THE OUTLOOK FOR WOMEN IN

Professional Nursing Occupations

MEDICAL SERVICES SERIES
Bulletin No. 203–3, Revised

U. S. DEPARTMENT OF LABOR
Martin P. Durkin, *Secretary*

WOMEN'S BUREAU
Frieda S. Miller, *Director*

UNITED STATES DEPARTMENT OF LABOR
MARTIN P. DURKIN, SECRETARY

WOMEN'S BUREAU
FRIEDA S. MILLER, DIRECTOR

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THE PROFESSIONAL NURSE

This bulletin deals with the PROFESSIONAL NURSE, an occupational title which identifies those nurses who (1) have successfully completed a minimum of 3 years of training in an accredited and State-approved school of nursing, and (2) have passed a State licensing examination.

A professional nurse is permitted to add the designation "R. N." (Registered Nurse) after her name. She is classified by nursing service organizations as a registered professional nurse and may sometimes be referred to in a general way as a graduate nurse to distinguish her from the student who has not completed the basic training. The term "trained nurse," which is sometimes heard, does not necessarily describe the professional registered nurse.

Many professional nurses acquire formal training beyond the basic nursing school course. Each year an increasing number of women enter the nursing field with a college degree, usually the Bachelor of Science in Nursing, which signifies the completion of 4 years of college work. There are also professional nurses who have taken courses in special subjects at universities or colleges in order to qualify for certain supervisory jobs or for employment in a specialized field such as obstetrics, psychiatric nursing, communicable diseases and many others, for which advanced training, as well as experience, has become a prerequisite.

This is Bulletin 203–3 in the

MEDICAL SERVICES SERIES, REVISED

No. 203–1 *The Outlook for Women as Physical Therapists.*

No. 203–2 *The Outlook for Women as Occupational Therapists.*

No. 203–3 *The Outlook for Women in Professional Nursing Occupations.*

LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,
WOMEN'S BUREAU,
Washington, March 30, 1953.

SIR: I have the honor of transmitting a revision of the bulletin on the outlook for women in professional nursing occupations, first issued by the Women's Bureau in 1945 as Bulletin 203–3.

Since World War II there has been an increased demand for professional nurses and especially for nurses with specialized and advanced training. Changes in concepts and trends in the entire field of nursing service, accelerated during the war, have since gained additional momentum, partly in answer to the pressing need for nursepower throughout the Nation.

For young women nurse candidates, the outlook is favorably affected, on the whole, by the transitions which are taking place, particularly in relation to the number and variety of job openings and the current and anticipated benefits in salaries. At the same time, candidates for nurse careers are faced with more difficult problems of selecting appropriate nurse training courses than in former years, and this situation will continue until nurse education and job requirements for both professional and practical nurses achieve a greater degree of standardization than at present.

Because almost every phase of the nursing profession is currently subject to some kind of reevaluation, this bulletin limits itself to a summary of the basic considerations involved in training and employment opportunities, and outlines in broad perspective the nature of the most significant changes and anticipated revisions in nurse training and service as a guide primarily to those seeking career advice in this field.

Information for this bulletin was obtained through personal interviews and correspondence with professional organizations, public and private agencies, hospitals, schools of nursing, and individuals conversant with the nursing field, and through their published reports, listed among the references in the appendix. Credit is given on page 80 for illustrations made available through the courtesy of cooperating agencies.

This bulletin was planned and written in the Employment Opportunities Branch of the Women's Bureau Research Division of which Mary N. Hilton is Chief. The research was supervised and the bulletin prepared by Lillian V. Inke, Branch Chief, with the assistance of Agnes W. Mitchell.

Respectfully submitted.

FRIEDA S. MILLER, *Director.*

Hon. MARTIN P. DURKIN,
Secretary of Labor.

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Figure 1.—Caps designate the school from which nurses are graduated.

1. Cornell University—N. Y. Hospital.
2. St. Luke's Hospital, Chicago.
3. Queen's Hospital, Honolulu, Hawaii.
4. Nebraska Methodist, Omaha.
5. Philadelphia General Hospital.
6. Yale University School of Nursing.

THE OUTLOOK FOR WOMEN IN PROFESSIONAL NURSING OCCUPATIONS

I.—PROFESSIONAL NURSING OFFERS A WIDE CHOICE OF JOBS

The very first jobs in the field of modern nursing were concerned entirely with the care of the patient in hospitals, private homes, institutions, or battlefield medical stations. The majority of nursing jobs are still devoted to patient-centered care, and all professional nurses must take the basic training relating to the care of the patient. Nevertheless, the variations and job-combination possibilities today extend even beyond the anticipation of those far-seeing nineteenth century women who, like Florence Nightingale, worked for the improvement and extension of nursing services, skills, and opportunities.

Today's professional nurse has a choice of occupational outlets which are being multiplied continually by new medical practices and the extension of health services of all types into the life of the community. After the basic nurse training the question for the graduate becomes, "What *kind* of nursing job do I want?" rather than, "Where shall I get a job?" It is wise for the nurse candidate to consider as early as possible the question of career specialization because the increasing variety of nursing opportunities has made changes in nurse training. Many jobs or job combinations today require special training at the college level, in addition to the traditionally acceptable 3-year diploma course.

Jobs listed for nurses in the Dictionary of Occupational Titles (*56*) include over 30 variations, but this is by no means an exhaustive list. A diagram on the following page shows broad occupational divisions in the nursing field which may suggest some of the possible career directions for the nurse. Not all of the common job titles for professional nurses are represented in the diagram.

Among job combinations (not on the accompanying diagram) are: Nurse editor; nurse placement counselor; missionary nurse; nurse registry director; nurse anesthetist; professional organizer; nurse technician.

BROAD OCCUPATIONAL DIVISIONS IN PROFESSIONAL NURSING

The basic nursing job is general patient-centered care

GENERAL STAFF NURSE—may work in a hospital, institution, school, camp, health agency, clinic, infirmary; employers may be public or private agencies.

INDUSTRIAL NURSE—on general duty in a business or industrial establishment.

OFFICE NURSE—may work for one or more physicians or dentists.

PRIVATE DUTY NURSE—so-called because she contracts for her services with a single employer (usually)—may work in a hospital or in patient's home.

MILITARY NURSE—in Army, Navy, or Air Force Commissioned Corps.

With special training and experience, a nurse may become known by a title to indicate a field of clinical specialization, such as:

MATERNITY NURSE
PEDIATRICS NURSE
TUBERCULOSIS NURSE
PSYCHIATRIC NURSE
NURSE, COMMUNICABLE DISEASE
ORTHOPEDICS NURSE
and many others

Jobs in nursing education and licensing:
NURSE INSTRUCTOR
NURSE, BOARD OF EXAMINERS
(usually appointive positions)
EXECUTIVE SECRETARY, STATE LICENSING BOARD

Additional education and experience can lead to special fields of work and many job combinations, some of which move away from direct patient care.

Supervisory jobs cut across the entire field of nursing service and education; some are:
HEAD NURSE
SUPERVISOR
DIRECTOR OF NURSING SERVICE
DIRECTOR OF HEALTH
SUPERINTENDENT OF HOSPITAL OR INSTITUTION

NURSE CONSULTANT—works in an advisory and planning capacity for health agencies, industrial establishments, educational institutions, etc. Nurses may be employed or appointed in such jobs.

Professional nurse job titles need not be confusing to the student if certain facts about the use of job titles are kept in mind:

1. Alternate titles for the same job are in common use; for example, a SURGICAL NURSE may also be known as an OPERATING ROOM NURSE, and a nurse who works in an operating room may be called more specifically an INSTRUMENT NURSE if her main duties consist of responsible care of operating room equipment.
2. Some generally descriptive titles such as PRIVATE DUTY NURSE or HOURLY NURSE are used to indicate the terms of employment rather than the kind of work performed. A private duty nurse may be specialized in maternity care or communicable diseases, and would therefore be entitled to designation according to her field. Another example is that of PUBLIC HEALTH NURSE, which is a general title for a nurse who works in public health, but who may be either a general staff nurse or a specialist, as well.
3. Titles for the same job differ from place to place and among different employers. From time to time real efforts are made to standardize titles, but progress is slow in this respect, and there is not always agreement between various authorities. For example, a national nursing organization may decide to adopt a certain job title for a defined job, but all of the persons involved in naming the job have their own practices and reasons for not wishing to conform.

   One example of success in achieving a large measure of job title standardization is the adoption of a number of professional nurse titles for hospital positions in the publication, "Job Descriptions and Organizational Analysis for Hospitals and Related Health Services" by the United States Department of Labor in 1952 (*57*). The rule of the occupational analysts who study and classify jobs is to use the job title for a specific job which is most commonly found and to consult with the professional groups most closely involved to obtain concurrence in both the title and the job description. (For anyone interested in pursuing this subject, reference is made to the foreword and introduction of the report cited.)

The Basic Nursing Job

Because all nursing career variations are solidly based upon training in, and comprehension of, the personal care and welfare of patients, a description of the duties and qualifications of a general staff nurse in a hospital is included to illustrate the *basic* or *core* job of nursing. This job description, which relates to a typical beginning job in hospital work, is taken from the United States Department of Labor's Job Descriptions for Hospitals (*57*):

GENERAL STAFF NURSE

Job Summary

Renders nursing care to patients within an assigned unit: Observes and reports symptoms and conditions of patient. Takes and records temperatures, respiration, and pulse. Administers medications and notes reactions. Sets up treatment trays, prepares instruments and other equipment, and assists physicians with treatments. Assists in administering highly specialized therapy with complicated equipment. Maintains records reflecting patient's condition, medication, and treatments. Bathes and feeds acutely ill patients. Assists with research related to improvement in nursing care.

Performance Requirements

Responsibility for: Knowledge of patient's condition at all times. Providing nursing care according to physician's orders and in conformance with recognized nursing techniques and procedures, established standards, and administrative policies. Recognizing and interpreting symptoms, reporting patient's condition, and assisting with or instituting remedial measures for adverse developments. Maintaining accurate and complete records of nursing observations and care. Studying trends and developments in general nursing practices and techniques and evaluating their adaptability to specific nursing duties. Assisting in teaching patients good health habits. Cleanliness of area.

Physicial Demands: Good physical and mental health. Finger and hand dexterity to handle and manipulate instruments and equipment. Visual and aural acuity to detect changes in patient's condition.

Special Demands: Willingness to work with realization that incompetence and errors may have serious consequences for patients. Understanding, patience, and tact in dealing with ill patients, many of whom are suffering intense pain, and with visitors. Ability to maintain good working relationships with personnel of unit and with medical staff. Memory for details. Alertness and skill in recognizing and identifying symptoms, and initiative and judgment in selecting proper treatment for unusual or unfavorable conditions. Resourcefulness in emergency situations. Works under general supervision.

Qualifications

Education: Graduation from accredited school of nursing; current registration with State board of nurse examiners.

Training and Experience: Worker receives in-service training in special areas.

Job Knowledge: Good knowledge of general nursing theory and practice, including those basic knowledges relating to nursing, such as biological, physical, social, and medical sciences, and their application, for better understanding of patient-care problems. Thorough knowledge of principles, methods, and techniques involved in performing general nursing services and adapting or modifying standard nursing practices for care of specific cases. Familiarity with organization, function, policies, regulations, and procedures of hospital as they relate to nursing services. Knowledge of literature and new developments in nursing field.

Private duty nurses in hospitals, health institutions, or private homes all perform essentially the services as described for the general

staff nurse, who is not specialized. The private duty nurse may have a different working environment from the staff nurse, and may deal with different kinds of medical care or cases; but the chief difference is in the employer. The private duty nurse is employed by her patient or his family, even when on duty in the hospital; whereas the staff or general duty nurse is employed by the hospital or institution.

Regardless of whether the employer is the patient or the hospital, however, the general professional nurse conforms to the orders of the attending physician. When she is on private duty in a hospital, she observes the rules and regulations of the hospital nursing service, except that she is not on call to attend other patients.

Clinical Specialization

The first important set of job variations to be considered arises out of the specialized fields of medicine commonly referred to as clinical specialties. Many professional nurses, after having served in a general duty capacity for a time, find that they have a strong interest in, or proficiency for, some aspect of patient care and treatment which demands special skills.

The most common clinical specializations in which professional nurses may gain proficiency are listed:

medicine	psychiatry
surgery	neurology
obstetrics	orthopedics
gynecology	communicable diseases
urology	skin
pediatrics	eye
	ear, nose, throat

A nurse who is adept at handling complex technical equipment and is challenged by the opportunities to use her skill and patience in connection with surgery, may become a surgical nurse or instrument nurse in the operating room. Another may take a great interest in working with young children and specialize in pediatric nursing or perhaps in maternity care.

In addition to the well established nurse specializations new ones are in process of development and all are moving toward standardization of requirements and qualifications.

Advanced study and experience are required for all of the specialized nursing positions, but the nurse's first job assignment may be in a special field in which she can obtain some first-hand knowledge of the work involved. Some specializations, like that of nurse anesthetist, which is often regarded as a nursing career-combination, have comparatively high standards of training for a job which makes rigorous demands in skill and responsibility (*57*). Requirements usually include a special course of 1 year or more of study at the college level, and standards for training and achievement in the

special branches of nursing are continually being reviewed and revised by professional medical and nursing organizations.

Performance requirements and qualifications for the most common nurse specializations in hospital work are set forth in the Department of Labor's job descriptions for hospitals, previously cited (*57*). For more detailed information about the educational requirements, however, current standards as set forth by employers and professional nurse organizations must be examined.

Job Variations According to Type of Employer

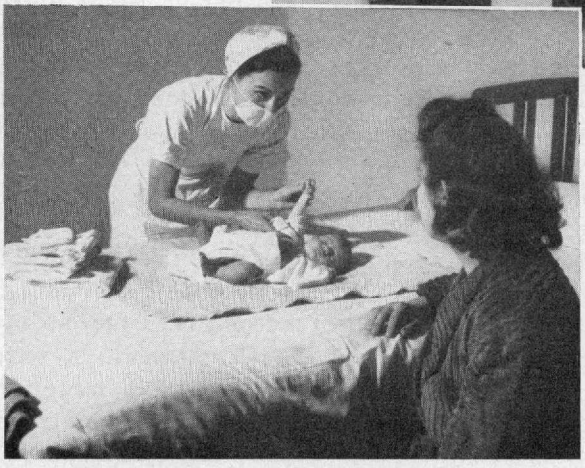
Employers other than private patients or hospitals account for another set of job variations in addition to clinic specialization. The specific duties of a nursing job may be determined by the kind of employer for whom the job is performed, or by the special phase of medical treatment, or both, but discussion of occupational variety in nursing is directed at this point mainly to the type of employer. The work environment, the agency program, and the patients for whom the services are performed all combine to determine the job variations.

Public health nursing jobs.—Except for hospitals, public health agencies, Government and nongovernment, offer employment to the largest number of nurses. Federal, State and local (county or city) governments employ nurses for health departments, schools, home nursing service, public education, and specialized clinics for many kinds of care. Private health agencies which conduct programs for families, children, the handicapped, and the temporarily disabled, are engaged in various phases of public health work. There are also a number of agencies which are devoted to patient care or public education according to a wide range of medical specializations, such as heart disease, cancer, venereal disease, poliomyelitis, etc. (Industrial nursing is also designated as public health nursing but is considered separately in this section.)

The number and kind of organizations in the public health field provide for an infinite variety of job duties for the professional nurse. Clinical specialization and work environment are basic factors in determining the character of the nurse job. For example, if a nurse chooses to work for an agency concerned with infant care, she will not only do specialized work with infants and mothers but, according to the particular agency's program, she may also have a choice of work location; she may be assigned to a district clinic where mothers bring their babies, or to visit the homes of patients, or a combination of these job settings. In another kind of health agency, the nurse may be required to perform such diverse duties as demonstrate diet plans to groups of patients, or help to prepare charts and booklets on home health and sanitation problems. In some States she may work for a public health department which will send her out to extend nursing

Visiting nurse in the home.

Nurse in Indian Service clinic demonstration.



Staff nurse in the hospital.

Figure 2.—Mothers learn from specially trained nurses how to care for their children.

care and provide information about disease prevention to families of immigrant harvesters. In still other public health jobs, the nurse may serve on a special medical team with a physician, a social worker, a technical specialist, and an occupational therapist if she is employed by a rehabilitation agency serving physically disabled per-

sons. Work settings and relationships with fellow employees and patients are important in their effect on the character of a specific job.

One highly specialized branch of public health nursing is nurse-midwifery, for which the graduate nurse is required to take an advanced course in obstetrical nursing, combining intensive classroom and laboratory work with opportunities for supervised practice for a period of a year or more. Such courses are usually conducted by professional nursing organizations like the Maternity Center Association in New York City (*48*) or the Frontier Nursing Service in Kentucky, and provide for college level study combined with practical experience. With the shortage of physicians both in crowded urban districts and in remote rural areas of this country, the skilled nurse-midwife supervises and teaches the untrained, self-designated midwives and is on call to attend mothers for whom there would otherwise be no proper obstetrical care.

There are, however, some basic differences between the nurse-midwife job in a rural mountain area and in a large city. The work environment determines the character of the patient group and the size of the "case load"; and the methods of transportation to work differ from, say, riding in the subway in Manhattan to driving a horse and buggy or an automobile (or perhaps flying in a helicopter) in the mountainous country.

With increased training and experience, the public health nurse may extend her career into promotional and executive fields where she will use her first-hand knowledge of nursing for public education, community relations and broad service to her profession rather than in direct nursing service. Opportunities here are unlimited and go far beyond the registered nurse training, combining a depth and variety of special skills and personal traits for which no particular job standards or course of study may be set.

Actually the first great nurses were, in a sense, public health nurses. Elizabeth Fry, who preceded Florence Nightingale with the founding of a nursing organization in England, spent much of her life working for prison and institutional reform; and Miss Nightingale herself, who is remembered traditionally as carrying a lamp to wounded soldiers in the darkness and despair of a barracks hospital during the Crimean War, actually spent most of her 90 years in projects devoted to public health improvement in the broadest sense, including the organization of a school of nursing (*26*).

Nurse occupations in Federal civilian service.—Because the Federal Government is the largest single employer of nurses, both civilian and military, and conducts a wide range of programs in the public interest, the job possibilities in Government service are multitudinous. Civilian nursing positions are in the public health field, in hospitals,

in the Veterans' Administration, in such special agencies as the Children's Bureau in the Department of Health, Education and Welfare, and the Office of Indian Affairs in the Department of the Interior, and even in foreign service for the Department of State. The variety of jobs covers almost the entire nursing career field, from bedside care in American hospitals or first aid treatment for Indians or Eskimos in a clinic, to consultation service on child health and administration of hospital nursing programs.

Most Federal civilian nurses are employed in accordance with United States Civil Service regulations, but there is a special group of nurses in the Public Health Service known as the Commissioned Corps. Although civilian employees in the sense that they serve in civilian, rather than in military-connected posts, Commissioned Corps Nurses receive rank and salary comparable to those for Army, Navy, and Air Force nurses, and are on 24-hour call. They may wear uniforms occasionally, under special circumstances, but ordinarily wear the nurse civilian dress.

Minimum requirements for beginning Federal civil service positions in a number of categories are given in the appendix.

Military nurse occupations.—All military women nurses in the three branches of service which employ them are commissioned nurse officers organized in a special corps for each service branch, except for some temporary employees who are hired under civil service procedure. (Men nurses in the Armed Forces are limited to nonofficer ratings, although professional nursing organizations have supported measures to establish ratings for male nurses.) In the mid-nineteenth century women who wished to become army nurses had either to enter a religious nursing order or run the risk of being considered eccentric and acting with impropriety. Some women who became military nurses in the early years were not characterized by good reputations and high nursing standards, so that the pioneer professional nurses in this field sometimes suffered because of the conduct of their colleagues.

Today's military nurse requirements are high, and opportunities for service, advancement, and specialized training are extensive in the Armed Forces.

