ABSTRACT

At the end of the 19th century and prior to any published nursing theories, a number of visionaries in the field of nursing were engaged in the pursuit of a liberal education for nurses. These special people, rarely considered in contemporary nursing curricula, were responsible for moving nursing education out of hospitals and into universities. This shift was primarily responsible for the development of nursing professors, which never may have developed had nursing education remained under the auspices of hospitals.

During the latter portion of the 19th century, nursing practice and nursing education went from unregulated and unpredictable to organized and standardized. This article will describe some of the individuals who were involved in these transformations of growth including some of the more obscure names in nursing history who have made contributions toward the improvement of nursing education in the United States. Who were these people? What were the motivations behind their efforts? Most important, what were the positive outcomes for nursing education? How did the reforms bring about the emergence of the first nursing faculty? These questions will be examined in a review of the literature on the history of nursing education.

Many interested reformers such as nursing leaders, physicians, and lay people were concerned with the arbitrary approaches to nursing education (Baer, 1984; Glass, 1985). The efforts of these people were plagued with opposition, and part of this resistance emanated from a social climate that was not conducive to the advancement of women-centered issues. Society expected women to assume private, supportive roles rather than public, authoritative ones (Aisenberg & Harrington, 1968). The perception of nursing was an extension of women's supportive and nurturing role in the home (Ashley, 1978). However, the reformers believed society needed liberally educated nurses. Hanson (1991) explained their beliefs in the following way:

During this period [early 1900s] nurse educators believed the purposes of a liberal education for nurses to be the development of the individual and the citizen, the acquisition of cultural knowledge, the development of critical thinking, and the possession of a strong science background (p. 341).

The process remained arduous. Hanson states:

The development of collegiate-level educational programs that incorporated a general education as part of the programs of study for nursing lagged behind the articulation of beliefs (1969, p. 83).

Prior to this period, nursing education had occurred exclusively in hospitals. Hospitals were controlled administratively by physicians who became the overseers of nursing practice and education (Ashley, 1978). This system was supported by Florence Nightingale, known as the founder of modern nursing. She has been perceived as progressively minded, inspiring the professionalization movement in American nursing. However, her views of nursing education were less progressive, as discussed later in this article. Why do these inaccurate portrayals of Nightingale’s positions prevail? The answer may be related to the source of the written histories as Baly (1986) suggests in “Shattering The Nightingale Myth”:

Why have nurses been fed with a myth that does not
bear close analysis? Partly because historians have relied heavily on the work of Sir Edward Cook, who, writing just after Miss Nightingale’s death, was anxious to produce a panegyric and make the rough places smooth, partly because the nursing material has been underresearched.

However, the myth is largely political (p. 17).

Although turn-of-the-century nursing education reformers envisioned nursing education in colleges and universities, Nightingale disagreed with this thinking and advocated hospital training programs under the supervision of physicians (Palmer, 1985). In “Origins of Education for Nurses,” Palmer (1985) provided a compelling exposé of Nightingale’s design for nursing education that reveals her crusade against collegiate education for nurses. Palmer explained that Nightingale was approached by America’s first female physician, Dr. Elizabeth Blackwell, with the idea of educating female physicians and nurses in a similar baccalaureate program. Dr. Blackwell believed standard premedical education would prepare nurses for the modernization of society, elevate their professional status, and provide an opportunity for those women who were so inclined to proceed to medical school. Nightingale, according to Palmer’s review, adamantly rejected the idea. Palmer speculated about “the ultimate course of nursing and nursing education” had the suggestion been followed” (1985, p. 105).

Reilly (1990), a nurse historian, described the evolution of a nursing department at Columbia University out of the home economics department and pined over “what direction nursing might have taken if our entry into the university had been through a science department” (p. 140). Aligning the basic preparatory course for nurses with that of medical schools may have bolstered the status of nursing students, but it is doubtful such a course of action alone would have generated a significant shift in the status of nursing practice as the reformers had hoped. This is partly because physicians resisted efforts directed at the reform of nursing education. Physicians may have opposed the reforms because they viewed the reforms as threats to their own practice authority. Nevertheless, Dr. Blackwell’s idea may have resulted in a more hopeful beginning for reform in nursing education than Nightingale’s plan which called for physicians to direct nursing practice and education.

Industrial and post-Civil War periods inspired civic leaders to review hospital conditions and the state of nursing education. Subsequent reports such as those of Goldmark (1923) and Brown (1948) urged collegiate preparation for nurses. The reports also called for a standardization of nursing education and the extraction of nursing education from America’s hospitals. The two issues that frustrated efforts to implement the recommendations of these reports were the economic dependence of nursing programs on hospitals and the significant disagreement within the ranks of nursing. Both contributed to the delay. In “Nursing’s Divided House: An Historical View,” Baer (1984), a nurse historian, concluded:

The divisiveness of nursing during its generative peri-

od characterized the entire American enterprise of that era. Nursing did not have a peculiar or unique experience but rather reflected and exemplified the common social experience of late 19th century America” (p. 37).

