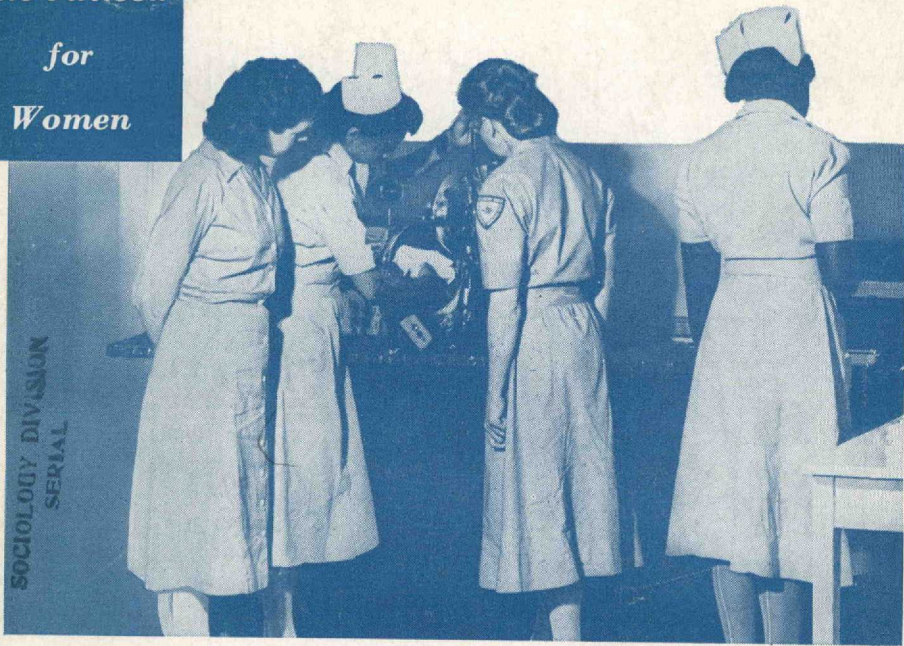


203-5 Rev.

*The Outlook
for
Women*

SOCIOLOGY DIVISION
SERIAL



as

PRACTICAL NURSES

and

auxiliary workers on the nursing team

MEDICAL SERVICES SERIES

Bulletin No. 203-5 (1953)

U. S. DEPARTMENT OF LABOR

James P. Mitchell, *Secretary*

WOMEN'S BUREAU

Frieda S. Miller, *Director*

BOARDS

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DEPOSITUM

This bulletin deals principally with . . .

I. THE PRACTICAL NURSE who is "a person trained to care for selected convalescent, subacutely, and chronically ill patients, and to assist the professional nurse in a team relationship, especially in the care of those more acutely ill. She provides nursing service in institutions, and in private homes where she is prepared to give household assistance when necessary. She may be employed by a private individual, a hospital, or a health agency. A practical nurse works only under the direct orders of a licensed physician or the supervision of a registered professional nurse." (5)

Some practical nursing titles are: Licensed Practical Nurse, Trained Attendant, Licensed Vocational Nurse, Licensed Nursing Attendant, Certified Practical Nurse, Registered Practical Nurse.

. . . and adds some notes about

II. Auxiliary Workers on the Nursing Team

UNITED STATES DEPARTMENT OF LABOR

AMES P. MITCHELL, SECRETARY

WOMEN'S BUREAU

FRIEDA S. MILLER, DIRECTOR

*The Outlook for Women
as
Practical Nurses
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*Bulletin of the Women's Bureau No 203-5 (1953)
Medical Services Series*

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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, October 26, 1953.

SIR: I have the honor to transmit a bulletin on the outlook for women as practical nurses and auxiliary workers on the nursing team. This bulletin supersedes an earlier report of the same number, Women's Bureau Bulletin 203-5, issued in 1945. It accounts for an important and substantial group of occupations in nursing service which are not represented in Women's Bureau Bulletin 203-3, dealing with the outlook for women in professional nursing.

Since 1945, profound changes have taken place in nursing education and nursing service, along with a continuing shortage of professional and auxiliary nurses. Among all classes of nursing personnel, the outlook for practical nurses has changed most remarkably in the past decade, with unprecedented developments in the increase of training opportunities and new requirements in many States and the several Territories for licensing and standards of practice.

Because new developments in nursing occupations are expected to continue for some time, a number of questions about auxiliary nursing personnel have been left open. It can be stated with assurance, however, that it is important for women entering practical nursing to set their goals as high as possible in vocational training and to seek employment that will continuously enrich, as well as make the best use of, their experience and skills. For women who are already working as practical nurses, it is essential to keep pace with current developments and to try to meet changing requirements.

Many persons and agencies concerned with the Nation's need for nursing personnel have contributed to the information and point of view in this bulletin. Acknowledgment is made for these services and for illustrations used in the text on page IV.

This bulletin was prepared and written by Lillian V. Inke, Chief of the Employment Opportunities Branch in the Women's Bureau Research Division, of which Mary N. Hilton is Chief. Grace E. Ostrander assisted with a part of the research. The Statistical Branch of the Research Division provided substantial help in collecting data.

Respectfully submitted.

FRIEDA S. MILLER,
Director.

HON. JAMES P. MITCHELL,
Secretary of Labor.

Acknowledgments . . .

are made to a great many persons and agencies for assistance in preparing this bulletin, including:

- (1) Sources to which reference is made in the text (listed in appendix D);
- (2) Interviews and correspondence with nursing organizations: American Nurses' Association, National Association for Practical Nurse Education, National Federation of Licensed Practical Nurses, National League for Nursing, Licensed Practical Nurses of New York, Inc.; with the Nurse Placement and Medical Center of the New York State Employment Service (affiliated with USES); and with staff in many Government agencies, particularly the U. S. Public Health Service, Department of the Army, Department of the Navy, Bureau of the Census, Civil Service Commission, Veterans' Administration; and
- (3) Valuable advice, the use of unpublished materials, and special consultation from Margaret F. Knapp, R. N., and Louise Moore of the Division of Vocational Education, Office of Education, U. S. Department of Health, Education, and Welfare; from Mrs. Margaret Carroll, R. N., of the American Nurses' Association, and Mrs. Mary R. Shields, R. N., of the National League for Nursing.
- (4) Illustrations, contributed by—
 - Central School of Practical Nursing, Cleveland, Ohio (fig. 3b).
 - Instructive Visiting Nurse Association, Richmond, Va. (fig. 3a).
 - National Association for Practical Nursing Education (fig. 2a).
 - St. Anthony School of Practical Nursing, Denver, Colo. (fig. 5).
 - Trade High School, Springfield, Mass. (cover picture, fig. 4a).
 - U. S. Department of the Army, Office of the Surgeon General (figs. 1, 2b, 2c, 4b, 4c, 6).
 - Visiting Nurses Service of New York (fig. 3c).

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Figure 1. The practical nurse (left) works on the same team as the professional nurse, although her job is different.

PART I.—PRACTICAL NURSES

THE JOB OF THE PRACTICAL NURSE

Job Duties

The core of the practical nurse job consists of duties in bedside nursing and patient-centered care, and the practical nurse stands occupationally next in skill and training to the general duty professional nurse. She is required to perform tasks for maintenance of the patient's surroundings and equipment, but according to well-established methods and standards for nursing service, and not in the usual sense of housekeeping. The more exacting part of her job, however, consists of duties related to care and treatment of the patient.

Based on a guide list drawn up by nursing experts (28) the duties of the practical nurse may include:

- (1) Caring for patient unit: making beds; caring for hospital equipment; caring for clothing, valuables, flowers, and personal equipment of patient; practicing medical asepsis;
- (2) Carrying out personal hygiene measures for patient: giving baths, rubbing back, caring for mouth and teeth; caring for nails, hair and scalp, nose, and elimination; feeding patient; dressing and undressing patient;
- (3) Providing for and maintaining physical and mental well-being of patient, including comfort, safety, and recreation;
- (4) Planning, preparing, and serving foods: planning menu, preparing foods, preparing meals, spending and accounting for funds in the home;
- (5) Carrying out or assisting with routines in diagnosis: observing and recording signs and symptoms, weighing and measuring patients, collecting specimens, assisting physician or technician in carrying out diagnostic procedures, testing urine;
- (6) Preparing surgical supplies and equipment: preparing dressings for sterilization, sterilizing instruments and equipment for surgical treatments, and making common solutions;
- (7) Carrying out treatments: putting patients in prescribed body positions; giving medications and injections; applying and removing bandages, binders, and adhesive tape; applying simple treatment, using equipment such as ultraviolet lamp, hot and cold applications, etc.;
- (8) Rendering special types of services: assisting in preparation of patient for surgical operation, caring for selected patients recovering from anesthesia, receiving patient and transferring patient to another unit, assisting with discharge of patient from hospital, arranging for last rites for dying patients, caring for body after death; and
- (9) Providing general first-aid and emergency care for patients based upon standard procedures as set forth in first-aid training courses.

Duties such as "assisting in preparation of patient for surgical operation" and "caring for selected patients recovering from anesthesia" are to be performed only when the practical nurse is under the direct supervision of a professional nurse or when a selected patient has been placed under her care.

Today's candidate for the practical nurse career in 40 States, Hawaii, and Puerto Rico which have established licensure must prepare for employment by completing training in an approved school of practical nursing. In 1953 it has become almost universally recognized that practical nurse training should consist of 1 year of combined classroom work and supervised experience in hospitals. In earlier years, the practical nurse became known as "practical" because she learned nursing skills through practice on job assignments. Thus, her preparation was left largely to chance.

The Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Service¹ has recommended that the yardstick to measure the amount and kind of nursing care which a practical nurse may give is "*primarily the patient's condition, not the type of duties in themselves*" (5); and also recognizes that the practical nurse's job duties may change and shift for a single patient, depending upon the course of the illness. Both the physician and the professional nurse determine the kind of nursing care which the practical nurse may provide, particularly in cases of acutely ill patients.

Job Variations

Depending upon the job setting and the particular patient, the duties as listed will vary considerably. If the practical nurse works in a hospital, some of the housekeeping duties, such as making beds and caring for equipment, may be taken over by an auxiliary nursing worker such as a nursing aide or ward maid. Obviously, the duties of planning and preparing food apply to a private home setting; in the hospital, a nursing aide or diet maid may serve the meals which are prepared in a central diet kitchen.

When the practical nurse is employed by a health agency or hospital she may be assigned to a team supervised by a registered professional nurse. Because the nursing-team pattern differs from one agency to another, and even from one unit to another within a hospital, there are innumerable combinations of job duties for the practical nurse, depending upon the number and kind of workers on the team, and how they are assigned to nursing care, housekeeping, or clerical functions. (See part II, p. 37.)

¹In 1953, the NLN Committee on Practical Nursing and Auxiliary Nursing Service, incorporated into the National League for Nursing, is the Joint Committee's successor, and current reference is hereafter made to it as the NLN Committee.

It is possible for the practical nurse to work in a private home setting as a nursing-team member. The Visiting Nurse Service of New York has used practical nurses in this way since 1942, and their team pattern consists of a nursing supervisor, a professional staff nurse, a practical nurse, and a clerk (25). Each team is assigned to a district and has a specific patient load. Duties of the practical nurse in relation to each patient are worked out in consultation with the supervisor by the professional nurse who maintains contact with the attending physician.

When working for a private employer, the practical nurse accepts considerable responsibility for following the attending physician's instructions, and she must have enough judgment and knowledge to recognize when the nursing situation is beyond the scope of her training and skill. There are many private duty jobs, however, in which the physician's supervision is comparatively routine, as in the care of a chronic invalid, or an aged person where nursing requirements do not change much from time to time.

Unless she is under agency supervision, the practical nurse in private employment may find it necessary to guard herself against the assignment of household tasks to the exclusion of opportunity to practice nursing.

In doctors' offices the practical nurse assists the physician or a professional nurse in the examination of patients and in giving simple medications and treatments; she may also be required to carry out simple laboratory test procedures, take care of laboratory and other medical equipment, and perform some routine clerical duties.

Industrial establishments which employ professional nurses in their employee health and medical departments also use practical nurses² as assistants to professional nurses. Their duties vary from auxiliary nursing duties for employees at the plant or place of business, to home visiting services, but they are always under close supervision, as in other job settings.

Job Requirements in Brief

Minimum requirements for practical nurses are established by State boards of nurse examiners and vary from State to State. Most States require at least 1 year of training in an approved school of practical nursing; Connecticut allows a 9-month course of practical nursing, and Massachusetts requires 15 months.

² In 1947, the job definition for practical nurse as originally set forth by the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Service included assignment of practical nurses in industrial health units, but this was eliminated by 1951. Nevertheless, practical nurses are employed in industry, although not extensively.

In some States, practical nurses who have been working at their vocation over a period of years and who have not obtained formal training are not excluded from practice if they are able to meet requirements on the basis of experience and personal qualifications, as set forth by many State practice acts.

Licensing of the practical nurse is becoming a necessity in most areas of the Nation, and women who wish to enter, or who are practicing in this occupational field, are encouraged to obtain licenses.

If a practical nurse has not obtained the formal training offered in recent years, she should be able to provide evidence of her proficiency by passing the licensing requirements in her own or some other State; if she is not licensed on the basis of her experience or training, she is likely, in time, to be barred from accepting a number of employment opportunities.

Both training and licensing are discussed more fully in later sections of this bulletin.

The Job Trend

Since World War II the practical-nurse occupation has undergone notable change. The job itself was defined in new terms, first in 1947, and again in 1951, by professional nursing organizations (5). There have been new developments in standards of work performed and in vocational preparation, as well as widespread interest among States in establishing or improving legal regulations governing the practice of the occupation. Most of these changes arose out of the wartime experience of hospitals and health agencies in their efforts to make the best possible use of a short supply of nursing personnel.

Because a great many changes have taken place in relatively few years, a wide divergence between minimum and maximum standards for practical-nurse training and employment may be found, and will undoubtedly continue to exist for some time among various States and even in the same cities, among different employers. The public, which is hardly aware of occupational changes to the same degree as the workers who are primarily concerned, has a deeper personal interest in nursing service occupations than in many kinds of work. This interest, together with the anticipated continuing shortage of all classes of nursing workers, will undoubtedly help to hasten the changes already begun, and maximum standards for practical nursing in 1953 may become minimum standards within a few years.

Changes which have taken place in practical nursing are advantageous for the public in that they will bring higher standards of nursing service and a greater measure of protection against incompetency of practical nurses, particularly those who are untrained and self-designated. For practical nurses themselves, new developments

in the occupation should prove beneficial in wages, conditions of work, and job satisfaction.