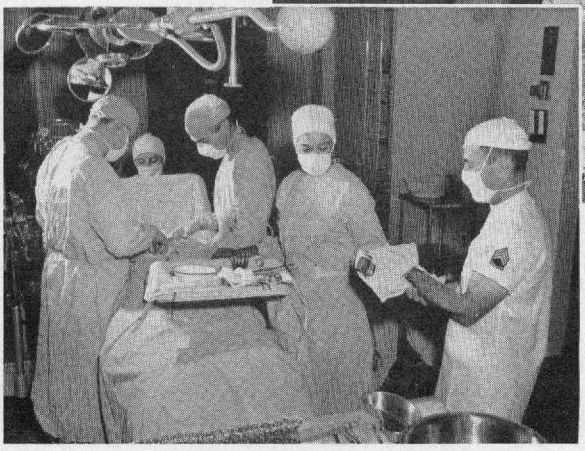
The UNITED STATES ARMY NURSE CORPS, oldest of the women's military services, is an all-commissioned corps, consisting of regular Army nurses, reserve nurses on extended active duty and reserve nurses in civilian practice. All appointees must be high-school graduates, registered nurses, and graduates of nursing schools acceptable to the Army. Nurses with no experience begin at the grade of second lieutenant, and are appointed to successively higher grades, with experience, up to and including lieutenant colonel; the chief of the nurse corps is ranked as full colonel.

A nurse entering Army service is first appointed in the Organized Reserve Corps after which she may either receive a regular Army appointment or be assigned to extended duty in the Reserve.

Army nurses are grouped in three broad classes of occupations: general duty nurses; clinical specialists including pediatric, communicable disease, and Army health nurses (similar to public health work); and nurse administrators. The general training goal of the Army is to assign all of its nursing staff first to positions in bedside care and then to provide specialized training in some phase of nursing. Instruction is available for Reserve Corps nurses on extended active duty, as well as for regular commissioned nurses, in specialized fields such as anesthesiology, operating room technique and management, neuropsychiatric nursing, and nursing administration. University training which leads toward an academic degree is available for a selected number of regular Army nurses each year. With university training the Army nurse may obtain a key post as an administrator or teacher.

For NAVY and AIR FORCE nurses regulations governing appointment, rank, and opportunities for advancement are comparable to those of the Army Nurse Corps. The age range for reserve commissions in the Navy Nurse Corps is 21 to 40 years, and in both Army and

Flight nurse supervises loading soldier patient on Air Force Transport plane.



Teamwork in an Army operating room.

Figure 3.—Nursing specialties in the Armed Forces.

Air Force, 21 to 45 years. All of the services require citizenship; but the Navy requires that the candidate be naturalized for 10 years or more if not native born. For the three services, nurse candidates may be either married or single, but may not have dependents under 18 years of age.

NAVY NURSES may be assigned to any one of 22 hospitals within the continental United States in peacetime; and in emergency to hospital ships, sea or air transports, and air ambulance or litter service. Their patients are men or women of the Navy or their families. Most of the nurse positions involve direct bedside care; in addition, there are jobs involving the instruction of hospital corpsmen and posts requiring supervision and training of nurses, and ward and clinic supervision. The Navy Nurse Corps commissions officers from ensign up to and including captain.

AIR FORCE NURSES are assigned as general duty nurses, nurse administrators, nurse anesthetists, operating room nurses, and psychiatric nurses. Each year a limited number of Air Force nurses are selected and sent to leading military and civilian establishments for postgraduate nurse training in the specialized medical fields, as well as in teaching and administrative work. An Air Force specialty is flight nurse, for which training is given at the only school of its kind, the school of Aviation Medicine at Gunter Air Force Base, Montgomery, Ala. Here, the techniques of bedside care under flight conditions are taught. Air Force nurses may serve in the United States or in posts in 15 or more foreign countries, and requests for location preference are fulfilled to the greatest possible extent.

Industrial nursing jobs.—Most large industrial and business organizations today have a medical or health division for their employees. Nurses employed in such a division are known as industrial nurses.

Industrial nurses may work in one of a considerable range of job locations: factories, hotels, retail stores, ships, overseas airlines, banks, insurance companies, and even on rubber or sugar plantations. The work environment determines, to a great extent, the specific kinds of experience that the industrial nurse acquires.

The industrial nurse often works alone and is not under constant medical direction. The nurse does not supplant the physician but rather supplements his services. In plants depending upon a physician "on call," the nurse may be required to take medical action before a physician's diagnosis is made. To guide her in such emergencies, the physician prepares general instructions which are usually called standing orders and are applicable to the specific requirements of the plant. These directions cover first-aid procedures and palliative measures to afford symptomatic relief in emergencies. Absence of sound procedures for use in emergencies may result in serious difficulties for the nurse or in legal action against the industrial plant.

In Federal and State Governments, the employee health services usually operate as a unit of a public health department and the nursing jobs are usually classified as public health service.

One of the chief concerns of the nurse in a large industrial plant is accident and sickness prevention. Her daily or weekly inspection tours are an important function, during which sanitation and accident hazards are noted. She is usually a member of the safety committee and her records are a source file for action. These include daily records, individual medical records, disability absentee records, compensation records, and monthly and annual reports, all of which are useful aids in planning for decreasing absences and increasing efficiency. She may make charts comparing the statistics of her company with countrywide data. In cases where an unusual number of accidents occur to an individual employee, the nurse may make a study to determine the cause—emotional stress, actual job hazard, or incapacity for the job. She may use individual and group instruction and show films during working hours to teach such subjects as safety, general health, food handling, or nutrition. She may do home visiting of the ill or injured employee, to help shorten his period of disability by making suggestions on nursing care to responsible family members or by referral to community sources for assistance.

The industrial nurse works closely with the personnel department regarding proper placements, and examination of employees returning after illness or accident. This is a challenging type of work for a woman attracted both to nursing and business and requires a variety of duties and an interest in the personnel and health education fields, as well as in nursing.

Office nurses.—Another large group of employers are physicians and dentists in private practice who require nurses in attendance at their consultation offices or small private clinics. In 1949 almost 9 percent of all working professional nurses were employed as office nurses, working for one or more physicians or dentists in the same office.

In the doctor's office the nurse assists with physical examinations, with administering treatments, sterilizing instruments, and giving medication. In a small office she may also schedule appointments and prepare records and reports. Sometimes she may "double" as a laboratory technician, for which special training is required in such duties as making blood counts or preparing microscopic slides for bacteria examination. She may help the physician by discussing medication and treatment instructions with patients, upon his direction. If the physician or group of physicians specializes in any branch of medical practice, the nurse will also have an opportunity for specialized nursing work. Usually, the large offices, where several doctors combine their business quarters, employ a secretary-receptionist, and

perhaps even a laboratory technician, in addition to one or more nurses. In the small office the nurse is apt to have a great variety of job duties, including a considerable amount of clerical or secretarial work.

Nurse Instructors

Full-time nurse instructors are specialists in education in addition to being professional nurses. They are needed to teach many courses such as nursing techniques and nursing ethics and other subjects which involve the application of a number of sciences and arts to nursing service.

Nursing schools depend extensively upon experienced hospital nurses to provide on-the-job instruction for students as a regular part of the job, or as lecturers on specific topics to student groups. Nurses who teach on this part-time and periodic basis are known by their regular job titles and are not considered instructors in nursing education.

Beginning jobs in nursing education usually require about 5 years of college training or education equivalent to a master's degree in addition to experience as a professional nurse. The National League for Nursing maintains current information about faculty positions in schools of nursing and the preparation required for nurses who wish to enter this career field.

Nurse Examiners on State Boards

Closely related in job knowledge and general preparation to work in the field of nursing education are the executive secretary positions on State boards of nurse examiners. The functions of such Boards deal mainly with administration of the State nursing practice laws and regulations, and involve the establishment of standards for the operation and curricula of accredited schools of nursing and the examination and eligibility determinations of nurses who are candidates for licensure and registration. There are relatively few executive positions for nurses on examining boards, and nurse examiners who are not executive secretaries serve on a part-time basis in many States.

Administrative Nursing Positions

Administrative positions are found in every occupational division of nursing service and nursing education. Some discussion of higher level positions in nursing will be found in Section II, under opportunities for career advancement.

Job Combinations With Nursing

The professional nurse may take her basic training into a career field that provides a combination of job duties. She may become a

PLACEMENT COUNSELOR in a nurse registry, a school, or employment office and help other nurses to find appropriate jobs. She may go into professional organization work and obtain a full-time position with an organization like the American Nurses' Association, National League for Nursing, or the American Association of Industrial Nurses, or become an executive of a State or district (local) nurses' association, and specialize in public relations, research, administrative work, or fund raising and membership promotion.

If she is interested in a writing career the nurse may go into EDITORIAL work for a professional, commercial, or research publication in the nursing field.

Some business organizations employ nurses as CONSULTANTS in the manufacture and distribution of medical or surgical products.

NURSE TECHNICIAN jobs combine the professional nurse occupation with the medical technician occupation for which special laboratory techniques and a knowledge of scientific equipment are used. Most nurse technician jobs are in cardiology, basal metabolism, X-ray therapy, and electroencephalography.

Jobs like that of nurse anesthetist and nurse midwife are often regarded as career combinations but they have been treated in this description of the occupational field along with clinical specializations (see page 5).

These are only a few of the possible job combinations which are based upon professional nurse training; many new career combinations are being established by nurses who, themselves, create unique positions.

Opportunities for Nurses in Foreign Service

Because of the extension of our country's interests to many parts of the world, employment opportunities abroad have increased in all fields, including nursing. Not so many years ago, the nurse who wished to work abroad was limited in job opportunities to religious field work with the various church missions, or to military service. Today, the World Health Organization, affiliated with the United Nations, has added public health nurses to almost all of its field teams. The Foreign Service of the State Department employs nurses in its embassies and missions, and many business and industrial organizations need nurses for their field establishments in foreign countries. For most foreign service jobs a nurse must be single and free from home responsibilities, although some married nurses who accompany their husbands in civilian jobs may obtain employment abroad. The kinds of jobs available do not differ essentially from the general range described briefly for employment in the United States, except for the setting and the challenges afforded by working in a different culture.

II.—THE OUTLOOK

The Demand for More Nurse Recruits

Young women considering a choice of careers will be interested to know that the number of job openings for years to come will probably be better for nurses than for almost any other occupation traditionally undertaken by women and requiring career training. There will not only be job opportunities, but many avenues of advancement in the field of professional nursing. The extent to which the individual nurse can increase her proficiency and skills and fulfill her career goals will depend largely upon her own interests in, and efforts toward, advancing her professional status.

The demand for nurses is immediate and urgent and also promises to be prolonged for at least another decade. It grows out of the expansion of medical and health services which have not only enlarged their existing facilities, but which have also extended their scope and variety, through medical discoveries, to create new types of nursing activity. It is a result also of a population expanding in numbers and a population which has steadily advanced its life expectancy, thus creating a need for additional health services both among the very young and the aging. The number of disabled veterans from World War II and the continuing return of ill and wounded American soldiers from the Korean conflict also affect the demand for nurses: An increasing proportion of battle casualties are being restored by new treatment and nursing methods both at battle-front stations and at home.

Although the current number of students enrolled in nursing schools exceeds all records, the ratio of nurse students to the population remains at approximately the same level as it has been for some years, except for the period of the nurse recruitment drive during World War II when Federal funds were available for educational purposes. In the years 1943 to 1945, 9.5 percent of the young women graduated from high school entered nurse training. The 1951 ratio was about 6.7 percent, according to information from the United States Office of Education.

The largest class in 5 years was admitted to the schools of nursing throughout the Nation in 1950 (44,185 first-year students, an increase of 1.3 percent over the previous year). The heaviest enrollment was in the populous States of New York, Pennsylvania, Illinois, and Massachusetts. The largest percentage increases over 1949 were in Mississippi and Louisiana—28 and 53 percent, respectively. However, while 22 States had increases, reductions of 15 percent or more were reported in the District of Columbia, South Carolina, Montana, Arkansas, and Arizona (*50*). Many nursing schools were unable to recruit enough applicants to fill their classes in 1950.

Some disagreement exists as to the extent and probable duration of the nurse shortage, but all authorities are in agreement that the present and anticipated shortage in supply of nurses is critical, and that it affects the Nation's health and welfare. Possible reductions in the estimated demand for nurses involve primarily the question of effective utilization of all classes of nursing personnel, and utilization, in turn, involves several broad and complex questions related to established medical, hospital, and nurse educational practices. Estimates on nurse demand, which follow, are therefore presented without reference to factors which may change the demand picture to some extent when more exact and complete information about them is available.

Estimates for Nursepower

In 1947 the President's Commission on Higher Education predicted that over 500,000 nurses would be needed by 1960 (a 40-percent increase, based on the current number of nurses). The Health Resources Advisory Committee of the National Security Resources Board estimated that the number of active professional nurses required to maintain the 1949 ratio of nurses to the population in 1954 would be 404,500; but at the present rate of increase the Nation would be short of meeting even this ratio by some 49,000 nurses in 1954.

The Joint Committee on Nursing in National Security estimated that 381,886 graduate nurses were needed to meet minimum civilian nursing needs in 1950 but that only 316,500 nurses were actually engaged in giving service to civilians at the end of the year.[1] Estimates of need, both civilian and military, made by the U. S. Public Health Service, were as high as 100,000 additional nurses for 1950. Only 25,790 new nurses were graduated in that year, according to the National League for Nursing; this is less than half the number needed to fill existing vacancies (*6*, p. 18).

Most Critical Areas of Nurse Shortage

Hospitals, which have been steadily expanding their facilities for over four decades, began to suffer seriously from the effects of the nurse shortage in the 1940's, and some of the smaller ones, in competition with those able to pay more attractive salaries, were forced to close. In 1910 the nurse-population ratio had been 1 professional nurse for 1,116 persons, but this was increased to a minimum of 1 nurse for 316 persons by 1946 (*5*).

In 1951, the American Hospital Association stated that 22,486 vacancies for graduate nurses existed in 2,677 of the 4,830 hospitals which reported on the nurse shortage (*3*).

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[1] The decennial census classified 393,519 women in the labor force as professional nurses, of whom 388,511 were employed or self-employed in April 1950. In addition, there were 75,064 women listed as student professional nurses, of whom 74,574 were employed.

The nursing situation in a metropolitan area in the East in 1951 is typical of the profession countrywide. One large hospital reported 41 beds closed for lack of nurses. Another was experiencing difficulty in finding nurses to staff a new 125-bed addition to the hospital which was urgently needed to be placed in service. Four other hospitals reported a combined shortage of about 100 nurses. Part-time nurses were being hired by one of the hospitals in an attempt to meet the emergency. These were private hospitals, unable to compete with salary scales of other hospitals in the area. To fill existing vacancies in this city and bring its services up to minimum standards it was estimated that 855 more graduate nurses were needed to supplement the 3,838 employed in 1952. An earlier report indicated that 1,172 inactive graduate nurses lived in the area in 1949 but apparently their availability was doubtful. Out of 410 of these inactive nurses in 1950, 30 were found disabled or employed in another field and 206 unavailable because of family responsibilities. However, 174 indicated that, although they were inactive at the time of the study, they would be available for work in case of an emergency. The New York State Employment Service reported an average of 500 to 600 openings for private duty nurses unfilled each month because nurses are not available for designated locations and hours.

Only an estimated 175, or 4 percent of the 4,530 girls graduated from high school in this area, entered schools of nursing in 1950, as compared with an average of 7 percent for the entire country. Of all students admitted to the schools of nursing in the area in 1952, however, 179 or 32 percent came from the area itself while 386 girls or the remaining 68 percent came from outside the area. No information was available of the number of area girls who went elsewhere to train for nursing (*25*).

A southwestern city reported that because of the scarcity of graduate nurses one hospital was unable to open a new wing until additional nurses became available.

Public health nursing is important in spreading available nursing services among the population to the best advantage. It is also useful in relieving the pressure in hospitals. Health authorities recognize the significant role that public health nurses play in carrying into practice almost every phase of medical and health protection, especially with respect to disease prevention through educational methods. With these important considerations in view, it is estimated that public health nursing services need to double the number of professional nurses now employed in order to meet minimum requirements; for complete nursing programs, three times the present number of nurses would be required.

Figure 4.—A public health nurse presents community education plans to agency representatives.

Almost two-thirds of the States still have some counties without full-time public health nursing service for the rural population. Every year several of the States report that they have funds available to hire more nurses than they can obtain. The distribution of public health nurses in relation to population shows much variation, ranging from one nurse to 3,000 persons in some States to one to 15,000 in others (*68*). The total number of public health nurses employed in the United States as of January 1, 1950, was 25,081. This was an increase of 1,708 compared with 1949 and 4,409 compared with 1946 (*27*).

Administrative nurses and nurse instructors in adequate numbers are required to bridge the gaps between health program planning and execution, and between nurse preparation and nurse service. The fact that most administrative and supervisory nurses in hospitals and institutions of all kinds are responsible for continuing the education of graduate nurses through in-service training and development places them appropriately with the teaching nurse group. College preparation, in addition to nurse training, is essential for supervisory and educational nurses. A 1951 estimate by the National Security Resources Board (*30*) indicates that by 1960, 140,000 nurses with the bachelor's degree will be needed for administrative, supervisory, and instructors' positions. At the current rate of about 4,000 a year graduated from degree courses, there would be some 30,000 new degree graduates by 1960—a number far short of the need.

Among Federal agencies, the greatest number of openings for nurses is in the Army commissioned corps, following upon an expansion of Army hospital facilities beginning in June 1950 with the Korean conflict. The Army reported over 120 vacancies in its hospitals early in 1952 and a need for possibly 2,000 additional nurses to staff new hospitals.

The Navy Nurse Corps was planning in 1952 to recruit 1,000 additional nurses and the Air Force 1,200 to 1,500.

Although the Veterans' Administration has been able to meet the turnover in general staff nurses, specialized nursing personnel for neurological, psychiatric, and tuberculosis patients are needed. Nurses who are not specialists in these fields are accepted and given in-service training to make them proficient in these types of nursing.

The Bureau of Indian Affairs reported 153 vacancies in its hospitals in 1952. This included 5 directors of nursing, 4 assistant directors, 4 instructors, and 10 head nurses in addition to staff nurses. The most acute shortage existed in Oklahoma, Washington State, Arizona, and Alaska. A large modern tuberculosis hospital being erected in Anchorage, Alaska, will need a complete staff of nurses.

Industrial nurses are needed in greater number to fill the vacancies existing and the new positions which are being created in the expansion of health services for employed groups. In a midwestern State, a survey indicated that industrial nursing services reached only about 15 percent of nonagricultural employees. For white collar workers, in this particular State, the service was available to less than 8 percent (*37*). Because many places of work are too small for a full-time industrial nurse, the use of part-time medical and nursing services presents a feasible solution.

Psychiatric nursing is a growing field in which the professional nurse can make significant contributions and for which qualified nurses are needed more urgently with each extension of the services in the mental health field. Modern health treatment calls for a wider acceptance of psychological and psychiatric principles in almost every kind of therapy. While the relief of epidemics and the treatment of many physical ailments have become assured on the whole, the preventive and the mental health problems of medicine present new challenges. Nursing instructors point out that nurses need instruction in the latter field because a high proportion of all hospital patients have mental illnesses or mental and physical illnesses combined. However, only a small percentage of all staff nurses specialize in psychiatric nursing.

By the end of World War II the shortage of psychiatric nurses was generally recognized. Many hospitals with 2,000 to 10,000 mental patients had only one psychiatric nurse. The countrywide shortage of psychiatric nurses was estimated to be 41,000 at the end of 1946, and the situation has not improved since.

There is, in summary, an urgent demand not only for specially trained psychiatric nurses, but also for well-rounded training of all nurses in the emotional aspects of illness.

The Quality Shortage

Indeed, the entire problem of the nurse shortage is one of quality as well as quantity. General duty nurses today need to know a great deal more than the old-style hospital school provided in the way of training. Developments in the psychosomatic aspects of illness (dealing with the relationships between the mental and the physical conditions of a patient), in treatment through the use of newly discovered drugs of all kinds, in new methods of surgical practice require that the nurse who completed her initial training 10—even 5—years ago, must work hard to keep up with today's demands, or she is not likely to be employed, for some types of jobs, as readily as the young graduate. On the other hand, this year's candidate for nursing school must give special thought to the right choice of school in relation to her career because many more nurse jobs each year require college training and even advanced degrees.

