

## NEW FRONTIERS IN NURSING: 1960-1970

### INVESTMENTS IN HEALTH CARE

A combination of postwar social, cultural, political and economic influences shaped the nursing profession during the 1960s. The demand for health care was booming. The number of health care workers had grown by 54 percent between 1950 and 1960 and would rise even more in the coming decade. Americans' new economic strength enabled them to seek the best health care that money could buy, and new therapeutic advances catalyzed their expectations regarding cures for disease. Scientific discoveries and new technologies generated a knowledge explosion that resulted in specialization and diversification within the health care occupations.

Biomedical improvements combined with Hill-Burton money caused the numbers of hospital beds to skyrocket. Two-thirds of the Nation's 550,000 nurses now worked in hospitals. The use of student nurses as hospital staff continued to diminish as increasing emphasis was placed on education for professional practice as opposed to apprenticeship.

The need for nurses intensified as hospital-based scientific treatments began to dominate health care. Patients survived longer but generally were sicker, thus requiring more nursing care and better educated nurses. Use of auxiliary workers and the ongoing nursing shortage, however, often forced registered nurses to assume more managerial functions than ever before.

Rising health care costs became a concern during the 1960s. Hospital costs had grown by 250 percent between 1945 and 1960, and would expand even faster dur-

ing the coming decade. The expense of health care's new therapies made access to care difficult for low-income groups and some elderly.

The PHS, having expanded and become more complex, reorganized again in 1960. Its functions and responsibilities grew enormously in concert with the Nation's health care investments. Since 1945, its budget had multiplied by more than 600 percent. As a result of this reorganization, the DNR and the Office of Public Health Nursing were united into a new Division of Nursing headed by Margaret Arnstein. The division was a component of the Bureau of State Services until 1967, when it was reassigned to the Bureau of Health Manpower (BHM). The bureau underwent several changes in name and location within the PHS over the years; but it remained the home of the DN when, in 1980, it was renamed the Bureau of Health Professions (BHPr), an organizational unit of the Health Resources and Services Administration (HRSA).

Reflecting its growing complexity, the new DN was comprised of five branches. Under the reorganization, the division was charged with increasing the number of well-educated nurses in practice and improving the quality of patient care. By the middle of the decade, new legislation for nursing education would dominate its agenda.

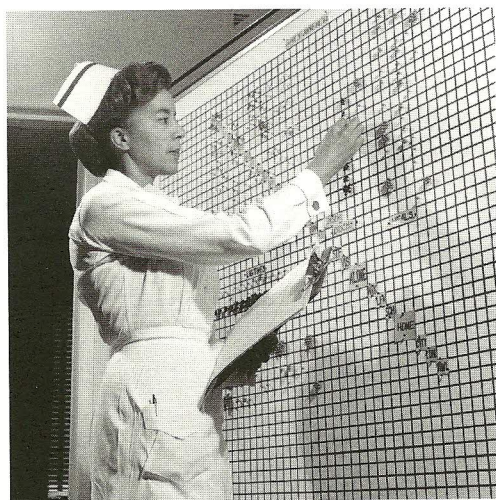


## IMPROVING CARE THROUGH NURSING EDUCATION AND RESEARCH

A program of nurse-scientist training grants to university science departments was authorized in 1961. These funds, administered through the division, provided stipends to doctoral students. Universities were granted money to expand interdisciplinary research training programs in which nurses were studying. A postdoctoral research fellowship program also was enacted.

In 1962, the DN opened a research field center in San Francisco. The field center enabled the division to bring Federal nursing resources closer to issues of concern. Field center staff undertook many investigations over the years. One clinical study, for example, examined the knowledge patients had of their diabetic condition before and after they received instruction and produced a patient education brochure widely used in outpatient departments and podiatrists' offices. Another project explored classifying patients and distributing nursing staff according to patients' nursing needs.

*A psychiatric nurse in the 1960s charts records of social interaction among psychiatric patients (Program Support Center, DHHS)*



## TOWARD QUALITY IN NURSING

As it was successfully negotiating the field center's inception, the division also was working on its mission of appraising the Nation's nursing needs. Governmental support of improved health care was one of the themes of President Kennedy's administration. A federally commissioned consultant

group on the medical profession had just finished its work. Sensing the time was right for more Federal support for nursing, Lucile Petry Leone urged the Surgeon General to conduct a similar study for nursing.