Position openings for practical nurses should continue to increase for some time to come, not only because of an expanding population and advancing standards in health service, but because of the anticipated movement of an increasing number of professional registered nurses into occupations which require college-level training in clinical specializations, nursing education, and administration. Practical nurses, more than ever before, will be needed to assist registered professional nurses who are employed in general duty work, in order to meet the Nation's need for bedside and direct patient care. In fact, many general duty nursing jobs previously performed by professional nurses with the minimum of 3 years of hospital-school training can be done, and are being carried out, by adequately trained and properly supervised practical nurses, in accordance with the nursing-team idea.

Some specialists who have taken a long, hard look at the Nation's need for nurses and at the changes already achieved in many kinds of nursing occupations to make the best use of nursepower, believe that some jobs can be merged, and in time, will move together. This means that in place of two classes of workers, the adequately prepared and highly proficient practical nurse and her professional colleague with minimum training, there may some time be only one: general duty nurse, for whom a new set of vocational requirements, somewhere between the two, is established. Other specialists concerned with the nursing function think that there will continue to be a need for three broad classifications of nurses: The nurse prepared in a collegiate program (with 4 years or more of education beyond high school), the nurse prepared in a hospital school (in a program about 3 years long), and the practical nurse with 1 to 1½ years of training in a vocational or hospital school.

Studies of the nursing function have continued since World War II, with great concentration of effort, among educational institutions, hospitals, and professional nursing organizations. In 1953, there was hardly a nurse on active duty in hospitals and health agencies whose cooperation had not been enlisted, or whose interest, at least, was not aroused by research groups studying the nursing function. As a result, there should be available, in time, a considerable body of new information which will provide the basis for establishing uniform standards in education and training and in work performance for all types of nursing jobs. Meanwhile, there is a sound vocational basis and a good job future for women who wish to enter, or continue in, the field of practical nursing.

EMPLOYMENT OUTLOOK FOR PRACTICAL NURSES

Beginning with World War II the demand for practical nurses has considerably exceeded the supply, and all estimates of need indicate that employment opportunities for practical nurses will continue to expand, both in number and job variety, for some years. The greatest need will be for practical nurses in hospitals and in private-duty nursing in all sections of the Nation. Job standards and requirements will continue to change, along with changes in nursing service in general, affecting both nursing education and employment.

Difficult problems are met in all efforts to take accurate inventory of the Nation's supply of experienced practical nurses, and even more complex problems are encountered when it comes to estimating the need. Realistic answers to supply and demand problems depend largely upon the accumulation of much more complete and accurate information than has been available, or will be available, for several years at least. Because nursing itself is in transition, better methods of obtaining facts about any aspect of nursing service will probably not, in themselves, provide answers to supply-and-demand questions; furthermore, information is likely to be useful only at the time it is obtained.

For these reasons, it is possible only in a very general way to indicate the trends in supply and demand of practical nurses and to discuss the employment outlook.

How Many Practical Nurses in the Civilian Labor Force?

Postwar predictions, which pointed toward an increase in the number of practical nurses, were undoubtedly justified. The supply of practical nurses was increased by about 35 percent in the decade from 1940 to 1950, or in numbers, from 107,320 to 144,240.

TABLE 1.—PRACTICAL NURSES AND AUXILIARY WORKERS (EXPERIENCED): 1940 AND 1950

Occupation	1950		1940	
	Total	Women	Total	Women
Practical nurses and midwives ¹ ..	146, 034	139, 793	109, 287	104, 338
Practical nurses	144, 240	138, 292	² 107, 320	102, 460
Midwives	1, 794	1, 501	² 1, 967	1, 878
Attendants, hospital and other institutions	210, 756	124, 733	102, 189	44, 702

¹ Figures for 1950 are for experienced civilian labor force (including employed and experienced unem-
ployed who are seeking work); these data are not exactly comparable with data for earlier decades.

² Women's Bureau estimates.

Source: U. S. Department of Commerce, Bureau of the Census, 1950 Census of Population; and U. S. Department of Labor, Women's Bureau, *Women's Occupations Through Seven Decades*, pp. 148, 162, 222, 238.

About 95 percent of these persons were women, numbering 102,460 in 1940 and 138,292 in 1950. Furthermore, preliminary checks on these census figures indicate that the data for practical nurses probably understate the number actually in the labor force. Because of the absence of a clear-cut, commonly recognized definition for practical nurse, it is recognized that a number of practical nurses were inadvertently included in the professional nurse group—as a result of comparison between trained and/or licensed practical nurse and professional nurse. Confusion also exists in distinguishing between practical nurses and attendants in hospitals.

Women hospital attendants numbered 124,733, according to the 1950 decennial census; and there is some basis for regarding a part of the hospital-attendant group as equivalent to practical nurses. For a number of years preceding World War II, hospital attendants and practical nurses shifted job settings: hospital attendants who went into private duty classified themselves as practical nurses, and the reverse also took place. During and after the war, there was a general shift from private household jobs to hospital jobs on the part of many practical nurses, and it is likely that a number of experienced practical nurses were enumerated in the 1950 census as hospital attendants.

Because of the absence of information about the job duties and experience of practical nurses and attendants in hospitals, and about the duties of auxiliary nursing personnel such as nursing aides, no reliable conclusions about the actual count of practical nurses can be reached. Except for the group of practical nurses which could probably be singled out as licensed on the basis of certain standard requirements of training and experience (such as graduation from approved practical nurse programs and passing of a State board examination), estimates of supply tend to be misleading. Among the group of practical nurses who were licensed by waiver of examination when States began to set up licensing requirements (see p. 18 on licensing), there may be those who are not any better qualified than nursing workers of other occupational classifications, such as attendants and nursing aides, who may have received on-the-job hospital or clinical training of relatively high standard. In time, if licensing and job requirements become increasingly more standardized for all classes of nursing workers, it will be possible to estimate supply of the various kinds of nursing personnel with greater confidence.

Where Practical Nurses Work

It was estimated by the American Medical Association in 1950 that 49,880 practical nurses, women and men, were employed in hospitals (6). This represents roughly about one-third of the 1950 census count, and it is generally assumed that all practical nurses are distributed as follows: One-third in hospitals, one-third in nursing homes and other health institutions, and one-third in private household employment.



Figure 2. In the hospital, practical nurses can carry a large share of bedside nursing care.

A much greater proportion of graduates of practical nurse programs than one-third go into hospital employment. In 1951, over 65 percent of graduates of public-school programs entered hospital employment, and in 1952, as many as 71.6 percent. Private-duty nursing benefited by less than 5 percent of public-school graduates of practical nursing in 1952. (See table 2.)

A study made by the College of Nursing of Wayne University reported the last employment in 1949 of 392 of the 428 graduates of the Michigan practical-nurse training program (32). Eighty-three percent of these graduates were employed in hospitals, 10 percent were doing private-duty nursing in homes or hospitals, 3 percent were working in convalescent homes, and 4 percent were employed in doctors' offices and public health agencies or acting as children's nurses.

An analysis of the type of employment of 1,633 practical nurses, reported in a survey made by Practical Nurses of New York, Inc., in 1949 showed that 44 percent were employed in hospitals, 31 percent in private-duty nursing, 12 percent in institutions other than hospitals,

TABLE 2.—PLACEMENT OF PRACTICAL NURSE GRADUATES OF PUBLIC SCHOOL PROGRAMS, FISCAL YEARS¹ 1952 AND 1951.

Placement	1952		1951	
	Number	Percent	Number	Percent
Total.....	3, 565	100. 0	3, 424	100. 0
Employed in practical nursing---	2, 664	79. 4	2, 568	75. 0
All hospitals.....	2, 551	71. 6	2, 233	65. 2
General.....	2, 167	60. 8	1, 786	52. 2
Tuberculosis.....	70	2. 0	56	1. 6
Mental.....	13	. 4	36	1. 1
Chronic.....	41	1. 1	35	1. 0
Children's.....	34	1. 0	48	1. 4
Convalescent.....	108	3. 0	94	2. 7
Other.....	118	3. 3	178	5. 2
Private duty.....	168	4. 7	193	5. 6
Doctor's office.....	79	2. 2	94	2. 7
Industry (nursing).....	5	. 1	12	. 4
Public health.....	29	. 8	36	1. 1
Not employed in practical nursing...	249	7. 0	235	6. 9
Nonnursing occupation.....	39	1. 1	41	1. 2
Home housework.....	175	4. 9	162	4. 8
Entered professional nursing...	35	1. 0	32	. 9
Status unknown.....	484	13. 6	621	18. 1

¹ July 1-June 30.

Source: Trade and Industrial Education Branch, Office of Education, Department of Health, Education and Welfare.

4 percent in convalescent or nursing homes, 1 percent in physicians' offices, 1 percent as industrial nurses, and the remainder in other nursing or nonnursing employment.

Placement-agency reports are not reliable guides to occupational distribution because they generally provide information in terms of placements, rather than workers, and specific agencies are likely to do business with special classes of applicants. For example, the fact that 62 percent of all practical-nurse placements made by 79 nurse registries in 1951 were for private-home duty (2) is not an indication of employer distribution because mainly those practical nurses who seek private duty use the nurse registries. Furthermore, the applicant group was undoubtedly considerably less in number than the 37,000 placements reported for 1951; most private-duty jobs are of short duration, and the registry places the same applicant in a number of different positions during the year.

From all information available in 1953 it can be concluded that the employment trend among recently trained practical nurses is toward hospital jobs, that 75 percent or more have obtained hospital employment after graduation from training courses in recent years, and that at least one-third of experienced, but not formally trained, practical nurses tend to seek private-duty employment.

The distribution of practical nurses among industrial establishments, doctors' offices, and other places of employment is relatively small compared to the two broad assignments of practical nurses to hospital and private-duty work. Public health agencies probably represent the next largest group of practical nurse employers.

The Demand for Practical Nurses

For both civilian and military hospital service employment, there has been a great demand for practical nurses since the war. The military services have mainly used men in the capacity of auxiliary nursing workers to assist professional nurses, but the number of women in positions equivalent to practical nursing has increased slightly, and would probably continue to increase if there were enough enlisted women to qualify for the job.

The demand for practical nurses in civilian employment has been felt mainly in hospitals; and among all types, mental hospitals claim the most critical shortage. At the same time, many nursing and medical authorities have expressed the point of view that there is an unprecedented need for practical nurses to work in private household nursing, especially for subacutely or chronically ill and invalid patients where clinical skills and training are not required to the same extent, or quality, as in hospital nursing care.

(a) Starting out on the day's round of home visits for a public health nursing agency.



(b) Demonstrating the right way to handle baby in bath.

(c) Giving insulin to an aged diabetic patient.



Figure 3. Practical nurses visit homes to give nursing care and instruction in home nursing methods.

In disagreement with this position are those who point out that the center of nursing care is no longer in the home, and that for such subacutely ill patients as are nursed at home, there can be other methods and programs to provide appropriate nursing care, such as the education of families in home nursing, and a wide extension of public health and visiting-nurse services to both rural and urban areas. Nursing experts believe that provision should also be made for short-term training programs to prepare women to perform housekeeping duties and some of the elementary auxiliary nursing care in private homes. A visiting housekeeper service by which substantial and high-standard assistance could be made available to families requiring help during illness would be less costly than the use of trained practical nurses in private-duty employment.

A critical shortage of professional registered nurses in hospitals and health agencies in relation to increasingly complex clinical requirements has focused attention on the importance of using practical nurses, together with other auxiliary nursing workers. Estimates of demand for practical nurses have been related closely to estimates for professional nurses, because of the interdependence of both groups. The desirable ratio of one to the other, however, has not been determined, and may never be determined except in a general way. It depends extensively upon the divisions of function, or the kinds of job duties that can be assigned to professional nurses and auxiliary nursing workers in all team relationships, and considerable research must be done along these lines.

In December 1952, the President's Commission on the Health Needs of the Nation estimated roughly that the shortage of professional nurses for the country as a whole in 1960 may exceed 50,000, and that regional shortages are more critical in the South and Southeast than in the New England States, the Central Atlantic States, and the Far West. Concerning practical nurses the report stated:

The number needed remains to be determined. However, the supply is so far below the present need that it is apparent that recruitment for approved schools of practical nursing should be greatly accelerated. (21)

In 1953 the Office of Education estimated that practical nurses were being graduated from approved training programs at the rate of 6,000 a year, and recommended an annual increase in the supply of practical nurse graduates to 15,000 annually, if the Nation's needs are to be met.

A Brookings Institution study in projecting needs for America's health personnel stated that there were 29,099 job vacancies for practical nurses in 1952, and that only 72 percent of practical nurse jobs across the Nation were filled. The same study estimated a need for 41,833 additional practical nurses by 1957 (?). Unless the estimated 6,000-a-year rate of graduation of practical nurses from approved

training schools is increased, this would indicate a shortage of over 11,000 by 1957, of newly licensed practical nurses.

Because many nursing personnel research projects have led to the conclusion that the Nation will not have an adequate number of professional registered nurses in the foreseeable future, in relation to continuously expanding demand and the extension of medical care, all projections of the required number of practical nurses and auxiliary nursing workers remain open. In a 1948 report for the National Nursing Council (10), Dr. Esther Lucile Brown stated, in answer to questions raised about nurse unemployment in the event of a severe economic depression:

Even should there be a marked recession, demand for nursing care has been raised to so much higher a plane that a very large supply [i. e., professional nurses] would probably still be needed.

Dr. Brown expressed the opinion in the same report that in spite of all nurse recruitment efforts of professional and civic organizations, "there is little real hope that an adequate supply of graduate [professional] nurses can ever be obtained if demand remains insistent."

Estimates of demand for all classes of nursing personnel, after having been projected to almost fantastic figures in relation to availability by many agencies, following World War II, were being discussed in much broader terms by 1953. Most authorities concerned with the Nation's health needs had begun to feel that it was no longer so important to project estimates for nursepower as it was to try to discover, through intensive study, what kind of nursepower was needed and how the nursing function could be distributed among various kinds of personnel with different degrees of preparation and training. Some of the findings of studies and preliminary reports made up to 1953 and their implications in terms of the outlook for auxiliary nursing workers are discussed in part II of this bulletin.

Outlook for Minorities, Older Women, and Married Women

Because of the critical shortage of nursing personnel, employment restrictions which tend to limit women in many kinds of work had been considerably relaxed for practical nurses by 1953.