Some professional nursing authorities are considerably alarmed at the quality shortage among professional nurses. A recent published statement about nursing states that many so-called "specialized" nurses are no more than amateurs in their field (*40*). About one-fifth of the nurses serving in psychiatric institutions have no special training in the treatment of mental illness. More than a third of all public health nurses have received no formal instruction in their specialty. Probably three-fifths of the nursing administrators and supervisors in hospitals, and teachers in schools of nursing have had to acquire through practical experience the special knowledge and skills they need.

There is no doubt that improvement in the quality, as well as increase in the quantity, of nursepower will depend very heavily upon the key provision of appropriately trained nurse teachers, administrators, and supervisors to promote a general raising of the educational standards for all nurses in training. This means not only that the outlook for college-trained nurses is promising, but that nurse candidates in the coming years will be urged, through an increasing number of recruitment and counseling channels, to study in collegiate schools of nursing.

Factors Affecting the Nurse Shortage

A number of factors contribute to the current and anticipated nurse shortage. Some are the result of changes in both the character and count of the population, and others relate to economic and social trends. A situation in which the general supply of young women

workers is short, because of a real population shortage in certain age groups, and also because of an increased number of marriages, affects the supply of nurse candidates as much as it does any of the occupations traditionally undertaken by young women.[2]

Shortage of young women in the population.—The number of young girls available in the present decade for career training of all kinds is less than in former years because the high-school graduates of the 1950's were born in the depression period when the Nation's birth rate was at its lowest ebb since 1910. In 1940 the number of women 15 to 19 years old in the population was 6,153,370, but in 1950 the number was only 5,431,000. According to decennial census figures, in 1950 there were about 300,000 fewer women 18 and 19 years of age than in 1940.[3] Not until 1960 will the declining trend in the number of young women in the population be reversed. Meanwhile, the general population increased in the decade 1940 to 1950 among the youngest and the oldest age groups.

Increase among young women with home responsibilities.—In 1950, 54 percent of all women 18 to 24 years of age were married (with husbands present), compared with 39.8 percent in 1940. The birth rate per 1,000 female population 15 to 19 increased from 48.9 in 1940 to 79.7 in 1948, and the number of children under 5 years of age increased by 54.7 percent from 1940 to 1950.[3]

The increase in the number of marriages among young women is reflected in the withdrawal rate of nurses, which is estimated at 6.5 percent a year (*30*).

Nurse salaries and cost of education.—In the full employment period which has characterized the national economy since the outbreak of the Korean conflict, a number of young women who might otherwise enter career training for occupations like nursing, teaching and social work are able readily to obtain attractive jobs in business and industry, without the sacrifices that long training periods demand. Office and factory employment are not bound to the traditional salary approaches of many of the white-collar professional and semiprofessional jobs, and show more fluctuation to correspond with economic changes. When jobs without long-term training are plentiful in the labor market and educational costs for career jobs tend to increase along with other costs of living, all of the occupations which have not kept pace with commerce and industry with respect to economic rewards tend to suffer from a lack of recruits.

From a short-term point of view it cannot be denied that the professional nursing occupations fail to offer the relative attractions in salary and immediate rewards that many office and factory jobs pro-

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[2] "The Shortage of Young Women Workers." Women's Bureau Leaflet 15. 1953.
[3] Ibid.

vide. The candidate for nurse training today bases her choice upon other considerations relating to long-term career satisfactions; also upon the reasonable expectancy that a new trend in nurse education and nurse job opportunities may bring the corresponding economic rewards.

To encourage young women to enter nurse training, and to assist those for whom the financial sacrifice would be a deterrent, Representative Frances P. Bolton introduced a bill (H. R. 910) into the 82d Congress in January 1951 for aid to nursing education. The bill was tabled by the Committee on Interstate and Foreign Commerce in March 1952. A similar bill was introduced into the Senate (S. 2301) on October 18, 1951, by Senator Ives, but it was held in the Committee on Labor and Public Welfare in mid-1952 and died there when the Congress adjourned. Mrs. Bolton offered another bill in June 1952, but it, too, died in committee.

In the 83d Congress bills of this type were introduced by Representatives Bolton (H. R. 3850) and Dingell (H. R. 1817). Mrs. Bolton's bill, introduced on March 10, 1953, would authorize limited grants of United States funds to States to assist schools of nursing in meeting the increased costs of instruction and to provide scholarships for nursing students in both the registered and the practical nurse fields. The sums to be appropriated are limited to $5,000,000 the first year, $10,000,000 the second, and $15,000,000 the third. The Dingell bill also sought to increase the number of adequately trained professional and other health personnel, including nurses, by providing financial aid for their education.

The question of nurse salaries is more fully treated in a subsequent chapter on conditions of employment.

Educational trends.—Probably no other occupation is undergoing educational change at present to the same extent as nursing because of the great demands now being placed on the professional nurse. (See Section IV on Training for a Nurse Career.) In general, professional nurse training is moving toward higher professional requirements and away from the apprentice-like period of service which has been characteristic of hospital-school courses from the 1870's. Because of this trend, there are very wide variations in what the several kinds of educational facilities offer. Until nurse training programs become more standardized in accordance with new career objectives, there will doubtless be problems which affect the supply of graduate nurses each year, both as to quantity and quality.

One of the problems of nurse education is created by the number of withdrawals from nursing schools. About one-third of the nurse students entering training fail to finish the course (*16*). It has been reported that the withdrawal rate is sometimes as high as 39 percent,

and that more leave before graduation because of failure in class work (*45*) than because of other reasons, such as early marriage.

Many studies suggest that poor selection of nurse candidates is one of the chief causes of drop-outs early in the training period, and that attrition could be reduced appreciably by better methods of screening. Such methods include the use of aptitude tests and placement interviews.

Measures to increase the number of recruits for the nursing career must take into account the availability of training facilities which can meet today's professional standards. Careful study of this problem, and of the variations in general of the nurse education program, may point to the necessity for immediate and large-scale reforms, encouraged by community subsidy, for nurse training institutions, and for scholarships for nurse trainees who cannot meet educational costs.

The larger institutions are better able than are the small hospital schools to provide a well-qualified faculty, a wide range of clinical experience, and opportunities for diagnostic study.

In all plans which concern the problem of nurse education, the graduate as well as the recruit should be provided for in the total program. Today's practicing registered nurse may be a good candidate for career advancement with the appropriate additional training. However, many who would like advanced training find that their employers are reluctant to release them during the nursing shortage, or that costs are prohibitive. Moreover, it may be difficult to obtain the courses they want, as the bachelor of science in nursing is not always recognized by universities and colleges when its holders apply for admission as candidates for the master's degree (*40*).

Utilization of professional nursing personnel.—During World War II the nurse shortage focused attention as never before on the importance of making the most effective use and distribution of nursing personnel in the Nation's interest. Among the measures taken to spread professional nursing services as widely as possible was the reorganization of the nurse's job in many hospitals and institutions. For some time before the war emergency it had been noted by many persons concerned with hospital and clinic administration that the nurse's time on duty was not always used to take the best advantage of her training and skill: Perhaps as much as half of a staff nurse's assignments, and more in many cases, consisted of tasks that could easily be performed by practical nurses, nurse aides, and clerks. In the wartime crisis a number of institution and agency staffs began to experiment with job breakdowns among nurses and auxiliary workers which would free the professional nurse for assignments commensurate with her training and ability. Administratively progressive agencies have continued, ever since, to study the nursing function and make the

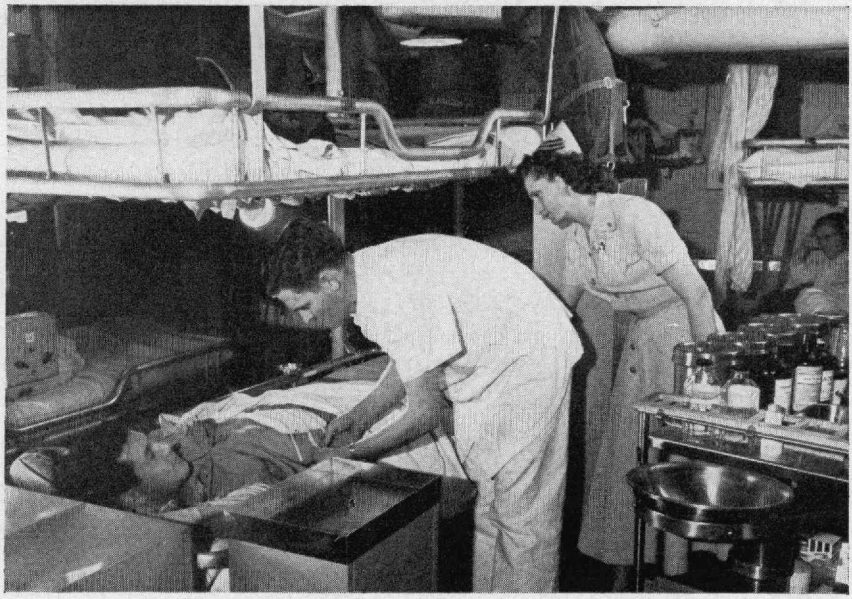


Figure 5.—Navy nurse instructs medical corpsman in care of patient on hospital ship.

appropriate reorganizations. Out of this movement many new applications of the team idea in nursing have been made.

The nursing team provides for a professional nurse in a supervisory relationship to one or more practical nurses and nurse aides, and the team as a whole is assigned to a specific unit of the agency. Depending upon the size and complexity of the institution, the nurse in charge of a team may report to a head floor nurse, a head nurse in charge of several wards, or to the nurse administering the hospital. There are many possible variations of the team idea and a number of professional groups have already made studies and recommendations on it, as well as upon the nursing function in other kinds of jobs.

Whether a nursing-team plan is applied generally to staff nursing practices or not, there is no doubt that the current interest in the nursing function will eventually produce changes in the pattern of nurse occupations for effective utilization of personnel.

In 1950 the American Nurses' Association began a program of study of the nursing function by gathering all possible information from existing reports, stimulating new research, and enlisting the cooperation of its total membership toward research along these lines. American Nurses' Association members have been asked to initiate studies of the nursing function under recognized research authorities in their own communities, and the national office has assisted local groups through research funds for this purpose where they were needed.

A preliminary report in March 1952 of a nursing function study that was conducted at Harper Hospital, Detroit, indicated that professional nurses, practical nurses, nurse aides, and clerical workers could be organized in a team relationship to provide better nursing care at less cost than when personnel was used in the traditional ways in the hospital. One of the premises of the study was that "no plan [i. e., of staffing pattern] can be tailor-made to fit all institutions," for the study group found that variations were necessary even within the hospital for different patterns according to the type of unit studied (*73*).

In 1947 the American Medical Association appointed a committee to study nursing problems in the United States, and its 1948 report recommended that all nurses be divided into two large groups designated as *clinical* and *collegiate*. The chief function of the college trained nurse was to be nursing education, and the clinical nurse would provide nursing care and service similar to that of the present hospital trained nurse. Some speculation concerning the possible ratios of the several kinds of nursing personnel was made by committee members, but no definite conclusions were reached. The AMA committee clearly pointed out, however, that the answer to both the nursing shortage and the need for improvement in nursing care was in teamwork, "with the team made up of physicians, professional nurses, trained practical nurses and subsidiary workers" (*38*). In the following year, a much broader committee, consisting of 18 members equally representing national nursing organizations, hospital administrators, and the AMA, began an intensive study of many questions raised by the earlier report. Known as the Joint Committee for Improvement of Care of the Patient, this group began to make preliminary reports of its findings relating to the nursing function in medical and nursing journals by 1953.

The Public Health Service published a monograph in 1950 on the results of a study, conducted under the direction of the chief of the Division of Nursing Resources, of head nurse activities in five units in a large hospital. This study showed that although "the head nurse's time was spent preponderantly on activities generally accepted as those that should be performed by a head nurse" and management duties were relegated to second place in favor of direct nursing service, 50 percent of the time spent in management duties was reassignable to clerical personnel; and that many of the head nurse's duties in patient care could have been performed by nonprofessional nursing workers. Activities that could not be reassigned include planning and supervising patient care, giving or supervising patient and family education, and personnel administration (*67*).

Other studies of the nursing function are bringing to light significant facts about the under-utilization of professional nurses and also

about traditions and attitudes toward utilization which have constituted barriers against making changes in the nursing function. It can be readily seen that attempts to introduce changes and reassignments which affect established practices among the Nation's nursing personnel of all occupational levels and among countless hospitals, institutions, and agencies not only meet resistance in the form of crystallized attitudes but encounter some very basic problems. Wide reorganization of the nursing function involves almost every aspect of nursing occupations and nursing services: agency administration, nurse training, standards for nurse jobs, both for professional and practical nurses (and the attendant problems of wages, promotions, hours, conditions of work), and of course the questions of costs and standards of nursing service to the public.

Nevertheless, in the face of the critical nursing shortage, the all-important single fact which most of the nurse function studies have produced to date is: Demand estimates for professional nurses can be reduced appreciably by making more effective use of the working time of professional nurses. Some studies have indicated that job reassignment could result in a 20-percent reduction in the estimated demand for professional nursing personnel. All estimates tend to indicate that proper job assignments could improve the standard of nursing service, even with fewer professional nurses in relation to a larger proportion of other kinds of nursing personnel (*73*).

Opportunities for Career Advancement

With the very considerable changes that are taking place and anticipated in nursing positions and nurse education, the opportunities for advancement in nursing careers can hardly be set forth in definite patterns for the next few years.

The common yardsticks to measure occupational advancement are increases in income (salary and fringe benefits) and prestige or standing in the occupation. There is a general tendency to regard executive or supervisory positions as the most advanced within any occupation, and this is supported by the fact that economic rewards are correspondingly higher for supervisory work at progressively more responsible levels. This is certainly true of the nursing field. Advancement in both income and prestige are also given in most occupations for specialization that does not involve administrative or supervisory skill, and this too applies to the nursing occupations.

Those nursing occupations which lead toward progressively greater executive responsibility—whether with personnel, as in administrative nurse jobs, or with program planning and advisory work, as in the consultant jobs—tend to move away from direct patient-centered care. On the other hand, jobs in specializations such as pediatrics are essentially patient-centered. There is no doubt that economic rewards and professional prestige are greater for the executive and

consultant nurses, in general, than they are for most of the clinical specializations.

It is considered that about 25 percent of the students of each graduating class of nurses should eventually move into supervisory and teaching posts (*19*). Table 1 shows that almost one-third of active nurses in hospitals in 1951 were working in various types of executive and teaching posts. This represents a slight trend upward over previous estimates.

TABLE 1.—PROFESSIONAL NURSING PERSONNEL IN 6,637 HOSPITALS BY TYPE OF POSITION, 1951

Type of position	Number	Percent
Total	247, 854	100. 0
Administrative	9, 844	4. 0
Full-time instructors	5, 960	2. 4
Supervisors and assistant supervisors	22, 781	9. 2
Head nurses and assistant head nurses	34, 740	14. 0
General duty nurses	134, 793	54. 4
Private duty nurses	31, 807	12. 8
Unclassified	7, 929	3. 2

Source: *Journal of American Medical Association* 149: 160, May 10, 1952 (*12*).

In hospital positions.—In the environment of the large hospitals, the usual pattern of promotion is from general duty nurse to head nurse, to supervisor, then to assistant director on day duty or night relief, and to director of nursing services. Although not necessarily in direct line of promotion, nurses in smaller hospitals are sometimes appointed as hospital superintendents.

The head nurse usually exercises direct supervision over the general duty nurses, manages a hospital ward, assigns personnel to the manifold tasks, supervises the activities of the students, and is responsible for supplies. The quality of the service is largely determined by her standards and her efficiency. Head nurses usually report to a nurse supervisor, who in turn may report to the director or assistant director of nursing services.

The American Hospital Association made a survey of hospitals in 1951 and found that 902 hospitals or 16 percent of the 5,637 reporting had hired chief administrative officers during the year, and 1,047 or 19.5 percent had hired head nurses (*3*).

In industrial positions.—Nurses can advance into supervisory work in places of employment other than hospitals. Where an industrial firm is large enough to require a staff of nurses, a supervisory nurse in charge of the staff has a responsible position. Some companies have extensive employee health services, with as many as 20 to 30 nursing personnel under the supervision of the nursing director. In

industry the nursing director's job is in large part that of an instructor, as well as an executive, for she will train her staff in technique and in company practices. She may also have charge of the maintenance of the medical department and, if so, will represent the medical director at company meetings and on committees. Salaries for nurse directors in industry have a wide range. They are determined largely by the prevailing salary level for the company, but are in the administrative class in large companies.

In public service.—The possibilities for advancement in Federal service are numerous if the nurse can meet the qualifications and can offer the desired educational preparation. As far as possible, promotions made are from within the agencies. Some nurses come to the Children's Bureau or the U. S. Public Health Service after experience in State or city health departments, and soon qualify for better than beginning jobs. In military service and in the Veterans' Administration pay raises are periodic; nurses are advanced to the next higher grade with promotions based upon performance, qualifications, professional background, interest in nursing, and educational preparation.

Consultants in public health.—The American Nurses' Association estimated that nearly 1,300 nurses were employed as consultants in 1951 (*9*). In the United States Public Health Service some 250 consultant nurses are a part of the staff. These consultants have various assignments, perhaps to a State health department, or a local health department, to develop a bedside nursing program or to participate in demonstrations in mental health, cancer, or venereal disease control. They may work in special field studies in heart disease, nutrition, diabetes, or one of the communicable diseases. The Public Health Service consultant plans and conducts in-service training programs, collects data for various projects such as studying the efficiency of various therapeutic drugs, and shares in the experience of new medical discoveries. She may go abroad as a survey team member, director, or staff nurse in health-education programs directed toward raising standards in countries which need this assistance. She may participate in mental-health institutes or industrial programs to determine new hazards involved in the changing technology of American industry.

A consultant in a State health department may serve in a crippled children's agency or may develop nursing plans for children in hospitals. Where home-nursing services are needed, the State consultant may work out a field-service program, or she may improve existing programs. A State maternity nursing consultant usually assists in such activities as planning community programs, recruiting nurses, establishing health study groups, advising university faculties in planning advanced courses in maternity nursing, supervising State maternity-care programs, in addition to serving as consultant to hospital staffs. Some counties and large city governments have nursing con-

sultants in both maternal and child care. Other consultants serve at the request of schools of nursing for short periods to evaluate instruction programs, to improve personnel policies, and to introduce new programs.

New avenues.—The nursing specializations and job combinations reviewed in Section I provide additional clues for the nurse who wishes to extend her career in directions other than general duty nursing. New avenues for specialized nursing work will continue to open with discoveries and concepts in medical treatment and changes in nursing education and practice. Some of the new occupational developments for professional nurses may lead away from patient-centered care; the great majority will be concerned directly with the care of patients.

Opportunities for Women With Special Employment Problems

Women seeking jobs sometimes encounter difficulties because of circumstances which have no specific bearing upon work proficiency, but which are traditionally considered as limitations upon employment. In nursing, of course, women do not find the same kinds of barriers met in occupations traditionally filled mainly by men; nor do they find that age is as restrictive as in many other kinds of work.

In World War II many older nurses returned to work, sometimes after long periods of inactivity, and the older nurse has been accepted for almost any kind of duty which her physical capacity allows her to perform. By 1951, 4 percent of all active nurses were 60 years of age or older, 10.9 percent were 50 to 59, and 20.1 percent were 40 to 49 years old (*9*). Even nurses over 70 are still in active duty, full or part time. The Army and Air Force admit nurses up to 45 years of age and the Navy to 40 years. The New York State Employment office in a 2-week period in December 1952 placed 938 professional nurses, of whom more than half were 35 or over, and nearly a third were 45 or over.

Like the older woman, the married woman became acceptable to employers during the war and has continued to be in demand. Marriage is no handicap as long as family responsibilities do not interfere with nursing service. In 1951, 46.5 percent of active nurses were estimated to be married in comparison with 38.7 percent single nurses and 14.8 percent of other marital status (*9*). While in the past married women were not permitted to enter schools of nursing and a resignation was required when a nurse married, these restrictions have been relaxed. The practice of rotation, usually followed in an institution, may be more inconvenient for a married nurse than a single nurse but there are many jobs where day work only is required, as in doctors' offices, schools, or industry.