The Surgeon General's Consultant Group on Nursing (SGCGN) began its work in 1961. Division of Nursing leaders advised the Surgeon General on the group's composition and provided staff support, materials, and statistical support for the work. Comprised of members of the public as well as leaders in nursing, hospital administration and medicine, the SGCGN set out to analyze the problems facing the nursing profession and propose solutions for the coming decade.

The SGCGN's 1963 report, *Toward Quality in Nursing*, recognized that there was a quantitative and qualitative shortage of nurses. The document summarized the changes both in health care and in nursing since the end of World War II. Many problems were identified:

- Two few schools were providing adequate education for nursing, and more nursing schools were needed within colleges and universities,
- not enough capable young people, particularly from the college-bound segment, were being recruited to meet the demand,
- the continuing lag in the social and economic status of nurses discouraged people from entering the field and remaining active in it,
- too little research was being conducted on problems in nursing practice,
- available nursing personnel were not being fully utilized for effective patient care, and
- more nurses were needed for supervision and teaching as well as for clinical care.



The SGCGN estimated that 850,000 professional nurses would be needed by 1970. In the early 1960s, 30,000 new nurses graduated annually from nursing schools. To meet the 1970 targets for the nursing work force this number needed to triple. The group estimated that 53,000 graduates a year would be an achievable goal, thereby yielding a total of 680,000 nurses in the United States by the end of the decade. The SGCGN also determined that, of the original 850,000 estimated requirement, there should be a substantial increase of nurses with baccalaureate degrees -- from 43,500 in 1962 to 200,000 in 1970. The requirement for nurses with advanced degrees necessary to meet the Nation's nursing care demands was estimated at 100,000, 10 times the number available in 1962.

*Toward Quality in Nursing* included recommendations for rectifying the nursing crisis. Recruitment into nursing had to be increased, particularly among men, minority groups, and married women. The report emphasized the importance of federally subsidized loans and scholarships for students. Government funds were recommended to construct new schools and upgrade existing ones. The group urged that division fellowship, traineeship, and research grants programs be expanded to nurture graduate study and nursing research. Grants to support continuing education for nurses also were proposed. The SGCGN further advised that DN consultative services be expanded.

The publication of *Toward Quality in Nursing* was highly significant for the nursing profession. The report addressed not only nursing education, but issues regarding diversity, utilization and competence. Arriving at exactly the right time, the report became the foundation for a new structure of Federal assistance for nursing. The DN was the focal point for building this new structure.

## THE NURSE TRAINING ACT OF 1964

Division staff advised the Johnson administration on legislation to meet the needs identified by the SGCGN. The Nurse Training Act (NTA) (PL 88-581) added Title VIII to the Public Health Service Act and became the most significant nursing legislation in American history to date.

The political climate of the early 1960s helped facilitate the passage of the NTA.



In February of 1963, President Kennedy sent a message to the Congress in which he made the Nation's health a high priority for his administration. Kennedy cited the shortage of qualified personnel as a primary impediment to any substantive improvements to health care.

*President Lyndon Johnson signing the Nurse Training Act of 1964 (Program Support Center, DHHS)*

President Johnson continued the emphasis on social themes. Johnson's "Great Society" programs had many health-related goals, including those of improving medical care for the aged and the poor. Regional Medical Programs were founded as part of Johnson's heart, cancer, and stroke initiatives.

A new era for nursing was dawning, in which the preparation of nurses was deemed important to the Nation's welfare. The NTA received widespread support from the nursing community and the





*Jessie M. Scott, Director,  
Division of Nursing (1963-  
1979) (Program Support Center,  
DHHS)*

public at large. It also received critical support in Congress where the prevailing trend was toward a central role for the Federal Government in ensuring health and social welfare. Civil rights, hunger, poverty, and lack of education were but a few of the special problems that received Federal attention during this time. Funding for nursing education was one component in a huge governmental expansion and it complemented other Federal initiatives such as the War on Poverty and the Regional Medical Programs.