In Nightingale’s model, physicians were direct supervisors over nursing education and practice (Baly, 1986). This subservient role conformed to a patriarchal framework and reflected societal expectations of the time. Her view of nursing never deviated from that of a servile occupation for lower-class women. Nightingale can be credited with improving bedside and environmental conditions for infirm individuals, but she was neither a visionary nor a woman ahead of her time with regard to nursing education, as some have suggested (Hollday & Parker, 1997; Nuttall, 1983). Her hospital-based schools, which were replicated in the United States, were the result of her efforts to organize preparation required to practice nursing, and she rejected the concept of a liberal arts education. In the late 19th century, few women achieved a university education, and Nightingale’s view reflected contemporary thought. Nightingale designed a training program with a modicum of classroom instruction, which was a lower priority than the 12-hour to 14-hour student shifts in hospital wards. This was in direct contrast to her view that medical students should have substantial academic preparation before practicing on patients (Palmer, 1985).

Palmer (1985) suggested Nightingale’s system of education was a “nonsystem of education” (p. 105) because she did not consider issues such as pedagogy, organized curricula, and the qualifications of nurse educators. Furthermore, Palmer (1985) has cited Nightingale for advocating against professional status for nursing by opposing credentialing of graduate nurses and the inclusion of men in the profession. Baer (1984) concluded Nightingale was instrumental in thwarting efforts to professionalize and “effectively blocked the professional movement in England...and impeded the American effort” (p. 37). This promoted the development of the nursing profession and nursing education as gender biased and dependent on medical authority. Palmer (1985) believed Nightingale’s view is responsible for the “sexist bias and paternalistic attitude toward nurses which persist to this day” (p. 109). Perhaps Palmer’s (1985) most intriguing conclusion is that despite Nightingale’s own university education (post-baccalaureate) and the reforms accomplished, she never made the connection between these successes and her own extensive education.

Some lesser-known, yet creative, forces in nursing education history were dedicated to the concept that for nursing to become a profession and meet the needs of a modernizing society, education had to be provided in a university. Despite the social and political hurdles, many noteworthy accomplishments were made in cooperation with lay people. The literature correlates the success of each of these reformers with two main factors. The first factor was the political support of a person or group in a powerful position. A source of financial support, from a philan-
thropic foundation such as Rockefeller or Carnegie, was the second element common to each, and it was this outside financial support that began to break the dependence of nursing training programs away from hospitals. Why has the dependence on hospitals been detrimental to the profession of nursing? The answer is this arrangement has perpetuated the private, supportive role of women within the health care system, precluding nurses from participating in the substantive decisions of health care policy both within and outside of the institution. Ashley (1978), another nursing historian, described the insidiously restrictive ways in which the nursing profession has been controlled by the patriarchal framework of modern hospitals:

When the first American schools of nursing were established, the family was the institutional model for the operation of hospitals...The role of women [nurses] was very early conceived as that of caring for the "hospital family" ...All the departments of the hospital—from wards and operating rooms to storerooms and kitchens—depended upon the continuous presence of nurses.

Like mothers in a household, nurses were responsible for meeting the needs of all the members of the hospital family—from patients to physicians. In addition, women were expected to look out for the needs of men (the physicians) in the hospital family who, for the most part, did not reside in the hospital but were free to come and go ...Physicians, male administrators, and trustees of the hospital board formulated policies and made decisions regarding the type of discipline and order to be maintained by the nursing staff. The doctrines of discipline, obedience to authority, and male-dominated control greatly influenced the function of the hospital (pp. 15-16).

Numerous studies have examined the consequences of this unfortunate beginning as they are now manifested in the nature and characteristics of nurse-physician collaboration (Baggs & Ryan, 1990; Baggs, Ryan, Phelps, Richeson, & Johnson, 1992; Baggs & Schmitt, 1985, 1988). In fact, Baggs and Schmitt (1985) concluded that nurse-physician collaboration is not yet a reality in contemporary health care practice. While the studies underscored the importance of such aspects as mutual decision-making and cooperative learning strategies between doctors and nurses, they failed to adequately address the profound disparity in pure power and status between the two professions in medical institutions. The historical literature provides a plethora of evidence for the events responsible for the disparity in power. Institutional oppression and control over nursing practice continues to be a reality despite increased numbers of women physicians. Women physicians may contribute to this oppression by complicity with the male-dominance model (Ashley, 1978).

