

125
Celebrating Years

*of LEADERSHIP in
NURSING EDUCATION*

*Inspiring Words:
Selected NLN Addresses*

1893-Present

NLN

September 2018



Dear Colleagues,

Welcome to the 2018 NLN Education Summit. We are thrilled that you are here with us to celebrate 125 years of the NLN's remarkable history of promoting excellence in nursing education through faculty development programs, testing and assessment, nursing research grants, public policy initiatives, and more. The NLN was founded as the American Society of Superintendents of Training Schools



for Nurses right here in Chicago, in 1893, by creative and visionary pathfinders who recognized the need to formalize the training of nurses throughout the United States. NLN leaders brought social reform to the practice of teaching nursing by standardizing nursing curricula nationally, organizing nurse educators to engage in faculty development, and establishing voluntary accreditation as a mark of excellence.

This year's Summit highlights the NLN's inaugural days in Chicago at the 1893 World's Columbian Exposition and then in New York and Washington, DC, emphasizing the power of nursing education over the years and the role of leader pathfinders. But our program will not focus solely on the past; rather, we will use the past to create a bridge to the future and provide you with ideas, with daring ingenuity, about new beginnings and new ways to impact the future of nursing education.

In the spirit of the early NLN leaders, forerunners of organized, professional nurse education in the United States, we are pleased to present you with this book, *Inspiring Words....1893 to Present*. It is our gift to you, as a special keepsake of this historic Summit. The speeches presented in this volume speak to the creativity, far-sightedness, and extraordinary vision of the leaders who shaped the NLN and co-created the NLN's current standing as one of the most respected nursing organizations in the world.

On behalf of the NLN Board of Governors, welcome to the 2018 NLN Education Summit. We look forward to greeting each one of you and celebrating together.

A handwritten signature in black ink that reads "G. Rumay Alexander".

G. Rumay Alexander, President
National League for Nursing

A handwritten signature in black ink that reads "Beverly Malone".

Beverly Malone, CEO
National League for Nursing

ACKNOWLEDGEMENTS

This NLN 125th anniversary commemorative book and historical display would not be possible without the support and encouragement of:

NLN 125th Benefactors

Independence Foundation, Philadelphia, PA
Susan Sherman, President and CEO

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Dr. Beverly Malone

NLN 125th Special Collaborators – Nurse Historians

The NLN is also indebted to esteemed nurse historians who shared their expertise and passion for the NLN's rich history of nursing education excellence and social reform:

Dr. Patricia D'Antonio
Barbara Bates Center for the Study of the History of Nursing
University of Pennsylvania, Philadelphia, PA

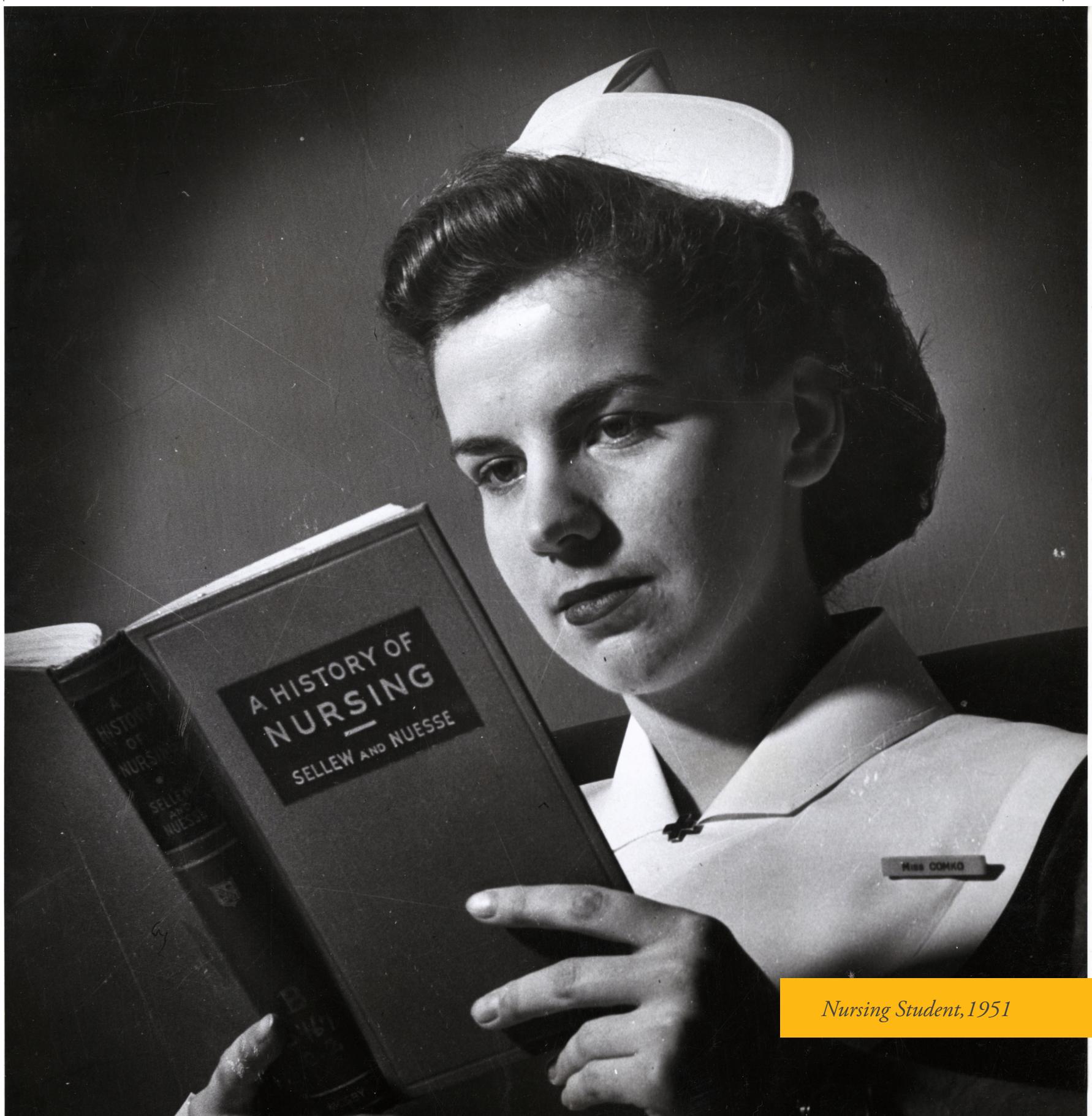
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Dr. Annemarie McAllister
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University of Pennsylvania, Philadelphia, PA