The 1964 NTA was comprised of five different elements to be administered over a 5-year period. The first program consisted of nursing school construction grants. The second component aimed to improve and expand educational programs in nursing schools through project grants for curriculum revision, faculty development, and experimentation with new and more effective instructional methods including teaching aids and audiovisual equipment.

A third element, available only to diploma schools of nursing, was designed to reimburse them for a portion of the costs

The fourth initiative of the NTA provided for continuation of the Professional Nurse Traineeship program. In the fifth element, provisions were made for a generous, long-term, low interest student loan program to enable more students to afford nursing school. The legislation also directed that a National Advisory Council on Nurse Training be created to advise the Surgeon General on the administration of the NTA. A nationwide study of nursing and nursing education was mandated.

The DN, now under the leadership of Jessie Scott, was charged with translating the lofty aspirations of the SGCGN and the NTA into reality. The passage of the NTA brought new responsibilities to the division including:

- dissemination of information regarding the legislation to the nursing community,
- consultation on applying for support,
- disbursement of the funds,
- guidance and direction of programs, and
- evaluation of outcomes.

Over the first 5-year period, a total of \$238 million was allocated.

Division staff acted as consultants to schools of nursing interested in applying for NTA funds. Many institutions were hampered by obsolete or inadequate facilities. Schools that applied for construction grants also were encouraged to apply for funds to develop new educational methods. Examples of funded projects included development of a teacher evaluation instrument, a statewide continuing education program, and methods for using new instructional technologies such as closed-circuit television.

Passage of the NTA sent a profound message to the nursing profession. Nurses not only were deemed critical to the health



*University of Utah College of  
Nursing students viewing  
teaching filmstrip at individual  
stations, 1960s (Program  
Support Center, DHHS)*

of educating students whose enrollment could be attributed to the provisions of the NTA. This was not a recommendation of the SGCGN but probably reflected advocacy efforts by the American Hospital Association (AHA).



of the Nation, but their education was a worthwhile investment. This legislation would have myriad effects on nursing and nurses by directly increasing the numbers of nurses, making it easier for them to attend colleges and universities, and markedly improving their educational facilities.

The availability of construction grants enabled colleges and universities to expand existing schools of nursing and build new ones.

Initially, under the legislation, only nursing schools accredited by the National League for Nursing (NLN) could qualify for NTA funds. The NLN's importance increased dramatically as it developed new procedures to monitor standards. Colleges and hospitals with accredited nursing schools had to maintain their schools' quality. To be eligible for funding, the 450 nonaccredited schools of nursing in the United States had to improve programs and meet NLN standards.

## CHANGES IN NURSING EDUCATION

In nursing education there was a steady trend away from diploma programs toward associate and baccalaureate degree programs. The number of diploma programs declined relative to the number of collegiate programs. An ANA statement in 1965 defined its philosophy that nursing education should take place in a college or university setting. As of 1965, however, less than 15 per cent of all nurses had been educated in academic programs.

American institutions of higher learning also were changing in the 1960s as more members of the middle class attended college. While enrollments grew in both baccalaureate and associate degree nursing programs, new societal emphasis on post-secondary education accelerated the

number of community college enrollments. It was difficult for the nursing profession to reach consensus regarding minimum educational preparation for entry into practice.

An increased emphasis on research emerged in universities, foreshadowing important implications for nursing. Nurse faculty without the credentials of other university educators were at a distinct disadvantage. As in other disciplines, research and scholarly practice were important in the nursing academic realm. There was more pressure to compete for promotion, salary, and academic prestige. The DN was a proactive force in nursing through its early recognition of this fact.