The President's Commission on the Health Needs of the Nation included a special recommendation for the encouragement of Negroes in its report of December 1952 (21), as follows:

To meet the need for additional Negroes in the health professions: [it is recommended] That special programs be formulated to make more and better preprofessional and professional opportunities available for the education and training of Negroes in the health professions. The dual system of education in some parts of this country has made it impossible for many Negroes to receive the high-quality secondary and college education needed to qualify them for professional training. The discriminatory bars which start at the

secondary-school level and run all the way through postgraduate training, internship, and hospital affiliation must be removed wherever they exist.

Older women, instead of being barred, are encouraged to enter practical nurse training. Employer specifications for practical nurses usually leave the upper age open if job candidates are otherwise qualified. As far as nursing care is concerned generally, maturity is preferred for practical nurses, and there tends to be an exercise of caution with respect to the lower age limit, rather than the upper.

Marriage is no barrier for practical nurses in obtaining employment if home responsibilities permit attention to job duties. The practical nurse who is, or has been, married is often considered a more likely candidate for the occupation than many older single women because of the experience and information she may have acquired in household management and home nursing care.

CONDITIONS OF EMPLOYMENT

Earnings of Practical Nurses

Periodic surveys made by the American Hospital Association provide the most reliable source of information available on practical-nurse salaries in hospitals. According to the AHA survey for 1952, the average gross beginning salary for practical nurses in 2,308 hospitals reporting (except Federal) was \$164 monthly, or \$1,968 annually (1). Compared with the earnings of other hospital personnel, this was a little higher than for clerks, whose average gross beginning salary was \$160 monthly, and about 70 percent of the average gross starting salary for professional nurses on general duty, which was \$233 monthly.

Variations in practical-nurse starting salaries in individual hospitals range from less than \$100 monthly to over \$200 monthly. Differences in pay can be related to such considerations as the type of service which the hospital provides, the size of the hospital, and the location.

Specialized hospitals in recent years, have paid higher salaries to practical nurses than have general hospitals. In 1952, mental and tuberculosis hospitals paid 20 percent higher starting wages than general hospitals—gross monthly averages of \$190 and \$189, respectively, as against \$159. The monthly gross average for other special hospitals was \$164.

When salaries in 1952 were grouped according to hospital size, average salaries for practical nurses increased with the size of the hospital from \$159 monthly for 51-to-100-bed hospitals, to \$197 for hospitals with more than 1,000 beds. However, there were 551 small hospitals of 25 to 50 beds and 180 hospitals with fewer than 25 beds which reported monthly average salaries between \$161 and \$163.

Tabulation of hospitals by geographic region showed that Pacific coast hospitals paid the highest starting salaries, or a monthly average of \$180 for practical nurses in 1952. The East North Central region was next highest, with \$174 monthly for hospitals reporting, and the New England States close behind with \$171 monthly. Lowest monthly salaries were paid in the West South Central and East South Central regions, or \$143 and \$147, respectively. No Pacific coast hospital, and very few New England hospitals paid an average monthly starting salary of less than \$130.

Hospitals in cities of less than 2,500 population and cities of more than 1 million had the highest average of beginning salaries for practical nurses in 1952—\$171 and \$176, respectively. In metropolitan areas ranging in population from over 2,500 to 1,000,000, average monthly salaries varied from \$155 to \$164, but the differences showed no particular relationship to the size of the city.

State hospitals in 1951 and 1952 paid higher salaries to practical nurses than hospitals under all other kinds of management, except Federal. In 1952, the average monthly starting salary was \$189 for 201 State hospitals reporting, as compared to \$157 for 1,087 church operated hospitals surveyed.

The statewide average of gross monthly starting salaries for all hospitals (excluding Federal hospitals) in 1952 was less than \$150 in the following 9 States: Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, and Texas. Among these, the lowest were Arkansas with \$131 and Alabama, with \$138 as a gross average for all hospitals. In 5 other States the gross averages were \$150 to \$152 monthly—Florida, Kansas, Pennsylvania, South Carolina, and Tennessee. Highest average statewide starting salaries, between \$179 and \$188 monthly, were reported for hospitals in the following States: Arizona, California, Connecticut, Michigan, Nevada, Oregon, Washington, and Wyoming.

Comprehensive and reliable information about the earnings of practical nurses who work for individual employers in private homes or in physicians' offices is not available. There seems to be no doubt, however, from the scattered reports and observations at hand, that practical-nurse salaries in private employment tend to vary a great deal more with location and fluctuations in the economy, and in supply and demand, than salaries in institutional employment.

A director of a professionally approved vocational training school for practical nurses in the District of Columbia reported in 1952 that graduates of that school expected to earn from \$7 to \$8 daily, with 1 meal and carfare, for duty in private homes, and \$1 for each hour under 8. Overtime work tended to pay somewhat less, with a \$10 daily rate for 12 hours of duty. At these rates, trained practical

nurses on their first jobs, after completing training, expected to earn about \$50 weekly.

Another report by an occupational research organization in a mid-western city in 1950 cited wage rates for practical nurses in private employment as ranging from \$7 to \$11 daily, without maintenance (23).

Hospitals themselves do not employ practical nurses for private-duty work, but arrangements may be made through nurse registries by individual patients or their families for obtaining practical nurses for private duty in hospitals. Occasionally, higher than prevailing rates are paid in cases of acute need; at times of critical shortage practical nurses are able to earn \$12 or \$15 daily for a 10-hour day. Salaries in such cases are sometimes quoted as indicative of prevailing rates and, as a result, erroneous public opinion is created about the pay of practical nurses.

One illustration of the possibilities of local variation in salary is cited in the case of San Diego in 1951. The California Department of Employment reported minimum earnings for practical nurses in June 1951, in San Diego, of \$135 monthly, and average earnings of \$150 monthly. From the source of the report it may be assumed that the rates were for jobs with different categories of employers, both institutional and private household. San Diego was in an area (Pacific coast) that reported an average monthly beginning rate for practical nurses in hospital jobs of \$169 in 1951. According to the Women's Bureau field representative who obtained the report, San Diego in 1951 was an exception to California metropolitan areas in paying relatively low wages for most categories of work, although it was considered to be an area of labor shortage in defense-connected industries. Apparently, local practices offset both critical shortage and prevailing rates in the region.

In Federal civil service the trained practical nurse in 1952 received a beginning salary of \$2,950, grade GS-3, and the professional nurse received a beginning salary of \$3,410, grade GS-5.

Salary Trend

Salaries for all nurses are relatively low compared with industrial and clerical employment for women, and in consideration of the preparation required. Increases in practical-nurse salaries are closely related to increases for professional nurses, and earnings of practical nurses tend to be about three-fourths of general-duty nurses' earnings.

There is reason for some optimism about the possibility of a continuing general increase, apart from cost-of-living increases, in the salaries of all nursing workers, and practical nurses in particular. Developments are taking place toward standardization of training and job requirements, and there is great demand in hospitals and health agencies for the practical nurse as a team member.

A glance backward at the American Hospital Association's surveys for the years 1945, 1951, and 1952 shows that greater variation in salary for practical nurses than for professional nurses was found among individual hospitals between 1945 and 1952. Both groups, of course, show an increase in average salaries, a 50-percent increase in 1952 over 1945 for professional nurses on general duty and a 45-percent increase for practical nurses in the same period.

There appeared to be a trend in 1952 toward increasing local variations in practical-nurse salaries, regardless of whether hospitals were grouped according to size of hospital, size of city, type of hospital service, or type of control. In 1945, for example, average monthly starting salaries for practical nurses in 8 different categories of hospitals, grouped by size, varied from lowest to highest by only \$13 (or from \$109 to \$122); by 1952, the variation was as much as \$38 (or from \$159 to \$197) for essentially the same group of hospitals. For hospitals grouped according to type of service, there was a differential of only \$10 in 1945 in the range of salaries paid practical nurses (from \$111 to \$121); by 1952 the lowest and highest ranges differed as much as \$31 (or from \$159 to \$190). Again, State hospitals led all others (except Federal) in paying the highest average monthly salaries in both 1945 and 1952, but the differential in salaries between hospitals, according to type of control, was \$6 in 1945 and \$32 in 1952.

From these contrasts it can be seen that the hospital salary situation for practical nurses was characterized by greater individual local variations in 1952 than in 1945, although, in both survey years, practical nurses were in short supply. This observation is further supported by the fact that there was closer relationship, in 1945, between the size of the hospital and the salary range: small hospitals, of fewer than 25 beds, paid less than larger hospitals. Although the trend in 1952 showed an increase in salaries which was correspondingly higher as hospitals increased in size from 101 beds upward, an exception was noted for hospitals of fewer than 25 beds, which paid more than hospitals in three other groups. There is no doubt that increasing local demands and a general shift in the occupational setting from private to hospital employment have brought changes in salary patterns apart from the overall increase in hospital wages for practical nurses since 1945.

Hours

According to the American Nurses' Association report from 79 nurse registries in 1951, about 53 percent of 22,883 practical-nurse placements for private-home jobs were for an 8-hour day; 37 percent were for positions of more than 8 hours a day; and 2 percent were for jobs requiring less than an 8-hour day. Information was not avail-

able on the number of hours worked for about 8 percent of the placements. Findings were based on reports from registries in 28 States, the District of Columbia, and Hawaii (2).

Wide variation in hour schedules is found in hospitals. An 8-hour day is often the rule in the hospital, but nurses, practical and professional, may be required to work on odd shifts, from 7 a. m. to 3:30 p. m., from 3:30 p. m. to 11 p. m., or from 11 p. m. to 7 a. m. Practical nurses in hospitals averaged 44 hours a week in 1952 (1).

According to an analysis by the Women's Bureau of a 1949 survey conducted by Practical Nurses of New York, Inc., the hours worked per week, by 809 practical nurses reporting who were employed in institutions, varied from under 40 to over 56. However, the 40-hour, 44-hour, and 48-hour weeks were the most common. Thirty-seven percent of the practical nurses worked the 40-hour week, 19 percent worked the 44-hour week, and 32 percent worked the 48-hour week.

The Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services recommends that the hours of work for the practical nurse should be the same as for the professional nurse, preferably a 40-hour week (5). Rotation of hours, planned in advance, is recommended with a fair division among practical nurses of the less popular hours and services in hospital assignments.

Licensing

Licensing of practical nurses is important to provide assurance to the public that the persons who are employed as practical nurses are able to meet certain basic qualifications as set forth by the licensing regulation of a State or Territory. At the same time, licensing protects the interests of the qualified practical nurse who runs the risk of competing for employment with self-designated practical nurses.

As of May 1953, 40 States and Puerto Rico and Hawaii had established licensing provisions for practical nurses or for persons who were essentially practical nurses, although they may have used other titles. Only 6 of the States had mandatory licensing regulations: Arkansas, Idaho, Louisiana, Nevada, New York, and Rhode Island. Because of the strong recommendations of national nursing organizations for licensing of both practical and professional nurses, most agency or institutional employers in States where licensing is established will not employ an unlicensed practical nurse, and nurses themselves appreciate the value of the regulation and obtain licenses wherever they are provided, although the requirement may not be mandatory.

A practical nurse may obtain a license in one of several ways, the most common of which are:

- (1) By completing training at an approved school of practical nursing and passing the State board licensing examination, or

- (2) By endorsement of a State board if a practical nurse has obtained a license in another State with similar standards.

When a licensing law is enacted for the first time in any State, a limited period of time is usually provided during which experienced practical nurses may present evidence which will make them eligible to qualify for licenses without passing examinations. A license issued under these conditions is called a license by *waiver*, which means that some part of the licensing requirements are waived, or dropped, for a stated time. Educational requirements are most often waived during this period, but some States may require a written examination in addition to proof of satisfactory experience. Other States may waive both education and the examination requirements. After the waiver period has passed, new licenses are issued according to the conditions set forth in the particular State law, and an examination is usually required. There may be a *partial waiver* of licensing requirements in some States after the waiver period has passed, in order to include experienced practical nurses who can meet some of the licensing requirements.

A practical nurse who is licensed in one State may move to another, where a similar or equivalent licensing law is in effect. She may be granted a new license, upon application, without having to take an examination. The term used in this case is license by *endorsement* (as stated above). If a license granted in one State is not acceptable to the new State board, however, an examination may be required.

Because of the differences in licensing regulations among the States, it is important for the practical nurse to become familiar with the requirements of any State in which she wishes to practice.

Renewal regulations affecting practical nurse licenses vary from State to State: Some require annual renewal; some provide for renewal every 2 years and others do not require renewal at all.

Titles for practical nurses vary with the State licensing regulations. The most common title, used in half the States, is *Licensed Practical Nurse*, and this title is also recommended by professional and practical nurse organizations. Other titles, some of which are misleading, are: *Licensed Attendant*, *Trained Attendant*, *Licensed Vocational Nurse*, *Certified Practical Nurse*, and *Registered Practical Nurse* (5).

The Trend in Licensing

Licensing of practical nurses is a relatively new movement among the States, and 50 percent of all State licensing laws have been established in a period of 8 years, between 1945 and 1953. The very first licensing regulation for nonprofessional nursing workers was for "licensed attendant" in Mississippi, in 1914. Maryland was the next State and began to license "practical nurses" in 1922, followed by California, Florida, and Pennsylvania. Not more than 12 other

States enacted regulations for practical nurses until after World War II. By 1945 only 19 States and Hawaii had licensing regulations for practical nurses (3). In 1953, 40 States, Hawaii, and Puerto Rico provided for practical nurse licensure.

Some indication of the licensing trend may be obtained by a review of reports on the number of practical nurses who were licensed up to 1945 and in the years following. A report by the American Nurses' Association in their 1946 annual fact book (3) estimated that a total of 31,510 practical nurses had been reported as licensed among 14 States in the period of 31 years from 1914 to 1945. (There were no reports for 3 of 19 States surveyed, nor for Hawaii which enacted licensing laws in the same year (1945), nor for Wisconsin, which had passed a law in 1943.)

The majority of licenses reported were for New York, which alone accounted for 20,856 of the total number of practical nurses licensed by waiver, examination, or endorsement. Although complete and reliable data on licensure were not available in 1945, there is good reason to conclude that not many more than 11,000 or 12,000 practical nurses had been licensed in all other States from the beginning of the enactment of State laws. Only Arkansas and New York State had mandatory regulations, and very little advantage had been taken, either by practical nurses or their employers, of the permissive regulations in other States.

Although most of the practical nurse licensure regulations were still of the permissive type by 1950, there were well over 11,000 new practical-nurse licenses—issued for the first time in that single year—reported by 29 States and Hawaii. In addition, a total of 53,406 renewals were reported for 1950 in 24 States providing for license renewal either annually or biennially (3).