Part-time work may be possible for married nurses who are unable to work an 8-hour day because of family demands. Usually, how-

ever, part-time workers with family responsibilities want to work during the middle hours of the day only and they are often unwilling to participate in rotation plans. This results in placing the burden of a greater amount of undesirable evening and night work upon full-time workers. Even with 57.7 percent of hospitals paying a differential for evening shifts and 62.6 percent for night shifts (*4*) many in the profession feel that this situation is unfair to full-time institutional workers.

To encourage women with home responsibilities to accept nursing positions, or return to active duty, a number of communities have tried to find ways of assisting with housekeeping and child-care problems. An effort which appears to have worked successfully was the establishment of day care for the young children of nurses who wished to work at Mount Sinai Hospital in Cleveland. A nursery school was opened in July 1951 at the hospital and has provided supervised day care for the children of both full- and part-time nurses and other hospital workers in critical demand (*31*).

Among the qualifications that affect work proficiency, physical fitness constitutes an important job requirement for nurses, and physical handicaps may prevent or seriously restrict employment. Schools of nursing observe relatively rigid entrance requirements for health and physical capacity, and physical examinations are given periodically during the training period. The nurse who acquires disabilities after training may find it difficult to obtain a job. Some schools and some employers, however, will accept nurses with arrested tuberculosis or remedied orthopedic conditions and injuries which do not interfere with specifically designated training or job requirements.

Negro women have greater opportunities in professional nursing than ever before, even though restrictions upon their employment and training still exist. The number of schools of nursing that admit Negroes has quadrupled during the past few years—from 76 in 1946 to 273 in 1952. In these 273 nursing schools, 3,229 Negro students were enrolled. Nevertheless, the number of Negro women who become nurses is still far from adequate, as is indicated by the fact that in 1949, 151 of each 10,000 white women 17 to 22 years of age were students in schools of nursing, but only 39 per 10,000 Negro women of the same ages (*72*).

The number of Negro nurses presently employed is not available because many hospitals do not indicate race on employment records. A survey of 781 public health agencies which kept race statistics reported 768 Negro nurses in 1951, or 11.9 percent of the total staff. Of this group, 740 were staff nurses and 28 had supervisory and administrative positions (*7*).

Throughout the years, both the American Nurses' Association and the former National Organization for Public Health Nursing (now

the National League for Nursing) have encouraged young Negro women to enter professional nurse training. The former supports a program of intergroup relations to aid in opening employment and school opportunities in this field. In 1946 the American Nurses' Association made individual membership available to qualified Negro nurses barred on grounds of race from membership in their State nurses' association. In early 1953, only three States remained that did not admit Negro nurses to membership (Georgia, South Carolina and Texas); individual membership in the national association is open to nurses in these States.

Altogether, the nationwide shortage of nurses has helped to reduce restrictions on employment and training opportunities for women in this field. As a result, both the nurse candidate and the experienced professional nurse can look ahead to general improvement in the standards of practice and in the conditions of work.

As more nurses enter the professional field, they will find the channels and methods by which they can work toward the improvement of nursing standards and requirements. Section VI, on Professional Nurse Organizations, provides some information on the professionally organized groups which are working for such ends.

III.—DISTRIBUTION OF PROFESSIONAL NURSES

Significance of Occupational Distribution

Close to 335,000 professional registered nurses were employed in 1951 in the United States and its territories (*7*). In the early 1870's there were only 1,200 registered nurses employed in the United States, according to the Bureau of the Census (*54*). In the eight decades between, the nursing profession has grown as the country has grown, not only in numbers but in the development of women's careers, and in humanitarian and industrial progress.

If a series of pictures were to be drawn illustrating nursing careers in various historical periods, the most marked changes in nursing would reflect changes in the economic and social life of the Nation. For example, the two World Wars created the basis for occupational increases and shifts. In World War I, 21,480 Army nurses were in service, of whom 10,400 served overseas (*52*); the Navy employed 1,386 nurses in 1918 (*63*). By 1941 the total had decreased to 6,104 in active service in the Army and Navy. Through the United States Cadet Nurse Corps, established in 1943, some 179,000 young women were recruited for training as nurses (*34*). In 1945, when World War II ended, there were 65,377 nurses on active duty in the Army and Navy.

Before the war, however, there was a marked occupational shift of nurses from private duty nursing to hospital and institutional staff

jobs, probably as a result of the economic depression of the 1930's, when private duty employment declined.

By 1951, about half (48.7 percent) of active professional nurses were employed in hospitals and other health institutions (*9*). In 1928, less than one-fourth (23 percent) were so employed.

In the period following World War II, it was feared by some that the release of nurses from military service would create a civilian oversupply. On the contrary, those agencies which studied the problem, among them the Women's Bureau (see Women's Bureau Bulletin 203–3, 1945), predicted a critical shortage. Many nurses became homemakers and did not return to work; others left private duty for hospital staff jobs, or left both to enter industrial nursing or office work, where the hours were more satisfactory, thus creating shortages in the fields vacated. Meanwhile, the need for nurses continued to increase as a result of the extension of medical and health services, the development of all kinds of new nursing jobs, and the maintenance of care for veterans, as well as a rapid population growth. At the same time, nursing schools were raising curricula standards and therefore required a greater number of nurse instructors, or nurses with collegiate background, as well as nurses trained for specialized fields.

Occupational shifts and changes are of more than historical interest to the nursing profession, as they delineate career changes which directly affect job opportunities and job rewards. Of career interest, for example, is the fact that the increase in need for military nurses in World War I brought the establishment of a modified officer rating (but not officer pay) to the Army nurse, and in World War II, all military service nurses became commisisoned officers with the regular officer pay, including retirement. In January 1953 the American Nurses' Association took steps toward raising the rank of commissioned military nurses and also toward providing for a greater number of promotions.

Since the war there has been a concerted effort, on the part of professional nurse organizations, to encourage the Armed Forces to commission male nurses. This action arises less from the desire to alleviate discriminatory practice against men in one of the very rare employment fields, if not the only one, where it exists, than from the problem of the nurse shortage in general, and the best use of nursing skills. In a time when more highly specialized nurses and nurse instructors are needed to staff hospitals and schools of nursing, it is thought that men nurses are better qualified than women to serve under front-line combat conditions and in other posts where physical requirements are important.

On the civilian front, nurse jobs since the war have followed the general trend toward upgrading salaries. Although many small hospitals have been obliged to close for lack of adequate staff, other

hospitals have made reforms in salaries, hours, and other conditions of work, to attract and keep nursing personnel. In New York City, for example, the number of nurses in the municipal hospitals increased from 8,400 in 1946 to 10,500 in 1948, and the most important single factor, acknowledged by many, to account for the increase, was undoubtedly the establishment of a 5-day, 40-hour week in 1946.

With occupational shortages and shifts there are always corresponding changes in employment specifications that are not strictly occupational, such as age, marital status, and relaxation of physical requirements; and also in purely discriminatory employment practices involving race or national origin. On the other hand there is a tendency on the part of some employers to overlook skill and experience requirements and licensing restrictions with respect to the shortage jobs. The nursing field has reflected—and continues to reflect—all of these trends, as critical nurse shortages have developed in the postwar period, from 1946 to the present.

The occupational distribution of nurses may be viewed from two aspects, cause and effect: It reflects economic and social conditions and in its turn, creates conditions in employment outlook that are of interest to the nurse, the nurse candidate, and the placement counselor. Major trends in nurse distribution are summarized in the tables which follow, and a limited discussion is included of some of the career trends in the most significant broad fields of nursing activity.

Distribution by Type of Nurse Activity or Employer

A brief summary follows of some of the major nurse employers and the number of nurses working for those agencies, together with some facts about the scope of activities or kinds of positions in which professional nurses work (see table 2).

TABLE 2.—ACTIVE PROFESSIONAL NURSES IN THE UNITED STATES AND TERRITORIES, BY FIELD OF NURSING, 1951

Field of nursing	Estimated number	Percent
Total	334, 733	100. 0
Hospital and other institution	163, 026	48. 7
School of nursing	7, 701	2. 3
Hospital and school of nursing	4, 292	1. 3
Public health	29, 650	8. 8
Public health and school of nursing	233	. 1
Private duty	69, 883	20. 9
In hospitals	31, 807	
Outside hospitals	38, 076	
Industrial	14, 323	4. 3
Office	28, 191	8. 4
Other	1, 794	. 5
Unclassified	15, 640	4. 7

Source: Inventory of Professional Registered Nurses, 1951 (*9*).

The discussion which follows deals with fields that are not mutually exclusive, but with a few exceptions, blocks out the broad occupational distribution for both employers and types of activity, some of which overlap. For example, nurse-midwives may be included among public health nurses.

Nurses in hospitals and health institutions.—More nurses are employed in hospitals and health institutions than in any other field of nursing. As a result of a survey of registered nurses made by the American Nurses' Association it was estimated that, in 1951, 163,000 nurses, or about half of all active nurses, were working in hospitals and other health institutions, with about 12,000 additional nurses in schools of nursing and hospital schools (see table 2). Some 32,000 nurses were employees of the Federal Government and the District of Columbia in 1952 (see table 3). Other governmental hospitals included State hospitals with 13,757 nurses, county hospitals with 12,804, city hospitals with 14,973, and combined city-county hospitals with 2,744 in 1951 (*12*).

TABLE 3.—NURSES EMPLOYED BY THE AGENCIES OF THE FEDERAL GOVERNMENT AND THE DISTRICT OF COLUMBIA (AS REPORTED TO THE WOMEN'S BUREAU IN 1952 AND 1953)

Agency	Number of nurses	Percent distribution
Total	31, 861	100. 0
Veterans' Administration	14, 200	44. 6
Army Nurse Corps	6, 900	21. 7
Navy Nurse Corps	3, 332	10. 5
Air Force Nurse Corps	3, 500	11. 0
U. S. Public Health Service	1, 500	4. 7
Bureau of Indian Affairs	846	2. 7
Gallinger Municipal Hospital	286	. 9
St. Elizabeths Hospital	285	. 9
Departmental agencies (emergency or first aid rooms)	250	. 8
Freedmen's Hospital	215	. 7
D. C. Health Department	188	. 6
Panama Canal Service	187	. 6
Glenn Dale Sanatorium	72	. 2
Tennessee Valley Authority	52	. 2
Other agencies [1]	48	. 2

[1] Includes Institute of Inter-American Affairs, 33; Children's Bureau, 12; Federal Civil Defense Administration, 2; and Civil Service Commission, 1.

Reports from hospital administrators collected by the American Medical Association for the same year (1951) add up to a much larger total—247,854 professional nurses in hospitals (see table 1). The

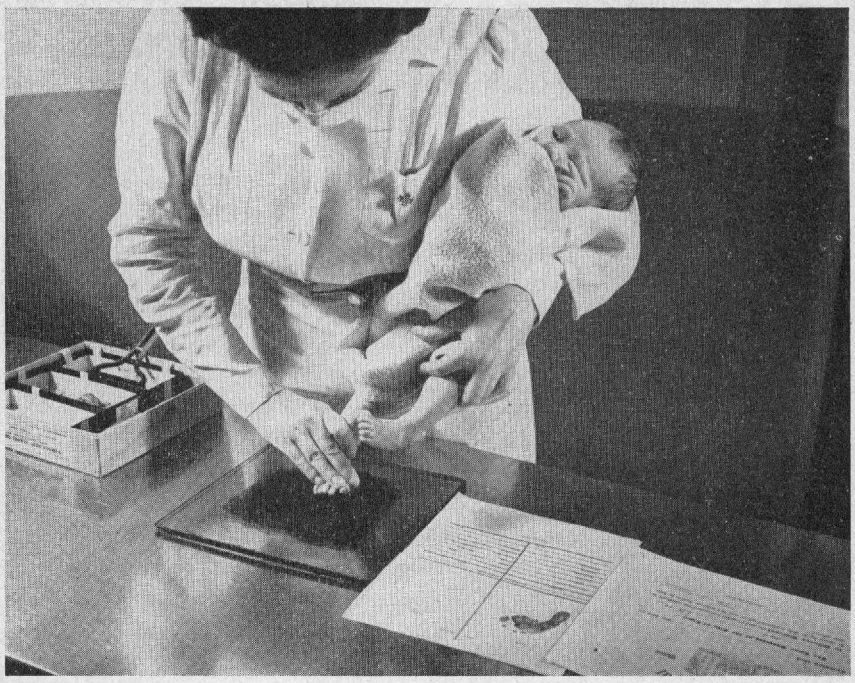


Figure 6.—Maternity ward nurse registers footprint for identification of newborn child in hospital.

greatest concentration of these nurses was found in the general hospitals, with 219,775 nurses reported in that field. The number of professional nurses of all types increased 4.1 percent between 1950 and 1951. In fact, all types of nursing showed increases in that period except private duty nursing, which showed a decrease of 2.8 percent. The percentage increase was greatest in Federal hospitals. Hospitals for nervous and mental patients had 11,966 nurses, and tuberculosis hospitals 6,783 (*12*). With more than 18 million admissions into hospitals each year (*32*), a large proportion of the population is affected directly or indirectly by the hospital.

Federal Government service.—In the Federal Government hospitals, nurses for the most part are civilian employees, except in agencies where they may be commissioned officers. In the hospitals of the Department of Defense and in the United States Public Health Service both civilian nurses and commissioned officers are employed. The civilian employees of the Public Health Service and of the military forces are under civil service as are the employees of the Bureau of Indian Affairs, the Panama Canal, the Children's Bureau, Freedmen's, St. Elizabeths, and Gallinger hospitals, Glenn Dale Sanatorium, and nurses in first aid and emergency rooms in Federal buildings. Nurses not under civil service are the commissioned officers of the Public

Health Service and the Armed Forces nurses, those working for the Tennessee Valley Authority, the Institute of Inter-American Affairs, the Veterans' Administration, and certain other Federal agencies involving security risks.

The Veterans' Administration, which employs more nurses than any other agency in the Federal Government, has nursing services in Veterans' Administration hospitals and in its regional office clinics, centers, and domiciliaries. In January 1952, 14,200 nurses were serving in 152 hospitals, centers, and domiciliaries and in 73 regional offices. Since 1946 a Nurse Professional Standards Board, composed of nurses, has the appointing function for the agency. In that year Veterans' Administration nurses were removed from civil service and became a part of the newly organized Veterans' Administration Department of Medicine and Surgery. Veterans' Administration nurses participate as team members with physicians, dentists, psychologists, social service workers, physical and occupational therapists, and allied workers in an active medical program directed toward total patient care and rehabilitation.

The Army had about 5,300 military nurses in the Army Nurse Corps in 1952 and in addition about 1,600 civilian nurses employed under civil service regulations. The number of Army nurses fluctuates with authorized troop ceilings because of the ratio of 6 nurses per 1,000 troops. The minimum of Regular Army nurses authorized by law in 1952 was 2,558 regular nurses with the remaining number of military nurses on duty as Reservists. Army nurses are assigned as general duty, pediatric, communicable disease, operating room, anesthetic, obstetrical, and neuropsychiatric nurses, as clinical specialists, as nurse administrators who are chief nurses, and as Army health nurses who are similar to public health nurses.

The Navy in January 1952 had 3,332 nurses in its Navy Nurse Corps including a captain, 15 commanders, 58 lieutenant-commanders, 1,765 lieutenants, 606 lieutenants junior grade, and 887 ensigns. The ensigns and lieutenants junior grade are staff or general duty nurses. Flight nurses are also in these grades. Some of the lieutenants work as staff or general duty nurses but those with senior service may be found in supervisory and administrative positions. The lieutenant-commanders and the commanders have supervisory and administrative positions exclusively.

The United States Air Force Nurse Corps had over 2,850 commissioned nurses on active duty in 1953 and almost 700 civilian nurses, according to general estimates. The commissioned nurses included more than 200 administrative nurses, more than 100 psychiatric nurses, about 300 operating room nurses, more than 100 anesthetists, and about 2,100 general duty nurses. The general duty group is made up of

staff nurses in the hospitals (over 1,950) and flight nurses (150) giving care to hospitalized patients in transit.

The United States Public Health Service employed in 1952 about 1,500 nurses distributed between the national offices in Washington, D. C., 23 agency hospitals, and 18 out-patient clinics throughout the country. Of the hospitals, 18 were general and located on coasts and waterways; there were 2 tuberculosis hospitals, 2 neuropsychiatric, and 1 hospital for sufferers from Hansen's disease (leprosy) at Carville, La. The Public Health Service hospitals serve American seamen, officers and enlisted men of the Coast Guard, officers and crew members of the Coast and Geodetic Survey, Federal employees injured at work, and commissioned officers of the Public Health Service. Public Health Service nurses also work in medical and psychiatric units of certain Federal penitentiaries and are consultants in Federal-State cooperative programs.

The Bureau of Indian Affairs in the Department of the Interior provides complete health service for those Indian wards of the Nation designated as beneficiaries of the Government by treaty or by law. To provide them with medical service the Bureau operates 56 hospitals and sanatoriums west of the Mississippi River for Indians and 8 hospitals in Alaska for Indians and Eskimos. They are situated in rural areas in the most scenic, although undeveloped, parts of the country. Hospitals of the Bureau of Indian Affairs are relatively small and range from 18 to 335 beds with staffs of 5 to 90 nurses. In addition to the hospitals, medical service is provided through community clinics or hospital out-patient stations.

Indian women are given preference in hiring for nurse positions, but because there are very few Indian nurses most of the nursing staff, to date, come from other groups. Most of the nurses are single; married women are not employed unless their husbands are also employed by the Bureau at the same location.

The total number of institutional nurses, including directors and head nurses, in the Bureau of Indian Affairs was estimated to be 761 in 1952; in addition, 87 public health nurses employed by the Bureau travel by plane, boat, and dog sled to native villages.

Other Federal agencies that employ nurses are listed in table 3. The Federal Security Agency has jurisdiction over St. Elizabeths Hospital in Washington, D. C., which employed 285 nurses in 1952, and Freedmen's Hospital with 215. Gallinger Hospital and Glenn Dale Sanatorium in the same metropolitan area are under the jurisdiction of the District of Columbia municipal government with nurses under Federal civil service regulations. They employed 286 and 72 nurses respectively in 1952. In first aid and emergency rooms of the Federal Government buildings in Washington, D. C., about 250 nurses were estimated to be working. The Panama Canal had 187 nurses in 1952

in its two hospitals—one at each end of the canal. The Tennessee Valley Authority employed 52 nurses in 1952. The Children's Bureau had 12 nurse consultants with a beginning grade of GS–11 who were specialists in pediatric or midwife fields. Small numbers of nurses scattered among other Federal agencies brought the total of nurses in the Federal and District governments in 1952 to nearly 32,000. The District of Columbia nurses are discussed in the section following under public health nursing.

Public health nursing—State and local agencies.—Relatively few public health nurses work for the Federal Government. The greatest number are to be found in State or local agencies and in private health organizations.

The United States Public Health Service reported a total of 25,788 public health nurses working in the country in 1952, and 25,461 in 1951—much smaller totals than the 1951 figure of 29,650 obtained through the American Nurses' Association inventory. The PHS figure, however, excludes nurses employed in industries, nursing education institutions, and those employed by national agencies for nationwide or regional services. The largest number were employed by local public health agencies, which reported a total of 12,433 nurse employees. In addition, local boards of education employed 6,456 nurses; local private agencies 4,668; State agencies 1,362; schools of nursing, both hospital and collegiate, 402; and national agencies, 467. Over 88 percent of these were staff nurses (*7*, p. 27).

Of the 25,461 public health nurses reported by the Public Health Service in 1951, 391 were consultants (27 of them part-time workers) specializing in one of the many fields of public health nursing. They were employed by State and local agencies as follows: 78 in maternal and child health; 97 in orthopedic work; 45 in educational guidance; 44 in tuberculosis nursing; and the remainder in various other types of work. The orthopedic specialists were engaged in programs for crippled children and children with cardiac conditions, including victims of rheumatic fever. Of the total, 14 had no college education, 82 had some college training but no degree; 238 had a bachelor's degree, and 57 a master's or other advanced degree. As for training in an approved program of public nursing study, 31 had no special training, 29 had less than 1 year of training, and 331 had 1 year or more of such training (*70*).

