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UNIVERSITY OF ALBERTA

Standards in Diploma Nursing Education: The Involvement of
The University of Alberta, 1920-1970

by



Susan Young

A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree of Master of Nursing

FACULTY OF NURSING

Fall, 1994



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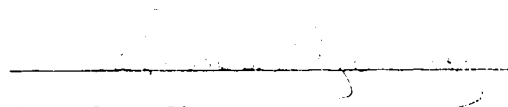
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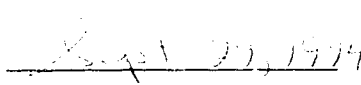
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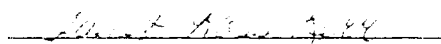

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Dr. Janet Kerr


Dr. Margaret Haughey


Dr. Linda Ogilvie

August 31, 1994

ABSTRACT

Through the provisions of the Registered Nurses' Act, the mandate to determine standards for schools of nursing in hospitals in Alberta was delegated to the University of Alberta in 1921. Alberta's universities continue to be responsible for this activity today through their participation on the Universities' Coordinating Council. Historical methods were used to study the influence of the University of Alberta on standards in diploma schools of nursing in Alberta between 1920 and 1970. A search of primary documents was carried out at the University of Alberta Archives, the Alberta Association of Registered Nurses Archives and the Provincial Archives of Alberta. Documents relating to the activities of the University relative to standards in diploma nursing schools in Alberta and documents that demonstrated the level of standards at the nursing schools were used. A review of these documents revealed that although standards for the schools of nursing were determined by the University between 1920 and 1958, little effort was made to monitor or enforce those standards. Between 1958 and 1970, the University increased the level of its activities relative to the schools of nursing. As a result of the monitoring activities as well as other factors, quality of nursing education in the hospital schools of nursing moved ahead significantly. However, in 1970 the activities in relation to monitoring standards by the Alberta's universities were limited by the Minister of Health because of a new interpretation of legislation.

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I. INTRODUCTION

From the outset of the twentieth century in Alberta, nursing education was carried out in hospital-owned and operated schools of nursing. This was the most common and accepted pattern of nursing education throughout Canada and the United States. The schools of nursing were operated by the hospitals, and fell under the administrative control of hospital administrators. Student nurses acted as employees of the hospital and in return they were provided with room and board and a small monthly stipend. Following three years of service to the hospital they were granted a diploma signifying successful completion of the requirements. The primary mode of providing clinical education in nursing was based on the apprenticeship model where a student learned by doing in association with other practicing professionals. The provision of service was the method of payment to the hospital for this nursing education program. With nursing education being offered in this fashion, it was possible to staff the hospitals very inexpensively, thus reducing the cost of hospital operations. Thus, many of the hospitals functioned with very few graduate nurses on staff leaving student nurses responsible for providing the majority of the nursing care often with little or no supervision. The result of this educational system was that hospitals became dependent on the service of nursing students. Without this source of labour, many hospitals might have been forced to close their doors.

The demand for nursing service had a significant effect on the quality of nursing education with nursing service demands taking priority over nursing education as the primary function of the hospital. Students worked twelve hour days, six days a week. Classes, if held at all, were conducted sporadically for

students who were too tired to learn. In spite of the deficiencies in the educational program and the exploitation of the nursing students, there was little resistance to this form of education for many years. Learning through experience was accepted as the most effective method for preparing nurses.

However, dissatisfaction grew in the nursing community about the state of nursing education as professional nursing associations were organized. These nurses were concerned about the lack of standards in the educational process. With no defined standards for nursing education, each school was able to operate independently and the quality of the graduate varied greatly. The title of Registered Nurse did not guarantee that a nurse had received a prescribed level of education. Nurses actively promoted legislation for nursing in the hope that it would lead to the development of standards for nursing education.

In Alberta, the first Graduate Nurses Act was passed in 1916 incorporating the Alberta Association of Graduate Nurses. In 1921, in an Amendment to the Registered Nurses Act, the mandate to set and monitor standards in nursing education was delegated to the University of Alberta. With this step, the mechanism for developing and implementing acceptable standards for nursing education in Alberta was in place. The University of Alberta continues to have the responsibility for determining the standards at the diploma nursing schools today through participation in Universities' Coordinating Council, a group composed of the four universities in the province.

The determination of standards for nursing schools in Alberta could have an important effect on the development on nursing education. Therefore, the University of Alberta was in a position to significantly affect the advancement of

nursing education. However, the influence of the University of Alberta on the standards for nursing education had never been studied and, at the time this investigation was undertaken, there was no information available to answer the question of whether or not the University of Alberta influenced the development of nursing education in Alberta.

Research Design

Diploma nursing education has been offered in hospitals in Alberta since the beginning of the twentieth century and for seventy three of those years, the University of Alberta has been responsible for determining the educational standards. Therefore, the University of Alberta has had an important position in the development of nursing education in Alberta and a place in the history of nursing in the province. A historical design was used to pursue the University of Alberta's influence on the development of nursing education in Alberta.

In order to gain perspective on present conditions, it is necessary to investigate events and trends in the past using historical research. The purpose of historical research is to "reconstruct the past systematically and objectively by collecting, evaluating, verifying, and synthesizing evidence to establish facts and reach defensible conclusions."¹ Glass stated that "One basic assumption underlying the use of this method is that the study of the past is valuable and provides useful information for the present."²

¹J. L. Lee, "The Historical Method in Nursing," Paths to Knowledge: Innovative Research Methods in Nursing, ed. B. Sarter, (New York: NLN, 1988) p. 5.

The activities of the University of Alberta relative to setting and monitoring standards for diploma nursing education in the past are relevant to the current educational structure in Alberta because of the longevity of the University's involvement with nursing education. A retrospective analysis of the University's activities will increase the understanding of past and present conditions in nursing education. Notter stated that "historical research was not merely a collection of facts, dates, or figures; it is a study of the relationships of facts and incidents, of themes or currents of social and professional issues that have influenced past events and continue to influence the present and the future."³ This study investigated the activities of the University of Alberta, its relationships with the schools of nursing and other groups interested in nursing education and its effect on the development of nursing education in Alberta.

Statement of Purpose

As there was no prior investigation which considered the effectiveness of the process for determining and enforcing standards of nursing education or the influence of the University of Alberta in accomplishing this task, the purpose of this study is to identify the influence of the University of Alberta on the standards at diploma schools of nursing in Alberta. A historical research design was used to address the research questions.

²L. K. Glass, "Historical Research," Advanced Design in Nursing Research, ed P. J. Brink and M. J. Wood, (Newbury Park: Sage Publication, 1990), p. 183.

³L. Notter, "The Case for Historical Research in Nursing," Nursing Research, 21, p. 483.

Research Questions

In order to accomplish the purpose of this study, several research questions were addressed. They include the following:

1. What events occurred in placing the responsibility for diploma nursing education under the aegis of the University of Alberta?
2. How did the University of Alberta accomplish its mandate of determining and monitoring the standards at the diploma schools of nursing?
3. Did the University of Alberta have an effect on the development of standards at the diploma schools of nursing? If so, what was this effect?
4. How did other groups with an interest in nursing education affect the development of the standards and the activities of the University of Alberta's in relation to those standards?

Scope of the Study

The activities of the University of Alberta related to the standards of nursing education were the focus of the study. While other groups and individuals influenced the development of nursing education in Alberta, this investigation is limited to the activities which related to the University of Alberta's involvement with diploma nursing education. Other groups with a primary interest in nursing education included the Alberta Association of Registered Nurses, the Associated Hospitals of Alberta, the College of Physicians and Surgeons and the Minister of

Health representing the Government of Alberta. Since diploma nursing education was conducted primarily in hospitals and the Registered Nurses Act delegated the responsibility of determining standards for hospital diploma schools, the activities of the University of Alberta in setting and monitoring the standards for the hospital based diploma nursing schools were the primary focus of this investigation. Activities of the University of Alberta in setting the standards for college based diploma nursing schools were reviewed. It should be noted that the University of Alberta was involved in offering other nursing education programmes, namely the baccalaureate nursing program and post graduate programmes in teaching and supervision and public health nursing. These programmes were excluded from the study since they were not subject to review and monitoring by the University.

The time period in this study extended from 1920 to 1970. The initial date of 1920 was chosen because it was in this year that the University of Alberta developed the first Regulations for diploma nursing schools. The selection of 1970 as the concluding year of the investigation was based on several factors. The reports providing information about the conditions at the schools of nursing were only available up to 1970 and minutes from the Committee on Nursing Education, the Committee of the University responsible for nursing's educational standards were not available after 1970.

Up to 1967, the system of nursing education was quite stable. At that time the first college based program in nursing was established in Alberta. After 1970, more college based programs were developed followed by the transfer of nursing education from the Department of Health to the Department of Advanced Education.

The dominant system for nursing education in the province between 1920 and 1970 was in hospital based schools. Therefore, the efforts of the University in relation to the standards for nursing education were primarily relevant to this system.

Sources of Data

Secondary and primary sources of data were sought. The secondary sources were found in books, journals, reports, surveys and historical studies. The topics considered in the secondary sources included: conditions in hospital based diploma programs; regulation of nursing education; opinions regarding the status of nursing education; financing of nursing education; relationships between nursing schools and hospitals; and development of nursing education in the general education system. Sources relating to nursing education in Canada and more specifically in Alberta were reviewed extensively. A limited review was done of secondary sources on nursing education in the United States.

An extensive search for primary data sources was conducted. Primary data were found at the University of Alberta Archives, the Alberta Association of Registered Nurses Archives and the Provincial Archives of Alberta. Examples of primary data include minutes of the Provincial Council, Alberta Association of Registered nurses; minutes of the University of Alberta Senate; minutes of the Committee on Small Hospitals and the Committee on Nursing Education, University of Alberta; correspondence from the presidents of the University and the Advisor to Schools of Nursing; Regulations Governing Schools of Nursing in

the Province of Alberta; Reports from the Advisor to Schools of Nursing and the inspection committees and briefs to the Government of Alberta and to the Royal Commission on Health Services.

Internal and External Criticism

To establish the value of a document two criteria are relevant, external and internal criticism. Validity was determined through the process of external criticism, the process of validating the authenticity of a document. The activities involved in external criticism may include determining the author and date of the document and reviewing the document for consistency in type or writing. External criticism is used for determining if the information contained in the document is authentic.⁴ External criticism was applied in the review of documents in this study and where there was any doubt about the authenticity of a document it was excluded from the study. All of the primary documents were housed in public archives and therefore acquired in an acceptable manner by the various archival bodies. This added to the validity of the documents.

Internal criticism was also applied in examining the data. The objective of this process is to examine the reliability of the information in the document. For example, did the statements in the document reflect the true situation and were there

⁴T. E. Christy, Dr. Christy's Methodology of Historical Research, (video cassette), (University of Iowa College of Nursing, 1983). L. K. Glass, "Historical Research," Advanced Design in Nursing Research, ed. P. J. Brink and M. J. Wood (Newbury Park: Sage Publications, 1990), p. 197. R. J. Shafer, A Guide to Historical Method, (Georgetown, Ontario: Irwin-Dorsey Limited, 1974), p. 117.

factors preventing the researcher from interpreting the data correctly?⁵ The following questions could be asked about a document: Could the primary witness tell the truth?; Was the primary witness telling the truth?; Was the primary witness accurately recorded?; and Was there independent corroboration?⁶

Christy discussed internal criticism in terms of fact, probability and possibility, and in terms of the value of corroborating evidence. Fact is determined by two primary sources. Probability is determined by one primary source without corroboration and possibility is determined by secondary sources alone.⁷ Researcher bias, always a factor in historical research, can also be reduced with the use of corroborating sources of data. The establishment of fact was the goal with the use of primary sources whenever possible. The sources of data are presented in footnotes making the verification of the documents and their interpretation possible.⁸

Data Analysis

The primary and secondary data were gathered and initially organized chronologically. When questions of importance became apparent, the data were reorganized in terms of the research questions and integrated into the total

⁵R. J. Shafer, A Guide to Historical Method, p. 25. L. K. Glass, p. 185.

⁶L. Gottsekalk, Understanding History: A Primer of Historical Method, (New York: Knopf, 1950).

⁷T. E. Christy, "The Methodology of Historical Research: A Brief Introduction," Nursing Research, 24 (March, 1975), 189-192.

⁸L. K. Glass, p. 194.

framework for the study. In the writing of the study, the author made every effort to use an objective approach in relation to the time period being studied rather than in relation to the present conditions.

The data analysis was limited by two factors. There were missing data in a number of areas covered in the study. Very little data were available describing the conditions at the schools of nursing prior to 1949 and some of the minutes of the Committee on Nursing Education were missing between 1966 and 1970. The information on the inspection reports and the reports of the advisor to schools of nursing was not consistent for all schools. Therefore, information about the standards at the nursing schools between 1949 and 1970 was not always complete.

II. THE DEVELOPMENT OF A PROCESS FOR SETTING AND MONITORING STANDARDS

Nursing schools were set up within hospitals throughout the province in keeping with the practice across Canada and the United States. Each hospital with a school of nursing was responsible for determining the educational program for its own students. Hospitals provided the students with room and board, a monthly stipend, and training in nursing. In return for their maintenance and their nursing education, student nurses were asked to provide nursing service in the hospital.

The formation of diploma training schools for nurses in Canada began in the 1870s, with the opening of St. Catharine's Training School in June, 1874. This school of nursing was one of the first centres to incorporate Nightingale's ideas for the training of nurses.⁹ The Nightingale Model of nursing education was developed at The Nightingale Training School for Nurses, which opened in 1860, and operated as an independent educational institution, separate from the hospital. St Thomas' Hospital in London was used as the site for clinical practice.¹⁰ The student nurses completed two to three years at the school and worked for long hours in the hospital, under an apprenticeship system of education.¹¹ When

⁹J. M. Gibbon & M. S. Mathewson, Three Centuries of Canadian Nursing, (Toronto: The MacMillan Company, 1947), p. 144.

¹⁰J. A. Dolan, M. L. Fitzpatrick & E. K. Herrmann. Nursing in Society: A Historical Perspective (15th ed.), (Toronto: W. B. Saunders Company, 1983), p. 165.

¹¹J. Ross Kerr, "The Origins of Nursing Education in Canada: An Overview of the Emergence and Growth of Diploma Programs: 1874 to 1974," Canadian Nursing: Issues and Perspectives (2nd ed), ed. J. Ross Kerr & J. MacPhail, (Toronto: Mosby Year Book, 1991), p. 233.

nursing education, which followed the Nightingale Model developed in Canada, the apprenticeship system involving long hours of practice with little theoretical instruction was maintained but independence of the nursing school from the hospital was lost.

Hospitals with schools of nursing had an advantage over those without. Nightingale demonstrated that nurses brought relief from suffering, recovery, and respect to sick and wounded soldiers and when nurses provided care the recovery rate of patients increased.¹² Many hospitals offered free services to the sick who were poor but also provided special rooms for those who could pay. With evidence demonstrating that trained nurses were more effective than untrained aides, paying patients were more likely to enter a hospital which employed trained nurses. However, trained nurses were in limited supply and one way to guarantee a supply of nurses was to operate a training school. As more paying patients entered the hospital, the revenues of the hospital increased, outweighing any costs involved in operating a school of nursing.¹³ The financial advantages of offering a school of nursing were quickly realized and schools of nursing operating within hospitals with student nurse apprentices became the norm.

¹²M. M. Allemang, *Nursing Education in the United States and Canada 1873-1950: Leading Figures, Forces, Views on Education,* (unpublished Ph.D. dissertation: University of Washington), (Ann Arbor, Michigan, Xerox University Microfilms, 1974), p. 11.

¹³*Ibid*, p. 13.

Student nurse involvement in nursing service in the hospitals had far reaching effects on the quality of nursing education, for the student role as a learner was often lost because of the hospital's need for nursing staff. The educational role then became secondary to their role as employees. The reliance of hospitals on the student nurse labour force was that of reliance upon employees. With the nursing administrators of the hospital being responsible for both the educational program and the operation of the hospital, there was an inherent conflict of interest over the use of the students' time and energies. The apprenticeship system of education was successful in meeting the needs of the hospital but the educational requirements of the students were lost. The advancement of nursing education under such circumstances was slow to nonexistent.

Each hospital based school of nursing operated as an independent unit, and there was no coordinating body overseeing nursing education across Alberta, in 1916. With no mechanism for determining what the appropriate standards for nursing education should be or even to determine what standards existed throughout the province, the state of nursing education lacked control and uniformity. There was no communication between the nurse administrators responsible for nursing education, making the standardization of the nursing schools impossible. With the nurse administrators sharing responsibility for nursing service and nursing education, time and desire for working towards standardizing nursing education in the province was limited. This left the potential for exploitation of student nurses unchecked and various forms of exploitation became an accepted practice in the field of hospital nursing service.

With the development of a provincial nursing association in 1916, the movement to develop a mechanism for determining and monitoring standards for the schools of nursing in Alberta was initiated. From 1921 to the present, the University of Alberta has held the legislative authority for setting and monitoring nursing education standards in Alberta. In this chapter, the events leading to the authority for nursing education standards placement within the purview or jurisdiction of the University of Alberta will be described. A timeline of events is presented in Appendix 1.

The Movement to Establish Registration for Nurses

There was concern through Canada, the United States and Great Britain about the lack of standards in nursing education at the turn of the century. Nursing education was appearing in many forms. The number of correspondence schools for nurses was increasing, where students, for a fee, could receive nursing education with no hospital experience. Short programs existed, lasting anywhere between four months to one year. Physicians opened schools of nursing in specialty or private hospitals, serving only one category of patient with a particular disease or economic status.¹⁴ The training schools in private and public hospitals used student nurses in an exploitive way to generate income for the hospital. Student nurses were sent out to do private duty and the hospital in turn would

¹⁴L. L. Dock, "Registration at Home and Abroad," *Canadian Nurse*, I (April, 1905), p. 11. L. Bowerman, "Registration for Nurses," *Canadian Nurse*, III (June, 1907), 135-136.

collect the fees. Following the prescribed period of time in one of these schools of nursing, the student would receive a diploma stating that she was qualified as a nurse.¹⁵

The conditions at the schools of nursing were frequently described in the nursing journals during the early twentieth century. Concern for the rights of the students and the quality of their educational programs was often raised. For example, I. M. Stewart described typical phrasing of student contracts between students and schools of nursing:

Upon being accepted as a pupil nurse the candidate is required to sign an agreement promising to remain _____ years, to conform strictly to the discipline of the school and hospital, with the distinct understanding that the Board reserves the right to dismiss her at any time for misconduct or inefficiency, or any reason that may be deemed sufficient. If for any reason of her own, illness excepted, the pupil breaks this agreement, and leaves the school, she is required to refund to it the money expended for her maintenance.¹⁶

The institutional expectations of the student were stated but there was no reference to the obligations of the school. The student was unaware of hours of labour, living and working conditions and the educational program. However, by signing

¹⁵"The relation of Nursing and Medicine," Canadian Nurse, V (October, 1909), 641-650.

¹⁶I. M. Stewart, "The Place of Apprenticeship in Vocational Education," Canadian Nurse, VIII (January, 1912), p. 14.

this contract the student became an employee of the hospital under absolute control of the board. Once a student entered a nursing school under such an agreement, she was forced to remain because of the financial impact of leaving.¹⁷

The majority of the nursing schools were based in hospitals and many were operated for financial gain only.¹⁸ The hospitals were thus able to function without hiring graduate nurses. Students were expected to work long days in the hospital with little or no supervision. In some schools the educational program was virtually nonexistent. What theory was available was often superficial. It was common for schools to take in one or two students at a time to assure that there would be enough staff available to provide care. The only motivation for operating a nursing school in this manner was profit. Responsibility to the patient or to the student nurses was not a factor in these schools.¹⁹

The Rules and Regulations from the Winnipeg General Hospital Training School demonstrate the expectations for the students at a hospital based school of nursing. These rules reflect the expectations for students attending the school. There are no educational requirements, with only reading, writing, simple

¹⁷I. M. Stewart, "The Place of Apprenticeship in Vocational Education," p. 15.

¹⁸J. D. Morgan, "Are Trained Nurses Overeducated," American Journal of Nursing, VI, (September, 1906), 858-860. B. Crosby, "Registration," Canadian Nurse, VII (January, 1911), 10-12. "Registration for Nurses," Canadian Nurse, VII (April, 1911), 154-162.

¹⁹M. A. Snively, "Trained Nursing in Canada," Canadian Nurse, V (August, 1909), 526-527. "Registration for Nurses," Canadian Nurse, VII (April, 1911), 154-162. J. Y. Farquharson, "Problems of an Instructor" Canadian Nurse, XIV (July, 1918), 1154-1158.

arithmetic skills and sewing abilities identified as requirements. The medical superintendent was responsible for the schools, rather than the nurse matron. Students were sent out on private duty assignments anywhere in Manitoba. Fees charged for the care provided by students on these private duty assignments would go to the hospital because the students were not allowed to collect fees. Students worked twelve hours each day, seven days a week. They received one afternoon off each week at the discretion of the medical superintendent.²⁰ These rules demonstrated an example of the conditions at the nursing schools during the beginning of the twentieth century.

It was common to describe the hospital based nursing education as an apprenticeship system. However, Stewart argued that the nursing schools were different from the apprenticeship systems common in trade schools. The basic premise of the trade schools was that students were under the direction of a master in the craft. No master nurses existed in the hospital training schools. The students learned by experience with little or no supervision. In the absence of role models the junior students learned from senior students. Trade schools commonly had one hour of theoretical training for every four hours in the shift. Even in the best nursing schools the ratio was one hour theory to twenty hours practice. Students were given lectures and extra study after ten to twelve hours of duty.²¹

²⁰E. Johns & E. Fine, The Winnipeg General Hospital and Health Sciences Centre School of Nursing: 1887 - 1987, 3rd ed. rev., (Winnipeg: Winnipeg General Hospital, 1988, 12-15.

²¹M. Stewart, "The Place of Apprenticeship in Vocational Education," Canadian Nurse, VIII, (March, 1912), 124-127.

In the absence of any set standard for the length of a program or the expectations each program was expected to meet, there was a lack of uniformity among the nursing schools. Bella Crosby provided an overview of the problems resulting from the lack of uniformity.

Now, any hospital, private or otherwise may start a training school for nurses, give the nurses just such training as they see fit, and send them forth with a certificate which may mean little or much, or practically nothing. Training schools are so often organized with no other motive than the commercial profit of the owners of the hospital. . . . Thus we have the nurse from the Correspondence School, and the nurse from the private institution, where only one class of patient is received, seeking to stand on a par with the nurse who has spent three strenuous years in a General Hospital.²²

Nursing education based in correspondence schools presented particular problems because the education students acquired was inferior, yet these schools were increasing in number. Students paid a tuition fees and were given theory over a short period of time without any affiliation with a hospital.²³ Young women were encouraged to enter the schools of nursing by attractive advertisements in the popular magazines. A school in Philadelphia advertised that a girl could become a trained nurse in ten weeks. The advertisement went on to state that one of their new graduates was employed as a supervisor in a training school in Maine.²⁴

²²B. Crosby, "Registration," *Canadian Nurse*, VII (January 1911), 10-12.

²³D. H. Kinney, "Some Questionable Nursing Schools and What They are Doing," *American Journal of Nursing*, IV (January, 1905), p. 224-229.

²⁴Ibid.

This advertisement appeared in a popular magazine in Quebec. "Nurses taught by mail. Why not be a nurse? Steady employment awaits the thoroughly competent nurse. Salary from \$25 to \$35 per week."²⁵ According to the advertisements, the students did not receive any clinical experience and yet acquired jobs as nurses, at the end of their programme. Thus, the public was receiving nursing care from inadequately prepared nurses.

The correspondence schools were a concern for a number of reasons. The students were often victims of the management of the schools. Following completion of the programme, graduates discovered that very few hospitals considered the diploma to be valid.²⁶ These nurses were expected to practice at the same level as nurses who had practiced for three years in a general hospital as students. Nurses from a correspondence program would be at the same level as junior students in a hospital based programme but they were practicing without any supervision as graduates. Private duty nursing was the most common form of employment for nurses at the beginning of the twentieth century. Therefore, many of these unskilled nurses from correspondence schools practiced independently in private homes, potentially jeopardizing patient safety. Further, public safety continued to be jeopardized by allowing the proliferation of correspondence schools.²⁷

²⁵"Registration for Nurses," Canadian Nurse, VII (April, 1911), p. 156.

²⁶A. T. Bristow, "What Registration has Done for the Medical Profession," American Journal of Nursing, IV (December, 1903), 161-167.

²⁷L. L. Dock, "Registration at home and abroad," Canadian Nurse, I (December, 1905), p. 11.

The nursing leaders appeared to have legitimate concerns about the proliferation of these types of schools in view of the fact that education was secondary to the profit motive in which students contributed to the financial viability of the hospital by lining the coffers of the hospital or the pockets of profiteers. Lavinia Dock addressed the need for action by stating "Something must be done to stop the "get there quick and quack" system. It lies with the nurses themselves to protect their profession now and in the future."²⁸ It was time stop the production of inadequately prepared nurses in schools operating for profit. Registration was viewed as the best answer to the problems in nursing education.

Registration was viewed as important for several reasons. One of the objectives sought in establishing nursing registration in law would be uniformity of the methods of training and the length of a training program. Undoubtedly, these objectives were believed to be important in order to improve the quality of the nursing education programs. If at least a minimum standard was laid down in regulations, a minimum level of education would be set for all schools. Issues such as the standard for the required preliminary education and the number of required beds at the training hospital could be specified in such regulations. The belief was that these regulations could be developed, if a registration act were approved.²⁹ The leaders in nursing believed that registration would raise the

²⁸L. L. Dock, "Registration at home and abroad, p. 11.

²⁹"The Nurses Registration Act," Canadian Nurse, VI (September, 1910), p. 417-419. F. Wilson, "Work Done by the Winnipeg General Hospital Training School," Canadian Nurse, VI, (December, 1910), p. 438-419.

educational standard and encourage more consistency among the schools of nursing because the expectations would be defined and their specification would encourage schools to attempt to meet them.³⁰

The development of nursing organizations began in the early twentieth century. In 1893, after listening to Miss Bedford Fenwick, a British nursing delegate at the Congress of Charities, Corrections and Philanthropy, describe the efforts to achieve nursing registration in Britain, Isabel Hampton, Adelaide Nutting and Lavinia Dock began the task of starting the first nursing organization in Canada and the United States. The American Society of Superintendents of Training Schools for Nurses of the United States and Canada was thus formed through their efforts, as the first step in organizing the nursing profession in North America.³¹ This Society's first convention was held in 1894, with the objective of furthering the interests of the nursing profession by establishing and maintaining a universal standard of training.³²

Isabel Hampton envisioned the organization of alumnae associations in connection with every training school for nurses as a method for furthering the development of nursing.³³ Alumnae associations began forming in Canada and the

³⁰F. Wilson, "Work Done by the Winnipeg General Hospital Training School," Canadian Nurse, VI, (December, 1910), 438-419. "Editorial notes, Scotland. The Scottish Nursing Association," Canadian Nurse, V (October, 1909), p. 601.

³¹Canadian Nurses' Association, The Leaf and the Lamp (Ottawa, Canadian Nurses Association, 1968), 34-35.

³²M. M. Allemang, p. 70.

³³Ibid.

United States and later joined to form a national group called The Nurses' Associated Alumnae of the United States and Canada. One of the missions of the Nurses' Associated Alumnae of the United States and Canada was to elevate the standards of nursing education.³⁴

The Canadian and American groups were forced to separate eventually because registration was under state and provincial control and the groups could not work in a coordinated way to secure registration for so many diverse units. Also, with the development of the International Council of Nurses in 1901, only single nation nursing organizations were eligible to join.³⁵ Miss Mary Agnes Snively, the Superintendent of Nurses at the Toronto General Hospital and former president of the American Society of Superintendents of Training Schools for Nurses, persuaded the graduates from the Toronto General Hospital Training School to organize an alumnae association in 1904. Several other alumnae and graduate nurses' associations began to form across Canada. With the goal of joining the International Council of Nurses, the executives of all the nursing organizations decided to join together in a provisional organization called the Canadian National Association of Trained Nurses. The new organization, with Miss Snively as president, was welcomed into the International Council of Nurses in 1908.³⁵

³⁴M. Allemang, p. 72.

³⁵Ibid, p. 74. The first aim of the International Council of Nurses was confer on questions related to definition of the basis of education and qualification for a trained nurse.

In Canada, health issues were under the provincial rather than the federal government's jurisdiction, making the registration of nurses a provincial matter. Provincial associations began to develop, along the same lines as the national association. These provincial groups began working towards acquiring legislation so the nurses would have legal status and have the power to regulate nursing education by forming uniform minimum standards³⁶

By 1911, British Columbia, Manitoba, Nova Scotia and Ontario were all working toward registration.³⁷ By 1922, nine provinces had some form of legislation which described a mechanism for setting educational requirements and the maintenance of standards in the nursing schools.³⁸ Alberta was one of the nine provincial associations that had successfully secured nursing legislation incorporating specifications regarding nursing education.

Nursing Education in Alberta before Nursing Legislation

Prior to the formation of the Alberta Association of Graduate Nurses, there was no official mechanism for the setting and monitoring of standards in nursing education in Alberta. There was no systematic process in place to determine what was occurring in the schools of nursing. There were at least eleven nursing schools offering a diploma in nursing administered and controlled by hospitals. The hospitals often established a School of Nursing in order to provide

³⁶Canadian Nurses' Association, The Leaf and the Lamp (Ottawa, Canadian Nurses Association, 1968), p. 37

³⁷Registration," Canadian Nurse, VII (February, 1911), p. 2, 73.

³⁸Canadian Nurses' Association, The Leaf and the Lamp, p. 38.

for a pool of skilled nursing care. By using student labour to provide patient care, the hospitals were able to provide hospital services to their communities using few resources. The use of student nurses for service was necessary for a hospital to be able to function as for the most part, those who used hospital services had difficulty paying for them.

The need for student nurses as staff was evident in Alberta, as well. The following situations demonstrate this fact. Camrose needed a place to care for their sick, so the town rented a large cottage. Five patients were admitted before they were even set up. No trained help was available so three untrained girls were hired.³⁹ Examples of extreme shortage of graduate nursing staff were evident at the Strathcona Hospital and the Royal Alexandra Hospital. The Strathcona Hospital operated a one hundred bed hospital with 6 graduate nurses, 24 student nurses and two orderlies. These students worked with patients twelve hours a day with a half-day off on Sundays and had lectures on their off hours.⁴⁰ The Edmonton Public Hospital, now the Royal Alexandra Hospital, cared for an average of five hundred and eighty patients with one lady superintendent, two graduate nurses and ten pupil nurses. This school of nursing also admitted new

³⁹I. K. Bradshaw, "Western problems," Canadian Nurse, V (April, 1910), 149-153.

⁴⁰T. Cashman, Heritage of service: The history of nursing in Alberta, (Edmonton: Commercial Printers Limited, 1966).

students as requirements dictated.⁴¹ There is very little information available about the nursing schools prior to 1916, but there is no reason to suspect that the described situations are unique to this province.

During the early twentieth century there was pressure on nurses to become organized and to work towards registration for nurses. The members of the nursing associations saw registration as a mechanism to improve the standards of the profession in Alberta and elsewhere. In 1914, the newly developed Alberta Association of Graduate Nurses and the Alberta Government began drafting legislation that would incorporate the Graduate Nurses of Alberta. During the drafting of this legislation, the standards of nursing education were an important matter. Eleanor McPhedran described the original legislation in the Canadian Nurse. She stated:

It may interest you to know that we hope to place the nursing profession on a par with other professional bodies of the province by arranging that the examinations held be under the control of the senate of the University of Alberta, and that the register be kept by the Registrar of the university.⁴²

Beginning negotiations with the University of Alberta centred on standard examinations. This would bring nursing into the same relationship with the university enjoyed by other professional groups. The University Act of 1910 delegated to the University, responsibility for conducting exams and appointing examiners for those applying for registration with their associations. The

⁴¹"The Edmonton Hospital," Canadian Nurse, VI (April, 1910), 154-155.

⁴²McPhedran A. (1914). Report of the Graduate Nurses Association of Alberta. Canadian Nurse, X(10), 634-635.

associations included in the act were the Law Society of Alberta; The College of Physicians and Surgeons of the Province of Alberta; The Alberta Dental Association; The Alberta Association of Architects; the Veterinary Association of Alberta; and any other incorporated society or association established in the province in the future.⁴⁵ The practice of midwifery had also been placed under the control of the University of Alberta Senate in 1912.⁴⁶

In light of the activities of the University Senate relative to other professional associations, it would not have been unusual for the University Senate to organize common examinations for nursing students. However, it was neither the desire nor the intention of the nurses who were involved in drafting the first Alberta nursing act to delegate the responsibility of determining and monitoring standards in nursing education to the University. Eleanor McPhedran discussed the developments in Alberta in a 1914 edition of the Canadian Nurse. She stated "We would like to keep the standard up to which recognized hospitals must measure, under the Nursing Association through the executive council."⁴⁷

⁴⁵Government of Alberta, Statutes of Alberta. (Edmonton: 1910), Chapter 7. University of Alberta, Report of the Board of Governors of the University of Alberta. (University of Alberta, December, 1917).

⁴⁶Minutes of the University of Alberta Senate, April 4, 1910. Senate Minutes Book (University of Alberta Archives).

⁴⁷E. McPhedran. "Report of the Graduate Nurses Association of Alberta," Canadian Nurse, X (September, 1914), 634-635.

In spite of the planning for University involvement in a common examination for nurses, this did not occur in the first Graduate Nurses' Act. When the Act to incorporate the Alberta Association of Graduate Nurses was passed there was no provision for the setting or monitoring of standards in nursing education. Provision was made for a common nursing examination but this responsibility was delegated to the Minister of Education, rather than the University of Alberta.⁴⁸ This method of supervising examinations for a professional association was a major departure from the procedure used in every other professional society in the province. The usual practice for the other professional associations and societies was to have the professional exams conducted by the University of Alberta.⁴⁹

The Alberta Association of Graduate Nurses stated that the chief aims of the association were: to raise the standard of the profession, to have a uniform curriculum in the training schools, and to have a provincial exam.⁵⁰ The Graduate Nurses' Association began to take steps toward planning a uniform curriculum. In 1917, the Executive Council of the Alberta Association of Graduate Nurses asked for the cooperation and assistance of the Senate at the University of Alberta and the Medical Association of Alberta for preparing or outlining a course of study in nursing. They also asked the University of Alberta Senate and the Alberta Medical Association to consider the standard of education for students entering nursing

⁴⁸Government of Alberta, Statutes of Alberta. (Edmonton: 1916), Chapter 35.

⁴⁹Report of the Board of Governors of the University of Alberta (University of Alberta, December 31, 1917), p. 23.

⁵⁰Minutes of the Provincial Council Meeting, December 12, 1917, Alberta Association of Graduate Nurses Minutes, (AARN Archives), p. 40.

training, the minimum number of beds for a training school and the minimum number of graduates employed in a hospital with a training school.⁵¹ However, there is no evidence to show that this process actually began until 1919.

An act to amend the Graduate Nurses' Act was assented to on April 17, 1919, and provided for the Senate of the University of Alberta to prescribe examinations and appoint examiners for the nursing profession.⁵² There was no provision of standards in nursing education in this amendment. A report on nursing in Alberta in the Canadian Nurse noted that the University was given the power to prescribe examinations but no power to control the curriculum leading up to the examinations, nor the conditions under which the training of candidates could be carried on. The author stated that this was an oversight.⁵³ Now that the University of Alberta had the authority to conduct the examinations, the University Senate appointed a Board of Examiners to conduct exams for persons desiring to register as trained nurses and as the Alberta Association of Graduate Nurses was now affiliated with the University, they were invited to appoint a member to the Senate.

⁵¹Minutes of the Provincial Council Meeting, December 12, 1917, Alberta Association of Graduate Nurses Minutes, (AARN Archives), p. 40.

⁵²Government of Alberta, Statutes of Alberta. (Edmonton, 1919), Chapter 47.

⁵³"Report on Nursing Progress: Alberta," Canadian Nurse, XVII (July, 1921), p. 444-446.

In 1919, a committee was struck by the University Senate, with President Tory in the chair, to develop a curriculum for public health nurses and the first Board of Examiners was appointed.⁵⁴ At this time, the authority for setting standards in nursing education had not been included in the Registered Nurses' Act. However, according to the *Canadian Nurse* article, this had been an oversight that this responsibility had not been assigned to the University of Alberta.

By January 1920, a senate committee, originating from the Board of Examiners for nursing had started to develop regulations for schools of nursing in the Alberta. Those regulations were finalized by May, 1920 and were distributed to the schools of nursing. These regulations included suggestions for schools of nursing in the following areas: the average number of patients and staff for a hospital with a school of nursing; the standard of primary education for students entering a nursing school; general regulations regarding the probationary period, holidays and hours of work per week; and the courses to be included in the program.⁵⁵ The regulations are listed in Appendix 2.

⁵⁴Minutes of the University of Alberta Senate, May 15, 1919, University of Alberta, Edmonton. (University of Alberta Archives).

⁵⁵Minutes of the University of Alberta Senate, May 12, 1920, University of Alberta, Edmonton, (University of Alberta Archives), p. 177. Minutes of the Provincial Council, January 30, 1930, Alberta Association of Graduate Nurses, (AARN Archives).

The lack of legislated authority over standards had a significant effect on the wording in the first rules and regulations for schools of nursing. It was clearly stated that the guidelines set out were only suggestions, not directives. This fact was stated several times by the committee. Due to the lack of legitimate authority over nursing education other than conducting the examination, the right of the Senate to develop regulations was questioned. Also, the Senate had no authority to monitor or take action to see that the standards were adhered to in the nursing schools. However, members of the Senate committee believed that some plan must be laid down for the guidance of instructors and students, especially as there were no traditions to act upon. These regulations would give the schools of nursing an idea of the standard of requirements that would be necessary to pass the examinations. There was also a concern, among the Senate committee members, about the strictness of the regulations and the fact the Senate had no authority to enforce the regulations.⁵⁶

The Graduate Nurses' Act was amended in 1920 and the power of the University of Alberta Senate over nursing education was increased slightly. The Senate's power was still centred on the nursing examination, but responsibility for determining standards of education in the province's nursing schools was implied. The act stated that

⁵⁶Minutes of the University of Alberta Senate, May 12, 1920, University of Alberta, (University of Alberta Archives), p. 177.

The Senate has the right to waive the examination and allow a person to practice if the person is from a province, state or country where provision is made for registration of nurses and in the opinion of the Senate, guarantees as high a standard of qualification as that obtained in this province.⁵⁷

The amendment also included the statement that " the Senate shall admit to practice the graduates of any hospital or training school which in its opinion gives training of as high a standard as that given by hospitals and training schools in this province."⁵⁸ The members of the Senate would have difficulty making these decisions if there were no uniform standards in place and no method of determining what standards were in place in Alberta nursing schools. The 1920 amendment did not solve any of the uncertainty regarding the setting and enforcement of standards. It gave the University Senate the authority to make decisions based on standards in Alberta nursing schools, but no authority to monitor or set these standards.

An amendment to the Registered Nurses Act in 1921 clarified the issue of standards in nursing education. This act gave the Senate the authority to officially recognize hospital based schools of nursing. Specific Senate responsibilities were identified. These included:

⁵⁷Government of Alberta, Statutes of Alberta. (Edmonton: 1920).

⁵⁸Ibid

The Senate of the University of Alberta shall: 1) Satisfy itself that any person, entering upon a course of hospital training heading to registration under this act, has passed the grade eight examination of the Public School course of the province or has the equivalent educational standing; 2) Fix standards of training with regard to bed capacity, classes, lectures and other factors making for efficiency; 3) Refuse recognition to any hospital in which such standards are not consistently observed; 4) Prescribe the subjects and scope of the qualifying examination hereinbefore referred to and appoint examiners to conduct the same.⁵⁹

Now, for the first time, a specified group had the official responsibility of setting and monitoring standards in nursing education in Alberta.

The Relationship between the University of Alberta and Nursing Education

The relationship between nursing and the University was unique among professional groups in Alberta. The University's influence did not go beyond prescribing examinations for the other professional associations in Alberta. This may be due to the fact that in other professions, education was based in universities. This was clearly not the case in nursing where the education of members was based in hospital schools conferring diplomas not degrees. The members of the nursing association may have believed that they would need the strength of the provincial University in order to set reasonable standards in nursing education in a setting where students were required to perform a service. This fear would have been justified by the threat to the common examination in 1917. It was after the possible deletion of the standard examination that the Alberta Association of Registered Nurses (AARN) approached the University of Alberta and the

⁵⁹Government of Alberta., Statutes of Alberta. (Edmonton: 1921), Chapter 18.

Faculty of Medicine to develop a standard curriculum. Prior to this, the goal of the nurses' association was to have university involvement in the examination process only.

The relationship between nursing education and the University of Alberta was unusual when compared to the structure for monitoring nursing education in other provinces. Many of the provincial nursing associations had achieved registration agreements through legislation but the mechanism for setting standards for the nursing schools was not defined. For example, the following provinces did not have a method for determining standards until much later; Prince Edward Island in 1951; and Newfoundland in 1953.⁶⁰ By 1918, British Columbia's Provincial Nurses' Association was responsible for approving nursing education programs.⁶¹ The first Registered Nurses Act was passed in Ontario in 1922. The method of regulating standards for nursing education was placed in the hands of a committee selected by the provincial government called the Council of Nurse Education. This council consisted of three nurses members and two physician members.⁶²

There were precedents for delegating the setting and monitoring of standards in nursing education to universities. Standards in nursing education were assigned to the professional nursing associations in most jurisdictions.