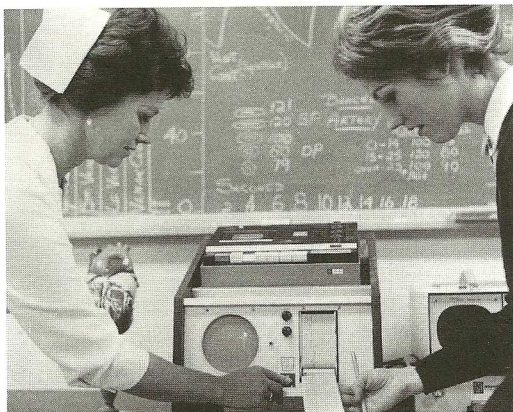
## AT THE CUTTING EDGE OF NURSING RESEARCH AND PRACTICE

By the middle of the 1960s, the DN looked back on 10 years of funding the research of more than 500 investigators. To evaluate the status of nursing research, the ANA developed research conferences that were funded by the division. Participants evaluated nursing research methodologies and the status of nursing research. Findings presented at ANA research conferences indicated that, if nurses were to be used effectively, more knowledge was needed regarding patient responses to nursing interventions. The conferences helped to point nursing research toward more patient-focused projects.

Nursing research alone, however, could not improve nursing care. Without adequate numbers of nurses, improved methods of patient care might not be carried out at the bedside. In 1965, Medicare and Medicaid legislation dramatically influenced the number of hospital beds and the number of nurses needed to care for additional patients. Nurses were becoming as specialized as their physician



counterparts. New roles, such as intensive and coronary care nursing, emerged.



*Nurses learning coronary care techniques, Eastern Maine Medical Center, Bangor, 1960s (Program Support Center)*

The progressive patient care concept was developed in a study that originated in the PHS Division of Hospital and Medical Facilities and was implemented with the assistance of DN staff. Using this system, patients were categorized not just by disease, but also by the amount of nursing care they needed. Improved

therapies and intensive nursing care enabled more of the gravely ill to survive.

A vital societal resource and new nursing specialty was inaugurated as a result of a DN research grant. An intensive care unit at the Presbyterian Hospital in Philadelphia, designed to minimize the sequelae of myocardial infarctions and to use nurses to their fullest capacity, opened in 1967 under the direction of Rose Pinneo, R.N., and Lawrence Meltzer, M.D. Nurses received advanced preparation in the care of cardiac patients. Patient outcomes were shown to improve dramatically, and soon there was a widespread demand for coronary care units.

In the fall of 1965 the DN expanded its program of consultation to hospitals. Its twin objectives were to facilitate better nursing care in hospitals and to design continuing education series for nurse administrators. Offered as part of this initiative were workshops teaching nurse administrators in hospitals and nursing homes how to study nursing activities and develop action plans. Methods of designing and marketing refresher courses for inactive nurses also were developed.

Improving nursing care for ambulatory patients was another concern in the nursing community. Reducing lengths of stay

for hospitalized patients by increasing visiting and public health nursing services for the care of the chronically ill in their homes was seen as one way to contain rising hospital costs. The division made a significant contribution in this area by providing consultation to States and agencies on issues surrounding the care of patients in their homes.

## LEGISLATIVE INITIATIVES IN THE LATE 1960s

By the late 1960s, new measures extended or modified the 1964 NTA. Associate degree programs were growing at a rapid rate, and they could now qualify for Federal support through accreditation by regional bodies. The division had funds officially earmarked to support its longstanding interest in reaching out to disadvantaged young people. Programs designed to facilitate minority access into nursing were rapidly initiated. The division contracted with the ANA to study the barriers to nursing education experienced by minorities.

The division funded many projects to enhance the profession's diversity. Career ladder projects designed to help minority licensed practical nurses and nursing assistants become registered nurses are examples of successful programming in this arena. Another venture reached down to junior and senior high schools in urban areas to encourage young people to become nurses. Pilot programs to attract men and older, nontraditional, or second-career students also were supported.

Legislation enacted in 1968 expanded the scope of project grants, the component of the NTA that funded creative nursing ventures. Project grants allowed the division to fund innovative experiments to improve nursing education and patient care delivery. One project, for example, enabled schools to explore the use of long-



distance telelectures. Project grant money also was designated for planning and implementing new nursing programs, for research in nursing education, and for educating nurses for practice in expanded roles such as primary care.

## EVALUATING 1964 NTA PROGRAMS

The 1964 legislation required that, by 1968, a report be submitted to Congress evaluating NTA's success and making recommendations. A committee comprised of leaders from nursing, medicine, and other health related fields studied the statistical evidence provided by the division regarding the NTA's accomplishments and shortcomings.

