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A survey to determine what professional teaching standards are being met by instructors in nursing schools

Betty Rogers
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A SURVEY
TO DETERMINE WHAT PROFESSIONAL TEACHING STANDARDS
ARE BEING MET BY INSTRUCTORS IN NURSING SCHOOLS

A Thesis
Presented to
the Faculty of the Department of Education
Indiana State Teachers College
Terre Haute, Indiana
No 636

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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Education

by
Betty Rogers
July 1949

The thesis of Betty Rogers,
Contribution of the Graduate School, Indiana State
Teachers College, Number 636, under the title _____

A SURVEY

TO DETERMINE WHAT PROFESSIONAL TEACHING STANDARDS

ARE BEING MET BY INSTRUCTORS IN NURSING SCHOOLS

is hereby approved as counting toward the completion
of the Master's degree in the amount of 8 hours'
credit.

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Date of Acceptance August 5, 1949

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CHAPTER I

INTRODUCTION

I. NURSING DEFINED

As this work deals with the education of nursing instructors, it is well to understand the meaning of the term, "nursing."

"Nursing may be defined as that service to the individual that helps him to attain or maintain a healthy state of mind or body; or, where a return to health is not possible, the relief of pain and discomfort."¹ This general definition would apply to any person involved in any type of nursing service.

A more specific definition of the professional nurse is given by the American Nurses' Association: "Professional nursing is a blend of intellectual attainment, attitudes and mental skills based upon the principles of scientific medicine acquired by means of a prescribed course in a school of nursing affiliated with a hospital, recognized for such purpose by the state and practiced in conjunction with curative and preventive medicine by an individual licensed to

¹ Bertha Harmer and Virginia Henderson, Textbook of the Principles and Practice of Nursing (New York: The Macmillan Company, 1930), p. 2.

do so by the state. A professional nurse, therefore, is one who has met all legal requirements for registration in a state and who practices or holds a position by virtue of her professional knowledge and legal status."²

II. THE PROBLEM

Are nursing instructors in the nurses' training schools of Indiana adequately prepared for their teaching tasks? Teachers have always held a position of grave responsibility, for teaching is not merely the implantation of facts in a youthful mind, but may be an important factor in the molding of a life. The teaching of nurses must be highly important then, for the type of nursing personality, as well as the factual knowledge a nurse has learned, will determine the kind of nursing care she gives to her patients.

This research was made with the purpose of ascertaining what professional teaching standards are being met by instructors in nursing schools in general, and in Indiana, in particular.

III. IMPORTANCE OF THE PROBLEM

Nurses have a job which, as a whole, is many-faceted and never ending. Nursing is entrusted with three stupendous

² Ibid., p. 3.

interrelated tasks; health conservation in its most complete sense, including the care of well children and adults, and immunization against disease; the administration of care to the sick in mind and body, including environmental conditions, both social and physical; and the teaching to laymen of the value of hygienic and preventive measures.

To perform all of these duties well, a nurse must have ability, knowledge, and skill of a high order. To attain this point, her innate abilities must be developed and directed through the channels of education and experience.

It follows, then, that the teachers, in the training schools where nurses are educated, should themselves have the best education and training available.

IV. METHOD OF PROCEDURE

The method of procedure in this thesis is to present the historical background of nursing; to show the present educational standards for instructors in nursing schools; to report the present educational standards in Indiana; and to offer conclusions and recommendations for the future.

Summary.

1. This work deals specifically with the education of Indiana nursing instructors.

2. Nursing education is a very specialized and important type of training.

CHAPTER II

HISTORICAL BACKGROUND

European. A searching examination of the past will aid the understanding of any present day problem; so it is with nursing and its teaching. However, many hundreds of years must be traversed before the origin of nursing can be reached for it began with the advent of man.

From the beginning of family organization, the duties of caring for the infant, aged and ill were allotted to girls and women because of their sex and homemaking abilities.

To the Greeks we owe the concept of nursing as a science, for Hippocrates, "Father of Medicine," included many of the nursing arts in his teaching.³ That the Greeks recognized the place of women in health promotion is evidenced by the names of their goddesses Hygeia, Panacea, and Meditrina.

Soon after Hippocrates' time a new school of thought came into being which delegated the theory and science of medicine to the scholar, but gave the practice of surgery, nursing, and other practical aspects of medicine to uneducated helpers.

³ Lavinia L. Dock and Isabel M. Stewart, A Short History of Nursing (New York: G. P. Putnam's Sons, 1938), p. 30.

During the dark ages of medicine, nursing survived because of the common and humane aspects which enabled it to become a religious vocation.

It was the monastic motherhouse which gave nursing a type of organization which exists today in many nursing orders.⁴

During the Crusades, military-monastic systems in the form of the Knights of St. John, the Teutonic Knights, and others dominated the nursing picture for several centuries and imprinted on present day nursing its military tradition. The Red Cross and the St. John's Ambulance Service are vestiges of former military nursing orders.

It is odd that the darkest period of nursing came at the time of the medical renaissance, from the thirteenth to sixteenth centuries. Women had no share in the revival of medical learning and, in addition, many of the monasteries were disbanded, thus putting hospitals into the hands of uneducated lay people.

Nursing hopes were again revived with the modifications of the motherhouse system by the French Sisters of Charity.

Up to this time, nursing education was largely gained through practical experience, but the founders of the

⁴ Ibid., p. 49.

Sisters of Charity gave to peasant girls, of good character and some education, a system of training which was the first step in the creation of the present day curriculum.

Closely following the Sisters of Charity came the deaconess motherhouse established in the German village of Kaiserswerth by a Lutheran pastor and his wife. It was here that Florence Nightingale received much of her training.

Blessed with superior intelligence, an excellent education, and a multitude of capabilities, Florence Nightingale was far in advance of her times.⁵ It is difficult to determine which of three things was dearest to her heart--social reform, health, or education--for she excelled in the activities of all three.

However, it is nursing that claims her and makes her name its synonym, for in nursing she has combined her three chief activities in the form of preventive medicine, curative medicine, and teaching.

Nursing schools today retain the majority of Florence Nightingale's principles, although many modern practices have been modified by new discoveries in medicine and education.

Miss Nightingale believed that the teachers in her school should have professional experience and education far

⁵ Ibid., p. 253.

above that of other nurses. This fact is clearly shown by her provision of special courses for those students who were to be teachers. Do instructors in training schools have more experience and better educations than other nurses today?

Information regarding the historical background of nursing was obtained from sources listed in the bibliography.

Summary.

1. From the time of its inception nursing faced a struggle for its rightful place as a branch of higher learning.
2. Repeatedly throughout the ages the duties of the nurse were put in the hands of persons who had no education or training for their responsible tasks.
3. The first semblance of the modern nursing curriculum came with the training school founded by the French Sisters of Charity. From that time, nursing began its upward progress.

CHAPTER III

HISTORICAL BACKGROUND (continued)

American. The titanic struggle of nursing for its legitimate place in our social structure was by no means finished with the advent of Florence Nightingale. On the contrary, it had just begun across the sea on the North American continent.

The Nightingale system was modified to the American way of life and adopted in 1873. The primary weakness of these schools was that they failed to differentiate between service and education. Too frequently hospitals saw only the economic value of student nurses and were reluctant to release them for class work or study.

Standardization begins. Within twenty years following the adoption of the Nightingale system, the superintendents of the leading nursing schools in the United States and Canada organized to form The American Society of the Superintendents of Training Schools for Nurses. Later this organization was to become The National League of Nursing Education.⁶ With the organization of nurses came the beginnings of standardization in nursing education.

⁶ Ibid., p. 764.

Next in the improvement of nursing requirements was legal control. Laws governing the practice of nursing and its education were enacted in twenty states by 1913.⁷

With the raising of standards there came a demand for better nursing educators. Teachers College at Columbia University pioneered in the preparatory work of teachers by offering a course in hospital economics.

By this time the nursing course had been lengthened from two to three years. Leading schools had adopted an eight hour day for their students and required high school graduation for admission. The age of admission had gone down from twenty-three to eighteen in almost all schools, because of a scarcity of candidates. With the growth of better schools, teaching methods and standards improved. This period saw the appearance of bedside clinics, laboratory methods, excursions, and libraries containing literature written for the nursing profession. Of course, there were schools which continued to overburden their students and made no attempt to raise their standards.