⁶⁰The Prince Edward Island Nurses' Act, 1949, Chapter 122,
p. 1003-1004. Newfoundland Registered Nurses Act, 1953, No. 31, 4-5.

⁶¹An Act Respecting the Profession of Nursing, April, 1918, Bill 68.

⁶²Regulations for the Conduct of Training Schools, pursuant to the
Registration of Nurses Act, 1922. Province of Ontario, 3-4.

However, this was not always the case. For example, nursing education standards in New York State were set and monitored by the Regents of the University of the State of New York. The Regents' office had been involved in fixing standards of education for the professions for many years. They had determined the educational qualifications for applicants entering nursing schools, the essential course content and general rules for each school. The Regents' office was responsible for approving schools of nursing and conducting inspections to ensure that the standards were being met. Schools of nursing outside the State of New York could register with the Regents' office and by 1905, forty-six schools reported changes in the curriculum because of requirements determined by the Regents' office. Twenty-six of these were from New York State and twenty more were from other states and Canada.⁶³

The Manitoba Association of Graduate Nurses also had a formal relationship with the University of Manitoba. A bill passed in February, 1913 placed the examinations under Council of the University of Manitoba and the Board of Studies of the University. The University of Manitoba also announced studies that would be necessary in preparation for the first examination.⁶⁴ Likewise, the University of Saskatchewan was also involved in nursing education.

⁶³S. F. Palmer, "The Effect of State Registration upon Training Schools," American Journal of Nursing, V (July, 1905), 656-666. N. E. Cadmus, "Administration of Registration Laws by the Regents of a University. Proceedings of the Eighteenth Annual Convention of the American Nurses' Association, June 20-25," American Journal of Nursing, X (July, 1905), 1040-1053.

⁶⁴Hill, "Registration - The Manitoba Association of Graduate Nurses," Canadian Nurse, X (August, 1914), 631-634.

The Senate of the University was named to approve new schools of Nursing and appoint the Board of Examiners. The Senate also approved the bylaws of the Saskatchewan Registered Nurses Association (SRNA) until 1948. In 1967, the SRNA was given the responsibility for nursing education.⁶⁵

The reason that some nursing associations chose to control the standards of nursing education independently while others chose to involve the local university, is not entirely clear. For provinces monitoring their own standards, it must be noted that the provincial councils of nursing associations had many non-nurses involved in the process. Therefore, nurses had less control than might appear at first glance. The value of university affiliation was discussed by the SNRA when describing a new nursing housekeeper training program. It was suggested that this program be conducted under the auspices of the University of Saskatchewan. The author stated that "The nursing association asked the university to undertake the responsibility for the proper conduct of the course. If the course were not conducted under an educational body, the very "something" which happens to nurses would again happen with this body."⁶⁶ It was believed that the trend of exploitation of nursing students by the controlling hospitals could be avoided in this new program, if the control were based in an educational institution.⁶⁷

⁶⁵Changes in the Registered Nurses Act: 1917-1978, SRNA News Bulletin, V (July, 1978). W. A. Tucker, Report of the Ad Hoc Committee on Nursing Education: Province of Saskatchewan, (Regina, Saskatchewan, August 10, 1966) 21-22.

⁶⁶"The Nursing Housekeeper in Training," Canadian Nurse, XVII (December, 1912), p.763.

⁶⁷"The Nursing Housekeeper in Training," Canadian Nurse.

THE STRUCTURE FOR SETTING STANDARDS
IN NURSING EDUCATION

As a result of the legislation in 1921, the University of Alberta became responsible for a number of activities in relation to Nursing Education in Alberta. The University Senate assumed responsibility for ensuring that students entering nursing schools met the minimum requirements, for establishing the standards of the training schools, approving new schools of nursing, and for developing and administering the registration examinations. Since these activities had not been the responsibility of any group prior to this time, a lack of standardization existed in Alberta's nursing schools. Although these responsibilities of the University did not change over the years, the method for carrying out the tasks underwent considerable change.

The University of Alberta Senate delegated each of the functions relating to nursing education to an individual or group within the university system. The function of ensuring that all students entering the schools of nursing met the minimum entrance requirements, was delegated to the Registrar of the university. The Registrar had participated in this activity for other professional groups as well including the Faculty of Medicine, the Alberta Dental Association and the Alberta Land Surveyors.⁶⁸ The Registrar's role in ensuring academic eligibility was formalized in the Amendment to the Registered Nurses Act in 1955, which

⁶⁸Minutes of the University of Alberta Senate, April 4, 1912, University of Alberta. (University of Alberta Archives).

stipulated that the schools must submit transcripts to the Registrar for each student.⁶⁹ The responsibility of planning and offering the registered nurses exams was delegated to a Board of Examiners.⁷⁰

Determining the standards for nursing education in the diploma schools of nursing was delegated to the Committee on Small Hospitals, which became the Committee on Nursing Education in 1947. The structure for establishing and monitoring standards for which this committee was responsible, is the topic for this chapter. The roles and the activities of the individuals and groups participating in the regulation of the standards for operating schools will be discussed.

Committee on Nursing Education

Structure of the Committee on Nursing Education

The University of Alberta was first delegated the responsibility for determining the standards of nursing education in Alberta by the Registered Nurses Act in 1921. The initial guidelines for Schools of Nursing and a standard curriculum had been developed in 1920. Therefore, the work of determining the standards as reflected in the Regulations had begun. However, these Regulations had been developed without any information about the schools of nursing and no process was in place for enforcing the standards identified. Dr. Rankin, the Dean of Medicine made these criticisms in 1923 when the University was faced with

⁶⁹Government of Alberta, Statutes of Alberta, (Edmonton: 1955), Chapter 283.

⁷⁰Government of Alberta, Statutes of Alberta. (Edmonton: 1921), Chapter 18.

meeting the terms of the Act.⁷¹ In response to this concern, a Senate committee was formed, which was directed to consider the many issues relating to the small schools of nursing. Membership on this committee consisted of Dr. Tory, the President of the University, as the chairman; Dr. Rankin, Dean of Medicine; Professor Ower, a professor of Pathology; Dr. Wright, the Deputy Minister of Health and Miss Edy, the Senate Representative from the Alberta Association of Registered Nurses.⁷² The committee was officially named the Committee on Small Hospitals and was given the responsibility of considering the small hospitals for approval to operate schools of nursing. The committee was responsible to the Senate of the University of Alberta. At the outset the membership of the committee rested primarily with members of the University community. Over time, membership changed to include more members of groups in the province that had an interest in nursing education.

Although those individuals holding membership on the Committee on Small Hospitals changed, the representation of groups did not change for many years. The President of the University remained as chairperson of the Committee for thirty seven years until 1961. At that time, Dr. J. K. Martin from the Faculty of Medicine at the University of Alberta was appointed by the General Faculties Council as the

⁷¹Minutes of the University of Alberta Senate, May 15, 1923, University of Alberta, (University of Alberta Archives), p. 127.

⁷²Ibid, p. 143.

chairman.⁷³ He was appointed specifically, chairman, thus making position of chairman unavailable to any other members. After the chairmanship moved to Dr. Martin, the President remained a member of the committee in an exofficio capacity.

The University maintained control of the activities of the Committee on Nursing Education through its selection of the chairperson who was responsible for the majority of the correspondence for nursing education. The chairman was also responsible for interacting with the minister of health, other government officials and the hospital administrators. The other members of the committee participated in committee meetings and some inspections, but the chairman was the primary spokesman for the group. When the University President served in this role, the status of the Committee was undoubtedly enhanced as was the Committee's ability to influence the standards at the nursing schools.

Representation of nurses on the Committee on Nursing Education grew from one member in 1924 to four in 1970. However, the AARN lost their representation on the Committee between 1924 and 1952. Miss Edy, the AARN representative, was replaced by Miss M. McCammon, the Superintendent of Nurses at the University of Alberta Hospital.⁷⁴ Miss McCammon was responsible for the baccalaureate nursing program that was initiated at the University in 1924.

⁷³Minutes of the Committee on Nursing Education, January 27, 1961, University of Alberta, (University of Alberta Archives, accession no. 75-25-77).

⁷⁴Minutes of the Senate of the University of Alberta, December 5, 1924, University of Alberta, (University of Alberta Archives).

Therefore, she was already a member of the educational system at the University. As a result of this change, the AARN lost their representation on the Committee on Small Hospitals. However, there continued to be one nurse who was a member of the committee.

The AARN did not regain its representation on the Committee on Nursing Education, until 1952. The influence of the professional organization on issues relating to nursing education was limited because of the lack of representation on this committee. Since the University of Alberta had legislated authority over nursing education in the province, it was difficult for the AARN to have any impact on the state of nursing education. Prior to 1952, the Provincial Council of the AARN had expressed dissatisfaction, on several occasions, with the efforts of the committee in enforcing standards. Representatives of the Council had approached the President of the University several times with their concerns. Please see further discussion regarding these concerns later in this chapter.

In order to clarify the relationship between the AARN and the University, Dr. Stewart, president of the University, attended a Provincial Council meeting of the AARN in 1947. He stated: "This committee is entirely an internal committee of the University, with no relation to the AARN."⁷⁵ He informed them that the appropriate channel of communication was through the Secretary of General

⁷⁵Minutes of the Provincial Council, February 1, 1947, Alberta Association of Registered Nurses, (AARN Archives). The Deputy Minister of Health was a member of the Committee on Nursing Education at this time.

Faculty Council, the Registrar of the University. He also indicated that the executive of the AARN could communicate directly with the President in order to bring serious concerns forward in an expeditious manner.⁷⁶

The AARN officially sought representation on the Committee on Nursing Education in 1951 with a request for two sitting members.⁷⁷ This would have changed the configuration of the committee to three nurse members and four non nursing members. The outcome of the request was that General Faculty Council approved one representative from the AARN for membership on the Committee on Nursing Education. Rae Chittick was appointed by the AARN as the representative. Such membership coincided with her responsibility to chair the Educational Policy Committee of the AARN.⁷⁸ From that time until 1953, the AARN continued to have one representative on the Committee on Nursing Education. Nursing representation was increased on the Committee on Nursing Education again in 1953, when Margaret Cogswell was appointed as a member.⁷⁹ As a faculty member of the University of Alberta School of Nursing and part time advisor to Schools of Nursing for the province of Alberta, she was a logical

⁷⁶Minutes of the Provincial Council, February 1, 1947.

⁷⁷Minutes of a Special Council Meeting, November 17, 1951, Alberta Association of Registered Nurses, (AARN Archives), p. 2.

⁷⁸Minutes of the Provincial Council, January 26, 1952, Alberta Association of Registered Nurses, (AARN Archives), p. 6.

⁷⁹Minutes of the Committee on Nursing Education, June 29, 1953, University of Alberta, (University of Alberta Archives).

selection for membership. Elizabeth Barefoot, Director of Nursing Education at the Royal Alexandra Hospital, was added to the committee in 1961 as a senior representative of the instructional staff in the schools of nursing.⁸⁰

The Associated Hospitals of Alberta (AHA) had been given permission to appoint a representative in 1960. Prior to the late 1950s, there had been no significant interaction between the AHA and the Committee on Nursing Education. The Committee had been in contact with the Hospital Administrators during inspection tours and visits from the Advisor to Schools of Nursing but this was the only source of input from the organization of administrators and trustees.

The Board of Directors of the AHA had expressed dissatisfaction with the revision of the Regulations Governing Schools of Nursing, in 1960. Their major concerns with these regulations were changes in the required number of hours per week that student nurses were to be working and requirements regarding the control of the school of nursing budget. More information will be provided on both of these issues.

Mr. M. Ross, the Executive Secretary of the AHA, wrote to Dr. W. H. Johns, the President of the University and the Chairman of the Committee on Nursing Education, expressing the viewpoint of the Board of Directors of the

⁸⁰Minutes of the Committee on Nursing Education, May 12, 1961, University of Alberta, (University of Alberta Archives, accession no. 72-25-77).

AHA. He stated that

The role of the nurse as an important member of the hospital team, and hence the educational background and training of the nurse, cannot and must not be determined solely by nurses. Her contribution to the medical care of patients must be governed by the medical profession; her position and responsibility in the administrative organization must be determined by hospital administration. . . . Most hospital administrators and trustees would agree that changes which have been effected in recent years in programs for the education of nurses have raised standards and generally improved the nursing service. More recently, they are beginning to wonder if the optimum in useful training, from the standpoint of the patient care which the nurse renders, has not been reached or even passed.⁸¹

He stated that the AHA would be glad to provide adequate representation from the hospital trustees and administrators to the Committee on Nursing Education.⁸²

Judge N. V. Buchanan, the President of the AHA, was appointed to the Committee on Nursing Education as the representative from the AHA.⁸³ He was also the chairman of the Board of Directors of the Archer Memorial Hospital, a rural hospital with one of the smallest schools of nursing in the province.

There were very few other changes in the composition of the Committee on Nursing Education. The only other changes to the membership included a representative from the Faculty of Education, added in 1965. This member was added to replace the President of the University following his resignation from the committee. Mr. A. D. Cairns was a member of the Committee on Nursing Education, in his capacity as the Registrar of the University. When the functions

⁸¹Letter from M. Ross, Executive Secretary, Associated Hospitals of Alberta, May 3, 1960, (University of Alberta Archives, accession no. 75-25-74).

⁸²Ibid

⁸³Letter from N. V. Buchanan, President of the AHA, June 20, 1960, (University of Alberta Archives, accession no. 75-25-74).

carried out by the Registrar were transferred to the Administrator of Professional Exams who became a member of the Committee, Mr. Cairns maintained his membership on the Committee.⁸⁴

In 1970 the membership included: the Chairman, Dr. George Monekton, Faculty of Medicine; Dr. Rose, Deputy Minister of Health; Miss Margaret Steed, Advisor to Schools of Nursing; Mr. G. Samuel, Administrator of Professional Exams; Judge Buchanan, AHA representative; Mrs. E. Jameson, AARN representative; Dr. R. S. Patterson, Faculty of Education; Miss Ruth McClure, Director of the University of Alberta School of Nursing; and Mrs. E. Barefoot, representative of senior instructional staff in diploma schools of nursing.⁸⁵ It is interesting to note that all of the members of the Committee on Nursing Education were people with power and influence in their own organizations and each organization was there to represent their own interests and perspectives on nursing education. These factors had an influence on the decisions made by the Committee over the years.

The reporting structure of the Committee on Nursing Education changed twice between 1923 and 1970. Initially the committee was under the jurisdiction of the University of Alberta Senate. In 1942, with an amendment of the University Act, the powers and duties of the University Senate were changed. At this time the

⁸⁴A. D. Cairns, Committee on Nursing Education, a Brief History, University of Alberta, (Universities Coordinating Council).

⁸⁵Letter from G. Samuel, Administrator of Professional Exams, July 20, 1970, University of Alberta, (University of Alberta Archives, accession no. 75-25-75).

General Faculty Council (GFC), was given the responsibility for conducting examinations for all societies and associations previously assigned to the Senate.⁸⁶ The responsibility for determining standards for a professional group was not specified in this Act.

With this change the authority for activities in nursing education as delegated in the Registered Nurses Act were shifted to GFC. Thus, the Committee on Small Hospitals began reporting to GFC. The overall authority changed again with an amendment of the Registered Nurses Act in 1965. The Universities Coordinating Council, a joint group with members from both the University of Alberta and the University of Calgary, was given the responsibility for determining nursing education standards and approving schools of nursing.⁸⁷ As a result of this change, the Committee on Nursing Education report to the Universities Coordinating Council. Considering that the schools of nursing were distributed throughout the province, it was appropriate to place the responsibility for nursing education with a group that had province-wide membership. As a result of modifications, the structure was in place to attend to province-wide interests.

Activities of the Committee on Small Hospitals/Committee on Nursing Education

The role of the University of Alberta as outlined in the Registered Nurses Acts, was to determine the standards of training in the hospital schools of nursing. If these standards were not deemed to be met, approval of the school of nursing

⁸⁶Government of Alberta, Statutes of Alberta, (Edmonton: 1942), Chapter 4.

⁸⁷Minutes of the Committee on Nursing Education, March 25, 1965, University of Alberta, (University of Alberta Archives, accession no. 75-25-78).

could be withdrawn. As stated earlier, this role was delegated to the Committee on Nursing Education. The role of the Committee on Nursing Education remained the same for fifty years. A review and analysis of the activities of the Committee on Nursing Education will be provided in this and following chapters.

The Committee on Nursing Education developed the first Regulations Governing Schools of Nursing in 1921. These regulations were revised several times over the next fifty years and requirements increased with each revision. However, the Committee on Small Hospitals was almost inactive in terms of enforcing the regulations until the 1950s. The Committee on Small Hospitals met infrequently or not at all for many years. For example, between 1923, when the Committee on Small Hospitals was formed and 1947, the committee met only eight times. There were no meetings between 1940 and 1947, probably due to the outbreak of the Second World War.⁸⁸ The majority of the activities of the Committee on Small Hospitals, between 1923 and 1949 were related to the approval of schools of nursing. The activities relating to the approval of new schools of nursing will be addressed later in this chapter.

The inspection committee was a subcommittee formed by the Committee on Small Hospitals, which was completing inspections at this time. There were five inspections of the training schools prior to 1949 but there was little follow-up after the inspections. Prior to 1949, the Committee on Small Hospitals became involved with the schools of nursing on only two occasions. In 1935, following an

⁸⁸ Minutes of the Committee on Small Hospitals, March 19, 1927, September 21, 1927, November 25, 1932, February 8, 1933, May 15, 1933, February 6, 1940, February 20, 1940, January 22, 1947, University of Alberta.

inspection, the Superintendent of Nurses from St. Joseph's Hospital was invited to a meeting to discuss problems at the school.⁸⁹ The issues were not described in the minutes of the meeting. Then in 1940, as a result of low scores on the registered nurses examinations at Galt Hospital in Lethbridge, a conference was arranged with Dr. Campbell, Administrator of the Hospital to offer suggestions that would assist the school to improve the performance of students on the examinations.⁹⁰ As a result of this meeting, the Galt Hospital hired another instructor.⁹¹

The pattern of lack of involvement with the schools of nursing began to change in the late forties. For the first time, a process was developed for enforcing the regulations and ensuring that the schools met the prescribed standards. The members of the Committee on Nursing Education decided that if a school did not meet the expected conditions, a first warning would be issued. If this warning was disregarded, the committee would recommend that the approval of the school be withdrawn.⁹² The Committee began meeting several times each year and the position of advisor to schools of nursing was initiated in 1947. The advisor was to visit the schools of nursing each year in order to monitor the compliance with the regulations. This role will be discussed in more detail later in the chapter.

⁸⁹Minutes of the Committee on Small Hospitals, Jan 8, 1935, University of Alberta, (University of Alberta Archives).

⁹⁰Ibid, February 6, 1940, University of Alberta.

⁹¹Ibid, February 20, 1940.

⁹²Minutes of the Committee on Nursing Education, November, 7, 1947, University of Alberta, (University of Alberta Archives).

With the increase in the activity of the Committee on Nursing Education and the initiation of the position of full time advisor to schools of nursing, the functions of the Committee became more diverse. There was a province wide inspection completed in 1949 when Miss Penhale, Director of the University of Alberta School of Nursing and Miss Cogswell, Advisor to Schools of Nursing, conducted visits to the schools. Therefore the amount of information that was available to the committee members increased. It would have been difficult to ignore the information that was coming forward about the schools of nursing because of widespread graduate nursing shortages and a lack of priority placed on the educational program in many of the nursing schools.

The Committee on Nursing Education began to influence standards in the schools of nursing in a number of ways. The most common way of influencing the standards was by monitoring compliance with the regulations. The inspection teams or the Advisor to Schools of Nursing would assess the school in terms of the expectations laid out in the regulations and then feedback would be provided to the schools of nursing with recommendations for improvement. On the subsequent visit by the Advisor to Schools of Nursing, the action taken toward meeting the recommendations would be reviewed. This process occurred in every school of nursing in the province.

When a school of nursing did not consistently meet the regulations, a meeting was set up with the personnel at the school of nursing for discussion of the problems. Recommendations would be given at the meeting and a subsequent visit would be made within the next year in order to monitor the rate of improvement. This happened on a number of occasions but the success of this approach was

limited. When improvements did occur, other factors were involved in the improvements than the involvement of the Committee on Nursing Education. In still other situations, no improvement occurred in spite of the committee members' activities.

The situation at the Calgary General Hospital provides an example of a hospital based school of nursing that made improvements following intervention from the Committee on Nursing Education. The conditions at the Calgary General Hospital and its school of nursing were deteriorating in 1950. The inspection results in 1950 exposed problems such as a shortage of nursing staff and faculty, overcrowding in the residence, inadequate supervision on night duty, inadequate study facilities and no written records of student's clinical experiences or affiliation experiences.⁹³ As a result of these problems, Dr. Stewart, the Chairman of the Committee on Nursing Education, met with Dr. Hyslop, the administrator responsible for the School of Nursing to discuss the problems at the schools. By 1954, all of the written records were in place and by 1960, the Calgary General Hospital School of Nursing was described as a school with very high standards.⁹⁴ However, it is possible that the changes may have been related to an increase in the nursing service staff and changes in the instructional staff more than the implementation of recommendations from the Committee on Nursing Education.

⁶⁵Report from the Inspection Committee of Schools of Nursing, Calgary General, 1950, School of nursing Questionnaire, Calgary General, October 195, University of Alberta, (University of Alberta Archives, accession no, 75-25-22).

⁹⁴M. Schumacher, Report of Visit to the Calgary General Hospital School of Nursing, November 24-29, 1954, University of Alberta. Ibid, March 28 to April 5, 1960.

The Committee on Nursing Education took direct action at both the Misericordia Hospital School of Nursing and at Medicine Hat Municipal Hospital School of Nursing in 1958 as a result of information gathered on visits by the newly appointed Advisor to Schools of Nursing. In both these situations, the Committee's actions were unsuccessful in producing a change in the standards at the schools of nursing. When problems were reported at the Misericordia Hospital School of Nursing, a visiting committee consisting of Miss E. Bland the Education Director of Holy Cross Hospital School of Nursing and Miss M. P. McMillan, an Assistant Professor from the University of Alberta, was appointed by the Committee on Nursing Education.⁹⁵ The Visiting Committee found a lack of clinical instruction in all areas except the diet kitchen and only three instructors for eighty students.⁹⁶ The School of Nursing was notified of the concerns raised by the visiting committee. By 1959, the faculty had increased to ten, but the lack of graduate nurses remained a problem. There were only 124 graduate nurses for four hundred and two beds.⁹⁷ As a result of this, the advisor to Schools of Nursing made a special visit to the school six months after the 1959 visit. She found a continued shortage of nursing staff, the faculty size had decreased to nine and the

⁹⁵Report of Visiting Committee Based on a Visitation to the Misericordia Hospital School of nursing, January 6-10, 1958, University of Alberta, (University of Alberta Archives, Accession no. 75-25-20).

⁹⁶Ibid.

⁶⁹M. Schumacher, Report of Visit to Misericordia Hospital School of Nursing, June 22-30, 1959, University of Alberta, (University of Alberta Archives, accession no. 75-25-20).

hospital was employing unregistered nurses.⁹⁸ As a result of this visit, Miss Schumacher stated that

the apparent lack of professional staff in nursing service, both in number and preparation would seem to indicate that the clinical facilities are not most desirable for a student programme. Unless this situation changes radically, the advisor feels that this problem must be referred to the Committee on Nursing Education and that the subsequent visit concentrate on nursing service.⁹⁹

The Chairman of the Committee on Nursing Education contacted the administrator responsible for the Misericordia Hospital School of Nursing regarding the nursing staff shortages, but the situation did not improve. The hospital continued to function with fewer registered nurses than most other hospitals with schools of nursing.¹⁰⁰ The Committee on Nursing Education's success in improving the standards at this school of nursing was limited. Although number of faculty members increased, the rate of graduate nursing staff to patients remained an issue.

The Committee on Nursing Education was also unsuccessful in improving standards at the Medicine Hat Municipal Hospital School of Nursing. In 1958, there was an inadequate number of instructors and a severe shortage of graduate duty nurses. The hospital had thirty-five nurses for two hundred and sixty three beds. Miss Schumacher, as the representative of the Committee on Nursing

⁹⁸M Schumacher, Report of Visit to Misericordia Hospital School of Nursing, June 22-30, 1959, University of Alberta, (University of Alberta Archives, accession no. 75-25-20).

⁹⁹Ibid, February 29, March 6, 1960, University of Alberta.

¹⁰⁰Ibid, July, 4 - 5, 1963.

Education, met with the hospital board to discuss the problems. The Board members inquired about the use of nurse interns to replace graduate nurses as a method of coping with the nursing shortage. The Board stated that they believed they were overstaffed with instructors with five full time instructors at the School of Nursing, including the Director of Nursing. Further, there was concern regarding the amount of time the students were spending in the classroom. Some board members stated that the students should be spending more time at the bedside rather than in class. Miss Schumacher recommended that the size of the faculty and the nursing service staff should be increased, that a Director of Nursing Education should be hired and that the Board needed to develop a statement regarding the purpose of the school.¹⁰¹

There was no change in the number of faculty, the number of graduate duty nurses increased from thirty-five to forty-four by 1960, and the position of Director of Nursing Education had not been developed.¹⁰² The lack of compliance with Miss Schumacher's recommendations may have been due to the lack of available nurses for general duty positions or instructor positions. However, the attitude of the Hospital Board may also have hampered improvements at this school.

¹⁰¹M. Schumacher, Confidential Report of Visit to the Medicine Hat Municipal Hospital, May 28 - 30, 1958, University of Alberta, (University of Alberta Archives, accession no. 75-25-188.

¹⁰²Ibid, Report of Advisor's Visit to Medicine Hat Municipal Hospital School of Nursing, June 3 - 4, 1963.

The greatest offenders relative to compliance with the standards set by the Committee on Nursing Education were St. Joseph's Hospital School of Nursing in Vegreville and Archer Memorial Hospital School of Nursing in Lamont. These were the smallest schools of nursing in the province and both were situated in rural communities. These hospitals operated with very few registered nurses on staff, and as a result of this, nursing care was primarily provided by students. For example Archer Memorial Hospital did not have any graduate duty nurses in 1949 and only one part-time nurse in 1952. In 1966, the hospital still employed only five full time graduate duty nurses.¹⁰³

The situation at St. Joseph's hospital was similar to that at the Archer Memorial Hospital. This hospital had no graduate duty nurses as late as 1953. By 1959, there were twelve nurses in general duty positions.¹⁰⁴ These two schools consistently ranked in the lowest quartile on the registered nurses exams in the province. Further discussion will be presented about these two Schools of Nursing in Chapter three.

The Committee on Nursing Education took very little action against these two schools of nursing, in spite of the continuing problems. There is no evidence of any special meetings with St. Joseph's Hospital. In 1958, the Committee on

¹⁰³H. Penhale, Information: Archer Memorial Hospital School of Nursing, 1949, (University of Alberta, Accession no. 75-25-189). Report of Advisor to Schools of Nursing, September 22, 1952, University of Alberta. Ibid, October 13 - 14, 1966.

¹⁰⁴Report of Visit from the Advisor to St. Joseph's Hospital School of Nursing, 1953, University of Alberta, (University of Alberta Archives, accession no. 75-25-190). Ibid, 1959.

Nursing Education insisted that the Archer Memorial Hospital increase the students' affiliation experiences in order to broaden their clinical experiences and that the position of Director of Nursing Education should be developed. The Board was informed that the School would lose its approval status if these actions were not taken.¹⁰⁵ The expectations to increase affiliations could be met with little difficulty, but the chronic problem of lack of nursing service staff was not addressed. If the Committee on Nursing Education had chosen to enforce the regulations in regard to the number of nursing service personnel, the only option would have been to close these schools of nursing for noncompliance with the Committee's recommendations. The closure of these schools would likely have caused the closure of the hospitals, and this factor was likely to have influenced the actions of the members of the Committee on Nursing Education.

The situations described at the Misericordia Hospital School of Nursing, St. Joseph's Hospital School of Nursing and Archer Memorial Hospital School of Nursing all describe circumstances in which the Committee on Nursing Education was not successful in changing standards or chose not to enforce the standards. Concern over the difficulty of enforcing the Regulations Governing Schools of Nursing was identified by members of the Committee on Nursing Education. Although the Committee had the authority to enforce the regulations, their will to do so and therefore succeed in this was limited.

¹⁰⁵Letter from W. H. Johns, Chairman of the Committee on Nursing Education, August 27, 1958, University of Alberta, (University of Alberta Archives, accession no. 75-25-87).

The members of the Provincial Council of the AARN suggested that the University of Alberta did not enforce the "Regulations" at the schools of nursing because of political pressure. Margaret Street, of the AARN, stated that the University was a government owned institution and therefore subject to political pressure. This pressure could be used to prevent closure of schools of nursing with poor standards therefore continuing the exploitation of young women.¹⁰⁶ Considering that the deputy minister of health had been a consistent member of the Committee on Nursing Education, the opinion of the provincial government in relation to nursing education issues would have been evident and may have been a factor in committee decisions. The need for public support was clear in a statement by Dr. Stewart, the Chairman of the Committee on Nursing Education. He stated that "the only disciplinary measure available to the University for discipline of schools that contravened the training regulations was to close the school. This would put the University of Alberta in a bad light in the eyes of the public."¹⁰⁷ If this was a factor in the decisions made by the Committee on Nursing Education, it would explain the lack of pressure on the schools maintaining low standards of education.

The Committee on Nursing Education made one attempt to find an alternate method of enforcing regulations. After a crisis relating to a severe shortage of instructors, the Cabinet of the provincial government decided to give a grant of

¹⁰⁶Minutes of the Provincial Council, March 25, 1955, (Alberta Association of Registered nurses), p. 4.

¹⁰⁷Minutes of the Committee on Nursing Education, June 29, 1953, University of Alberta, (University of Alberta Archives).

\$300 for every student nurse in the province. The committee suggested that the Schools of Nursing would only receive grant money on the condition that they were fulfilling the school of nursing regulations.¹⁰⁸ This request was not granted by the provincial government. The only stipulation placed on the grant money was that it could not be used to pay monthly stipends, uniforms and textbooks.¹⁰⁹ With no palatable mechanism available for enforcing the regulations, the Committee on Nursing Education continued to use a passive approach with the schools of nursing. Determining the standards, visiting the schools and providing the schools with recommendations for improvement without enforcement of the recommendations remained the dominant method for ensuring that standards were met.

Approval of New Schools of Nursing

The University of Alberta had the mandate to approve schools of nursing which consistently met the standards prescribed in the Regulations Governing Schools of Nursing. Although, the Registered Nurses Act did not state that the University was responsible for approving new schools of nursing, this function was a logical extension of the Act. For example, even if a new school did not meet the requirements set by the University of Alberta when it opened, it would require the approval of the University for operation. It was a logical step to acquire this approval prior to opening. Therefore, this requirement was identified

¹⁰⁸Minutes of the Committee on Nursing Education, October 23, 1952, University of Alberta, (University of Alberta Archives).

¹⁰⁹Minutes of the Provincial Council, November 15, 1952, (Alberta Association of Registered nurses), p. 14.

in the Regulations. The Regulations developed in 1920 specified that nursing training must be obtained in accredited hospitals that had been approved by the Senate of the University of Alberta.¹¹⁰ This requirement was reaffirmed in the 1956 regulations which stated that "Any general hospital desiring to establish a school of nursing shall submit to the Registrar of the University of Alberta an application signed by the chairman of the governing board and by the Director of Nursing."¹¹¹ Therefore, the approval of new schools of Nursing became an activity of the Committee on Nursing Education

The Committee on Nursing Education took advantage of the responsibility for opening new schools of nursing as a mechanism for improving the standards. In light of the difficulty in improving the standards at the currently operating schools of nursing, the Committee members chose to be rigorous with the expectations for new schools. It was their hope that the current pattern of operation in the hospital-based schools resulting in exploitation of the student nurses and the lack of emphasis on the educational program could be prevented.¹¹² The Committee on Nursing Education attempted to ensure that appropriate conditions to meet the regulations were in place prior to opening the school of nursing.

¹¹⁰Minutes of the University of Alberta Senate, May 12, 1920, University of Alberta, p. 174. (University of Alberta Archives).

¹¹¹Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, February, 1956, (University of Alberta), p. 1.

¹¹²Letter from W. H. Johns, President of the University of Alberta and Chairman of the Committee on Nursing Education, March 19, 1960, (University of Alberta Archives, accession no. 75-25-74).

Establishment of Hospital Based diploma Nursing Schools

Once the University became responsible for approving schools of nursing, hospitals began applying for approval to establish training schools. The Committee on Small Hospitals used the direction provided in the 1920 regulations as the basis for decisions on the approval of new schools of nursing. According to these Regulations, a general hospital was one with fifty beds and a daily average of forty patients and a small hospital was one with twenty beds.¹¹³ The first hospitals to apply for approval to open a school of nursing were Brett Sanitorium in Banff and St. Mary's Hospital in Camrose. Inspections of the two hospitals were completed and both hospitals received approval in 1926 to open a school of nursing on the condition that all the regulations were met. Brett Sanitorium fell under the class of smaller hospitals because the number of beds and daily average of patients was under the requirements of a general hospital. It was given the approval to offer a two year course with one year of affiliation. St. Mary's hospital was given approval to open a full three year program.¹¹⁴

The only other hospital to apply for recognition in the twenties was St. Theresa's Hospital in St. Paul. The request was for an affiliation with the Edmonton General Hospital in Edmonton. The hospital was inspected and approved as a special case due to the absence of consideration of this type of request in the Regulations. St. Theresa's Hospital was allowed to affiliate with the

¹¹³Minutes of the University of Alberta Senate, May 12, 1920, University of Alberta, p. 175. (University of Alberta Archives).

¹¹⁴Minutes of the Provincial Council Meeting, May 19, 1927, Alberta Association of Registered Nurses, Edmonton, (AARN Archives).

Edmonton General Hospital and to provide a one year course for students if certain conditions were met. These conditions were that all instruction must follow the curriculum at Edmonton General Hospital School of Nursing, any deficiencies during the year at St. Paul were to be made up when the students returned to Edmonton, only a maximum of six students could be sent to St. Paul where they were to be restricted to the provision of elementary nursing skills and the Edmonton General Hospital was to take full responsibility for these students.¹¹⁵ Both Brett Sanitorium and St. Mary's Hospital met the regulations set out by the University of Alberta Senate but St. Theresa's hospital did not. The affiliation at St. Theresa's was most likely motivated by the need to supply nursing staff to the hospital. There was no information about the conditions at St. Theresa's Hospital but there would not appear to have been any other reason for opening of school of nursing at this site.

With the opening of these schools of nursing, there were now five small hospitals operating schools of nursing in Alberta. The small hospitals were criticized by Dr. G. Weir in the Survey on Nursing Education in Canada. He recommended closure of all schools of nursing in hospitals with less than seventy five beds and a daily average of fifty patients based on the data gathered about the small hospital schools.¹¹⁶ He summarized the concerns regarding many of the small schools of nursing.

¹¹⁵Minutes of the University of Alberta Senate, November 23, 1928, University of Alberta, (University of Alberta Archives).

¹¹⁶G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto press, 1932), p. 299.

- (a) The small training school, with few exceptions, is comparatively inefficient.
- (b) The small training school has, in comparison with the larger schools, more consideration for the economic needs of the hospital than for the educational needs of its student nurses. . . .
- (c) Student nurses, with little more intelligence or education than some charwomen are admitted to a number of the small training schools, which therefore are a detriment to the adoption of adequate nursing standards in the Provinces concerned. . . .
- (d) Even if granted affiliation for one year, many of the smaller training schools are unable to measure up to adequate nursing standards. The first years of the small training school curriculum are far from equivalent to those of the larger schools. . . .
- (e) If adequate provision were made for the comprehensive registration and organization of nursing services, the small training school would not, as its advocates frequently allege, be necessary in the health interests of the local communities.¹¹⁷

While data is not available for the small schools of nursing in Alberta, there is no reason to assume that conditions in the small hospitals were any different than those throughout Canada.

The authors of A Proposed Curriculum for Schools of Nursing in Canada published by the Canadian Nurses' Association questioned the basis upon which a hospital with less than one hundred beds could offer the necessary preparation for nurses.¹¹⁸ The recommendation of the International Council of Nurses was

¹¹⁷G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto press, 1932), p. 291-292.

¹¹⁸Curriculum Committee on the Nursing Education Section, A Proposed Curriculum for Schools of Nursing in Canada, (Montreal: Canadian Nurses Association, 1936), p. 17.

included in this Report. This recommendation stated that "the minimum for establishing a hospital school should be placed at not lower than one hundred patients in the home hospital."¹¹⁹

The Alberta regulations were changed in 1931 to require training schools to have a minimum of one hundred beds with a daily occupancy of sixty patients.¹²⁰ In light of this change and following an inspection tour of the schools of nursing in 1932, the school of nursing at Camrose was closed due to an insufficient number of beds. It was recommended that St. Joseph's Hospital School of Nursing should close. However, the decision was made that this school could remain open on the condition that the number of beds was increased by 1935 and thus this School of Nursing remained open until 1970.¹²¹ St. Mary's Hospital School of Nursing in Camrose was the only school of nursing ever closed by the University of Alberta because of failure to meet acceptable standards.

Two psychiatric hospitals had been opened in the province, Ponoka Mental Hospital in 1911 and the Oliver Mental Hospital in 1923. In 1932, the administrator of the Ponoka Mental Hospital, Dr. C. Baragar, applied to the University of Alberta for recognition of the hospital as a training school.¹²² A new

¹¹⁹Curriculum Committee on the Nursing Education Section, A Proposed Curriculum for Schools of Nursing in Canada, (Montreal: Canadian Nurses Association, 1936), p. 17.

¹²⁰Minutes of the Provincial Council, April, 24, 1931, Alberta Association of Registered Nurses, (AARN Archives), p. 272.

¹²¹Ibid, October, 1933, p. 334.

¹²²Minutes of the Committee on Small Hospitals, November 25, 1932, University of Alberta, (University of Alberta Archives).

School of Nursing was approved at the Ponoka Mental Hospital in 1933 on a five year trial basis. This School operated on a different basis than the other hospital-based Schools of Nursing with a four year program where students spent two years at the Ponoka Mental Hospital and two years at three urban hospital schools of nursing.¹²³

The level of staffing at the Ponoka Mental Hospital was an issue. The only employees at that time were untrained attendants with the first full time graduate nurse being hired only in 1934.¹²⁴ Dr. Baragar expressed the belief that the psychiatric team required registered nurses. He stated that a school of nursing in the mental institution provided a mechanism of attracting women with the qualifications to enter nursing schools, to specialize in psychiatry.¹²⁵ This would suggest that the initial motivation for opening the school of nursing was to prepare nurses with a psychiatric specialization rather than to provide nursing staff. However, it is also likely that staffing the hospital may have been a factor in the desire to open this school of nursing. In 1959, twenty six years after the opening of the school of nursing, this hospital had thirteen hundred and seventy-eight beds and only sixty-four people on staff, with a ratio of twenty-two patients for each

¹²³T. Cashman, Heritage of Service: The History of Nursing in Alberta, (Edmonton: Commercial Printers Limited, 1966), p. 268.

¹²⁴O. Yonge, & M. Osborne, "Opening Doors and Keys to the Future: History of Psychiatric Nursing in the Province of Alberta," AARN Newsletter, 10 (November, 1991), p. 9.

¹²⁵Cashman, p. 268.

staff member.¹²⁶ The decision to approve a School of Nursing at Ponoka Mental Hospital was one in which it was clearly evident that meeting the usual standards was not considered to be a priority. With the staffing levels at Ponoka, the supervision of the students would have been an issue as the majority of the supervision was to have been provided by untrained attendants rather than registered nurses. According to the 1931 Regulations, the hospital would have required at least one superintendent of nursing, an assistant day superintendent, a night supervisor and a certified instructress.¹²⁷ As stated earlier, in 1934 there was only one registered nurse on the staff at this hospital.

The Committee on Small Hospitals had the mandate to approve new schools of nursing but not to initiate the development of new schools. The hospitals were expected to initiate the request to open a nursing school. However, lack of staffing was becoming a problem in rural hospitals and the opening of nursing schools was a potential mechanism for relieving the shortage. Because of this problem, the Minister of Health asked the Committee on Small Hospitals to inspect the hospitals at Grande Prairie, Red Deer, Drumheller, Westlock and St. Michael's Hospital in Lethbridge. The Committee on Small Hospitals was expected to initiate these inspections with the purpose of opening schools of nursing in order to increase the -

¹²⁶M. Schumacher, Report of Visit by the Advisor to Schools of Nursing, Ponoka Mental Hospital, University of Alberta, (University of Alberta Archives, accession no. 75-25-193).

¹²⁷Minutes of the Provincial Council, April 24, 1931, Alberta Association of Registered Nurses, (AARN Archives), p. 272.

supply of nurses in the province.¹²⁸ The Committee on Small Hospitals did not act on this request. The only inspection completed was at St. Michael's Hospital in Lethbridge which had submitted an application to open a school of nursing.

With the actions taken in approving a school of nursing at St. Michael's Hospital, the Committee began to change its pattern for approving new schools. The expectations for this hospital were becoming more rigorous and it was decided that the requirements set out by the Committee on Nursing Education were to be met prior to the opening of the School rather than within a five year period following its opening. The latter had been the expectation for the School of Nursing at Ponoka Mental Hospital. Although the Committee on Nursing Education received the application from St. Michael's Hospital in 1947, the approval for opening the School was not given until 1953.

