prevent student attrition from diploma schools. Students are offered low-interest loans and direct aid through the Professional Nurse Traineeship Program.
- 1965: Health Professions Educational Assistance Amendments of 1965 (P.L. 89-290) are passed. Disadvantaged nursing students are offered financial assistance through this legislation.
- 1966: Allied Health Professions Personnel Training Act of 1966 (P.L. 89-751) is enacted. Need-based scholarships and programs to recruit students into nursing are authorized.
- 1968: Health Manpower Act of 1968 (P.L. 90-490) is passed. The 1964 amendments are liberalized and extended. In addition to schools of nursing, health-related agencies are now permitted to apply for funds.
- 1971: The Secretary of Health, Education, and Welfare publishes a report on extended roles for nurses, *Extending the Scope of Nursing Practice*.
An amendment to the PHS Act in the form of P.L. 92-52 extends the Title VIII student loan and scholarship programs.
The Nurse Training Act of 1971 is enacted. Title VIII is extended and broadened. Capitation and financial distress grants are added.
- 1975: Congress passes the Nurse Training Act of 1975 (P.L. 94-63, Title VIII). Previously funded programs are continued. A separate authority for training nurse practitioners and nurse-midwives is enacted.
- 1979: Nurse anesthetist traineeships are authorized, and a study of the Nation's nursing needs, to be undertaken by the Institute of Medicine, is mandated by the Nurse Training Amendments of 1979 (P.L. 96-76).
- 1981: Jo Eleanor Elliott is named Division of Nursing director.
The Omnibus Reconciliation Act of 1981 (P.L. 97-35) extends institutional and student assistance programs. The Title VIII authority for construction grants is repealed. Scholarships for needy students are discontinued, and interest rates on nursing student loans are doubled.
- 1983: The Institute of Medicine study, *Nursing and Nursing Education: Public Policies and Private Actions*, is published.
- 1985: The Nurse Education Amendments Act (P.L. 99-92) is enacted. Programs are funded to meet the need for nurses with advanced and specialized education and to ameliorate the nursing shortage.

1988: O. Marie Henry is named Division of Nursing director.

The Secretary's Commission on Nursing completes a year-long study and publishes *The Secretary's Commission on Nursing, Final Report*.

The Nursing Shortage Reduction and Education Extension Act (P.L. 100-607) authorizes support for geriatric health education centers, innovative nursing models in a variety of settings, and need-based undergraduate scholarships and loans.

1990: Loan repayments for nurses from disadvantaged backgrounds who serve as school of nursing faculty and grants for nursing schools to provide grants to students from disadvantaged backgrounds are authorized under the Disadvantaged Minority Health Improvement Act (P.L. 101-527).

1991: Marla Salmon becomes the director of the Division of Nursing.

1992: The Nurse Education and Practice Improvement Amendments of 1992 (P.L. 102-408) is enacted. Funds are granted for increasing nursing school enrollment, long-term care fellowships to practical nurses, continuing education for nurses in underserved communities, and support to promote primary health care in underserved communities. Programs that improve minority representation and care to minority or vulnerable populations are continued.

1996: The Division of Nursing celebrates its 50th anniversary as a unit in the Federal Government.

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