Preliminary estimates for 1952 by the American Nurses' Association indicate that over 22,000 new practical-nurse licenses were issued in 37 States and 2 Territories, double the number of first licenses reported for 1950. Practical-nurse license renewals in 1952 were estimated at close to 77,000.

The number of practical nurses who obtained State licenses by written examinations from 1950 to 1953 was very close to the annual number of graduates of approved schools of practical nursing which has been estimated roughly at 6,000 a year for 1952. In 1950, 5,006 practical nurses obtained licenses in the United States by written examinations, or 44 percent of all the licenses issued. In 1951, although the number of licenses issued by examination increased to 6,387, it was still only 43 percent of the total; and in 1952, the proportion taking examinations was less than one-third, although the number was 6,649. With the enactment of new State licensing laws in the

1950's, a great many practical nurses who had been vocationally established for some time undoubtedly took advantage of the waiver of examination in order to become licensed. This means that most of those who are licensed are not graduates of practical-nurse vocational-training programs. It was estimated in 1950 that 85 percent of all licensed practical nurses had no formal training (16 and 20).

There is good reason to anticipate that licensing of practical nurses will soon become established in all 48 States; also that reforms will be made gradually in practical-nurse licensure. Nursing organizations are seeking the cooperation of the States in obtaining greater uniformity in licensing practices, in the general raising of requirements to meet the basic standards of approved practical nursing schools, and in the enactment of mandatory, rather than permissive, regulations. In another decade it is likely that nearly all practical nurses applying for first licenses will be graduates of approved training programs, and that there will be a much greater degree of uniformity in the basic requirements for training and proficiency for all States and Territories.

Social Security

Practical nurses employed in private hospitals and institutions operated for profit have been covered by old-age and survivors insurance since the Social Security Act was first passed in 1935. Beginning with January 1951, amendments went into effect under which most practical nurses (except student nurses) are covered or can become eligible for coverage. Employees in Federal hospitals and institutions are covered by OASI unless they were already under the Federal retirement system. Old-age and survivors insurance is available to employees of State and local hospitals and institutions in States which choose to accept it, unless they are already under a State retirement system. Nonprofit organizations may elect to come under OASI if two-thirds of their employees sign the application.

In addition to those employed in hospitals and institutions, two broad groups of practical nurses became eligible for coverage beginning in January 1951: Those who are self-employed and have net earnings of \$400 or more a year; and those who may be classified as domestic workers, if they are employed at least 24 days, and are paid at least \$50 cash, in any quarter of the calendar year by one employer.

Some practical nurses employed in private hospitals and institutions operated for profit, or in industry, may be eligible for unemployment insurance if they work for establishments which participate in the State unemployment insurance programs, but it is believed that the number is exceedingly small.

TRAINING FOR PRACTICAL NURSING

Types of Schools

There are three broad types of approved schools which offer training for practical nurses: Those operated by public-school systems, usually as part of a State or local vocational-school or adult-education program; privately operated schools affiliated with hospitals and health agencies; schools operated by hospitals. There are some combinations of these three kinds of schools, both as to control and source of income. About 47 percent of 135 schools that reported to the National League for Nursing in 1952 were under State control and about 55 percent received income from a State, although many of these were affiliated with the city, county, or another local agency which operated the school. At least 39 percent of the 135 schools depended upon tuition fees as a source of income (2). Public-school programs in practical nursing are eligible for Federal support if approved by State boards for vocational education.

Registered hospitals reported 334 clinical programs³ affiliated with schools of practical nursing in 1951 in 44 States and the District of Columbia; of these, 108 were in governmental hospitals and 226 in nongovernmental hospitals (6).

An Office of Education survey as of September 1952 reports a total of 278 individual programs of practical-nurse training, public and private, in 45 States, the District of Columbia, Alaska, Hawaii, and Puerto Rico (27). Only Maine, New Hampshire, and Wyoming had no training programs for practical nurses in 1952. Of the total number reported, 184 programs were operating under public-school systems in 38 States, the District of Columbia, Alaska, and Hawaii.

In May 1950, the convention of the National League of Nursing Education (now a section in the National League for Nursing) adopted a set of principles on nurse education which included a recommendation that schools for practical nursing should be part of an adult education program and that public institutions should provide for such training (18). The Office of Education supports this view because of the advantages of public-school education in such matters as development of standards of instruction and general availability of training.

School Approving and Accrediting Agencies

Approval of schools of practical nursing is usually made by the State board of nurse examiners in States which provide for licensing of practical nurses, or the State board of vocational education, or both.

³ Reported in AMA Journal 1952 (Hospital Number) as "schools" of practical nursing, but undoubtedly participation in school programs rather than complete programs was meant.

(a) A class in anatomy.



(b) Professional nurse teaches method of sterilizing surgical dressings.

(c) In learning urinalysis, student checks chemical reaction with the textbook.



Figure 4. Today's practical nurses go to school before they practice.

The National Association for Practical Nurse Education (NAPNE) offers a national accrediting service for schools in States without provisions for training and licensing of practical nurses, or for any other schools which request it. In the Federal Department of Health, Education, and Welfare, the Office of Education provides advisory services to State boards of vocational education on standards for public schools which conduct practical-nurse training programs, but States maintain the approval or accrediting function.

According to the Office of Education, programs for 144 of the 184 operated in public-school systems as of September 1952 had been approved, and 84 programs were approved of a total of 94 operated by private organizations (27).

Length of Courses

At least 9 months of preparation in an approved school of practical nursing is required to become a trained practical nurse, and a few States require as much as 18 months; the most common period of training is 1 year or 2,000 hours (5). As of May 1953 there were probably no more than 4 or 5 approved programs of less than 1 year in duration, and the general opinion was that all approved schools would soon reach the 1-year minimum.

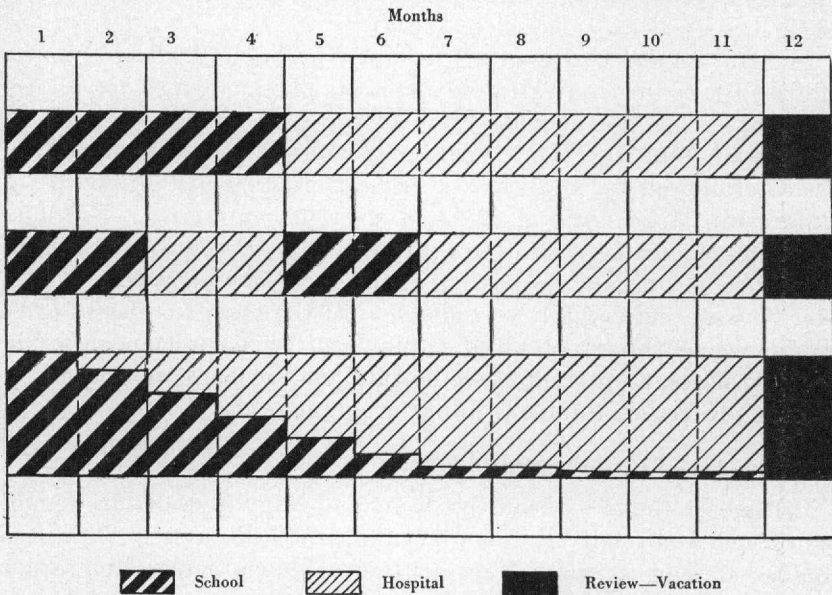
Course Content

Many schools use "Practical Nursing," an analysis of the practical nurse occupation, and "Practical Nursing Curriculum," suggestions for developing a program of study, published by the United States Office of Education and prepared by a representative national advisory committee (28 and 29). These publications furnish a national pattern for training the practical nurse. The suggested basic nursing skill and related instruction include meeting the health needs of apparently well individuals and families; meeting the nursing needs of the mildly ill and of the convalescent patient, of the patient with long-term illness or disabling condition; meeting the nursing needs of the mother and infant; and meeting common emergency needs of individuals and families. Suggested additional units of instruction include basic homemaking skills and related instruction dealing with body structure and function, and the life span.

During the preclinical training in the public vocational schools, students receive instruction in nursing arts from professional nurses and in dietetics and home management from qualified teachers. Practice is given under realistic conditions. During the clinical experience in the hospital the student learns to care for all types of illnesses for which she will be responsible. This experience is supplemented by regularly organized classes in theory. Some schools provide supervised nursing experience in private homes.

Training is divided into about one-third of the total time for classroom or foundation instruction, and two-thirds for supervised clinical experience in an approved hospital. As noted from the accompanying chart, there are three broad methods used by schools to divide the time spent in the classroom and in the hospital. One plan provides for all of the foundation work to be taken by the student during the first 4 months; a second plan divides classroom instruction into two periods during the first half year, and introduces the student to clinical experience in the third and fourth months. The third plan combines classroom work with hospital training, beginning with the second month and extending throughout the year, with clinical experience increasing gradually in proportion to classroom instruction until the fifth month, when it begins to require the greater part of students' time.

TYPES OF PRACTICAL NURSE TRAINING PROGRAMS



Source: Office of Education, U. S. Department of Health, Education, and Welfare, Trade and Industrial Education Branch, May 1953.

It is believed that the first type of program is the easiest for the school to administer, but that it is not so helpful to the student as the third plan which makes transition from classroom to hospital easier. The third plan is the most complex to operate.

All approved programs require the practical-nurse student to obtain clinical experience in the four basic hospital services: Medical, surgical, obstetric, and pediatric. Some schools may add any or all

of the following services: Tuberculosis nursing, psychiatric nursing, and the care of homebound patients.

Special emphasis has been placed on giving practical nurses experience in home nursing in recent years. Nursing and health leaders recommended at a conference called by National Association for Practical Nurse Education and the New York Academy of Medicine in February 1951 that a program of home nursing be tried out under careful medical supervision in four or five schools of practical nurses. The Household Nursing Association in Boston offers a 15-month course in home nursing for practical nurses. In 1951 students received 6 weeks of instruction in a practice house, where they lived and worked under conditions closely approximating the private home. They were sent to small general hospitals affiliated with the school for 13 months to learn hospital nursing methods in the care of the sick. A 2-week final course was given at the school. For 24 weeks after completion of the course, staff nurses visited the practical nurses on their cases at least once a week (13).

In 1949, Baylor University School of Nursing at Dallas, Tex., established a course equivalent to practical nursing which leads to a certificate from the university school for the occupational title of "technician nurse."⁴ The program includes a 4-month preclinical period, followed by 8 months of clinical training and 6 months of "internship" in a hospital affiliated with the university. Entrance requirements in 1951 called for applicants 17 to 30 years of age, high-school graduation, and the passing of entrance examinations. Women over 30 were individually considered. Of the first two classes to be graduated, 57 percent obtained employment as "technician nurse" in doctors' offices, 33 percent chose hospital employment, and 5 percent entered professional-nurse training programs (22).

Inservice Training in the Armed Forces

It has been the practice of the Army and Navy to use a large number of men and relatively few women as practical nurses. This is in contrast to the practice with respect to professional nurses in military service, all of whom have been women.

The Army and Navy each offers courses which include, or offer the equivalent of, practical-nurse training courses to enlisted men and women medical service personnel who qualify. Job classifications and course titles vary according to the branch of service, and training includes many procedures peculiar to military service.

The United States Department of the Army conducts an advanced medical technician procedure course for enlisted men and women medical technicians who have completed preparatory training under

⁴Not to be confused with the occupational title "nurse technician" which refers to a professional nurse trained in medical laboratory methods and procedures.

Army supervision. The course provides, in part, what amounts to a course in practical nursing and a number of additional medical technician procedures. Students are trained to assist the professional nurse in caring for the acutely ill and to attend convalescent, chronically ill, or subacute cases under supervision. Enlisted personnel cannot take this course unless they are able to give at least 1 year of Army service after training, which lasts for a period of 48 weeks. A graduate of the Army's advanced medical technician procedure school is eligible to take State board examinations for licensed practical nurse. Courses were given in 1953 at Walter Reed Hospital's Forest Glen section, at Letterman Army Hospital in San Francisco, and at Fitzsimons Army Hospital in Denver (26).

The United States Navy Department trains enlisted personnel for practical nursing as hospital corpsmen for both the Navy and Marine Corps. Women who complete the course are called Wave hospital corpsmen or female hospital corpsmen. Four basic hospital corps schools are used to teach practical nursing theory for a period of 20 weeks; following completion of the academic work, student corpsmen are sent to one of 27 naval hospitals for 6 months of supervised clinical experience. Because of the fact that clinical experience is postponed until the end of the theoretical training and the school faculties do not have an opportunity to follow through on the complete program, it is believed that this type of program is not as helpful to students as plans in which clinical practice is a regular part of the curriculum. Nevertheless, hospital corpsmen are able to meet examination requirements in theory for practical nursing in many States after leaving Navy service.

The United States Department of the Air Force does not provide any specialized training equivalent to practical nursing for its medical service corpsmen.

Army and Navy training is accepted as qualifying to meet the educational requirements for the Federal civil service classification of "Trained Practical Nurse." (See appendix.)

Extension Courses

Extension courses are given for practical nurses who have obtained, or are preparing to qualify for, licenses by waiver of examination; also for those who may be employed as practical nurses and wish to obtain additional training. Several practical-nurse associations have promoted extension courses, which are usually given in the evening. Local boards of education in many States have set up extension courses for practical nurses, either as part of a high-school extension program or a program for adult education, in both urban and rural areas. In some States, a group of 10 or more practical nurses who have been employed continuously for at least 2 years at the occupation, and who

otherwise meet admission requirements, may apply to a local board of education to organize an extension class (30). Hospitals, health agencies, and such organizations as the YWCA have also provided evening courses in practical nursing subjects in a number of communities.

Combined Academic Training and Practical Nursing

Colleges and junior colleges which have approved practical nurse programs of 1 year usually offer an additional academic education for the practical nurse who is interested in extending her education. In many of these colleges it is possible for a student to complete 2 years of training which will lead to the A. A. (Associate of Arts) degree, as well as prepare her for the State board licensing examination in practical nursing. The list of schools in appendix 2 includes some colleges and junior colleges offering this educational plan. Most of them are located on the west coast, especially in California and Washington, but a number of other States are represented.

Costs of Training

In the public-school systems, the cost of training ranges from no fee to fees of \$100 or more; in some schools in the Far West, the fee was \$180 in 1953.

If a student needs to earn her room and board, public-school authorities will approve part-time employment that does not affect her health or limit her educational opportunity. During the hospital training period it is sometimes possible for the student to obtain an allowance for maintenance; some hospitals provide room, board, and laundry instead of the allowance.