Miss Penhale, the Director of the University of Alberta School of Nursing, Dr. Somerville, inspector of hospitals for Alberta and Miss Jeanne Clarke, the Registrar of the AARN conducted an inspection of St. Michael's Hospital in 1947 and the application for a school of nursing was turned down upon their recommendation.¹²⁹ Several improvements would be required if a school of nursing was to be approved. These included: renovating the nursery and the pediatric units; providing facilities for clinical teaching; discontinuing the overcrowding on the units; improving the state of cleanliness and hygiene;

¹²⁸Minutes of the Provincial Council, February 1, 1947, p. 633.

¹²⁹Minutes of the Committee on Nursing Education, November 7, 1947, University of Alberta, (University of Alberta Archives).

establishing lines of authority; establishing a drug administration system; establishing personnel policies; discontinuing the practice of hiring unqualified nurses and building a new nurses' residence. The overcrowding in the hospital was a particular concern with a daily average of one hundred and twenty one patients in ninety five beds.¹³⁰

An inspection team, consisting of Dr. Somerville, Miss Penhale and Miss Rogers, then Registrar of the AARN, visited the hospital again in 1950 at the hospital's request.¹³¹ Following this visit to St. Michael's, conditional approval to open a school of nursing was given. The conditions included: altering the obstetrical service to relieve the overcrowding; separating the medical and surgical patients on different floors; discontinuing the practice of employing unqualified nurses; and developing a drug administration system. The hospital board was also informed that it must be clearly understood that the aim of the school of nursing was the education of nurses.¹³²

The recommendations in 1950 were not significantly different than those in 1947. This would indicate that very little had changed in the three years to provide a better environment for conducting a school of nursing. Miss Penhale made this

¹³⁰H. Penhale, Report on the Inspection of St. Michael's Hospital, June 9, 1947, University of Alberta, (University of Alberta Archives, accession no. 75-25-186).

¹³¹Letter from H. Penhale, Director of the University of Alberta School of Nursing, University of Alberta, April 1, 1949. (University of Alberta Archives accession no. 75-25-186).

¹³²Inspection Committee, Report of the Committee on the Inspection of Training Schools: St. Michael's, October 25, 1950, (University of Alberta Archives, accession no. 75-25-186).

point following the 1950 inspection. She stated that "there was no apparent change in the conditions at St. Michael's since 1947. Permission had not been granted mainly because of no organized pediatric service. This has been done. The Committee feels it will be unwise to further withhold permission."¹³³ Miss Penhale's concern regarding this hospital's interest in offering an adequate education program was expressed in her statement that "affiliation will be necessary as one way to assure the University that the education of the students will be given some consideration."¹³⁴

Final approval was given to St. Michael's Hospital to open a school of nursing in 1953 in spite of continued problems at this hospital.¹³⁵ However, overcrowding continued at the hospital until a new addition was built in 1956 and concerns regarding the shortage of graduate duty nurses and the amount of nursing service expected from the student nurses continued until 1963.¹³⁶ The final decision of the Committee on Nursing Education to open this school of nursing was a compromise between the hospital's wishes and the Committee's expectations as determined by the inspection committee. The requirements for approval had

¹³³H. Penhale, Chairman of the Inspection Committee, Confidential Report to the President of the University of Alberta, October 30, 1950, (University of Alberta Archives accession no. 75-25-186).

¹³⁴Ibid

¹³⁵Minutes of the Committee on Nursing Education, June 29, 1953, University of Alberta, (University of Alberta Archives).

¹³⁶Report of Visit to St. Michael's Hospital School of Nursing, April, 1954, (University of Alberta Archives, accession no. 75-25-186). M. Cogswell, Ibid, April, 1956. M. Schumacher, Ibid, 1959. Ibid, May 30-31, 1963.

been provided to the hospital with the expectation that they would be met prior to the opening of the hospital, but in the end the Committee on Nursing Education backed down on these expectations.

The shortage of registered nurses in the province may have influenced the actions of the Committee on Nursing Education in this situation. Concern regarding a province wide nursing shortage began in 1946 and political pressure was exerted on the Committee on Nursing Education to encourage the increase in the number of student nurses in Alberta's hospitals. For example, Dr. Cross, the Minister of Health, promoted the reduction of entrance requirements for schools of nursing as a mechanism for increasing the enrollment in the nursing schools. He believed that the best solution to the nursing shortage was to prepare more graduate nurses and to increase the applicant pool in order to do so.¹³⁷

In 1953, there was a meeting held at the Calgary General Hospital School of Nursing with representatives from the AARN, the Alberta Medical Association and the University of Alberta for the purpose of discussing the province wide nursing shortage. The discussion at this meeting centered on the fact that the magnitude of the nursing shortage was appreciated neither by the public nor the provincial government. The participants in this meeting stated that it was time for a broad attempt to interest and involve many groups and organizations who would help increase public knowledge and concern about the nursing problem relating to

¹³⁷Minutes of the Provincial Council, August 30, 1946, Alberta Association of Nurses, p. 609

the serious shortage of nurses.¹³⁸ It is quite likely that the decision to prevent the opening of a new school of nursing at St. Michael's Hospital would have been an unpopular choice at this time.

The compromise made relative to the establishment of St. Michael's Hospital School of Nursing was not repeated when the Committee on Nursing Education was directed to investigate opening a school of nursing in Red Deer by the Minister of Health. In 1958, a conference was held with Dr. W. H. Johns, Chairman of the Committee on Nursing Education, D. A. Somerville, Deputy Minister of Health, Mr. A. Little, Chairman of the Board of Red Deer General Hospital, Miss K. MacAllister, Matron of the Red Deer General Hospital and Miss M. Schumacher, Advisor to Schools of Nursing. Red Deer General Hospital was operating with one hundred and four beds and thirty bassinets with a new wing with forty-one beds being added. There were forty-two graduate nurses including the administrators, five certified nurses aides and one orderly.¹³⁹

The decision at this meeting was that a school of nursing would not be opened at that time in Red Deer since the hospital only had fifteen pediatric beds and therefore student experience would be limited. The nursing service staff was not large enough to ensure a high quality of nursing care and safeguard the students' clinical practice. Also there was a need for qualified faculty, and

¹³⁸Letter from H. V. Rice, Chairman of the Subcommittee for Inspections of Schools of Nursing, June 16, 1953, (University of Alberta Archives, accession no. 75-25-87).

¹³⁹Letter from W. H. Johns, President of the University of Alberta and Chairman of the Committee on Nursing Education, October 2, 1958, (University of Alberta Archives, accession no. 75-25-8).

recruiting them would not be easy as there was a shortage of qualified instructors in the province at the other schools of nursing. Thus it did not seem advisable to open a new school that would add to the problem. There also was insufficient ward conference rooms for clinical teaching.¹⁴⁰

Refusal to grant approval to this school of nursing was surprising for two reasons. First, the request to opening a new school had never been turned down in the past. The administration of St. Michael's Hospital's was given recommendations with the assurance that the school would be considered if the standards at the hospital improved. Red Deer General Hospital was turned down without any promise of future considerations. The other feature of the Red Deer General Hospital was that the standards were better at this hospital than those at some of the hospitals currently operating schools of nursing. For example, in 1958 St. Joseph's Hospital had eleven nurses for one hundred beds and Archer Memorial Hospital had fifteen nurses for one hundred and seven beds. The decision regarding Red Deer General Hospital probably reflected the goal of improving standards in the nursing schools rather than taking the risk of repeating the problems currently existing in the small hospital schools of nursing.

The shortage of nurses had a significant impact on the development of new nursing schools in the province and it was a reason for pressure to be put on the University to approve new schools of nursing throughout the 1950s and 1960s. The shortage of nurses was not unique to Alberta as there was evidence of a

¹⁴⁰Letter from W. H. Johns, President of the University of Alberta and Chairman of the Committee on Nursing Education, October 2, 1958.

nursing shortage throughout Canada, the United States and Europe. At the 12th International Hospitals Congress, every hospital association present expressed concerns about major problems in the hospitals due to the shortage of nurses.¹⁴¹ The World Health Organization also reported an international shortage of nurses in 1950.¹⁴²

By 1949, Canada was experiencing a shortage of significant proportions, namely an estimated 8,000 nurses. The problem was accentuated by high staff turnovers and the projected impact of proposed increases in the federal health grants.¹⁴³ The most frequently proposed solution to the nursing shortage was the expansion of facilities for the training of new nurses. The potential for the rapid increase of hastily prepared hospital-based schools of nursing for the primary purpose of providing staff to the hospitals with the additional effect of increasing the future supply of nurses, was a possible outcome of the concerns regarding the nursing shortage.

There was also concern about the shortage of nurses in Alberta. The AHA, College of Physicians and Surgeons, AARN and the Department of Health made the decision to work together to find a means of increasing the supply of registered nurses. At a minister's conference on nursing, these groups identified the need for

¹⁴¹R. Chittick, "One Nurses' Utopia," Hospital Administration in Canada, 4 (February, 1962), p. 20.

¹⁴²"Trends in Nursing: The Experts Report," Canadian Nurse, 56 (June, 1950), p. 481.

¹⁴³"Editorial," Canadian Nurse, 55 (June, 1949), p. 414. G. M. Hall, "Statistical Report from General Secretary's Report", Canadian Nurse, 56 (May, 1950), p. 351.

a province wide survey to study the issues related to the supply of nursing staff in Alberta.¹⁴⁴ The Department of Public Health commissioned this survey to be completed by a committee chaired by Dr. E. P. Scarlett, a former chancellor of the University of Alberta. The committee was directed to "bring to the proper authorities recommendations relating to the present training programme for nurses and/or the development of new programmes in the Province directed toward increasing the supply of nurses and the maintenance of standards."¹⁴⁵

The members of the committee included: Dr. Scarlett, Miss Margaret Campbell, Assistant Professor of Nursing, University of Alberta; Miss Ida Johnson, Administrator, Olds Municipal Hospital; Mr. L. Adshead, Administrator, Foothills Hospital and current president of the AHA; and Mr. E. Mather, of the Hospitals Division, Department of Public Health.¹⁴⁶ The composition of this committee is worth noting. There were two representatives from hospital administration, one of these also being the president of the AHA. Both the Committee on Nursing Education and the AARN were left without representation. However, Miss Johnson, a hospital administrator, had recently been employed as

¹⁴⁴Letter from M. Schumacher, Advisor to Schools of Nursing in Alberta, June 12, 1961, (University of Alberta Archives, accession no. 75-25-74. College of Physicians and Surgeons, Canadian Medical Association and Faculty of Medicine, University of Alberta, Brief to the Royal Commission on Health Services, February, 1962, (University of Alberta Archives, accession no. 75-25-102), p. 21.

¹⁴⁵Nursing Education Survey Committee, Report, Nursing Education Survey Committee: Province of Alberta, 1961-1963 (Edmonton: L. S. Wall, Printer to the Queen's Most Excellent Majesty, 1963), p. 3.

¹⁴⁶Ibid, p. 251.

the Director of Nursing Education at the Royal Alexandra Hospital and her viewpoint on nursing education was evident in an interview between herself and Miss Chittick in 1955. In this interview, Miss Johnson discussed several issues, such as a lack of clinical facilities, absence of laboratory space at the School, inadequate space at the nurses' residence and inefficient communication between herself and the Hospital Board.¹⁴⁷ In light of Miss Johnson's previous experience, she would have appreciated the issues for nurse administrators at the Schools of Nursing. The only official representative speaking for the merits of advancing nursing education was Margaret Campbell. Considering the membership of this committee, it is not unexpected that the recommendations reflected the viewpoint of the provincial government and the AHA.

The members of the committee reviewed the nursing shortage in Alberta and found a shortage of qualified nurses for administrative positions as well as for nursing instructor positions. The shortage of registered nurses in the hospitals was not a consistent problem throughout the province. The rural hospitals were experiencing a chronic shortage of nurses both in numbers and preparation. The survey showed that the majority of the nurses were situated in the urban centers. This problem was expected to worsen with the construction of a number of new hospitals in small communities.¹⁴⁸

¹⁴⁷R. Chittick, "Report of Interview with Miss I. Johnson", November 4, 1955, (University of Alberta Archives, accession no. 75-25-18).

¹⁴⁸Nursing Education Survey Committee, p. 106, 107.

The survey committee recognized the possibility of a nursing shortage developing in the future throughout Alberta due to the proposed addition of 5,932 hospital beds in the province between 1968 and 1971. The projected increase in staff included 1,588 graduate nurses, 966 certified nursing aides, 341 orderlies and 902 other categories of personnel.¹⁴⁹ In response to the current shortage of nurses in the rural hospitals and the projected province wide shortage of nurses, the survey committee presented recommendations to solve these problems. The primary solution presented in the recommendations was increasing the supply of nurses by increasing the availability of hospital based diploma nursing education to potential students. The recommendations relating to opening new schools of nursing and expanding current schools of nursing were as follows:

1. Schools of nursing such as the University of Alberta Hospital, Royal Alexandra Hospital and the Calgary General, with adequate clinical facilities, be encouraged to immediately increase their intake of students to the capacity of clinical facilities.
2. In the large schools where clinical facilities are being utilized to capacity, hospitals such as Red Deer, Camrose, Grande Prairie be developed as satellite training centres. That this be an initial step in so far as Red Deer and Grande Prairie are concerned, with the eventual aim being the development of full training schools.¹⁵⁰

The use of Red Deer, Camrose and Grande Prairie as satellite training centres would have assisted in providing these hospitals with student nursing personnel and more of these nurses would have been more likely to seek employment in the rural communities upon graduation. Therefore, these measures

¹⁴⁹Nursing Education Survey Committee, p. 217.

¹⁵⁰Nursing Education Survey Committee, p. 226-227.

would have addressed the rural nursing shortage. There were also recommendations that would increase the amount of rural hospital affiliation by the urban schools of nursing. These recommendations stated:

There would be much value in third year students having not less than four weeks' experience in a small hospital. Therefore, it is recommended that Schools of Nursing do all they can to give students this experience by affiliating with rural hospitals of forty beds or more.¹⁵¹

It was considered that this rural hospital affiliation experience would increase the costs of nursing education. Therefore, the committee members recommended that the Department of Public Health could provide more funds to support this experience.¹⁵²

The increase in rural affiliations, opening of new schools of nursing and expanding of current schools of nursing may have all been effective in relieving the problems of the nursing shortage. However, the survey committee recognized that there was a shortage of qualified instructors and advocated the development of a comprehensive post-graduate program. If there were not enough qualified instructors to operate the existing Schools of Nursing, how would the new or expanded schools hope to find personnel. The imminent potential for a crisis produced by shortages of instructors, if the recommendations were put into effect was not addressed in the Survey Report.

¹⁵¹Nursing Education Survey Committee, p. 227-228

¹⁵²Ibid, p. 228.

Some members of the Committee on Nursing Education were concerned regarding the potential problem produced by an increase in the size and number of the schools of nursing. Even before the survey report was published, Dr. J. K. Martin, the Chairman of the Committee on Nursing Education expressed his concern. He stated that

the Nursing Education Survey Committee will be recommending the opening of new schools of nursing in other areas of the province. How to maintain acceptable standards in these schools will be one of the greatest challenges in the immediate future.¹⁵³

The problem of insufficient numbers of prepared teaching staff was considered to be the greatest detriment to the expansion of nursing education in the province. Nursing representatives on the Committee on Nursing Education expressed doubt about the wisdom of opening new schools at the expense of quality in order to cope with the nursing shortage.¹⁵⁴ This opinion was not shared by either the representative from the AHA or the Deputy Minister of Health. The Committee members decided to take a serious look at opening new schools in Red Deer, Camrose and Grande Prairie making the assumption that it would be easier to open a new program than change the existing ones.¹⁵⁵

¹⁵³Minutes of the Executive Committee, November 32, 1962, Alberta Association of Registered Nurses.

¹⁵⁴W. H. Johns, President of the University of Alberta, January 27, 1964, University of Alberta, (University of Alberta Archives, accession no. 75-25-74).

¹⁵⁵Minutes of the Committee on Nursing Education, October 28, 1964.

Members of the Committee on Nursing Education, the AARN and the AHA met with the Minister of Health, J. Donovan Ross to discuss the recommendations in the survey. The topic of the expansion of the schools of nursing and subsequent instructor shortage was discussed. Dr. Ross suggested the possibility of rotating instructors between the rural and the urban schools of nursing, which would have strengthened the teaching in the rural hospitals. The problem with this approach was that there was an instructor shortage in the urban hospitals as well as the rural hospitals. Dr. Ross questioned the necessity of advanced preparation for nursing instructors and nursing administrators indicating that if increased educational preparation was not necessary for nurses in these positions, the shortage would not be an issue. Dr. Ross stated that "many administrators have had to learn on the job. Experience was often a better teacher than education away from the situation".¹⁵⁶ If this statement reflected the attitude of the Minister of Health, the likelihood of government support for failure to implement the recommendations of the survey, conducted at the request of the Minister, was not high.

In spite of governmental and AHA support of the recommendations for increasing the number of schools of nursing and expanding the current schools of nursing, this did not occur as directed. The Foothills Hospital School of Nursing, which received approval to open a school of nursing in 1964, was the last hospital-

¹⁵⁶Minutes of the Conference with the Honorable J. Donovan Ross, February 8, 1963, (Provincial Archives, Province of Alberta, General Correspondence Files, 71.106).

based school of nursing to be opened in Alberta and the planning for this school began prior to the publishing of the Survey Report. No satellite centres were opened and the rural affiliation programs were not expanded.

Establishment of Diploma Nursing Schools in Colleges

The Committee on Nursing Education became involved in approving two-year programmes in the sixties. In most circumstances these schools were placed in the college system. By 1970, there were three two-year programmes in operation in Alberta. Mount Royal College and Red Deer College were operating two-year diploma nursing programmes and the Edmonton General Hospital was offering a two-year programme in conjunction with College St. Jean. Medicine Hat College and Lethbridge community College had both applied for approval to open a school of nursing. The college-based schools of nursing offered the programme in a reduced period of time with no formal links to a hospital. The students paid for their own education; and the requirement of providing nursing service to a hospital as a method for paying for the educational programme was a condition not attached to the educational programme. The pattern of education in the Edmonton General Hospital/College St. Jean programme varied from that of the other two-year programmes because of the close collaboration and ties between the hospital and the college.

The movement to the college system introduced a very different form of nursing education in Alberta and the transition was not an easy one. The Committee on Nursing Education's activities in promoting the change to the two-year programme independent of the hospitals was often passive or nonexistent. The driving force for the change came from the AARN.

Letourneau stated that nurses were the first to voice dissatisfaction with the system of diploma nursing education. Since the beginning of the twentieth century Nursing leaders had believed that many of the problems in nursing education were based on the apprenticeship system of education and the authority for education being placed with a service agency. If the education of nurses could be placed in the public education system as it was for other professional groups, the focus of nursing education could be truly educational.¹⁵⁷

In 1932, Weir included a recommendation regarding the movement of nursing education to the general education system. The recommendation stated:

The development of training schools for nurses primarily as educational institutions, functioning as an integral part of the general educational system of the Province and financed on the same principle as are normal schools, should be made an immediate objective.¹⁵⁸

This recommendation was made as a mechanism for increasing the amount of liberal education that nurses would receive. This would also put nursing education on the same level as other professions.

The first experiment in conducting a financially independent shortened program occurred at the Demonstration School at the Metropolitan Training School of Nursing in Windsor, Ontario. The experiment showed that it was possible to prepare nurses adequately, if not better, in a shorter period of time. Dr. Lord stated that the average graduate of the Demonstration School was better prepared for

¹⁵⁷M. Letourneau, "Trends in Basic Diploma Nursing Programs Within the Provincial Systems of Education in Canada: 1964-1974" (Unpublished Ph.D. dissertation, Ottawa, 1975).

¹⁵⁸G. M. Weir, Survey of Nursing Education in Canada, (Toronto: University of Toronto Press, 1932, p. 116).

tuberculosis nursing and psychiatric nursing and equally prepared for bedside nursing.¹⁵⁹ Subsequently the Regina Grey Nuns' Schools of Nursing in Saskatchewan initiated a two year experimental programme in 1962 and the Ryerson Polytechnical Institute of Toronto became the first fully approved diploma school of nursing to be conducted within the general education system in Canada.¹⁶⁰

The commissioners appointed to conduct the Royal Commission on Health Services provided a summary of the issues relating to the movement of nursing education into the educational system. They stated that "most hospital schools remain under the administrative control of the hospital. The main weakness of this arrangement is that in the student's programme the emphasis is on the service she provides rather than on the education that she should receive."¹⁶¹ The commissioners go on to recommend the movement of nursing education out of the control of the hospitals and into the general education system.¹⁶²

The cost of educating a nurse in the general education system had been a concern. Hospitals would experience an increase in costs due to the loss of student labour but also due to the expenses of having student nurses on site for clinical experience that were not providing service. The commissioners addressed this issue in their report.

¹⁵⁹A. R. Lord, Report of the Evaluation of the Metropolitan School of Nursing, (Ottawa: Canadian Nurses Association), p. 7.

¹⁶⁰Royal Commission of Health Services, (Vol. I), (Ottawa: Queen's Printer, 1964), p. 581-582.

¹⁶¹Ibid, p. 579

¹⁶²Ibid, p. 584.

The student nurse would not be required to provide nursing service although in her clinical training in hospital wards and departments a certain amount of service would be a secondary result of her clinical experience. Obviously, if the student nurse is not to provide service to pay for her training, the hospital would have to be reimbursed for the use of its facilities, and the cost of the educational programme would have to be met, in part at least from student fees. However, the length of time required to complete the educational programme should be shortened from three to two years because the service element in the programme would be largely eliminated.¹⁶³

The rationale for decreasing the time from three to two years is also evident by this explanation.

In Alberta, the AARN had promoted the separation of nursing education from the administrative control of the hospitals, with limited support, for many years. Their first proposal for a form of independent school was a central school to be operated by the University of Alberta. The central school would be financially independent of the hospital and the hospital would only be used as a clinical practice site. The plans did not include the elimination of the hospital-based schools of nursing. A request was sent to Dr. Newton, the Chairman of the Committee on Small Hospitals to draw up a budget.¹⁶⁴ No action was taken on this proposal by Dr. Newton. In 1948, the AARN polled the nursing students in the province to determine if there was enough interest in a central school to warrant further action on its development. As a result of this poll, they decided to work toward the development of a central school.¹⁶⁵ The AARN received the first sign

¹⁶³Royal Commission of Health Services, p. 584.

¹⁶⁴Minutes of the Provincial Council, February 2, 1942, Alberta Association of Registered Nurses, (AARN Archives).

¹⁶⁵Minutes of the Provincial Council, January 16, 1948, (AARN archives), p. 708. Ibid, April 3, 1948, p. 713.

of support of the central school concept from the Committee on Nursing Education in 1952. Dr. Stewart, the Chairman of the Committee on Nursing Education and Dr. Somerville, the Deputy Minister of Health agreed to approach the Minister of Health to request funds to set up a central school in Alberta. Dr. Cross, the Minister of Health, stated that the Department of Health was prepared to give the schools of nursing grants but the concept of the central school was not supported by the government of Alberta.¹⁶⁶

Any constructive steps toward the initiation of an independent school were discouraged in the absence of support from any group that had the authority to change the nursing education system. It was already clear that the Minister of Health did not support a change and the President of the University also made the point that no change could be expected. He informed the Provincial Council of the AARN that they should not anticipate any radical changes to the system of nursing education considering that the current nursing schools were already having difficulty in meeting the standards that had been expected for a number of years.¹⁶⁷ Therefore, changes in the structure of nursing education would not be considered until the current system was functioning more effectively.

¹⁶⁶Minutes of the Provincial Council, November 15, 1952, p. 12 & 14.

¹⁶⁷Ibid, September 26, 1953, p. 6. The AARN did not have representation on the Committee on Nursing Education at this time limiting their input in discussions of the central school.

By 1959, the Demonstration School of Nursing in Windsor had proven to be a success and confirmed that nursing education could be offered independently of hospitals. Miss M. Schumacher who had been hired as the Advisor to Schools of Nursing supported the AARN in the objective to bring nursing education into the general education system. When discussions began regarding the opening of the Foothills Hospital, she stated that

it would seem an opportune time to plan for some experimentation, particularly if student enrollment is on the increase and the medical services are expanding. The merits of a school as an integral part of a junior college or a separate central school which would use the best medical services available might be considered.¹⁶⁸

The Executive of the AARN became more vocal in their support of experimentation in nursing education during the early sixties. At the minister's conference, in which the decision was made to conduct a survey on nursing education in Alberta, the AARN representatives endorsed the establishment of a shortened programme as a pilot project in Alberta.¹⁶⁹ However, at this time the Committee on Nursing Education had not indicated any support of the shortened program. Considering the membership of the Committee on Nursing Education, the issue of moving nursing education into the general educational system and offering a shortened program would have been a difficult one. The AHA and the AARN both had representatives on the Committee and they disagreed on the

¹⁶⁸M. Schumacher, Report of the Advisor to Schools of Nursing in Alberta, July to December, 1959, (University of Alberta Archives, accession no. 75-25-74).

¹⁶⁹Minutes of the Executive Committee, May 23, 1961, AARN.

appropriate direction for nursing education. The AHA was strongly against the shortening of nursing programs and their removal from hospital control and the AARN was strongly supportive of it.

The AHA's position was expected because if nursing education was moved into the general education system, hospital administrators would no longer control nursing education. This would have a significant financial effect on the hospitals due to the loss of student nursing service. The concern would have been greater because of the nursing shortage in the rural areas and the expected increase in the shortage of nurses province wide. The Board of the AHA expressed its concern regarding the direction of nursing education in a number of documents.

Resentment was evident in the AHA submission to the Royal Commission on Health Services towards the groups promoting change and their concerns regarding financial loss. The statement included:

It is traditional that most health service personnel receive all or most of their education in hospitals. For many years this concerned primarily medical and nursing students and they, at least partly, repaid the hospitals for this education in service provided to the patient. Over the past few years educational authorities have modified the curricula of these groups by placing the emphasis on "education". This had consequently curtailed the amount of service returned by the student groups involved and has resulted in the costs of hospitals centred education being increased.¹⁷⁰

The Board of the AHA expressed disappointment in the recommendations of the Royal Commission in a brief to the premier of Alberta. This document included the following statement:

¹⁷⁰Associated Hospitals of Alberta, Submission to the Royal Commission on Health Service, February, 1962, (Provincial Archives, Alberta, Reports of the AHA and the Hospital Services Commission, 70.309).

The Royal Commission's report virtually assumes that the diploma program will be reduced to two years. We must reject this concept because it would produce the same number of nurses, who would not be well trained, at a far greater cost than the present three year programs. These proposals in themselves demonstrate a complete lack of understanding of the requirements of nursing service in hospitals and, coupled with some other recommendations of the Commission, an apparent fixation on "education for education's sake to the exclusion of the practical facts of hospital operation.¹⁷¹

The ideas expressed in this statement are very similar to those expressed to the Royal Commission in 1962. With the loss of service provided by student nurses, the financial resources would suffer and the criticism of those that support a more educational program is restated.

The opinions of the Nursing Education Survey Committee in Alberta were very similar to those expressed by the AHA. Commissioned in 1961, The Survey Committee considered a number of alternatives for changing the system of nursing. The conclusions of the Committee were that the option of a two-year program should not be considered and the number of traditional programs in hospitals should be expanded. The Committee stated that the traditional hospital programs had made significant improvements and had successfully balanced the needs of nursing service and nursing education. Criticisms of these programs appeared to be based more on the difficulties of making progressive changes than problems with the programs themselves.¹⁷²

¹⁷¹Associated Hospitals of Alberta, Brief Presented to the Honorable Ernest C. Manning, Premier and members of the Executive Council, November 20, 1964, (Provincial Archives, Alberta, Reports of the AHA and the Hospital Services Commission, 70.309).

¹⁷²Nursing Education Survey Committee, 1963, p. 46

The Survey Committee did not support the two-year programs for a number of reasons. Some of the reasons were as follows:

1. The graduates of this programme, having been almost entirely supernumerary to hospital service staff during their clinical experience, have had limited practice and initially cannot be expected to handle the nursing load as well as those prepared in the three-year programme. . . .
2. The annual cost per student of this programme as set up in the Nightingale School is phenomenally greater than that of the average traditional programme. . . .
3. Because success of this pattern requires the school to be independent of hospital control, its proponents recommended that it be set up apart from existing facilities for nursing education. . . . Therefore, this limits drastically the establishment of such programmes in Alberta.
4. Selection of applicants of superior academic ability is essential to this project. Thus the suitability of the average nursing student to undertake this programme successfully is questionable.¹⁷³

This is not an inclusive list of the Committee's concerns about the two year programs, but it does reflect its attitude toward this type of program. The statement that probably best reflects the bias of this Committee is to be found in the Final Observations of the Report. The author states:

For those who profess to see nursing as a Cinderella awaiting the magic touch of a generous fairy godmother and a glass slipper labelled "two-year course" to transform her from a drudge into a radiant princess, this Report will be a disappointment. The truth of the matter is that the existing educational, organizational and economic realities in the nursing field, both in education and practice, dictate a future built upon the past, which means that changes must be gradual as the pattern of the future emerges.¹⁷⁴

¹⁷³Nursing Education Survey Committee, p. 50 & 51.

¹⁷⁴Nursing Education Survey Committee, p. 243.

As a result of the Report from the Nursing Education Survey Committee, the Committee on Nursing Education was forced to develop a clear standpoint on the direction that they would take when approving new schools of nursing. Clarification of the Committee on Nursing Education's stand on the two year programs was also necessary because the first proposal for the development of a two year program was submitted by Mount Royal College in 1963.¹⁷⁵ Evaluating this proposal proved to be a difficult process because of the diversity of opinions held by the members of the Committee. Several meetings involved long debate before decision was taken on this matter.

The first official stand of the Committee on Nursing Education was submitted to the Department of Health in 1964. The members of the Committee stated that Dr. Scarlett's statement that the two-year program not be considered for implementation in Alberta was too rigid considering that it was working in other parts of the country.¹⁷⁶ In light of this, the Committee on Nursing Education stated that it would be willing to receive applications from colleges for the development of two-year nursing programs. The Chairman of the Committee

¹⁷⁵Proposal Regarding Nursing Education, Mount Royal College, June, 1963, (University of Alberta Archives, accession no. 75-25-10).

¹⁷⁶Committee on Nursing Education, Report of the Committee on Nursing Education, December, 1964, (University of Alberta Archives, accession no. 75-25-74).

suggested that the viability of new schools of nursing in Grande Prairie, Red Deer and Camrose should be investigated but he did not recommend the initiation of hospital programs at these sites.¹⁷⁷

These statements were not universally approved by members of the Committee on Nursing Education. Judge Nelles V. Buchanan, the AHA representative, argued that a two-year program could not meet the requirements of the regulations and therefore should not be approved. If approval was to be given to conduct schools of nursing in a college setting, a third year of clinical practice should be included.¹⁷⁸ Mrs. Barefoot, representing instructors in schools of nursing and Miss Schumacher stated that the experimental programs in other parts of Canada had demonstrated that the two-year students were better prepared than the three-year students. Therefore, they asserted that the inclusion of a third year internship period was not necessary. They also suggested that the mandatory Regulations could be relaxed to support the development of two-year college based programmes.¹⁷⁹

By 1966, both Mount Royal and Red Deer Colleges had received approval to open two-year schools of nursing and colleges in Lethbridge, Medicine Hat and Grande Prairie were considering offering this form of nursing education. St. Joseph's Hospital and Archer Memorial were also considering affiliating with

¹⁷⁷Report of the Committee on Nursing Education, December, 1964.

¹⁷⁸Minutes of the Committee on Nursing Education, February 9, 1966, University of Alberta.

¹⁷⁹Ibid.

urban schools of nursing in order to offer a new shortened program. Prior to this, the Committee on Nursing Education had been willing to accept applications for the establishment of two-year programs but had not played any active role in their development. As a result of so many potential sites for new programs, Dr. Johns the President of the University asked Miss Schumacher to provide some leadership in planning and organizing the new programs.¹⁸⁰

The Committee on Nursing Education also declared their support for the movement of nursing education into the general education system in 1966. In a "Brief to the Provincial Government" from the Committee on Nursing Education, the Chairman of the Committee stated that there should be no further development of hospital-controlled schools of nursing. Any further initiation of nursing education programs should occur within junior colleges or community colleges. They also recommended the closure of the four-year program at Ponoka Mental Hospital.¹⁸¹ These were much stronger statements in support of college-based nursing education than those that had been made in 1964.

With support for two-year programs increasing and the interest of colleges in initiating new programs developing rapidly, the AHA expressed concern that the Committee on Nursing Education was taking more power than given by the Registered Nurses Act. The Act gave the Committee on Nursing Education the

¹⁸⁰Letter from W. H. Johns, President of the University of Alberta, March 17, 1966, (University of Alberta Archives, accession no. 75-25-73).

¹⁸¹Committee on Nursing Education, Brief Presented to the Honorable Ernest C. Manning, Premier, September, 1966. (University of Alberta Archives accession no. 75-25-101).

authority to approve or withhold its approval to schools of nursing. This did not give the Committee the authority to establish new schools of nursing.¹⁸² Section 35 of the Hospital Act stated that

The Lieutenant Governor in Council may make regulations; (a) of hospitals and the conditions under which some approval will be granted (b) concerning the establishment and operation of schools, centres or other facilities for the education or training of nurses or other hospital staff.¹⁸³

The authority of the Committee on Nursing Education was not clear with the apparent conflict between these two acts having been raised. The role of the Committee on Nursing Education, according to the Registered Nurses Act, was only to approve nursing schools. Therefore, any active involvement in planning for future nursing schools could be questioned. The ambiguity in the Registered Nurses' Act was not clarified in the 1966 amendment, but the 1970 revision of the Regulations Governing Schools of Nursing clarified the expectations for schools of nursing wishing to initiate new programs or major curriculum revisions. These regulations stated that

When an institution seeks approval for a total revision of the nursing curriculum or the establishment of a new school of nursing, application for approval must be made in writing to the Chairman of the Committee on Nursing Education.¹⁸⁴

¹⁸²Minutes of the Committee on Nursing Education, November 2, 1966. (University of Alberta Archives, Accession no. 75-25-79).

¹⁸³Ibid.

¹⁸⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January, 1970, p. 4.

The new version of the Regulations Governing Schools of Nursing was published in January of 1970. In June, the same year, Dr. Rose, the Deputy Minister of Health sent a letter to all of the Directors of schools of nursing in the province stating that

In acknowledging the current trend for nursing programs to move to educational institutions, it may be decided that any agreements between a hospital and an education institution regarding training of nurses will not be recognized for financial support by the Department of Health unless the details of the agreement have been specifically approved by the Department of Health.¹⁸⁵

This declaration from the Minister of Health initially removed the authority of the Committee on Nursing Education to approve new schools of nursing. The Chairman of the Committee on Nursing Education stated their concern about this issue. The Minister informed the Chairman that the provincial government was not willing to accept the financial responsibility for unilateral decisions made by the Committee on Nursing Education. The minister also expressed his concern that the Committee on Nursing Education was promoting the elimination of the hospital-based schools of nursing and further that the provincial government would not support this action.¹⁸⁶

In spite of resistance from the AHA and the Provincial Government, the growth of the two year programs continued. In 1967, both Mount Royal and Red Deer were operating schools of nursing in the college system. The Edmonton

¹⁸⁵Letter from P. B. Rose, Deputy Minister of Health, July 16, 1970, (Provincial Archives: Alberta, Department of Health and Social Development, Deputy Minister files, P. B. Rose 1967-1973, accession no. 73.42).

¹⁸⁶Letter from J. D. Henderson, Minister of Health, December, 16, 1970. (University of Alberta Archives, accession no. 75-25-80).

General Hospital, the Misericordia Hospital and College St. Jean had submitted a proposal for the development of a two-year program. College St. Jean would offer the academic courses and the Misericordia Hospital and the Edmonton General Hospital would be the clinical practice site.¹⁸⁷ The Committee on Nursing Education approved the new two-year program with College St. Jean and the Edmonton General Hospital. The Misericordia was not approved for participation in this project due to the high failure rate at the School of Nursing.¹⁸⁸ Judge Buchanan opposed the approval of this new proposal because it was not three years in length. He stated that he would oppose any proposal for two-year programmes based on the lack of support from the Canadian Medical Association and the AHA for shortened programmes.¹⁸⁹

Archer Memorial Hospital proposed planning a two-year program within its institution in the belief that they could offer an educational programme in two years at their site. This proposal was turned down because the Committee on Nursing Education did not believe that the qualifications of faculty at Archer Memorial were suitable for curriculum planning or the teaching of the program.¹⁹⁰ Proposals suggesting two-year programs at both the Galt and the Calgary General Hospitals

¹⁸⁷Letter from J. K. Martin, Chairman of the Committee on Nursing Education, December 19, 1967, (University of Alberta Archives, accession no. 75-25-187).

¹⁸⁸Minutes of the Committee on Nursing Education, January, 31, 1968.

¹⁸⁹Ibid.

¹⁹⁰Letter from M. Steed, Advisor to Schools of Nursing, January, 23, 1970, (University of Alberta Archives, accession no. 75-25-189).

were also turned down. In light of these proposals from currently operating schools of nursing, members of the Committee on Nursing Education determined that two-year programmes must be provided at least partly by an educational institution.¹⁹¹

By 1970, there were three schools of nursing offering two-year programs and the colleges at Medicine Hat and Lethbridge had received approval to open two-year programs. The planning had begun for transfer of the program at College St. Jean/Edmonton General Hospital to Grant MacEwan College when it opened with final closure of the Edmonton General Hospital School of Nursing. St. Joseph's Hospital School of Nursing, the Medicine Hat Hospital School of Nursing and the four year programme at the Ponoka Mental Hospital were all being phased out. Galt Hospital School of Nursing and Archer Memorial Hospital began the process of closure in 1971.¹⁹²

The picture of nursing education had changed radically in a ten year period in the midst of an atmosphere of controversy. The role of the Committee on Nursing Education, in respect of the establishment of nursing schools was in doubt due to the ambiguity of the legislation. The advancement of nursing education was being affected by several forces at the same time with many who would maintain the old system under hospital control and many who wished to implement a new

¹⁹¹Minutes of the Committee on Nursing Education, March 29, 1969.

¹⁹²Ibid, April 21, 1971.

system under the control of the general education system. The Committee on Nursing Education was in the middle of this battle because of the opinions of its membership and its uncertain role in establishing nursing schools. The outcome of the controversy regarding the development of diploma nursing education continued to be unclear in 1970.

Inspections of Schools of Nursing

Prior to the Amendment of the Registered Nurses Act in 1921, no allowance had been made for the inspections of schools of nursing in Alberta. Schools of Nursing had existed since the turn of the century without any assessment of the educational programmes. Therefore, nursing education was allowed to exist in any form. The 1921 amendment of the Act gave the University of Alberta the responsibility for approving schools of nursing. In order for approval to be given, some information about the operation of the schools of nursing was required. Shortly after the University received the responsibility for approval of schools of nursing, the first inspections occurred.

The University of Alberta outlined the requirement that inspections of Schools of Nursing would occur in the Regulations Governing Schools of Nursing in the Province of Alberta. The regulations of both 1948 and 1956 stated that "the University of Alberta will arrange for the yearly inspection of Schools of Nursing and all hospitals conducting Schools of Nursing".¹⁹³ The Regulations in 1961 and

¹⁹³Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, (University of Alberta), November, 1947, & February, 1956.

1965 both allowed for annual visits from the Advisor to schools of nursing. The schools' records were to be available for the Advisor and following her visits, she would submit reports to the Chairman of the Committee on Nursing Education. The requirement for inspections was not included in these regulations but in the 1970 revision of the regulations, expectations for inspections had returned.¹⁹⁴ A survey of all schools of nursing was to be carried out at least every five years by persons designated by the Committee on Nursing Education in order to assess the degree to which each school was meeting the established regulations. The school's standing relative to approval would be determined through these visits.¹⁹⁵ However, expectations incorporated in the regulations were not consistently implemented by the University of Alberta between 1921 and 1970.

The problem of no mechanism for ensuring that the Regulations for Schools of Nursing were being carried out was raised at a Senate meeting in 1923, two years after the University of Alberta Senate received authority to set standards.¹⁹⁶ At this time, the Senate was experiencing pressure from the AARN regarding the lack of effort to enforce standards. The AARN formally suggested that inspections of nursing schools should be occurring consistently and that approval should be linked to the outcomes of these inspections. The Executive

¹⁹⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January 1, 1961 & March, 1965.

¹⁹⁵Ibid, January, 1970

¹⁹⁶Minutes of the University of Alberta Senate, May 12, 1923, University of Alberta.

of the AARN arranged to have a meeting with Dr. Tory, the Chairman of the Senate, to discuss inspections of nursing schools for the purpose of expressing their point of view.¹⁹⁷

In 1924, the first review of training schools conducted by two members of the Senate, Dr. Laidlaw, Deputy Minister of Health and Professor Ower, Professor of Pathology was held.¹⁹⁸ There was a review in 1932, of some of the training schools.¹⁹⁹ Province wide inspections occurred in 1937, 1939, 1943, 1949, 1952, 1962 and 1969.²⁰⁰ Thus there were only nine province wide inspections between 1921, when the university became responsible for the standards in nursing education, and 1970. There was some variation in the membership of these inspection teams. The 1932 inspection team included Miss E. McPhedran, AARN, J. J. Ower, Professor of Pathology and A. E. Ottewell, member of the

¹⁹⁷Minutes of the Provincial Council, October 15, 1923, AARN, p. 150, 154, 157,

¹⁹⁸Minutes of the University of Alberta Senate, May 14, 1924, University of Alberta.