Hospitals began to see the need for clinical experience in training their students, so affiliations were begun between hospitals enabling students to obtain further training in specified fields. Some hospitals offered post

⁷ Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), p. 40.

graduate courses to those who wished additional work. By 1900, a few hospitals had begun affiliations with colleges. Such association eventually led to the university school of nursing. Most of the nursing schools were hospital owned and controlled at this time, however.

Wars affect medicine. Wars have always influenced the medical profession greatly. The outbreak of World War I with its attendant influenza epidemic brought the nursing profession into the focus of the public eye. The importance of their role in both military and civilian service caused thoughtful nurses to view with trepidation the limited resources under which nurse educators had labored and the defects of their system of training.

Self-evaluation. The time for self-evaluation had come! The first step toward that goal emerged from a conference called by the Rockefeller Foundation in 1918. At that time Josephine Goldmark was appointed by the Committee for the Study of Nursing Education to direct an investigation of the nursing situation. Nursing and Nursing Education in the United States was the title of their report published in 1923.

Of the important recommendations made by the Committee, two were most pertinent--that the school be controlled by persons independently organized for educational

purposes only, and that sufficient funds be supplied for school expenses. Observance of these recommendations would remedy a persisting evil. At even this late date hospitals continued to exploit student nurses by demanding service without giving adequate education in return.

By 1926, the Committee on the Grading Schools was formed and embarked on a five year "Study of ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed for adequate care of the patient, at a price within his reach."⁸

The Grading Committee's study found that "About twenty-nine per cent of the graduate group in 1932 had less than full high school preparation and only twenty per cent had some college preparation. A full time instructor was found in only one-half of the schools in 1932 and one-quarter had more than this number. Student head nurses were found in fifteen per cent of the institutions studied and sixty-three per cent had no graduate nurses employed as staff or floor duty nurses. Long hours and a heavy teaching load for instructors were found in most of the schools, the median instructor being responsible for four subjects, and a quarter of the group, for six or more."⁹

⁸ Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), p. 206.

⁹ Ibid., p. 211.

The Education Committee of the League of Nursing Education had published the Standard Curriculum in 1917. This was revised in 1927 to try to correct weaknesses exposed by the Goldmark report and was re-entitled Curriculum for Schools of Nursing.

Despite the nation's economic depression after the war, nursing made rapid strides in education. In fact, the depression served to "weed-out" weak schools and forced many hospitals to replace students with graduate nursing staffs.

In an effort to further guide schools toward correction of their defects, the National League of Nursing Education brought out two manuals--Essentials of a Good School of Nursing and Manual of the Essentials of Good Hospital Nursing Service. A guide was also published by the League for faculty improvement--The Nursing School Faculty--Duties, Qualifications and Preparation of its Members.*

All of the forward strivings of nursing educators would have been of no avail had educational controls not been strengthened. If the poorer schools could not be forced to raise their standards, they would lower the educational level of the entire group. Although state laws requiring registration of both schools and nurses had been enacted, the minimum standards were so low in some states

* Manuals may be obtained through the National League of Nursing Education, 1790 Broadway, New York.

that poor schools could "get by," thus creating a need for further means of accreditation. The lead in accreditation was taken by the National League of Nursing Education. Other participants were the Council on Education of the Catholic Hospital Association, the Association of Collegiate Schools of Nursing, and the National Organization for Public Health Nursing.

Throughout the years nurses had shown an increasing interest in college work and many began attending the college and university controlled nursing schools that offered degree programs, or schools that offered advanced curricula to graduate nurses. In 1899, two students were enrolled at Teachers College. In the ten year period from 1899 to 1909, 88 nurses were enrolled; in the ten year period from 1929 to 1939, 11,441 nurses were enrolled.¹⁰ Other universities showed the same rates of increase.

Obviously, with nurses swelling the student ranks in colleges and universities throughout the country, faculty members in nursing schools must become well prepared in both nursing and education if they are to continue as leaders.

Summary.

1. Standardization of nursing education began soon after the adoption of the Nightingale system in America.

¹⁰ Ibid., p. 227.

2. Legal control of nursing schools and nursing education began as early as 1913.

3. One of the worst aspects of nursing education, the exploitation of student nurse service, was brought to light by the Goldmark report. More funds and school control by independent persons were the recommendations made to correct this fault.

4. Many studies and guides were published by leaders in the field of nursing education.

5. Nurse enrollment in college courses designed for them has increased steadily throughout the years.

CHAPTER IV

PRESENT DAY EDUCATIONAL STANDARDS FOR INSTRUCTORS IN NURSING SCHOOLS

"In any professional school, a majority of the faculty should be members of that profession."¹¹ Most teachers in nursing schools should, first of all, be registered nurses. Before we can in any way evaluate the preparation of these teachers, we must realize the educational background of the average registered nurse.

Requirements for entrance to a school of nursing. Although requirements for entrance into nursing schools vary slightly, they are basically the same.

Candidates for nursing schools must be graduated from accredited high schools. In forty-six per cent of the nursing schools in the United States new students are required to be in the upper third of their high school class; forty-four per cent are required to be in the upper half; ten per cent have no requirement.¹² Unless exceptions are made, candidates must be between the ages of eighteen and

¹¹ "Final Report of the Committee on the Grading of Nursing Schools, 1934," Nursing Schools Today and Tomorrow (New York: 1934), p. 127.

¹² Facts About Nursing, 1947 (New York: Nursing Information Bureau of the American Nurses' Association, 1947), p. 23.

thirty-five. All candidates must be able to pass a physical examination and comply with the immunization program as set up by their school. In most schools candidates must meet required character and personality standards.

Upon admittance into her school the student nurse enters upon a six month pre-clinical or probationary period. During this time and the following six months freshman period the student spends most of her time in study and class work, and very little time in hospital ward work. Rules are rigid. Lessons, plus some ward work, give the nurse little free time. Many girls do not finish the probationary period.

In the junior and senior years (the following two years) classwork is decreased, and most of the student's time is spent in the hospital on the wards.

Requirements for graduation. During these three years students must have successfully completed from 980 to 1080 hours in the following subjects: anatomy and physiology; sociology; history of nursing; professional adjustments; medical science; pharmacology and therapeutics; nursing arts; nutrition, foods, and cookery; diet therapy; medical and surgical nursing; obstetrics; nursing of children; psychiatric nursing; and nursing and health service in the family.

In addition to the above class work students must have received satisfactory clinical experience in medical and surgical nursing; communicable disease nursing;

obstetrical nursing; nursing of the newborn; pediatric nursing; psychiatric nursing; tuberculosis nursing; and study in the operating room and diet kitchen techniques.

Upon completion of her training and graduation from her school of nursing, the student nurse becomes a graduate nurse. She does not, however, become a registered nurse until she has passed an examination by her State Board of Examination and Registration.

Although the actual number of class hours spent in three years of nurse's training are less than half those during many college courses of four years, the learning process of the student nurse does not stop with her classes but is carried on in the practical aspect of hospital ward service. Most colleges credit nurses, who enroll, with two years work--evidence that colleges regard the educational standards of nurses as being high.

Registered nurses who wish to become teachers have, then, a solid foundation on which to build the additional work necessary for a teacher's degree.

Requirements for teaching. The importance of the position held by faculty members in training schools is not likely to be over-emphasized. The type of nurses and nursing care produced by training is largely the responsibility of the faculty--a fact which is personally important to almost

every member of society at some time. In addition, nurses' next to school teachers, constitute the largest body of professional workers in our country today.

Because of the peculiar nature of the problems arising in dealing with persons who are ill, the majority of faculty members of nursing schools should be nurses. This is particularly true of the classes which deal with nursing techniques. The student nurse's classwork problems, and those questions arising from hospital service, will concern the patient and his care.

Although, in general, faculty members should be college graduates, one should not make the mistake of underestimating experience in the nursing profession. Experience is especially important in the teaching of subjects such as the nursing arts. Of course, the important question is whether or not the instructor is an apt teacher. Teaching ability should be a deciding factor in selecting faculty members if they are both well educated and experienced.