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Nursing Student, 1951



*President Eisenhower gives pen to Ruth Sleeper, NLN President;
signing bill to establish Nurses Week, 1954*

NLN BOARD OF GOVERNORS

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NLN PAST PRESIDENTS 1893-2018

EXECUTIVE DIRECTORS AND CHIEF EXECUTIVE OFFICERS 1952-2018

Presidents of the American Society of Superintendents of Training Schools for Nurses

1893-1912

Anna L. Alston	<i>1893-1894</i>
Linda Richards	<i>1894-1895</i>
M. E. P. Davis	<i>1895-1896</i>
M. Adelaide Nutting	<i>1896-1897</i>
Mary Agnes Snively	<i>1897-1898</i>
Isabel McIsaac	<i>1898-1899</i>
Isabel Mettitt	<i>1899-1900</i>
Emma J. Keating	<i>1900-1901</i>
Lystra Gretter	<i>1901-1902</i>
Ida F. Giles	<i>1902-1903</i>
Georgia M. Nevins	<i>1903-1905</i>
Annie W. Goodrich	<i>1905-1906</i>
Maude Banfield	<i>1906-1907</i>
Mary H. Greenwood	<i>1907-1908</i>
Isabel Hampton Robb	<i>1908-1909</i>
M. Adelaide Nutting	<i>1909-1910</i>
Mary M. Riddle	<i>1910-1912</i>
Mary C. Wheeler	<i>1911-1912</i>

Presidents of the National League for Nursing Education

1912-1952

Mary C. Wheeler	<i>1912-1913</i>
Clara Noyes	<i>1913-1916</i>

Sara E. Parsons	<i>1916-1917</i>
S. Lillian Clayton	<i>1917-1920</i>
Anna C. Jamme'	<i>1920-1922</i>
Laura L. Rogan	<i>1922-1925</i>
Carrie M. Hall	<i>1925-1928</i>
Elizabeth C. Burgess	<i>1928-1932</i>
Effie J. Taylor	<i>1932-1936</i>
Nellie X. Hawkinson	<i>1936-1940</i>
Stella Goostray	<i>1940-1944</i>
Ruth Sleeper	<i>1944-1948</i>
Agnes Gelinas	<i>1948-1952</i>

Presidents of the National League for Nursing

1952 to present

Ruth Sleeper	<i>1952-1955</i>
Ruth Freeman	<i>1955-1959</i>
Lucile P. Leone	<i>1959-1963</i>
Lois Austin	<i>1963-1967</i>
L. Ann Conley	<i>1967-1969</i>
Gwendoline R. Macdonald	<i>1967-1971</i>
Anne Kibrick	<i>1971-1973</i>
Carol M. Eady	<i>1973-1975</i>
Dorothy J. Novello	<i>1975-1977</i>
Sylvia R. Peabody	<i>1977-1979</i>
Matthew F. McNulty Jr.	<i>1979-1981</i>
Elsa L. Brown	<i>1981-1983</i>
Virginia Reeves Jarratt	<i>1983-1985</i>