¹⁹⁹Minutes of the Committee on Small Hospitals, November 25, 1932, University of Alberta.

²⁰⁰Minutes of the Provincial Council, April, 1939, AARN. Ibid, April 13, 1941. H. E. Penhale, Report of Committee on Inspection of Schools of Nursing, June 5, 1943, (University of Alberta Archives). Report of the Inspection Committee of Schools of Nursing, June 14, 1949. Minutes of the Committee on Nursing Education, May 21, 1951, University of Alberta. Minutes of the Executive Committee, November 2 & 3, 1962, AARN. Letter from J. K. Martin, November 12, 1962. Minutes of the Committee on Nursing Education, November 19, 1969, University of Alberta.

Senate and Registrar of the University.²³¹ Miss Agnes MacLeod replaced Miss McPhedran for the 1939 inspections.²³² The inspection team in 1949 consisted of three members of the Committee on Nursing Education, including Dr. A. Somerville, Medical Inspector of Hospitals, Miss J. Clark, AARN and Miss H. Penhale, Director of the University of Alberta School of Nursing.²³³ The 1952 inspection team included Dr. H. V. Rice and Miss M. M. Fraser and Dr. M. G. McCallum and in 1962, the members were Dr. A. Somerville, Miss D. Hibbert and Miss M. Schumacher. Those serving on the inspection team in 1969 are not known due to incomplete records.

Inspections were done when a hospital submitted a request to open new school of nursing or an affiliation program. Hospital Schools of Nursing experiencing consistent difficulties in meeting the Regulations Governing Schools of Nursing were also inspected by one or two inspectors. Their recommendations would be forwarded to the Committee on Small Hospitals/Committee on Nursing Education for information and action. For example, St. Mary's Hospital in Camrose and Brett Sanitorium in Banff were both inspected in 1927 in response to requests to open schools of nursing. Miss McPhedran inspected Brett Sanitorium and Miss E. Clarke inspected St. Mary's.²³⁴ St. Theresa's Hospital in

²³¹Minutes of the Provincial Council, May 12, 1932, AARN.

²³²Ibid, January 24, 1939.

²³³Report of the Inspection Committee of Schools of Nursing, June 14, 1949. University of Alberta.

²³⁴Minutes of the University of Alberta Senate, May 12, 1927, University of Alberta. Minutes of the Committee on Small Hospitals, March 19, 1927.

St. Paul was inspected following a request to affiliate with the Edmonton General Hospital in 1927.²³⁵ Each of the inspections was done by a nurse but a different individual was sent for each inspection causing potential problems with consistency.

The process of inspecting schools of nursing faced a number of changes over time and there were a number of challenges presented to it. There were problems related to the frequency of the inspections, the cost of the inspections, the length of time for inspections and the composition of the inspections teams. The university was criticized by the AARN on several occasions regarding the absence of inspections of schools of nursing. Members of the AARN Executive began meeting with Dr. Tory, President of the University in 1923 in order to request the university to fulfill its responsibilities by carrying out inspections. The AARN members stated that the University was not attempting to meet its mandate to monitor standards for nursing education and were, in fact leaving this responsibility to the nursing profession.²³⁶ A similar concern was put forward again in 1928 when the AARN questioned how well schools of nursing were following the curriculum that had been put forward by the Committee on Small

²³⁵Minutes of the Committee on Small Hospitals, September 21, 1927, University of Alberta.

²³⁶Minutes of the Provincial Council, October 15, 1923, AARN, p. 150, 154, 157.

Hospitals, stating further that the University had not attempted to gather such information.²³⁷ In spite of the efforts made by the AARN, there was no province wide inspection done between 1924 and 1932.

Accompanying the concern about the infrequency of school of nursing inspections, there was also concern regarding the qualifications of those completing with the inspections. There were loud concerns expressed by the nursing community for inspections of Schools of Nursing to be done by qualified nurses. One of the resolutions at the 1933 congress of the International Council of Nurses (ICN) was that "The ICN approves the principle of inspection of Schools of Nursing, and furthermore supports the principle that proper inspection of schools cannot be made except by qualified registered nurses."²³⁸ The viewpoint of the AARN on this was that nurses were the only individuals qualified to inspect schools of nursing. The idea received unanimous approval in 1933 and the decision was made to investigate ways and means of ensuring that an annual inspection was conducted by a nurse inspector.²³⁹

Nurses had always been involved in the inspections of schools of nursing in Alberta with a nurse commonly completing the ad hoc inspection visits and nurses always included on the inspection teams for province wide inspections. Initially, inspectors were named by the University Senate followed by the

²³⁷Ibid, April 1, 1928.

²³⁸D. C. Bridges, A History of the International Council of Nurses: 1899-1964, (Toronto: J. B. Lippincott Company).

²³⁹Minutes of the Provincial Council, October, 1933, AARN.

Committee on Nursing Education because of their legislated authority for the standards of nursing education. The members of this committee felt that it was their decision and not that of the AARN to choose the appropriate inspectors, a perspective which was expressed in both 1933 and again in 1951, with comments that the Schools of Nursing operated under GFC regulations making the determination of inspectors the responsibility of the University.²⁴⁰ The inspection teams were consistently comprised of one or two nurse members and one or two non nurses, usually chaired by one of the non nursing members.

The AARN attempted to increase nurses' involvement in inspections once again when they lobbied the Minister of Public Health in 1946. Thus, a delegation from the AARN met with the Honorable Dr. Cross and requested the appointment of nurse inspectors. The Minister stated that the Department of Health had no responsibility with regard to inspection of hospitals by qualified registered nurses, as the inspection of schools of nursing was within the jurisdiction of the University of Alberta.²⁴¹ No action toward limiting the inspection committees to nurse inspectors, ever occurred.

The criticisms regarding the absence of inspections of schools of nursing began again in 1952. This was after the University discontinued the position of advisor to schools of nursing against the wishes of the AARN and the instructors at the schools of nursing. The advisor position had been summarily terminated by

²⁴⁰Minutes of the Provincial Council, December 9, 1933, AARN. Minutes of the Committee on Nursing Education, May 5, 1951, University of Alberta.

²⁴¹Minutes of the Provincial Council, April 6, 1946, AARN. Ibid, August 30, 1946.

Dr. Stewart in October of 1951.²⁴² Prior to the termination of the Advisor position, the AARN had been lobbying to maintain this position through discussions with the President of the University and the Minister and Deputy Minister of Health. The Advisor to Schools of Nursing will be discussed later in this chapter.

Throughout 1952, the AARN raised many complaints regarding the absence of inspections of school of nursing and the lack of interest by the University in enforcing standards in nursing education. An instructors group sent a brief to the Educational Policy Committee in which they stated that:

The university makes no real effort to see that the regulations are carried out, and that an inspection committee that spends a day or so in a school once a year cannot gain adequate information regarding the organization and operation of the school.²⁴³

The instructors believed that the method of conducting the inspections was inadequate because the inspection team only interviewed one person for a limited period of time with no assurance that this viewpoint reflected the opinions of all those involved with the operation of the school.²⁴⁴ The instructors group recommended that the university should place inspections on a sounder basis.²⁴⁵

²⁴²Ibid, October 19, 1951.

²⁴³Minutes of the Provincial Council, January 26, 1952, AARN, p. 11.

²⁴⁴Ibid,

²⁴⁵Ibid, May 18, 1952. Minutes of the Committee on Nursing Education, October 23, 1952, University of Alberta.

The concerns of the instructor group were shared by the members of the 1952 inspection team. Dr. Rice, the Chairman of the inspection team, stated that rigid enforcement of the regulations was impossible because of the time commitment. He stated that the inspections call for greater knowledge and expertise and more time suggesting that the University should provide for more continuous inspections by a qualified inspector whose major concern was nursing education.²⁴⁶ This was a perfect description of the position of Advisor to Schools of Nursing, which was terminated in the same year.

The issue of having a qualified person to do the inspections was finally resolved in 1958. In that year, the university hired Marguerite Schumacher as a full time advisor to schools of nursing. This position was to be separate from the inspection committees with the advisor acting in an advisory capacity only and the inspections continuing as usual. However, as can be seen later in this chapter in the section on the advisor to schools of nursing, the activities of the advisor and the information gathered were similar to that of the inspection teams. Dr. Johns, President of the University, described the development of this position to the Executive Secretary of the Saskatchewan Registered Nurses Association.

²⁴⁶Minutes of the Committee on Nursing Education, April 28, 1952, University of Alberta. H. V. Rice, Report of the Committee for Inspection of Nursing Schools in Alberta, 1952, (University of Alberta Archives, accession no. 75-25-87).

We have for some time felt that it would be necessary for us to provide for some means of inspection of these schools, in order to assure ourselves that they were constantly up to standard as to curriculum, staff and facilities. This inspection is carried out by members of the University staff from time to time, but we were reluctant to use staff other than nurses, and there was some hesitation about using staff from our School of Nursing to inspect other Schools of Nursing, some of which were as large as, or larger than ours. Since there seemed to be a problem of guiding and advising some of the smaller schools and also of trying to assure a reasonable similarity in regulations and their application throughout the Schools of Nursing, we finally came to the conclusion that an adviser to Schools of Nursing should be appointed.²⁴⁷

The costs associated with conducting inspections, both in time and money, were often at issue. With provincial inspections taking up to two months to complete, the inspectors were absent from their other responsibilities for extended periods of time. Members of the inspection teams included the Director of the University of Alberta Hospital School of Nursing, the Director of the University of Alberta School of Nursing, the Registrar of the University of Alberta, practicing physicians, the Inspector of Hospitals for Alberta and members of the Faculties of Nursing and Medicine. Each of these people had many commitments to other activities and had difficulty committing the amount of time necessary for the completion of a thorough inspection.

One approach for alleviating the problems resulting from a lack of time for adequate inspections was the establishment of the position of Advisor to Schools of Nursing, who would also have the responsibility of completing periodic inspections. However, when the advisor position was created in 1958, the responsibilities were formally separated from the inspections. Helen Penhale, the

²⁴⁷Letter from W. H. Johns, President of the University of Alberta, October 2, 1959, (University of Alberta Archives, accession no. 75-25-87).

Director of the University of Alberta School of Nursing, had been an inspector of schools of nursing during the 1940s. In 1951, Dr. Stewart, President of the University stated that no member of the University of Alberta School of Nursing should be included on the Subcommittee on Inspection.²⁴⁸ Miss Penhale was accordingly replaced by Miss Margaret Fraser. Dr. Stewart reversed this decision in 1956 when faced with comments from the AARN that members of the School of Nursing at the University should not be involved in the inspection process because of commitments to other activities taking priority over the completion of inspections. Dr. Stewart stated that

GFC had responsibility for nursing education and required someone on the council that could speak with knowledge and authority to give guidance and advice to the council. There was no problem with the Director of the BScN program taking both roles. With the director's qualifications, she would be able to help solve problems and therefore assistance would only be needed from the AARN, if necessary.²⁴⁹

Despite the continuing controversy over inspections, the effectiveness of ensuring that the Regulations were being met was limited. As stated, the University was often criticized about its limited efforts in ensuring that inspections were completed. The actual effect of recommendations from the inspections will be discussed later with a discussion of the standards in the schools of nursing.

²⁴⁸Minutes of the Provincial Council, May 16, 1951, AARN.

²⁴⁹Minutes of the Committee on Nursing Education, April 24, 1956.

Advisor to the Schools of Nursing

The evolution of the position of advisor to schools of nursing in Alberta was controversial and difficult. Once the position was finally established under the aegis of the University of Alberta, the individual appointed to the position was very involved in carrying out the University's responsibilities in monitoring standards in the diploma nursing schools. In the next section the development of this position and the responsibilities of the advisor will be described. The actual impact of the advisor on standards will be discussed in more detail in Chapter 4.

The role of advisor to schools of nursing was first suggested by the Provincial Council of the AARN. Inspection tours were rare and there had been no favorable response to the call for ensuring that inspectors were nurses. The AARN made a suggestion to the University in 1933 that the AARN could finance a part-time school advisor who could advise the schools prior to visits by the Inspection teams.²⁵⁰ Dr. Wallace and Mr. Ottewell of the Committee on Small Hospitals agreed to this idea but stated that the Senate could be in no way responsible for the position. The AARN chose to offer this service for one year with Sister Mead visiting the Catholic Hospital Schools of Nursing and Miss McPhedran visiting all of the other schools.²⁵¹

²⁵⁰Minutes of the Provincial Council, December 9, 1933, AARN.

²⁵¹Ibid.

In 1937, the AARN determined that the advisor should have full time responsibilities and developed a number of alternatives for reaching this goal. One option was to have a permanent appointment of the advisor shared between Alberta and Saskatchewan. Another possibility was that the University, which gathered the fees for the provincial nursing exams, to divert some of this money to pay for the advisor's salary.²⁵² From the standpoint of the AARN, the University was responsible for monitoring standards at the Nursing Schools and the Advisor would be participating in this activity. Therefore, the University should be willing to accept at least a portion of the cost for the maintenance of the position. However, when the topic was discussed, the Senate was not willing to share these costs.²⁵³

The AARN's next attempt to establish the position of advisor to schools of nursing occurred in 1946. At this time there had only been four province wide inspections of schools of nursing in twenty five years. A brief from the AARN was sent to the Minister of Public Health, requesting funding for one or preferably two nurse advisors for Hospitals with Schools of Nursing in Alberta.²⁵⁴ Dr. Cross, the Minister of Health, informed the AARN that the Department of Health had no responsibility with regard to inspection of hospitals with Schools of Nursing because these inspections fell within the responsibility of the University of

²⁵²Ibid, November 17, 1937.

²⁵³Ibid, February 19, 1938.

²⁵⁴Minutes of the Provincial Council, April 6, 1946, AARN. Ibid, August 30, 1946.

Alberta.²⁵⁵ In response to this, the AARN forwarded a request to the Senate, that an advisor or nurse inspector be appointed as soon as possible, with duties of advising Schools of Nursing and undertaking periodic inspections of the training schools.²⁵⁶

In 1947, the University Senate agreed to the appointment of a nursing advisor who would report to the President of the University. The proposed function of the advisor was to assist the schools of nursing to maintain appropriate standards of instruction. The advisor was to be a member of the University staff and would have no official relationship with the AARN or GFC, reporting directly to the President of the University.²⁵⁷ In 1948, Miss Cogswell, a member of the Faculty of Nursing, was appointed to the advisor position on a part time basis.²⁵⁸ She was replaced by Miss Orma Smith in 1950.²⁵⁹ Advisory visits had been done at Archer Memorial Hospital School of Nursing and the Provincial Mental Hospital School of Nursing for four days twice each year. St. Joseph's Hospital, Vegreville Hospital, Galt Hospital, Medicine Hat General Hospital were all visited for two weeks twice each year.²⁶⁰

²⁵⁵Ibid, August 30, 1946.

²⁵⁶Ibid, November 5, 1946. Minutes of the Committee on Small Hospitals, January 22, 1947, University of Alberta.

²⁵⁷Minutes of the Provincial Council, February 1, 1947.

²⁵⁸Minutes of the Provincial Council, April 2, 1948, AARN.

²⁵⁹Ibid, November 20, 1950.

²⁶⁰Ibid, May 18, 1951.

The President of the University asked the instructors at the schools of nursing to evaluate the position of advisor to schools of nursing in 1951. They endorsed the maintenance of a full time advisor, well qualified in nursing education to provide guidance in areas such as nursing service, reviewing patient assignments and student rotations, school administration, ward teaching, classroom teaching and curriculum development. They also wanted the advisor to have a closer liaison with the AARN.²⁶¹ In response to the request for a full time advisor, Dr. Stewart, president of the University of Alberta, informed the AARN that GFC did not feel that they could justify funding this as a full time position, in fact the University was considering discontinuing the position completely because of concern with the cost of maintaining the position. He suggested that in order to save the position, the AARN might consider assuming the financing of this position jointly with the university.²⁶²

In order for the AARN to assume part of the cost of the position of the advisor to schools of nursing, it was necessary to seek outside funding. They approached Dr. Somerville, Deputy Minister of Health regarding a Dominion Grant for the position.²⁶³ Dr. Cross, the Minister of Health informed the AARN that "the University was a government financed institution and had formerly budgeted

²⁶¹Ibid, January 29, 1951, May 5, 1951, May 16, 1951. Minutes of the Committee on Nursing Education, May 21, 1951, University of Alberta.

²⁶²Minutes of the Provincial Council, May 16, 1951, May 22, 1951. Minutes of the Committee on Nursing Education, May 21, 1951, University of Alberta.

²⁶³Minutes of the Provincial Council, May 22, 1951.

for the Nurse Advisor position, and that if an appeal for further money was made it was only logical that the request should come from the University."²⁶⁴ The chairman of the Educational Policy Committee of the AARN informed Dr. Stewart of the Minister's response and Dr. Stewart promised that he would also discuss the funding of the Advisor position with Dr. Cross. Following a meeting between Dr. Stewart and Dr. Cross, the university announced that the position of Advisor to Schools of Nursing would be terminated as of August 30, 1951.²⁶⁵

Following the termination of the advisor position, the AARN and the instructors of Schools of Nursing expressed their frustration through a number of requests and complaints presented to the Committee on Nursing Education. In 1952, an instructor's group sent a brief to the Educational Policy Committee of the AARN, which stated

Whereas, the Instructors' Group believes that the university makes no real effort to see that the Regulations are carried out, and that an inspection committee that spends a day or so in a school once a year cannot gain adequate information regarding the organization and operation of the school, he it resolved that the Educational Policy Committee be requested to urge the University to take a more active interest in seeing that these regulations are enforced.²⁶⁶

They also requested that "the university would place inspections on a sounder basis and work out some plan to give expert help and advice to schools in carrying out

²⁶⁴Ibid, October 19, 1951.

²⁶⁵Ibid. Miss Bietsch, Chairman of the Educational Policy Committee, AARN, resigned from the committee following the deletion of the advisor position.

²⁶⁶Minutes of the Provincial Council, May 18, 1952, AARN, p. 11.

their educational program."²⁶⁷ This was an accurate description of the former Advisor to Schools of Nursing's role. This request was also forwarded to Dr.

Cross by the Educational Policy Committee in a brief which stated:

It is true that in this Province the Regulations Governing Schools of Nursing as issued by the University, make provisions for a minimum curriculum, but these regulations are no guarantee that all student nurses will receive a sound nursing education for at the present time no provision is made for regular and competent inspection and there is no qualified nurse advisor to Schools of Nursing. Most of the progress that has been made in the maintenance of standards is due to the fact that all students meet a common hurdle, mainly the Examination for Registration.²⁶⁸

In 1953 a request was submitted to the Committee on Nursing Education for the appointment of an individual to guide work on a new curriculum on a full time basis followed by a suggestion in 1954, that an full time individual was required to complete a revision of the Regulations Governing Schools of Nursing.²⁶⁹ The Committee on Nursing Education recieved a letter from Mr. R. Adshead, the secretary of the AHA on the behalf of a joint commission of the AHA and the AARN in 1956, requesting the appointment of an inspector of schools of nursing in order to monitor the compliance with the Regulations at the Schools of Nursing.²⁷⁰ Each of these requests reflected the same idea, that the need for a full time Advisor to Schools of Nursing existed.

²⁶⁷Ibid.

²⁶⁸Ibid, February 28, 1953.

²⁶⁹Minutes of the Annual Convention, May 27-29, 1953, AARN. Minutes of the Annual Meeting, October 15-16, 1955, AARN.

²⁷⁰Minutes of the Provincial Council, May 22, 1956, AARN.

By November 1957, the Committee on Nursing Education was considering submitting a request to the Board of Governors to appoint a full time inspector of schools of nursing and small hospitals with which the major hospitals seek rural affiliation.²⁷¹ This apparent rethinking of the need for an individual involved in nursing education on a full time basis occurred after Dr. Stewart was replaced by Dr. W. H. Johns, as the President of the University. Finally, after six years of conflict, the University appointed Miss Marguerite Schumacher as full time Advisor to Schools of Nursing, effective on January 1, 1958, a position which she held for nine years.²⁷²

The terms of reference were developed for this position in 1960, after Miss Schumacher had been in the position for two years. The advisor was directly responsible to the President of the University of Alberta and was a member of the staff of the University of Alberta School of Nursing. Therefore, her salary was a part of the School of Nursing budget. The functions of the job included visiting the schools of nursing and affiliating agencies as a consultant and filing reports following each visit to the President of the University. The advisor was to

²⁷¹Minutes of the Committee on Nursing Education, November 8, 1956.

²⁷²Minutes of the Executive Committee, October 25, 1957, AARN. Marguerite Schumacher had been the Educational Director at the Winnipeg General Hospital since 1954. She had a Bachelor of Science from Western Reserve University, Cleveland Ohio and an M.A. in Administration in Nursing Education from Columbia University, New York.

participate in projects or studies with the purpose of maintaining and improving the standards of nursing and to keep informed of the trends in nursing and nursing education.²⁷³

One of the major functions of the advisor was to make annual visits to the schools of nursing to advise the instructional staff on nursing education issues. In theory, these visits were for consultation making them much different from the inspection visits which had the purpose of monitoring the adherence to the Regulations. However, the role of the advisor was to ascertain if the Schools of Nursing were meeting minimum standards and in order to meet this expectation, the visits were similar to inspection visits. The information gathered was identical to the information obtained by the inspection teams.²⁷⁴ Prior to the advisor's visits and the visits by the inspection teams, the schools submitted information about the requirements referred to in the Regulations Governing Schools of Nursing in Alberta. The advisor also made recommendations which she followed up on either in a subsequent visit during the same year or on the next annual visit.

The advisor became involved in a number of projects relating to nursing education. Both Miss Schumacher and her successor, Miss Margaret Steed were responsible for drafting revisions of the Regulations Governing Schools of

²⁷³Minutes of the Committee on Nursing Education, December 13, 1967.

²⁷⁴M. Schumacher, Report of the Advisor to Schools of Nursing, July 1 to December 31, 1959, (University of Alberta Archives, accession no. 75-25-74).

Nursing in Alberta.²⁷⁵ Miss Schumacher participated in planning a School of Nursing at the Foothills Hospital and in discussions of a proposed School of Nursing at the Red Deer General Hospital.²⁷⁶ She was also involved in a project that investigated and made recommendations for the appropriate enrollment for each school of nursing.²⁷⁷ Both advisors acted as consultants for the Schools of Nursing by advising on issues involving individual concerns, such as granting a student a leave of absence and readmitting a student into a program or on school wide issues such as coping with the hospital administrator.²⁷⁸ The advisors publicly supported the introduction of diploma nursing education in two years and the development of nursing schools in the general education system. They also offered workshops to the faculty and nursing staff at the hospitals with schools of nursing regarding trends in nursing education.

²⁷⁵Letter from W. H. Johns, President of the University of Alberta, March 30, 1960, (University of Alberta Archives, accession no. 75-25-74).
M. Schumacher, Report of Visit to the University of Alberta Hospital School of Nursing, October 13-22, 1959, (University of Alberta Archives, accession no. 75-25-15).

²⁷⁶Minutes of the Executive Committee, August 28, 1958, (AARN).
Minutes of the Committee on Nursing Education, September 12, 1969, University of Alberta.

²⁷⁷Letter from W. H. Johns, President of the University, March 19, 1960, (University of Alberta Archives, accession no. 75-25-74).

²⁷⁸Report of Task Committee: Criteria for numbers of Students to be enrolled in Schools of Nursing, 1963. Members of the Committee included Miss. R. McClure, Mrs. E. Barefoot and M. Schumacher.

As advisors to schools of nursing, they were active members of the Committee on Nursing Education participating in a non-voting capacity by carrying out tasks delegated by the Committee and providing information on issues in nursing education. The advisors also acted as a liaison between the Schools of Nursing and the Committee on Nursing Education and between the AARN and the Committee on Nursing Education. Requests would often be directed to the advisor to take forward to the Committee. For example, The Foothills Hospital Schools of Nursing sent a request to reduce the length of the program to Miss Steed which was forwarded to the Committee on Nursing Education for approval.²⁷⁹ It was not part of the advisor's responsibilities to approve such requests, only to relay the information. The monitoring of standards at Alberta's Nursing Schools became regular, with consistent follow-up following the establishment of the nurse Advisor position. For the first time, pressure existed to meet at least the minimum requirements, not from the threat of punishment for noncompliance, but from the awareness that a system was in place to monitor adherence to the Regulations.

Regulations Governing Schools of Nursing in Alberta

The University Senate, followed by the Committee on Small Hospitals and the Committee on Nursing Education were responsible for determining the Regulations setting the standards for diploma nursing education in Alberta.

²⁷⁹Letter from Sister Delphina, Director of Nursing, Misericordia Hospital School of Nursing, March 20, 1961. Letter from Miss Schumacher, March 24, 1961. Letter from Miss Schumacher, June 16, 1958. (University of Alberta).

²⁸⁰Government of Alberta, Statutes of Alberta, (Edmonton: 1921), Chapter 18.

The Graduate Nurses' Act in 1921 stated that the University of Alberta would "fix standards of training with regard to bed capacity, classes, lectures, and other factors making for efficiency."²⁸⁰ In 1942, the Act was amended to state that "The University of Alberta shall determine the standards of training in hospitals approved by it as hereinbefore provided with regard to bed capacity of such hospitals, classes, lectures, courses of studies, and other matters requisite for efficient training."²⁸¹ This change gave the university the authority to not only set the standards but also to approve the schools of nursing. The mandate was unchanged with the exception of transferring the authority to General Faculty Council of the university, in 1955.²⁸²

The 1966 amendment of the Registered Nurses Act changed the statement to say "The Universities Co-ordinating Council shall (a) prescribe minimum standards and make regulations for schools of nursing governing such matters as, in its opinion require to be regulated for the purpose of securing an effective educational program,".²⁸³ This Amendment clarified that the regulations were minimum standards only, allowing the Schools of Nursing to exceed the stated standards, which had been the practice for many years. Changing the goal of an efficient program to one of being effective was a better representation of the actions of the Committee on Nursing Education in 1966, as the Committee became active

²⁸¹Government of Alberta, Statutes of Alberta, (Edmonton: 1942), Chapter 294.

²⁸²Government of Alberta, Statutes of Alberta, (Edmonton: 1955), Chapter 283.

²⁸³Ibid.

in promoting programs with more emphasis on education. This change in the mandate regarding standards also allowed for more flexibility in the standards with no specific areas outlined.

The first Regulations were developed in 1921 by members of the University Senate and the Medical Association of Alberta at the request of the AARN. Except for minor changes in the prescribed curriculum, these Regulations remained in effect for many years. Minor changes occurred with an increase in the minimum number of obstetrical cases and the number of surgical scrubs expected by students in the operating room. Changes were made in the requirements to accommodate the Schools of Nursing, when it was difficult to comply, rather than rigid enforcement of the Regulations. For example in 1929, the requirement stating the number weeks that student nurses were to care for patients with communicable diseases was relaxed because Medicine Hat General Hospital had experienced a six week period with no communicable disease cases making compliance with the Regulation impossible.²⁸⁴

In 1931, the required number of beds for a general hospital maintaining a school of nursing was increased from fifty beds with a daily average of forty patients, to one hundred beds with a daily average of sixty patients. The required bed count in a small hospital was changed from twenty available beds to forty

²⁸⁴Minutes of the University of Alberta Senate, May 12, 1929. Minutes of the Provincial Council, June 26-26, 1929, AARN.

with a daily average of twenty five. The required personnel at the hospital was increased to include a certified instructress, an operating room supervisor, a maternity supervisor and four doctors available to give instruction. These Regulations also called for yearly inspections. The schools of nursing were given five years from January 1, 1931, to meet these requirements.²⁸⁵

The minimum curriculum was revised in 1939 which changed the academic requirements to include Grade 11 with a minimum of sixty-five credits and no lower than a B in English 1 and 2, Social Studies 1 and 2 Health and Physical Education 1, Chemistry 1 and an additional twenty-seven credits.²⁸⁶ Changes in the regulations were put on hold during the second world war except for a statement regarding sick time. Students were to be allowed one week sick time per year, not cumulative, during the three years of training.²⁸⁷

A major revision of the regulations was approved in 1947 which came into effect September 1, 1948. These were prepared by a group of instructors and then reviewed by the Provincial Council of the AARN. Following this review, the Regulations were submitted to the Committee on Nursing Education and finally to GFC for approval.²⁸⁸ These regulations were much more extensive than anything

²⁸⁵Minutes of the Provincial Council, April 24, 1931, AARN. A province wide inspection was completed six years later in 1937.

²⁸⁶Minutes of the Provincial Council, November 24, 1939, AARN.

²⁸⁷Minutes of the Provincial Council, January 20, 1945, AARN Ibid, May 26, 1945.

²⁸⁸Minutes of the Committee on Nursing Education, November 7, 1947, University of Alberta.

in the past. Expectations for each school to have a defined and written purpose and objectives and responsibility for its own educational policies were included. The required number of personnel was increased to include a qualified dietician and registered nurses on medical and surgical units, in obstetrics and in the operating room. The health program for students was described and expectations regarding hours of work, required supervision, expectations regarding classroom and clinical teaching and a revised curriculum were delineated.²⁸⁹

Much of the wording is vague in these Regulations. For example, when describing the required number of nursing staff, the Regulations stated that "There shall be a graduate staff sufficient in number to ensure a high quality of nursing care for patients and to safeguard the students' clinical program."²⁹⁰ When describing the required clinical facility the regulations state

Hospital facilities shall include the number and variety of cases in the major clinical services with their various branches sufficient to provide the quality and type of clinical experience which is necessary for the adequate preparation of professional nurses.²⁹¹

The number of graduate nurses and the clinical facilities largely determined the quality of the educational programme by determining the extent of student involvement in nursing service and depth of clinical experience. With the vagueness of these two items, the hospitals were provided with little direction as to

²⁸⁹Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, November, 1947. (University of Alberta).

²⁹⁰Ibid, p. 2.

²⁹¹Ibid, p. 4.

the actual requirements and were able to compromise on the number of graduate nurses. Small hospitals with limited clinical opportunities were under no real obligation to arrange clinical experiences at other sites because the Regulation was not clearly written.

No mechanism of enforcement is described in the regulations except the provision for yearly inspection of schools of nursing and all hospitals conducting schools of nursing. However, a decision was reached by the Committee on Nursing Education with respect to enforcing the Regulations. They decided that if a school did not meet satisfactory conditions, a first warning would be given. If this was disregarded a recommendation would be sent to GFC that the school of nursing should have its approval withdrawn.²⁹²

The next major revision to the regulations occurred in 1956. The majority of the work of these regulations was completed by Gertrude Hall and Helen Penhale, both members of the Committee on Nursing Education.²⁹³ The 1956 version of the regulations went into more detail in areas such as the philosophy and control of the schools of nursing and a method of determining the appropriate ratio of graduate nurses compared to other personnel, such as certified nurses aides and orderlies, was presented. The expectations for the number of instructional staff

²⁹²Minutes of the Committee on Nursing Education, November 7, 1947, University of Alberta.

²⁹³Ibid, June 16, 1955. This revision was written during the time that the AARN and the Instructors' Group were lobbying for the reinstatement of the Advisor to Schools of Nursing position.

²⁹⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, February, 1956. University of Alberta.

had increased to include instructors in science and nursing arts and clinical instructors in the major clinical areas.²⁹⁵ The wording of the definition of appropriate numbers of graduate nurses remained vague and the qualifications needed for instructors was not included.

Once the Advisor to Schools of Nursing position was established as a full time position, the process for revising the regulations changed. Miss Schumacher was assigned the responsibility for developing new regulations.²⁹⁶ Sub-committees of the Committee on Nursing Education, an AARN committee, were set up to assist with the process. There were three branches and each was responsible for a particular part of the regulations. The Northern Branch was responsible for curriculum and guidance, the Central Branch was responsible for students including their health and welfare and promotion and graduation. The Southern Branch was responsible for administration, teaching, supervisory and nursing service staff and teaching facilities. Recommendations of these groups were forwarded to the Directors of Nursing and Associate Directors of Nursing. Finally, the recommendations were given to the Committee on Nursing Education of the University.²⁹⁷ This set of regulations came into effect on January 1, 1960.

²⁹⁵Letter from Dr. W. H. Johns, President of the University of Alberta, July 10, 1957, University of Alberta.

²⁹⁶Ibid. Minutes of the Executive Council, August 28, 1958, AARN, Ibid, October 26, 1959.

²⁹⁷Minutes of the Committee on Nursing Education, October 30, 1959, University of Alberta.

The regulations published in 1960 were promptly revised due to difficulty accepting statements relating to the financial control of the schools of nursing. The 1960 version gave the authority of the preparation and administration of the school of nursing budget to the director of the School of Nursing.²⁹⁸ In response to objections from the AHA, on the grounds that this was contrary to accepted basic administrative practice, the regulations were changed and reprinted one year later.²⁹⁹ The section on the budget was altered to delegate the responsibility of developing and administering the budget to the director with the approval of the hospital administrator.³⁰⁰

The 1960/61 version of the regulations was similar to the previous editions with some important changes. The number and qualifications of the faculty and nursing staff remained vague and the details regarding the curriculum were reduced. However, the required vacation time was increased, the work hours were decreased from forty-eight hours to forty-four hours per week and there was more direction regarding the balancing of theory over the total program as well as the assignment of shift work.³⁰¹ This version of the Regulations attended to the rights of the students as learners more than any version in the past. For example the

²⁹⁸Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, July 1, 1960. University of Alberta.

²⁹⁹Letter from W. H. Johns, President of the University, May 31, 1960, (University of Alberta Archives, accession no. 75-25-74).

³⁰⁰Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January 1, 1961.

³⁰¹Ibid.

necessity of supervisors available in the hospital over the twenty-four hour period was included, ensuring that some supervision would be provided for students working each shift. Evening and night duty were not to exceed sixteen weeks per year and specific recommendations were provided for libraries and reference material.³⁰² By following these regulations, the process of changing the emphasis from nursing service to nursing education could begin however, these Regulations were not mandatory. Changes in the Regulations that promoted an educational programme were worded as recommendations, rather than requirements.

Further revisions were developed in 1965 and 1970. These were both prepared by the Advisor to Schools of Nursing and a subcommittee of the Committee on Nursing Education with input from instructors at the Schools of Nursing.³⁰³ The 1965 version provided much less detail about the required curriculum, leaving more of the course of study to the discretion of the instructional staff at the Schools of Nursing. As in the previous Regulations, the number and qualifications of faculty and the percentage of graduate nurse personnel were not specified.³⁰⁴

³⁰²Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January 1, 1961. University of Alberta.

³⁰³Letter from J. K. Martin, Chairman of the Committee on Nursing Education, March 29, 1965. Minutes of the Committee on Nursing Education, March 29, 1969, (University of Alberta Archives, accession no. 75-25-74).

³⁰⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, March 1965, University of Alberta.

With closures of some of the small hospitals and the proliferation of two-year programs in nursing, the regulations required a different format with relaxation of some of the requirements. The 1970 version of the Regulations reflected the changes in Nursing Schools, in the late 1960s. Large portions of these Regulations were devoted to explaining procedures for approving new Schools of Nursing and revising current ones. Minimal curriculum requirements were included, leaving room for the Schools in both the Hospital Schools and the Colleges to plan a curriculum appropriate to the site. For the first time specific recommendations for the number and qualifications of faculty were included.³⁰⁵

³⁰⁵Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January, 1970, University of Alberta.

IV. STANDARDS AT DIPLOMA SCHOOLS OF NURSING IN ALBERTA

By 1970, there were sixteen diploma schools of nursing operating in Alberta. The Committee on Small Hospitals, and its successor the Committee on Nursing Education were assigned by the University of Alberta to set and monitor standards for schools of nursing in Alberta. From 1921 to 1970, the University was involved with standards setting and monitoring in the sixteen schools of nursing. The standards between 1949 and 1970 will receive the most attention in this chapter since few reports from the schools are available prior to 1949. The Committee on Nursing Education was responsible for monitoring standards at the following Schools of Nursing between 1921 and 1970: St. Joseph's Hospital, Vegreville; Archer Memorial Hospital, Lamont; Galt Hospital, Lethbridge; St. Michael's Hospital, Lethbridge; Medicine Hat General Hospital; Edmonton General Hospital, Holy Cross Hospital, Calgary; Calgary General Hospital; Misericordia Hospital, Edmonton; Foothills Hospital, Calgary; Royal Alexandra Hospital, Edmonton; University of Alberta Hospital, Edmonton, Mount Royal College, Calgary; Red Deer College and Ponoka Mental Hospital. In the following chapter the standards at these schools and the activities of the Committee on Small Hospitals/ Committee on Nursing Education in maintaining or improving these standards will be described.

Following each visit to a School of Nursing, the Inspection teams and the Advisor to Schools of Nursing prepared and submitted reports to the Committee on Nursing Education which included details on the adherence to standards at the Schools of Nursing. The Regulations Governing Schools of Nursing guided the

information to be gathered. Standards at each School of Nursing can be determined from the information in the reports with major issues in nursing education emerging. Each of these issues will be addressed in this chapter, by reviewing the circumstances at the Schools of Nursing and the activities of the Committee on Nursing Education. Information for eleven Schools of Nursing has been summarized and included in Appendix 3. Provincial rankings of the Schools of Nursing on the Registered Nurses Examinations are included in Appendix 4.

Availability of Registered Nurses

Canada was experiencing an acute shortage of registered nurses during the 1940s and 1950s which was particularly acute in the institutions. The dearth of registered nurses working at the hospitals with Schools of Nursing was a major issue for the educational programs. Problems relating to the nursing shortage was discussed in the Survey on Nursing Education in Canada. Weir stated that "Some hospitals are so dependent upon the labour of student nurses that they would scarcely be able to continue operations if their so-called training schools were closed."³⁰⁶ As a result of the shortage of graduate nurses in the hospitals, students were committed to work and study twelve hours a day, with the exception of six hours off each week. Twenty percent of the students surveyed reported a shortage

³⁰⁶G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932), p. 176.

of time for study, rest and recreation. Weir stated that the average student nurse was on duty too many hours in the day, both for her own educational interests and for her health.³⁰⁷

Hospital dependence on student labour remained evident in 1960 as described in the Spotlight on Nursing Education in 1960. Mussalem discussed the fact that in some hospitals students were carrying 90 to 100% of the load in situations where the supervision was extremely limited. Students were providing a disproportionate amount of the nursing care on the evening and night shifts.³⁰⁸ These extreme shortages of graduate nurses had grave consequences on the educational programmes, with inexperienced students providing most of the nursing care without supervision, a situation that did not improve between 1932 when the Survey on Nursing Education was published and 1960.

The nursing shortages discussed by Weir and Mussalem and the effects on educational programmes at the Schools of Nursing were evident in Alberta as well. Table 1 includes the number of graduate nurses, beds and ratio of beds per graduate nurse. When considering the number of graduate nurses employed at the hospitals with schools of nursing, the need for student nurses' labour is evident. As the information on this table demonstrates, smaller hospitals were

³⁰⁷G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932), p. 179

³⁰⁸H. K. Mussalem, Spotlight on Nursing Education. The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada (Ottawa: Canadian Nurses' Association, 1960), p. 74.

Table IV-1

GRADUATE DUTY NURSES IN RELATION
TO HOSPITAL BEDS

Hospital	1949			1953			
	GDN	beds	ratio: bed/GDN enrolled	GDN	beds	ratio: bed/enrolled no GDNs	Students enrolled
St. Joseph's	2	95	47.5/1	0	100	no GDNs	44
Archer Memorial	0	112	no GDNs	6	108	18/1	45
Galt	2	124	62/1	4	128	32/1	61
St. Michael's							
Medicine Hat	10	223	22.3/1	12	194	16.2/1	57
Edmonton General	23	279	12.1/1		350		163
Holy Cross	18	299	16.6/1				
Calgary General	54	380	7.03/1				
Misericordia	27	360	13.3/1	81			116
Royal Alexandra University	43	553	12.9/1	71	752	10.6/1	
Ponoka							

Table IV-1 Continued

Hospital	1958			1959		
	GDN	beds	ratio: bed/GDN	GDN	beds	ratio: bed/GDN
St. Joseph's	7*	100	14.3/1	12	107	8.9/1
Archer Memorial	8	107	12.4/1	12	192	4/1
Galt	48	192	4/1	48	225	5.6/1
St. Michael's				40		
Medicine Hat	46	263	5.1/1	117	439	3.75/1
Edmonton General				113		
Holy Cross	114	382	3.35/1	124	402	3.24/1
Calgary General	241	852	3.53/1	175	853	4.9/1
Misericordia				218		
Royal Alexandra	218	1158	5.3/1	33	1378**	41.76/1**
University						
Ponoka						

*=GDN and head nurses

**=Beds based on the entire hospital but student practice occurred mostly on the female side.

GDN=Graduate Duty Nurse

¹Data taken from the Reports from the Inspection Committees, University of Alberta and the Reports of the Advisor to Schools of Nursing, 1949, 1959, 1958 and 1959. (University of Alberta Archives, Accession No. 75-23, Box numbers 1, 2 and 12). 1949, 1959, 1958 and 1959 were chosen because the data was almost complete for these years.