The NTA evaluation committee concluded in its *Program Review Report* that the legislation had been a resounding success. It suggested, however, that for NTA's goals to be fully realized, funding needed to be continued. Further, the committee recommended the division's mission be expanded through increased appropriations. The group recognized the severity of the ongoing nursing shortage, particularly the dearth of nurses prepared to teach or undertake research. The DN was commended for its implementation of the NTA.

## NURSING WORKFORCE PROJECTIONS

Nursing had received substantive financial assistance from Federal sources, but nursing supply issues remained a concern to many health policy experts. In 1967, the National Advisory Commission on Health Manpower (NACHM) characterized all of the country's health care as being in a crisis. The nursing shortage was cited as an important contributing factor.

The DN supplied the NACHM and other interested parties with accurate workforce data on the number, distribution, quality, and utilization of nursing personnel. Critical factors affecting the quality of patient care, such as job turnover rates, were monitored. Current trends could be analyzed and future nursing needs projected from these data. An inventory of the Nation's registered nurses had been carried out in 1962 by the ANA with partial support from the division. In addition, data regarding the numbers of public health nurses continued to be aggregated and published in a biennial series entitled *Nurses in Public Health*. The first comprehensive national inventory of licensed practical nurses was completed in 1967.

The DN continued to assist States and institutions with workforce issues. With division consultation, the Illinois Study Commission on Nursing developed a program to improve nursing services. This study on nurse utilization in hospitals revealed a high turnover. It also suggested that higher ratios of patients to nurse resulted in lower patient and nurse satisfaction. A predictive model was designed to help hospitals design and adjust their staffing plans to better meet patient needs.

*Director of the Division of Nursing Jessie M. Scott (head of table at right) and chief nurses from each of the PHS regions (Program Support Center, DHHS)*





## NEW MOVEMENTS IN NURSING

Better utilization of nurses, however, could not alter other problems in health care. National health expenditures in the late 1960s consumed 6 percent of the Gross National Product (GNP). Despite increased private and public spending on health care, many people argued that quality of care was uneven. In addition, health care services were unequally distributed, and there was duplication in some areas. Many barriers to health care access existed for the poor. Consumers and experts alike complained that modern health care was too specialized, centralized, and impersonal.



*The Nurse Training Act enabled more students in the 1960s and 1970s to attend nursing school. These students were studying at Howard University in the 1960s (Program Support Center)*

Primary nursing was an attempt to improve the quality of nursing care for hospitalized patients by having one professional nurse direct that care throughout the hospital stay. This nursing delivery system coincided with a movement in nursing reemphasizing direct clinical care of patients. Many in nursing argued that the professional nurse had been pushed too far away from patients. Division data revealed that nursing time with patients added up to less than 1 hour a day in many hospitals.

While there were debates regarding how best to nurse patients in hospitals, the primary care movement also emerged.

Americans' need for low-cost, accessible, personalized ambulatory health care facilitated the growing recognition that, as the largest single group of health care providers, nurses should expand their scope of practice.

Responding to pressing societal needs, in 1965 the Commonwealth Foundation supported a demonstration project to explore innovative ways to deploy nurses. Inaugurated by Loretta Ford, R.N., and Henry Silver, M.D. at the University of Colorado, this program prepared public health nurses to provide comprehensive well-child primary care in an ambulatory setting. The new role of nurse practitioner differed from traditional nursing responsibilities in authority and autonomy. The DN funded an evaluation of the program and determined that nurse practitioners were extremely well-accepted by patients, parents, and other health care professionals. The competence of nurse practitioners in providing pediatric primary care was well documented. Seventy-five percent of well and ill children in ambulatory care settings could be independently managed by pediatric nurse practitioners.

## THE LEGACY OF THE 1964 NURSE TRAINING ACT

By the late 1960s, it was clear that the NTA and its various amendments had a tremendous impact on nursing education. Well over 3,000 construction grants had been awarded. Students had better facilities in which to learn. Each year more students were participating in federally supported loan programs. Greater numbers of minorities were entering the profession, partly because of division funding. Faculties at schools of nursing developed creative teaching strategies and more sophisticated teaching aids to provide students with a better education.