Jacqueline Kinder	1985-1987
Sister Rosemary Donley	1987-1989
Patty Hawken	1989-1991
Claire Fagin	1991-1993
Carol Lindeman	1993-1995
Jean Watson	1995-1996
Shelia Ryan	1996-1997
Rhetaugh Dumas	1997-1999
Nancy Langston	1999-2001
Eileen Zungolo	2001-2003
Joyce Murray	2003-2005
L. Antoinette Bargagliotti	2005-2007
M. Elaine Tagliareni	2007-2009
Cathleen M. Shultz	2009-2011
Judith A. Halstead	2011-2013
Marsha Howell Adams	2013-2015
Anne Bavier	2015-2017
G. Rumay Alexander	2017 - present

General Directors of the National League for Nursing

Anna Fillmore	1952-1959
Inez Hayes	1959-1969
Margaret E. Walsh	1969-1982

Chief Executive Officers of the National League for Nursing

Pamela Maraldo	1983-1993
Patricia Moccia	1993-1996
Eloise Cathcart (Interim)	1997
Sheila Ryan (Interim)	1997-1998
Ruth Corcoran	1998-2007
Beverly Malone	2007-present

“A mature profession with a more diverse and diffuse, but equally strong leadership, is our legacy... It is our story and like the leaders of the past, we will continue to create it with distinction.”

M. Louise Fitzpatrick, on the occasion of the NLN's centennial celebration, 1993



Simulation, 1964

HISTORY OF THE NATIONAL LEAGUE FOR NURSING

1893-2018

1893



Courageous superintendents gather at the Chicago World's Fair and found American nursing's first national organization, the American Society of Superintendents of Training Schools for Nurses. Chaired by Isabel Hampton (superintendent of Johns Hopkins), the Society is established in response to prevailing chaotic conditions in nursing education and practice. Goals of the new society: (1) higher minimum entrance requirements, (2) improvement of living and working conditions for pupils, (3) increased opportunities for post-graduate and specialized training.

1894

First convention held in New York City sets by-laws and develops an overall goal: "to establish and maintain a universal standard of training."

1897

The Society recognizes the need for an organization of graduates of training schools. The Nurses Associated Alumnae of the United States is formed with the primary goal to improve the practice of nursing.



1900

The American Journal of Nursing is established by the Associated Alumnae of Trained Nurses of the United States. Isabel Hampton Robb, Lavinia Dock, Mary E. P. Davis, and Sophia Palmer are credited with founding the journal.

1903



M. Adelaide Nutting, chair of the Society Education Committee, sets a goal to find an educational institution where teachers of nursing could be prepared.

1905

The Superintendents Society and the Nurses Associated Alumnae affiliate to form the American Federation of Nurses, to economically join the International Council of Nurses to "reach beyond our borders."

1908

- › Teacher preparation begins at Teachers College, Columbia University, NY.
- › The National Association of Colored Graduate Nurses (NACGN) is founded.

1911

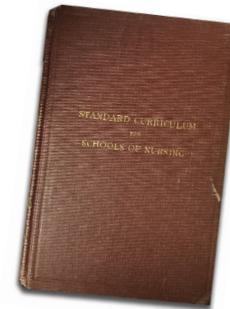
The Associated Alumnae of Trained Nurses of the United States changes its name to the American Nurses Association (ANA).

1912

- › At the Society's annual meeting in Chicago, Lillian Wald chairs a committee to establish standards of visiting nursing in the United States; the National Organization for Public Health Nursing (NOPHN) is formed.
- › The Society decides to open its door beyond superintendents to welcome teachers of nursing, visiting nurses, and public health nurses and changes its name to The National League of Nursing Education (NLNE).

1917

NLNE publishes *Standard Curriculum for Schools of Nursing*, written by the Committee on Education, chaired by M. Adelaide Nutting, to serve as a guide for schools to establish acceptable training for the profession of nursing. Revised in 1927.



1920s

Organized nursing joins together under one roof at Penn Terminal to build an inclusive and robust networking opportunity.

- › Headquarters of National League for Nursing Education (leagues in 28 out of 48 states)
- › Headquarters of National Organization for Public Health Nursing
- › Headquarters of the American Nurses Association (50,000 members)
- › Office of the editor of the *American Journal of Nursing*
- › Office of American Social Hygiene Association

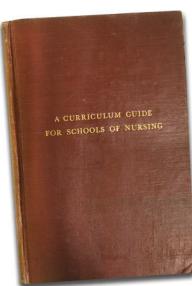
1921

The NLNE authorizes a Committee on University Relations to promote college preparation for nurses.

1937

The NLNE publishes the final version of *A Curriculum Guide for Schools of Nursing*. It calls for objective measures to determine the achievement of educational outcomes.

The NLNE initiates accreditation for programs of nursing education for registered nursing.



1939

The NLNE assumes responsibility for the Committee on Nursing Tests and scores tests and analyzes results for a fee.