In most States there are 2 or more public health nurses on the State health department staff and many others in county and municipal health departments; but in 1952 there were 668 counties and 13 cities without such facilities. It is estimated that public health nurses serve 5 million families in a year, or 1 family in 8, making an annual total of 17.5 million visits to homes, in addition to their work in clinics,

classes, conferences, and schools. They also make surveys and follow-up reports of contagious diseases (*39*).

The public health service in Washington, D. C., is managed as a local city administration by the bureau of public health nursing in the District of Columbia Health Department, but it is unique among cities in that it is directly under the jurisdiction of the Congress, although its operation is similar to that of a State health department. The nurses are selected under the Federal civil service system and have the regulations and salaries of Federal Government employees. Nurse beginners are hired at the GS–5 level; they must be graduate nurses with some field experience in public health before they can be employed. In June 1952, the bureau had 68 nurses at this level, known as trainees. Whenever they earn their master's degree they are in line for promotion to the GS–7 grade. In 1952, 62 nurses were working at GS–7. In addition 12 others were on the staff at GS–9 or above. (See appendix for Government entrance salary.)

The main duties of District of Columbia public health nurses are to educate patients, their families, and the community at large in the principles of healthful living; to investigate for epidemiology, that is, the control of communicable and noncommunicable disease; to coordinate their work with that of other community resources such as hospitals, the social service exchange, and social welfare agencies; and to participate with physicians in the operation of clinics. In addition to the nurses in the District of Columbia public health service, about 5 or 6 public health nurses are employed by the board of public welfare, and the city board of education has about 35 public health nurses.

Visiting nurses, as public health nurses in many private agencies are called, give valuable service mostly in the more populous areas rather than in rural districts. They are fewer in number than those employed by governmental units, but they usually have high standards and carry out important and public-spirited programs.

For instance, a visiting nurse association in a large eastern city reported that its 175 nurses had made one or more visits to nearly 52,000 patients during 1950, including premature babies, elderly people, and chronic sufferers from diabetes, heart disease, cancer, and arthritis. The agency charged for visits on a cost basis; patients who were able to pay were asked to do so. Operating deficits were met through a public fund campaign. The visiting nurse's salary is, of course, independent of patient fees. Workmanship-like service at the lowest possible cost characterizes the visiting nurse programs in private organizations which have no governmental support through which to defray their expenses. These nurses are relatively few—about 5,000 in 1951—and are highly regarded in their communities.

School nurses—public and private.—An important branch of public health nursing is school nursing. In 1952, 6,456 public school nurses were reported in the country (*7*, p. 27). A study of 139 school nurses in supervisory work in 1951 indicated that 75, or 54 percent, of these supervisors had had some college work and 57, or 41 percent, had received 1 or more college degrees. Almost all had taken some courses in an approved program of public health nursing study: 55, or almost 40 percent, had had less than 1 year of this training and 69, or 50 percent, 1 or more years of training. Of 5,790 staff nurses for whom information was available, 3,346, or 58 percent, had had some college

training but no degree; 1,075, or 19 percent, had received 1 or more degrees; 2,029, or 35 percent, had taken less than 1 year in a program of public health nursing study; and 1,677, or 29 percent, had spent 1 or more years in this program (*70*).

School nurses work under various types of program. For instance, in a populous area in the East, a force of 29 school nurses with a qualified supervisor administered the State school nursing program in 1945. The State board of health provided in-service training programs for the nurses. Books on health subjects were selected for loan kits for the county schools. Motion pictures were also available for use in the schools (*29*).

Conditions are very different in many rural counties. In one agricultural district in 1949, as described in the *Journal of School Health*, the county health supervisor was the only nurse for 11 rural schools. She combined administrative duties with service as a staff nurse for more than 5,000 children. Members of the senior health classes in the various schools were ingeniously divided into committees of three or four to assist in such programs as immunizations, physical and dental examinations, hearing and vision tests, preschool clinics, and milk programs. This plan greatly broadened the scope of the county health program and developed an interest in community school health programs.

In addition to the 6,000 public school nurses, a few nurses are employed in private schools and camps.

An instance of school nursing in a private setting is that of a year-round school camp in a midwestern State accommodating 120 children, usually for a 2-week period. Attendance is voluntary. Financial assistance is provided by private organizations for those unable to pay the usual fees. A camp nurse, responsible for the health of the children and the counselors, tests the water supply at monthly intervals, makes periodic examination of food handlers, inspects the sanitary conditions of the kitchen and the food, cares for the sick or injured, and conducts classes in health education at the camp (*51*).

Industrial nurses.—Estimates of the number of nurses employed in industrial, commercial, and service establishments in 1951 varied from 14,323 by the American Nurses' Association Inventory of Professional Registered Nurses to 11,910 by the United States Public Health Service. According to the Census of Industrial Nurses prepared by the Division of Occupational Health of the Public Health Service, the number of full-time registered nurses employed in industry increased approximately 30 percent from 1946 to 1951. As of January 1, 1951, the duties of 8,355 of these industrial nurses were indicated as follows: The great majority, 85.4 percent, were in-plant workers; 11.9 percent worked in industrial hospitals; 1.7 percent were home or visiting nurses; and 1 percent were employed in personnel departments. In the same survey the educational backgrounds of 6,762 of these industrial nurses were reported: 6.9 percent were not high-school graduates,

69.6 percent had a high-school education but no college, 19.6 percent had some college work but no degree, and 3.9 percent had one or more college degrees (*7*, p. 35). A 1951 survey by the National Association of Manufacturers, covering 3,500 companies with over 3.3 million employees, indicated that 28.5 percent of these companies with 2.5 million workers employed one or more full-time professional nurses (*13*).

Distribution of nurses according to type of industrial establishment follows a varied pattern in size of staff and nature of duties. A midwestern company with 3,000 employees has had a visiting nurse program for more than 35 years in addition to the nurses in the plant. In 1950, four registered nurses devoted their entire time to visiting sick or injured employees and those retired because of ill health. Various supplies were loaned to the patients and books and radios were provided during illness. Information on job security was often asked by the patients (*36*).

An oil company in the Southwest, in addition to in-plant nurses, employed nine nurses known as field or visiting nurses, in 1948. They served in both urban and isolated areas. Each nurse was in charge of a geographical division and was supplied with a company-owned car equipped with supplies. Often the nurse traveled over 100 miles a day while on the job; other duties included lecturing to groups of employees and their families, speaking at meetings such as the parent-teacher association or Girl Scout groups, operating a free lending library for employees, and acting in the capacity of personal counselor (*43*).

Office nurses.—In 1951, 28,191 nurses or 8.4 percent of all nurses were estimated to be employed in doctors' and dentists' offices throughout the country (*9*). Often the doctor's office nurse is the only nurse on the staff, but doctors with large practices may employ more. For instance, a New York specialist in gynecology and urology employs two nurses and a receptionist. One nurse is a supervisor who also serves as the physician's secretary, takes case histories and X-rays, and makes minor laboratory examinations. She arranges for operations and discusses costs and home problems with patients. The other nurse is the doctor's assistant in surgery who prepares the operating room and administers anesthesia. In a still larger office of an up-State New York obstetrician with an assistant physician, there are four registered nurses, and a secretary. The nurses make home visits for the doctors and considerable responsibility is placed upon them. Classes in prenatal instruction are held in some offices, so that training or experience in public health nursing is necessary for this type of work (*21*).

Nurse instructors.—In 1951 there were some 12,000 nurses employed in schools of nursing and in hospitals with schools of nursing

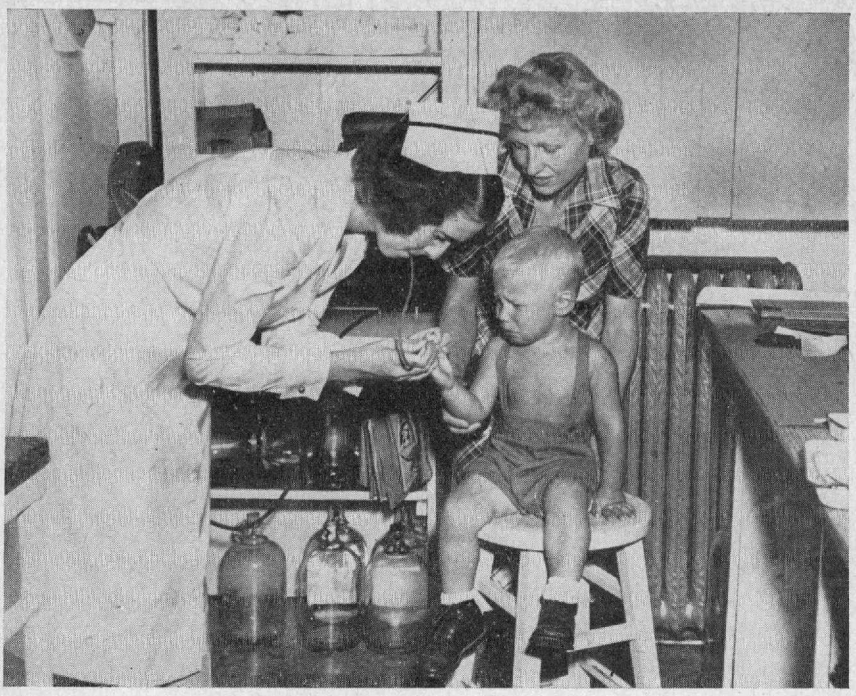


Figure 7.—Nurse in physician's office takes a blood sample for testing.

(table 2). A survey of 1,124 schools of nursing in 1949 reported 10,477 nurse instructors. Of this number, 4,752 had no college degree, 4,581 had a bachelor's degree, and 1,144 had a master's degree (*72*). In addition to nurses, other instructors in schools of nursing include physicians, members of college faculties, dietitians, medical technicians, and science instructors.

Psychiatric nurses.—*Psychiatric nursing* is a field which offers many types of work for graduate nurses: hygiene clinics, child guidance centers, and departments of education, mental health, or public welfare. In 1951, 11,966 nurses were estimated to be employed in the mental health field at all levels, from directors and supervisors to staff nurses. In 1950, over 600 of these were men. The staff nurses comprised more than two-fifths of the entire group. The 1951 Inventory of Professional Registered Nurses indicates a nurse-patient ratio of 1 to 61 in nervous and mental hospitals. In these same institutions the attendant-patient ratio was 1 to 8 (*9*).

Tuberculosis nurses.—*Tuberculosis nursing* is a relatively small field in which 6,783 nurses were estimated to be employed in 1951. Of these, 238 were part-time general duty nurses and 88 were full-time instructors; but the largest number, 3,468 or over one-half, were full-time staff nurses in tuberculosis hospitals or institutions (*12*). This

does not include tuberculosis nurses in general hospitals. One nurse to three annual tuberculosis deaths is considered a valid ratio but few States have attained this standard. A heavy reduction in the number of tuberculosis nurses occurred during World War II resulting in a ratio of 25 to 40 or more patients per graduate nurse. This field has been understaffed ever since (*20*).

Nurse-midwives.—According to estimates by the National Organization for Public Health Nursing there were approximately 365 nurse midwives in the country in 1949, some of whom were graduates of foreign schools. A study of 55 of them indicated that 80 percent had college degrees in general education, public health nursing, or nursing education (*6*, p. 81).

The activities of nurse midwives in the Frontier Nursing Service in the remote regions of the Appalachian Mountains are unique. The principal agency in one mountain district serves three rural counties and has a hospital and a dispensary offering services to 12 nursing areas in 8 centers; the nurses are required to visit patients in isolated areas. In the Frontier Graduate School of Midwifery, which is a part of this agency, registered nurses are given a 6-month course in midwifery. Trained nurse-midwives work under medical direction. Medical, nursing, public health, and social service as well as midwifery service are provided for the mountain people through this agency, but the nurse-midwives are the mainstay of the health program. A small group of nurses work as nurse-midwives in several large urban centers, chiefly New York City and Chicago. All have specialized training, sometimes requiring 1 year, which combines classroom and practical experience.

Nurses in foreign service.—The Federal Government employs some nurses outside of the United States. In 1952, 187 served in 2 hospitals in the Panama Canal Zone for the benefit of the military and civilian population as well as those on shipping passing through the canal (*7*, p. 37). In addition to nurses from the Bureau of Indian Affairs, the Federal Security Agency had 6 public health nurses stationed in Alaska, making a total of 133 there. In Latin America the Institute of Inter-American Affairs employed 28 nurses in 13 countries. The Department of State, Division of Foreign Service, had 18 nurses in charge of health rooms at foreign service posts in Europe and Asia. Even in peacetime some nurse officers of the Armed Forces serve overseas in military hospitals, on shipboard, and on planes in flight duty; in time of war, all are subject to assignment to any foreign post.

The United Nations in its World Health Organization, popularly known as WHO, sends out nurses to various parts of the globe. In 1950, some 20 nurses were employed by WHO in teams with a doctor and a sanitary engineer. Their job was to carry out health measures

and teach nutrition, mental hygiene, and maternal and child care, as part of the general objective of WHO is to attack world diseases and to advance the idea of freedom by providing some of the instruments which make people self-reliant. The nurses worked on health teams in Iran, Iraq, Yemen, Israel, and Ethiopia in 1952 training local women in simple nursing procedures (*64*). In some areas, schools of nursing are established and fellowships granted to train local health personnel (*41*).

Religious and private welfare organizations have openings for nurses overseas from time to time. Church missions employ staff nurses, public health nurses, and nurse educators in various parts of the world, such as the Belgian Congo, the interior of Brazil, and India. Several American companies with large business offices abroad employ nurses among their personnel. The American Nurses' Association is an active member of the International Council of Nurses and sponsors an Exchange-Visitor Program, whereby American nurses are sent abroad in exchange for foreign nurses.

Nurses in the American National Red Cross.—In 1952, 650 Red Cross nurses were reported serving in 32 States during poliomyelitis epidemics. The Red Cross has an agreement with the National Foundation for Infantile Paralysis to recruit nurses for service during these epidemics. In the blood-donor program for the same period, 1,300 paid nurses and 2,600 volunteer registered nurses were active in 60 blood centers. A paid staff is used for supervisory purposes at each blood center but volunteer nurses usually serve as staff nurses. In the disaster field a reserve nursing roster is kept in each chapter so that nurses, both active and inactive, may be called in case of need. In 1951–52, 2,325 nurses served on 40 disaster operations (*7*, p. 39). This group becomes increasingly important under the civil defense program.

The Red Cross also recruits professional nurses to train instructors in several types of health education. The 709 trainers of class instructors in the 9-month period in 1951–52, gave courses of 30 hours to instructors who, in turn, taught at the chapter level. The chapter educational program consists chiefly of a home nursing course, a mother-and-baby-care course, and nurse aide training. As part of civil defense planning, the Red Cross hopes to increase the number of persons instructed.

Although the policy is followed, on the whole, of employing only professional nurses to train Red Cross instructors, many of the instructors of community classes are not professional nurses. As large a number of volunteer, non-professional instructors as possible are recruited in order to spread the funds of the organization. However, if the need for instruction is evident and no unpaid volunteer is

available, a paid instructor who is also a professional nurse may be hired for the work.

Nurses in Part-Time Employment

Part-time work is generally accepted in the nursing profession. The American Medical Association estimated that 23,772 part-time general duty nurses were employed in hospitals and schools of nursing in 1951. The great majority, 22,616, worked in general hospitals, 266 in nervous and mental hospitals, 238 in tuberculosis hospitals, and 652 in other types of hospitals (*12*).

A recent survey of part-time work for women undertaken in 1,071 establishments in 10 cities by the Women's Bureau of the U. S. Department of Labor in various geographic areas (*62*) included 436 registered nurses doing part-time work in 49 hospitals; 15 other part-time nurses in 9 social agencies; 2 in preschool nurseries; 3 in doctors' or dentists' offices; and 1 each in a private school and a college. In a study of 154 of these part-time nurses, high school education or less was reported by 60 percent; 36 percent had from 1 to 4 years of college; and 3 percent had done post-graduate work. One of them, a married woman between 40 and 45 years of age, was a high school graduate and had completed a nurse's training course. She did general duty work as a nurse in a hospital for 20 hours a week, from 7 a. m. to 3 : 30 p. m. on Sunday and from 7 p. m. to 11 p. m. on Monday, Tuesday, and Wednesday. Her husband cared for the two children aged 7 and 11 years while she worked. A married woman in the 45 to 50 age group with 3 years of college and nurse's training had three children from 17 to 21 years of age. She was employed as a nurse in a pediatrician's office 27½ hours weekly. The most usual schedule for part-time nurses which hospitals preferred was found to be 3 days of 8 hours each. About half the hospitals gave these workers paid vacations and one-fourth gave sick leave, prorated on the basis of the time they worked. They were usually paid the same hourly rate as regular nurses in the hospitals (*62*).

Employers find part-time nurses useful in covering peak loads, busy periods, or regular nurses' days off duty and in relieving the nursing shortage in general. Although they are not so familiar with the condition of the patients and are less interested in the individual patients than the regular nurses, on the whole their service is satisfactory. One-fourth of the establishments reported unreliability of younger part-time nurses in attendance as illness of the husband or young children and other home responsibilities at times interfered with their employment. Older ones were found to be more dependable. The nurses themselves seemed to feel conscious of the public need for their services and they appreciated the opportunity to keep in touch with new methods in the nursing field and with the drugs and medicines in current use (*62*).

Geographic Distribution and Job Opportunities

Geographic distribution of nurses follows closely a general trend in the development of medical and health facilities in communities. In general, rural sections of the country have less than their proportionate share of nursing service because urban areas have a greater number of medical facilities, and the urban scale of living creates higher salary ranges for nurse positions, as well as a greater number of position openings.

Although there is a positive correlation between concentration of high average incomes and medical care resources in the various States, there are some exceptions. For example, New Hampshire and Vermont in 1949 had more nurses in relation to income than the national average (*34*).

TABLE 4.—GEOGRAPHIC DISTRIBUTION OF GRADUATE NURSES IN HOSPITALS, NUMBER OF HOSPITAL BEDS, AND POPULATION IN THE UNITED STATES, 1951

[Percent distribution]

Region	Graduate nurses in hospitals [1]	Hospital beds	Population (estimated)
United States	100. 0	100. 0	100. 0
Northeastern	33. 1	32. 6	26. 0
North Central	29. 3	29. 0	29. 4
South	21. 8	25. 2	31. 3
West	15. 7	13. 3	13. 2

[1] Includes administrative nursing personnel, full-time instructors, supervisors and assistant supervisors, head nurses and assistant head nurses, full-time and part-time general duty nurses, and nurses not classified. Excludes 114,646 student nurses and 31,807 private duty nurses.

Source: *Journal of American Medical Association*, May 10, 1952, and U. S. Bureau of the Census, Series P–25, No. 62.

As indicated in table 4, about 33 percent of nurses lived in 1951 in the northeastern section of the United States, over 29 percent in the north central section, 22 percent in the South, and 16 percent in the West. The table compares this distribution with that of the population and the supply of hospital beds in those areas. The western and northeastern States had a higher proportion and the South a lower proportion of nurses in relation to the number of people in these areas. The small proportion of nurses in the South follows the general trend among medical and health personnel and facilities with which the South is less generally well supplied than other parts of the country.[4]

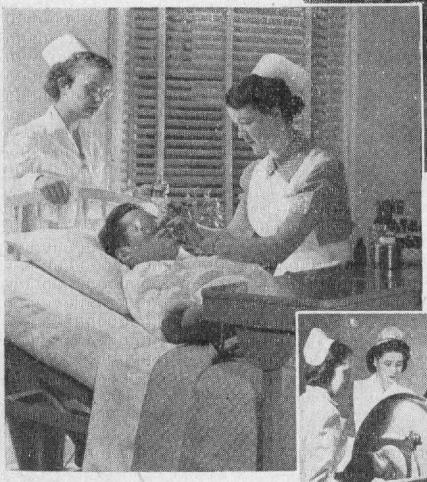
[4] Regions as designated in U. S. Census reports are used throughout: *Northeastern States*—Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont; *North Central States*—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin; *Southern States*—Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia; *Western States*—Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming (*55*).