²Private Duty Nurses and Supervisory staff are not included in this table.

particularly dependent on the students for the provision of nursing service. In 1949, St. Joseph's Hospital, Archer Memorial Hospital and Galt Hospital were functioning virtually without general duty nurses, leaving all of the patient care responsibilities to students. The only nurses working at the hospital were supervisors and nursing faculty. St. Joseph's Hospital, in Vegreville, had two head nurses, one night supervisor and three clinical supervisors, who had dual responsibilities for nursing care and the instruction of students.³⁰⁹ Archer Memorial Hospital, Lamont, had one night supervisor, one evening supervisor and four clinical supervisors. Students were responsible for the management of the units and many non-nursing tasks because of the absence of head nurses, orderlies or certified nursing aides.³¹⁰ Galt Hospital in Lethbridge had three head nurses, one night supervisor and four clinical supervisors.³¹¹ These three hospitals could not have remained open without the services of student nurses.

The ratio of nurses per hospital bed was not significantly better at the larger hospitals. Calgary General Hospital had the highest ratio of beds per nurse at 7.03 beds per nurse. The other larger hospitals with schools of nursing operated with

³⁰⁹Information: St. Joseph's Hospital School of Nursing, Vegreville, 1949, (Edmonton, University of Alberta, University of Alberta Archives, Accession No. 75-25-190).

³¹⁰Information: Archer Memorial Hospital Schools of Nursing, Lamont, 1949, (Edmonton, University of Alberta, University of Alberta Archives, Accession No. 75-25-189).

³¹¹Information: Galt Hospital School of Nursing, 1949, (Edmonton, University of Alberta, University of Alberta Archives, Accession No. 75-25-28).

graduate nurses ratios ranging from twelve to sixteen beds per nurse in 1949. Every hospital with a School of Nursing in the province was reliant on the services of student nurses to some degree.

The hospitals were employing more graduate duty nurses by 1958 and even more by 1959 but graduate nursing shortages continued to influence the students' educational programs. Even with the increase in graduate nurses employed in the hospitals, the discrepancy between the small hospitals and the larger hospitals remained, with a higher percentage of nurses being employed in the larger hospitals. Nursing shortages in the rural hospitals remained a problem in Alberta in 1963, where difficulties in securing adequate staff, both in numbers and training continued.³¹²

Few options were available for improving the staffing levels at the hospitals with Schools of Nursing. The Committee on Nursing Education had little power to influence the shortages of nurses in the hospitals because their availability was limited in the province. With the inability of hospitals to acquire more nurses, the only options available to the Committee on Nursing Education was to ignore the problems or close the Schools of Nursing. The threat of School of Nursing closure as a result of nursing shortages never occurred. In fact, some decisions of the

³¹²Nursing Education Survey Committee, Report Nursing Education Survey Committee, Province of Alberta, 1961-1963, p. 105.

Committee on Small Hospitals and the Committee on Nursing education promoted the use of nursing students as labour. For example, Ponoka Mental Hospital received approval to open with only one nurse on staff.³¹³

The Regulations Governing Schools of Nursing included requirements for the supply of graduate duty nurses. In 1947, the Regulations stated that "There shall be a graduate staff sufficient in number to ensure a high quality of nursing care for patients and to safeguard the students' clinical programme."³¹⁴ This wording is vague leaving the number of graduate duty nurses required difficult to define. The vagueness of the wording may have been deliberate in response to the shortage of available graduate duty nurses. If the Regulation had been more specific, it may have been impossible for any of the schools to comply, forcing the Committee on Nursing Education to become more involved in an uncontrollable situation. The wording of this requirement remained unchanged in each revision of the Regulations.

The need to use nursing students to provide the nursing service for the hospital affected the educational experience in a number of ways. This role for the students affected the number of hours involved in service and education, their affiliation experiences and the determination of entrance requirements. Difficulties

³¹³Minutes of the Provincial Council, October, 1933, AARN, p. 334.

³¹⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, November, 1947, University of Alberta.

in maintaining an educational programme for the students relating to the lack of nursing staff existed well past the increase in number of graduate duty nurses employed in the hospitals in 1959.

Student Hours

The shortage of Registered Nurses had a definite effect on the hours that students worked to provide nursing service for the hospital. The students were expected to be on clinical duty for long hours with minimal time for rest. Their classes and study time took second place to their service commitment to the hospital. For example, in 1959 students at the University of Alberta Hospital were expected to leave class to assist with problems on the units, making it difficult to ensure that every student received the course content.³¹⁵ Because of the demands of nursing service the junior students at Medicine Hat General Hospital were thirty six hours behind in their lectures.³¹⁶ With the student nurses working twelve hours each day, six days a week and occasionally having classes on their off duty hours, there would have been little time for study or recreation

According to the Regulations Governing Schools of Nursing the minimum standard for the number of hours a student would be allowed to work in a week was forty eight . The standard was changed to forty four hours per week in 1960

³¹⁵M. Schumacher, University of Alberta Hospital Schools of Nursing Report, 1959, (University of Alberta Archives, accession no. 75-25-16).

³¹⁶Report of Advisor to Schools of Nursing, September 22, 1953, (University of Alberta Archives, accession no. 75-25-188).

and forty hours in 1965.³¹⁷ There was resistance to the changes in required student hours from the AHA with a proposed decrease to forty hours per week in the 1965. Mr. M. Ross, Executive Secretary of the AHA informed Dr. Martin, President of the Committee on Nursing Education, of the concerns of the AHA Board members. He stated that:

The Association wishes to protest most vigorously the proposed reduction in the time spent in the classroom and in clinical experience to an average of 40 hours per week from the present 44 hours per week. . . . The decrease in hours inevitably will mean a reduction in the amount of nursing service which the student nurse renders. In other words, this recommendation would result in a direct increase in the cost of operating hospitals.³¹⁸

Student hours were reduced to forty hours in the 1965 Regulations but the expected change in hours was worded as a recommendation rather than a requirement, allowing the hospitals to retain a 44 hour week for their students.³¹⁹ All diploma schools of nursing in the province complied with this regulation by reducing the student hours.

³¹⁷Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, (University of Alberta, July 1, 1960, p. 9. Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, (University of Alberta, March 1965), p. 8. As early as 1943, some hospitals had graduate nurses on a forty hour per week schedule but there was no decrease in student hours until 1958.

³¹⁸Letter from M. Ross, Executive Secretary, AHA, February, 3, 1964, (University of Alberta Archives, accession no. 75-25-74).

³¹⁹Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, March, 1965, University of Alberta.

In 1970, the regulations stated that classroom and clinical instruction should not exceed thirty five hours per week.³²⁰ As a result of this change, Dr. Rose, Deputy Minister of Health, contacted all directors at schools of nursing expressing his concern. He stated that:

hospital regulations, Part II, section 35, requires that any major change in an existing education and training program must have prior approval of the Hospital Services Section of the Department of Health before being instituted. We consider the changes in classroom and clinical instruction for student nurses to be a major one.³²¹

If this section in the hospital regulations was enforced there were many implications on the ability of the Committee on Nursing Education to determine standards. Judge Buchanan, a member of the Committee on Nursing Education, summed up the concern about this section of the regulations. He stated that "there was no objection to giving notice of changes to the minister but the requirement that this be given before the changes were implemented seemed to be tantamount to saying the minister must approve them."³²² The committee decided to send a letter to the minister of health expressing their concern about the threat on the mandate assigned to the University. A letter was sent to every director of nursing education informing them that the thirty five hour week was a suggestion, not a requirement.³²³

³²⁰Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, (University of Alberta January, 1970), p. 12.

³²¹Letter from P. B. Rose, Deputy Minister of Health, September 1, 1970.

³²²Minutes of the Committee on Nursing Education, September 30, 1970, University of Alberta, (University of Alberta Archives, Accession no. 75-25-75.

³²³Minutes of the Committee on Nursing Education, September 30, 1970

The student nurses had a disproportionate number of night and evening shifts compared to day shifts with every school of nursing in the province reporting that students were providing the majority of the nursing care on these shifts. This was a particular a problem because of the lack of supervision during these hours. The clinical instructors were not available during the night and the hospitals usually had only one supervisor available on nights for supervision.³²⁴ Therefore, particularly on the night shift, senior students would have been supervising other students, without the direction of a qualified nurse. The situation resulting from the lack of graduate nurses was that the student nurses were responsible for the majority of the patient care for most of the day.

The Committee on Nursing Education addressed the issue of the disproportionate number of hours on evenings and nights in the Regulations Governing Schools of Nursing through each revision from 1960 to 1970. The regulations stated "The assignment to evening and night duty should not exceed 16 weeks each during the three years. It is recommended that neither evening nor night duty should be assigned to students in their first eight months."³²⁵ Given the shortage of nursing staff restricting the junior nursing students to day shift only was one way to reduce the risk to patients that resulted from unqualified students practicing without supervision.

³²⁴Reports from the Inspection Committees, University of Alberta and the Reports of the Advisor to Schools of Nursing, 1949, to 1959, (University of Alberta Archives, Accession No. 75-23, Box numbers 1, 2 and 12)

³²⁵Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, (University of Alberta, January 1, 1961), p. 12.

Nursing service demands often interfered with the provision of the theoretical content. The students' time was spent providing patient care, limiting the time for clinical teaching and assigned lectures. The Advisor to Schools of Nursing reported that the demands of service were interfering with lecture time and clinical teaching time at all of the schools. She also stated that with the interference in the provision of nursing theory, the problem of inadequately prepared students in the hospitals was intensified.³²⁶

Because students were working both twelve hour day shifts and twelve hour night shifts, finding a time to offer classes that all students could attend was a challenge. The standard at most schools was that classes were given between 1500 and 1900, to students involved in clinical practice. However, this was not necessarily the case. Classes were conducted after 1900 at St. Joseph's Hospital, Medicine Hat General Hospital, Edmonton General Hospital, Holy Cross Hospital and the Misericordia Hospital.³²⁷ These students would have to work an eight hour day stretched over a twelve hour period and then attended class following work or before night duty. By 1958, no schools were expecting students to attend classes after 1900 hours.

³²⁶M. Schumacher, Minutes of the Committee on Nursing Education, September 2, 1958, (University of Alberta Archives). Report of the Advisor the Schools of Nursing in Alberta, April 1 - June 30, 1958, (University of Alberta Archives, accession no. 75-25-77).

³²⁷ Reports from the Inspection Committees, University of Alberta and the Reports of the Advisor to Schools of Nursing, 1949 to 1959 from St. Joseph's Hospital, Medicine Hat General Hospital, the Edmonton General Hospital, Holy Cross Hospital and the Misericordia Hospitals Schools of Nursing, University of Alberta, (University of Alberta Archives, Accession No. 75-25-188, 75-25-26, 75-25, 185 & 75-25-190).

The issue of off duty classes was never addressed in the Regulations Governing Schools of Nursing in Alberta. The Advisor to Schools of Nursing gathered information regarding off duty classes during each annual visit and this was included in the reports to the Committee on Nursing Education. Recommendations discouraging off duty classes were forwarded to the Schools of Nursing. This was a common method used by the Committee to change undesirable practices at the Schools of Nursing. Information was gathered about an area of concern followed by feedback and recommendations relating to this issue. Follow-up occurred during the next Advisor's visits. In this way, the Committee on Nursing Education was able to influence standards without using threats.

The students worked split shifts at most of the hospital schools of nursing and classes were usually offered between seven in the morning and seven at night. Split shifts were assigned as a method of coping with the lack of staff in the hospitals. The shifts were arranged so that the students would work over a twelve hour period with three hours off during the shift, thus committed for an eight hours shift. Under this system, with a forty-eight hour week, the students were committed to hospital service six days per week, twelve hours per day. Added to these regular hours, there was also the possibility of being called back to the hospital during break time and class periods increasing the number of hours spent providing hospital service each week.³²⁸

³²⁸Report of the Advisor the Schools of Nursing in Alberta, Royal Alexandra Hospital School of Nursing, April 13-17, 1959, University of Alberta, (University of Alberta Archives, Accession no. 75-25-16). M. Schumacher, Report of the Advisor the Schools of Nursing in Alberta, Edmonton General, September 9, 1953, (University of Alberta Archives, Accession no 75-25-187)

The actual scheduling of the students on the split shifts was not included in any of the reports. Some examples of possible split shift schedules are available. One example of a potential split shift schedule is described in an article in the American Journal of Nursing in 1919 as a way to staff the hospital adequately on a eight hour/per day schedule. The author pointed out that many hospitals carry too few nurses for the number of patients. "If longer hours off duty are given, more nurses must be taken in, with increased cost of housing, laundry, etc"³²⁹ . Examples of possible schedules that would ensure an eight hour day were included. For example, students could work the following schedules:

0700 - 0900 and 1300 - 1900, with class from 1600 to 1700;

0700 - 1000, 1230 - 1600, 1700 - 1900, with class from 1500 - 1600;

0700 - 1400, 1730 - 1900, with class from 1500 - 1600;

0700 - 1230 and 1600 - 1900; and 0700 - 1000, 1330 - 1900.³³⁰

Weir, in the 1932 Survey on Nursing Education, suggested two other alternatives for students' hours that would decrease the hours from twelve to eight per day and allow for study and rest. One proposed schedule called for six hours on duty, one hour for lectures, one hour for supervised study and four hours for individual study or rest. The other alternative proposed a split shift. This schedule included eight hours of duty, given in two four hour periods, with a rest period in

³²⁹"Editorial," American Journal of Nursing, March 1919, XV (March, 1919), p. 1635.

³³⁰Ibid, p. 1635-1936.

between, one hour for lectures, one hour for supervised study and two hours for individual study and rest.³³¹ The second alternative appears to be similar to the student schedule offered in Alberta.

Student nurses were expected to participate in housekeeping duties, which occupied time by completing repetitive tasks that could have been used for classes or studying. Weir stated that student nurses were automatically expected to participate in housemaid's work. For example, in 1932, student nurses in Canada spent an average of two hours per day engaged in housemaid's work.³³² This issue was not discussed in the reports from the Schools of Nursing in Alberta. The only reference to non-nursing functions in the inspection reports from the schools of nursing was in relation to the dietary experience at the University Hospital. The students were spending most of their time delivering food wagons and setting up trays with no clinical teaching or instructor for this experience.³³³

Some information can be obtained by considering the number of auxillary staff employed in hospitals with schools of nursing. The number of nonprofessional staff varied greatly across the province with inconsistencies in the number of ward maids, orderlies, ward aides and certified nurses aides (CNAs). With a shortage of this category of personnel, the other staff had to complete the tasks usually

³³¹G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932).

³³²G. M. Weir, Survey of Nursing Education in Canada.

³³³M. Schumacher, Report of the Visit to the University of Alberta Hospital Schools of Nursing, 1963, University of Alberta, 1963, (University of Alberta Archives, accession no. 75-25-16).

assigned to these workers. Considering the lack of registered nurses on staff at the hospitals, it appears likely that student nurses completed many of the housekeeping tasks. The following table lists the number of auxillary staff employed in the hospitals in 1949 and 1959. There was an increase in all categories of employees during this ten year period, particularly in CNAs. Information on the number of

Table IV-2

NONPROFESSIONAL HOSPITAL PERSONNEL

1949				
St. Joseph's	CNA - 0	maids - 4	orderlies - 1	
Archer Memorial	CNA - 0	maids - 10	orderlies - 2	
Galt	CNA - 0	maids - 10	orderlies - 2	
St. Michael's				
Medicine Hat	CNA - 3	maids - 15	orderlies - 2	aides - 15
Edmonton General	CNA - 0	maids - 18	orderlies - 6	
Holy Cross	CNA - 4	maids - 16	orderlies - 13	aides - 6
Calgary General	CNA - 0	maids - 24	orderlies - 12	aides - 0
Misericordia	CNA - 0	maids - 84	orderlies - 4	aides - 0
Royal Alexandra	CNA - 14	maids - 76	orderlies - 20	aides - 51
1959				
St. Joseph's	CNA - 3		Orderlies - 11	aides - 10
Archer Memorial	CNA - 20		Orderlies - 11	aides - 17
Galt	CNA - 21		Orderlies - 11	aides - 17
St. Michael's	CNA - 9		Orderlies - 6	aides - 29
Medicine Hat	CNA - 8		Orderlies - 6	aides - 31
Edmonton General	CNA - 10		Orderlies - 17	aides - 80
Holy Cross	CNA - 51		Orderlies - 6	
Calgary General	CNA - 117		Orderlies - 37	
Misericordia	CNA - 37		Orderlies - 8	aides - 85
Royal Alexandra	CNA - 99		Orderlies - 40	aides - 44
University Hospital	CNA - 69		Orderlies - 80	
Ponoka	CNA - 20 - 25			aides - 34

¹Data from Reports from the Inspection Committees, University of Alberta and the Reports of the Advisor to Schools of Nursing, 1949, 1959, 1958 and 1959, (University of Alberta Archives, Accession No. 75-25, Box numbers 1, 2 and 12). 1949, 1959, 1958 and 1959 were chosen because the data was almost complete for these years.

ward maids was not available in 1959. It can be assumed that the student nurses' responsibilities in regard to housemaid work and non-nursing duties would have decreased as the number of auxillary personnel increased.

The first training school for Certified Nurses Aides was opened in 1948 in Calgary. This remained the only school until 1957, when a second school opened in Edmonton. By the time of the Report, Nursing Education Survey Committee, carried out between 1961 and 1963 in Alberta there were four hundred and sixty to four hundred and eighty CNAs graduating annually.³³⁴ This would explain the increase in CNAs at the hospitals with Schools of Nursing.

Entrance Requirements

The entrance requirements were set by the government of Alberta in the Registered Nurses Act based partly on recommendations from GFC. The requirements for students entering schools of nursing increased from grade eight to Grade 12 with a high school diploma and one hundred credits by 1970. The grade level, number of credits and the courses that made up the high school requirements were often an issues during these years and led to points of controversy between the University, AARN and the hospital administrators.

³³⁴Nursing Education Survey Committee, Report, Nursing Education Survey Committee: Province of Alberta, 1961-1963. (Edmonton: L. S. Wall, Printer to the Queen's Most Excellent Majesty, 1963), p. 85.

The issue of the intelligence of student nurses was discussed in the Survey on Nursing Education, with recommendations regarding entrance requirements. Dr. Weir found that the students with little education often did poorly on intelligence tests. Students with the lowest intelligence rating were, in most circumstances, in the group that did not go beyond grade eight education and many students entered nursing with grade eight only.³³⁵ This was significant for nursing since the entrance requirements for schools of nursing was grade eight. Weir found that the prairie provinces were one of the two regions with the lowest intelligence scores.³³⁶

Concern regarding the quality of the nursing students and, therefore, the quality of the nursing personnel was raised. Weir stated that "when student nurses with Grade VIII standing, or even less, are admitted to training schools it is impossible to obtain a high average quality of nursing personnel."³³⁷ Comments from nursing instructors reflect the problems with the students with low intelligence quotients.

Regarding group (a) those with low IQ's, such answers as the following were typical: "Very doubtful"; "quite dumb"; "I am at my wit's end to know what to do with her"; "I think I shall have to give her another chance, and if she does not do better, let her go"; "She is honest and tries hard but is very dull"; "I doubt if she will ever graduate"; and in similar vein for the great majority of the balance of the answers.³³⁸

³³⁵G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932).

³³⁶Ibid.

³³⁷Ibid, p. 203.

³³⁸Ibid, p. 216.

Weir summed up the implications for nursing by stating "the most effective way to prejudice nursing education or the nursing profession is to retain low educational standards of admission".³³⁹

At the time of the Survey on Nursing Education, intelligence testing was considered valid but later the findings of these tests were questioned because the examinations were written for a particular segment of society. Therefore, although intelligence testing was a not a valid method for assessing the intelligence of young women with minimal formal education, the assumption was that the intelligence level of nurses was representative of the level of intelligence for young women across Canada. The poor test results may have been related to other factors such as the lack of formal education, gender and geographic location, thus making the conclusions in the Survey on Nursing Education questionable.

According to the Weir report, many schools were going beyond the admission requirements set out in provincial legislation. This was particularly true in the larger hospitals with matriculation becoming the standard at many of the larger hospital Schools of Nursing. The survey showed that without exception, the larger the hospital, the higher the median intelligence quotient of its student nurses.³⁴⁰ The smaller training schools were more likely to accept the students with less education. This trend was probably related to the geographic location of the smaller hospitals with Schools of Nursing. First, small hospitals in rural

³³⁹G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932), p. 208.

³⁴⁰Ibid

settings would have fewer applicants because they were situated in less populated areas. Secondly, there was less emphasis placed on formal education in the rural communities and many woman did not continue with formal education past a grade eight level. With larger applicant pools, the Schools of Nursing in the larger centers were able to raise their entrance requirements.

When considering the reason for hospitals being willing to accept students with a lower level of intelligence, Weir reached two major conclusions. He stated that

Some training schools have neglected to raise their admission requirements because the hospital authorities in question believe the services of students nurses are more economical than those of graduates. Hence they hesitate to reduce the supply. Furthermore there are some doctors and nurses who still contend that a high school education is not necessary for a nurse and even go so far as to state that a very mediocre degree of intelligence is all that is requisite for success in the profession.³⁴¹

Weir makes the recommendation that the entrance requirement for schools of nursing should be set at the junior matriculation level or its equivalent.³⁴²

The registered nurses act of 1921, set the entrance requirements at a Grade eight level.³⁴³ This remained the same for many years. It was noted in 1930, that many of the schools were raising this standard by the selection of their students with most schools only accepting students with Grades nine, ten and eleven.³⁴⁴

³⁴¹G. M. Weir, Survey of Nursing Education in Canada, p. 217.

³⁴²Ibid.

³⁴³Government of Alberta, Statutes of Alberta. (Edmonton: 1921), Chapter 18.

³⁴⁴Minutes of the Provincial Council, May 9, 1930, AARN.

By 1934, all the nursing schools except one were accepting only students with grade 11 as the minimum.³⁴⁵ The Registered Nurses Act was changed in 1934 to increase the minimum entrance requirements to Grade 11 but specifications on the actual courses to be included were not identified until 1941.³⁴⁶ In the 1941 Amendment of the RN Act, the successful completion of Chemistry II and either Physics II or Biology or the equivalent was added to the entrance requirements.³⁴⁷ With the inclusion of specific high schools courses, some schools began to experience difficulty securing enough qualified applicants. For example, the Edmonton General Hospital's applicant pool was decreased because of the increased entrance requirements.³⁴⁸ It was difficult for all students to attain the new entrance requirements because many of the small high schools in Alberta did not offer Chemistry II. The AARN submitted a request to the Minister of Education to make Chemistry II compulsory in all Alberta high schools but this request was denied forcing a reduction in the entrance requirements to Chemistry I in the 1947 Amendment of the Registered Nurses Act. However, the Amendment in 1947 was more specific in the expectations, by including the requirements for not fewer than sixty five high school credits and a "B" standing

³⁴⁵Minutes of the Provincial Council, May 9, 1934, AARN.

³⁴⁶Government of Alberta, Statutes of Alberta, (Edmonton, 1934), Chapter 133.

³⁴⁷Government of Alberta, Statutes of Alberta, (Edmonton, 1941), Chapter 117.

³⁴⁸Minutes of the Provincial Council, February 2, 1942, AARN.

in English 1 and 2, one Foreign Language 1 and 2, Social Studies 1, Algebra 1, Geometry 1, Physics 1 or Biology 1, Chemistry 1, Health 1 and Physical Education 1.³⁴⁹

By 1949, all but one of the Schools of Nursing in Alberta were meeting the standards set out by the Act. St. Joseph's Hospital had one student with less than sixty five credits. The expectations at the other schools of nursing ranged from sixty five credits up to senior matriculation. St Joseph's Hospital and Medicine Hat General Hospital were the only schools of nursing that did not exceed the entrance requirements outlined in the Act.³⁵⁰ The University of Alberta Hospital was the only school of nursing that required senior matriculation during the period between 1949 and 1970.³⁵¹ Senior matriculation was necessary for students attending the University of Alberta hospital because it was the clinical site used in the baccalaureate program and senior matriculation was the minimum requirement for university entrance.

Because the majority of the schools were asking for more than the required entrance requirements, it was suggested that the entrance requirements should be increased to grade 12 in 1954. With this change, all schools of nursing would be

³⁴⁹Government of Alberta, Statutes of Alberta, (Edmonton, 1947), Chapter 294.

³⁵⁰H. Penhale, Information: Schools of Nursing: Medicine Hat General Hospital, 1949, (University of Alberta Archives, accession no. 75-25-188). Information: Schools of Nursing: St Joseph's Hospital, (University of Alberta Archives, accession no. 75-25-190).

³⁵¹Report from the Advisor to Schools of Nursing, University of Alberta Hospital, 1959, (University of Alberta Archives, accession no. 75-25-16).

expected to accept students with the same qualifications, eliminating the inconsistency of entrance requirements throughout the province.³⁵¹ After a lengthy debate, the Committee on Nursing Education decided not to ask for grade 12 standing for two reasons. First, the smaller high schools were unable to provide all of the required subjects and secondly, some of the schools would have been forced to accept fewer students due to a shortage of qualified applicants. In view of the shortage of nurses, increased entrance requirements may have decreased the number of applicants in the province at a time when more nurses were required.³⁵² The number of required credits was increased to eighty five.

The entrance requirements underwent few changes until 1970, when one hundred high school credits became the expectation. Social Studies 30 was added to the entrance requirement in 1956 because it was a good indicator of the student's academic ability and it provided background for theory in history of nursing and sociology.³⁵³ The necessity of Social Studies 30 as a requirement for future nurses was questioned in 1964 by the AHA, during the period of time when debates over the merits over two-year nursing programs were occurring. M. Ross, Executive Secretary, AHA, stated that:

³⁵¹Minutes of the Committee on Nursing Education, May 19, 1954, University of Alberta.

³⁵²Ibid.

³⁵³Letter from M. Schumacher, Advisor to Schools of Nursing, November 12, 1957, (University of Alberta Archives, accession no. 75-25-74).

The necessity of Social Studies 30 is questionable. It is felt that the minimum admission requirements should not be determined arbitrarily or established merely for the purpose of establishing a level of academic achievement but rather that they should be governed by the actual requirements of the nursing program.³⁵⁴

The enrollment at some schools of nursing was decreasing because of entrance requirements, with difficulty acquiring students with a "B standing, Social Studies 30 and 30 level Science courses. In 1961, a request came from the Alberta Medical-Hospital-Nursing Liaison Committee asking for more flexibility in the enforcement of the entrance requirements allowing the schools to continue accepting the full allotment of students.³⁵⁵ This concern was also evident in the Report of the Nursing Education Survey Committee which stated that the entrance requirements should remain the same because the schools of nursing were having difficulty attracting qualified students.³⁵⁶ The entrance requirements were not relaxed as a result of these comments and the minimum requirement was increased to one hundred credits in 1970.³⁵⁷

Adult student requirements were added to the regulations in 1970. The need for special regulations became apparent with the development of nursing schools within the college system. Mount Royal College was asking for leniency

³⁵⁴Letter from M. Ross, Executive Secretary, AHA, February, 3, 1964, (University of Alberta Archives, accession no. 75-25-74).

³⁵⁵Report from the Alberta Medical-Hospital-Nursing Liaison Committee, April 14, 1961, (University of Alberta Archives, accession no. 75-25-74).

³⁵⁶Nursing Education Survey Committee, Report, Nursing Education Survey Committee.

³⁵⁷Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January, 1970, University of Alberta.

with the entrance requirements as the two year diploma program was geared to older students and many of the students did not all have one hundred credits or a "B" standing. The request from Mount Royal College was to allow students to finish grade 12 in the first semester.³⁵⁸ Rather than allowing unqualified students to enter college nursing programs, the Committee on Nursing Education decided to develop entrance requirements for adult students. Students over twenty-four years old could qualify for adult student status and enter the college nursing program with a "B" standing in one grade 12 English, one grade 12 science course and one other grade 12 subject. These students were also required to take preregistration tests in order to assess their potential.³⁵⁹

Students at some of the schools experienced academic difficulty even though qualifications for entrance had exceeded the minimum requirements. For example, several students at Archer Memorial Hospital, which only accepted students with one hundred high school credits, scored lower than one hundred on the Otis intelligence test.³⁶⁰ This school of nursing was consistently one of the lowest ranked schools on the registered nurses examinations, until 1967 when the scores increased. By 1970, the students at this school ranked in the top third in the

³⁵⁸Minutes of the Committee on Nursing Education, March 25, 1965, University of Alberta Archives, accession no. 75-25-79).

³⁵⁹Ibid

³⁶⁰M. Schumacher, Report of Advisor's Visit: Archer Memorial Hospital School of Nursing, September, 22-26, 1959. University of Alberta.

province on the registered nurses' examinations.³⁶¹ The improvements in the examinations scores could not have been explained by the entrance requirements at the School of Nursing because no change in the requirements occurred during this time period.

By 1953, St. Joseph's Hospital in Vegreville required students to have Grade 12 but would accept less. The failure rates at this schools were as follows: 53% in 1952, 60% in 1953, 56% in 1954, 41% in 1955, 30% in 1956 and 78% in 1957.³⁶² In 1954, Sister Claremont did not give the poorer students permission to write the registered nurses' examinations.³⁶³ A failure rate of 56% occurred in 1954 with the weakest students excluded from the examinations. In 1956, St Joseph's Hospital increased the entrance requirements to grade 12 for all students but no improvement in the examination scores occurred as a result.³⁶⁴ The failure rate at this School of Nursing was 50% in 1968 and the hospital chose to close the School of Nursing in 1970.³⁶⁵

Red Deer College and Mount Royal College had new two year college programs during the time period of this study. At the outset of these programs, students from these two schools ranked in the lowest third of the province on the

³⁶²M. Schumacher, Report of Visit by the Advisor to Schools of Nursing: St Joseph's Hospital School of Nursing, May 6-7, 1958. University of Alberta Archives, accession no. 75-25-190).

³⁶³Ibid, 1954.

³⁶⁴Ibid, May 13, 1960.

³⁶⁵M. Steed, Report of Visit by the Advisor to Schools of Nursing: St. Joseph's Hospital Schools of Nursing, 1968, University of Alberta.

registered nurses' examinations.³⁶⁶ This may have been related to the admission policies of the colleges. The colleges accepted students meeting the entrance requirements on a first come first serve basis, while the hospital schools were able to accept students with the best qualifications and, if there were enough applicants, to exclude the poorer students even though they met the minimum requirements. Therefore it is likely that in this period the hospital based programs may have had a greater proportion of students with higher academic averages.³⁶⁷

The Schools of Nursing at Calgary General Hospital, Edmonton General Hospital and the University of Alberta Hospital most consistently ranked in the top third in the province on the registered nurses' examinations between 1957 and 1970. After 1960, senior matriculation was the standard entrance requirement at Calgary General Hospital. A senior matriculation was preferred at the Edmonton General Hospital and required at the University of Alberta Hospital. The only other school of nursing that expected the senior matriculation was the Holy Cross where preference for senior matriculation was stated. These students usually ranked in the middle third of the province on the Registered Nurses Examination.³⁶⁸

³⁶⁶M. Steed, Report of Visit by the Advisor to Schools of Nursing, Red Deer College, 1970, University of Alberta. Ibid, Mount Royal College, (University of Alberta Archives, accession no. 75-25-8 & 75-25-10).

³⁶⁷Ibid.

³⁶⁸M. Steed, Report of Visit by the Advisor to Schools of Nursing, University of Alberta Hospital, Calgary General Hospital & Edmonton General Hospital, (University of Alberta Archives, accession no. 75-25-16, 75-25-22 & 75-25-187).

Affiliation Experiences

Affiliation experiences were a way of enhancing the quality of the students clinical experiences. Students would travel to another hospital providing clinical opportunities that were not available at their own school's hospital. Students from Schools of Nursing in Alberta had affiliation experiences for time periods ranging from four weeks to two years. Some affiliations were desired to provide experience in a specialty areas in nursing. Ponoka Mental Hospital and Alberta Hospital, Edmonton were clinical sites used extensively by the other schools of nursing in the province for psychiatric nursing experience. For example, students from Archer Memorial Hospital, Galt Hospital, Medicine Hat Hospital, St. Joseph's Hospital, and the University of Alberta Hospital were all being sent to Ponoka Mental Hospital for psychiatric nursing experience in 1953. St. Michael's Hospital School of Nursing and Calgary General Hospital School of Nursing were considering affiliation programs at Ponoka as well.³⁶⁹ By 1956, the central Alberta Schools of nursing began going to Alberta Hospital at Oliver for the psychiatric nursing experience.³⁷⁰ The provincial sanatorium took students for experience in tubercular nursing and the Alberta Crippled Children's Hospital had affiliation experiences for students in orthopedic and pediatric nursing.³⁷¹

³⁶⁹Minutes of the Provincial Council, Alberta Association of Registered Nurses, September, 26, 1953.

³⁷⁰Minutes of the Committee on Nursing Education, University of Alberta, August 30, 1956.

³⁷¹Minutes of the Provincial Council, Alberta Association of Registered Nurses, Dec 7, 1953, January 22, 1954, September 22, 1954)

Affiliation experiences were used to augment the clinical experiences of students from the small hospitals. These students would participate in affiliation experiences at speciality hospitals and larger hospitals with schools of nursing for more experience in medical and surgical nursing, obstetrics and pediatrics. All of the smaller schools of nursing participated in this kind of experience to some extent. Students from the Ponoka Mental Hospital spent two years out of their four year program at other hospitals. St. Joseph's Hospital School of Nursing had students on affiliation experiences for forty-eight weeks out of their three year programme, spending thirty-six weeks at the Royal Alexandra Hospital and the remaining time in hospitals for psychiatric and tubercular nursing experience. The affiliation time was decreased in 1964, when it was determined that St. Joseph's Hospital could provide adequate experience in emergency, medicine and obstetrics.³⁷²

At the other end of the scale, Archer Memorial with a similar number of beds only participated in five weeks of affiliation in 1949. This was increased to eighteen weeks in 1953 and increased again, to thirty-eight weeks in 1966.³⁷³ It is interesting to note that Archer Memorial Hospital's students ranking on the registered nurses' examinations improved markedly in 1967. Archer Memorial Hospital students had consistently ranked in the lowest quartile in the province

³⁷²Minutes of the Committee on Nursing Education, October 28, 1964, University of Alberta.

³⁷³Inspection Committee, Reports of inspections at Archer Memorial Hospital School of Nursing, 1949, 1953. (University of Alberta Archives, accession no. 75-25-189).

between 1958 and 1966. In 1967 the students increased their ranking and by 1970, Archer Memorial's students were ranked in the top third on the provincial registration examinations.³⁷⁴ The improvement on the examinations coincided with the increase in weeks of affiliation. However, the increase in rankings may not have been related to increased affiliation experiences exclusively. St. Joseph's Hospital consistently sent their students out for forty eight weeks of affiliation and the students in this school continued to have poor results on the provincial exams.³⁷⁵

Another form of affiliation can be seen when students from larger hospitals were sent to small hospitals for rural hospital experience, an idea introduced in 1953 as a option for improving the conditions at Archer Memorial Hospital. In view of the fact that there was concern regarding the quality of the educational program at Archer Memorial Hospital and the hospital was at risk of closure because of the acute shortage of nursing staff, it was proposed by the Committee on Nursing Education that a larger hospital could affiliate with Lamont for small hospital experience. An instructor from the larger hospital would accompany the students, increasing the number of faculty at Archer Memorial Hospital.

³⁷⁴M. Steed, Report of visit to Archer Memorial Hospital School of Nursing, 1970, University of Alberta. (University of Alberta Archives, accession no. 75-25-189).

³⁷⁵Reports from Advisor to Schools of Nursing: St. Josephs Hospital Schools of Nursing, University of Alberta. (University of Alberta Archives, accession no. 75-25-190).

This proposal was supported on the basis that it could prevent the closure of the school and the hospital.³⁷⁶ However, there is no indication that this plan was implemented.

The idea of rural hospital affiliations became more popular over the next ten years as a method of introducing students from larger centres to rural hospital nursing. A reciprocal affiliation between Calgary General Hospital and Taber Hospital was suggested by Gertrude Hall, Director of Nursing Education at Calgary General Hospital. With the offer of a reciprocal affiliation, the larger hospital would be expected to support the exchange of students by supplying a faculty member. It was believed that this would have the effect of strengthening the teaching at the rural hospital.³⁷⁷ Helen Penhale and Gerturde Hall developed requirements for the hospitals which would be receiving students on rural affiliation. One specification stated that the rural hospitals with forty to one hundred beds would be considered for rural hospital affiliations.³⁷⁸ By 1956, Calgary General Hospital students were participating in an affiliation program at Taber hospital and Edmonton General Hospital had submitted a request to affiliate with St. Theresa's Hospital in St. Paul.³⁷⁹

³⁷⁶Minutes of the Committee on Nursing Education, December 7, 1953, University of Alberta.

³⁷⁷Ibid, May 19, 1954

³⁷⁸Ibid, June 16, 1955

³⁷⁹Ibid, August 30, 1956

Dr. Morley Young, the superintendent at Archer Memorial Hospital, submitted another request for rural hospital affiliation in 1958. He stated that

Archer is very good at preparing nurses for working in small hospitals. If it is necessary for students to go to a large hospital to round out their education, the students from the large hospitals should do the same in a small hospital. Fifty percent of the patient care in the province occurs in hospitals with less than one hundred beds.³⁸⁰

This affiliation did not occur because of concerns regarding the standards at Archer Memorial Hospital.

Support for rural hospital affiliation was reaffirmed in the Report: Nursing Education Survey Committee, Province of Alberta, 1961 - 1963 (Scarlett Report)

The purpose of this experience was to "give the student a better concept of work in the small hospital environment and make them better prepared should they decide to seek employment in small hospitals"³⁸¹ The committee recommended that

There would be much value in third year students having not less than four weeks experience in a small rural hospital. Therefore, it is recommended that Schools of Nursing do all they can to give students this experience by affiliating with rural hospitals of forty beds or more.³⁸²

³⁸⁰Letter from M. A. R. Young, Hospital Administrator, Archer Memorial Hospital, August 13, 1958.

³⁸¹ Nursing Education Survey Committee, Report: Nursing Education Survey Committee: Province of Alberta, 1961-1963, (Edmonton: L. S. Wall, Printer to the Queen's Most Excellent Majesty, 1963), p. 38.

³⁸²Ibid, p. 40)

This recommendation was partially based on the chronic shortage of nursing services in the rural areas. It was hoped that when students were exposed to rural hospitals they might choose to work in a rural setting, therefore, increasing the potential number of nurses for rural Alberta.³⁸³ The AARN also endorsed the rural hospital affiliations by recommending that a rural hospital affiliation experience should be mandatory and placed in the Regulations Governing Schools of Nursing. The decision of the Committee on Nursing Education was to leave this as a recommendation, only. Some of the hospital administrators were reluctant to give up the third year students for a four week period in order to practice in a rural hospital. Also, many rural hospitals were unable to provide housing or supervision for affiliated students.³⁸⁴

The affiliation experiences were influenced by the lack of registered nurses in the hospitals. One impediment to setting up affiliation experiences related to potential staff shortages while students were practicing at another site. For example, the superintendents of nursing at both the Medicine Hat General Hospital and Holy Cross Hospital indicated that they would have increased their students'

³⁸³Nursing Education Survey Committee, Report Nursing Education Survey Committee: Province of Alberta, 1961-1963, p. 38

³⁸⁴Minutes of the Committee on Nursing Education, October 10, 1963, University of Alberta.

experiences in other hospitals but were unable to because patient care would be affected.³⁸⁵ With the hospital staffing dependent on student personnel, students could not be away from the hospital for even short periods of time.

The affiliation arrangements at Archer Memorial Hospital provide an example of how affiliation could be used to increase the staffing at a hospital. As stated earlier, prior to 1953 Archer Memorial Hospital sent students out on affiliation experiences for only five weeks. At this time, Archer Memorial had no general duty nurses on staff.³⁸⁶ The number of weeks of affiliation experience increased steadily up to thirty eight weeks in 1966, when the number of general duty nurses on staff at the hospital had increased.³⁸⁷

In 1951, Miss Marie Young, the Superintendent of nurses contacted the AARN with a request to send the students from Archer Memorial Hospital to Smoky Lake Hospital for an affiliation experience at a smaller hospital. The point was made at a meeting of the Committee on Nursing Education that the smaller hospitals were having difficulty with staffing. By sending students from Archer Memorial to Smoky Lake for clinical experience, it would relieve the staffing problem at Smoky Lake Hospital. Concern was raised by Miss Penhale, Director of Nursing from the University of Alberta, regarding the fear that students

³⁸⁵H. Penhale, Information Schools of Nursing at Holy Cross Hospital and Medicine Hat General Hospital, 1949, University of Alberta. (University of Alberta Archives, accession no. 75-25-190).

³⁸⁶M. Schumacher, Reports of of visits to Archer Memorial Hospital School of Nursing, University of Alberta. 1953, (University of Alberta Archives, accession no. 75-25-189).

³⁸⁷Ibid, 1966.

would be too busy for instruction time and that there would be inadequate supervision of these students. She also pointed out that Archer Memorial was already functioning at a low level and that it would not be appropriate to decrease their resources further.³⁸⁸ However, Dr. Rice and Dr. Stewart, members of the committee on nursing education, completed an inspection of the facilities at Smoky Lake and were apparently impressed with the plan. A one year approval was given on the condition that a new faculty member was hired to accompany the students.³⁸⁹ This inspection was a departure from the accepted procedure as it was the first inspection conducted without a nurse member. At this time, Miss Penhale was a member of the inspection team but she was excluded from this inspection. This may have been related to her resistance to the Smoky Lake affiliation program.