Consideration should be given to those instructors who have had additional work in the form of post graduate nursing courses or college work in the subject she teaches.

In no field, other than medicine, is it more important for an instructor to keep abreast of the changing times. New discoveries are constantly being made in this field, and they must be made known to students for use in hospitals.

For many years faculty members of nursing schools were duty bound to serve the hospital primarily. Teaching was a secondary task. At the present time, however, most instructors have but one position, that of teaching. However, the progressive teacher does not lose contact with nursing and keeps informed as to the changing techniques in her profession. Those supervisors who teach a single class in their field must be doubly careful to allot to the teaching of that class the time and consideration it deserves.

If nursing education levels are to be raised, all members of the faculty must strive to achieve college standards in their classroom teaching.

Summary.

1. Requirements for entrance into nursing schools are generally high.
2. In order to graduate a nurse must complete at least nineteen courses which are supplemented with nursing service.
3. Following graduation, a nurse must pass a state board examination which covers the entire three year training period.
4. The average nurse is not sufficiently prepared to teach upon completion of her training, alone. However, experience is more important in nursing than in many other fields.

CHAPTER V

REPORT OF THE EDUCATIONAL BACKGROUND

OF NURSING EDUCATORS IN INDIANA TODAY

I. SCOPE OF SURVEY

The gathering of data on all the nursing teachers in the nation would have been a task beyond the scope of this paper. It was necessary, then, to choose a representative state which would yield valid data. Indiana was the state.

Of 106,900 students enrolled in training schools in the United States in 1947, 2,619 were schooled in Indiana.¹³

Fulltime instructors employed by nursing schools in the United States in 1946 numbered 4,174; Indiana employed ninety-seven.¹⁴ If the number of instructors seems small, it must be remembered that often physicians teach classes in their specialties and that persons teaching in nursing schools who are not nurses are not included in this thesis.

II. METHOD OF GATHERING DATA

Since this investigator was not a registered nurse, the Indiana State Board of Registration and Examination felt

¹³ Facts About Nursing, 1947 (New York Nursing Information Bureau of the American Nurses' Association, 1947), p. 17.

¹⁴ Ibid., p. 32.

that divulgence of information concerning the education of nursing teachers in Indiana would have been unethical. They did, however, supply a list of accredited nursing schools.

In order to secure the necessary information, letters were sent to the twenty-six accredited training schools in Indiana requesting a list of their instructors, the amount of education they had received in addition to their nurse's training, and where that education had been obtained. Replies from eighteen training schools were received giving a 60.23 per cent return, from which a list of eighty instructors was compiled.

The Indiana colleges where these nursing instructors had been educated were then visited. The purpose of the visits was to discover the amount of college work they had received and the type of courses they had taken.

III. FINDINGS OF THE STUDY

Many instructors did not receive their college work in Indiana as shown below:

Received no college work.....	18.75%
Received college work out of state.....	21.25
Received part of work out of state.....	12.50
Received work in Indiana.....	46.25

One instructor held a degree from an unknown college.