Most private, nonprofit vocational schools for practical nurses charge a tuition fee. Because this fee varies considerably from place to place, the student who is interested in a particular school should make inquiries about tuition and other admission fees.

The Minnesota Legislature in 1951 approved a plan for providing scholarships for practical (as well as professional) nurses who are residents of Minnesota and could meet the qualifications of "need and ability" (17). The scholarships are awarded only to students in schools that provide for some experience in a rural or State hospital for the mentally ill. The amount of the scholarship for a practical nurse is \$300.

Financial aid seems to be needed by students mostly during that part of the school program which is taken outside of the hospital, because of the customary provision by the hospital of some type of maintenance during the period of clinical training. Civic groups such as Altrusa, Rotary Clubs, local Red Cross organizations, and women's auxiliaries in hospitals sometimes make scholarships avail-

able to qualified applicants for schools of practical nursing, usually out of a general scholarship fund. Alumni associations of schools of practical nursing sometimes raise money for scholarships. One alumni association provides a scholarship for one graduate each year from each of the high schools in the city.

In March of 1953, Congresswoman Frances P. Bolton introduced into the 83d Congress a bill (H. R. 3850) to provide for nursing scholarships and Federal grants for schools of nursing. The bill provided that practical-nurse education be further supplemented, as part of the Vocational Education Act of 1946, under which States have been eligible for Federal assistance to establish practical-nurse training through State boards of vocational education. In addition, the bill proposed that students who qualify for practical-nurse training in approved schools be given financial assistance for their education to the extent of their need, including tuition, maintenance, and other costs of training not assumed by the school, such as books and uniforms; also, for practical nurses taking hospital training outside the community where the school is located, a provision for paying travel expenses of needy students was included. Whether this or a similar bill is passed, and when, depends upon public recognition of the extraordinary need in the decade of the 1950's to encourage women to enter nursing.

The Outlook for Training

A very significant indication of the intense public interest in practical-nurse training was the increase in the number of training facilities for practical nurses in the years following World War II. The first full-time school for practical-nurse training was developed under private sponsorship at Brattleboro, Vt., in 1918. Since 1918, the Household Nursing Association School of Attendant Nursing (the Massachusetts designation for a practical nursing school) in Boston has been training persons to give nursing care in private homes. In 1919 a public-school practical-nursing program, the first of its kind, was established at Minneapolis, Minn. By 1942, some additional private schools had been established, and there were only 8 public-school programs in 8 cities and 4 States (16). By 1948, there were 47 programs in 44 cities and 16 States, and as of June 1953, 210 practical-nurse programs were operating under the public-school systems in 183 cities, in 39 States, Alaska, Hawaii, and the District of Columbia. The National League for Nursing reported that there were 240 approved schools of practical nursing in 1952 (2), and the Office of Education reported on the existence of 278 public and private schools in 1953. Most of the 278 were approved and the others were awaiting approval pending review.

It is possible that the present number of practical-nurse training schools could prepare almost twice the present number of students, estimated at 6,000 annually, if used to maximum capacity. It is recommended policy, however, to keep the classes for each instructor between 10 and 25 students, to help insure effective teaching (30). Many cities and several States are still without practical-nurse training programs, but schools were available for low-cost training to students in most areas of the country in 1953, and all signs in the field of practical-nurse education were pointing toward a general increase in the availability of training opportunities for the following years.

There is evidence of local public interest in providing advanced training opportunities for practical nurses. All hospitals with the proper facilities and a point of view about effective use of staff establish basic inservice programs for their entire nursing personnel; some have experimented with training practical nurses in the specialized clinical fields, such as psychiatric nursing.

Some thought has been given to allowing credit for practical-nurse training toward professional-nurse training. Discussions for and against such a plan have taken place among nursing service and educational agencies, but they usually conclude with additional questions about some of the basic pending problems concerning divisions of the nursing function and the future for various types of nursing personnel. By 1952 the National League for Nursing had canvassed 970 schools of nursing to obtain their views about counting practical-nurse education credits toward the basic professional-nurse course, and the subject was scheduled for further intensive study in 1953.

In 1948, Dr. Esther Lucile Brown, in her report for the National Nursing Council (10), presented the problem of professional- and practical-nurse training as follows:

We come now to the question which is the most difficult of all to discuss. It is the question of whether a graduate bedside nurse similar to many general- and private-duty nurses of the present would be needed, if successful preparation of practical nurses on the one hand, and of truly professional nurses on the other, should be achieved. Recent years have seen considerable clarification of those functions for which training of from a month to a year may be sufficient, and equally of those functions which can be efficiently performed only by persons with professional education. The unsolved problem is whether personnel to give nursing care of an intermediate kind will be necessary.

Race, Marital Status, and Age in Relation to Training

Limitations upon students in the way of race restrictions, marriage, and age were showing evidence of relaxation by 1952. Public-school programs, except for those in sections of the country which still practice segregation, generally provided equally for admission of Negroes and white students to the same schools, and a number of States that practice segregation had established approved schools for Negroes. (See appendix.)

As to marriage restrictions, only 11 of 133 approved schools of practical nursing reporting in a National League for Nursing survey in 1952 required their students to withdraw after marriage (2). Most schools of practical nursing are not concerned about the marriage or dependency status of students if these conditions do not interfere with school attendance or student health.

All of the public-school systems which provide for practical-nursing programs as part of adult education admit older women up to 50 years of age, if they can qualify in school aptitude and physical requirements. There is a general willingness among all schools, public and private, to accept mature women for training, and the question of upper age limit was left open in many schools throughout the Nation if individual admissions committees found candidates qualified on the basis of health, aptitude, and general suitability. The minimum age for public-school admission of practical nurses was 18 (30), and a 1952 study of the Office of Education indicated that the median age of practical nurses in training was 32.

A FEW CAREER SUGGESTIONS

To Be or Not To Be—A Practical Nurse

Schools of practical nursing and nursing organizations can give information about the advantages and disadvantages of becoming a practical nurse in relation to an individual woman's qualifications and interests. Young women still in high school may ask the advice of their counselors and teachers or find a helpful interviewer at a local State employment service agency. Considerations about the practical-nurse career will differ for women of different ages in matters such as health, personality, and aptitude for certain kinds of study.

Personal qualifications for practical nursing are set forth briefly as follows (31):

- (1) Good physical and mental health; ability to withstand strenuous physical activity.
- (2) Manual dexterity—or enough manual skill to handle instruments and equipment properly.
- (3) Ability to work with, and to become interested in, a great variety of people of different ages, personalities, and backgrounds.
- (4) Ability to work under close supervision and to follow instructions, verbal and written.
- (5) Good judgment and tact in meeting situations and in dealing with people.



Figure 5. Practical nurse students learn clinical specialties in hospital practice.

(a) In pediatrics course, students practice in children's ward.

(b) Registered nurse instructor teaches taking pulse and temperature in nursing arts course.

Selecting the School

It is important for the practical-nurse candidate to obtain her vocational preparation in an approved school. (See p. 49 of this bulletin.) The easiest way to obtain information about a school of practical nursing is from the State Board of Nursing Education and Nurse Registration, which is usually located in the State capital. Another

source is the National Association for Practical Nurse Education at 654 Madison Avenue, New York 21, N. Y. (30).

Usual requirements for admission to a practical-nurse training program are summarized by the Office of Education (U. S. Department of Health, Education, and Welfare) as follows: Applicants must be between the ages of 18 and 50; graduates of elementary school if over 25 or have 2 years of high school if under 25; have good health, show suitability for the practical-nurse career. Suitability for training is determined by the school on the basis of interviews, personal references, and aptitude tests.

Finding the Job

The wide choice of jobs open to the practical nurse presents a special problem of finding the right job. Obviously, the basic considerations are salary, possibility of advancement, working conditions, and such matters of personal concern as location of the job and hours of work. But these are not the only matters to consider, particularly for the woman who is starting out on her practical-nurse career immediately after completing her training. If there are no differences, or only slight differences, in economic advantages of one job over the other, the practical nurse will do well to choose employment that can add to her skill and knowledge. She may wish to specialize in a field such as psychiatric nursing care (for the mentally ill); or in pediatrics (the care of children). Or she may look toward service in the public health field as a home visiting nurse or in a general hospital. In any case, she may choose a job on the basis of the additional experience that she can acquire under good nursing supervision. There are many people to help her find the right job, and without cost to her.

Agencies where the practical nurse may obtain information and guidance about the kinds of jobs available in specific areas are: Approved schools of practical nursing; State nurses' associations, especially those for practical nurses; and State employment service agencies that provide special counseling, such as the Nurse and Medical Placement Center of the New York State Employment Service, affiliated with the United States Employment Service of the Department of Labor.

Because of the very critical need for trained nursing personnel in the treatment of mental patients, practical nurses, as well as professional nurses, will find many opportunities in the psychiatric nursing field. Massachusetts provides special preparatory training for practical nurses at the State mental hospitals. Other State and Federal hospitals have established on-the-job training programs or specialized psychiatric training for graduate practical nurses from time to time.

Nurse registries usually charge the applicant a fee for placement,

but they are probably among the best sources for employment in private households. There are two kinds of nurse registries: Those which are affiliated with professional nursing organizations and used extensively by hospitals, physicians, and public and private health agencies; and private commercial registries which have varying standards of practice. Some commercial registries will not place practical nurses unless they are graduates of approved schools, meet certain minimum qualifications, and have references from physicians and patients. Fees charged by private registries with professional nursing affiliations are usually made on an operating-cost basis, or if a little higher, the charges made for service go toward support of the organization. In some areas of critical nurse shortage, private employers have paid the placement fee to a nurse registry.

Trade-marks

Part of the practical nurse's equipment consists, first of all, of some written document which identifies her as a qualified practical nurse. This may be a State license or an identification card provided by a reliable placement agency, or a diploma or certificate from an approved school of nursing.

There are recommended uniforms for practical-nurse students which are used by many schools and are becoming standardized: a washable cotton dress with an emblem on the left sleeve, "Practical Nurse Student."

The uniform officially endorsed by the National Federation of Licensed Practical Nurses for graduate practical nurses is all white, with white cap, shoes, stockings, and with a sleeve chevron which is a symbol or trade-mark of the practical nurse. Some State practical-nurse associations have adopted a cap insignia, in addition, of "PN" (practical nurse) or "LPN" (licensed practical nurse). Employers such as public health agencies and institutions may also require special insignia for sleeve or cap, and their own distinctive uniforms for visiting nurses. Some schools have adopted pins which may be worn by the graduate practical nurse on her cap or uniform (19 and 30).

Joining a Practical-Nurse Organization

Practical nurses are encouraged to join an organization which will help them to improve their career knowledge and increase their opportunities for developing high standards of nursing service.

Three national organizations offer membership to graduate practical nurses: the National Federation of Licensed Practical Nurses, Inc. (NFLPN), founded in 1949; the National Association for Practical Nurse Education, Inc. (NAPNE), established in 1940; and the National League for Nursing (NLN), which admitted practical

nurses to membership in 1953. All have headquarters in New York City.

The National Association for Practical Nurse Education was founded mainly to promote sound practical-nurse education. Some of the activities which NAPNE conducts for this purpose include: an accrediting service for schools of practical nursing; consultation to schools on the development of program and standards; research on practical nursing education; provision of a clearinghouse for information on practical nursing in the United States and other countries; publication of information about practical-nurse education; promotion of summer school courses or "workshops" for directors and instructors of practical nursing schools, as well as workshops for practical nurses. Both individual and group membership is offered by NAPNE. Individual practical-nurse membership includes graduates of approved schools, licensed practical nurses, and practical nurses who are members of their State practical-nurse association. Practical-nurse group members include organizations, such as alumni associations of approved schools of practical nursing and State practical-nurse associations.

As of May 1953, NAPNE reported about 1,000 individual members and 100 group members.

Under the 1952 amendments to the bylaws of the National Federation of Licensed Practical Nurses, member State associations of licensed practical nurses (or associations with equivalent title) pay per capita dues for each and every member to the NFLPN, which provides for automatic membership. Provision was also made at that time for participation in NFLPN of representatives of State organizations of unlicensed practical nurses, on the group basis, until such time as licensure provisions are enacted in those States for practical nurses.

NFLPN was organized for the purpose of assisting practical nurses to promote and maintain high nursing standards, to interpret the role, and advance the career of the practical nurse, and to protect her occupational and economic interests.

In 1953 the NFLPN reported approximately 10,000 members with chapters in 24 States.

The National League for Nursing is interested in nursing standards and nursing education for both professional and practical nurses. Although practical nurses were not eligible for membership prior to 1953, several NLN committees, especially one on Practical Nursing and Auxiliary Nursing Service, have been active in research on practical nurse education and functions for a number of years. Their studies include questions concerning the appropriate divisions of service between practical and professional nurses.

In addition to the three national organizations reported, there are a number of local practical-nurse organizations which do not have national affiliation. A directory of organizations in *Nursing World* of January 1953 reported on the existence of practical-nurse membership groups in 45 States, Hawaii, Puerto Rico, and the District of Columbia. The only States in which there were no organizations were Maine, Mississippi, and Wyoming (11).

PART II.—AUXILIARY WORKERS ON THE NURSING TEAM

Who Are the Auxiliary Workers?

Auxiliary workers in nursing service are sometimes divided into two broad occupational groups: (a) Those whose work is related both to the care of the patient and the patient's environment, and who share to a limited extent some of the routine nursing care for which the professional and practical nurse have a much greater responsibility; (b) workers who perform in hospital or institution job duties related mainly to the care of the patient's environment, such as cleaning, housekeeping, messenger service, reception work, and clerical duties (4). Employees in the second group may become important members of hospital or health agency nursing teams, but their job duties are not necessarily related to nursing care, for there are many kinds of employment besides nursing service in which most of them may be found.

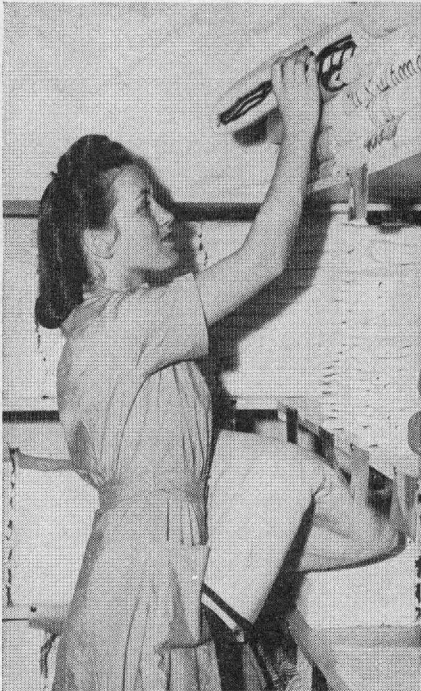
It is often difficult to distinguish between the two groups because of overlapping duties and interchangeability of job titles. Division into two groups can therefore be only a rough guide to understanding the job duties of the many different kinds of workers who carry out necessary and important assignments in nursing service.