1942

- › The NLNE sells pre-admission tests and develops and administers the State Board Test Pool Examinations (SBTPE). In the 1970's the ANA took over. In 1982 NCSBN took ownership and renamed the exam N-CLEX.
- › The NLNE creates individual membership, enabling African American nurses to participate in the organization; up to that time state leagues in the south prohibited membership.



1948

The NLNE supports the Brown Report recommendations that nursing education be placed in universities and colleges and that schools recruit men and minorities into nursing schools.

1949

The National Nursing Accrediting Service (NNAS) is formed by NLNE for the purpose of unifying accreditation activities in nursing.

1951

NACGN dissolves as members join the ANA and the NLN.

1952

- › The NLNE combines with the National Organization for Public Health Nursing and the Association for Collegiate Schools of Nursing to form the National League for Nursing at the annual meeting in Atlantic City.
- › The NLN, with its new organizational structure, encourages the development of local state leagues to promote the NLN mission across the nation.
- › Through the assistance of the NLN and ANA, the National Student Nurses' Association (NSNA) is formed at the organization's national convention in Atlantic City.
- › The United States Department of Education (USDE) recognizes the NLN to assume responsibility for the accreditation of nursing schools in the US, dissolving the NNAS.

1952

Mildred Montag implements pilot two-year nursing programs at seven community college sites.

1953

NLN position: "All activities of NLN shall include all groups regardless of race, color, religion, and sex."



1959

- › The NLN publishes the "Patient's Bill of Rights": "Nursing personnel respect the individuality, dignity, and rights of every person regardless of race, color, creed, national origin, social or economic status."
- › NLN position: "The NLN believes in sound experimentation in nursing education programs."

1960

The NLN supports associate degree nursing: "If one outcome...were to be selected as the greatest contribution to nursing education with the ADN, it would be the demonstration that both in belief and in practice there is no one curriculum, no one method, no one way, no one magic formula for achieving common goals...."

1965

- › ANA Position on Baccalaureate Entry into Practice
- › The NLN establishes an Associate Degree Program Council and a request for approval of the NLN as the accrediting agency for ADN Programs.

1977

The NLN, ANA, and American Association of Colleges of Nursing (AACN) form the Tri-Council for the purpose of addressing issues of common concern.

1978

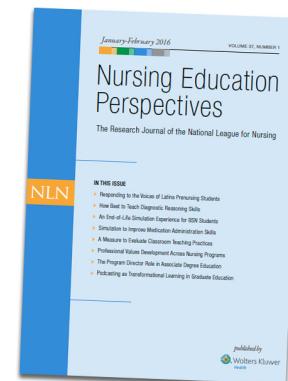
After a decade of controversy over entry into practice, the NLN adopts a statement affirming the four types of nursing programs: practical, diploma, associate degree, and baccalaureate.

1980

The NLN launches the journal *Nursing & Health Care*, now known as *Nursing Education Perspectives*.

1985

The issue of nursing shortages drives the expansion of the Tri-Council to include the American Organization of Nurse Executives (AONE).



1988 - 1991 The NLN launches a major reform effort: The Curriculum Revolution, to advocate for substantive and sustained innovation in schools of nursing.

1993 The NLN produces “A Conversation with Elizabeth Carnegie” and publishes *The Path We Tread* by Dr. Carnegie, highlighting 50 years of advocacy for Black nurses.

1996 The NLN continues its long-standing leadership in accreditation activities with the establishment of the National League for Nursing Accrediting Commission (NLNAC), currently known as the Accreditation Commission for Education in Nursing (ACEN), as a wholly owned subsidiary of the NLN.

2002 The NLN establishes the NLN Foundation for Nursing Education to raise, steward, and distribute funds that support the mission and activities of the NLN. Dr. Nancy Langston is the founding chair.



2003

- › The NLN conducts the landmark simulation study “Designing and Implementing Models for the Innovative Use of Simulation to Teach Nursing Care of Ill Adults and Children: A National Multi-Site, Multi-Method Study,” funded by Laerdal Medical.
- › The Certified Nurse Educator (CNE®) Program is created to establish nursing education as a specialty area of practice and provide a means for faculty to demonstrate their expertise in this role.

2004



The NLN awards the Center of Excellence designation for the first time to schools of nursing that have achieved a level of sustained, evidence-based, and substantive innovation in advancing the science of nursing education and enhancing student learning and professional development.

2005

The NLN Certified Nurse Educator (CNE®) examination is piloted in Baltimore at the NLN Education Summit.

2006

The NLN initiates the Ambassador Program to encourage faculty and educational leaders to explore and participate in NLN programming, activities, and community.

2007

- › The NLN revises its mission statement and establishes core values that permeate the organization and are reflected in its work:



Caring, Integrity, Diversity, and Excellence.

