

ESSAY COMPETITION SPONSORED BY ICN

If you are an American Nurses' Association member, you are eligible to enter the international essay competition being sponsored by the International Council of Nurses for nurses in its member association. ANA is the American member of ICN.

The competition, being conducted by the ICN through its Ethics of Nursing Committee, is designed to increase knowledge and understanding of the significance of nursing ethics.

Nurses throughout the world will be taking part in the competition through their national nurses organizations which are cooperating in the project.

In this country, arrangements and judging of entries will be under the direction of the ANA Committee on Ethical Standards.

ANA and every other national nurses association will select a national winner in each of two subject categories. Winning essays in each country will be sent to ICN for selection of the international winners.

A prize will be awarded for the international winning essays in each of the two subject categories, and the winning essays will be published in the International Nursing Review, official publication of the ICN.

No essay submitted may be published in any nursing journal or in any other form without permission of the International Council of Nurses.

The international judges' panel will consist of five members: the general secretary of the ICN, the editor of the International Nursing Review, the chairman and two other members of the Ethics of Nursing Committee.

If you like to write, this competition gives you an opportunity to gain international recognition. Your essay can be on either one of two subjects. Read carefully the information about essay subjects and the competition rules and plan now to enter this world-wide competition.

Subject of Essays

Essays may be written on either one of two topics:

1. One of the "watchwords" given by the ICN presidents, or
2. The International Code of Nursing Ethics, how it could be brought into nursing schools and ways and means of integrating teaching so that ethics may be included in all nursing subjects.

A "watchword" is given by each ICN president, at the conclusion of her term of office and serves as the watchword for the next four-year period. To date, ten watchwords have been given. They are: WORK, COURAGE, LIFE, ASPIRATION, PEACE, CONCORD, LOYALTY, FAITH, RESPONSIBILITY, WISDOM. Any one of those may be taken as an essay topic.

For a copy of the International Code of Nursing Ethics, see page 1070 of the September 1953 issue of the American Journal of Nursing or write to: The American Nurses' Association, 2 Park Avenue, New York 16, N. Y.

Competition Rules

1. The competition is open to members of ICN member associations.

That means all ANA members are eligible. (If any question arises as to the eligibility of a contributor, the decision of the panel of judges shall be final.)

2. Essays must be approximately 2,000 to 3,000 words in length. They must be typewritten on one side only of the paper.
3. Each entry must be signed by a "pen name". In a separate envelope attached to your entry, include your name, address, and the name of the state and, district association and the section to which you belong.
4. No entry may be submitted which has previously appeared in print.
5. Essays will be returned to the writers after the results of the competition have been announced. For this purpose, a stamped, self-addressed envelope should be enclosed with your entry.
6. Deadline for entries is May 1, 1959. Send your entry to:

Committee on Ethical Standards
American Nurses' Association
2 Park Avenue
New York 16, N. Y.

NURSING --- Past, Present and Future

Sister Marie de Paul Rochester
NORTH DAKOTA STATE NURSES'
ASSOCIATION CONVENTION

October 22, 1958 — Fargo, North Dakota

Presentation of the subject, Nursing in North Dakota, past, present and future, is a topic as broad in scope as the waving fields of North Dakota grain that ripple in the breeze across the prairies of the Red River Valley on a hot July day. This paper is an attempt to evaluate the past, to access the present and to present some trends regarding the future of nursing.

To many people the hospital is symbolized by the nurse. From the days of the first hospital in North Dakota, St. Alexius in Bismarck, which proudly claims 1884, five years before North Dakota became a state, as its founding date, dedicated Benedictine sisters, instinctively set about performing the services for the sick that their womanly and motherly instincts told them needed to be done. Amusing anecdotes of those early days in the cowboy country of western North Dakota are related in a recent historical survey written by Sister Grace McDonald, O.S.B., appropriately entitled With Lamps Burning. Communication with medical staff regarding the conditions of patients was a problem to these pioneer nurses and great was the excitement when a telephone was installed in the hospital. Bismarck doctors, however, were suspicious of innovations. It required great diplomacy and gentle persuasion on the part of the administrator to get the doctors to make use of this modern convenience.

Concern for control of infections and use of aseptic technique are not only

problems of the second half of the twentieth century. They were recognized and dealt with in a very thorough manner by these sisters who before the days of autoclaves, boiled articles in a complicated double steam boiler.