Workers in the first group are known in hospital or institution work largely as nursing aides (or nurse aides), ward attendants, ward maids, ward and nurse helpers. Men workers in this group are called orderlies. In private households, assistants to the practical or professional nurse, or to the family requiring help in home nursing care, may be mother's helpers or visiting housekeepers.

The second group of workers are found in hospital, institution, or health agency work and not in private household employment. They are classified occupationally into clerical and service groups. Clerical workers include receptionists, desk clerks, messengers, errand girls and boys. Service workers are cleaners, porters, diet maids, and kitchen maids.

All of the auxiliary nursing workers (except practical nurses) who assist professional nurses on the hospital or home nursing team have one thing in common: they are not usually required to have training or experience before employment. Hospital and private employers hire persons in this group on the basis of certain physical qualifications, personal characteristics, and aptitudes for auxiliary nursing

(a) Cleaning hospital bed.



(b) Caring for linen room.

(c) Preparing diets in the central kitchen.



Figure 6. Auxiliary workers do hundreds of important service jobs in the hospital.

jobs, and provide on-the-job training, even for those who may have had some experience. In hospitals, institutions, and health agencies, on-the-job training may be planned and carried out according to certain standards; often it is informal, and auxiliary nursing workers receive day-to-day instruction from the immediate supervisor.

The American Hospital Association, for purposes of salary survey, divides hospital nursing workers into professional nurses, practical nurses, untrained men and women, and clerks. The "untrained" group includes all of the workers in both groups except clerks (1).

"Hospital attendant" is a title that may represent a great variety of workers, and include some practical nurses. (See pt. I, Employment Outlook.) It should be noted that the 1950 census figure of 210,756 attendants in hospitals and other institutions (see table 1, pt. I) included the following job classifications:

Assistant	Helper	Physiotherapy aide
Assistant, dispensary	Helper, veterinarian's	Therapy attendant
Attendant	Helper, ward	Tray girl
Charge attendant	Hospital aide	Utility man
Dispensary attendant	Nurse's aide	Veterinary attendant
First-aid attendant	Orderly	Ward attendant
Floor girl		

In a survey of America's health resources by the President's Commission on the Health Needs of the Nation, auxiliary nursing workers were identified as practical nurses and attendants (in a single group), nursing aides, orderlies, and ward maids (21).

Nursing Aide as an Entry Job in Hospitals

Of all the auxiliary nursing workers, the nursing aide (or nurse aide) was singled out for special attention as an occupational classification in 1950 by the Joint Committee on Practical Nurses and Auxiliary Nursing Workers, and by many hospitals. Through intensive and well-planned training programs, a number of hospitals have prepared untrained women on the job to become valuable members of the nursing team as nursing aides.

To identify the auxiliary nursing worker who provides nursing care and service closest to that of the nurse, professional and practical, the duties of the nursing aide as described by the joint committee are summarized below (4).

Typical functions closely associated with nursing care which nursing aides may perform under supervision for carefully selected patients

(a) *Physical assistance to patient or nurse.*—Holding patient for treatments and care; assisting with placing of patient on and off wheelchairs, stretchers, beds; dressing and undressing patient; assistance with bedpan and with tubs, showers, body washing, and shampoos; assistance with feeding; watching patients who cannot be left alone; assistance to nurse with post-mortem care.

(b) *Escort and messenger service.*—Accompanying walking or transported patient to various hospital stations, and to and from admitting office; answering patient's calls; delivering messages and equipment.

Typical duties not directly connected with personal care of the patient which may be assigned to this group of workers

Care and disposal of flowers, magazines, newspapers, waste and the like; care of rubber goods, filling ice caps and collars and delivering to nurse, inflating rubber rings; changing covers on stretchers, examining tables, screens, etc.; cleaning and setting up patient unit, cleaning up at bedside after treatments or accidents; cleaning bath basins and utility room furnishings; collecting charts, records, reports as directed; delivering specimens; distributing and collecting diet trays, drinking water; folding and stacking linen and blankets, making supplies, caring for special equipment, gloves, instruments, etc., after use; making unoccupied beds and cribs; receiving and escorting visitors; replenishing supplies in lavatories and utility rooms and keeping equipment in order; care of nourishment dishes if no maid service is available.

The Labor Department's publication of job descriptions for hospitals (31) has defined nurse aide as a worker who "assists professional nursing staff by performing routine duties in caring for hospitalized patients." Educational requirements are listed as follows: "A minimum of grammar-school education is essential and high-school education or equivalent is preferred." Experience for the nurse aide is stated as "preferable but not essential."

It has been recommended generally that the nursing aide be supervised directly by a professional nurse, or by a physical therapist or dietitian if she is assigned to duties not directly related to nursing.

For women who are interested in hospital nursing service but who do not take any preparatory training, such as the course in practical nursing, the nursing-aide job offers a good employment opportunity. Many nursing aides become interested in practical- or professional-nurse education as a result of the nursing-aide experience, which not only gives them a valuable foundation for further nurse training but contributes an important and much-needed service.

Increase in Nursing Aides in Hospitals

Between 1945 and 1951 hospitals benefited by a general increase in the number of auxiliary nursing workers including practical nurses and attendants, from 216,399 to 297,466. Of this group, nursing aides alone increased from 49,774 in 1945 to 76,091 in 1951,⁵ or about 53 percent in comparison with an increase of about 38 percent for all auxiliary nursing workers.

⁵ In 1952, nursing aides in hospitals increased by 14,772 over 1951, representing nearly half of the total number of additional auxiliary nursing workers, about 31,000, who entered hospitals in 1952, according to the Journal of the American Medical Association's Hospital Number for May 1953.

The table below shows that the most marked increase in numbers of auxiliary hospital personnel was for the group of practical nurses and attendants, and that this represented an increase of 110 percent. On the other hand, orderlies decreased by nearly 50 percent between 1945 and 1951, and ward maids by more than 20 percent. However, some of the orderlies may have been counted in the group of attendants and practical nurses in 1951.

TABLE 3.—AUXILIARY NURSING WORKERS IN HOSPITALS, 1945 AND 1951¹

Type of personnel	1945	1951	Percent change
Total.....	216, 399	297, 466	+37. 5
Practical nurses and attendants.....	80, 105	² 167, 977	+109. 7
Nursing aides.....	49, 774	76, 091	+52. 9
Orderlies.....	52, 654	26, 771	-49. 2
Ward maids.....	33, 866	26, 627	-21. 4

¹ Figures are for both men and women, but orderlies are exclusively men, and nursing aides are almost exclusively women.

² Practical nurses numbered 40,816 and attendants 127,161.

Source: Journal of the American Medical Association, Hospital Numbers, 1946 and 1952.

Earnings and Hours of Auxiliary Nursing Workers in Hospitals

Only rough estimates of the earnings of women auxiliary nursing workers may be obtained from a salary survey of untrained women in hospitals by the American Hospital Association (*1*). The group of untrained women includes those who assist in the nursing units, such as attendants, nursing aides, and ward maids and those working in service units, such as diet maids, kitchen maids, and cleaners. In 1952, the gross monthly starting salary for all untrained women hospital workers (except for Federal hospitals) ranged from \$108 to \$165 when grouped according to region, and from \$126 to \$174 when grouped according to size of hospital. The average gross monthly salary for untrained women beginners in 1952 was \$132, as compared with an average of \$154 for men in the same group. For clerks (men and women) the median was \$160 and for practical nurses, \$164.

In 1952, salaries of untrained women hospital workers had increased 43.5 percent over 1945. The 1952 increase over 1951 was 3.1 percent.

In Federal hospitals, the monthly gross starting salary for untrained men and women nursing workers was \$202 for a 40-hour week in 1952.

For all hospitals except those under Federal control, the average workweek for untrained women nursing workers in 1952 was 44 hours

among 2,711 hospitals reporting. In 1945, the average for the same group was 48. When hospitals were grouped according to region for 1952, hours ranged from an average of 41 for the Pacific region to an average of 46 for South Atlantic, East South Central, and West South Central regions.

The Future for Auxiliary Workers on the Nursing Team

A number of reports had been accumulated by 1953 about experiments and pilot programs in the extensive use of auxiliary personnel to relieve more highly specialized hospital personnel, especially professional nurses and nursing supervisors, of routine duties. Many more studies were in progress, both at individual hospitals and schools of nursing, and under the sponsorship of professional nursing organizations and universities. Some were being financed through special grants. For example, part of a \$100,000 Rockefeller research grant to Columbia University in September 1952 was set aside for studies of the nursing function—or job breakdown for nursing personnel. Other studies were being conducted under the guidance of groups of professional nurses themselves, such as one project on the nursing function which was paid for partly through funds raised by the membership of the California State Nurses' Association with financial assistance from the national office of the American Nurses' Association (24). In the California study, 42 hospitals representing a variety of sizes, locations, and types of control were selected for the research. In February 1953, the study was entering its third year.

The studies on the nursing function were seeking an answer to the basic question of the effective use of nursepower at all levels of training and job assignment. Among the specific points raised was the problem of what ratio of various types of personnel—auxiliary workers, practical nurses, and professional nurses—was required to meet the Nation's demand for nursing care. It had been recognized long before 1953 that the problem was complex, and that all estimates of nationwide supply and demand would have to depend on much research, which could be satisfactorily carried out only at the nurse-patient level.

The current studies seem to be in general agreement on two broad findings:

- (1) That the ratio of professional nurses, trained practical nurses, and auxiliary nursing workers must be adapted to a particular kind of patient service in the hospital, to the organization of the individual hospital, and to other variable factors; and that
- (2) auxiliary workers, as well as practical nurses, could be employed and trained in much greater numbers than were currently available to relieve professional nurses.

The President's Commission on Health Needs recommended in 1952 that the 1960 need for auxiliary nursing workers would be more than 450,000, including trained practical nurses, of which 10,000 were required (21). In March of 1953, a report of the Joint Commission for Improvement of Care of the Patient (JCICP)⁶ included a number of recommendations for the increased use and inservice training of all classes of auxiliary nursing personnel. Simultaneously, the American Nurses' Association published a statement made by a representative group of nursing organizations⁷ to the President's Commission on Health Needs in which it was concluded that, "studies and experience have demonstrated that 50 percent or over of the total activities required in nursing units in hospitals can be effectively performed by this group" (i. e., attendants, aides, and orderlies) (14).

Concerning ratios, a great many variations in hospital staffing patterns have been worked out. For example, in a Harper Hospital Study from 1950 to 1952 (12), the following ratios of nursing personnel were developed for a surgical service unit:

	<i>Percent</i>
Professional nurses-----	20
Practical nurses-----	20
Nursing aides-----	45
Clerical workers-----	15

For a medical service unit the pattern varied as follows:

	<i>Percent</i>
Professional nurses-----	48
Practical nurses-----	17
Auxiliary workers-----	17
Clerical workers-----	17

Another study on nursing function conducted at Providence Hospital in the District of Columbia by the Catholic University School of Nursing Education, for 1 year ending in March 1950, reported that 50 percent of all nursing activities were spent in *service* for patients and 50 percent in nursing *care*; that changes in ratios between professional nurses and auxiliary nursing workers produced significant changes in distribution of job duties and in the quality of nursing care for patients, and that, in connection with this particular study, a proportion of 2 auxiliary nurses to 1 professional nurse worked best in the medical and surgical service unit under study (9). These are only several isolated examples from a continually increasing fund of information about the effective distribution of auxiliary nurs-

⁶ Originated in 1948 by the American Medical Association; consisted of 6 doctors, 6 nurses, and 6 hospital administrators appointed by representative agencies; began work in 1949. Nursing organizations represented are the American Nurses' Association and the National League for Nursing.

⁷ Nursing organizations represented the American Nurses' Association, the National League for Nursing, the National Association for Practical Nurse Education, and the National Federation of Licensed Practical Nurses.

ing workers in relation to professional nurses and the nursing-team idea.

There is general agreement also that the idea of a nursing team is not new. Hospitals and some public health agencies have used a team approach for many years. Operating teams have worked effectively in hospital surgical units almost universally. The Elizabeth Steel Magee Hospital in Pittsburgh reports special team experience with professional nurses and practical nurses and ward helpers since 1921 (8). But there are many new ideas concerning the effective use of teams and the possibilities for auxiliary nursing workers as an important part of health teams in hospitals, private home nursing, in public health agencies, and in industrial health units.

Most of the new ideas and the new nationwide interest have developed as a result of the wartime and postwar shortage of nursing personnel, but also as a result of very considerable changes in medical treatment which have introduced new drugs, new equipment, new methods, and, in many cases, new attitudes toward the patient. An example of the latter is the change in medical treatment after surgery, when the patient is encouraged to walk and move as soon as possible. "Early postoperative ambulation," as it is known, renders a patient "convalescent" from "acutely ill" in a much quicker time than before, and the reduction of the amount of time spent by patients in the "acutely ill" stage obviously reduces the amount of close, personalized nursing care which a professional nurse is required to provide. In this situation, the practical nurse and the auxiliary nursing worker can be assigned a much larger part of nursing care than ever before. It also becomes of considerable importance that, with the use of larger numbers of auxiliary nursing workers, the doctor and the professional nurse must be available to make decisions concerning the type and amount of care the patient needs. Thus the doctor and all classes of nursing personnel are drawn together in a close team relationship.

Suggestions to Women Interested in Auxiliary Nursing Jobs

Most women who would like to enter hospital work and who cannot spend any time for advance training, or who are not certain about their long-range interests, can easily afford to risk hospital employment experience as a nursing aide, attendant, or a ward maid or diet maid. Job opportunities are plentiful, the need is very great in 1953, and it looks as if the demand for auxiliary nursing workers will continue for some time. It is not necessary for the job applicant to know many of the technical matters which have been discussed in this report about auxiliary nursing employment. The selection of a particular job must meet certain requirements for the individual woman in matters of salary, hours of work, and location. If oppor-

tunities for advancement are sought, however, it is wise to select a hospital or health agency which has a well-organized on-the-job training plan, and questions about training may be directed to the employer under consideration. And, of course, all kinds of questions about employment opportunities may be directed to the high-school counselors by young women in school, and to State employment agencies and nurse registries.