- › The NLN inducts the inaugural group of Fellows of the Academy of Nursing Education (ANEF) to recognize individuals who have made enduring and substantial contributions to nursing education as teachers, mentors, scholars, public policy advocates, practice partners and administrators.
- › In collaboration with the International Council of Nurses (ICN), the NLN launches the ICN Nursing Education Network at the ICN Quadrennial Congress in Durban, South Africa.
- › The National Commission for Certifying Agencies (NCAA) grants accreditation to the NLN's Certified Nurse Educator (CNE®) Program.

2009

The NLN serves on panels and advisory committees during the development of the IOM report on the *Future of Nursing*, continuing to promote academic progression, scholarship, and full scope of the nursing role.

2010

The NLN expands its mission statement to embrace the original mission of the Superintendents' Society, to unite nursing education and practice in pursuit of safe patient care.

2011

The NLN expands the Center of Excellence Program to healthcare organizations that have achieved a level of sustained, evidence-based, and substantive innovation in promoting the academic progression of nurses.

2012

- › The NLN leaves New York City after 120 years and moves NLN Headquarters to Washington, DC, establishing NLN Centers for Nursing Education to frame the NLN's commitment to lead in areas crucial to the future of nursing and nursing education.
- › The NLN expands national nursing accreditation options for all nursing programs by establishing the NLN Commission on Nursing Education Accreditation (NLN CNEA) in response to requests of the NLN membership.



2013



Laerdal®

helping save lives

The NLN creates strategic partnerships with Laerdal Medical to develop new programming for virtual simulation, transition to practice, and global faculty development, and with Wolters Kluwer to expand the capacity of NLN Press and the NLN peer-reviewed research journal, *Nursing Education Perspectives*.

2014

- › The NLN endorses the National Council of State Boards (NCSBN) study findings, which concluded that up to 50 percent of traditional clinical experiences can be substituted with simulation under conditions comparable to those described in the study.
- › The NLN revises its mission statement again to include the global community.

2015

The NLN CNE® Program expands to reach global nurse educators through a partnership with CGFNS.

2017

The NLN announces that more than 6,000 nurse educators successfully passed the NLN CNE® examination since the program's inception and that a new certification examination is available for academic clinical nurse educators, the CNE®cl.

2018

The NLN consolidates its Centers of Nursing Education to four strategic centers that fully embrace the NLN's commitment to transformative excellence for nursing and nursing education: The NLN Chamberlain University Center for the Advancement of the Science of Nursing Education; the NLN Center for Excellence in the Care of Vulnerable Populations; the NLN Center for Innovation in Simulation and Technology; the NLN Center for Transformational Leadership.



Mission:

Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community.



NLN Biennial Convention, Atlantic City, 1952

BIRTH OF NURSING LEADERSHIP

NURSES TAKING CHARGE

From 1873, when the first training schools opened in America, there was tremendous growth in nursing education. The value of trained nurses caring for the sick was recognized by hospitals, which welcomed the free labor of “pupil” nurses. But training schools were being opened without consideration for standards, and curricula lacked rigor and criteria. The stage was set for the development of organized nursing. At the 1893 World’s Fair in Chicago, Isabel Hampton, superintendent at the Johns Hopkins Training School in Baltimore, chaired a group of superintendents who set about laying the foundation for a new association, the American Society of Superintendents of Training Schools for Nurses. This was the first association of nurses in the United States. It would become the National League of Nursing Education in 1912 and the National League for Nursing in 1952.

This section includes excerpts from an address given by Miss Hampton in 1897 which summarizes the first meeting in Chicago. Presidential addresses by Linda Richards (1895) and Clara D. Noyes (1914) speak to issues faced by the leaders of nursing in the earliest days of the profession. In 1923, M. Adelaide Nutting was asked to summarize the organization’s progress. These addresses illuminate the visionary work of the NLN pathfinders who recognized the need to formalize the training of nurses throughout the United States.



ISABEL A. HAMPTON

A Summary of the World's Fair, Address at the Fourth Annual Meeting, 1893, Baltimore, Maryland

The beginning of the American Society of Superintendents of Training School for Nurse is found in the year of the World's Fair, 1893.

Among the many international gatherings or "Congresses" held in Chicago at that time was the Hospital and Medical Congress, being a section of the Congress of Charities, Correction and Philanthropy.

The idea of having a "nursing section" in connection with its originated with Mrs. Bedford Fenwick, of London, who was in Chicago in the winter previous to the World's Fair on business connected with the English Hospital and Nursing Exhibit. The suggestion was favorably received by the organizer of the congress, and Dr. Billings, of Washington, who had been appointed chairman of the Hospital and Medical congress, was asked to form a sub-section on nursing. He also gave the plan cordial support, and appointed Miss Isabel Hampton, superintendent of nurses at the Johns Hopkins Hospital chairman of the nursing sub-section.