In 1952, it was noted that an instructor had been sent from Archer Memorial Hospital to supervise the affiliated students, which was against the terms of the agreement with the Committee on Nursing Education. Archer Memorial Hospital only had three faculty members at this time, and, with one posted at Smoky Lake, only two instructors remained at Archer Memorial Hospital. Dr. Rice and Dr. Stewart planned to make a return visit to Lamont to discuss these arrangements.³⁹⁰

³⁸⁸Minutes of the Committee on Nursing Education, May 21, 1951, University of Alberta, October 31, 1951.

³⁸⁹Minutes of the Committee on Nursing Education, November 1951, University of Alberta. Miss Penhale continued to express concern regarding the lack of supervision and instruction for these students. This was the only inspection that did not have a nurse as part of the inspection team)

³⁹⁰Minutes of the Committee on Nursing Education, April 14, 1952, University of Alberta.

In 1953, the decision was made to discontinue the affiliation with Smoky Lake Hospital.³⁹¹ This example demonstrates how the staffing of hospitals took priority over the education of the student nurses and that members of the Committee on Nursing Education supported and encouraged this use of student nurses.

Difficulties for affiliated students were also experienced at Alberta Mental Hospital, Edmonton. In 1970 Margaret Steed, the advisor to schools of nursing, expressed the concern that the total environment was unsuitable for learning. The role of the student as a learner was poorly defined with the ratio of student to faculty ranging from two instructors per forty students to two instructors per twenty students. There was a major discrepancy between what was taught and what was practised.³⁹² At this time, the planning was already under way to discontinue the psychiatric nursing affiliations. This was due to the trend of integrating mental health concepts throughout the entire curriculum and was supported by the increase of mental health patients in general hospitals.³⁹³

The Committee on Nursing Education was involved in controlling the affiliation experiences in a number of ways. It was specified in the regulations that any school of nursing that wished to affiliate with another hospital required the

³⁹¹Minutes of the Committee on Nursing Education, University of Alberta, March 2, 1953. (University of Alberta Archives).

³⁹²Letter from M. Steed, advisor to schools of nursing, July 29, 1970, University of Alberta.

³⁹³Ibid, November 12, 1969.

approval of the University.³⁹⁴ This would give the Committee on Nursing Education some control over the educational programs during the affiliation experiences. Inspections were done at each hospital requesting approval for an affiliation arrangement, in order to determine if the hospital and the school of nursing were meeting the required educational standards. This does not describe the process involved with initiating the affiliation between Smoky Lake Hospital and Archer Memorial Hospital. In that situation, Archer Memorial Hospital was not meeting the requirements prior to the implementation of the affiliation program and was weakened further with the loss of one of their instructors. The compromise on standards that occurred with the approval of the Smoky Lake affiliation did not happen again. On two other occasions, Archer Memorial Hospital was turned down for rural hospital affiliations, due to problems with their program.³⁹⁵

The Regulations Governing Schools of Nursing did not require small hospitals which were unable to provide a variety of clinical experiences to arrange for experience in larger centers. It is possible that this was excluded from the Regulations because the hospitals refused to jeopardize patient care by decreasing the numbers of student nurses available for nursing service thus providing another example of the conflict between the needs of nursing service and education.

³⁹⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, 1947, 1956, 1961, University of Alberta.

³⁹⁵Minutes of the Committee on Nursing Education, March 29, 1954. University of Alberta. Letter from W. H. Johns, President of the University of Alberta and Chairman off the Committee on Nursing Education, August 27, 1958, University of Alberta.

However, on one occasion the Committee on Nursing Education forced the implementation of affiliation experiences. Archer Memorial Hospital was instructed to increase their students' affiliation experiences at large hospitals in order to prevent closure of the school. Following this ultimatum, the weeks of affiliation for the Archer Memorial Hospital students increased from five weeks to eighteen weeks.³⁹⁶

Availability of Instructional Staff

Difficulty in acquiring sufficient numbers of qualified faculty was a chronic, province-wide problem. With the lack of graduate nurses and qualified faculty, the practice of staffing hospitals with unsupervised inexpensive student labour became commonplace. Thus the issue of inadequately prepared students providing the majority of the patient care in hospitals, without adequate supervision surfaced continuously as a serious problem. A shortage of qualified faculty coupled with high turnover rates plagued every School of Nursing, irrespective of size of location. This was one of the primary factors causing the eventual closure of the rural schools of nursing.

The lack of qualified faculty was not unique to Alberta. This problem was identified in both the Survey on Nursing Education in Canada and the Spotlight on Nursing Education. Dr. Weir noted that numbers of full time faculty in schools of nursing across Canada were low. Many faculty were employed on a part time basis with questionable qualifications. He found that more than seventy-five

³⁹⁶Minutes of the Committee on Nursing Education, December 7, 1953, University of Alberta. Report of Advisor to Schools of Nursing, Archer Memorial Hospital School of Nursing, 1950, 1953, University of Alberta.

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³⁹⁴Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, 1947, 1956, 1961, University of Alberta.

³⁹⁵Minutes of the Committee on Nursing Education, March 29, 1954. University of Alberta. Letter from W. H. Johns, President of the University of Alberta and Chairman off the Committee on Nursing Education, August 27, 1958, University of Alberta.

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³⁹⁶Minutes of the Committee on Nursing Education, December 7, 1953, University of Alberta. Report of Advisor to Schools of Nursing, Archer Memorial Hospital School of Nursing, 1950, 1953, University of Alberta.

percent of the instructors had no knowledge of educational psychology or principles of teaching. Some of the recommendations in the Survey on Nursing Education regarding instructors of students nurses included the following:

- 1) each school of nursing should have at least one qualified instructress;
- 2) there should be one qualified instructress for every seventy five, preferably fifty students;
- 3) an instructress should have completed at least one academic year of postgraduate work in an approved graduate school for nurses;
- 4) staff nurses or charge nurses working with student nurses should have at least one year of graduate education.³⁹⁷

Some thirty years later, Dr. Helen Mussallem discussed the problem of poorly prepared nursing instructors. She stated that "throughout the years, nurse instructors have struggled to obtain the kind of preparation that is considered basic for those who teach others, but the numbers of prepared personnel in Canada are still inadequate."³⁹⁸ 3.8% of the instructors were prepared at the masters level, 21.5 percent had a baccalaureate degree, 43.85 had a one year university diploma and 30.9 had no advanced preparation of any kind. However, she goes on to note that programs beyond the baccalaureate level did not exist in Canada.³⁹⁹ Another problem discussed in this report is the instability of the faculty members with the majority of the staff being faculty members for less than three years.⁴⁰⁰

³⁹⁷G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932), p. 263.

³⁹⁸H. K. Mussallem, Spotlight on Nursing Education, The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada, (Ottawa: Canadian Nurses' Association, 1960), p.44.

³⁹⁹Ibid, p. 44.

⁴⁰⁰Ibid.

The conditions described in these two reports represent the situation in Alberta well. Faculty members' academic qualifications are described on Table 4.

Table IV-4

**ACADEMIC PREPARATION
OF FACULTY MEMBERS BY PERCENT**

	1959 - 1960	1962 - 1963	1969 - 1970
Masters	2.3	2.4	4.2
Degree	40.2	31.7	67.9
Diploma	46.0	52.8	19.4
RN only	11.5	13	8.4

¹Reports from the Inspection Committee in 1959 and 1969. Reports of the Advisor to Schools of Nursing for the Province of Alberta, 1960, 1962, 1963 and 1970.

²Faculty with the diploma would include a diploma in teaching and supervision or a post graduate diploma in a clinical specialty.

This table shows the advancement in qualifications over a seventeen year period, from 1953 to 1970. The information for this table is limited because academic qualifications were not reported until 1949 and the figures were not available for every school, in each year. However, according to the information, the number of faculty members with masters and baccalaureate education increased, particularly by 1969 and 1970. For the first time, the number of instructors with at least a baccalaureate degree outnumbered those without. The percent of faculty with only an RN in Alberta compared favorably with the statistics included in the Spotlight on Nursing Education, which stated that 30.9% had only an RN.

The issues relating to faculty were more complex than the lack of adequately prepared faculty, with a number of other problems relating to nursing school personnel. First, the number of instructors employed at the schools was inadequate and turnover was high. The qualifications of those employed was inadequate reflecting limited teaching and clinical experience. Another issue was the number of faculty who, because of responsibilities for both nursing service and education on units, had divided loyalties between the hospital and the school of nursing.

With the shortage of nurses employed in the hospitals and low numbers of faculty, the lack of clinical supervision of students was a chronic problem. The following table describes the ratio of instructor to student.

Table IV-5

RATIO OF NURSING STUDENTS TO FACULTY MEMBER

Hospital	1949	1953	1959	1963	1969
St. Joseph's	6.0/1	14.7/1	13.1/1	21.5/1	16.7/1
Archer Memorial	6.0/1	15.1/1	10.4/1	13/1	8.4/1
Galt	7.0/1	12.2/1	10.5/1	12.9/1	7.2/1
St. Michael's		8.3/1	10.5/1	9.3/1	10.2/1
Medicine Hat	17.6/1	19.1/1	8.0/1	7.3/1	5.5/1
Edmonton General	12.1/1	32.6/1	11.3/1	11.7/1	6.15/1
Holy Cross	25.1/1		17.4/1	13.9/1	9.7/1
Calgary General	24.3/1		22/1		
Misericordia	21.5/1	23.2/1	6.15/1	11.8/1	
Royal Alexandra	21.5/1			15.5/1	12.3/1
University Hospital			17/1	10.9/1	9.3/1
Ponoka			6.0/1	7.43/1	
Foothills					13.2/1
Red Deer College					10.1/1
Mount Royal College					4.9/1

¹Reports from the Inspection Committee in 1949, 1959 and 1969. Reports of the Advisor to Schools of Nursing for the Province of Alberta, 1953 and 1963.

²The years were chosen because these had the most complete information.

It is interesting to note that during 1949, the ratios of instructor to student were much lower in the rural hospitals than in the larger schools of nursing. However, the clinical instructors at St. Joseph's Hospital, Archer Memorial Hospital, Galt Hospital, Medicine Hat General Hospital, Edmonton General Hospital and the Misericordia Hospital schools of nursing all had responsibilities for both nursing education and nursing service. Therefore, the ratios do not represent the actual instructor workload at those Schools of Nursing. The ratios improved between 1953 and 1959 but then remained somewhat unchanged.

The effects of the shortages of nursing instructors was evident in the students' programs. Lack of clinical supervision was referred to in the reports of the Advisor to Schools of Nursing for every hospital based school of nursing in the province. This is demonstrated in the following examples. In 1943, there was only one clinical supervisor for one hundred and seventy students at the Calgary General Hospital.⁴⁰¹ By 1950, there was still no clinical instructor available on the active medical and surgical wards at the Calgary General.⁴⁰² No

⁴⁰¹ Minutes of the Committee on Nursing Education, Report of the Committee on Inspection of Schools of Nursing, June 5, 1943, (University of Alberta Archives, accession no. 75-25-22).

⁴⁰²M. Schumacher, Report from the Advisor to Schools of Nursing, Calgary General, 1959, (University of Alberta Archives, accession no. 75-25-22).

clinical supervision was available on evenings and nights at the University of Alberta and Calgary General Hospitals in 1960, and at the Holy Cross Hospital in 1963.⁴⁰³

The Advisor to the Schools of Nursing noted the problems that schools were having in attracting qualified instructors in her reports. Such problems were reported at Medicine Hat General Hospital in 1949, 1963 and 1969. The school chose not to take in a class in the fall of 1963 and finally elected to close completely in 1969 because of the lack of qualified faculty.⁴⁰⁴ Several other schools of nursing reported having similar difficulties.

The turnover of faculty also presented a problem for some of the schools. This problem was particularly acute at the Edmonton General Hospital School of Nursing. In 1964, five out of their fifteen instructors resigned. In 1965, another nine out of sixteen instructors resigned followed, in 1966, by almost one hundred percent of the faculty resigning.⁴⁰⁵ Medicine Hat Municipal Hospital School of Nursing reported that half of the faculty had resigned in 1963 and four out of seven

⁴⁰³M. Schumacher, Report from the Advisor to Schools of Nursing, University of Alberta Hospital School of Nursing, 1960, Calgary General Hospital Schools of Nursing, 1960, Holy Cross Hospital School of Nursing, 1963.

⁴⁰⁴H. Penhale, Information: Schools of Nursing in Alberta, Medicine Hat General, 1949. M. Schumacher, Report from the Advisor to Schools of Nursing, Medicine Hat General Hospital School of Nursing, 1963. Inspection Report, Medicine Hat Municipal Hospital School of Nursing, 1969, University of Alberta.

⁴⁰⁵M. Schumacher, Report from the Advisor to Schools of Nursing, Edmonton General Hospital School of Nursing, 1964 & 1965. (University of Alberta Archives, accession no. 75-25-187).

resigned in 1966.⁴⁰⁶ With the lack of qualified nursing instructors and high turnover, it became necessary for the schools to recruit from their own new graduates. These new graduates would go to the University of Alberta for a course in Teaching and Supervision and immediately after would assume instructor positions. With this pattern, the number of instructors with limited clinical nursing background increased.⁴⁰⁷

The Scarlet Report summed up the issues related to the lack of qualified instructors in 1963. Dr. Scarlett stated that the turnover of qualified instructors was roughly 25% and, at the time of the survey, there were thirty instructors who had no university preparation. The recommendations in the report were as follows: provide more post graduate assistance, increase professional training grants for undergraduate and graduate students, hire as far as possible only qualified nurses to fill positions requiring special qualifications, encourage nurses who do not have the special qualification to take extra courses and establish pay differential for qualified nurses.⁴⁰⁸

The Committee on Nursing Education was involved with determining the standard for the number of instructors and in increasing the availability of qualified instructors. Some direction was provided in the Regulations Governing Schools

⁴⁰⁶M. Schumacher, Report from the Advisor to Schools of Nursing, Medicine Hat Municipal Hospital Schools of Nursing, 1963 & 1966. University of Alberta, (University of Alberta Archives, Accession no. 75-25-188).

⁴⁰⁷Minutes of the Committee on Nursing Education, University of Alberta, June 28, 1960, (University of Alberta Archives, Accession no. 75-25-78).

⁴⁰⁸Nursing Education Survey Committee, Report, Nursing Education Survey Committee, Province of Alberta, 1961-1963.

of Nursing in Alberta. With each revision of the regulations, the expectations for the number and the qualifications of faculty members increased and was clarified. The first regulations, developed in 1921, and again in the 1931 issue of the regulations, stated that each school of nursing required one instructor whose qualifications were not identified.⁴⁰⁹

The Regulations Governing Schools of Nursing in Alberta in 1947, provided more details regarding the number of staff at a schools of nursing. The level of qualifications was still not addressed. The Regulations were as follows:

- (a) a superintendent of nurses;
- (b) an assistant to the superintendent of nurses who may also act as a second instructor depending upon the size of the school;
- (c) a certified instructor of nurses;
- (d) a night supervisor;
- (e) registered nurses who shall be responsible for the clinical supervision and teaching in each of the following departments - medicine, surgery, obstetrics and operating room;
- (f) a qualified dietician.⁴¹⁰

The 1956 Regulations were expanded slightly in the number of faculty and some direction about education preparation was provided. In the revision of the Regulations faculty were required to be competent, well organized, and adequate in number to offer the educational program. A Director and Assistant Director of nursing, instructors in science and nursing arts and clinical instructors in medicine,

⁴⁰⁹Minutes of the Provincial Council AARN, January 30, 1920. Ibid, April 24, 1931. (AARN Archives)

⁴¹⁰Committee on Nursing Education Regulations Governing Schools of Nursing in the Province of Alberta, November, 1947, University of Alberta.

surgery, obstetrics, pediatrics, operating room and other clinical specialties were required. The science and nursing arts instructors were to have broad experience and university courses in nursing education.⁴¹¹

The 1960 regulations increased the number and qualifications again. Now, it was expected that there would be an Associate or Assistant Director of nursing Education, at least three full time teaching staff with preparation in their specialty, and a year of study in teaching and supervision was recommended for the faculty.⁴¹² By 1965, it was required that the Director of Nursing Education must have at least a Bachelor's Degree and nursing instructors have at least one year of university preparation. These regulations went on to recommend that the Director have a Masters degree and all faculty have a Bachelor's degree.⁴¹³ For the first time, an instructor student ratio was provided which was set at a ratio of one teacher to every ten students. The latter was worded as a recommendation, not a requirement.⁴¹⁴

The 1970 regulations were the most specific regarding faculty preparation. The Director of nursing education was to have a masters degree with content in educational administration and curriculum development and demonstrated ability as

⁴¹Committee on Nursing Education Regulations Governing Schools of Nursing in the Province of Alberta, University of Alberta, February 1956.

⁴¹²Ibid, July 1, 1960.

⁴¹³Ibid, March 1965.

⁴¹⁴Ibid, March 1965.

a practitioner and teacher of nursing. The faculty members were to hold a baccalaureate degree and demonstrate abilities as practitioners in the area of major teaching responsibilities.⁴¹⁵ These regulations stated that the faculty "should" have these qualifications leaving the actual requirement for faculty qualifications unclear.

When considering the actual standards at the schools of nursing it is evident that the Regulations were not consistently followed. By 1970, nine of the schools had directors with Masters preparation and the number of faculty with baccalaureate preparation had increased dramatically. However, there were still faculty without any advanced preparation and student instructor ratios were not consistently at the level of one instructor for ten students.⁴¹⁶ Meeting the regulations was difficult for many of the schools due to the unavailability of qualified instructors. This may be the reason that the regulations were worded as recommendations rather than requirements. Regulations could not be strictly enforced if qualified nurses were not available.

The Committee on Nursing Education had no involvement with the problem of the lack of qualified instructors until 1952. This may be due to the Committee member's lack of knowledge about the actual conditions at the schools of nursing or to acceptance of the problem as the modus operandi and normal status of each school. The amount of information about the schools was limited because inspections were infrequent and the advisor position was only part time.

⁴¹⁵Committee on Nursing Education Regulations Governing Schools of Nursing in the Province of Alberta, University of Alberta, January 1970.

⁴¹⁶M. Steed, Reports of the Advisor to Schools of Nursing, 1970.

A questionnaire was circulated to each School of Nursing asking for detailed information about the operation of the school in 1949. The questionnaire requested information about the number of faculty members at each school but an inquiry about the educational preparation of the instructors was not included.

In 1952, a crisis situation developed and intervention from the committee on Nursing Education became necessary. Medicine Hat General Hospital was at risk of closure because the superintendent and assistant superintendent of nursing had both resigned and no replacements could be found. There was a serious shortage of instructors at Archer Memorial Hospital, the Holy Cross Hospital, Edmonton General Hospital, St. Joseph's Hospital and St. Michael's Hospital. The Committee on Nursing Education had ignored the lack of qualified nursing instructors for many years but this was not possible in this situation because of the magnitude of the shortage. The crisis resulting from the severe shortage of qualified instructors caused a dilemma for the members of the Committee on Nursing Education. On one hand, the University was required by law to enforce the standards at the schools of nursing. Therefore, they were forced to uphold the regulations regarding adequate numbers of faculty. If the Committee on Education chose to enforce the Regulations, it might be necessary to close some of the schools.⁴¹⁷ Another options were to relax the requirements for instructor preparation, allowing nurses with less academic preparation to fill instructor positions.⁴¹⁸

⁴¹⁷Minutes of the Committee on Nursing Education, August 19, 1952, University of Alberta, University of Alberta Archives.

⁴¹⁸Ibid.

With the nursing shortage the continued operation of all of the schools of nursing was a priority. This was particularly true for the rural hospitals where the viability of the hospital was dependent on the nursing school. Closure of the schools would require movement of the students to other schools of nursing. Lack of residence space and clinical opportunities would make the accommodation of more students at the remaining Schools of Nursing difficult. Some of the students from the rural schools of nursing may not have met the entrance requirements for the larger schools, making them ineligible to transfer from one school to another. Finally, the students would be less likely to return to the rural hospitals after graduation.⁴¹⁹ With a decrease in the pool of graduate nurses for the rural hospitals, the risk of hospital closures was increased.

The members of the Committee on Nursing Education discussed a number of options for dealing with the instructor shortage. One option was to relax the standards. It was suggested that the regulations were too restrictive.⁴²⁰ Another option was to pool the instructors between the schools of nursing but this was not viable because the shortage of instructors was province-wide. The final decision was to complete a survey in order to discover the extent of the instructor shortage and to request government funding for a short course on teaching and

⁴¹⁹Minutes of the Committee on Nursing Education, August 19, 1952, University of Alberta, (University of Alberta Archives).

⁴²⁰Minutes of the Committee on Nursing Education, June 26, 1952, University of Alberta, (University of Alberta Archives). The 1947 regulations called for one or possibly two instructors depending on the size of the school.

supervision.⁴²¹ However, the first step was to determine how large the crisis actually was. Rae Chittick, the representative from the AARN, visited every school of nursing, in order to determine the projected instructor shortage and the amount of interest in a short course on Training and Supervision. Dr. Cross, the Minister of Health, indicated that the provincial government was willing to spend \$100,000 to finance a short course.⁴²²

The need for the short course was confirmed by Rae Chittick's tour of the schools. Many of the schools were facing immediate staff shortages. The Holy Cross Hospital had no science instructor and was short one clinical instructor. One of their new graduates had agreed to take the course. Calgary General Hospital needed eight qualified instructors. St. Michael's Hospital only had two qualified instructors. Medicine Hat General Hospital was without any teaching staff and a temporary superintendent. Two recent graduates were willing to attend the course. Archer Memorial had three qualified instructors but one was located at Smoky Lake. They were not able to find any nurses willing to take the short course. St. Joseph's only had one qualified instructor. Galt Hospital, the Misericordia Hospital, Edmonton General Hospital, the Royal Alexandra Hospitals and the Provincial Mental Hospital were satisfied with their staffing levels but were still interested in sending faculty to the course.⁴²³

⁴²¹Minutes of the Committee on Nursing Education, August 19, 1952.

⁴²²Minutes of the Committee on Nursing Education, August 19, 1952, University of Alberta, (University of Alberta Archives).

⁴²³Ibid.

The short course on Training and Supervision was held in Calgary from September 15 to October 11, 1952. Twenty five students were enrolled from seven schools of nursing and the schools for nursing aides. The schools of nursing sending students were as follows: Calgary General Hospital sent eight student, Holy Cross Hospital sent three, St. Joseph's Hospital sent two, St. Micheal's Hospital sent two, Edmonton General Hospital sent two, Medicine Hat General Hospital sent three, the School for Nursing Aides sent three and the Junior Red Cross sent two. The staff consisted of Reverend Sister Beatrice of St. Michael's Hospital and members of the teaching staff at the Calgary General Hospital and the Holy Cross Hospital. Several members of the teaching staff from the Faculty of Education and Arts and Science at the University of Calgary participated in the course.⁴²⁴ Due to the short course in Teaching and Supervision, the major staff shortages were controlled. There was discussion of offering annual short courses, but the course was never repeated.⁴²⁵ While some of the schools continued to have difficulty acquiring qualified faculty, a province wide shortage never recurred. The short course, although successful, was a compromise to meet the need. A one month course could not have been comparable to a one year postgraduate diploma

⁴²⁴Minutes of the Provincial Council, AARN, November 15, 1952. (AARN Archives). Minutes of the Committee on Nursing Education, October 23, 1952, University of Alberta, (University of Alberta Archives).

⁴²⁵Inspection Committee, Report of the Committee for Inspection of Nursing Schools in Alberta, 1952, University of Alberta. The Royal Alexandra Hospital and Archer Memorial Hospital had identified shortages but were unable to find nurses that were willing to take the short course. Therefore, shortages continued at these schools.

in Teaching and Supervision from a university. The level of qualifications of the participants in the short course could not be considered to be at the same level as the standard of those with a Teaching and Supervision Diploma.

The Committee on Nursing Education was involved directly in the shortage of qualified instructors on one other occasion. By 1958, there continued to be only three full time faculty members at Archer Memorial Hospital School of Nursing. The students were often left without supervision in obstetrics and the majority of the faculty had responsibilities in both nursing service and nursing education. Miss Schumacher, the Advisor to Schools of Nursing, had discussed hiring another full time faculty member with the Director of Nursing, but Miss Young did not feel that she could justify having an instructor responsible for nursing education only considering the hospital's bed capacity.⁴²⁶

The members of the Committee on Nursing Education decided that unless certain conditions were met, they would be forced to recommend to GFC that the approval of the School of Nursing at Archer Memorial should be withdrawn. The hospital was directed to set up reciprocal affiliations with the University of Alberta Hospital and the Royal Alexandra Hospital, the position of Director of Nursing Education was to be created and the new Director of Nursing Education was to be provided with a secretary and an office in the nurses' residence.⁴²⁷

⁴²⁶M. Schumacher, Report from the Advisor to Schools of Nursing, Archer Memorial Hospital School of Nursing, September, 22 - 26, 1958, University of Alberta, (University of Alberta Archives, accession no.75-25-189.

⁴²⁷Letter from W. H. Johns, Chairman of the Committee on Nursing Education, August 27, 1958, University of Alberta, (University of Alberta Archives, accession no. 75-25-87.

Miss Young was relieved of her duties as Director of Nursing and appointed as Director of Nursing Education. The school increased the number of weeks of affiliation by two weeks, increasing to twenty weeks from eighteen. It was determined that the conditions were met and the Committee on Nursing Education continued to endorse the school.⁴²⁸

In spite of recurring problems with shortages of qualified instructors, the Committee on Nursing Education was not involved in any other province wide activities or interventions at individual schools of nursing. Even with the chronic shortage of qualified instructors at the rural hospitals, very little action was taken. When St. Joseph's Hospital School of Nursing and Medicine Hat Municipal Hospital School of Nursing chose to phase out due to the difficulties in acquiring qualified faculty, it was voluntary. The Committee on Nursing Education endorsed these decisions but did nothing to initiate the actions at these schools.⁴²⁹ The need to keep the rural hospital schools of nursing open often appeared to be more of a priority than the offering of an adequate educational program to the student nurses.

⁴²⁸Letter from W. H. Johns, Chairman of the Committee on Nursing Education, September 17, 1958, University of Alberta, (University of Alberta Archives, accession no. 75-25-189).

⁴²⁹Minutes of the Committee on Nursing Education, March 29, 1969, University of Alberta, (University of Alberta Archives, accession no. 75-25-80).

Educational Support Services

The operation of the educational programs required more than just qualified faculty and appropriate hospital conditions. The students needed learning resources and conditions that were conducive to theoretical learning. Libraries, librarians, classrooms, study space and laboratories were necessary for the students to learn the theoretical component of their nursing program and thus the basis for practice. With nursing schools operating within the hospitals, where the needs of the educational program were secondary to the daily operation of the hospital, it is not unexpected that the services required to support the education program received little attention. Considering the students' commitment to hospital service, there was very little time remaining for study. Therefore, the hospital administrators may have found it difficult to justify spending money on services supporting a theoretical component that formed such a small portion of the student's program and which, of necessity, took second place to hospital service.

Dr. G. Weir discussed the problems maintaining libraries in Schools of Nursing and ensuring adequate classroom facilities in the Survey on Nursing Education in Canada. In reference to the libraries, he found that very few schools of nursing had made any systematic attempt to gather resource material for the students and that the majority of the schools did not have any budget provisions for these supplies. Another drawback to the development of nursing libraries, was the

lack of a comprehensive list of nursing literature. Weir suggested that a survey of the entire field of nursing literature should be carried out, followed by the development of a Dominion wide library service.⁴³⁰

At the time of the Survey on Nursing Education in Canada, students had few hours to pursue theoretical study and were often too fatigued to study on the limited off hours that were available. Weir believed that student's ability to make adequate use of library facilities would continue to be limited until their hours of committed time were decreased.⁴³¹ Therefore, improving the library holdings and organization would not impact their education without other changes in the program. Weir also commented on the quality of the classroom facilities. He found that a number of the larger hospitals had excellent classroom facilities but in many hospitals, these facilities had been overlooked. Students were frequently crowded into small rooms that served as classrooms, offices and libraries. Again, he stated that classrooms were not a priority at many of the schools.⁴³²

The situation described by Dr. Weir was reflected in the nursing schools in Alberta. However, the quality of the educational support services did not depend on the size of the hospital. The conditions of the libraries and classrooms varied throughout the province. Each school of nursing had access to a library of some kind. Some of the libraries were based in the hospital and some were in the school

⁴³⁰G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932), p. 292.

⁴³¹Ibid, p. 292.

⁴³²Ibid.

of nursing residence. The problems occurring relative to the libraries were lack of supervision, a dearth of adequate reference material, difficulty with access to the library and poor environmental conditions for studying.

Many of the schools of nursing operated the libraries without librarians. Without a librarian to coordinate library holdings, the amount and the quality of the resource material would be questionable. This could be seen at the Royal Alexandra Hospital School of Nursing which functioned without a librarian until 1959. None of the books were catalogued in this library, making access to the holdings difficult.⁴³³ A lack of adequate holdings was found at the Archer Memorial Hospital School of Nursing where there was also a library not serviced by a librarian. It was found that many of the books were outdated and in 1959 alone, only \$15.00 had been spent on books.⁴³⁴

The Misericordia Hospital School of Nursing and the University of Alberta Hospital School of Nursing also functioned without librarians for many years but these schools had made arrangements for coordination of library services for their students. The Misericordia had the responsibility for the library delegated to the

⁴³³Report of Visit to the Royal Alexandra Hospital School of Nursing, August 27, 1953 and April, 1959, University of Alberta. (University of Alberta Archives, accession no. 75-25-18).

⁴³⁴Report of Visit to the Archer Memorial Hospital School of Nursing, September, 1959, June 24, 1963 and September, 1970. University of Alberta, (University of Alberta Archives, accession no. 75-25-189). A librarian was never hired at this school of nursing.

⁴³⁵Report of the Visiting Committee based on a visitation to the Misericordia Hospital School of nursing, January, 1958, University of Alberta. Report of Visit to the Misericordia Hospital School of Nursing, June, 1959, University of Alberta, (University of Alberta Archives, accession no. 75-25-21).

school secretary. Their library had an adequate supply of current books.⁴³⁵ The University of Alberta Hospital School of Nursing students had access to the libraries at the University of Alberta.⁴³⁶ Therefore, the library at the nurses' residence was not their only source of reference material.

The use of the hospital library or individual ward libraries was available to students at some of the schools. Under this system, school personnel had no control over the material that was available for the students. Another problem with this system was that the students often had limited access to the material. For example, the students at the Holy Cross Hospital used the hospital library located in the nursing office of the hospital. However, as this room was locked at 3 p.m., the students could not have access to the books after this time.⁴³⁷ Considering that many of the students were committed to nursing service during the day shift, access to a library was severely limited at this school. By 1965, this school had its own library. Students at Galt Hospital used the doctors' library and students at the Calgary General used individual ward libraries, until 1953.⁴³⁸

⁴³⁶M. Schumacher, University of Alberta Hospital Schools of Nursing Report, 1959. Ibid, Report of the Visit to the University of Alberta Hospital School of Nursing, 1964, (University of Alberta Archives Accession no. 75-25-16).

⁴³⁷ M. Schumacher, Report of the Visit to the Holy Cross Hospital School of Nursing, June 1963, (University of Alberta Archives Accession no. 75-25-26).

⁴³⁸Report from Inspection of Schools of Nursing, Calgary General, 1950, (University of Alberta Archives, accession no. 75-25-22). School of Nursing Questionnaire: Alberta Survey Committee, Galt Hospital School of Nursing, 1969. Information School of Nursing: Galt, October, 1957, (University of Alberta Archives, accession no. 75-25-28).

Another problem with library facilities was their size. A number of the facilities were too small to accommodate many students at one time. This situation was described at the Royal Alexandra Hospital School of nursing in 1956 where the library could only seat twelve students at one time.⁴³⁹ Since there were approximately three hundred and fifty students enrolled in the school, this was a strong deterrent to learning. When a new nurses' residence was built this situation improved, with the new library and reading room seating forty students.⁴⁴⁰ It also was found that library facilities were too small to accommodate the number of students at the Edmonton General Hospital and at the Medicine Hat Hospital Schools of Nursing.⁴⁴¹ The situation improved at these schools with the construction of new nurses' residences.

The adequacy of the classroom space was another area of concern. There were problems with small classrooms, poor lighting and ventilation and an inadequate number of classrooms. This situation was demonstrated at the Royal Alexandra Hospital School of nursing in 1954. The classroom space in the residence was small, lighting poor and ventilation inadequate. There were only two small classrooms, one which had formerly been a lounge. This classroom had one small blackboard that could not be seen throughout the room and pillars blocking

⁴³⁹Report of the Visit to the Royal Alexandra Hospital School of Nursing, May, 1954, (University of Alberta Archives Accession no. 75-25-18).

⁴⁴⁰Ibid, May 25 - June 3, 1960.

⁴⁴¹H. Penhale, Report of Committee on Inspection of Schools of Nursing, Medicine Hat General Hospital Schools of Nursing, June 17, 1949, and Edmonton General Hospital School of Nursing, June 9, 1949 (University of Alberta Archives, accession no. 75-25-188 and 75-25-187).

the view to the front. There was only one classroom available for use in the hospital which was shared with the medical students. The students nursing classes would be postponed or cancelled in case of a conflict.⁴⁴² Classroom facilities improved with the construction of a new residence with four large classrooms and one laboratory.⁴⁴³ Inadequate classrooms and laboratories were reported at five other schools of nursing in the province between 1949 and 1970.⁴⁴⁴

The problems with the libraries and classrooms would have had a detrimental effect on the standards in the educational programs concerned. Therefore, the Committee on Nursing Education included requirements in the Regulations Governing Schools of Nursing regarding these areas. The first requirements for teaching facilities were developed in 1947. These regulations specified that

⁴⁴²Report of Visit to Royal Alexandra Hospital School of nursing, May 10 & 11, 1954, (University of Alberta Archives, accession no. 75-25-18.

⁴⁴³M. Schumacher, Report of the Visit to the Royal Alexandra Hospital 75-25-18.

⁴⁴⁴Report from Inspection of Schools of Nursing, Calgary General Hospital School of Nursing, 1950. Ibid, Edmonton General Hospital School of Nursing, June 9, 1949. Report of Advisor to Schools of Nursing, July, 1963, Edmonton General Hospital School of Nursing. Report of the Committee on Inspection of Schools of Nursing, Medicine Hat General Hospital Schools of Nursing, June 17, 1949. Report of visit by Advisor to Schools of Nursing, Archer Memorial Hospital, June, 1963. Ibid, Galt School of Nursing, 1970.

The school shall provide for the use and instruction of the nurses therein, lecture rooms, demonstration rooms, laboratories and adequate equipment, which shall include blackboards, anatomical charts, skeletons, specimens; demonstration beds, manikins; and ample space and apparatus for laboratory and clinical teaching. The school shall provide adequate reading facilities. The school shall provide authoritative and accepted reference books for every subject taught in the curriculum, current professional journals and periodicals, pamphlets, reference and supplementary teaching materials.⁴⁴⁵

These regulations would have been difficult for some of the schools to meet. If there was no control over the library setting and no personnel with the responsibility for gathering and organizing the holdings, it would have been difficult to assure a supply of current and authoritative reference material. The problem with classrooms was also a difficult issue for the schools of nursing to contend with because they often needed new buildings to improve the amount of space. This may have been a practical reason for the Schools of Nursing not complying with the regulations.

The revision of the regulations in 1956 called for a minimum of three dollars per student to be provided annually for the provision of books and periodicals.⁴⁴⁶ It was possible for the Committee on Nursing Education to enforce this recommendation. The Advisor to schools of nursing found that both Archer Memorial Hospital and St. Joseph's Hospital were spending less than this amount

⁴⁴⁵Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, November, 1947, University of Alberta.

⁴⁴⁶Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, February 1956, University of Alberta.

on library resources. Recommendations were given to the schools to increase the spending and it was found that school authorities had complied with the recommendations at the time of the next visit by the advisor.⁴⁴⁷

The 1960 regulations went into more detail regarding the requirements for the school library. These regulations stated that the library must seat twenty percent of the student body and that supervision must be available during the day and evening. A part time or full time librarian was recommended but not required.⁴⁴⁸ The three dollar per student spending limit must not have been enough to supply the small hospitals with adequate reference material. For example, a school with fifty students would only have to spend one hundred and fifty dollars on reference material but they were still required to supply resources relating to all the subject material. These Regulations called for an increase in the amount that the smaller schools had to spend by stipulating that the schools with less than one hundred students must spend a minimum of two hundred and fifty dollars per year.⁴⁴⁹

The expectations of the libraries increased with each revision of the Regulations to the point that a fully equipped library became the standard. By 1970, the library was expected to be large enough to accommodate one third of the students and the journals were to be current up to the previous five years. The

⁴⁴⁷M. Schumacher, Report of Visit by the Advisor to Schools of Nursing, St. Joseph's General Hospital Schools of Nursing, June 17, 1963. Ibid, Archer Memorial Hospital School of Nursing, September, 1959.

⁴⁴⁸Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, July 1, 1960, University of Alberta.

⁴⁴⁹Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, July 1, 1960, University of Alberta.

schools was to spend \$10.00 per student per year on library resources. It was still only recommended that a librarian be required but library supervision and available consultation from a librarian were required.⁴⁵⁰

The regulations relative to classroom space did not change over the years and the Committee on Nursing Education did very little about the problems. There were reports about inadequate classrooms at the Holy Cross Hospital as late as 1969.⁴⁵¹ This regulation may have received less attention because there was little that could be done to improve the settings besides building new facilities. Most of the improvements in the classrooms, laboratories and libraries were related to the construction of new buildings, rather than the recommendations of the Committee on Nursing Education.

⁴⁵⁰Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, January 1970, University of Alberta.

⁴⁵¹M. Steed, Report of Advisor's Visit to Holy Cross Hospital School of Nursing, 1969, (University of Alberta Archives, accession no. 26.

V. CHALLENGES TO THE AUTHORITY OF THE COMMITTEE ON NURSING EDUCATION

The University of Alberta was responsible for determining and monitoring the standards of nursing education, approving the schools of nursing and withdrawing approval of schools that did not meet the standards over the fifty year time period involved in this study. Nursing education underwent many transitions and changes throughout these years, some of which the University of Alberta was directly involved with while others were initiated and driven by other groups or factors. As nursing education changed, dissatisfaction with the changes increased among groups which believed that the educational system for nursing was acceptable. As dissatisfaction increased, the mandate of the Committee on Nursing Education was questioned and finally, attempts were made to place standards for nursing education under the authority of the provincial government's Department of Health. The movement to sever the ties between diploma nursing education and the University of Alberta is discussed in this chapter.

The authority of the Committee on Nursing Education was virtually uncontested prior to 1960. However, before 1958 the Committee had been inactive in enforcing the prescribed regulations in the nursing schools. On only two occasions had the Committee on Nursing Education made any attempt to enforce the regulations, once at the Calgary General Hospital and once at Galt Hospital. Following the initial interventions at these schools, little follow up occurred to monitor improvements.

The Committee on Nursing Education had made decisions that promoted the maintenance of the educational system as it was in spite of numerous deficiencies. These decisions included the approval of an affiliation agreement between Archer Memorial Hospital and Smoky Lake Hospital and the termination of the advisor to schools of nursing position. The approval for a school of nursing at St. Michael's Hospital, in spite of the lack of compliance in meeting the expected requirements prior to opening, was another example of promoting the status quo involving the acceptance of inferior standards in hospital based schools of nursing. Those groups or individuals which profited from maintaining the status quo in nursing education had no reason for concern as there was no threat of change to the system being initiated by the Committee on Nursing Education.

During the 1940s and 1950s, there was limited cooperation between the AARN and the University of Alberta. The AARN executive submitted letters and resolutions decrying the lack of inspections of schools of nursing, the need for a full-time nurse advisor to schools of nursing and the inadequate efforts of the University to monitor the standards in the nursing schools. Dr. Stewart, the President of the University of Alberta, met with the Provincial Council members of the AARN on a number of occasions to discuss the state of nursing education in the province, the role of the university and the role of the AARN in regards to nursing education. He informed members of the AARN that the University of Alberta was responsible for nursing education and that the AARN had no authority to question the activities of the Committee on Nursing Education.

The AARN lost their membership on the Committee on Nursing Education in 1924 and did not regain it again until 1952. Therefore, the professional association of nurses in the province did not even have a voice on this Committee.

At the height of the AARN's discontent with the activities of the University in maintaining standards in nursing schools, the first challenge to the authority of the University of Alberta arose. When Dr. Stewart informed the members of the AARN that the position of Advisor to Schools of Nursing was going to be terminated, they approached Dr. Somerville, Deputy Minister of Health, for a grant to fund the position. Because the University was responsible for the approval and inspection of schools of nursing and had received funding for the position, the request was turned down. However, Dr. Somerville suggested that the AARN could open their professional Act with the view of giving the Department of Health responsibility for approval and inspection of Schools of Nursing. He even offered assistance in drawing up the revision of the Act.⁴⁵²

In response to the suggestion to place the authority for setting and maintaining schools of nursing under the aegis of the provincial government, Miss E. Bietsch, Chairman of the Educational Policy Committee of the AARN wrote to Miss Nettie Fidler, the Chairman of the Canadian Nurses' Association's Constitutional and By-laws Committee for advice. Miss Fidler stated that she did

⁴⁵²Minutes of the Provincial Council, October 19, 1951, AARN.

not feel it would be advisable to place nursing education under the Department of Health.⁴⁵³ Therefore, the AARN chose not to make the request to the government to open the Registered Nurses Act at this time.