IV.—TRAINING FOR A NURSE CAREER

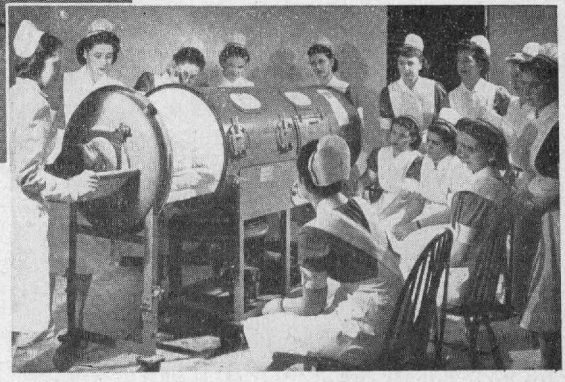
Preparation Begins in High School

Four years of high school are required for a candidate to enter an accredited nursing school. To prepare adequately for nursing school, the high-school student should take as much as she can of the science courses offered, including general science, chemistry and/or physics, and at least 2 years of mathematics. The social sciences should not be neglected, and wherever they are offered, the nurse candidate will profit by taking high-school courses in civics, modern history, and psychology (or general courses in human relations). Physiology, biology, and hygiene or nutrition are obviously important studies, and the regular courses given in most high schools in home economics, particularly in food preparation (rather than in crafts like dress-

Students preparing solutions in a laboratory class.



Student nurse gives medication under supervision of the head nurse.



Students learn the use of a respirator for a poliomyelitis patient.

Figure 8.—Nurse training combines classroom work and hospital practice.

making or design, if there is a choice) will help to prepare the candidate for nursing school.

High-school preparation is not limited to science and related courses. The nurse candidate should pay close attention to her required high-school English courses, the social studies, and also take modern language, if possible, for the increasing standards of the nursing profession require that the nurse be a well-rounded person. Her relationships with her patients and coworkers will be enriched and her professional status increased to the extent that she is able to participate in the world in which she lives.

Because high schools differ from place to place in their course content, the student should consult her high school adviser or a faculty counselor, as early as possible, as to whether she is taking the right combination of required courses for a nursing career. The more that a student takes beyond the minimum required, the easier her experience will be in nursing school, later.

Minimum Requirements for Entering Nursing Schools

To enter an approved school of nursing, the student is usually required to be a high-school graduate between 18 and 35 years of age, although some schools will consider girls younger than 18. A few schools have minimum requirements of 20 years of age and 2 years of college training for entrance and some admit only those from the upper one-third or one-half of their class.

Nurse Training Is in Transition

The minimum training period for obtaining a professional nurse diploma is 3 calendar years in a hospital school or from 40 to 48 months in a collegiate school of nursing.

Until the early 1900's in the United States, all nurses obtained their training in hospital schools of nursing. In 1909, the University of Minnesota opened its doors to nurses with a combined college-and-nursing course. Shortly thereafter, other colleges developed nurse training programs. In the past quarter of a century, the number of collegiate schools of nursing has grown rapidly. The National League for Nursing reported that there were 144 such schools as of January 1, 1952, of which all but 17 offer an integrated course leading to the bachelor's degree and registered nurse license (*7*, p. 62).

Hospital schools for nurses were started in the 1870's in the United States, and increased until there were well over 2,000 such schools in 1920. Today, over 1,000 hospital schools still offer nurse training, but many of the small ones have closed their doors because they were not able to obtain students. Revision of nurse education is taking place in some hospital schools to place greater emphasis on the educational needs of the student and less on the service needs at the hospital.

Although many young women still enter hospital schools of nursing,

which have improved their standards and widened their training horizons since the turn of the century, a steadily growing number of candidates for the professional nurse occupation are entering collegiate schools of nursing.

The changing trend toward integration of college courses with nurse training is not surprising, in view of the increased demands made upon the nurse for occupational competency. The number and range of job possibilities, compared with those available to nurses 50 years ago, has determined, for the most part, the changing pattern of nurse training.

Changes in the professional nurse function, especially in hospital and institution jobs, also account for the changes in nurse education. The recent approach in assigning duties to the professional nurse is to put her in charge of a nursing team together with the practical nurse and auxiliary hospital workers, which means that she has supervisory responsibility, but also gives expert nursing care. The extent to which the nursing team idea can be developed depends, in a large measure, upon the preparation of the professional nurse.

It has been predicted by professional nurse and medical groups that there will be an increasingly sharper distinction between the practical nurse, of whom comparatively little is required in the way of assuming responsibility for decisions and in technical knowledge, and the professional nurse, who may, even in the next decade, need college-level preparation to qualify for her license.

There is no doubt that our Nation needs all kinds of nurses, and that the qualified practical nurse, the hospital-trained nurse, and the professional nurse with college training can all serve in their occupations in equally necessary ways. The fact that nurse training is undergoing a change in trend, however, presents a problem for the nurse candidate to consider as early as possible in her career. Questions about the kind of training a young woman should take to become a nurse should be answered after she has examined her own personal needs, interests and qualifications, her career goals, and the kind of training available.

The Hospital School

The hospital school is the basic traditional school which grants a nursing diploma. The graduate of a hospital school is sometimes called a *diploma nurse* as distinguished from the *college-trained nurse.*

In January 1952, 1,011 hospital schools of nursing were in operation with an average enrollment of 85 (*7*, p. 62). Of the 90,888 nursing students enrolled in diploma courses, the great majority (85,023) were in hospital schools. In 1949, about one-fourth of all general hospitals had schools of nursing or provided clinical facilities for collegiate schools; 97 percent of hospital schools of nursing were associated with

general hospitals. Few specialized hospitals offered training programs. Schools were operated in 80 percent of the large hospitals, that is, those with a daily average of 200 patients or more (*72*).

Students in some hospital schools attend classes in colleges or universities in addition to the classroom instruction given at the hospital. Instructors at the hospitals may include physicians, graduate nurses, specialists, or college instructors who come to the hospital to conduct classes. Class work usually covers such subjects as symptoms of various diseases, the action of medicines, diets, the differences between sick and well people, and the meaning of health. A few schools offer specialties such as psychiatric nursing, the theory of mental hygiene, or lectures on subjects such as eye, ear, and throat diseases.

In addition to classroom training the student nurse is given clinical training in a hospital under the supervision of graduate nurses. This means actual nursing in a hospital, working with patients. Clinical experience covers the basic fields of general medicine, surgery, obstetrics, and pediatrics. In 1949, 5 percent of the schools were restricted to these four programs; 24 percent offered experience in 5 fields—usually the 4 basic services and psychiatry; 71 percent offered experience in 6 fields or more—including at least 1 of the following: Tuberculosis, communicable disease, out-patient work, public health, nursery school, or rural hospital nursing. Where a certain type of experience is not available in the home hospital, affiliation with a large or specialized hospital is usually arranged for the students. In 1949, 33 specialized hospitals offered training; 25 mental, 4 tuberculosis, 2 pediatric, and 2 maternity-pediatric (*72*).

Hospital schools vary a great deal in the specializations offered, and accreditation advisers, like the National League for Nursing and the licensing boards for nurses and nurse education in many States, are constantly at work, in conference with nursing school faculties, to revise and improve the courses of study.

In medical nursing, 12 to 24 weeks' experience on a service with not less than 25 patients is usually considered adequate by accrediting authorities. In this basic course, students learn bed making, moving and bathing patients, recording temperatures, pulse, and respiration, and preparation for operations. In surgical training, they assist in the operating room, dress wounds, sterilize instruments, and administer special apparatus and therapy. Surgical nursing for 22 to 36 weeks with at least 50 patients is recommended by those in the profession; obstetrical nursing for 12 to 20 weeks with 25 patients, and pediatric nursing with 25 child patients for 12 weeks or longer. For well-rounded training, experienced nurses recommend in addition 12 to 16 weeks of psychiatric nursing with 25 or more patients, 4 to 12 weeks of tuberculosis nursing with at least 25 patients, 4 to 12 weeks of communicable disease nursing with at least 25 patients, and 4 to

12 weeks of public health experience. Besides these, nursery school training offers experience in the pediatric field with normal children, and rural nursing offers valuable rounding out of experience if training has been confined to a large city hospital (*72*). Out-patient work, health clinics, and home visitation are other phases of the work which make the nurse aware of the pathological conditions of the ambulatory patient and of the social and health factors affecting the patient and his family.

The particular kind of course which a hospital school may offer is very important to the nurse candidate. If a student cannot decide, with the help of nursing school catalogs and the advice of her local high school counselor or her State board, what school to attend, she may write for information to the Committee on Careers in Nursing, 2 Park Avenue, New York, N. Y.

Conditions of hospital school training.—Tuition and other costs for a nursing education program vary widely with schools of nursing. Some schools require an entrance fee; others do not. The prospective student should inquire of the directors of the schools which she is considering or write for the school catalog, in which fees will be indicated. In addition to fees, the student will need to take care of her own personal expenses and her transportation to and from school if she plans to attend a school distant from her home.

In some hospital schools of nursing, tuition is low in cost or free. Board and room are usually supplied; uniforms and professional laundry are frequently provided in addition. About one-third of the schools permit 3 weeks or more of sick leave; one-third, 2 weeks; and the remaining third, 1 week or none. If none is permitted, the student who loses time because of sickness must make it up later by arrangement with her instructors. As for vacations, three-fifths of the schools give 3 weeks, and most of the others give 4 weeks. Somewhat more than half of the schools have a workweek of 48 hours; most of the others have a shorter workweek, ranging from 40 hours or less to 47 hours. These hours include classroom activities and laboratory and clinical experience, but not study time (*72*).

In the past, when training was given almost exclusively in hospitals, many schools leaned more toward the apprenticeship system than is usual in most professions. Some hospitals depended upon the services of student nurses to an unwarranted extent. Students who dropped out of the training courses complained of overfatigue from long hours, extended night duty, and other exacting physical demands. Many complained of inadequate social programs and lack of recreational activities. The tradition of some of the institutions fostered the isolation of the student in special parts of the dining room, and enforced formality before instructors. Personnel counselors were unknown in the hospitals in the early days when little concern was given to the

welfare of the individual student. On the other hand, many of the students were immature and unable to meet the demands of the job. Today, hospital schools are not only making the training more attractive, but are raising admission standards and requirements. The admittance age has been raised to 20 years in some schools and for some hospital courses girls are encouraged to have 2 years of college work before entering training. Aptitude tests and counseling interviews are being used to eliminate candidates who are not likely to succeed.

Progressive hospital schools are extending the range of academic work and decreasing the number of hours required of the student nurse in performing routine hospital duties. At the same time, they are enlarging the social and recreational opportunities for the nurse in training. Student activities and various forms of student self-government are part of the programs of modern hospital schools (*15*).

Collegiate Schools of Nursing

In 1952 there were 144 collegiate schools of nursing, of which all but 17 offered programs leading to a bachelor's degree, according to the National League for Nursing. The number of students working toward a nursing degree totaled 10,921, of whom 9,625 were in collegiate schools. The proportion of students in degree programs has increased from 5.6 percent in 1946 to 10.7 percent in 1952 (*7*, pp. 49, 62).

Collegiate nursing programs require that half of the training time be spent in general education including basic science, biological sciences, and social studies; and in English composition, literature, and the humanities. The remainder of the program is a combination of classroom work and practice in clinical fields such as general medicine, surgery, obstetrics, pediatrics, and psychiatry.

Wide variations exist today in the pattern and amount of time spent on academic subjects and nursing subjects in the universities and colleges which offer the combined program. A collegiate degree nursing course may vary from something less than 4 years after high school to 6½ academic years beyond high school. Eventually, the collegiate nursing curriculum may become standardized, and groups of educators, professional nurses, and medical specialists are giving considerable study and thought to this question. Meanwhile, the student may refer to the list of accredited collegiate nursing schools in the Yearbook of the American Council on Education, "American Universities and Colleges," and also write to the Committee on Careers in Nursing, 2 Park Avenue, New York 16, N. Y., for information on schools of nursing.

Conditions of college nurse training.—In most of the degree programs, the student makes cash payments for part or all of her maintenance. The cost of the degree program therefore is higher than the

hospital school course because of the longer course and the added maintenance cost, especially during the nonclinical years (*72*).

The nurse who goes to college may find that her studies continue into the summer sessions, for she is carrying, in effect, two types of training: her basic college work and her nurse education. Her vacations will, as a rule, be limited to 1 month in summer, 7 days at Christmas, and a few days at Easter. At the same time, she will have the satisfaction of knowing that she is using her time most effectively for preparation in the kind of training that will virtually double her job opportunities over those of the hospital-trained nurse or the average liberal arts student in college.

Advanced Degrees in Nursing

In addition to baccalaureate courses for nurses, colleges and universities offer advanced courses leading toward a master's degree or a doctorate in the nursing field. These graduate training courses offer a student professional competence beyond that of the average professional nurse. They also prepare the student for new types of work which are developing in the nursing field as well as for related work in specialized positions held by nurses. The first advanced university program for nurses was established 50 years ago at Teachers College, Columbia University (*33*).

In 1951, 113 universities and colleges were reported to be offering programs in advanced nursing education to 12,022 students of whom 7,959 were part-time students and 2,148 G. I. students, provided for under the Servicemen's Readjustment Act of 1944 (*71*). The programs included the bachelor's and master's degree and the doctor of philosophy and doctor of education degrees for administrators, supervisors, and teachers. With a typical tuition cost of $785 for a master's degree program, most nurses prefer to undertake such study on a part-time basis rather than face the difficulty of foregoing their salaries for 1 year and at the same time meeting tuition and maintenance costs in addition. On the other hand, fellowships for graduate work are available to nurses in many areas. Graduate courses include pediatric, psychiatric, tuberculosis, and cancer nursing and physical rehabilitation, as well as many other clinical specialties and management and teaching theory and practice. The number of graduate nurses who receive the bachelor's or master's degree in any one year is relatively small—2,300 in 1951 (*7*, p. 68).

In 1950, 33 universities were equipped to grant the doctoral degree to nurses. Fifty nurses were working for the doctorate in 8 schools, 37 of them on problems of significance in the nursing field, and 22 had already obtained the doctoral degree. This provides evidence of a movement toward raising the scholastic qualifications of nurses in comparison with the members of other professions (*22*).

Training Opportunities in the Commissioned Nurse Corps

In the Army, Navy, and Air Force hospitals in-service educational programs are carried on within the hospitals to improve the quality of the staff nurse's performance, and many opportunities are provided, in addition, for formal graduate study or improvement and supplementation of nursing skills.

In an Army hospital, before a nurse is assigned to extended active duty, she is given a 6- or 8-weeks' indoctrination course at the medical field service school at Fort Sam Houston, Tex., to learn the functioning of military hospitals, to obtain an understanding of military medicine as it is currently practiced, and to study world-wide health conditions which may affect the welfare of the American troops. The course includes 61 hours in administration, 24 hours in ward management and administration, 28 hours in orientation to military, medical, dental, surgical, and neuropsychiatric subjects, 32 hours of preventive medicine, 35 hours of logistics, tactics, and techniques, and 60 hours of military training including 5 hours on defense against chemical warfare. Similar courses are given by the Navy and Air Force.

All of the military services encourage nurses to take advanced training in colleges and universities. Regular Army nurses on extended active duty, on a selective basis, are permitted to take university training leading toward a degree. Upon completion of the training, the nurse officer should be able to qualify for a key position in teaching, supervision, or administration. Courses are offered each year in (*a*) anesthesiology lasting 12 months in a military or civilian institution, (*b*) operating room techniques and management lasting 6 months in a military hospital, and (*c*) hospital and nursing administration. Some universities will count these courses toward degree credit. The anesthesiology course qualifies the student for national board examinations and ultimate membership in the American Association of Nurse Anesthetists. A psychiatric nursing program, one of the outstanding courses of its kind in the country, is also available to Army nurses.

In the Navy Nurse Corps, and the Air Force, when the need arises for specialized workers, qualified nurses may be sent to college with all expenses paid. While in college, the nurse draws full pay as an officer. In addition, nurses are encouraged to take extension courses when off duty at nearby universities and the policy is followed of not moving the student to another location until current courses are completed.

Special Training for Public Health Nursing

For many positions in public health, an academic degree is required. Otherwise it is recommended that nurses entering the public health service have a year's program of study in a university.

In the fall of 1951, 37 programs of study were offered for the preparation of graduate nurses in public health nursing in the country;

90 nurses were granted master's degrees in public health nursing in that year, according to the National League for Nursing (*7*, p. 70). Specializations include programs in industrial, school, tuberculosis, maternity, orthopedic, mental hygiene, supervisory, and other nursing fields. The United States Public Health Service reports that, of 25,217 public health nurses employed as of January 1, 1952, however, 30.6 percent had no general college education, 46.8 percent had some college work but no collegiate degree, and 22.6 percent had one or more degrees (*7*, p. 28). (The appendix gives a list of schools which prepare students for public health nursing.)

For illustration, in the Bureau of Public Health Nursing in the District of Columbia Health Department, beginners (trainees) must be graduate nurses with some public health field experience but they are encouraged to continue with their education and obtain a bachelor's or a master's degree after they become members of the staff. Many work part time at their college courses when they are off duty, and others take educational leave to attend classes full time. As of June 1952, 12 of the 130 staff nurses on the District of Columbia staff had earned the master's degree and 17 were studying for the degree. Of the 68 nurses at the trainee level, 30 were taking part-time work leading toward a degree, most of them at a university in the District. During the year ended June 1952, two staff nurses obtained the bachelor's degree and another was on leave preparing for her master's degree in pediatrics.

Scholarships, Stipends, and Loans

More than $3,300,000 was provided by nursing schools to assist students in 1947–48. Of this amount, 78 percent was for stipends, 16 percent for scholarships, and 6 percent for loans. The average was slightly more than $150 for each type of aid per student (*72*).

Many hospitals provide scholarships for undergraduate nurses—some on a competitive basis without regard for the need and others as grants-in-aid to needy students of superior achievement.

Student loans are also available at many schools, and these may be repaid with or without interest charges. The practice about loans varies and some have set dates for repayment. Some hospitals which provide loans require the recipient and her parents to sign an agreement to repay the loan with interest if the student withdraws or is dismissed for any reason except illness.

Hospitals occasionally make arrangements to help needy students earn their way through school by giving service in the institution. Such a work-study plan may take the student a little longer than the average to complete her training, but it also adds to her experience.

Under the National Mental Health Act, the United States Public Health Service provides a limited number of training stipends, ranging in amount from $1,600 to $2,400 a year, for graduate nurses to

study psychiatric nursing. These grants may be made directly to the university schools of nursing, which select students to receive the stipends. The Public Health Service also offers some research scholarships in mental health fields. The educational programs vary depending upon whether the student plans to be a psychiatric nurse or a mental health consultant in public health nursing. Preparation includes graduation from a recognized school of nursing and 1 to 3 years of advanced study in a university with supervised experience in clinics, hospitals, or public health agencies. In addition, scholarships are frequently available from universities and through funds allocated by the Federal Government to State health departments to prepare nurses for administrative or supervisory positions, to be consultants in various branches of mental health, or to take advanced work in public health nursing (*66*). (A list of institutions offering stipends for graduate work in psychiatric nursing is given in the appendix.)

For Indian girls there are nursing scholarships available through several agencies. The Bureau of Indian Affairs in the Department of the Interior has some funds for this purpose. Organizations such as the Colonial Dames, the Daughters of the American Revolution, and the Illinois Federation of Women's Clubs offer scholarships. Information concerning nursing scholarships for Indian girls may be obtained from the Bureau of Indian Affairs.

Under the Social Security Act funds are provided through the Children's Bureau for the education of nurses who are interested in specializing in the obstetric and pediatric fields. Nurses can work for a time as staff or general duty nurses, then take up training at a college or university. Some specialize in maternity nursing; others in the crippled children's field. After the completion of their training, the nurses are expected to give service to compensate for the expense of their advanced education.

Various kinds of scholarships, which may be used for the study of nursing, are available through civic and professional organizations, women's clubs, and business groups. Nurse candidates may obtain scholarship information through school counselors or by writing to the State nurses' association or the State league for nursing.

V.—CONDITIONS OF EMPLOYMENT

Earnings

Nurses historically have been underpaid. The nineteenth century nurse was often regarded as a kind of missionary, a dedicated person who devoted herself to a life of service without regard for the economic rewards. There is no doubt that nursing today is still a career of service, and along with other women's occupations which are directed toward aiding people—like social work and teaching—the eco-

nomic advantages have not kept pace with professional requirement, nor with the gains made for women workers in many industrial jobs.