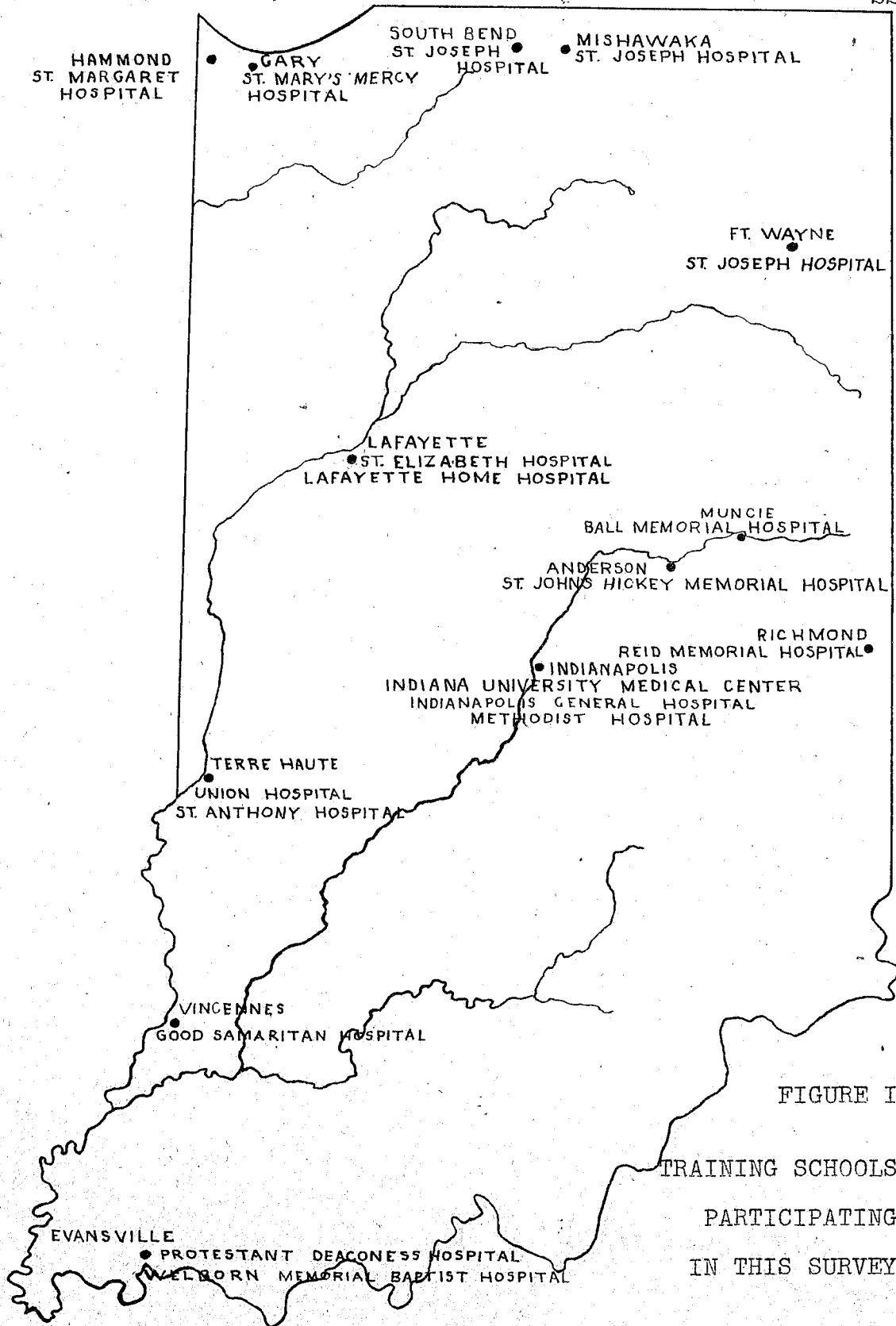


FIGURE I
TRAINING SCHOOLS
PARTICIPATING
IN THIS SURVEY

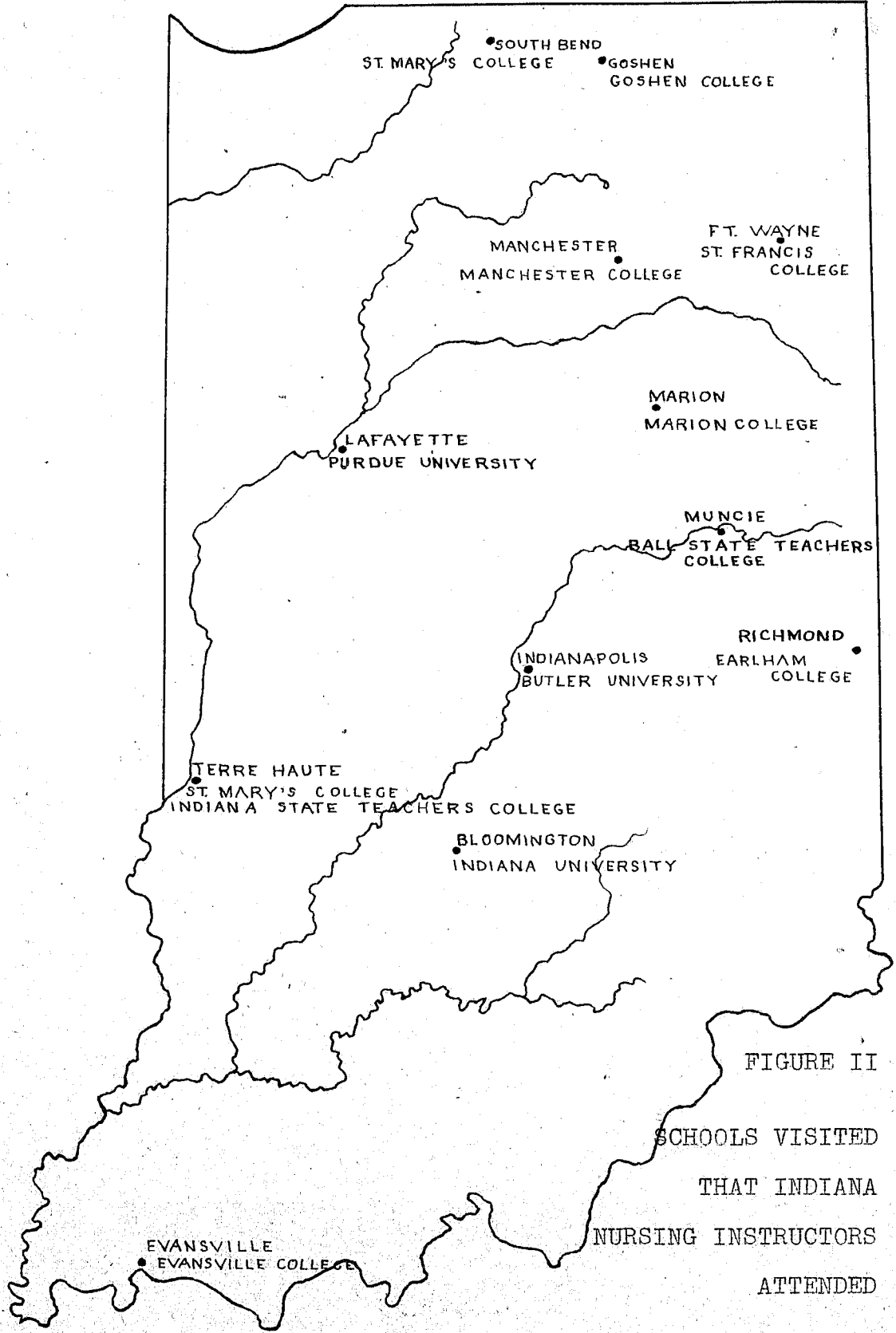


FIGURE II

SCHOOLS VISITED
THAT INDIANA
NURSING INSTRUCTORS
ATTENDED

The educational background of eighty instructors in Indiana nurses' training schools:

Registered nurse, R.N.....	7.50%
Post graduate course in nursing.....	11.25
College work with no degree.....	45.00
Baccalaureate degree.....	23.75
Master's degree.....	1.25
Post graduate course plus some college work.....	1.25
Post graduate course plus a Baccalaureate degree.....	2.50
Baccalaureate degree plus added college work.....	7.50

Twenty-eight instructors held a degree or even more work; thirty-seven had credits toward a degree; and only fifteen had no college work at all.

Compare the following national figures of 1932¹⁵ with the above Indiana figures:

Under four years high school...	5%
Only four years high school....	30
College work with no degree....	38
Four years college.....	27

¹⁵ "Final Report of the Committee on the Grading of Nursing Schools, 1934," Nursing Schools Today and Tomorrow (New York: 1934), p. 160.