Dr. Somerville's rationale for promoting the transfer of the function of setting and monitoring nursing education's standards was not clear as identified. The actions of the Committee on Nursing Education were not endangering nursing's educational structure in any way. Therefore, the financial benefit to hospitals for the nursing services provided by students was not jeopardized and there was no potential for an increase in the costs of operating hospitals. However, the provincial government had very little influence on directions in standards in nursing education since the Deputy Minister of Health was the only representative from the Department of Health on the Committee on Nursing Education. All of the other Committee members were personnel at the University of Alberta. It seems reasonable to assume that the Department of Health was hoping to increase its influence on decision making relating to nursing education through gaining control of standards for nursing education.

The provincial government attempted to open the Registered Nurses Act again in 1954 in order to broaden the role of both the University of Alberta and the Department of Education with respect to nursing issues. Dr. Somerville proposed opening the act and replacing it with two new acts. One would be related to the AARN and would deal with nursing service issues and the second would deal with

⁴⁵³Minutes of the Provincial Council, October 19, 1951, AARN.

nursing education.⁴⁵⁴ In spite of a request from the AARN to delay the act until a later date, Dr. Somerville drafted two separate bills, Bill 58, respecting nursing education and Bill 60, respecting the AARN. GFC's previous functions with nursing education remained unchanged in the provisions of Bill 58. These functions included approving schools of nursing, determining the standards of training in schools of nursing, withdrawing support for schools which did not maintain the standards, and conducting the Registered Nurses Examinations. The function of conducting annual inspections was added to Bill 58.⁴⁵⁵ This function had been included in the Regulations Governing Schools of Nursing but it had never been formalized in the Act.

Since 1920, the University had been responsible for determining the adequacy of the qualifications of nurses who applied to practice in Alberta from outside of the province. If nurses applying for registration met the standards expected in Alberta, the University had the right to waive the registered nurses' exam.⁴⁵⁶ Under Bill 58, there was an additional clause which would allow the Department of Education of the Province of Alberta, at the request of GFC, the right to appraise the education qualifications of applicants applying for admission to schools of nursing and the applicants applying for certification as graduate nurses

⁴⁵⁴Minutes of the Provincial Council, September, 25, 1954, AARN.

⁴⁵⁵A. Somerville, Legislation Respecting Nursing Education, Bill 58, June 16, 1955, (University of Alberta Archives, accession no. 75-51-10).

⁴⁵⁶Government of Alberta, Statutes of Alberta, Chapter, 77, 1920.

from outside of the province. The Department of Education was also given the right to waive the registered nurses exam for nurses from outside of the province, whose qualifications met Alberta standards.⁴⁵⁷

Members of the AARN were concerned about this legislation for two reasons. First, with the separation of the AARN from nursing education, the provincial association would have no influence upon standards of education of its own future members. The AARN's influence on nursing education was already limited but this would reduce it even more. They were also concerned about the increased potential for governmental interference in nursing education and licensure of graduate nurses. The AARN's concern was expressed by Margaret Street when she stated that "government control of education lays educational standards open to political pressure. . . . Political pressure is feared by many, if the university, a government owned institution, were to take over broader powers in regard to the nursing education."⁴⁵⁸ In spite of the AARN's concern over Bills 58 and 60, they were willing to accept the bills on condition that mandatory registration was added. When this proposal was turned down, the AARN withdrew its acceptance of both bills and the movement to change the professional legislation was discontinued.⁴⁵⁹ No further efforts were made to develop separate bills for nursing education and nursing services.

⁴⁵⁷A. Somerville, Legislation Respecting Nursing Education, Bill 58.

⁴⁵⁸Minutes of the Provincial Council, March 25, 1955, AARN.

⁴⁵⁹Committee on Nursing Education, June 16, 1955, University of Alberta.

This movement toward a change in the regulatory function of nursing education reflected the desire to increase the powers of the University of Alberta and the Department of Education and to eliminate or reduce the AARN's influence. The Committee on Nursing Education was still inactive in 1955 and therefore, had limited influence on activities in nursing education. The increase in the responsibilities of GFC and the inclusion of functions for the Department of Education opened the door for more government influence, particularly on the registration of new graduate nurses in Alberta. By formally separating the legislation relating to the AARN and the legislation relating to nursing education, the AARN would have had no authority in matters relating to nursing education. This change in legislation could have silenced the AARN in its efforts to advance nursing education. Examples of such activities of the AARN would include promoting the formation of a central school and the establishing the position of full-time Advisor for Schools of Nursing.

The pattern of activity of the Committee on Nursing Education began to change in 1958. The system of nursing education within the hospitals was being questioned by the members of the Committee on Nursing Education and the necessity for change was being recognized within the Committee. With recognition of the need for change in the schools of nursing increasing, dissatisfaction with the actions of the Committee on Nursing Education on the part of the AHA increased. Complaints about the actions of the committee began to be heard from the AHA, and these increased up until 1970 when legislation was drafted that proposed eliminating the authority of the University of Alberta over monitoring nursing education.

The membership of nurses on the Committee increased steadily, and by 1961, there were four nursing members on the committee. With the institution of a full-time Advisor to Schools of Nursing in 1958, the rift between the AARN and the Committee on Nursing Education disappeared. For the first time, Regulations Governing Schools of Nursing were drafted by a group of nursing educators across the province under the direction of Miss Schumacher. These Regulations were different in many ways from the previous Regulations by promoting a greater focus on the educational aspects of the program for nursing students. For the first time, routine visits were being made to the schools of nursing allowing investigation of compliance with the Regulations. Input from the Committee on Nursing Education was being sent to the schools of nursing including recommendations for improvements. For the first time in 1958, the opening of a new school of nursing was turned down by members of the Committee on Nursing Education. Also, at this time there was more serious discussion of experimenting with shortened diploma nursing programs.

By 1960, the status quo was being threatened as a result of the increased activities of the Committee on Nursing Education. The first indication of discontent with the Committee on Nursing Education's actions came from the AHA in 1960 as a result of its disagreement with the revision of the Regulations Governing Schools of Nursing. The major source of disagreement with these regulations related to comments about control over the budgets of schools of nursing with the recommendation that the Director of the schools of nursing should be responsible for the preparation of the budget. These Regulations did not state that the final

authority for the budget rested with the administrator of the hospital. A reduction in student hours from forty eight hours to forty four hours per week was listed as a requirement as well.⁴⁶⁰

Judge N. V. Buchanan, President of the AHA, contacted Dr. Johns regarding his concern with the 1960 revision of the Regulations. He included the following statements:

It seems to us that Section II of the RN Act, Chapter 282 of the Revised Statutes of Alberta, 1955, should not be construed as meaning that the GFC can regulate the administration and finances of hospitals in the province. The GFC has, by the wording of the Act, power to supervise educational standards, and as long as the facilities provided by a hospital meet the required standard, the hospital has discharged its responsibility to the Council. The Council, as we see it has not any right under Section II to direct how much money must be spent to provide these facilities, nor to inquire into, or attempt to regulate budgetary or financial practices of hospitals.⁴⁶¹

Judge Buchanan recommended that the regulations should be redrafted with the assistance of a member of the AHA and that a representative from the AHA be added to the Committee on Nursing Education. He also suggested that the Committee on Nursing Education should seek the opinion of a solicitor regarding its authority to issue the Regulations.⁴⁶²

⁴⁶⁰Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, July 1, 1960.

⁴⁶¹Letter from N. V. Buchanan, President of the AHA, June 20, 1960, (University of Alberta Archives, Accession no. 75-25-74).

⁴⁶²Letter from W. H. Johns, President of the University of Alberta, July 21, 1960, (University of Alberta Archives, Accession no. 75-25-74).

As a result of these complaints, Judge Buchanan became the AHA representative on the Committee on Nursing Education, and the Regulations were revised to reflect the fact that the hospital administrator was ultimately responsible for the school of nursing budget. Further the opinion of the University solicitor was sought.⁴⁶³ Mr. H. G. Field, the University solicitor stated that

Comments as to the administration and budget do not deal with the hospital, but only with the School of Nursing. In this context, the questions of administration of a school of nursing and whether that school is or is not adequately financed are vitally important to the efficient training of the nurses and are within GFC's area of responsibility. . . . The GFC has acted within their authority, particularly when it is borne in mind that our recommendations as to budget are not mandatory.⁴⁶⁴

The Committee on Nursing Education's authority was not questioned again by the AHA again until 1964.

In 1963, the Report of the Nursing Education Survey Committee was published. The Survey Committee identified nursing shortages at the rural hospitals and a potential nursing shortage throughout the province due to increases in hospital construction. The Committee recommended further that a number of measures to deal with the nursing shortage such as rural hospital affiliation experiences for student nurses from large hospital schools of nursing as well as the opening of new hospital based schools of nursing at Grande Prairie, Red Deer and

⁴⁶³Letter from W. H. Johns, President of the University of Alberta, July 21, 1960.

⁴⁶⁴Ibid.

Camrose. The Survey Committee also supported the continuation of nursing education within the hospital setting rather than within the general education system.⁴⁶⁵

The Committee on Nursing Education did not choose to act on many of the recommendations made by the Survey Committee. Rural affiliations were suggested but not required in the 1965 Regulations Governing Schools of Nursing. The possibility of opening schools of nursing was considered at Red Deer and Grande Prairie but the decision was to consider an alternate form of nursing education at these sites. The Committee on Nursing Education formally declared support for shortened programs being offered at colleges and stated that no more hospital based schools of nursing should be opened in the province.

The Survey Committee supported maintaining the functions of setting and monitoring standards for schools of nursing under the aegis of the University of Alberta, with the suggestion that its membership should be increased to include a representative from nursing service. This was to increase the balance of the education and service sides of nursing, therefore promoting a more realistic form of nursing education through representation from nursing employees.⁴⁶⁶ The Committee on Nursing Education did not act on this recommendation because of the belief that there was already adequate nursing representation on the Committee.⁴⁶⁷

⁴⁶⁵Nursing Education Survey Committee, 1961-1963.

⁴⁶⁶Nursing Education Survey Committee, p. 225.

⁴⁶⁷Minutes of the Committee on Nursing Education, October 28, 1964.

The Survey Committee recommended the formation of a Provincial Council on Nursing to monitor standards of nursing education. This ultimately threatened the University of Alberta's authority over standards in nursing education. The initial proposal made in the 1963 report from the Nursing Education Survey Committee, recommended that

a Provincial Council on Nursing be established to provide for co-operative and co-ordinated planning and organization, and for licensing of all nursing personnel, such Council to include representation from the appropriate bodies concerned with nursing in the province.⁴⁶⁸

This Council was to be a central body responsible to the Minister of Health that would be responsible for advising the minister on issues facing nursing.

The functions of the Council were broad and had the potential to influence many aspects of nursing in the province. Functions relating to nursing education were as follows: "1. Advising in all matters pertaining to nursing education and practice; 8. To take the initiative in developing and advise, concerning a rural affiliation program for students from metropolitan hospitals."⁴⁶⁹ The function in relation to the development of rural affiliation programs was a potential infringement on the authority of the Committee on Nursing Education. The possibility of political pressure to set up more rural affiliations was increased by the shortage of nurses in the rural hospitals. Rural hospitals were likely to have difficulty meeting the standards due to the shortage of qualified instructors in the province. Therefore, pressure to approve rural hospitals for affiliation programs

⁴⁶⁸Nursing Education Survey Committee, p. 225.

⁴⁶⁹Ibid, p. 173, 174.

that did not meet the standards was expected by the members of the Committee on Nursing Education. No further action was taken by the provincial government to enforce the recommendations from the Survey Committee, until the development of proposals for new legislation in 1969.

The AHA voiced its concerns with the activities of the Committee on Nursing Education again in 1964 relating to the proposed revisions to the Regulations Governing Schools of Nursing. Their concern with the revisions were based on two issues. The first was the inclusion of Social Studies 30 as a minimum requirement for admission to a School of Nursing. The perspective of the AHA was that while successful completion of this course reflected a student's level of academic achievement, it was not necessary for the requirements of the nursing program. The second issue and one of greater concern was the reduction of student hours from forty four to forty hours per week.⁴⁷⁰ (see Chapter 4)

As a result of concerns with the 1965 proposed revisions to the Regulations, Mr. M. Ross, the Executive Secretary of the AHA, contacted the Chairman of the Committee on Nursing Education. He stated:

We find nothing in the Registered Nurses Act which gives the University the power to make regulations. The duty imposed upon the General Faculty Council by the Act, rather, is to determine the standards of training in hospitals approved by it. . . . We respectfully suggest, therefore that an expression such as "Standards for Schools of Nursing in the Province of Alberta" might describe more precisely the contents of the University's booklet in this connection.⁴⁷¹

⁴⁷⁰M. Ross, Executive Secretary of the AHA, February, 3, 1964, (University of Alberta Archives, accession no. 75-25-74).

⁴⁷¹Ibid.

He went on to give direction on how the contents of the booklet with the standards could be organized.

The standards could be divided into two parts.

1. Regulations - mandatory and which the hospital and its schools are obligated by law, called standards for schools of nursing in the province of Alberta
2. Suggestions or guides which it is thought would be helpful to the schools.⁴⁷²

The issue of the AHA's suggestion that the Committee on Nursing Education did not have the authority to determine regulations was discussed when the 1965 Regulations were being finalized. Section II of the Registered Nurses Act empowered the GFC to determine standards for nursing education. Committee members agreed that since Regulations were necessary to establish standards, that the title of the document should remain the same.⁴⁷³ The Regulations went forward with the requirement of forty hours per week and the inclusion of Social Studies 30 in the minimum requirements in spite of the AHA concerns.

The conflict between the Committee on Nursing Education and the AHA continued throughout 1964 and 1965. In a brief to the Premier providing input to the planning of the Provincial Council on Nursing, the Board of the AHA voiced its support for the Report from the Nursing Education Survey Committee. They stated that the Survey report "pointed the way for the orderly development of co-ordination and control of nursing education and nursing service, which is

⁴⁷²Ibid.

⁴⁷³Minutes of the Committee on Nursing Education, October 28, 1964, (University of Alberta Archives, accession no. 75-25-78).

essential to effective hospital service."⁴⁷⁴ The Board of the AHA made the following recommendation:

For the time being, the determination of standards of training in hospital schools of nursing continue to be vested in the University of Alberta but that it be made clear that the authority and responsibility vested in the University of Alberta in respect to the hospital Schools of Nursing is limited to the determination of standards. The responsibility and authority which is now vested in the University of Alberta in respect to hospital schools of nursing be transferred to the Council of Nursing on a date mutually agreed upon by the Council and the Minister of Health.⁴⁷⁵

By making this recommendation the AHA expressed dissatisfaction with the Regulations as they existed and attempted to limit the authority of the Committee on Nursing Education to the determination of standards only, with no responsibility for enforcing those standards. The University's activities in diploma nursing education, in the context of this recommendation, would have been very similar to its activities prior to 1958. This was also the first indication of planning for the removal of the authority of setting and monitoring standards from the aegis of the University of Alberta. This recommendation was the strongest move which had been made by the AHA, to that point, to undermine the authority of the University.

By 1965, Mount Royal College had received approval from the Committee on Nursing Education to establish a school of nursing and Red Deer College was planning to open a college based nursing program. In light of this, the AHA suggested that the Committee on Nursing Education did not have the

⁴⁷⁴Board of the AHA, Brief Presented to the Honorable Ernest C. Manning, Premier of Alberta, November 29, 1964, (University of Alberta Archive, accession no. 75-25-103).

⁴⁷⁵Ibid, Appendix B, p. 2.

authority to approve schools of nursing. Their authority was limited to the approval of currently operating schools. According to the Hospitals Act, the Lieutenant Governor in Council was responsible for approving or withholding approval of schools of nursing.⁴⁷⁶ The authority of the Committee on Nursing Education to establish schools of nursing remained unclear. In spite of this, the Committee on Nursing Education outlined the expectation that institutions must submit proposals for new schools for approval in the 1970 revision of the Regulations. In this way, Universities Coordinating Council continued to participate in the authorization of new schools.

After much preparation and input, legislation was presented in 1969 to establish the Alberta Council on Nursing. This Council was initially recommended by the Nursing Education Survey Committee in 1963 as an advisory council reporting to the Minister of Health on nursing issues. It was to be a central body that would coordinate the development of nursing in Alberta. The proposed legislation was presented as Bill 119, An Act Respecting the Alberta Council on Nursing. This Act suggested that the Alberta Council on Nursing would have authority to control many aspects of nursing in the province including nursing education. The role of the Coordinating Council was eliminated in this Act and changes to the Registered Nurses' Act to remove any authority from Universities Coordinating Council were recommended.

⁴⁷⁶Minutes of the Committee on Nursing Education, March 25, 1965, University of Alberta.

The following excerpts from Bill 119 illustrate the impact the legislation would have on the regulation of nursing education.

4. (1) The Council shall consist of
- (a) an employee of the Department of Health appointed as a member by the Minister,
 - (b) two members appointed by the Minister as representatives of the general public,
 - (c) three members appointed by the council of the Alberta Association of Registered Nurses, one of whom shall be employed in the field of public health nursing,
 - (d) one member appointed by the council of Psychiatric Nurses Association of Alberta
 - (e) one member representing mental deficiency nurses and appointed by a body recognized by the Minister as being representative of a substantial number of mental deficiency nurses,
 - (f) one member appointed by the Minister of Education,
 - (g) one member appointed by the board of directors of the Alberta Certified Nursing Aide Association,
 - (h) one member appointed by the board of directors of the Alberta Association of Nursing Orderlies,
 - (i) one member appointed by the faculty council of the Faculty of Nursing of the University of Alberta,
 - (j) one member appointed by the council of the College of Physicians and Surgeons of the Province of Alberta,
 - (k) two members appointed by the board of trustees of the Alberta Hospital Association, and
 - (l) one member appointed by the board of directors of the Catholic Hospital Conference of Alberta.⁴⁷⁷

Bill 119 went on to give the Alberta Council on Nursing complete authority over nursing education in Alberta. The Bill stated the following:

Part 2 Training and Licencing

- (1) The Nursing Education Committee of the Council may
- (a) prescribe the Alberta high school standing for the purpose of Section 5 clause (b) subclause (i) of the RN act.

⁴⁷⁷Department of Health, Province of Alberta, Bill 119: An Act Respecting the Alberta Council on Nursing, (Provincial Archives: Alberta, accession no. 74.417 - Box 5: 49C, Legislative Acts Part 111 The Alberta Council of Nursing Act [Departmental File #102/69], 1968-69).

(b) prescribe the academic qualifications that are to be considered the equivalent of the qualifications referred to in clause (a) section 5, b (ii) of RN act

(c) prescribe the curricula at approved schools of nursing in Alberta, and the length and minimum requirements of its program of instruction.

(d) prescribe rules governing any matter pertaining to the regulation of an approved School of Nursing for the purpose of securing an effective educational program in nursing.

(2) In this section "approved School of Nursing" means a school of nursing or other institution in Alberta that provides a program of instruction approved by the Council

(3) The Nursing Education Committee of the council may

(a) verify, by means of visits to approved schools of Nursing or otherwise, that its requirements under subsection (1) are being met.

(b) withdraw its approval of a program of instruction in nursing , where the school or institution in its opinion does not meet its requirements in respect to curricula and minimum standards in providing that program. and

(c) conduct exams

Part 5 Transitional and Consequential

62. (1) The RN Act is amended

(a) as to section 5 and section 6 clause (a) by striking out the words University Coordinating Council or Coordinating Council wherever they occur and by substituting the words Nursing Education Committee of the Alberta Council on Nursing.

(2) Until the Council otherwise orders

(a) The Alberta high school standing prescribed by the Universities Coordination Council for the purposes of Section 5 clause (b) subclause (i) of the RN Act shall be deemed to be prescribed by the nursing education Committee of the Alberta Council on Nursing and

(b) a program of instruction approved by Universities Coordinating Council for the purposes of Section 6, clause (a) of RN Act be deemed to be approved by Nursing Education Committee of Alberta Council on Nursing.⁴⁷⁸

This proposed legislation would have had major effects on nursing education in Alberta. Only six members of the Council out of sixteen would have been nurses, three from the AARN, one being a public health nurse, one

⁴⁷⁸Bill 119: An Act Respecting the Alberta Council on Nursing.

psychiatric nurse, one nurse representing mental deficiency nurses and one member of the faculty council from the Faculty of Nursing at the University of Alberta. The representation on the Council was broad and would have provided input for the minister from many areas with an interest in the nursing profession. If the function of the Council had remained advisory, the membership would have been less of a concern but the Council had distinct functions. Therefore, the interests of nursing on a Council that was to speak for nursing would be jeopardized because of the underrepresentation of nurses on it.

If this Bill had been enacted, the impact on nursing education in the province would have been considerable. The viewpoint of the AHA in regard to advances in nursing education was known. With two members of the AHA, one from the Catholic Hospitals Association and one from the College of Physicians and Surgeons, which had also been supported the maintenance of nursing education within the hospital system, any significant changes in the nursing educational system would have been difficult to accomplish. Then, with the addition of representatives from the Department of Health and the Department of Education and two public sector representatives appointed by the Minister of Health, the door was open for determination of direction of nursing education by financial and political considerations rather than educational priorities.

The representation on the Alberta Council on Nursing was a greater concern considering the functions of the Council in relation to nursing education. This Council was responsible for setting entrance requirements to the schools of nursing and determining and enforcing minimum standards. This body would be charged with developing the curriculum, prescribing the length of programs and approving

and withdrawing approval of schools of nursing. After a decade of advancement in the quality of the educational programs there was the potential for every aspect of nursing education in Alberta to be jeopardized by political and financial considerations.

Nurses in the province did not approve of Bill 119 for several reasons, one being the essential take-over of nursing education by the government. The AARN had consistently supported maintaining control of educational standards with the University of Alberta. A special committee of the AARN was formed to provide input to the Department of Health on Bill 119. The AARN was willing to support the Bill with changes. First, they would support the Bill if the functions were specified as advisory only and secondly, if the responsibility for nursing education was returned to the University of Alberta.⁴⁷⁹ The AARN was prepared to support the Bill with these changes because it accepted the need for a coordinating body advising on education, licencing and registration of nursing personnel.

Because of the opposition to Bill 119, it was redrafted and presented as Bill 80 in 1970 with the assistance of AARN representatives. Under Bill 80, the representation of the AARN was increased from three to five, and the Council would have a total of seventeen members. Every other group had only one representative except the AHA, which had two. The Alberta Council on Nursing continued to assume the responsibility for nursing education in Bill 80, but a mechanism for including the Universities Coordinating Council's input on

⁴⁷⁹"Provincial Council Approves in Principle Council of Nursing by Legislation", AARN Newsletter, 25 (November/December, 1969), p. 1, 5.

educational issues was included. The Coordinating Council would act in an advisory capacity in matters of education for all groups, such as nurses, certified nurses aides, orderlies and mental health nurses.⁴⁸⁰ The Universities Coordinating Council would have no authority over nursing education under the terms of the acceptance of Bill 80.

The AARN continued to have concerns about Bill 80 in spite of the the fact that it had input to the development of the revision. They felt that Bill 80 jeopardized standards of nursing practice and standards of nursing education because of the composition of the Alberta Council on Nursing. The AARN expressed the desire to continue to vest responsibility for educational standards with the Universities Coordinating Council.⁴⁸¹ Bill 80 was circulated to all groups included in the proposed council for an informal poll. The Minister of Health indicated that unless the associations voted overwhelmingly in favor of the Bill, the legislation would be dropped.⁴⁸² The legislation was dropped as a result of this vote.

With the rejection of Bill 119 and Bill 80, the role of the Committee on Nursing Education remained intact. However, following the removal of the two pieces of legislation, the Department of Health did two things which in effect, limited the functions of the Universities Coordinating Council in relation to nursing

⁴⁸⁰"Provincial Council passed a negative vote" AARN Newsletter, 26 (May/June, 1970), p. 22-23.

⁴⁸¹Ibid.

⁴⁸²"Bill 80 dies on Order Paper", AARN Newsletter, 26 (May/June, 1970), p. 4-5.

education. The first issue that developed was the decrease in student nurses' weekly hours from forty to thirty five in the 1970 Regulations. Dr. P. Rose informed the directors at the schools of nursing that the Committee on Nursing Education did not have the authority to make such a regulation mandatory for under the hospital regulations, any major change in an existing education or training program needed to be approved by the Department of Health. The change in student hours represented such a major change, and therefore required approval.⁴⁸³ The next action by the Minister of Health was to inform the Committee on Nursing Education that all training schools required the approval of the Department of Health due the financial implications of these decisions. The Minister was not willing to accept financial responsibility for decisions made by the Universities Coordinating Council. Therefore, without Department of Health approval, new nursing schools would not be recognized for financial support.⁴⁸⁴

These two actions by the Minister of Health had the effect of decreasing the authority of the Universities Coordinating Council over nursing education. The Committee on Nursing Education was still responsible for setting educational standards but any with financial implications required the approval of the Department of Health. This would have included many regulations including the amount of supervision by instructors and registered nurses for students, the

⁴⁸³Letter from P. B. Rose, Deputy Minister of Health, September 1, 1970, (University of Alberta Archives, accession no. 75-25-80).

⁴⁸⁴Letter from P. B. Rose, July 30, 1970.

required educational resources, and the number and location of affiliation programs, etc. For almost all of the regulations there was the potential for financial implications. Therefore, the Minister of Health was able to effectively shift the mandate for responsibility for approving regulations determined by the Committee on Nursing Education to its own jurisdiction.

The authority of the Universities Coordinating Council for approving the establishment of new schools of nursing had been questioned in the past because of the fact that the legislation was not clear. With the new requirement for Department of Health approval for new schools of nursing, the issue of authority had been determined. Because of the expectation that the Department of Health would now approve all new schools of nursing for financial reasons, the role for the Universities Coordinating Council was effectively terminated. It was clear that decreasing authority of the Universities Coordinating Council could not be reversed because of the Department of Health's role in financing the nursing schools. However, the potential was there for much more government influence in nursing education. In spite of the defeat of Bill 119 and Bill 80 which proposed placing nursing education under the authority of the Department of Health, the actions of the Minister in relation to approving new schools and approving the regulations had accomplished the same result. It was now possible for the role of the Committee on Nursing Education to be reduced to one of making recommendations with the final approval being the responsibility of the Minister.

VI. SUMMARY AND CONCLUSIONS

The purpose of this study was to identify the influence of the University of Alberta on the standards in diploma schools of nursing in Alberta over a fifty year period between 1920 and 1970. The University of Alberta was given the mandate under the Registered Nurses Act in 1921 to set and monitor standards for the hospital-based schools of nursing. Methods used to accomplish this mandate and the effectiveness of those methods were investigated by studying the activities of the individuals and groups working under the aegis of the University to set and monitor the standards in the diploma nursing schools. A review of the conditions in the schools of nursing was done from 1949 to 1970. This review revealed the development of the standards throughout the province. The years 1949 to 1970 were selected because the reports from the inspection teams and the Advisor to Schools of Nursing were only available for this period. Finally, the influence of other groups with an interest in nursing education on the University were considered. These included the AARN, the AHA and the Department of Health of the provincial government.

In order to accomplish the mandate delegated to the University of Alberta by the Registered Nurses Act, the Committee on Small Hospitals was formed in 1923 and inspections of nursing schools were initiated in 1924. The Committee on Small Hospitals was given the authority to approve schools of nursing. The responsibilities of this Committee grew to include setting standards for diploma schools and ensuring that the standards were being met. The only mechanism for

ensuring that standards were being met was by conducting inspections. Therefore a subcommittee for inspection of schools of nursing was established which reported to the Committee on Small Hospitals.

The membership of the Committee on Small Hospitals, which became the Committee on Nursing Education, included personnel from the University of Alberta. The President of the University of Alberta was the Chairman of the Committee until 1961. There was one nurse member on the Committee, the Director of the School of Nursing at the University of Alberta Hospital. Other members included representation from the Faculty of Medicine, a professor of Pathology, the Deputy Minister of Health and the University Registrar. The membership was relatively unchanged until the addition of an AARN representative in 1952 and an AHA representative in 1960. By 1963, the Committee on Nursing Education had a very different appearance, with four nurse members and five non-nurse members. This membership included substantive nursing membership compared to 1923 when there was one nurse member and five non-nurse members.

The University Senate developed and approved the first Regulations in 1920. These Regulations were stated as suggestions because the University did not hold the mandate for the enforcement of standards until 1921. Minimum requirements for schools of nursing continued to be published in the Regulations Governing Schools of Nursing in the Province of Alberta. The Regulations were updated periodically and established minimum expectations for standards of nursing education.

Although it was unclear from the outset whether the University had a direct mandate to approve new schools of nursing, it nevertheless assumed the responsibility. The approval of standards became an activity of the Committee on Small Hospitals followed by the Committee on Nursing Education which reported to the University. Initially the Committee on Small Hospitals approved hospital-based programs either for the opening of new schools or the establishment of affiliation programs. After 1960, the only new hospital-based school to be established was as the Foothills Hospital School of Nursing in Calgary. As a new pattern of nursing education was emerging with diploma nursing education being offered in the general education system, the Committee on Nursing Education began to consider proposals for approval of schools in the colleges throughout Alberta.

An Advisor to Schools of Nursing was appointed in 1947 and reported directly to the President of the University. Responsibilities of this position included assisting schools of nursing in maintaining standards prescribed by the University. This was initially a part-time position held by a member of the Faculty of Nursing at the University of Alberta. The position was terminated in 1952 and then reestablished with full-time responsibilities in 1958. The Advisor conducted annual visits to every school of nursing in the province and provided the schools with recommendations for improvement. The individual assuming the position reported to the President of the University and to the Committee on Nursing Education in order to provide information on the conditions in schools and advise on trends in nursing education.

Were these methods for determining and monitoring the standards in nursing education effective? There is no doubt that standards in the diploma schools of nursing improved in varying degrees throughout the province, particularly between 1958 and 1970, but the University was not active in promoting these improvements for many years. The schools of nursing met the minimum requirements as specified in the Regulations and the expectations were increased somewhat with each revision. However, prior to the 1960 revision, these improvements were often related to areas that could be changed without significantly affecting the operation of the hospital and where there was little effect on improving the quality of the educational programme. For example, increases in expectations related to health services for the students and student records were subject to the most changes in the Regulations. The Committee on the Grading of Nursing Schools described this situation in relation to the American nursing schools by stating that "Wherever higher standards do not mean greater expenditures, there is an excellent chance that they will be adopted by the hospitals."⁴⁸⁵

The practices that most impaired the quality of nursing education were the lack of supervision by qualified instructors and the lack of graduate nurses for the provision of nursing care. Without graduate nurses, students' entire educational experience was determined by nursing service demands. The hospitals relied upon

⁴⁸⁵Committee on the Grading of Nursing Schools, Nursing Schools Today and Tomorrow: Final Report of the Committee on the Grading of Nursing Schools, (New York, 1934), p. 88.

student nurses as members of the staff and therefore the patients received nursing care from inexperienced practitioners with little or no supervision. These issues received little attention as exemplified by the Regulations until 1956. The 1956 Regulations contained some direction regarding the number of general duty nursing hours for each patient but these were worded as recommendations rather than requirements. Regulations regarding the level of educational preparation of instructors and the student instructor ratio were not developed until 1965. Student/instructor ratios were set at one instructor for ten students in 1965 and, for the first time, the 1970 Regulations determined that the director of a school of nursing should be prepared with a masters degree and that teaching faculty should have a baccalaureate degree. In both these situations the wording of the Regulations were as recommendations rather than requirements.

A pattern developed in the determination of the Regulations beginning in 1920. The 1920 Regulations were worded as suggestions rather than requirements. This became a standard practice in the wording of the Regulations. When it was unlikely that all of the schools of nursing were capable of meeting a Regulation, the standard would be worded as a recommendation rather than a requirement. With the variation in standards across the province, particularly between urban and rural schools, it may have been difficult to set standards that would be accepted province-wide. All of the hospitals with schools of nursing, especially the rural schools, were experiencing a shortage of graduate nurses. Therefore, the enforcement of rigid staffing requirements may have forced the closure of some of the schools of nursing. In hospitals relying on student nurses as staff, the closure of the hospital may have followed.

The decisions of the Committee on Nursing Education reflected a willingness to sacrifice the level of education for student nurses to maintain the operation of the hospitals. Decisions were made to keep entrance requirements low in order to maintain enrollment in the hospital schools. Schools of nursing in hospitals that had been operating for many years without adequate staffing, such as St. Joseph's Hospital and Archer Memorial Hospital, were allowed to continue with minimal interference. Approval was given for St. Michael's Hospital to initiate a school of nursing in spite of failure to meet the expectations laid out by the inspection committee and finally, approval for an affiliation between Smoky Lake Hospital and Archer Memorial Hospital was given when the only possible reason for the affiliation was the provision of staff to Smoky Lake Hospital.

The inspections of the schools of nursing were not conducted regularly in spite of statements in the Regulations calling for annual inspections. Only nine province-wide inspections were completed between 1920 and 1970. With a dearth of information being gathered about the schools of nursing, enforcement of Regulations would have been difficult. Serious efforts to determine and enforce standards at the schools of nursing would not have been possible with the frequency of meetings of the Committee on Small Hospitals. This Committee only met eight times between 1923 and 1947. These facts demonstrate almost no commitment on the part of the University of Alberta to meet the mandate set out in the Registered Nurses Act during these years.

Prior to 1958, the AARN made several attempts to influence the standards in the schools of nursing. Recommendations were sent to the President of the University promoting regular inspections, the appointment of a full-time advisor

and increases in the entrance requirements for schools of nursing. The AARN resisted the opening of the School of Nursing at Ponoka Mental Hospital because of the lack of nursing personnel to staff the hospital. Revisions to the curriculum and Regulations were suggested several times between 1921 and 1958. In spite of the persistent efforts of the AARN, they had very little influence on the actions of the University. On three occasions, following recommendations from the AARN on matters relating to nursing education, Dr. Stewart, the President of the University met with the Provincial Council of the AARN to inform them that the Committee on Nursing Education was responsible for nursing education and the AARN was welcome to advise on nursing education issues only.

The AARN strongly and frequently recommended the establishment of a full time advisor for schools of nursing. A position of part time advisor was established in 1947. The advisor, who was also a faculty member at the University of Alberta School of Nursing, completed visits to the schools of nursing but no action was taken as a result of information and recommendations provided following these visits. In 1951 Dr. Stewart completed a survey of the nursing schools asking for input on the continuation of the position of Advisor to Schools of Nursing. Although the response from the schools was positive, the position was terminated. The AARN attempted to acquire funding from the provincial government to maintain the position but this was rejected because of the University's responsibility for this function. As a result of this incident, the AARN became more vocal about its discontent with the University's activities related to standards in the nursing schools.

The AARN had no membership on the Committee on Small Hospitals/Committee on Nursing Education between 1924 and 1952. Therefore, the interests of nursing were in the hands of the one nurse member. Miss Penhale, the Director of the School of Nursing at the University of Alberta, was often the only dissenting voice heard on decisions made by the Committee on Nursing Education. She resisted the approval of the affiliation agreement between Archer Memorial Hospital and Smoky Lake as well as the approval for initiating St. Michael's Hospital School of Nursing. She brought many issues to the attention of the Committee on Nursing Education, but little action was taken on these concerns.

Rae Chittick, a representative from the AARN, was added to the Committee on Nursing Education in 1952. She became involved with the crisis situation related to the lack of instructors in 1952. The Committee on Nursing Education did get involved in this situation, offering under the aegis of the University a short course for nurses in order to prepare them to work in the schools of nursing. This course was successful in averting a crisis in the nursing schools which might have brought about the closure of some schools of nursing. However, it was still another compromise to standards in the schools. In two months, nurses acquired qualifications for which they would have had to study for one year under normal circumstances. The instructors graduating from the short course were recognized as having adequate qualifications for teaching even though they had only received two months of preparation.

The activity of the Committee on Nursing Education began to increase in 1958 when a number of changes took place. First, the President of the University, Dr. Andrew Stewart retired and a new President, Dr. Walter Johns was appointed.

One of Dr. Johns' first activities was to submit a request to the AARN for assistance in establishing of a full time position of Advisor to Schools of Nursing. Miss Marguerite Schumacher was appointed as Advisor in the same year. Miss Schumacher's initial round of visits to the schools of nursing demonstrated the staffing levels in almost all of the hospitals with schools of nursing had improved. With the increase in graduate duty nurses, the timing may have been right for increasing educational standards at the nursing schools as there was less impact on the operation of the hospitals.

The 1960 revision of the Regulations Governing Schools of Nursing were developed in a different way than previously. Miss Schumacher coordinated the development of the Regulations with the assistance of the AARN. A group of nursing instructors across the province were asked to become involved in developing the Regulations which were then approved by the Committee on Nursing Education. This represented an increase in the influence of the AARN on the standards of nursing education. The 1960 Regulations called for a decrease in student hours for the first time, from forty eight hours to forty four hours per week. The expectations for the number of faculty in schools of nursing was increased and the administrative functions of the school of nursing was placed under the director of nursing education rather than under the administrator of the hospital. Although expectations for standards in the nursing schools increased, many of the revisions were worded as they "should" occur rather than "must". This left the level of minimum requirements in doubt, essentially allowing schools of nursing to set their own standards. The most common method of regulating the standards in the schools of nursing occurred as a result of annual visits from the

Advisor to Schools of Nursing. Recommendations for improvement were provided to the school and re-evaluated at the next annual visit. If schools did not respond appropriately to the recommendations, a meeting would be held to provide assistance in making the improvements. Improvements occurred in every school of nursing in the province during the 1960s.

During the 1960s the expectations incorporated in the Regulations and the level of activity of the Committee on Nursing Education increased. Also other changes occurred which affected nursing education. It had been demonstrated that a program of nursing education could be successfully offered in two years in the general education system and the AARN strongly supported experimenting with shortened nursing programs. The nursing shortage continued in rural areas and there was an anticipated nursing shortage due to increases in hospital construction. There was concern on the part of some of the interest groups that the Committee on Nursing Education might force closure of some of the rural schools of nursing.

The Hospital Insurance and Diagnostic Services Act was passed in 1957, and provided grants to the hospitals. In order to meet conditions for the receipt of the matching grants, conditions determined by provincial legislation had to be met. This increased the authority of the Minister of Health in hospital management. Previously, the hospital boards had assumed total responsibility for the funding of the hospital. The patients who could do so, were expected to pay for all services provided to them and the municipalities paid for the indigent. Once hospital insurance existed, the hospital administrator was responsible for preparing a budget

each year and submitting it to the Minister of Health for approval.⁴⁸⁶ Hospital administrators were concerned about the possibility of escalating costs under the new system and inadequate revenue from the Hospitals division of the Department of Public Health.⁴⁸⁷

The Canadian Nurses Association encouraged the separation of the budget of the schools of nursing from that of the hospitals because of the fear that the dominant system of using student nurses for labour would continue as a method of reducing hospital costs.⁴⁸⁸ With costs projected for the future and the prospect of inadequate funding from the provincial government, continued use of student nurses for labour would have been a viable option for reducing hospital costs. This had always been used in the past, so there were valid reasons to be concerned that such a method would be used again. By separating the budget of the school of nursing from the hospital, it was also possible to increase the autonomy of the school and enhance its ability to operate independently from the hospital. The AARN also was a strong proponent of the separation of the hospitals and schools budgets. The 1960 Regulations called for the separation of budgets of the schools of nursing and the hospitals. With the separation of budgets it would be more

⁴⁸⁶A. Crichton, D. Hsu, & S. Tsang, Canada's Health Care System: Its Funding and Organization, (Ottawa: Canadian Hospital Association Press, 1990), p. 186.

⁴⁸⁷Associated Hospitals of Alberta, Submission to the Royal Commission on Health Services, February, 1962, (University of Alberta Archives, accession no 75-25-103. "Labour and the Hospital Dollar," Hospital Administration in Canada, 5 (October, 1963), p. 30.

⁴⁸⁸"A Crisis in Nursing Education," Canadian Nurse, 53 (June, 1957), p. 517.

difficult to cut costs by hiring fewer nurses because the financial implications of operating a school of nursing would now be clearly evident in the budget statement.

The School Improvement Program had been recommended by Helen Mussallem in her report, Spotlight on Nursing Education, in order to assist the schools to upgrade their own programs through self evaluation.⁴⁸⁹ By 1964, every school of nursing in the province was participating in this program.⁴⁹⁰ It was not possible to determine from the available data the effect of this plan but it was another activity promoting improvement of nursing education through the efforts of nursing instructors in schools of nursing. The Committee on Nursing Education had no involvement in this programme.

The events at the conclusion of the 1950s and the early 1960s prompted a number of attempts to slow down the changes in nursing education in Alberta. The AHA raised several concerns about the activities of the Committee on Nursing Education, based on the 1960 and 1965 Regulations. This organization was primarily concerned with the decreases in student hours. These changes had a direct effect on the financial management of the hospitals by decreasing the availability of students for nursing service, making it necessary to hire more graduate nurses. Because of the concerns with the Regulations, the AHA questioned the University's authority to determine Regulations.

⁴⁸⁹H. K. Mussallem, Spotlight on Nursing Education, p. 89.

⁴⁹⁰Minutes of the Committee on Nursing Education, May 6, 1964.