The Nurses Congress was held in the Hall of Columbus in June 1893, on the 15th, 16th and 17th of the month, and the records of its proceedings are elsewhere reported. It was attended by a number of superintendents of training schools for nurses, most of whom were from Canada or the United States. The Chair took this opportunity of suggesting, informally, the formation of an Association of Superintendents of Training Schools, and the idea was cordially received by those to whom it was presented. Miss K. L. Lett, of St. Luke's Hospital, invited a number to meet in her sitting room to talk it over, and it was there agreed that a general meeting be called the next morning. Accordingly, at the close of the session of the nursing sub-section on the following morning, the Chair requested all the Training School Superintendents to remain. About eighteen were present, among who were:

- › Miss Alston, Mt. Sinai Training School, New York.
- › Miss Betts, Homoeopathic Hospital, Brooklyn, New York.
- › Miss Bannister, Wisconsin Training School, Milwaukee.
- › Miss Darche, New York City Training School, Blackwell's Island.
- › Miss Dock, late of Johns Hopkins Hospital, Baltimore.
- › Miss Davis, University Hospital, Philadelphia.

- › Miss Greenwood, Jewish Hospital, Cincinnati.
- › Miss Hampton, Johns Hopkins Hospital, Baltimore.
- › Miss Lett, St. Luke's Hospital, Chicago.
- › Miss McKechnie, City Hospital, Louisville, Ky.
- › Miss Nourse, Michael Reese Hospital, Chicago.
- › Miss Palmer, Garfield Memorial Hospital, Washington, DC.
- › Miss Sutliffe, New York Hospital, New York.
- › Miss Somerville, General Hospital, Lawrence, Mass.
- › Miss Wallace, Children's Hospital, and San Francisco, California.

The Chair explained the purpose of the meeting and outlined her view on, the advantage of an association. The discussion was informal and bowed a unanimous feeling in favor of so uniting. A temporary organization was then effected, Miss Alston being chosen chairman, and a committee was appointed to meet at St. Luke' Hospital to frame resolutions for presentation on the day following. Members of the committee were: Miss Hampton, Miss Davis, Miss Darche, Miss Alston, Miss McKenzie, Miss Palmer, Miss Sutliffe and Miss Lett. At the meeting the next day, June 16th, they reported as follows:

The committee appointed to draft resolutions, preparatory to forming a Society of Superintendents of Training schools for Nurses, would respectfully report- that it is considered that such an association would be desirable, and it is recommended that it be formed under the following rules and regulations:

(1) Name and object of the Society

This Society shall be known as The American Society of Superintendents of Training Schools for Nurses. Its objectives:

1. To promote fellowship of members.
2. To establish and maintain a universal standard of training.
3. To further the best interests of the nursing profession.

(2) Qualification of members

- (a) Members shall be graduates in good and regular standing Training Schools connected with general hospitals, giving less than a two years' course of instruction.
- (b) Members shall be Superintendents of Training Schools connected with recognized general hospitals.

(3) **Officers, their election and duties**

There shall be a President, First Vice President, Second Vice President, Secretary and Treasurer. These officers to be appointed and hold office until the next meeting.

(4) **Meetings of the Society-**

Meetings shall be held once a year. First meeting to be held in New York City, January 10, 1894.

(5) There shall be an Executive Committee on organization. This Committee to be composed of the officers of the Society and two other members. This committee to be appointed to prepare the Constitution and By-Laws, and to report at the first meeting in New York, January 10, 1894.

(6) There shall be a Board of Council.

(7) Dues-Members shall pay an initiation fee of \$5.00 and a yearly fee of \$1.00.



PRESIDENT LINDA RICHARDS
Second Annual Convention of the Superintendents' Society
1895, Boston, Massachusetts

It is now more than twenty years since, in this city to which I now welcome you, I took charge of my first training school. Many are the changes what taken place in the years which lie between that time and today. Perhaps in no one particular do we notice this more than in the revolution of feeling toward training schools and trained nurses. Then this work was all experimental, and as such was looked upon with great distrust, and grave doubts were entertained regarding its success. Time has changed all that, and training schools have proved themselves among the greatest blessings of our land, and are recognized as such to-day.

Every training school in New England feels honored by having this association hold its second annual meeting in this city, and very hearty is the welcome which to-day I extend to you from each hospital and school in connection therewith.

May we take time to look backward to compare your reception at this time with my own twenty years ago? The school of which I was to have charge had been in existence one year. In that time it had had two superintendents, each with some practical knowledge of nursing, but without having any training. These women had done the best they could, but what woman with no training can be expected to properly manage a training school? Is it a wonder that the doctors had pronounced it a failure and wished to return to the old order of things? Such was the case, and so discouraging was the report given by them to the board of trustees that they were in grave doubts concerning the wisdom of giving it a second year's trial. But when it was put to a vote it was, by the overwhelming majority of one vote, allowed one more year of grace, provided a trained nurse could be found to take it in charge. I was asked to come and help them, and did so. I came, not knowing into what I was coming. I was not met without stretched hands of welcome; the doctors did not want me; the nurses, who had framed their own rules and planned their own work, did not wish for a trained superintendent, who, very likely, would change their ways into those of her own; the trustees, with the exception of the president of the board, left me to myself. Shall I ever forget or cease to be thankful to him for taking pains to call upon me to express his faith in the work and assure me of his willingness to render assistance in any way possible?