The financial support provided to the nursing profession, which allowed it to elude hospital control, was supplied by industry, research foundations, and prominent wealthy individuals. Several people were instrumental in developing new perceptions of the role of nurses and of nursing education. Many nursing reformers lobbied for funding by tenaciously educating the public and actively networking within their communities. Occasionally, a person or institution with financial resources sought out a nurse leader, based on her writing, public speaking, and reputed dedication to the advancement of the status of nursing education. An example of this is the experience of Anna D. Wolf who became a master's prepared nurse educator in 1916. Her initial education occurred in a hospital-based training program in Baltimore, Maryland, and it was this first educational experience that clarified "the limitations of the apprenticeship type of education...[and] convinced her of the need for higher education for nurses," (Allison, 1993, p. 127). Most women of this time period functioned in private roles within the home and had little opportunity for worldly interaction. Given this backdrop, Wolf's accomplishments were quite impressive. Shortly after graduation, she was invited by the Rockefeller Foundation to initiate a nursing program at Peking University Medical Center and completed the task in 1922 (Allison, 1993). The financial backing of a major American foundation, which represented significant endowment money, was a major factor in the advancement of this project. This was particularly impressive in the Chinese culture, which was not reputed for the advancement of women's interests. Wolf's work became a model and a symbol for what was possible in American nursing education. This accomplishment added encouragement to the protracted efforts underway in the United States to move nursing studies into colleges and universities.

During this same time period, Dr. Richard O. Beard, a physician faculty member at the University of Minnesota, formed a collegial relationship with Isabel H. Robb, an educational nurse reformer. He not only shared her views on collegiate education for nursing but also became an activist for the cause. Beard's beliefs correlated the public trust endowed to nurses with their responsibility to attain the highest level of education and lifelong learning possible. He further believed the practice of nursing should be taught by "a recognized authority that would guarantee the public adequately trained nurses" (Glass, 1985, p. 324). Beard did not see hospitals as that "recognized authority" but as self-serving entities driven by profit motives. His natural suspicion of hospitals emanated from his views that hospitals were, in reality, for-profit organizations that had exploited the free labor force of nursing students long enough (Glass, 1985).

In a collaborative effort with Beard, Robb developed a curriculum in nursing at the Illinois Training School for Nursing and served as head of the Johns Hopkins School of Nursing (Brozena, 1991). She authored nursing texts and encouraged the development of professional nursing organizations. Her goals included the elimination of hospital-based nursing schools, the reduction of inhumane work schedules for student nurses, and the development of college nursing curricula. Robb's work inspired Beard, but his own philosophy of education served to solidify his belief in a liberal arts education for nurses and a baccalaureate degree as the basic educational preparation for
all health care providers.

In the early 20th century, hospitals were ill equipped and poorly staffed. Hospitals supported schools of nursing to staff their medical wards with an unlimited and inexpensive labor force (Ashley, 1978; Brown, 1948; Goldmark, 1923; Reilly, 1992). Therefore, much of the resistance to educational reform emanated from powerfully networked hospital boards and superintendents trying to preserve their cost-contained labor source, (Gaynon, 1985; Glass, 1985; Goss, 1990). On graduation, the only option for nurses was to provide private duty care in the community. The hospitals' governing bodies were comprised of male members (generally physicians) who maintained the subservience of the nursing profession to medicine.

Dock was a contemporary of Robb and believed the improvement in hospital conditions and patient care was dependent on a basic collegiate education for nurses. Dock's primary criticism of hospital-controlled curricula for nursing education was that the programs were manipulated to accommodate the staffing needs of hospitals (Gaynon, 1985). Nightingale's efforts to maintain nursing education in hospitals obstructed the efforts to professionalize nursing because hospital-based programs perpetuated non-nursing control of education and practice. This arrangement precluded self-governance in nursing education and practice. The Flexner Report (Flexner, 1910/1992), which called for the medical profession to standardize educational requirements for doctors, resulted in a delineated practice boundary for doctors and a standardized educational entry level for the profession. The remarkably organized response to Flexner's (1910/1992) report from within the medical profession seems virtually unmatched when compared with other professions. Nurses had coveted the ability of the medical profession to organize education and practice so expediently. However, nurses did not have the ability to respond similarly because they did not have support from hospitals and society as did the physicians (Ashley, 1978).

While the nursing profession has been criticized for failing to respond to the Brown (1948) and Goldmark (1923) reports with the same expediency as physicians after the Flexner report, it is crucial to remember hospitals and physicians exercised great power against any advances by nursing to achieve independent practice.