The first nursing school in a community college was approved in 1964 further to endorsement by the Committee on Nursing Education. The movement of nursing education into the general education system was also an important concern of the AHA. This would mean loss of control over the nursing education system and significant effects on the staffing patterns at the hospitals. The AHA subsequently proposed that the University had exceeded its authority by approving the establishment of nursing schools. In spite of these objections, the Committee on Nursing Education continued to approve two-year nursing education programs based in colleges and to determine and increase standards as expressed in the Regulations for the nursing schools. Finally, in 1970, Bill 119 and Bill 80 proposed removing the authority for determining and monitoring the standards of nursing education from the aegis of the University of Alberta and transferring it to the Alberta Council on Nursing which would have been responsible to the Minister of Health. Both these bills were allowed to die on the order paper due to the forceful and negative response from the AARN and some other associations involved in health care. In spite of the withdrawal of both of these bills, the Department of Health succeeded in decreasing the authority of the University of Alberta over standards of nursing education. The Minister of Health determined that any Regulations that had a financial impact on the hospitals and any plans for new schools of nursing required ministerial approval. With these two directives the authority of the University was limited to a great extent.

When considering events that occurred between 1920 and 1970, it is evident that the University was only active in monitoring the standards in nursing education between 1958 and 1970. Activities after 1970 are not included in this

study. Prior to 1958, while the University was inactive in enforcing standards in nursing schools, the only complaints about the actions of the University with respect to nursing education came from the AARN. However, as the Committee on Nursing Education became more active by increasing the Regulations and expecting compliance with those regulations, its activities began to threaten the operation of the hospitals. After twelve years of active involvement in nursing education, the activities of the Committee on Nursing Education were curtailed, not by legislation, but by directives from the Minister of Health.

For many years the University of Alberta made almost no attempt to fulfill its mandate of determining and monitoring standards in nursing education. Once they began to participate in this activity, their actions were limited by the provincial government. It is evident that many individuals and groups did not appreciate the necessity of improving educational standards for nursing. The exploitation of young women was widely accepted as a necessary measure to ensure the efficient functioning of hospitals. With experience being considered beneficial in preparing future nurses, it was accepted that the most appropriate method for preparing nurses was through hospital service. It would not have been a priority to change a system of education that was deemed already to be accomplishing its goal, especially when the finances of the hospitals were tied to the current system.

When individuals or groups attempted to change this system of education to incorporate a more educational approach, they were either ignored or belittled. This attitude was evident in the comments made in the Nursing Education Survey Committee Report and in statements made by the AHA. According to these groups advances in nursing education were being promoted for the sake of "education"

rather than addressing actual problems in the current operation of hospital-based programs. Those supporting a truly educational program for nursing were not only fighting hospital economics but societal beliefs about the role of nurses and appropriate methods for preparing them. Nurses who promoted changes in the education system were openly challenging the belief that the physicians and hospital administrators were responsible for nursing and could be looked to for expertise on nursing education.

The development of societal beliefs about nursing education can be traced from the development of nursing as a profession. As primarily a women's profession, nursing was tied to the cultural definition of the woman's role in society. The women's place was considered to be in the home where she participated in nurturing activities such as nursing, teaching and caring for children. This was believed to be a natural and innate role for women because it involved the use of her higher qualities, such as patience, mercy and gentleness. It was believed that nursing made women feel useful and increased her usefulness in the home. During the nineteenth century it was not acceptable for women to work or to leave the domestic sphere. However, nursing was an accepted occupation because it was consistent with the activities of "womanly" women, involving nurturing and serving others.⁴⁹¹ With nurturing being an innate womanly trait, the development

⁴⁹¹J. Coburn, "I See and am Silent: A Short History of Nursing in Ontario," Women at Work, ed. J. Acton, P. Goldsmith & G. Shepard, (Toronto: Canadian Women's Educational Press, 1974), p. 136. S. Buckley, "Ladies or Midwives? Efforts to Reduce Infant and Maternal Mortality," A Not Unreasonable Claim: Women and Reform in Canada 1880s-1920s, p. 134.

of nursing skills which primarily involved nurturing, was not thought to be a learned skill. Therefore, nursing was widely considered an unskilled practice and the knowledge required was devalued.⁴⁹²

The qualities of nurturing and self sacrifice were extremely important in the development of nursing and nursing education. If nurses had the spirit of self sacrifice in the performance of the innate skill of nursing, they did not require very much pay or good working conditions and education was not really a necessity. It was not unexpected that young women would enter nursing schools, work long hours without supervision and receive very little theoretical content.

With the prevalence of such attitudes about the role of nursing, nursing education was established as an apprenticeship system in hospitals. There were no financial provisions for "educational" programs and the primary role of students was to provide nursing care under whatever conditions presented themselves. Their appropriate role in the hospital system was to be obedient and to support the doctor. Therefore the qualities of intelligence and leadership were not necessary attributes for an effective nurse. Roberts described the situation for women that reflects the context of nursing education in the apprenticeship system of nursing education.

⁴⁹²G. Bilson, "Canadian Doctors and the Cholera," Medicine in Canadian Society: Historical Perspectives, ed. S. E. Shortt, (Montreal: McGill-Queens University Press, p. 121.

Women were not integrated into professions as autonomous individuals or as independent members of the working class. Their professional existence was designed to extend the character of the familial subordination to the public arena, reinforce the ideology of separate spheres. Women professionals became hostages to their new ideology as they adapted to survive. In the process, their rights became conditioned on special attributes - self denial rather than self advancement, helping others rather than themselves and service rather than leadership.⁴⁹³

The value of nursing education as best offered through the provision of nursing service was advocated by some physicians during the 1920s. This attitude was demonstrated by the following statements. In 1927, Dr. Cutler stated that

The nurse's responsibility was to maintain the bodily comfort of the patient. Practical nursing can only be taught at the bedside by practice. The major portion of the nurse's time should be spent at the bedside of the patient receiving practical instruction.⁴⁹⁴

Dr. Dunlop discussed the concern that nurses were lacking in practicality and dexterity: "They were becoming unduly professional and overtrained in theory. The nurse should never doubt or give the patient reason to doubt the work of the physician."⁴⁹⁵

Considering these attitudes and beliefs about nursing education, it becomes easier to understand the actions of the members on the Committee on Nursing Education and those advocating the continuation of the apprenticeship style of education. The factors described related to nursing in the early twentieth century

⁴⁹³W. Roberts, " 'Rocking the Cradle for the World': The New Women and Maternal Feminism, Toronto 1977-1915, p. 39.

⁴⁹⁴E. C. Cutler, "The Present Day Relations of Doctors and Nurses," Canadian Nurse, 22 (May, 1926), p. 70.

⁴⁹⁵Dunlop, "Address," Canadian Nurse, 21 (January, 1926), p. 364.

but attitudes about the apprenticeship system were evident in Alberta, well into the time period covered in this study. This was clear in a minuted discussion between the members of the Committee on Nursing Education regarding the affiliation experience at Smoky Lake. Miss Penhale expressed her fear that students would be too busy for instruction time and that they should not be exploited unduly. Dr. MacGregor stated that "using" trainees could not be avoided but it would be necessary to provide some supervision.⁴⁹⁶ Thus the exploitation of student nurses in Alberta was left unchecked for many years by the institution with the mandate to monitor standards of nursing education. The efforts of the AARN and the nursing members on the Committee on Nursing Education to change and advance the educational system were often ineffective because they represented the perspective that more "education" was necessary for nursing students. By holding this perspective, their input was invalidated by those supporting the continuation of nursing education in the hospitals. Unfortunately, this opinion was held by many of those who had the power to determine the future of nursing education in Alberta through standard setting.

The majority of the objections to the nursing education system came from the AARN. By making these objections they challenged widely held beliefs that physicians and hospital administrators were the experts on nursing education. Since the late nineteenth century the hospital had been the physician's workshop. Physicians were perceived as the group with all of the medical knowledge due

⁴⁹⁶Minutes of the Committee on Nursing Education, October 31, 1951, University of Alberta.

to advances in knowledge and technology. Discoveries, such as pasteurization and the increasing complexity of medical care were examples of their progress and the increase in their power in the system was due, at least in part, to these.⁴⁹⁷

As nursing education developed, it was expected to fit into a system already dominated by physicians. This was demonstrated by the fact the the majority of lectures in schools of nursing were offered by physicians rather than nurses. With women expected to adopt a subservient role and with physicians controlling health care, it was logical that the physician was the expert on nursing education. Women had very little real influence on the working world at this time and therefore, it would not have been legitimate for nurses to be the experts on the needs of their own profession. This may have influenced the Alberta Association of Graduate Nurses in their decision to solicit the assistance of the University of Alberta and the Alberta Medical Association for the development of the first Regulations for schools of nursing in Alberta.

During the twentieth century it became more acceptable for women to enter the working world and to acquire advanced education. However, the acceptable positions remained in areas that were considered "women's work", such as nursing, teaching and clerical work. Due to the nature of "women's work", women were in positions of low status and largely under male employers.⁴⁹⁸

⁴⁹⁷J. Coburn, Women at Work, p. 134. Ibid, p. 135.

⁴⁹⁸A. Prentice, et al, Canadian Women: A History, p. 347.

With the emergence of non-medical hospital administrators as the employers of nurses, the hospital administrators and trustees developed the same status as physicians. These individuals were then considered experts in nursing education. The physician's role as a perceived expert in nursing education was evident in the membership on the Committee on Nursing Education where there was continuous representation from the Faculty of Medicine. Because of their responsibilities as employers of nurses, the AHA also had representation on the Committee on Nursing Education after 1960. The attitude of the AHA was best reflected in the briefs to the provincial government and the Royal Commission on Health Services. Members of the AHA as hospital trustees, perceived themselves as authorities on nursing education while the nurses who supported more "educational" programs were thought to be acting on whims and unrealistic desires. Statements from the AHA reflected the view that their members were more capable of developing standards of nursing education than the members of the nursing profession.

It is likely that the low status of nurses may have affected the advancement of nursing education in Alberta. Whenever the nurses involved in the AARN and the Committee on Nursing Education attempted to challenge the direction of nursing education, they were effectively blocked from having any substantive influence. It was not until the representation of nurses increased on the Committee on Nursing Education, that they were able to exert more influence on decision making. If the Alberta Council on Nursing had been established in 1970, the input from nurses on nursing education would have decreased again. The membership of this Council, which would have had the mandate to coordinate the development of nursing, had five nursing members and eleven non-nursing members. There

was only one nursing member who represented nursing education. The rationale for this may have been that since physicians and hospital administrators were deemed to be experts on nursing, and there were members from the AARN, AHA and College of Physicians and Surgeons, there would be enough expertise on nursing education to plan for its development in Alberta.

The future progress in nursing education was determined to a large extent by the decision taken in 1920 with the approval of members of the Alberta Association of Registered Nurses to ask the University Senate and the Alberta Medical Association to prepare the first Regulations for schools of nursing. With the decision to move the authority for nursing education outside of the nursing profession, progress in nursing education may have been slowed for many years. However, even if the responsibility for nursing education standards had been maintained by the AARN, there was no assurance that they could have fulfilled the mandate without some deference to governmental control, which was the case in other provinces. It is possible that it made no difference whatever where the responsibility for determining the standards of nursing education rested, for it is likely that the rate of advancement was more determined by the societal view of nursing and nursing education, the availability of nurses and the accepted patterns of hospital financing.

Appendix I

Timeline of Events

1916	Passage of the first Graduate Nurses Act in Alberta.
1920	Development of the first Regulations Governing Schools of Nursing in Alberta.
1921	Amendment of the Registered Nurses Act delegating the responsibility for fixing standards of training for diploma nursing schools to the Senate of the University of Alberta.
1923	Formation of the Committee on Small Hospitals.
1924	First province wide review of nursing schools.
1933	Approval of a School of Nursing at the Ponoka Mental Hospital. AARN appointed a part time advisor to schools of Nursing.
1942	Authority for activities in diploma nursing education was delegated to General Faculties Council.
1947	University of Alberta Senate appointed a part time Advisor to Schools of Nursing.
1948	Opening of the first training school for CNAs.
October 1951	The position of Advisor to Schools of Nursing was terminated.
November 1951	Approval of an affiliation between Archer Memorial Hospital School of Nursing and Smoky Lake Hospital.
February 1952	AARN representative appointed to the Committee in Nursing Education.
September 1952	One month course offered in Teaching and Supervision.
June 1953	Approval of St. Michael's Hospital School of Nursing in Lethbridge.
1955	Proposed amendment to the Registered Nurse Act which split the legislation into Bill 58, respecting nursing education and Bill 60, respecting the AARN.

- January 1958 Miss Marguerite Schumacher was appointed by the University of Alberta as a full time Advisor to Schools of Nursing.
- May 1960 AHA representative appointed to the Committee on Nursing Education.
- 1964 Approval of the Foothills Hospital School of Nursing.
- 1965 Authority for activities in diploma nursing education delegated to the Universities Coordinating Council.
- 1966 Approval for two year diploma nursing programs at Mount Royal College and Red Deer College.
- 1968 Approval of a two year program offered by the Edmonton General Hospital and College St. Jean.
- 1969 Bill 119, An Act Respecting the Alberta Council on Nursing, was presented.
- April 1970 Bill 119 was redrafted and presented as Bill 80.
- July 1970 The Minister of Health informed the Committee on Nursing Education that new schools of nursing would not receive financial support without Department of Health approval.
- September 1970 Notification to Schools of Nursing that major changes to existing education and training programs required prior approval from the Hospital Services Section of the Department of Health.

Appendix 2

Regulations Governing Schools of Nursing in the Province of Alberta 1920

A. Qualification of Schools

A General Hospital in order to receive full recognition must be able to give a standard course in nursing. A general hospital recognized for the purposes of training, examination and registration must have a capacity of not less than 50 beds and a daily average of 40 patients. The work undertaken in the hospital must be of such a nature in regard to medical, surgical and obstetrical material as to comply adequately with the requirements of the curriculum herein subsequently laid down. The nursing staff must consist of at least three nurses registered in the Province of Alberta, one of whom must be night supervisor, and one of the others an instructor. The medical staff for teaching purposes must consist of at least two physicians capable of giving full instruction.

Smaller Hospitals, in affiliation with hospitals giving a standard course under the full curriculum, may be permitted to give a three-year course of training to nurses but must have 20 beds available for patients. Medical, surgical and obstetrical instruction must be fully covered by affiliation with a standard hospital or hospitals. The nursing staff must consist of at least three nurses registered in the Province of Alberta, one of whom must be night supervisor, and one of the others an instructor. The medical staff for teaching purposes must consist of at least two physicians capable of giving full instruction.

Private and special hospitals: Hospitals of this class in addition to the above requirements must arrange affiliation with a general hospital for two months' medical and two months' surgical nursing in a public ward. In addition, if the hospital is unable to give the minimum course hereafter outlined, affiliation must be arranged to complete the training of the pupil.

All hospitals maintaining training schools of any character, including hospitals for the insane, must employ a graduate nurse as Superintendent of Nurses.

B. Standard of Admission

While it is recognized that a definite standard of matriculation to a course in nursing is to be desired, under the present circumstances and the urgent need for trained nurses this is not advisable. All applicants must be at least 18 years of age, of good character and educated up to Grade X, or its equivalent in a local school. Owing, however, to the fact that in some local schools there is no grading, a liberal interpretation may be placed upon educational requirements, and any special case may be referred to the University of Alberta for ruling or examination.

Theoretical Training

It is recommended that as soon as practical a theoretical course in Anatomy, Physiology and Chemistry should be given in the University of Alberta during the first year of training and subsequent to a short period of instruction, say three to six months, at one of the accredited hospitals, the student to return to the hospital for the balance of her training at the end of her theoretical course.

C. General Regulations

In order to secure uniformity in the training hospitals, the following regulations are suggested by the Board of Examiners to the hospitals coming into affiliation under this scheme:

1. That a probationary term of not less than three months be maintained.
2. That probationers be admitted in classes, at regular intervals.
3. That a preliminary course of study, of not less than three months' duration be given to each class, such course to include practical demonstration of general nursing methods.
4. That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
5. That nurses should not be called upon to give more than fifty-six hours per week to their work, including class hours and exclusive of time off duty. All time lost by illness to be made up at the end of the course.
6. That a vacation of at least three weeks per year be allowed all pupils.

Superintendent

The Superintendent of Nurses must be a graduate nurse of a hospital of good standing, registered in Alberta.

Staff

The Staff must include a graduate (registered) day assistant and a graduate (registered) night supervisor.

The Nursing Course of Instruction Exclusive of Practical Nursing Demonstrations

shall include: (minimum time)

Medical Nursing	3 months
Surgical Nursing	3 months
Obstetrical Nursing	2 months (10 cases)
Care of Sick Children	2 months
Contagious Diseases - Optional	2 months
Operating Room	2 months
Diet Laboratory	1 month

The Nursing Course in Theory Required During the Course of Training

Theory of Practical Nursing	72 hours
Anatomy and Physiology	30 hours
Materia Medica and Therapeutics	24 hours
Theory and Practice of Dietetics	24 hours
Medicine	16 hours
Surgery including Orthopedics	24 hours
Gynaecology	6 hours
Bacteriology and Hygiene	12 hours
Ethics	6 hours
Obstetrics	16 hours
Infectious Diseases	6 hours
Nervous and Mental Diseases	4 hours

Children's Diseases	12 hours
Urinalysis and Laboratory Technique	8 hours
Diseases of the skin	4 hours
Eye, ear, nose and throat	6 hours

D. Professional Training

The professional training must be obtained in an accredited hospital or hospitals or institution approved by the Senate of the University of Alberta and shall consist of experience and instruction in the care of medical, surgical and obstetrical patients and sick children.

First Year: First Half

- | | |
|--|--------|
| 1. Theory of practical nursing. | 46 hrs |
| 2. Hygiene and Bacteriology - Includes the study of micro-organisms and their relation to disease, prevention of disease and personal hygiene. | 12 hrs |
| 3. Anatomy and Physiology | 15 hrs |

First Year: Second Half

- | | |
|--|--------|
| 1. The theory of practical nursing | 46 hrs |
| 2. Medicine | |
| (a) Includes lectures by physicians on the nature of disease with special reference to symptoms, the treatment and nursing care. | |
| (b) Classes by nurse instructor of nursing methods employed in care of medical patients such as hydro-therapeutics: Infusion. Transfusion. | 16 hrs |
| 3. Materia Medica | |
| Includes the practical application of Chemistry and the study of more commonly used drugs, action, doses and demonstrations | 12 hrs |
| 4. Nursing Ethics. | |
| Includes the development and principles of ethics in application in the life and work of a nurse, etc. | 6 hrs |
| 5. Anatomy and Physiology | 15 hrs |

Second Year: First Half

- | | |
|---|--------|
| Surgical Diseases and Orthopaedics | |
| (a) Includes lectures by physicians on the more common surgical disease including emergencies, first aid treatment, etc. | 24 hrs |
| (b) Classes by nurse instructor on the care of surgical patients and the use of surgical appliances, operating room technique. The instruction in the care of an operating room includes the personnel, equipment | |

and procedure, demonstrations in preparation of patients for operation, care during and immediately following operation.

16 hrs

Second Year: Second Half

Materia Medica and Therapeutics

- (a) Includes lectures by physicians, and pharmacists on more important drugs grouped according to therapeutic action, serums and vaccines and upon toxicology.
- (b) Classes by nurse instructor demonstrating drugs and serums.
- (c) Bedside clinical demonstrating, result of treatment and action of drugs.
- (d) Demonstrations in pharmacy of methods and measurements

12 hrs

Theory and Practice of Dietetics

Includes the application of principles of nutrition and cookery to diet and diseases given by:

- (a) Trained dietitian
- (b) Nurse instructor, demonstrations in laboratory work, in hospital diet, charting and observation in wards, in results of routine and special diet. A calculation of food requirements and preparation of menus.

24 hrs
divided
in 2
periods

Second Year: Second Half

I. Obstetrics

16 hrs

- (s) Includes lectures by obstetrician.
- (b) Classes in demonstration by nurse instructor or by nurse in charge of obstetrical department.

II. Diseases of Children

12 hrs

- (a) Includes lectures by physicians.
- (b) Classes and demonstration by nurse instructor in nursing procedure pertaining to the care of sick children.
- (c) Classes and demonstration in infant feeding by nurse instructor or dietitian.
- (d) visits to children's clinic.

- | | |
|--|-------|
| <p>III. Urinalysis and Laboratory Technique</p> <p>(a) Includes lectures by physician.</p> <p>(b) Laboratory demonstration embracing urine analysis, examination of faeces, stomach contents, sputum and blood.</p> | 8 hrs |
| <p>IV. Eye, Ear, Nose and Throat</p> <p>(a) Includes lectures of specialists in diseases of eye, ear, nose and throat.</p> <p>(b) Demonstrations of special nursing care pertaining to diseases and emergencies of these organs.</p> | 6 hrs |
| <p>V. Gynaecology</p> <p>(a) Includes lecture by gynaecologist.</p> <p>(b) Classes and demonstrations by nurse instructor or by nurse in charge of gynaecology.</p> | 6 hrs |

Third Year: First Half

During the second half of this year the theoretical part of the course should include an optional course of 12 hours directed by Superintendent of Nurses, with suitable assistance in the following subjects;

Hygiene

Laboratory Technique

Institutional Administration

Public Health and Social Service

Invalid Occupation

There should also be a course of 12 lectures covering the general review of the course.

Practical Work

- | | |
|---|--------|
| <p>I. Elementary Nursing</p> <p>Comprises the probation period.</p> | 3 mo |
| <p>II. Medical Nursing</p> <p>(a) Includes nursing in medical wards and care of medical patients in private rooms; the daily routine of bedside care as taking temperature, pulse and respiration, charting, administration of therapeutic treatments.</p> <p>(b) A period of night duty - one month in the case of medical patients.</p> | 3-6 mo |

- (c) When possible in the medical service of the out-patient department. Medical nursing should be given during the first year. Students should have experience in the care and observation of not less than one hundred medical patients.

III. Surgical Nursing 3-6 mo

Includes nursing in surgical wards and the care of surgical patients in private rooms, as the daily routine of bedside care, taking temperature, pulse, respiration, charting, administration of special surgical treatments, surgical dressings. Night duty, one month. This service is to be given during the latter part of the first year and the early part of the second year. It should consist of the care and observation of at least 50 surgical patients.

IV. Obstetrical Nursing 3 mo

- (a) Includes service in the maternity department or care during the entire period of labor and during the puerperium of not less than ten parturients.
- (b) Service in maternity nursery, or care of not less than ten new-born infants.
- (c) Night duty, one month. This service should come preferable during the early part of the third year.

V. Care of Sick Children 2 mo

- (a) Includes the service in the children's department of the hospital.
- (b) When possible in the children's clinic, out-patient department.
- (c) Night duty in children's ward - one month.
- This service should consist of the actual care of not less than fifty sick children, not including children operated on for adenoids and enlarged tonsils.

VI. Diet Laboratory 1mo

Includes the preparation of special diets under the supervision of the teacher of dietetics, or a competent supervisor. This service should come preferably during the second year.

VII. Operating Room

Includes service in the operating room in junior and senior service - each student to handle instruments and dressings for a minimum of twenty-five major operations.

¹Minutes of the University of Alberta Senate, May 12, 1921, University of Alberta.

APPENDIX 3
Table 1

St Joseph's Hospital School of Nursing, Vegreville

	1949-1951	1953	1958-1963	1965 - 1970
Enrollment	30 - 48	44 - 48	38 - 43	50
Bed capacity	95 - 106	100	100	
Entrance	65 credits	Grade 12	Grade 12	100 credits
Requirements	< 65 credits - 1	< 90 credits - 1		B standing
Student's Schedule	7 hours/day 42 hours/week split shifts lectures during evening	8 hours/day 48 hours/week straight shifts	44 hours/week	40 hours/week
Faculty: (numbers and preparation)	Faculty - 4 T&S - PG - 2 RN - 1 S/E supervisors - 4	Faculty - 3 degree - 2 RN - 1 S/E supervisor - 1	Faculty 3 - 5 degree 1 - 2 T&S 1 - 3 PG - 1 RN - 1 - 2 S/E supervisor 2 - 4	Faculty 3 - 5 degree - 2 T&S - 1 RN - 1 S/E supervisor - 2
Nursing service Professional	6 - 8 staff	6	11 - 22 staff	
Nonprofessional:	5 - 8 staff	8	14 - 17	
No. of GDNs	0 - 2	0		
Affiliation	48 weeks		48 weeks	29 weeks

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

S/E supervisor = responsible to nursing service and nursing education

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 12, File 190.

Appendix 3 Table 2
 Galt Hospital School of Nursing, Lethbridge

	1949 - 1950	1953 - 1957	1958 - 1963	1966 - 1970
Enrollment	54 - 68 students	38 - 44 students	83 - 103	94 - 103
Bed capacity	124 - 130	100	192	250
Entrance	100 credits	Grade 12		
Requirements		not always followed		
Student's Schedule	8 hours/day 48 hours/week split shifts no classes after 1900	8 hours/day 48 hours/week split shifts no classes after 1830	44 hours/week	40 hours/week
Faculty: (numbers and preparation)	Faculty - 4 S/E clinical supervisors - 4	Faculty 4 - 5 Degree - 1 T&S - 1 - 2 PG 1 - 3 4 of the above had service responsibilities	Faculty 8 - 9 Degree 3 - 4 T&S - 2 PG - 3 RN - 3	Faculty 10 - 13 Degree 4 - 6 T&S 2 - 5 RN 2 - 4
Nursing service				
Professional	10 - 17 staff	8	77	
Nonprofessional:	9 - 12 staff	11	31 - 49	
No. of GDNs	2 - 6 GDNs	4	48	

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

S/E supervisor = responsible to nursing service and nursing education

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 2, File 27.

Appendix 3, Table 3
 Holy Cross Hospital School of Nursing

	1949	1958 - 1959	1965 - 1966	1969 - 1970
Enrollment	175	190 - 209	169 - 179	146
Bed capacity	299	382		
Entrance Requirements	Grade 12 or senior matriculation	Grade 12 senior matriculation	Grade 12 senior matriculation	Grade 12 senior matriculation
Student's Schedule	8 hours/day 48 hours/week classes after 1900 occasionally		40 hours/week	40 hours/week planning for 35 hrs./week
Faculty: (numbers and preparation)	Faculty - 4 Degree - 2 T&S - 1 unstated - 1	Faculty - 13 Masters - 1 Degree 2 - 5 T&S 2 - 5 PG 1 - 2 RN - 4	Faculty 15 Masters - 1 Degree 4 - 5 T&S - 9 - 10	Faculty - 15 Masters - 1 Degree - 12 T&S - 2
Nursing service Professional	34	153 - 156		
Nonprofessional:	39	57 - 58		
No. of GDNs	18	113 - 114		
Affiliation	8 weeks	12 - 16 weeks		8 weeks

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 2, File 24.

Appendix 3, Table 4
 Misericordia Hospital School of Nursing
 1949 - 1950 1953 - 1958 1959 - 1963 1964 - 1970

Enrollment	129	116	80 - 130	149
Bed capacity	360		402	
Entrance Requirements	85 credits	90 credits	B standing	100 credits will accept less
Student's Schedule	8 hours/day 48 hours/week split shifts	48 hours/week classes after 1900 occasionally	44 hours/week	40 hours/week
Faculty: (numbers and preparation)	Faculty 6 - 8 Degree 1 - 3 T&S - 2 PG - 2 RN 2 - 3 S/E supervisor - 2	Faculty 3 - 5 Degree - 2 T&S - 1 PG - 2	Faculty 9 - 13 Masters - 1 Degree 2 - 3 T&S 4 - 5 PG - 1 S/E supervisor - 1	Faculty 12 - 16 Masters - 1 Degree 2 - 11 PG 1 - 2 most graduated within last 5 years
Nursing service Professional	39	97	143 - 194	
Nonprofessional:	88	42	122 - 136	
No. of GDNs	27	81	124 - 169	
Affiliation	6 weeks		13 - 14 weeks	11 weeks

Degree = baccalaureate degree
 T&S = Teaching and Supervision Certificate
 PG = Post Graduate Certificate in Clinical Speciality
 S/E supervisor = responsible to nursing service and nursing education
 Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing
 for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 12, File 185.

Appendix 3, Table 5
 Royal Alexandra Hospital School of Nursing

	1949	1950 - 1959	1960 - 1965	1969 - 1970
Enrollment	168 - 179	168	356	344
Bed capacity	553 - 720	853		900
Entrance Requirements		high school diploma	high school diploma	100 credits B" standing
Student's Schedule	8 hours/day 48 hours/week split shifts no classes after 1900	48 hours/week split days straight shift days and nights	40 hours/week (1962)	
Faculty: (numbers and preparation)	Faculty - 6 Degree - 1 unstates - 5	Faculty 13 - 14 Degree - 1 T&S - 6 PG - 1 RN - 2 remaining - unstated	Faculty 18 - 24 Masters - 1 (1965) Degree 10 - 11 T&S 10 - 14	Faculty 28 - 31 Masters 1 - 2 Degree 13 - 22 T&S - 12 PG - 3 RN - 1
Nursing service Professional	79 - 90	227		
Nonprofessional:	139 - 161	183		
No. of GDNs	43 - 64	175		
Affiliation	10 weeks	19 weeks	14 weeks	

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 1, File 18.

Appendix 3, Table 6
 Calgary General Hospital School of Nursing

	1949 - 1950	1951 - 1958	1960 - 1967	1969 - 1970
Enrollment	170	165 - 291	239 - 304	
Bed capacity	380	380 - 852		
Entrance Requirements	100 credits	100 credits B standing preferred	senior matriculation	senior matriculation
Student's Schedule	8 hours/day 48 hours/week split shift days & nights straight shift evenings	48 hours/week no classes after 1900 split days, straight evenings and nights	44 hours/week (1962) 40 hours/week (1965)	
Faculty: (numbers and preparation)	Faculty 3 - 7 no qualifications listed	Faculty 10 - 13 no qualifications listed	Faculty - 18 - 23 Masters - 1 Degree 8 - 18 T&S 4 - 10	Faculty - 26 - 33 Masters - 1 Degree - 20 T&S - 5
Nursing service Professional	67	313		
Nonprofessional:	36	154		
No. of GDNs	54	278		
Affiliation	32 weeks	14 weeks	16 weeks	

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box i, File 22.

Appendix 3, Table 7
Edmonton General Hospital School of Nursing

	1949 - 1953	1959 - 1961	1962 - 1966	1969 - 1970
Enrollment	125 - 163	147 - 162	170 - 188	80
Bed capacity	279 - 475	439	250	
Entrance Requirements	Grade 12, senior matriculation preferred	Grade 12 100 credits		
Student's Schedule	8 hours/day 45 - 48 hours/week split shifts classes after 1900	40 hours/week (1961)		
Faculty: (numbers and preparation)	Faculty 10 - 11 S/E supervisor 2 - 5 of the above	Faculty 13 - 15 Degree - 3 T&S - 5 PG - 2 RN - 5	15 - 18 Masters - 1 (1966) Degree 4 - 5 T&S 6 - 8 PG 2 - 3, RN 2 - 4	Masters - 1 Degree - 19 PG - 1 RN - 1 * see note
Nursing service Professional	42 - 55	163	222	
Nonprofessional:	24 - 36	137	unstated	
No. of GDNs	23 - 28	117	158	
Affiliation	4 - 10 weeks	16 weeks	14 weeks	

* In 1970, the faculty at College St Jean taught the nursing courses.

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

S/E supervisor = responsible to nursing service and nursing education

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 12, File 187.

Appendix 3, Table 8
 Medicine Hat General Hospital School of Nursing

	1949 - 1953	1958 - 1959	1960 - 1963	1968 - 1970
Enrollment	45 - 57	49	44 - 59	33 - 55
Bed capacity	182 - 223	263	257	277
Entrance	Grade 11, prefer Gr. 12			100 credits
Requirements	65 credits			
Student's Schedule	8 hours/day 48 hours/week split shifts classes often after 1900		44 hour/week	40 hours/week
Faculty: (numbers and preparation)	Faculty 3 - 8 Degree - 1 T&S - 2 remaining unstated S/E supervisor 1 - 2 of the above	Faculty - 9 S/E supervisor - 4 of the above	Faculty 6 - 10 Degree 1 - 4 T&S 1 - 4 PG - 3 RN 1 - 4	Faculty 7 - 10 T&S 2 - 4 RN 2 - 4
Nursing service				
Professional	19 to 25	62		
Nonprofessional:	21 to 45	45		
No. of GDNs	9 to 12	46		
Affiliation	10 - 18 weeks	16 weeks	16 weeks	

Degree = baccalaureate degree
 T&S = Teaching and Supervision Certificate
 PG = Post Graduate Certificate in Clinical Speciality
 S/E supervisor = responsible to nursing service and nursing education
 Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing
 for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 12, File 188.

Appendix 3, Table 9
 Archer Memorial Hospital School of Nursing, Lamont

	1949 - 1950	1953 - 1858	1959 - 1964	1966 - 1970
Enrollment	45 - 52	45	39 - 52	42 - 43
Bed capacity	108 - 112	107	107	78 - 83
Entrance Requirements	100 credits	100 credits	100 credits	100 credits
Student's Schedule	8.5 hours/day 48 - 54 hours/week split shifts no classes after 1900		44 hours/week	40 hours/week (1970)
Faculty: (numbers and preparation)	Faculty 4 - 7 S/E supervisor 3 - 4 of the above Degree - 1 PG - 1 remaining unstated	Faculty - 3 Degree - 1 T&S - 1 PG - 1	Faculty 3 - 7 degree 1 - 2 T&S 1 - 2 PG 1 - 3	Faculty 4 - 5 Degree 1 - 2 T&S - 2 RN 1 - 2
Nursing service Professional	6 to 9	12 to 15	19	
Nonprofessional:	3 to 6	2 to 4	4	
No. of GDNs	0	5 to 7	12 to 33 (1962)	
Affiliation	5 weeks	18 - 20 weeks	20 weeks	38 weeks

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

S/E supervisor = responsible to nursing service and nursing education

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 12, File 189.

Appendix 3, Table 10
 University of Alberta Hospital School of Nursing
 1953 1958 - 1959 1963 - 1969 1970

Enrollment				
Bed capacity	752	342		
Entrance	Grade 12	University entrance	University Entrance	University Entrance
Requirements	University Entrance	48 hours/week	44 hours/week	40 hours/week (1966)
Student's Schedule	8 hours/day 48 hours/week nights - straight shift split days and evenings			
Faculty: (numbers and preparation)	Faculty - 17 Masters - 2 Degree - 6 T&S - 7 PG - 2	Faculty 14 - 20 Masters 1 - 2 Degree 7 - 10 T&S 4 - 5 PG 2 - 3	Faculty 32 - 38 Masters - 2 Degree 16 - 23 T&S 6 - 11 PG - 3 RN 2 - 3	Faculty - 56 Masters - 2 Degree - 39 T&S - 7 PG - 1 RN - 7
Nursing service Professional	118	308 - 328		
Nonprofessional:	123	160 - 168		
No. of GDNs	71	218		
Affiliation	7 weeks	4 weeks	2 - 4 weeks	

Degree = baccalaureate degree

T&S = Teaching and Supervision Certificate

PG = Post Graduate Certificate in Clinical Speciality

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 1, File 16.

Appendix 3, Table 11
 St. Michael's Hospital School of Nursing, Lethbridge

	1953 - 1954	1959 - 1960	1962 - 1968	1969 - 1970
Enrollment	49 - 50	72 - 84	41 - 93	112
Bed capacity	225	190		225
Entrance Requirements	High School Diploma 65 credits	100 credits 2 students with less		100 credits 50% average
Student's Schedule	8 hours/day 48 hours/week		44 hours/week	40 hours/week
Faculty: (numbers and preparation)	Faculty - 6 Degree - 3 T&S - 1 RN - 2	Faculty 9 - 10 Degree - 2 T&S - 2 remaining unstated	Faculty 9 - 10 Masters - 1 Degree 2 - 4 T&S 2 - 4 PG - 2 RN 1 - 3	Faculty 11 - 21 (1970) Masters - 1 Degree 3 - 6 T&S 2 - 11 PG - 1 RN 1 - 6
Nursing service Professional Nonprofessional: No. of GDNs		53 - 64 44 - 46 49 - 58		
Affiliation	6 weeks	16 weeks	12 weeks	8 weeks

Degree = baccalaureate degree
 T&S = Teaching and Supervision Certificate
 PG = Post Graduate Certificate in Clinical Speciality

Data taken from Inspection reports and the Reports from the Advisor to Schools of Nursing for the Province of Alberta: University of Alberta Archives, Accession number 75 - 25, Box 12, File 186.

APPENDIX 4

Table 1

Nurse Registration Results by Rank

	Holy Cross					Galt					Royal Alexandra				
	med	Su	OB	ped	psy	med	su	OB	ped	psy	med	su	OB	ped	psy
1952											3	2	2	2	6
1953											3	4	3	4	6
1954											2	4	4	5	6
1955											6	2	5	6	9
1957	5	8	6	7	5	4	6	4	4	10					
1958	10	9	8	9	6	9	6	6	6	10	3	3	4	4	4
1959											6	9	6	4	4
1960	8	8	10	7	9	4	4	5	1	3	6	7	5	7	4
1961	10	9	9	11	9	7	2	7	5	6	10	9	7	8	6
1962	9	7	6	6	9	7	7	8	10	7	7	8	8	8	6
1963	11	6	4	8	6	11	9	9	10	10	10	12	11	12	9
1965	1	2	1	2	3	4	4	8	4	8					
1966						8	8	9	9	9					
1967						6	6	6	6	6					
1968						11	7	9	8	5	10	7	6	4	2
1969						11	10	12	12	12	8	9	3	4	1
1:1970						13	13	15	15	11	12	5	6	5	5
2:1970											8	8	7	5	2
	Calgary General					Misericordia					St. Michael's				
	med	su	OB	ped	psy	med	su	OB	ped	psy	med	su	OB	ped	psy
1957						11	11	8	10	9	8	9	10	9	6
1958	1	1	3	3	2	7	10	11	8	7	6	4	9	11	8
1959	1	2	1	3	5	8	10	9	8	10	3	1	4	4	8
1960	1	4	4	3	2	9	8	8	8	11	5	5	6	2	7
1961	2	2	5	4	1	3	5	1	3	2	1	1	2	1	3
1962	5	5	5	5	3	8	6	3	7	7	4	3	1	4	5
1968	2	1	2	2	2	12	12	12	12	11	6	6	5	5	10
1969	5	4	6	8	8	6	7	5	9	3	9	8	7	7	7
1:1970	6	5	11	7	3	8	6	11	4	14	5	7	4	9	13
2:1970	2	3	2	4	3	1	1	4	1	5	10	9	12	11	14
	Red Deer College					Mount Royal College					Foothills				
	med	su	OB	ped	psy	med	su	OB	ped	psy	med	su	OB	ped	psy
1969						13	13	14	14	14	7	9	8	6	9
1:1970						9	12	10	14	8	11	11	12	12	9
2:1970	11	11	10	10	7	13	10	13	13	10	9	6	11	6	8

APPENDIX 4 continued

Table 1

	Archer Memorial					St. Michaels					Medicine Hat General				
	med	su	OB	ped	psy	med	su	OB	ped	psy	med	su	OB	ped	psy
1957															
1958	11	11	10	10	11	12	12	12	12	12	8	7	7	7	9
1959	11	12	11	12	12	12	11	10	10	11	8	7	7	7	9
1960	11	10	11	12	10	12	12	12	9	12	10	9	12	11	9
1961	12	12	12	9	11	5	6	9	5	10	8	11	10	10	8
1962	12	12	11	11	11	6	10	10	9	8	9	11	6	12	8
1963	12	11	2	11	10										
1964	11	11	11	11	6										
1965	10	9	11	6	6										
1966	10	12	12	10	10										
1967	8	8	8	10	6										
1968	8	8	8	10	6	11	10	11	3	12	10	11	12	12	12
1969	1	6	4	2	2	7	11	10	9	8					
1:1970	6	4	1	3	1	14	14	11	13	3					
2:1970						14	14	14	13	12					
	University Hospital					Ponoka Mental Hospital					Edmonton General				
	med	su	OB	ped	psy	med	su	OB	ped	psy	med	su	OB	ped	psy
1957	1	1	1	1	2						9	7	5	1	2
1958	2	2	2	2	3	5	8	5	1	1	4	5	1	2	5
1959	2	3	3	6	6	5	6	8	6	1	7	5	2	7	7
1960	3	3	2	1	3	2	1	3	4	1	4	6	1	6	5
1961	4	4	4	2	4	11	10	11	11	12	6	3	2	6	5
1962	3	1	4	1	1	1	4	7	3	2	2	2	2	2	4
1968	1	4	4	3	9	3	1	2	3	1	5	5	3	7	7
1969	4	3	10	3	4	10	12	10	11	10	2	1	2	1	5
1:1970	4	3	8	7	6	3	2	2	1	2	2	4	1	1	4
2:1970	4	2	3	7	6						3	8	6	6	4

The Registered Nurses' Examinations were conducted twice in 1970.

med=medicine examination su=surgical examination
 OB=obstetrics examination ped=pediatric examination
 psy=psychiatry examination

Date available in the Inspection Reports from the Schools of Nursing and the Reports of the Advisor to Schools of Nursing (University of Alberta Archives: accession no. 75-25-6, 75-25-10, 75-25-16, 75-25-18, 75-25-20, 75-25-22, 75-25-24, 75-25-26, 75-25-28, 75-25-185, 75-25-186, 75-25-187, 75-25-188, 75-25-189, 75-25-190, 75-25-191, 75-25-193).

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