Public recognition of the contribution made by these pioneer Benedictine sister nurses was given in the public press.

"We recognize the sisters as true pioneers who came conquering into the Northwest. The men, who around open fires, built cities and empires on our prairies, as were the women who came with them as their wives. So also were the Sisters of St. Benedict who came west to found the first hospital on the plains."

At the turn of the century North Dakota had three hospitals, St. Alexius, St. Luke's in Grand Forks, which later changed its name to Deaconess and St. Vincent de Paul in Devil's Lake, which later changed its name to Mercy. The year 1900 brought Sisters of St. Joseph from St. Paul to set up a hospital on the banks of the Red River in Fargo, in the area now known as Island Park. Some of these sisters were graduate nurses who had graduated from the recently founded school of nursing at St. Joseph's Hospital in St. Paul. Plans were made immediately to set up a school to educate young women in nursing. St. John's Hospital Training School for Nurses opened its doors in 1901, the first school of nursing in the state of North Dakota.

From 1900 to 1929 the records show that 16 hospitals, almost all under religious auspices, spring up one after another all over the state of North Dakota. The pattern of development was the same, first the hospital and then a year or two later, the opening of a school of nursing under the auspices of the hospital.

The question might be asked, "Why in a pioneer community would the opening of a training school for nurses be a first consideration?" The hospital as a community institution accepting responsibility for care of patients, needed hands and feet to get the work done. The "pupils in nursing", as they were called, learned by doing in an apprentice type of experience where they were taught by the older and more experienced nurses. Patterns of promotion of the student followed the army style as evidenced by the term "probationer", the addition of certain parts of the uniform at the end of designated periods of time, the definite social distinctions between graduates and students, between probationers and seniors, between the student body and the superintendent of the school who often presided in the lonely grandeur at a special table reserved for her in the nurses dining room. The student who entered a training school bound herself by contract much as a man entering the army. During that period the school exercised control frequently of her hours off duty, of which there were few as these students worked a twelve hour day, with three to six months of night duty at a stretch.

Looking back since the beginning of the century it is significant to note how closely the development of nursing and nursing education is bound up with the development of the position accorded to women in our society. For a long time teaching was the only acceptable occupation outside the home. Gradually stories of the prestige and glamour connected with the lady with the lamp penetrated

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NURSING — PAST, PRESENT AND FUTURE

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to the eastern coast of the United States and finally to the great northwest. Parents somewhat fearfully allowed their daughters to leave the family homestead to enter a nurses training school. It is important to note that these early schools were called nurses training schools, the word training implying repetitive experiences on a technician level without much emphasis on knowledge, creativity or judgment. The curriculum of these schools was an interesting combination that may be compared to that of a finishing school in relation to the teaching of manners and lady like behavior, to that of the army in relation to rigid schedules and handling of discipline; and to that of a religious novitiate or seminary in its emphasis on religious and moral values. Faculty members who taught in these schools often had no other preparation beyond that of the school from which they graduated in which they held teaching appointments immediately after graduation.

What of the graduate nurses working in these hospitals? Numerically there very few of them. Nursing was in its infancy, schools were small with small graduating classes. Women as a rule, did not work after marriage. Some married nurses merged briefly from their homes to nurse in World War I, but it was the exception, rather than the rule.

What about the nursing care? It is very certain that the ingredient popularly described as "TLC" and more professionally in our days as "the psychological components of nursing care", was a distinguishing feature of nursing care in those early hospitals. A nurse on duty twelve hours a day in a hospital of less than one hundred beds comes to really know her patients, their families and the patterns of thought and opinion in the community. She herself was a product of such a rural community as she usually came from a large family where the facts of birth and death were common knowledge. Some of the very factors that nurse educators and nurse leaders are trying to put back into nursing care today are the very aspects of care in which those early nurses excelled, namely high motivation to the ideal of service, that intangible quality of spirit, the warm, supportive type of care that made each patient feel and know he was an individual in whom the nurse was personally interested.

As early as 1912 and 1913 North Dakota nurses were meeting in small groups with the idea of forming an association to safeguard the professional practice of nursing and to further nursing education. These meetings resulted in the North Dakota Nurse Practice Act of 1917, the culmination of three years of hard work by the newly organized North Dakota State Nurses' Association. With the passage of this act and its enactment as a law by the state legislature, nursing was officially recognized as a service to North Dakota citizens. The appointment by the Governor of a State Board for Nurse Education and Nurse Licensure set up a group to determine standards and policies. It is noteworthy that this group was a nurse board thus setting the precedent for nurses taking responsibility for their own profession.