... the changes were made; the trials accompanying such changes need not be mentioned; they are too well known to every superintendent to make a repetition necessary. The work moved on; soon more wards were given the school; then came a new class; women who were a joy and a pride—they have ever continued to be; to them was due very largely the entire change of feeling toward the training school. Their faithful and intelligent work met with appreciation; their presence gave dignity to the place, and after a time smiles, instead of frowns, greeted us, and occasionally a word of commendation was heard, at first cautiously spoken, and before very long those who had at first looked upon us with disfavor, became our firmest friends, and when the school was declared a success, they spoke of it as "our school," and

thought the idea of its organization originated with themselves.

They adopted it, and we rejoiced in having won friends from among those who once had seemed to be our enemies. These are only a few passing memories of one school. Others were soon organized in this city and in other cities in New England, each facing and conquering its own peculiar trials, and each in turn proving to be a wonderful blessing to the hospital with which it is connected. To you, who are superintendents of hospitals and training schools, is this wonderful change due. How vastly different are the hospitals of to-day from those same hospitals a score of years ago! A painful duty was a visit to most of them then. To-day a visit to these same hospitals is an inspiration. Visit Bellevue, Blackwell's Island, Tewksbury and many others. They all tell the same story. The perfect cleanliness and order of the yards, the homelike appearance, the contented faces of the patients, make even hospital workers wonder how so much can have been done; truly a wonderful work is this which we are permitted to take a part in. But the progress of the past twenty years is small in comparison with that which will be made in the twenty years to come. Training school superintendents have a mighty work before them; there are perplexing questions to be settled, new branches of the work are to be opened, and new methods of doing the ordinary every-day work are to be thought out. Instructions in schools must be made more uniform, the standard must be raised, and upon the superintendents rests the duty of having these matters properly adjusted. Women at the head of training schools are to-day bearing great responsibilities; each one must feel this.

The organization of this association meant a great deal more perhaps than some of us realized. It means much for each member; the responsibilities will not grow less as time goes on; and in extending to you a welcome I welcome you to the considering of very grave questions, the solution of deep problems which must take much thought, and will influence each school represented here, and through these schools, all training schools in America. May the judgment of this Society be sound, and its decisions wise; so shall we bring much good, not only to our own schools, but to those not represented at this meeting.

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PRESIDENT CLARA D. NOYES

Twentieth Annual Convention of the National League for Nursing Education (NLNE)

1914, St. Louis, Missouri

We meet this year as the National League of Nursing Education, in conjunction with and as a definite part of the American Nurses' Association for the second time, but as a body of workers responsible for the education of women for the profession of nursing, we meet for our twentieth annual Convention. We are fast approaching our majority and is it not fitting that we should celebrate this important event next year in San Francisco, in conjunction with the International Congress of Nurses and the Pan American Exposition?

At the risk of being wearisome, but for the information of the newer members, I desire once more to emphasize the importance of the coalition of the three Societies. At no time since the branch of this Society, which I represent, came into existence and the League represents the parent stock, has there been greater need of this form of organization or greater need for unanimity and oneness of purpose.

We are constantly called upon to safeguard and protect our schools and educational standards from those who cannot or will not see the importance of such. As the pupil is the unit in our profession and as all forms of nursing work are looking anxiously for the best prepared and ablest nurse, so it becomes the duty of our organizations to stand shoulder to shoulder in our efforts to maintain our standards and work for higher ones, and thus preserve our solidarity.

...The constant broadening out of the nurses' field of usefulness and activity, particularly in the more recent forms of Public Health, and Social Service Nursing, has brought new responsibilities to us and the schools we serve and which we do not seem to be able to adequately meet. We appear to need a new type of nurse with peculiar gifts and special knowledge and preparation. Does it mean that our entire system of nurse education must undergo a complete readjustment to meet these new and interesting demands? As all other systems of education appear to be under the search light of criticism and investigation, so may we expect our system, which has been characterized by well-known educators as really no system at all, to be subjected to the same attack. During our deliberations of the next few days, we expect to have many of these questions presented by those who are in a position to discuss them with full understanding and authority. We must bear in mind; however, that as long as our schools are dependent upon the wards of hospitals for use as our special laboratories for our student nurses, then the vital problem of the care of the sick and injured becomes for us a very grave responsibility. The relation of the pupil to the hospital and the duty of the hospital to the same? To what extent should the medical staff use the pupil in scientific work, and the relation of the members of the medical staff to the school and pupils, are all delicate questions, calling for a nice adjustment of our daily relations with such bodies and which are bringing many additional wrinkles to the brows of the busy women at the head of schools of nursing. Let us not lose sight of these very practical difficulties, even though filled with enthusiasm in contemplation of

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the more dramatic forms of nursing and public service.