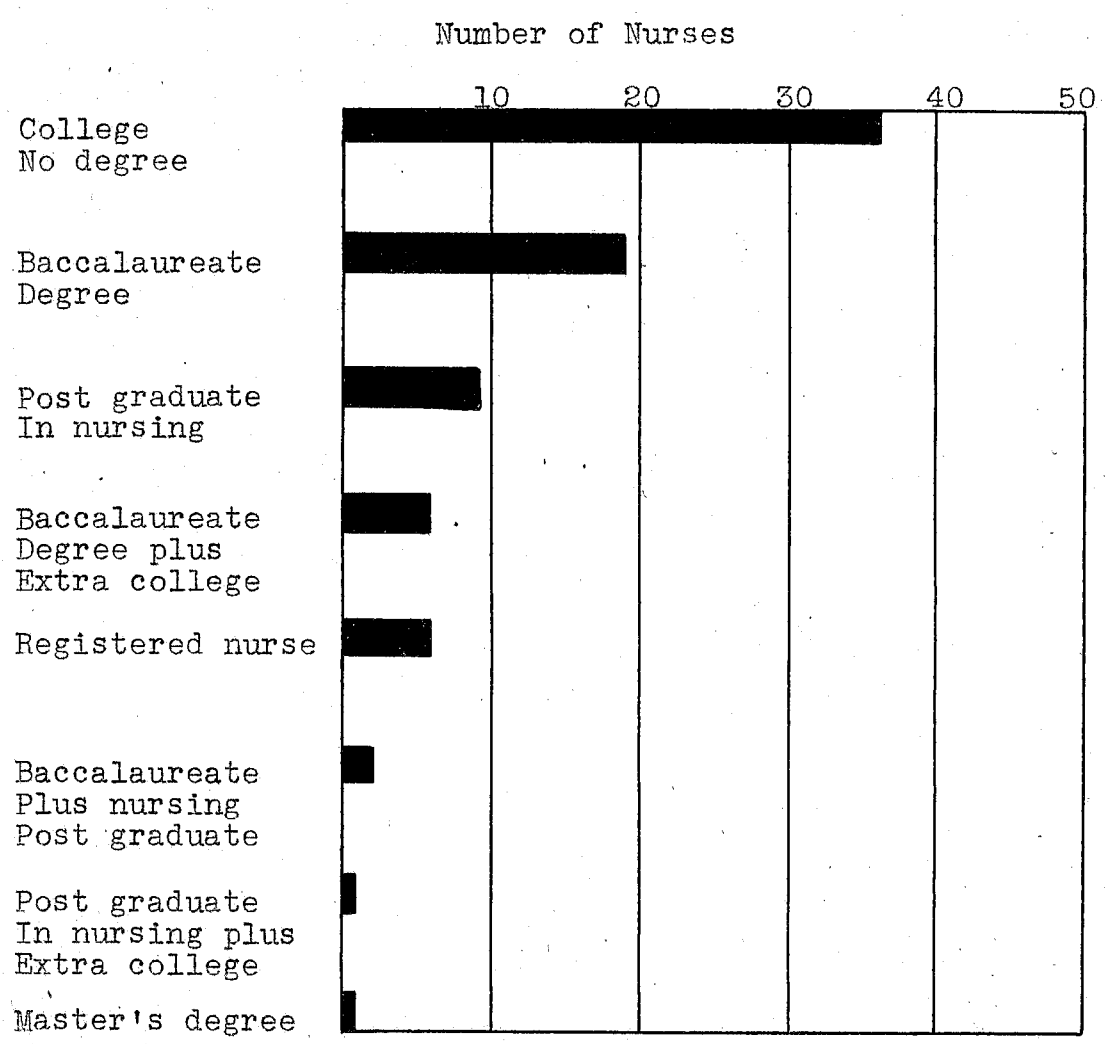


CHART I
EDUCATIONAL TRAINING OF EIGHTY INSTRUCTORS IN
EIGHTEEN INDIANA NURSES' TRAINING SCHOOLS

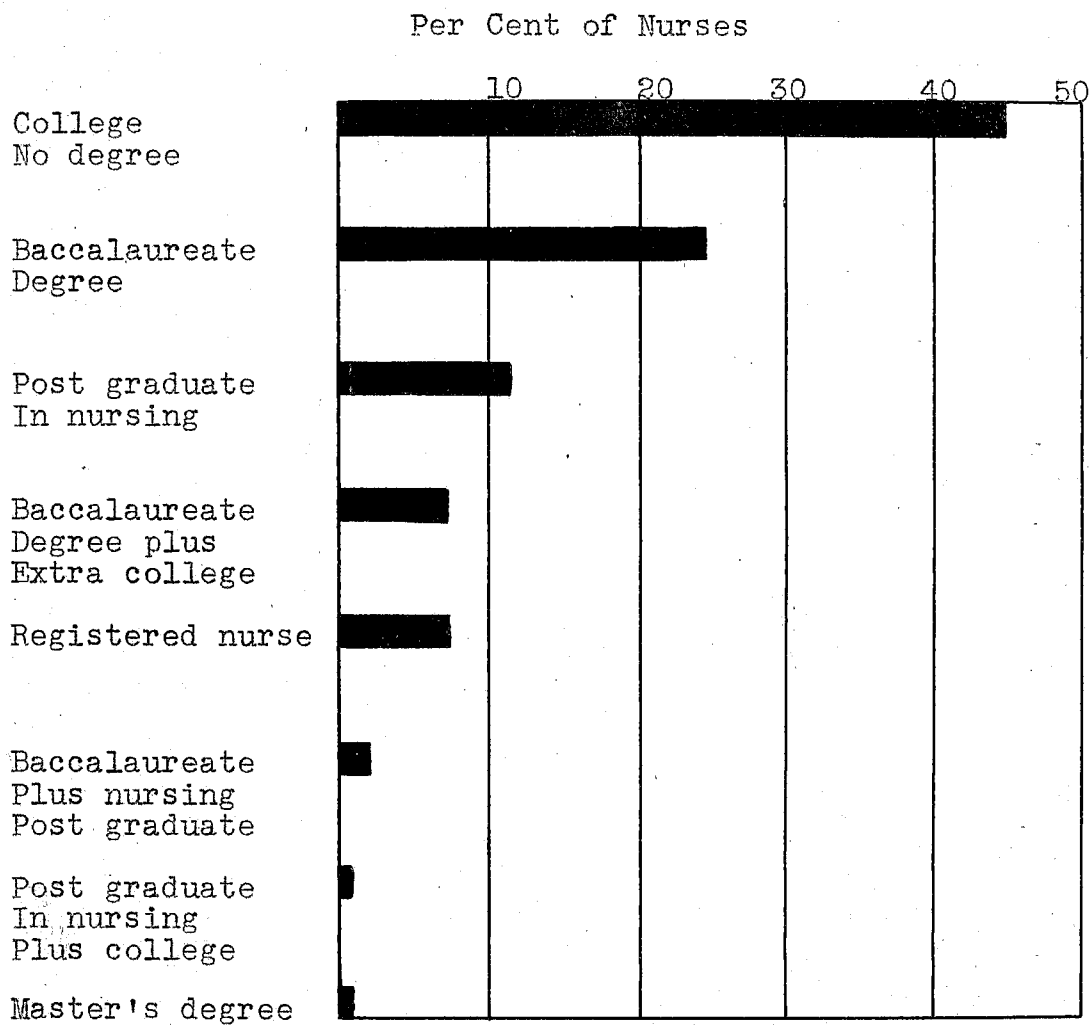


CHART II

EDUCATIONAL TRAINING OF EIGHTY INSTRUCTORS IN
EIGHTEEN INDIANA NURSES' TRAINING SCHOOLS

Of the forty-seven instructors who had been educated in Indiana, complete records were obtained on twenty-eight. Many instructors had incomplete records due to marital name changes. Too, some schools did not permit investigation of their registrar's files. Following is a list of courses, grouped departmentally, taken by these teachers:

English (including speech).....	75.00%
Foreign Language.....	28.57
Education.....	42.85
Ward Teaching.....	28.57
Ward Management.....	32.14
Psychology.....	35.71
Social Science (including history, ethics).....	32.14
Sociology.....	28.57
Bible.....	14.28
Philosophy.....	14.28
Mathematics.....	14.28
Physical Science (physics, geology, mineralogy). 7.14	
Chemistry.....	46.41
Biological Science (zoology, botany, hygiene, anatomy, physiology, bacteriology).....	46.41
Home Economics.....	25.00
Industrial Arts.....	3.57
Music (including choir).....	17.85
Art.....	14.28

Library Science.....	14.28%
Physical Education.....	53.57

Following is a list of courses showing the percentage of time spent on each subject:

English (including speech).....	19.25%
Foreign Language.....	7.10
Education.....	11.96
Ward Teaching.....	1.50
Ward Management.....	1.68
Psychology.....	4.49
Social Science (including history, ethics).....	5.23
Sociology.....	4.11
Bible.....	1.12
Philosophy.....	1.12
Mathematics.....	1.68
Physical Science (physics, geology, mineralogy).....	.93
Chemistry.....	6.54
Biological Science (zoology, botany, hygiene, anatomy, physiology, bacteriology).....	14.95
Home Economics.....	5.79
Industrial Arts.....	.19
Music (including choir).....	1.12
Art.....	.93
Library Science.....	.75
Physical Education.....	9.35