Because the salary range for many professional and semiprofessional jobs has become one of the most urgent employment problems for women at the present time, there is good reason to anticipate more interest in, and steps toward, the improvement of nurses' earnings, along with the earnings of other career-trained women.

The American Nurses' Association has taken a positive stand for the upgrading of nurses' salaries and is constantly working, through the economic security program, to improve the employment conditions of registered nurses. This program for helping nurses to become more effective and secure as members of their profession, utilizes group techniques including collective bargaining, and supports desirable labor legislation which affects nurses. The current shortage of nurses, which promises to continue for perhaps a decade, has helped to call the attention of the public to inequities in professional nurse earnings, and in some areas, and for some jobs, demand alone has pushed nurse salaries upward.

Many factors enter into the problem of standardizing and upgrading salaries for professional nurse jobs: the wide range of jobs; the differences in training and experience requirements for similar jobs; the fact that job content and the professional and practical nursing functions are in a period of change; the revisions in the field of nurse education; difficulties in obtaining accurate salary data among a multitude of employers in a time of job shifts and changes.

Many of the same factors which complicate the adjustment of nurse salary inequities are, at the same time, behind the salary gains which have been made to date: If the professional nurse function is established as a supervisory function in a nursing team, it is likely to bring about an upgrading in the professional nurse salary; when a nurse job is set up to include college training, it usually carries a comparable pay differential.

The highest paying jobs in the nursing field, are, as previously indicated (see "The Outlook," page 26), in the administrative posts at various levels; in teaching jobs, especially in the collegiate schools; in highly specialized fields which require additional training, such as anesthesiology; and in career combination jobs which demand both nursing and another field of work, such as editorial work.

Earnings from private duty nursing vary widely according to the locality and the current demand for nurses. Staff jobs for general-duty nurses in hospitals are generally higher paid in Federal employment, both civilian and military, than in private hospitals, except some of the large city institutions. An employer like the Federal Government has the advantage over small employers in being able to stand-

ardize requirements and salaries. Nurses in the military corps are paid slightly more than those under Federal civil service (*7*).

It has been very difficult, over a period of years, to obtain accurate salary data for professional nurse jobs. The discussions which follow concerning salaries for certain classes of jobs are subject to change, depending, to a great degree, upon the availability of new data on nurse income, and also upon continuous changes in the jobs. Nevertheless, such data as could be obtained are presented.

Private duty nurses.—The private-duty nurse in a home or hospital generally charges a daily rate. The most usual rate in 1949 was $10 for 8 hours of work, with a differential (increase) for night or evening care, and a premium for psychiatric or contagious cases (*46*). However, daily rates may range from a low of $8 to a maximum of $14 or even higher for 8 hours of work.

Many people have gained the impression that because the cost of 24-hour nursing care in periods of serious illness seems prohibitive when added to other medical expenses, private-duty nurses earn large incomes. It is true that the nurse who is on private duty, and therefore self-employed, may have higher daily earnings, when working, than a general-duty nurse, but on the other hand she receives no paid vacation or sick leave and lacks the economic security of the staff nurse.

Staff nurses.—The average starting salary for general-duty nurses in hospitals (except Federal) throughout the country was found by the American Hospital Association to be $233 a month in 1952, an increase of $9 a month over the previous year.

In reporting average salaries for staff nurses, the American Hospital Association included the value of maintenance provided in the cash average to make the monetary returns comparable. Maintenance for the month was computed as follows: Single room, $25; double room, $18.50; one meal a day, $14.50; two meals a day, $29; three meals, $43.50; and professional laundry, $4.50. At this rate, the highest possible amount allowed for full maintenance would be $73. The highest starting salaries were $259, paid in tuberculosis hospitals. Psychiatric hospitals averaged $256. A relatively high average salary, $259, was noted for nurses in general hospitals with more than 1,000 beds (*4*).

Extra pay for general-duty nurses on the evening shift was reported by the American Hospital Association in 57.7 percent of all hospitals and for the night shift in 62.6 percent of hospitals. This practice was most prevalent in the Pacific Coast and East North Central regions. About three-fourths of the hospitals on the Pacific Coast paid this differential. Automatic salary increases were given in 85 percent of the Pacific region hospitals but only in 70 percent of hospitals countrywide. Overtime payment in cash was made by 50.6 percent of all hospitals. Complete maintenance is less prevalent now than in the

past: 38.8 percent of the South Atlantic hospitals, but only 16 percent of all hospitals and 2.9 percent of those in the Pacific States provided complete maintenance in 1952 (*4*). Specialization of any type usually commands higher salaries.

A report on the salaries of general-duty nurses in 10 hospitals in the District of Columbia in 1952 showed that the average starting salary in private hospitals (nongovernmental) ranged from $215 to $235 per month and for governmental hospitals, city and Federal, the beginners' range was from $288 to $350 a month. In addition, meals and laundry for uniforms were provided in 4 of the 10 hospitals. Vacations and sick leave averaged 12 days as a minimum and 5 to 7 holidays per year were permitted in nongovernmental hospitals. Rotating shifts were a requirement in all of these hospitals (*25*).

The beginning rate paid in the Federal Government for staff nurses in 1952 was $3,410 in the Indian Service, in Federal hospitals in the Washington, D. C. area, and in the Panama Canal Zone. In the Indian Service, where quarters are furnished, the sum of $180 to $300 per year is deducted from the annual salary and where subsistence is provided an additional deduction of $300 is made. At some stations, employees furnish their own board on a prorated basis. In Alaska, the nurse is permitted a 25 percent differential, making the entrance salary $4,262.50 per annum. The beginning salary in the Veterans' Administration and the Tennessee Valley authority is $3,740.

Public health nurses.—Public health nurses in staff positions were reported in 1951 to have a range of salaries from $1,700 to $5,800.

A survey of public health nursing in 1952 indicated that median salaries in public health agencies were from $2,280 to $2,899; in city and county health units, $3,000 to $3,099; and in local boards of education $3,500 to $3,599 (*69*). In the Federal Government and in some hospitals in the District of Columbia, the beginning rate for public health nurses was $4,205, as indicated in the appendix. Increases based on length of service are also given.

Office nurses.—The salaries of office nurses tend to vary greatly depending upon the decision of the employer. A study of 250 office nurses in an eastern city in 1952 indicated a range of salaries from $90 to $405 a month with a median salary of $250. Besides nurse training, these office workers were frequently required to have additional preparation, such as skill in stenography, typing, bookkeeping, or laboratory techniques (*25*).

Industrial nurses.—A wage survey made by the Bureau of Labor Statistics of the United States Department of Labor in November 1952 showed that the average annual earnings of industrial nurses in cities exceeding 1,000,000 in population ranged from $3,042 to $3,666; in the smaller communities of less than 500,000 the range was $2,782

Figure 9.—Industrial nurses treat employees in first-aid room of oil refinery

to $3,666. Another survey of 53 industrial nurses in three medium-sized cities in upper New York State made in March 1952 indicated average weekly earnings of $63.50 for a 39½-hour week. Salaries of these nurses apparently were comparable to the amounts paid to other women workers, because 49 women doing other types of work in the same companies, and working the same number of hours per week had average weekly earnings of $63 (*58*). In April 1952 the average weekly earnings for 241 registered industrial nurses in a large eastern city were found to be $59.50 for a 39-hour week (*60*) and another survey made in March of the same year in a large mid-western city for 733 industrial nurses working a 40-hour week showed average weekly earnings of $64.50 (*59*).

Nurse officers.—The commissioned staff nurses in Army, Navy, and Air Force military hospitals and in the United States Public Health Service begin as second lieutenants or ensigns with a total monthly pay of $315.75 for those without dependents and $330.75 for those with dependents. This includes base pay of $213.75, rental allowance of $60, and the subsistence allowance of $42 per month. If nurse officers live in quarters provided for them, deductions are made. In addition to the regular pay in the Air Force, flight nurses receive

extra payments of $100 to $200 per month depending upon their grade.

Federal foreign service.—For civilian nurses in the Federal service on overseas assignments, the base pay is frequently $3,410 a year and higher, and in some instances, an additional allowance up to 25 percent of the base pay is given. Other benefits are the same as for other Federal employees in the country except that in some cases additional travel leave is provided and provisions for accruing leave may vary (*24*).

Administrators and consultants.—For executives and administrators with ability and long experience salaries may reach the amount of $10,000 a year. The highest nursing salaries reported in private and in State and local public institutions were $5,400 for administrators. The top salary for directors of nursing, directors of schools of nursing and assistant directors in the Federal Government is $8,600 and in the Armed Forces it is still higher, reaching $10,143 after 30 years of service. In public health nursing, some instructors and directors are paid up to $8,000 in civilian institutions and as high as $8,600 in the Federal Government as consultants (*7*).

Part-time rates.—A study in 10 cities made by the Women's Bureau in 1950 showed that pay for nurses in part-time work was on an hourly basis. The most common hourly rates paid in these areas were $1 to $1.25 (*62*). The most usual workweek for these part-time workers was 24 hours.

Hours

The average workweek for general duty nurses in 1952 was 43 hours. The Pacific Coast area has an average of 40 hours but the Southern States have an average workweek greater than the national average. Hospitals providing long-term custodial care, in which the workweek appears to be longer than in other types of institutions, probably increase the average (*4*).

In private hospitals in the District of Columbia, the 44-hour week predominated; one hospital had 48 hours and one, 40 hours (*25*).

Hours for 250 nurses in doctors' offices in the District of Columbia, according to a survey taken in 1952, varied from less than 40 hours for 50 nurses to 40 hours for 110 nurses and more than 40 hours for 53 nurses. Those with longer hours were paid higher salaries. The median salary for those with less than 40 hours was $210 a month and for those working 40 hours, or more, the median was $250. Twenty-three of these office nurses revealed that most of them had worked as private duty nurses or in hospitals prior to their present position. On the average they had graduated 18½ years previously from a school of nursing and had been in their present jobs 6½ years.

Seventeen stated that they preferred office work because of the better hours and better working conditions (*25*).

The 40-hour week is becoming standard for nurses although many still work longer hours. A report from the American Nurses' Association in 1951, indicated that 38 percent have a 40-hour week. The shorter week was found to improve morale and efficiency and in many instances helped to ease the nurse shortage. The size of the staff and the quality of care frequently increased in hospitals where the 40-hour week was installed because nurses who had resigned were willing to return; inactive married nurses came back to work because they could manage their household duties with 2 free days a week.

It has been found by experience that nurses prefer days off to overtime pay. Some hospitals over a 3-week period give a "long week end" of 4 days with 2 days off 7 days later (*35*). In one eastern visiting nurse association, the 40-hour workweek is maintained, but one-half of the staff works on alternate week ends. To compensate, the nurses are off duty on a designated week day from Tuesday to Friday inclusive. Work on holidays is voluntary with compensatory time provided (*23*).

Nurses in the Federal Government are on a 40-hour week. In some agencies they are given payment for overtime and a differential for night work. Ordinarily they do not have split shifts, that is, more than 1 hour off duty in the middle of the daily working period.

Variable hours for nurses are not necessarily considered an unfavorable aspect of the work as many nurses prefer a flexible schedule of work.

"Fringe" Benefits

General.—All Federal, most State, and many city health departments and private agencies have merit systems with job security programs including retirement benefits, vacations with pay, sick leave with pay, and plans for advancement (*68*). Officer nurses employed in the Army, Navy, and Air Force are provided with complete health protection including physical check-ups, medical, dental, and surgical care, hospitalization, and leave for convalescence without loss of pay. They also receive disability benefits, a $10,000 indemnity life insurance policy, and death benefits. Allowance of $250 for uniforms is given upon appointment and commissaries and base exchanges provide articles at approximate cost. A survey of 784 public health nursing services indicated that 88 percent had retirement plans, mostly governmental plans, and 79 percent had some type of health insurance plan (*7*, p. 86). Nurses in industry are entitled to all the benefits which are provided for other employees of the company in which they are employed.

Vacations.—In 1952, vacations with pay averaged 15 days for general duty nurses in hospitals after 1 year of employment. The

averages for the New England and Middle Atlantic regions were 1 and 3 days above the national average, respectively; the Pacific Coast and the Central States averaged 2 days less than the national average. Most of the vacations of 28 days or more are found in the general hospitals in the Middle Atlantic and New England States (*4*).

Social security payments and pension plans.—The Social Security amendments authorized in August 1950, extend coverage of the old-age and survivors' benefit system on a compulsory basis to self-employed nurses with annual net earnings of at least $400. The tax, levied on the first $3,600 of net earnings is set at the rate of 2¼ percent for 1951–53, and increases periodically to a maximum of 4⅞ percent by 1970. Employees of religious, charitable, educational, and similar institutions may participate if the employer and two-thirds of the employees agree. Employees of States and municipalities may participate if employers negotiate the necessary agreements. Those in Federal Government employment, unless already under the existing retirement system, are included. For employed nurses, the tax rate is 1½ percent on the first $3,600 earnings for the employee and a similar amount for the employer for 1951–53. After that the rate is increased gradually, reaching 3¼ percent for each in 1970 (*65*).

Benefits are provided for aged and dependent husbands and widowers of insured women employees. In 1952 OASI benefits were increased; the new minimum for a retired worker is $25 a month and the maximum family benefit is $168.75 a month. This is a forward step toward a more secure future for nurses.

As the social security benefits are comparatively small, the employer may provide a supplementary retirement plan for nurses in addition to the benefit payments. It is also possible for State Nurses' Associations to sponsor individual retirement insurance plans to supplement social security payments (*11*).

The American Hospital Association conducted a survey in 1952 to determine the proportion of hospitals having pension plans. Of the 2,862 hospitals covered in the survey, 829 had no pension plans, 1,907 hospitals reported some type of pension plan, and 126 hospitals did not answer the question. Of those with pensions the majority (1,342) reported participation in the Federal Security program and 191 hospitals reported this program and some other pension plan in addition (*4*).

Professional liability insurance.—Nurses are sometimes held liable for damage to patients through mistakes, negligence, or incompetence. The American Nurses' Association has made professional liability insurance available to its members on a voluntary basis. This provides legal defense and also provides damage payments (under minimum annual premium of $10) up to $5,000 for one claim for damages, with an annual maximum of $15,000 in claims for one nurse.

Licensing

The purpose of licensing is to protect the public from incompetent practitioners. To obtain a State license a nurse must be graduated from a school approved by the State board of nurse examiners and must take a State board examination. All States now use the nursing examinations developed by a national professional organization, although there is no uniformity among States in the score accepted as a passing grade. It is important therefore for a student before beginning her training to make certain that she selects a State-approved school.

Approval of a school of nursing by a State board of examiners indicates that it has complied with the minimum requirements established by the State and that its graduates are eligible to take examinations for registration or licensure. All State boards use a uniform examination prepared by the National League for Nursing.

In 1951, 675,210 licenses were issued or renewed to professional nurses in the States and Territories (excepting Alaska). However, this does not indicate the number of active nurses, because many maintain multiple registration in two or more States. By endorsement or examination a nurse may register in any State, on an individual basis, provided that she can meet State qualifications, and most States require regular license renewal.

The reports for 1951 showed that 629,361 licenses were renewed and 28,254 issued for the first time. Two States do not require periodic renewals of license. Over 17,500 licenses in addition were issued by endorsement to nurses already licensed in another State (7).

There is no doubt that licensing reform is needed because of the unequal practices among the various States. Efficient and standardized systems of licensing are required to provide properly for the free movement of nurses from State to State in the practice of their profession, and in pursuit of their best career opportunities. Nursing authorities all recommend that while professional and civic groups are working out reforms and pressing toward the enactment of practical regulations in relation to nurse licensing, it is the responsibility of the graduate nurse to protect her own interests and safeguard the standards of her profession by obtaining a license and by striving to conform to the licensing regulations which exist. If she encounters difficulties in obtaining a license, she can count on sympathetic advice and assistance from the nurse examiners on State Boards.

VI.—PROFESSIONAL NURSE ORGANIZATIONS

The two principal professional organizations for nurses are the American Nurses' Association and the National League for Nursing, whose origins date back to the 1890's. Both maintain national headquarters at 2 Park Avenue in New York City.

A reorganization took place during 1952 among five national nursing organizations, of which four merged into the National League for Nursing, and the fifth continued as a reconstituted American Nurses' Association.

The American Nurses' Association

As of December 1952, the American Nurses' Association reported a membership of 177,081 professional nurses, an increase of 3,879 over the previous year (*8*). Nurses customarily join through their local district nurses' associations which maintain considerable autonomy but subscribe to the basic principles and platform of the American Nurses' Association. There are, in addition 53 State and Territorial nurses' associations, and membership dues paid to the district are divided among the district, the State organization, and the national headquarters.

Stated simply, the objectives of the American Nurses' Association are: "To foster high standards of nurse practice and to promote the welfare of nurses through the coordinated action of organized professional nurses." In the platform of the American Nurses' Association adopted in July 1952 there are 19 planks dealing with a more specific definition of the objectives. These are grouped into three broad categories: (a) to provide health protection for the American people; (b) to aid nurses to become more effective and more secure members of their profession; (c) to promote better health care for the peoples of the world.

If a nurse is prevented, because of race, from joining the district or State group, she may join the national organization. Meanwhile, the American Nurses' Association has set as its goal the ultimate removal of the race barrier in all district and State nurses' associations, not only as part of its basic policy against discrimination, but also in accord with the organization's belief that local affiliation is needed for full membership participation.

The official organ of the American Nurses' Association is the monthly magazine, *American Journal of Nursing* (2 Park Avenue, New York, N. Y.), which has been published for more than 50 years.

The National League for Nursing

The National League for Nursing establishes standards and goals for nursing service and nursing education, its two broad divisions of program. Its work includes research and the publication of recommendations for improvement and effective maintenance of organized nursing services and nursing schools. It also provides an information and consultant service to hospitals, nursing schools, community health agencies, and to individuals. Membership may be individual or group (the latter, a hospital unit or community agency, or school of nursing) and every member is a voting member.

Its official magazine is *Nursing Outlook*, published monthly at 2 Park Avenue, New York, N. Y.

Contributions, and research grants for special studies and services, are made annually to the National League for Nursing by the United States Public Health Service, large private health organizations, and various well-known foundations.

VII.—SUGGESTIONS TO THE NURSE CANDIDATE

Making the Career Choice

For those young women who are very certain that they wish to become professional nurses, but not certain as to their precise qualifications for the work, there are ways by which they can obtain information which will help them to make the decision. And for those who are less certain that professional nursing is the career they prefer and who need more guidance before they enter training, the same sources of information are available.

First of all, there are certain basic requirements which the Committee on Careers in Nursing of the National League for Nursing recommends (*18*):

Age: 18 to 35 years (17 years in some schools).

Education: High-school graduation in upper half (or upper third) of class; some schools require or prefer one or more years of college work. High-school courses should include: English, 4 years; science, 3 years; mathematics, 2 years; history, 2 years; language, 2 years; also civics, sociology, economics.

Personal: Good health, accuracy, liking for work with people, integrity, good judgment, imagination and sense of humor, sympathy and understanding, kindliness, poise and resourcefulness.

It should be noted that the educational requirements are set forth as a guide, and that many schools will accept different combinations of subjects listed, but 4 years of high school is a basic minimum, and there are also certain prescribed courses in science without which it will be difficult for the student to gain admission to an approved nursing school. Some schools, especially the collegiate, list higher requirements than the minimum.

It is also important to observe that good health and a liking for work with *people*, rather than *things*, or abstract ideas, are basic requisites. As to the other qualities, they are essential for the graduate nurse; in the young person, these qualities may not always be present, observable, or developed to the extent necessary for a mature approach to professional nursing until after the training period. Because the area of personal qualifications is a difficult one for a nurse candidate to determine for herself, the National League for Nursing, many

schools of nursing, and the United States Employment Service have worked out *aptitude tests* to measure the combination of qualifications likely to lead toward a successful nursing career.

Consequently, if there is any doubt concerning her aptitudes, the young woman who believes she wishes to enter the nursing field may go to a school of nursing in her community to discuss this problem in an interview with some one at the admitting office. She may be given an aptitude test at this time. Or she may go to the nearest State Employment Service in her community and ask to take the nursing aptitude test. If this test is not available at once, she will be advised concerning where and when she may take it. Neither the school nor the Employment Service will make any charge for this kind of guidance.