Some of the inquiries which a job candidate may ask about an auxiliary nursing job are: Who will supervise me? Who will show me how to do the work? Will I have a chance to work in several different places in the hospital? Do I have a chance for advancement (with or without training outside)? The advice on the last question will usually end with a recommendation for additional outside training, which means making plans to enter a program of practical nurse education, or a school of professional nursing. A tour of duty in the hospital as a nursing aide, attendant, or diet maid will help women who are doubtful to make up their minds about the nursing vocation—and it may also lead to very satisfactory and rewarding permanent employment.

Requirements to enter auxiliary nursing jobs are summarized briefly: good physical and mental health; ability to follow instructions carefully; ability to work with all kinds of people; and an interest in patients and in the work of the hospital, institution, or public health agency.

Nursing aides and other members of the nursing team (except student nurses) are eligible for old age and survivors insurance protection under the same conditions as are practical nurses employed in hospitals and institutions (see p. 21).

APPENDIX

1.—Job Descriptions for Practical Nurse and Nurse Aide in Hospitals (31)

NURSE, PRACTICAL 2-38.20¹

JOB SUMMARY

Under supervision of physician or professional nurse, administers routine services in caring for selected subacute, convalescent, and chronic patients, and assists nurse in care of the more acutely ill.

PERFORMANCE REQUIREMENTS

Responsibility for.—Providing suitable environment for patient. Administering personal hygienic and therapeutic measures for patients as directed. Assisting with diagnostic procedures. Applying dressings, binders, ointments, powders, and other aids as prescribed by professional nurse or physician. Administering first aid during emergencies. Following other instructions issued by physician and/or professional nurse.

Physical demands.—Good physical and mental health. Must be able to withstand strenuous physical activity. Manual dexterity to handle instruments and equipment.

Special demands.—Must have a liking for people and a desire to serve those who are ill or incapacitated. Ability to work under close supervision, and to follow verbal and written instructions. Must be able to adjust self to diversified types of personalities, and use tact and judgment in dealing with varying situations.

QUALIFICATIONS

Education.—Two to four years' high-school education for applicants under 25 years of age, and completion of at least the 8th grade for those over 25. Completion of an organized course of study approved by the State accrediting agency, consisting of 9 to 18 months' theoretical instruction, clinical experience in hospitals, and supervised experience in homes, leads to trained practical nursing. Many States require license for Nurse, Practical.

Training and experience.—On-the-job training. Home-nursing or first-aid courses offered by vocational and high schools or through other community facilities, as the YWCA and Red Cross, may shorten training time for students.

Job knowledge.—Daily hygienic care of patients. Techniques of moving patients and assisting them to and from bed. Serving and feeding adults and children. Techniques of administering such treatments as enemas and stupes. Preventing spread of disease by proper disposal of infected material and cleaning of equipment. Requirements for and method of setting up patient units. Sterilization of equipment and supplies, and method of handling sterile material under supervision. First-aid assistance to render in emergencies. Care of household equipment and operation of appliances. Functions of other hospital departments.

¹ Code number used in U. S. Department of Labor's *Dictionary of Occupational Titles*.

EMPLOYMENT VARIABLES

National affiliations.—National Association for Practical Nurse Education, National Federation of Licensed Practical Nurses.

WORKING ENVIRONMENT

NURSES, PRACTICAL, are employed in homes, hospitals, institutions, public health agencies, and doctors' offices. The conditions under which she works vary with the type of employment. While working in some types of homes, the environment may be very disagreeable due to inadequate housing for the number of occupants; lack of adequate supplies and sanitary facilities; or poor family relationships.

JOB RELATIONSHIPS

Source of workers.—Midwives and practical nurses.

Promotion from.—No formal line of promotion.

Promotion to.—No formal line of promotion.

Supervised by.—A member of nursing staff, depending on organization of hospital.

Workers supervised.—None.

Interrelationship.—Some aspects of this job are similar to NURSE AIDE, and that of a general housekeeper or homemaker, particularly when employed in private homes.

WORK PERFORMED

As directed, performs any or all of the following duties:

Care of patient.—Escorts newly admitted patients from admitting office to hospital room or ward and assists them in undressing. Secures necessary hospital clothing. Takes and records temperature, pulse, and respiration. Stores patients' clothing and valuables, returning property to patients on discharge. Bathes bed patients or assists with their bath. Combs hair, cleans and cuts patients' nails, gives mouth washes, assists in cleaning teeth, and gives shampoos. Renders afternoon and evening care by bathing patient's face and hands, massaging back with alcohol, straightening bedclothes, and leaving room in order. Feeds patients and serves between-meal nourishment. Drapes patients for various types of examinations. Administers enemas, douches, perineal care, and other treatments, as directed. Keeps under constant surveillance patient recovering from anesthesia or receiving prolonged intravenous or subcutaneous injections, notifying professional nurse of unusual reactions such as cyanosis, weak pulse, excessive respiratory rate, and stoppage of liquid flow into patient's body. Applies hot and cold compresses and packs, ice collars and ice bags, and hot water bottles. Passes and empties bedpans and collects urine and fecal specimens. Keeps record of patient's food intake and output as ordered. Answers signal light or bell and delivers messages. Assists patients in walking and transports patients to various hospital departments by means of wheelchair or stretcher. Dresses pressure sores and prepares and applies poultices. Installs and changes abdominal and T-binders. Assists in giving post-mortem care. Cleans and fills water pitchers for patients. Observes precautionary measures when caring for communicable cases by dressing in gown and mask, and washing hands and contaminated equipment with anti-septic solutions before removal from room. Treats body wastes and contaminated linens with germ-killing solutions before disposal.

Performs related duties.—Changes linens on occupied and unoccupied beds, and makes up various types of beds such as open, closed, recovery or ether, and

open-air beds, and cribs and bassinets. Cleans, sterilizes, and airs beds after discharge of patients. Cleans workrooms, linen closets, and medicine cabinets. Collects and bags soiled linen, and stores clean linen. Washes and scrubs instruments, equipment, and furnishings. Makes up packs of supplies and instruments, dressing and treatment trays, and solutions for sterilizing. Sterilizes instruments and supplies by soaking in antiseptic solutions, by boiling, or by autoclave method. Arranges and cares for patients' flowers. Sets up and serves food trays.

NURSE AIDE 2-42.20

JOB SUMMARY

Assists professional nursing staff by performing routine duties in caring for hospitalized patients.

PERFORMANCE REQUIREMENTS

Responsibility for.—Handling and serving patients in a manner conducive to their safety and comfort. Adhering to instructions issued by nurse and to established hospital routine. Performing duties in accordance with established methods and techniques and in conformance with recognized standards. Providing maximum patient-care services within limits defined by delegated tasks.

Physical demands.—Good physical and mental health. Constant standing and walking during work periods. Turning, stooping, bending, stretching, and lifting to assist patients, make beds, move equipment, and perform other related tasks. Finger and hand dexterity to handle delicate instruments and other equipment.

Special demands.—Willingness to work with realization that errors may have serious consequences for patients. Patience and tact in dealing with ill patients, many of whom are suffering intense pain. Some initiative and judgment in recognizing symptoms indicative of patients' adverse reactions to treatments. Willingness to perform a variety of simple repetitive tasks, many of which involve unpleasant conditions. Rapidity and accuracy in preparing instruments and supplies for use within very limited period of time. Works under close supervision.

QUALIFICATIONS

Education.—A minimum of grammar-school education is essential, and high-school education or equivalent is preferred.

Training and experience.—Previous experience preferable, but not essential. Worker receives on-the-job training under close supervision.

Job knowledge.—Knowledge of procedures and techniques involved in administering simple treatments and providing related bedside patient-care service. Familiarity with location of various departments and with general regulations of hospital. Understanding of standard techniques used in providing personal services for patient and in caring for equipment and supplies. Good understanding of basis of asepsis and sterile techniques to avoid infection of patients and self or contamination of equipment and supplies.

EMPLOYMENT VARIABLES

May be required to work in rotating shifts.

WORKING ENVIRONMENT

Works inside well-lighted and ventilated hospital rooms. Possibility of cuts from sharp instruments, burns from sterilizing equipment, and infections from soiled linen. May be exposed to communicable diseases. Subjected to dis-

agreeable odors from patients, anesthesia, or disinfectants. Possibility of strains due to lifting patients or handling heavy equipment.

JOB RELATIONSHIPS

Source of workers.—Attendants in hospitals, and other institutions, not elsewhere classified.

Promotion from.—This is an entry job.

Promotion to.—No formal line of promotion.

Supervised by.—A member of nursing staff, depending on organization of hospital.

Workers supervised.—None.

Interrelationship.—Some aspects of this job are similar to those of NURSE, PRACTICAL; ORDERLY. Depending upon size and organization of hospital, sterilizing of instruments and equipment may be done by nursing staff or ORDERLY, and cleaning of rooms and equipment may be performed by MAID; or PORTER.

WORK PERFORMED

Performs various patient-care services.—Escorts newly admitted patient from admitting office to hospital room or ward, assists her in undressing, and provides necessary hospital clothing. Stores patient's clothing and valuables, returning property to her on discharge. May take and record temperature, pulse, and respiration rate. Bathes bed patient or assists her in bathing herself. Combs hair, cleans and cuts patient's nails, gives mouth washes, assists in cleaning teeth, and gives shampoos when necessary. Gives alcohol rubs. Feeds very ill patients, assists other patients with their meals and provides between-meal nourishment when it is indicated. Drapes female patients for examination. Passes and empties bedpans and collects urine and fecal specimens. Keeps record of patient's food intake and output when ordered. Answers signal light or bell and delivers messages. Assists patient in walking and transports patient to various hospital departments by means of wheelchair or stretcher.

Performs related duties.—Cleans room and equipment on discharge of patient. Cleans workrooms, linen closets, and medicine cabinets. Changes covers on stretchers, examining tables, and screens. Collects charts, records, and reports. Collects and bags soiled linen and stores clean linen. Cleans and sterilizes instruments and equipment. Receives and escorts visitors. May help with post-mortem care.

2.—Approved Practical Nurse Training Programs in United States and Territories, September 1952

PUBLIC EDUCATION

Source: Trade and Industrial Education Branch, Division of Vocational Education, Office of Education, U. S. Department of Health, Education, and Welfare, Washington 25, D. C.

Alabama

Birmingham:

Birmingham Public Schools (Negro).¹

Paul Hayne Vocation School.¹

Wenonah Vocational Trade School (Negro).²

Dothan: State Vocational Trade School.¹

Gadsden: Alabama School of Trades.¹

¹ Program approved by State Board of Nursing Education and Nurse Registration.

² Program approved by National Association for Practical Nurse Education.

Alaska

Mt. Edgecumbe: Mt. Edgecumbe Vocational School (native girls).²

Arizona

Phoenix: Phoenix Technical School.²

Arkansas

Little Rock: Little Rock Trade School.¹

Camden: Ouachita County Hospital.

Pine Bluff: Davis Hospital Annex.

California

Berkeley: Berkeley Evening School.

Fullerton: Fullerton Junior College.²

Fresno: Fresno Junior College.

Kenfield: Marin Junior College.

Long Beach: Long Beach City College.

Los Angeles:

East Los Angeles Junior College.²

Los Angeles Trade-Technical Junior College.

Martinez: Contra Costa Junior College.

Monterey: Monterey Union High School.

Oakland: Joseph C. Laney Trade and Technical Institute.

Pasadena: Pasadena Junior College.²

Salinas: Salinas Evening Junior College.

San Diego: San Diego Vocational High School and Junior College.

San Francisco: Galileo High School.

Stockton: Stockton Evening College.

Colorado

Denver:

General Rose Hospital.

Denver General Hospital.

St. Luke's Hospital.

Durango: Mercy Hospital.

Grand Junction: St. Mary's Hospital.

Connecticut

Bridgeport: St. Vincent's Hospital.¹

New Britain: E. C. Goodwin Technical School.¹

New Haven: Grace Hospital.¹

Delaware

Wilmington: H. Fletcher Brown Vocational High School.

District of Columbia

Washington:

Anna Burdick Vocational High School.²

Margaret Murray Washington Vocational High School (Negro).²

Florida

Daytona Beach: Mary Karl Vocational School.¹

Jacksonville:

Duval County Negro Vocational School.¹

Jacksonville School of Technology.¹

Miami: Lindsey Hopkins Vocational School.¹

Pensacola: Pensacola Vocational School.¹

St. Petersburg:

Gibbs Vocational School (Negro).¹

Tomlinson Vocational School.²

Tampa: Brewster Vocational School.¹

¹ and ², see p. 49.

Hawaii

Honolulu: Washington Intermediate School.¹

Idaho

Blackfoot: Bingham Memorial Hospital.¹

Boise:

St. Alphonsus Hospital.²

St. Luke's Hospital.¹

Caldwell: Caldwell Memorial Hospital.¹

Cottonwood: Our Lady of Consolation Hospital.¹

Downey: Marsh Valley Memorial Hospital.¹

Emmett: Mary Secor Hospital.¹

Grangeville: General Hospital.¹

Idaho Falls: Sacred Heart Hospital.¹

Lewiston: St. Joseph's Hospital.¹

Pocatello: St. Anthony Mercy Hospital.¹

Rexburg: Madison Memorial Hospital.¹

Sandpoint: Bonner General Hospital.¹

Twin Falls: Magic Valley Memorial Hospital.¹

Wallace:

Wallace Hospital.¹

Providence Hospital.¹

Weiser: Weiser Memorial Hospital.¹

Illinois

Chicago:

Manley Vocational School.^{1 2}

Princeton Vocational School.^{1 2}

Indiana

Indianapolis: Indianapolis Public Schools.^{1 2}

Kansas

Kansas City: University of Kansas, Florence Cook Department of Practical Nursing.^{1 2}

Kentucky

Louisville:

Red Cross Hospital (Negro).¹

Louisville General Hospital.¹

Louisiana

Baton Rouge: Baton Rouge Trade School.

Crowley: Southwestern Trade School.¹

Lake Charles: Southwest Louisiana Trade School.¹

New Orleans:

Booker T. Washington School (Negro).¹

L. E. Rabouin Vocational School.¹

Opelousas: T. H. Harris Trade School.

Shreveport:

Caddo Parish School (Negro).¹

Shreveport Trade School.¹

West Monroe: Ouachita Valley Vocational School.¹

Massachusetts

Springfield: Springfield Trade School.¹

¹ and ², see p. 49.