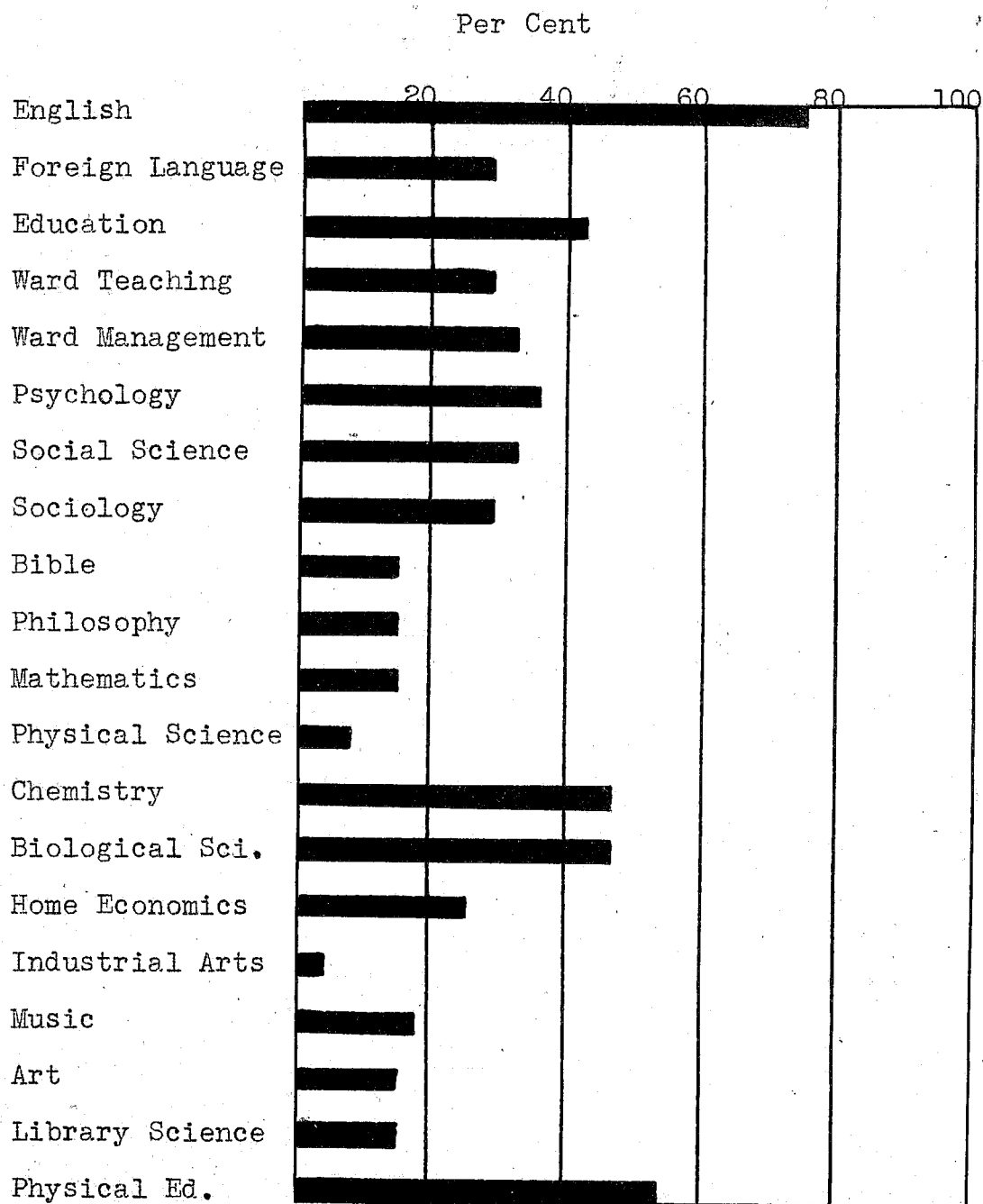


CHART III

VARIETY OF COURSES TAKEN BY TWENTY-EIGHT TEACHERS

IN INDIANA NURSES' TRAINING SCHOOLS

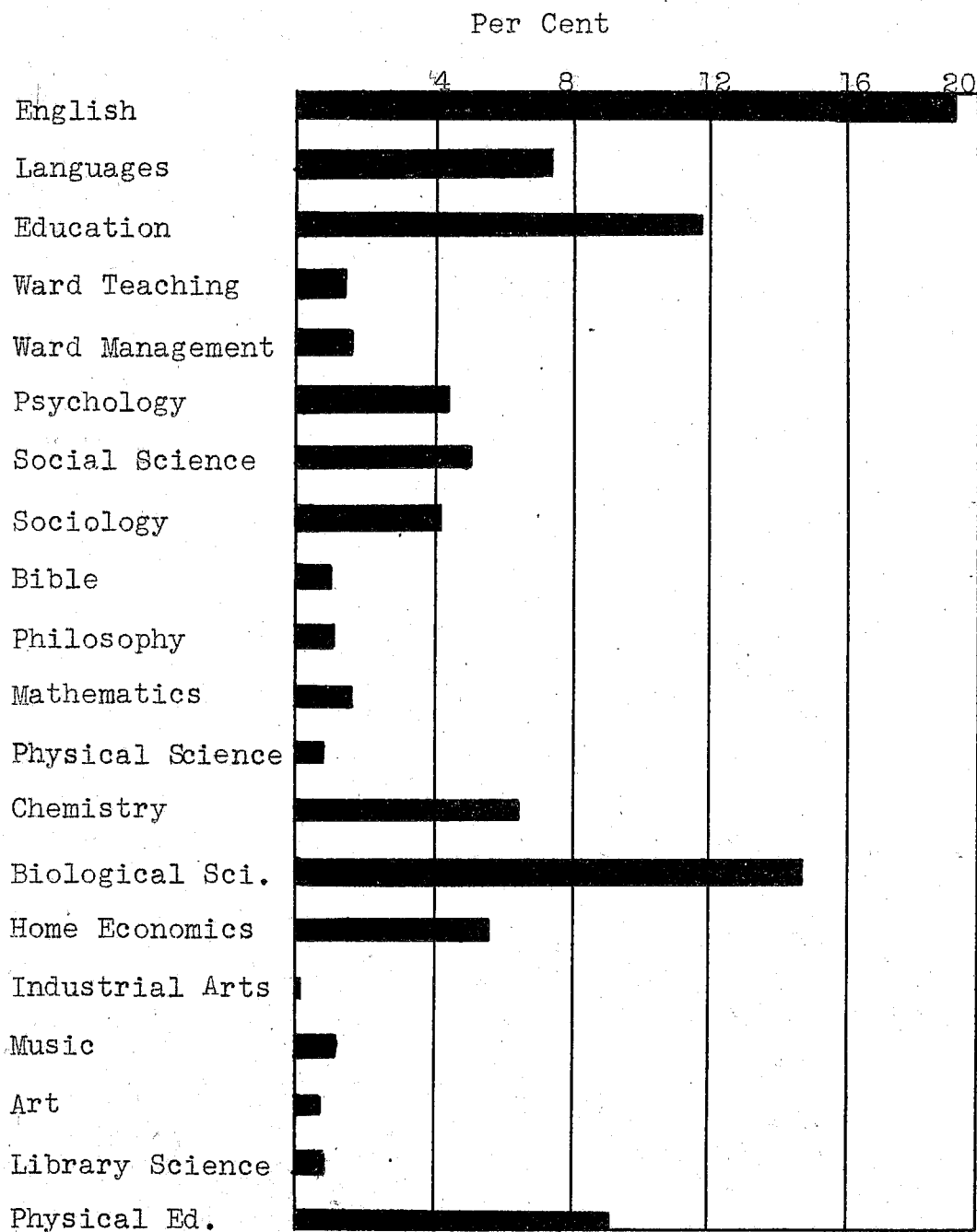
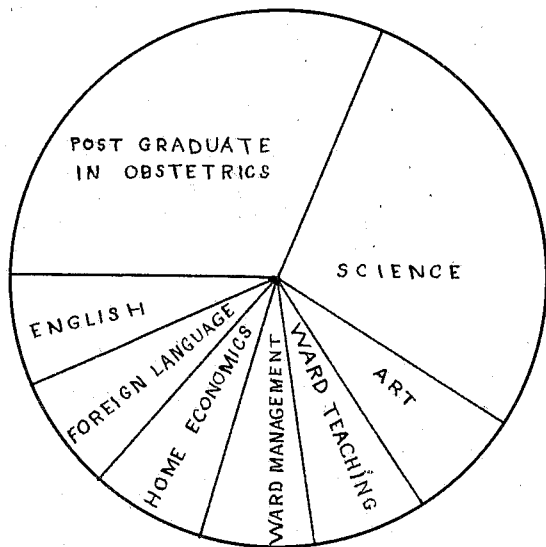


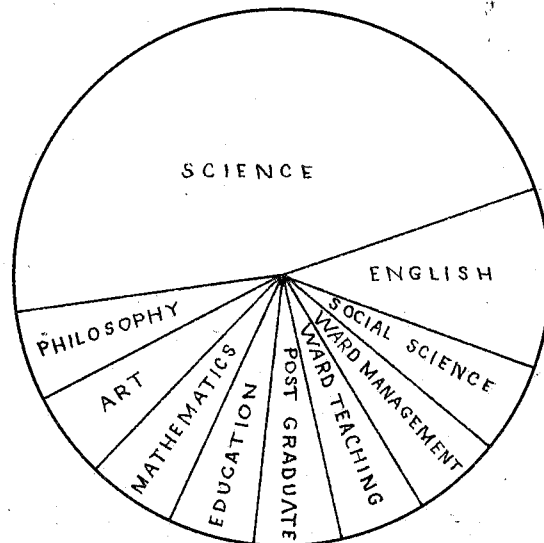
CHART IV

NUMBER OF COURSES TAKEN BY TWENTY-EIGHT TEACHERS

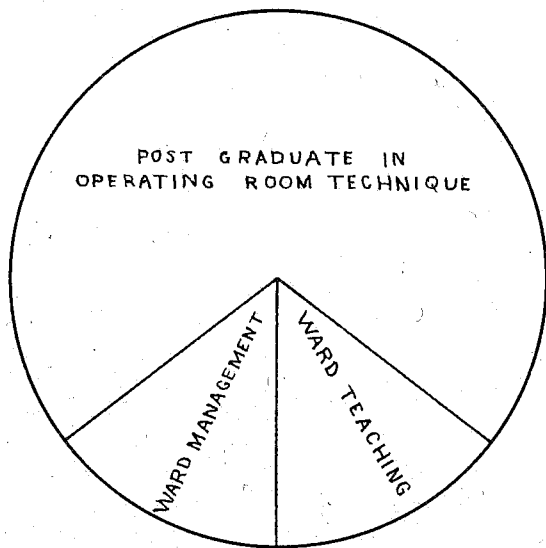
BASED ON 536 COURSES TAKEN



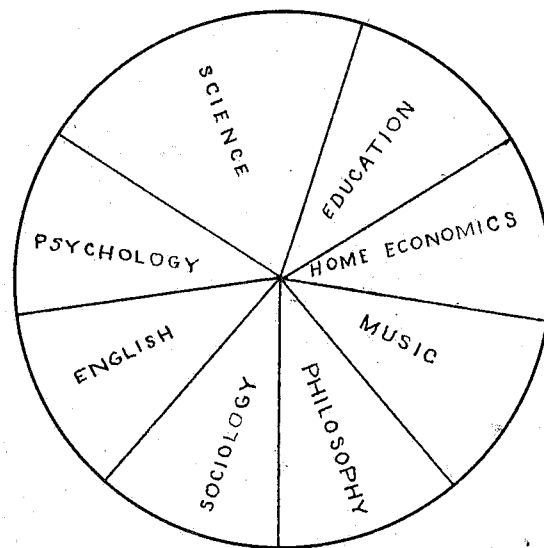
COURSES TAKEN BY FIVE TEACHERS OF OBSTETRIC NURSING