If the nurse candidate registers for a school of nursing without having taken any kind of aptitude or selection test, it is possible that she will be required to take one, for the progressive schools of nursing are using tests to an increasing degree in order to eliminate candidates who are not likely to succeed. It is probable, however, that the student who meets most of the qualifications listed above for education and personal characteristics will find the test easy, even enjoyable, and pass it readily. No preparation or study is required for an aptitude or selection test, and such examinations have been designed for the benefit and guidance of the student as much as for the schools of nursing.

Selecting the School of Nursing

The choice of a school is very important. Whether to attend a degree-granting collegiate school of nursing or to seek a diploma in nursing in a hospital school is a decision which the individual prospective student must make for herself. A good school of either type has distinctive advantages to offer. The first choice of a school, however, should be based upon the fundamental question as to whether college work and nursing are more suitable than nurse training alone. Young candidates for the R. N. who have the ability to take college work are being encouraged everywhere by professional nurse and medical groups to combine it with nurse training, and there are increasing scholarship possibilities for the student who cannot finance such an education through her own resources.

In any case, it is wise for the prospective nursing student to obtain a list of approved schools from the Committee on Careers in Nursing, at 2 Park Avenue, New York 16, N. Y., and also to write to several schools before deciding upon one. Following is a list of questions to be used as a guide in selecting a school. The answers can be obtained from the school catalog or by writing to the director of the nursing school.

1. Can graduates of this particular school (use name) take examinations offered by the State Board of Nurse Examiners?
2. Is the school affiliated with a hospital with at least 100, preferably 200, daily patients?
3. Is the hospital approved by the American College of Surgeons?
4. How many hours per week are required for combined class work, nursing practice, and study?
5. During the period of clinical experience, how much night work is required of students?
6. What are the tuition costs?
7. What are the students' living conditions, recreational facilities, and social activities?

The student should not enter training in a school which is unable to reply affirmatively to the first three questions. In addition to the seven questions listed, the student may add her own detailed inquiries about the possibilities of scholarships, financial aid or loans, if she is interested.

The prospective nurse who plans to undertake collegiate training should focus attention on the educational program offered and not be too eager to accept any degree regardless of its worth. She should seek guidance from competent sources such as professional nurse organizations concerning the scholastic standing of a degree-granting school.

Some graduate nurses take extension or correspondence courses or attend a 6-week summer session during their vacations to accumulate college credits, and various combinations of college work with nurse training are available.

VIII.—INFORMATION FOR THE GRADUATE NURSE

Special Training

Some nurses know during training that they want to specialize in a particular aspect of nursing care, or that they wish to become executive nurses, educators, or apply their training to a special field. Others prefer to go into general duty nursing for a year or two until they can decide, and frequently, during work experience, they become interested in specialized nursing. Good sources of information about special training for graduate nurses are the professional nursing organizations, and a nurse may inquire about opportunities and requirements for advanced training through a State or District group of the American Nurses' Association, or from the national headquarters. Or, she may discuss advanced training possibilities with the executive nursing staff at the hospital or institution where she works. As with undergraduates, there are financial aid possibilities for graduates to help in providing advanced training in academic institutions. Usually, scholarships or fellowships are given on the basis of scholastic achievement, personal characteristics, and aptitude. It is possible, however,

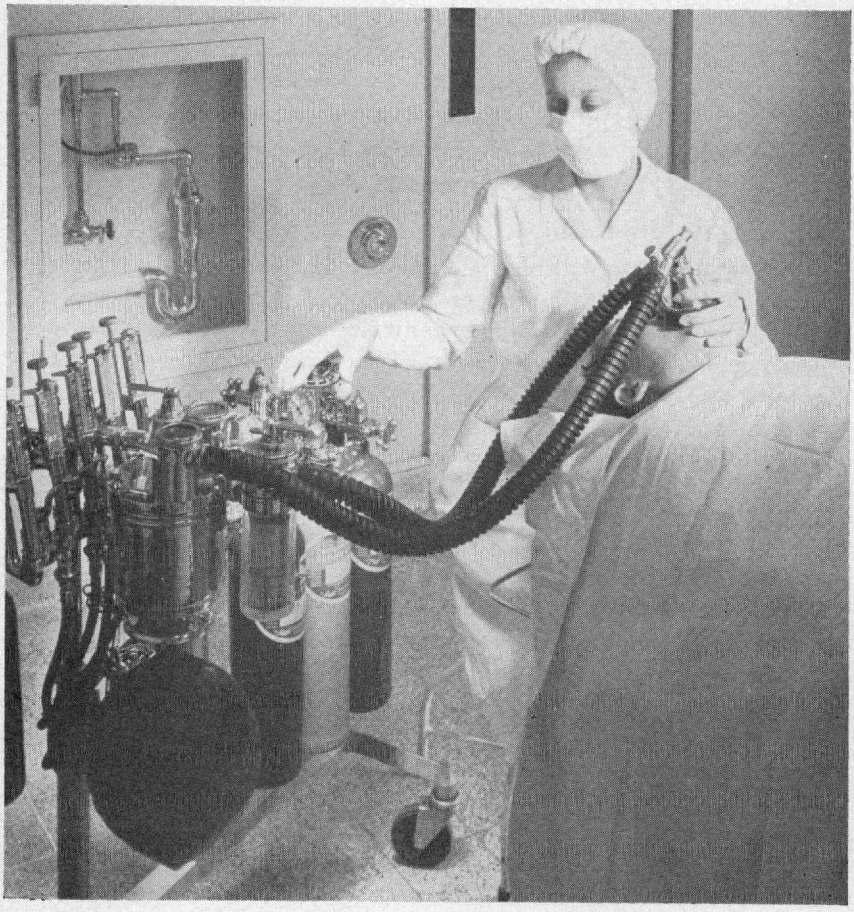


Figure 10.—A nurse anesthetist.

for a graduate nurse to obtain many kinds of specialized training through her work experience, and without taking time out to go back to school on a full-time basis.

Insurance

Two special kinds of insurance are needed by nurses for their own protection. To protect themselves against claims made by patients for injuries resulting from mistakes, negligence, or incompetence on the part of the nurse, they need professional liability insurance (see section V).

To provide benefits in case the nurse herself is injured on the job, a different type of insurance is needed, such as that provided under State workmen's compensation laws. As workmen's compensation coverage varies from State to State, a nurse entering a new job should make it her business to find out whether she is covered; for example, in some States staff nurses may be covered but not nurse administra-

tors. In cases not clearly covered by the workmen's compensation system, injuries received on the job are subject to legal rulings, and the employer or the institution may not be considered liable in certain situations. The opinions of the State attorney general may be the basis of policy in a particular State. State nurses' associations are able at times to give counsel on legal questions.

Organization Membership

The active nurse will find it important to keep in touch with a professional nursing organization, but merely joining is not especially rewarding. Officials of the organizations urge members to attend meetings, keep informed of current issues, discuss and vote for action to raise the status of the profession, and serve on committees at the State and local levels. The nurse can keep informed on new trends through her organization and professional journals. These activities enlarge the field of personal interests, bring new contacts, and opportunities for congenial social and recreational activities.

Seeking Employment

With the general outlook as promising as it is for nursing in the coming years, the graduate nurse will have little trouble finding a job. On the contrary, she may find it difficult to select the job appropriate to her immediate needs and interests if a wide choice of position vacancies is offered to her. To assist her in making the job choice there are professional nurse registry offices readily available in most sections of the country, and she may address an application to one if she is not able to call for a personal interview. The interview is, of course, preferable, for the satisfaction of both the job applicant and the placement counselor.

It should not be necessary to advise the graduate nurse that her best opportunities in registering for job placement are with the offices which are affiliated with a professional nurse group, or which are sponsored or approved by such a group.

In some sections of the country there are State employment offices which are prepared to give a nurse applicant a professional placement service. The largest one of this kind has offices in New York City supervised by the New York State Employment Service and is guided by an advisory council of competent professional nursing and medical personnel.[5] There is no fee charged for nurse placement or counseling service. Although most job openings handled by this office are in the area of New York City, an increasing number of placements each year have been made in other parts of the country. In 1952, the New York State Employment Service office for professional nurses, practical nurses, and related nursing workers made some place-

[5] Address: The Nurse and Medical Placement Center, New York State Employment Service, 136 East 57th Street, New York 22, N. Y.

ments in other States. Of out-of-town placements for professional nurses 13 percent were outside of the country. In 1952, a total of 18,992 placements were made for professional nurses. Employers served by the office included private patients, hospitals, institutions, schools of nursing, public health agencies, boards of education, business and industrial firms, camps, physicians, medical schools, laboratories, and Government agencies.

APPENDIX

1.—Minimum Requirements for a Beginning Federal Civil Service Position as a Staff Nurse for Duty in Washington, D. C., and Vicinity and in the Panama Canal Zone

(As taken from the Civil Service Announcement No. 267, unassembled; issued January 16, 1951, no closing date.)

Citizenship in the United States.

Age: Under 35 years of age for positions in the Panama Canal Service. For other Federal agencies under 62. These age requirements are waived up to the age of 62 for Panama Canal Service and for other Federal agencies without limitation for those with veteran preference.

Physically capable of performing the duties of the position. Passing of a physical examination is necessary for appointment. Good vision in one eye is required. In most instances, an amputation of a leg or foot will not disqualify an applicant for appointment although it may be necessary that this condition be compensated by the use of satisfactory prosthesis.

Education and experience: Applicants must have successfully completed one of the following:

1. A full 3-year course in an accredited school of nursing which included organized instruction and broad clinical practice in medical, surgical, pediatric, and obstetric nursing; or

2. A full 2-year course in residence in an accredited school of nursing, plus additional appropriate nursing experience or pertinent education. This combination must have included instruction and broad clinical practices in medical, surgical, pediatric, and obstetric nursing and must total 3 years of education and experience. The total combination must have given the applicant a professional knowledge comparable to that which would have been acquired through successful completion of a 3-year course in an accredited school of nursing.

Male nurses will not be required to have clinical practice in obstetrics and pediatric nursing if the same number of hours of organized instruction and months of clinical practice in psychiatric nursing and/or genito-urinary nursing have been successfully completed.

NOTE.—The positions to be filled from this examination are in hospitals in Washington, D. C., and vicinity and in the Panama Canal Service in the Panama Canal Zone. Most of the positions in the Washington area are in St. Elizabeths Hospital (psychiatric) and in Freedmen's Hospital. However, some positions in the Washington area may be filled in other hospitals, such as Army, Navy, Air Force, etc., as the need arises. The majority of positions are general duty nurse at grade GS–5 with a beginning salary of $3,410. No written test is required. Applicants' qualifications are rated from a review of their education, training, and experience. This examination also included positions for psychiatric head nurses at St. Elizabeths Hospital at a GS–7 grade with a beginning rate of $4,205.

2.—Minimum Requirements for a Beginning Federal Civil Service Position as a Staff Nurse for Duty in the Indian Service of the United States Department of the Interior

(As taken from the Civil Service Announcement No. 211, unassembled; issued February 8, 1950, no closing date.)

Citizenship in the United States.

Age: Under 40 years of age except for those entitled to veteran preference.

Physically capable of performing the duties of the position. Passing of a physical examination is necessary for appointment.

Education and experience:

Applicants must have successfully completed one of the following:

1. A full 3-year course in residence in an accredited school of nursing which included organized instruction and broad clinical practice in medical, surgical, pediatric, and obstetric nursing; or

2. A full 2-year course in residence in an accredited school of nursing, plus additional appropriate nursing experience or pertinent education, including instruction and broad clinical practice in medical, surgical, pediatric, and obstetric nursing, and must total 3 years of education and experience with a total professional knowledge comparable to that acquired through successful completion of a 3-year course in an accredited school of nursing. Part-time or unpaid experience will be credited on the basis of time actually spent in appropriate activities.

NOTE.—The positions to be filled from this examination are in hospital services of the Indian Service located in the United States, west of the Mississippi, and in Alaska. The beginning salary is $3,410 for a GS–5 position. No written test is required. Applicants' qualifications are rated from a review of their education, training, and experience.

3.—Minimum Requirements for a Beginning Federal Civil Service Position as Public Health Nurse for Duty in the Bureau of Indian Affairs

(As taken from the Civil Service Announcement No. 243, unassembled; issued August 8, 1950, no closing date.)

Citizenship in the United States.

Age: Under 40 years of age except for those entitled to veteran preference.

Physically capable of performing the duties of the position. Passing of a physical examination is necessary for appointment.

Education and Experience:

1. Applicants must have successfully completed one of the following:

A. A full 3-year course in residence in an approved school of nursing, which has included organized instruction and broad clinical practice in medical, surgical, pediatric, and obstetric nursing; or

B. A full 2-year course, in residence in an approved school of nursing, plus 1 year of appropriate nursing experience or pertinent education. These 3 years of education or education and experience must have included instruction and broad clinical practice in medical, surgical, pediatric, and obstetric nursing and must have given the applicant a technical knowledge of these fields comparable to that which would have been acquired through the completion of the 3-year course described in A above.

2. Included in the above requirements or supplemental to them, the applicant must show the successful completion of a minimum of 30 semester hours in a program of study in public health nursing, meeting the requirements of the National Organization for Public Health Nursing and approved by the National Nursing Accrediting Service.

3. The applicant must have had 1 year of experience in a generalized public health nursing program in a rural or urban health agency which provides a community with public health nursing service in which family health work is emphasized.

NOTE.—The positions to be filled from this examination are in hospitals of the Bureau of Indian Service located principally on reservations west of the Mississippi River and in Alaska. The beginning salary is $4,205 for a GS–7 position. No written test is required as applicants' qualifications are rated from a review of their education, training, and experience.

4.—Minimum Requirements for a Beginning Federal Civil Service Position as Staff Nurse, General Duty Nurse, Ward Nurse, and Other Positions Requiring Similar Qualifications in Various Federal Agencies

(As taken from the Civil Service Announcement No. 4–9 (1952), unassembled; issued April 14, 1952, no closing date.)

Citizenship in the United States (or applicant must owe allegiance to the United States).

Age: From 18 to 62 years. Age limits are waived for persons with veterans' preference.

Physically capable of performing the duties of the position. Good vision in one eye and the ability to read fine calibrations (glasses permitted), to distinguish shades of color, and to hear the whispered voice are required. An amputation of a limb will not disqualify an applicant although it may be necessary that this condition be compensated by use of satisfactory prothesis. Passing of a physical examination is necessary for appointment.

Education and experience:

Applicants must have successfully completed one of the following:

1. A full 3-year course in residence in an approved school of nursing which includes organized instruction and broad clinical practice in medical, surgical, pediatric, and obstetric nursing; or

2. A full 2-year course in residence in an approved school of nursing, plus additional appropriate nursing experience or pertinent education, which, when combined with the 2-year course in nursing, will total 3 years of education and experience comparable to that acquired through the successful completion of a 3-year course in an approved school of nursing.

Male nurses may substitute the same number of hours of instruction and practice in psychiatric and/or genito-urinary nursing for clinical practice in obstetric and pediatric nursing.

Registration in a State or the District of Columbia at the time of the appointment is required.

NOTE.—The positions to be filled from this examination are in various Federal agencies in the States of Maryland (except for the counties of Prince Georges and Montgomery), West Virginia, North Carolina, and Virginia (except Arlington County and the City of Alexandria). Positions in the U. S. Public Health Service will be filled from this register but not positions in the Indian Service. The positions are at Grade GS–5 with a beginning salary of $3,410. No written test is required. Applicants' qualifications are rated from a review of their education, training, and experience. This examination also includes positions for head nurses in the same Federal agencies at a GS–7 grade with a beginning rate of $4,205.

5.—Minimum Requirements for Professional Nurses at the Clinical Center, National Institutes of Health, Bethesda, Md.

(Examination opened April 21, 1953, after this bulletin was in press; no closing date.)

Open to citizens, both men and women; foreign-trained nurses must show that their education and experience meet the requirements; no maximum age limit.

Entrance salaries: $3,410 (GS–5) for general staff nurses; $4,205 (GS–7) to $5,940 (GS–11) for nurses with clinical specialties as follows: Arthritis and metabolic disease; cancer; infections and tropical disease; cardio-vascular disease; neurological diseases and blindness; psychiatry; pediatrics; operating room; outpatient department; nursing service administration (grade GS–11 only); $5,940 (GS–11) for nurse supervisors.

Forms can be obtained from Board of U. S. Civil Service Examiners, National Institutes of Health, Bethesda 14, Md., or in first- and second-class post offices where this notice is posted; or from U. S. Civil Service Commission, Washington 25, D. C.

6.—Institutions Offering Public Health Service Stipends for Advanced Training in Psychiatric Nursing Under the National Mental Health Act, for the Academic Year 1950–51

Boston University, Boston, Mass.
University of California, San Francisco, Calif.
Catholic University of America, Washington, D. C.
University of Colorado, Boulder, Colo.
Columbia University Teachers College, New York, N. Y.
University of Connecticut, Storrs, Conn.
Duke University, Durham, N. C.
Johns Hopkins University, Baltimore, Md.
Louisiana State University, New Orleans, La.
University of Minnesota, Minneapolis, Minn.
University of Pennsylvania, Philadelphia, Pa.
University of Pittsburgh, Pittsburgh, Pa.
University of Washington, Seattle, Wash.
Washington University, St. Louis, Mo.
Yale University, New Haven, Conn.

NOTE.—All applications should be directed to the dean or director of the school in which the applicant is interested.

7.—Schools of Nursing Which Offer Basic Nursing Programs to Prepare Students for Beginning Positions in Public Health Nursing Under Supervision

Adelphi College School of Nursing, Garden City, N. Y.
Boston University, School of Nursing, Boston, Mass.
Cornell University, New York Hospital School of Nursing, New York, N. Y.
Skidmore College, Department of Nursing, Saratoga Springs, N. Y.
University of Colorado, School of Nursing, Denver, Colo.
University of Washington, Seattle, Wash.
Vanderbilt University, Nashville, Tenn.
Wayne University, Detroit, Mich.
Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland, Ohio.
Yale University School of Nursing, New Haven, Conn.

NOTE.—If the prospective student graduates from a school whose basic program does not give preparation for public health nursing, special work in public health nursing must be taken before qualifying for this field.

8.—The Military Nursing Services

Requirements for reserve commission	The Air Force Nurse Corps	The Army Nurse Corps	The Navy Nurse Corps
Age	21–45 years.	21–45 years.	21–40 years.
Marital status	Married or single, no dependents under 18.	Married or single, no dependents under 18.	Married or single, no dependents under 18.
Citizenship	U. S. citizen.	U. S. citizen.	Native born or naturalized more than 10 years.
Education	Graduation from high school and a nursing school approved by the surgeon general.	Graduation from high school and a nursing school approved by the surgeon general.	Graduation from high school and an accredited school of nursing.
Registration	In at least one State or Territory or the District of Columbia.	In at least one State or Territory or the District of Columbia.	In at least one State or Territory or the District of Columbia.
Commission on appointment.	Second lieutenant to major, depending on age, preparation, and experience.	Second lieutenant to major, depending on age, preparation, and experience.	Ensign to lieutenant, depending on age, preparation, and experience.
Base pay and allowance (for second lieutenant or ensign) without dependents.	Base pay $213.75 Quarters [1] 60.00 Subsistence 42.00 Total $315.75	Base pay $213.75 Quarters [1] 60.00 Subsistence 42.00 Total $315.75	Base pay $213.75 Quarters [1] 60.00 Subsistence 42.00 Total $315.75
Hours of duty	40-hour week ordinarily.	40-hour week ordinarily.	40-hour week ordinarily.
Vacation	30 days annually.	30 days annually.	30 days annually.
Time required for processing applications.	6 to 8 weeks provided all forms are correctly completed.	6 to 8 weeks provided all forms are correctly completed.	3 to 4 months, depending on time required to secure transcripts, etc.
Where to apply	Acting Chief, Air Force Nurse Corps, Office of the Surgeon General, USAF, Washington 25, D. C.	Chief Nurse of Army area or Office of the Surgeon General, Department of the Army, Washington 25, D. C.	Nearest office of naval officer procurement (see Official Directory April Journal).

[1] If no outside quarters are provided.

Source: *American Journal of Nursing*, July 1951, p. 449.

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