Michigan

- Ann Arbor : Jones High School.¹
 Battle Creek : Southwestern Junior High School.¹
 Detroit : Goldberg Trade School.^{1 2}
 Flint : Flint Public Schools.^{1 2}
 Grand Rapids : Grand Rapids Junior College.^{1 2}
 Lansing : Lansing Technical High School.^{1 2}
 Marquette : Graveraet High School.¹
 Traverse City : Traverse City High School.¹

Minnesota

- Duluth : Duluth Area Vocational School.¹
 Minneapolis :
 Minneapolis Vocational High School and Technical Institute.¹
 University of Minnesota, School of Nursing.¹
 University of Minnesota, School of Agriculture.¹
 Thief River : Thief River Falls Area Vocational School.¹
 Willmar : Willmar Public Schools.¹
 Winona : Area Vocational School.¹

Mississippi

- Itta Bena : Mississippi Vocational College (Negro).
 Pascagoula : Pascagoula High School.

Missouri

- Kansas City :
 General Hospital.
 General Hospital (Negro).
 St. Louis :
 Booker T. Washington Technical High School (Negro).²
 Hadley Technical High School.²

Montana

- Bozeman : Deaconess Hospital.
 Havre : Northern Montana State College.

Nebraska

- Omaha : Technical High School.

Nevada

- Las Vegas : Las Vegas High School.

New Jersey

- Atlantic City : Atlantic City Vocational-Technical High School.¹
 Newark : Essex County Vocational and Technical High School.¹
 Woodbridge : Middlesex County Girls' Vocational School.¹

New York

- Ithaca : Ithaca High School.¹
 Jamestown : Jamestown High School.¹
 Morrisville : New York State Agricultural and Technical Institute.¹
 Niagara Falls : Trott Vocational High School.¹
 Rochester : Jefferson High School.¹
 Syracuse : Hurlbut W. Smith Technical and Industrial High School.¹

¹ and ², see p. 49.

North Carolina

- Albemarle: Stanley County Hospital.¹
- Ashboro: Randolph County Hospital.¹
- Banner Elk: Grace Hospital.¹
- Burlington: Almanace General Hospital.¹
- Durham: Hillside High School (Negro).¹
- Goldsboro: Wayne County Memorial Hospital.¹
- Raleigh: Mary Elizabeth Hospital.¹
- Washington: Tayloe Hospital.¹

North Dakota

- Wahpeton: North Dakota State School of Science.¹

Ohio

- Akron: Hower Vocational School.²
- Cincinnati: East Vocational High School.²
- Cleveland: Jane Addams Vocational School.²
- Dayton: Parker Vocational School.
- Toledo: Sherman School.²
- Youngstown: Girls' Vocational High School.

Oregon

- Portland: Girls' Polytechnic High School.¹
- The Dalles: The Dalles Practical Nurse School.¹

Pennsylvania

- Philadelphia:
 - Edward Bok Vocational Technical School.¹
 - Jules E. Mastbaum Vocational School.¹
 - University of Pennsylvania, Graduate Hospital.¹
- Pittsburgh: Irwin Avenue Vocational School.¹

Rhode Island

- Providence: Oliver Hazard Perry Junior High School.¹

South Carolina

- Greenville: Greenville Senior High School.¹
- Lancaster: Lancaster City College (Negro).¹

South Dakota

- Pierre: Pierre High School.¹

Tennessee

- Chattanooga:
 - City Public School (Negro).¹
 - City Public School.¹
- Crossville: Cumberland County Medical Center.¹
- Jackson:
 - Jackson Public School (Negro).¹
 - Jackson Public School.¹
- Kingsport: Dobyens-Bennett High School.¹
- Memphis:
 - Booker T. Washington High School (Negro).¹
 - Memphis Vocational School.¹
- Nashville:
 - Hume-Fogg Technical and Vocational High School.¹
 - Pearl High School (Negro).¹

¹ and ², see p. 49.

Texas

- Amarillo: Amarillo College.¹
 Beaumont: Lamar State College of Technology.
 Corpus Christi: Del Mar College.^{1,2}
 Dallas:
 Dallas Independent School (Negro).¹
 Dallas Independent School.¹
 El Paso: El Paso Technical Institute.
 Fort Worth: Fort Worth Technical Institute.¹
 Houston:
 Houston Independent School (Negro).
 University of Houston.^{1,2}
 Odessa: Odessa Junior College.
 San Angelo: San Angelo Independent School.¹
 San Antonio: San Antonio Vocational and Technical School.
 Temple: Temple Independent School.¹
 Tyler: Tyler Junior College.¹
 Wharton: Wharton County Junior College.¹

Utah

- Provo: Central Utah Vocational School.^{1,2}
 Salt Lake City: Salt Lake Area Vocational School.¹

Virginia

- Charlottesville: Jackson P. Burley High School (Negro).¹
 Hampton: The Dixie Hospital (Negro).
 Norfolk: Leigh Memorial Hospital.^{1,2}
 Richlands: Clinch Valley Clinic Hospital.¹
 Richmond:
 John Marshall High School.¹
 Maggie Walker High School (Negro).¹
 Fishersville: Wilson Memorial High School.¹

Washington

- Aberdeen: Grays Harbor Junior College.
 Bremerton: Olympia Junior College.¹
 Everett: Everett Junior College.¹
 Seattle: Edison Technical School.¹
 Spokane: Spokane Trade School.¹
 Tacoma: Tacoma Vocational Technical School.¹
 Vancouver: Junior College.
 Wenatchee: Wenatchee Junior College.
 Yakima: Yakima Junior College.¹

Wisconsin

- Kenosha: Kenosha School of Vocational and Adult Education.¹
 Madison: Madison Technical and Adult School.¹
 Milwaukee: Milwaukee Institute of Technology.¹
 Neenah: Neenah-Menasha School of Vocational and Adult Education.¹

PROGRAMS OTHER THAN PUBLIC EDUCATION**Alabama**

- Selma: Good Samaritan Hospital (Negro).¹

Arizona

- Ganado: Sage Memorial Hospital.

¹ and ², see p. 49.

Arkansas

Little Rock : Little Rock Baptist Hospital.¹

California

Long Beach : Seaside Memorial Hospital.²

Colorado

Colorado Springs : Glockner-Penrose Hospital.²

Denver : St. Anthony's Hospital.

Pueblo : St. Mary's Hospital.

District of Columbia

Washington : Walter Reed Army Medical Center.²

Florida

Miami : Mt. Sinai Hospital.^{1 2}

Georgia

Atlanta : Acomsine School of Practical Nursing.

Iowa

Marshalltown : Mercedian School for Practical Nurses.¹

Kansas

Leavenworth : Sisters of Charity School for Practical Nurses.¹

Kentucky

Lexington : Appalachian School of Practical Nursing.¹

Louisiana

New Orleans : Charity Hospital.^{1 2}

Maryland

Baltimore :

Baltimore City Hospital.¹

Home for Incurables.¹

South Baltimore General Hospital.¹

Cambridge :

Cambridge-Maryland Hospital.¹

Eastern Shore State Hospital.¹

Crownsville : Crownsville State Hospital.¹

Henrytown : Henrytown State Hospital (Negro).¹

Owings Mills : Rosewood State Training School.¹

State Sanatorium : Victor Cullen State Hospital.¹

Sykesville : Springfield State Hospital.¹

Massachusetts

Beverly : Beverly Hospital.¹

Boston : Household Nursing Association.¹

Boston Harbor : Long Island Hospital.¹

Brookline : Booth Memorial Hospital.¹

Cambridge : Holy Ghost Hospital.^{1 2}

East Gardner : Gardner State Hospital.¹

Gloucester : Addison Gilbert Hospital.¹

Hyannis : Cape Cod Hospital.¹

Tewksbury : Tewksbury State Hospital and Infirmary.¹

Walpole : Pondville Hospital.¹

Westborough : Westborough State Hospital.¹

Westfield : Westfield State Sanatorium.¹

Winthrop : Winthrop Community Hospital.¹

¹ and ², see p. 49.

Michigan

- Cadillac : Mercy Hospital.¹
 Mt. Clemens : St. Joseph's Hospital.

Minnesota

- Crookston : Bethesda Hospital.¹
 Mankato : St. Joseph's Hospital.¹
 Minneapolis : Franklin Hospital.¹
 New Ulm : Union Hospital.¹
 Rochester : St. Mary's Hospital.¹
 St. Paul : Charles T. Miller Hospital.^{1 2}

Mississippi

- McComb : McComb Infirmary.
 Meridian : St. Joseph's Hospital.

Nebraska

- Omaha : St. Joseph Hospital.

New Mexico

- Albuquerque : St. Joseph Hospital.
 Santa Fe : St. Vincent Hospital.

New York

- Albany :
 Albany Training School for Practical Nurses.²
 Child's Hospital.¹
 Brooklyn :
 Brooklyn YWCA (Central Branch).¹
 Caledonian Hospital.¹
 Wyckoff Heights Hospital.¹
 Glen Cove : North Country Community Hospital.¹
 New York :
 Central School for Practical Nurses, Welfare Island.¹
 Harlem YWCA School for Practical Nurses.¹
 Hospital for Joint Diseases.^{1 2}
 Montefiore Hospital.^{1 2}
 Yonkers : St. Joseph's Hospital.¹

North Carolina

- Candler : Pisgah Sanitarium and Hospital.¹
 Durham : Watts Hospital.¹

Ohio

- Cincinnati : Good Samaritan Hospital.²
 Cleveland : Family Health Association.²
 Garfield Heights : Marymount Hospital.²
 Springfield : Mercy Hospital.²

Oklahoma

- Blackwell : Blackwell General Hospital.¹
 Lawton : Kiowa Indian Hospital (Indian girls only).¹

Pennsylvania

- Cresson : State Tuberculosis Sanatorium No. 2.¹

Puerto Rico

- Arecibo : Hospital Municipal de Arecibo.¹
 Santurce : Clinica Percia Leal.¹

¹ and ², see p. 49.

South Carolina

- Charleston: Roper Hospital.¹
 Florence: Saunders Memorial Hospital.¹

Tennessee

- Greenville: Takoma Hospital and Sanitarium.²
 Madison College: Madison College (Negro).¹
 Nashville: Riverside Hospital (Negro).¹

Texas

- Austin: Holy Cross Hospital.^{1,2}
 Brady: Brady Hospital.¹
 Denton: Flow Memorial Hospital.¹
 Fort Worth: All Saints Hospital.¹
 Ganado: Mauritz Memorial Jackson County Hospital.¹
 Hallettsville: Renger Memorial Hospital.¹
 Hillsboro: Hillsboro Clinic Hospital.¹
 Kenedy: Kenedy Clinic and Hospital.¹
 Meridian: Holt Hospital.¹
 Sherman: Wilson N. Jones Hospital.¹
 Taylor:
 Johns Clinic and Hospital.¹
 Stromberg Clinic and Hospital.¹
 Swanson Clinic and Hospital.¹
 Waco: Baylor University.^{1,2}

Vermont

- Bennington: Putnam Hospital.¹
 Brattleboro: Thompson School for Practical Nurses.¹

West Virginia

- Glen Dale: Reynolds Memorial Hospital.²

3.—Practical Nurse Positions in the Federal Civil Service³**MINIMUM REQUIREMENTS**

Age.—Applicants must have reached their 18th birthday on or before the date of receipt of their application for this examination.

Physical Requirements.—Persons having physical handicaps which they believe will not prevent their satisfactory performance in the position are invited to apply; however, applicants must be physically capable of performing the duties of the position efficiently, and must be free from such defects or diseases as would constitute a hazard to themselves and others. Applicants must be able to distinguish shades of colors, be able to hear the whispered voice, and possess emotional stability.

Citizenship.—Applicants must be citizens of or owe allegiance to the United States (this latter group consists only of natives of American Samoa).

Training.—Applicants must have successfully completed one of the following:

A. Training for practical nurses consisting of a minimum of 400 hours of theoretical instruction and supervised demonstrations in an approved school of practical nursing which included a minimum of 1,200 hours of supervised nursing care of patients as a part of the course,

¹ and ², see p. 49.

³ From Civil Service Announcement No. 4-32-2 (1953). Specifically for employment in the National Institutes of Health, Bethesda, Md. Openings exist in other locations from time to time, for which the description of work may differ slightly.

- or*
- B. A United States Army course for medical and surgical technicians,
or
- C. A United States Navy course for Navy hospital corpsmen,
or
- D. A United States Coast Guard hospital corps training course,
or
- E. A United States Maritime Service hospital training course,
or
- F. A Bureau of Indian Affairs, United States Department of the Interior, Kiowa Indian Hospital course for practical nurses (formerly known as the Kiowa Nurses' Aide School).

Experience.—Graduates of the Army technician course, the Navy Hospital Corps course, and the courses for the Coast Guard and Maritime Service personnel, following the date of successful completion of the course, must have had a minimum of 6 months' successful nursing experience on active duty as Army medical or Army surgical technician, as Navy hospital corpsman, or pharmacists' mate in one of the Army, Navy, or United States Public Health Service (Marine) Hospitals under the supervision of qualified professional nurses and physicians.

Experience and/or training such as inservice attendant training, first-aid, home nursing, correspondence and other courses which do not provide supervised practice under qualified professional nurses in a hospital, are not considered as meeting any of the basic requirements to qualify for this position. However, applicants whose experience and/or training meet all basic qualifications requirements, should, in addition, indicate any such training and experience such as that mentioned immediately above, since it may be of value as supplementing required qualifications standards.

Written examination.—All competitors will be required to take a written examination testing ability to learn and adjust to the duties of the position. Approximately 2 hours will be required for the written examination.

SALARY AND WORKWEEK

Salary is based on the standard Federal workweek of 40 hours. Additional compensation is provided for any authorized overtime worked in excess of the 40-hour week. The salary range for the grade of this position is given below. For employees whose services meet prescribed standards of efficiency, the entrance salary is increased by the amount shown in the table, following the completion of each 52 weeks of service until the maximum rate for the grade is reached. All basic salaries are subject to a deduction of 6 percent for retirement purposes.

<i>Grade of position</i>	<i>Entrance salary</i>	<i>Periodic increase</i>	<i>Maximum basic salary</i>
GS-3	\$2,950	\$80	\$3,430

DESCRIPTION OF WORK

Trained practical nurses participate as members of the nursing team in the care of patients in the following nursing sections: heart, cancer, arthritis and metabolic, psychiatric, infectious and tropical diseases, neurological diseases and blindness, follow-up (admissions and outpatient), and operating room; participate in providing a safe, comfortable, attractive environment for patients; providing nursing care necessary for the patients' well-being; carrying out diagnostic tests and procedures, assisting with preoperative and postoperative treatments and care; orienting patients to the hospital, providing recreational, diversional and social activities, and maintaining nursing records as assigned.

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