COURSES TAKEN BY THREE TEACHERS OF PEDIATRICS



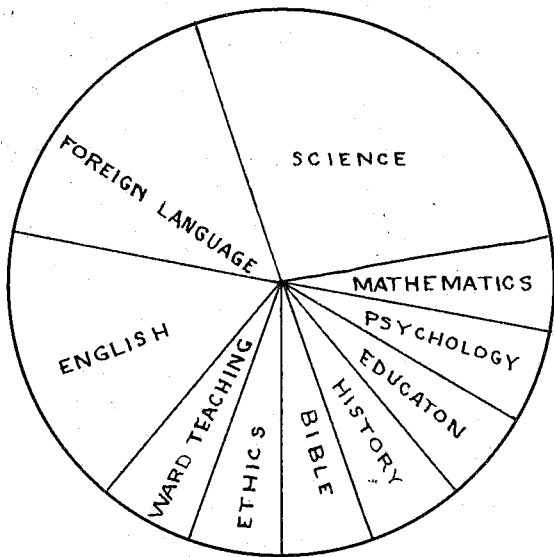
COURSES TAKEN BY FIVE TEACHERS OF OPERATING ROOM TECHNIQUE



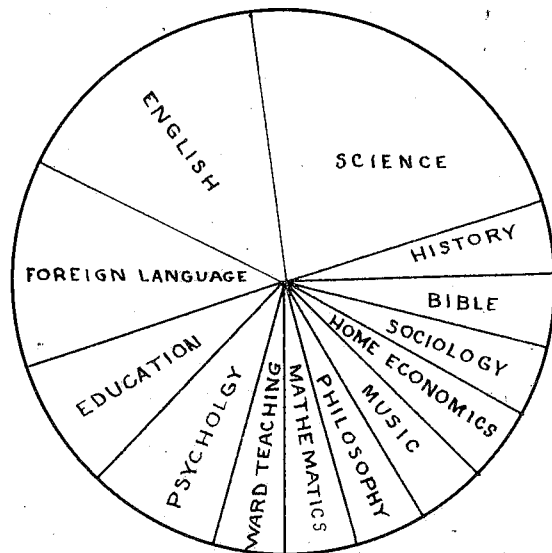
COURSES TAKEN BY FIVE TEACHERS OF PSYCHIATRIC NURSING

CHART V

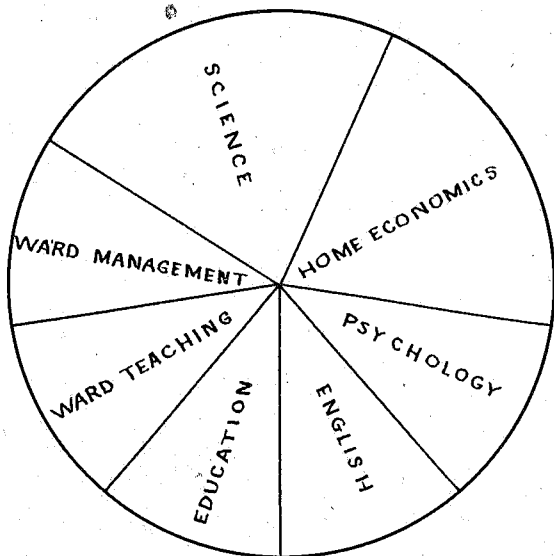
COLLEGE COURSES TAKEN BY INSTRUCTORS OF FOUR SUBJECTS



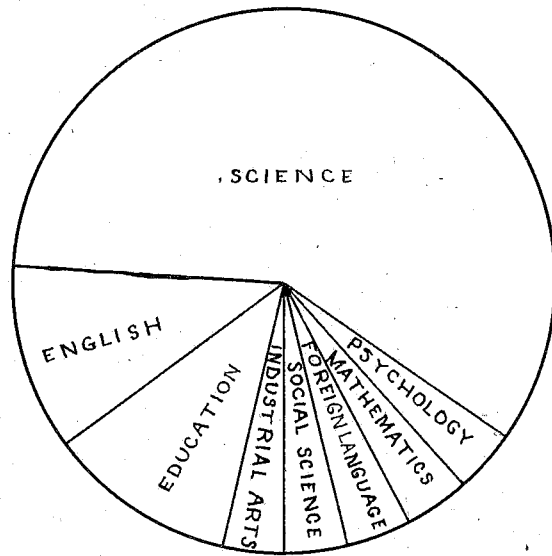
COURSES TAKEN BY THREE
TEACHERS OF PHARMACOLOGY



COURSES TAKEN BY THREE TEACHERS
OF PROFESSIONAL ADJUSTMENTS



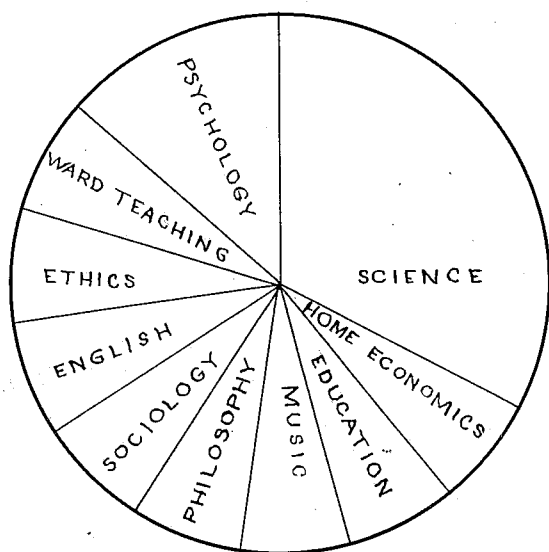
COURSES TAKEN BY A
TEACHER OF PUBLIC HEALTH



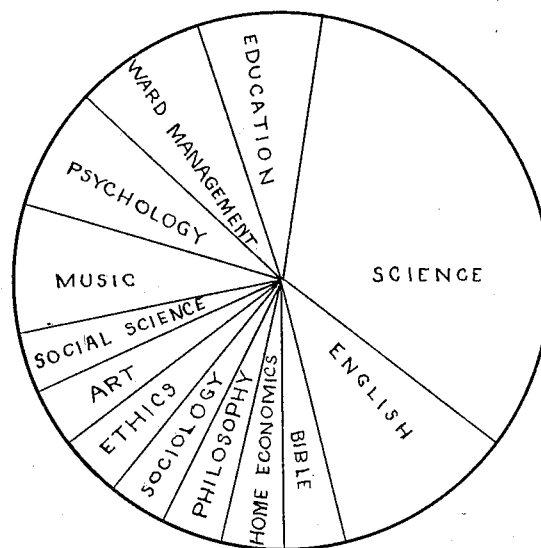
COURSES TAKEN BY THREE
TEACHERS OF SCIENCE

CHART VI

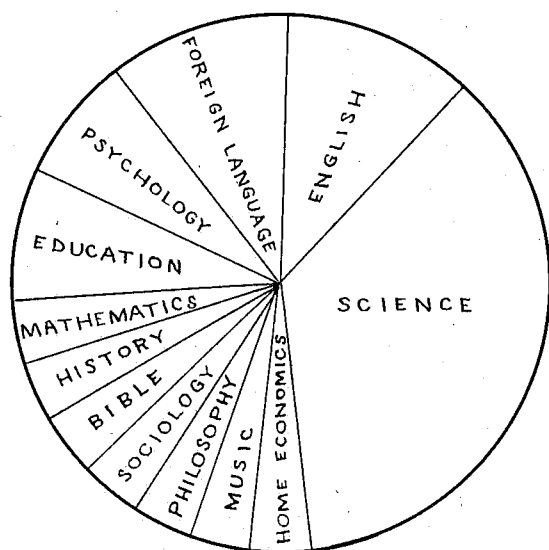
COLLEGE COURSES TAKEN BY INSTRUCTORS OF FOUR SUBJECTS