Two previously mentioned reports on the study of nursing education identified the future needs of the nursing profession for the 20th century. The Brown (1948) and Goldmark (1923) reports recommended nursing education move into colleges and universities. These studies were funded by the efforts of Mary Nutting, a nursing education reformer who convinced the Rockefeller Foundation to support this type of research (Reilly, 1990). Nutting was an accomplished reform agent of nursing education. During her 90-year lifetime, she led the crusade to professionalize nursing through higher education, wrote and spoke to educate the public, authored numerous nursing texts, and assisted in securing endowments to ensure the continued growth of collegiate nursing programs (Krampitz, 1983; Reilly, 1990). Columbia University appointed Nutting as the first professor in the history of American nursing. Nutting also was the first nurse to conduct research in 1906 on the educational status of nursing (Reilly, 1990). She continued Robb's work to remove hospital control over nursing education, particularly because she intended to place the development and regulation of nursing education where she believed it should be — under the auspices of nurse leaders and nurse educators. It may be accurate to claim that Nutting was the greatest champion of nursing education and practice reform. She led the development of public health nursing as a practice specialty, with her contemporary, Lillian Wald. The development of public health nursing improved access to health care in underserved urban and rural sections of society, played a role in the development of epidemiology, and established the focus of nursing on primary prevention. This set the stage for the shift of health care delivery from the hospital to the community—a recurring phenomenon in the current rapidly developing managed care climate. Independent nursing practice was a reality during the early 20th century as nurses responded to the needs of society. With the influx of European immigrants at the turn of the century, urban cores swelled into overcrowded ghettos, and public health problems proliferated. For a short time, nurses provided public health interventions through treatment and education in urban and rural communities with no supervision by physicians or hospitals. However, this period of autonomous practice was short-lived because physician groups organized politically to restrict independent nursing practice and sequester it back into the hospital, where profit and status could be more effectively controlled.

After nursing education began to move into colleges and universities, the next challenge before the reformers was the development of nursing faculties. Hospital-based training programs for nurses were initially staffed by physician faculty, which was shortsighted. Physician faculty felt little obligation to teach nurses and had even less understanding of the unique contributions of nursing. When they did conduct classroom lectures, physicians did not use an organized curriculum. Nursing education had to be removed from the auspices of hospitals, and curriculum and pedagogy had to be developed by nurse educators. The replacement of physicians with nurse educators encouraged the development of graduate nursing programs that conferred master's and doctoral degrees. From a review of the history of various university nursing programs, it appears that continued support for nursing education to take place in colleges and universities resulted from the emerging distinction of the professor of nursing (Baumgart & Kirkwood, 1990; Marriner-Tomey, 1990; Zilm, 1993).

What is important about this transformation in nursing education is it emphasized that nursing education had to remain under the guidance and direction of nursing faculty. Perhaps the most exciting revelation from the previously mentioned work of Dock, Robb, Nutting, and
Wald is that the movement of nursing education into institutions of higher education was followed by the emergence of nursing faculty in the United States. These are important results from the work of educational reformers who envisioned a system of nursing education commensurate with that of a profession.

The contemporary nursing professorate emanates from a vast and complicated historical background; yet, it faces an even more complex future. What are the obligations and aspirations of the nursing professorate for the 21st century? Mauksch (1984) stated, “The road ahead looks brighter, not only because nurses are freer but because their past provides achievement which generates hope” (p. 58). The early reformers left a legacy of vision and tenacity. The forward challenge for nurse educators will encompass a sophisticated set of goals. They have the responsibility to inspire greater intellectual skills and rational thought for a rapidly changing world. Philosophical inquiry and complex technological capability framed in multicultural and global contexts will comprise their direction as educators. As the nursing profession moves toward a more global perspective, students will need a greater understanding of politics and policy making. MacAlpine (1996) encouraged nurse educators to lead students in a “critical reflection on ethical stances” (p. 120). Nursing ethics and the activity of nurse ethicists are developing in response to the unique nature of complex human issues for nurses, and nurse educators will need to contribute to this preparation. The shift of the health care environment back to the community signifies the need for nurses in the 21st century to “be able to challenge traditional health care practices and function as morally accountable agents” (MacAlpine, 1996, p. 124). In the 21st century, the nursing profession will have an opportunity to practice more autonomously in society than ever before. With that in mind, it becomes imperative for nurse educators to move from a focus on what Mahdi (1987) called “maintenance learning” to “innovative learning” (p. 60). In both content and pedagogy, nurse educators will be challenged to teach students to be self-teachers and to rely on their own guidance. From a legacy of paternalism and subservience to professional freedom, nursing education can lead the journey. As Epictetus stated, “Only the educated are free.”

REFERENCES

January 1999, Vol. 38, No. 1