Changes in general education during

the years from 1925 to 1935 were slowly reflected in comparable changes in nursing and nursing education. It was not until 1939, however, that 16 units of high school work became a pre-entrance requirement in North Dakota schools of nursing. By 1941 schools, urged on by the State Board, were slowly coming to the realization that the reason for the existence of a hospital was to care for the sick and that the purpose of a school of nursing was to provide a program of studies designed to prepare students to care for the sick. The program would include both theory and experience in clinical practice, but the needs of the student as a student, rather than the needs of the patient should determine the curriculum. Small beginnings were made at this time by schools who sought affiliation with institutions of higher learning such as teachers colleges, the state agricultural college and the state university. Already one of the first collegiate programs in nursing in the United States had begun at the University of North Dakota in 1909 and continued until 1917.

The second World War had immediate and lasting effects on nursing and nursing education in North Dakota as well as the rest of the nation. As nurses respon-

confused nurses by the publication in 1948 of a study by Esther Lucile Brown, staff member of the Russell Sage Foundation. The book, bearing the modest title *Nursing for the Future* pointed up answers to the very questions nurses had been asking themselves. In many cases, however, these were not answers the nurses were ready to hear. Although this study was hailed as an innovation in nursing it was in many respects but another presentation of a study done twenty-five years earlier by Josephine Goldmark of the Rockefeller Foundation, the oft-quoted *Nursing and Nursing Education in the United States*, published in 1923.

Two questions demanding immediate investigation and ultimate answers were brought into sharp focus by Dr. Brown's study. First, is nursing a profession, does it meet the accepted criteria of a profession; secondly, what educational preparation should be given to students of nursing. It is with these two problems that nursing and nursing education has been grappling since 1948. As the two questions are irrevocably bound up with each other, and with the entire field of nursing, its basic philosophy and complex ramifications, the answers are not simple arithmetical solutions.

With the decision of nurses themselves, a decision in which North Dakota nurses participated, to merge into two nursing organizations, the American Nurses Association and the National League for Nursing, unification and consequent strengthening was under way. A whole new organizational pattern came into existence structured on the principle of increasing participation by intelligent, well informed members on the local, district, state and national levels. That much has been accomplished in North Dakota is evidenced by your existence as a state organization these many years, your early interest in nursing and nursing education which resulted in the Nurse Practice Law and the formation of a state Board to safeguard both nursing and education, your continuous support and cooperation with the state hospital association and other groups to improve conditions for nurses working in hospitals, and most important of all, the force of your example as practitioners in the hospital, where students receive their basic clinical education. Your presence here today, at your own state nurses convention, with a state headquarters and executive secretary, is proof that you are trying to fulfill your responsibilities as professional nurses.

Nurses have not limited their critical survey of the profession to arm chair philosophizing about themselves. Once convinced that research is a basic tool of any group deserving the title of profession, they have engaged in far flung studies of nursing functions, with thoroughness and efficiency, paying for research out of their own funds. With the conviction that better nursing care would be the outcome nurses have embarked on a five year program of research in nursing functions. The result, a thought provoking volume of some 280 pages is appropriately entitled *Twenty Thousand Nurses Tell Their Story*. Published in 1958 this volume is tangible evidence that nurses are in dead earnest about looking at themselves critically and in improving the practice of nursing.

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ded to the call of the armed services a new pattern of nursing education fostered by the government, came into existence. With the advent of the Cadet Nurse program traditional nursing in a certain sense went out of existence. The adoption of a semi-military type of uniform, streamlined curricula, attention to budgets, rotations of students to other institutions outside the state, expanded the horizons of both faculty and students. Beginning with the year 1946 nursing entered upon a new era. With horizons broadened by a second World War, nurses began to look at themselves with a keen and critical eye. Is nursing a real profession? Do we need six national nursing organizations? Why and how does nursing education differ from general and other professional education? These were some of the questions nurses were asking themselves as they met in New York, in Cleveland, and all over the state of North Dakota.

A veritable bomb was dropped quietly and unobtrusively into the very lap of