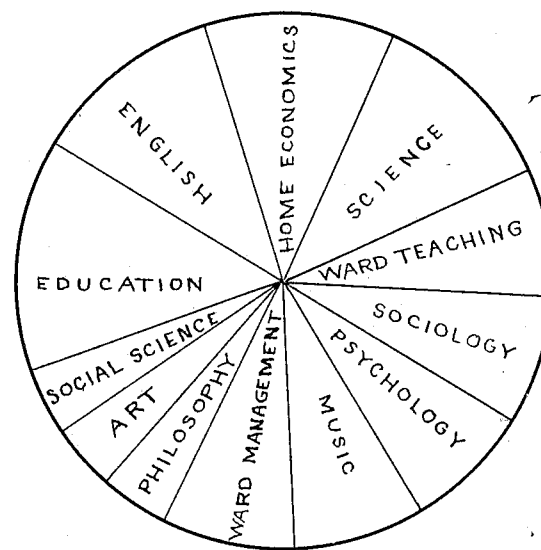
COURSES TAKEN BY FOUR
TEACHERS OF SURGICAL NURSING



COURSES TAKEN BY SIX TEACHERS
OF MEDICAL NURSING



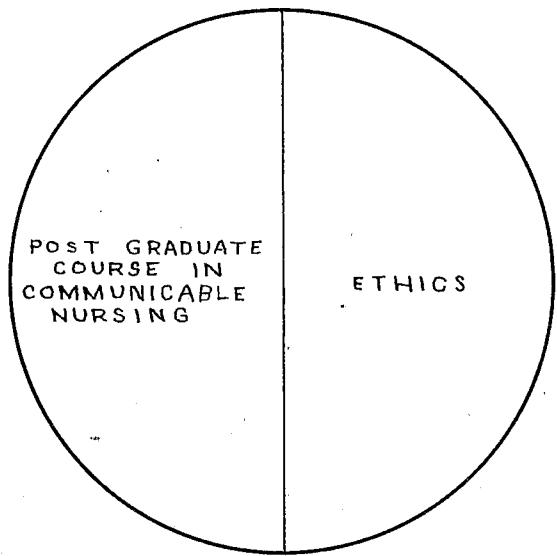
COURSES TAKEN BY THREE
TEACHERS OF HISTORY OF NURSING



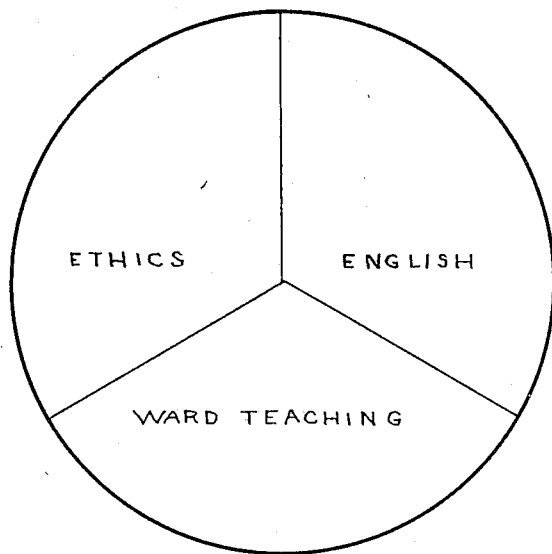
COURSES TAKEN BY SIX TEACHERS
OF NURSING ARTS

CHART VII

COLLEGE COURSES TAKEN BY INSTRUCTORS OF FOUR SUBJECTS



COURSES TAKEN BY TWO TEACHERS
OF TUBERCULOSIS NURSING



COURSES TAKEN BY TWO TEACHERS
OF COMMUNICABLE DISEASE NURSING

CHART VIII
COLLEGE COURSES TAKEN BY INSTRUCTORS OF TWO SUBJECTS

Summary.

1. Eighteen of twenty-six accredited training schools responded to a request for information concerning the educational backgrounds of their full time nursing instructors.

2. Data were secured on eighty instructors.

3. Evidence disclosed varying degrees of educational background ranging from individuals possessing a certification of R.N. to a Master's degree.

4. The range of curricula taken by these individuals covered thirty-two courses.

5. The number of instructors considered in charts V, VI, VII, and VIII are too small to be considered truly representative. These charts are in no way an evaluation of subject matter taken, but are included in this thesis for the purpose of demonstrating the relative amounts of college courses taken by teachers of specialized subjects in nursing schools.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

I. CONCLUSIONS

When this study was begun, it was assumed that teachers in nurses' training schools were not sufficiently prepared for their teaching tasks. Since that time, evidence leads one to believe that their education is more adequate than was apparent before investigation.

The statement has been made that innate teaching ability is the most important quality for any teacher to possess. With what yardstick can one measure that intangible quality? Who can measure the value of nursing experience? If these intangibles cannot be measured, how then, can these teachers be judged?

The academic achievements of these teachers only can be measured. In this respect, training schools in general need feel no shame for their teachers, although there is always room for advancement in the educational field.

II. RECOMMENDATIONS

Bachelor's degree. It is well to think of the future, however. One has been led to believe that it is important

that nursing instructors have their academic degrees of Bachelor of Science or Bachelor of Arts which carry requirements of college subjects such as supervision of education, methods of teaching, psychology, philosophy of education, and many science courses pertaining to the field they wish to teach.

The possession of an academic degree, in no way assures one that its possessor will be a better teacher than the individual without a degree, but it is an indication that the individual has at least attended classes over and above her nurse's training.

General education. Nursing, as well as other specialized professions, must exercise care to avoid "over-specialization." A well rounded curriculum is recommended for all nurses.

Refresher courses. Nursing instructors, like many instructors in other fields, sometimes fail to have a true appreciation of the newest techniques in their specialties. Refresher courses in nursing are of equal importance to the nursing instructor as are refresher courses in medicine to the physician.

Post graduate courses. Post graduate courses in a special field of nursing not only enrich the experience and

knowledge of the individual, but if taken in a hospital other than her own, may offer contact with new pedagogy.

The university course. It would be well for hospitals to encourage candidates for nursing instructors to attend university schools of nursing where they may receive both a degree and an R.N. upon the completion of a five year course. In such a school the prospective teacher gets each subject in sequence, as she needs it.

Senior nurse. Until a nursing utopia arrives when there are instructors who have innate teaching ability and experience and degrees to teach each nursing course, many hospitals must train their students to be teachers.

This investigator would like to suggest that elective courses in methods of teaching and practice teaching be offered to the best qualified senior nurses in training at these hospitals. In this manner, prospective nursing instructors who could not continue their education immediately upon completion of their training, would be better able to assume the responsibilities of faculty membership.

Personal educational facilities. Every nursing instructor would do well to avail herself of all library facilities. The nursing school of today recognizes the value of such a department. A personal library is of great

value to every teacher, also. Through reading the recognized professional journals, the nursing instructor should always keep abreast of the latest developments in her field.

Audio-visual education should be recognized by the nursing instructor as an important means of putting her subject across. Audio-visual education is not limited to the use of motion pictures and radio but also includes models, microscopic slides, charts, and museum pieces.

The initial and final goal. Nursing is a high profession that calls no halt to learning or knows no limits. Standards must be continually raised. There is ever room for growth.

Finally, the nursing instructor must not become engrossed in the teaching of facts to the point that she forgets the true purpose of nursing instruction--better care for the patient. The idealism and true purpose of nursing is well expressed in the Florence Nightingale Pledge:

"I solemnly pledge myself before God, and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters

committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care."¹⁶

Summary.

1. The most important factor to consider in the evaluation of a nursing instructor is that of innate teaching ability.

2. Experience in her field is of great educational value to the teacher of nursing.

3. A degree is important to the nursing educator because in achieving it she not only increases her fund of general and specific knowledge but, also, aids in raising the standards of her profession.

¹⁶ Lavinia L. Dock and Isabel M. Stewart, A Short History of Nursing (New York: G. P. Putnam's Sons, 1938), p. 414.

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