...For two years, a Committee from the American Hospital Association has been working upon a plan for "grading" nurses. As far as can be determined, it is an effort to classify the enormous body of women calling themselves nurses; trained and otherwise, and put them into definite groups. Those who have struggled with the effort to amend the Nurse Practice Act in New York, for the past two years are convinced that the best way and only way to clear up the existing confusion, is to restrict the use of the word "nurse" to those properly prepared, putting all other into a class of workers called by some other name for whom due provision for preparation and subsequent protection shall be made.

We shall hear, at these meetings, something about the practical results obtained after a year's trial in California of the famous "forty-eight hour" law which affected the student nurse. While many of us are filled with very deep regret that the long working hours, which have very generally prevailed in hospitals, made it necessary for an outside body to "deliver the pupil from bondage," yet we are sufficiently honest and courageous to publicly acknowledge that a radical action of

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this kind was unquestionably required to arouse those in authority in hospitals and training school boards and even the superintendents of such themselves to the fact that some attention must be paid to this burning question of long hours.

...It is well for us at this time to give pause to recall the spirit of self-sacrifice and devotion which has always characterized that group of gallant women who have, from the very first meeting, until the present one, been the "bone and sinew" of our societies. They have counted not the cost either in time or strength or money. They have brought to each succeeding meeting added experience and knowledge that we less experienced workers draw upon

for inspiration and counsel Let us then, without hesitation, bring our problems to these meetings, not solely for the purpose of securing help, but with the intention of giving such. Let it be a season of mutual exchange of experiences and may we, at the conclusion, return to our daily tasks stimulated and refreshed and with a deepened sense of our responsibilities, not only to our pupils but to all members of society whom it is our privilege to serve.



THIRTY YEARS OF PROGRESS IN NURSING

M. Adelaide Nutting

1923, New York, New York

I am asked to tell you something of the progress made in nursing during the thirty year since this society was established, and I must acknowledge frankly at the outset that the task I attempted with some hesitation.

... The past thirty years in nursing show a period of intense activity, of rapid and continuous development in old and in new fields of work, of a consequent phenomenal growth in numbers and of many new and complex problems arising within the work itself and in the various relationships outside of it.

The earliest schools of nursing in this country were created independently of hospitals by boards or committees with power and freedom to develop the education of nurses as they would. From the beginning that responsibility was largely given over to the hospitals and eventually transferred wholly to them. What one surveys then in looking back over the developments in nursing is a period of nearly fifty years of almost unrestricted experiment with a system of education in which the School has existed as an integral part of the hospital, created and conducted to serve its needs, with the education of the nurse becoming thereby and inevitably a by-product of her service to the hospital.

Offering as these early schools did a new field of training and occupation for women at a time when such fields were rare; they attracted a large number of students, some of whom were women of rather exceptional ability. The result of their labors was that reform of hospital nursing to which must undoubtedly be attributed in considerable degree the extraordinary growth of hospitals which has characterized the past thirty years.

At the first convention held by this Society thirty years ago there were present 44 heads of training schools in Canada as well as the United States. As the entire number of such schools was then about 70 this was a good representation. Thirteen states were represented, 9 of them by a single member only. Today there are Schools of Nursing in every state and a great many in several of them. There are schools of Nursing also in the Philippines, in Hawaii in Porto Rico and in Cuba, built up by American nurses. I see that there are now 75 trained nurses at work in far Alaska. So I suppose that schools will soon be on their way there--perhaps, indeed, they are there already.

Altogether there are now recorded about 1800 schools of nursing which have grown up in the rapidly multiplying hospitals of the country during the past thirty years. A picture of their rate of growth is interesting. In the ten years between 1890 and 1900 there were over 400 schools of nursing established in connection with hospitals which arose during that period; in the next ten years, about 700 more schools were created in newly erected hospitals; and in the last ten years just ended there are recorded a further 600 schools of nursing of similar origin. In all of these hospitals the first imperative need was a good nursing service, and no one saw any way of providing this except by creating schools

whose students could form the nursing staff. Of course, the continuous demand for nurses in such large numbers who were capable of organizing schools and of directing their work was obviously an entirely impossible one to meet. These new schools had to be built up in various sections of the country out of whatever material was available for the purpose, and the results of that period of hasty growth form a part of our educational problem in nursing today. Think what it meant to a young profession just beginning to develop its educational structure, and to work out its standards of practice to be forced into such abnormal growth as the swiftly multiplying hospitals of the period required. Careful study of the situation will show these schools adjusting themselves more and more completely to the hospitals with which they were connected, more and more absorbed in efforts to meet their manifold and constantly increasing needs. Whichever way hospitals grew, their schools as a matter of course, followed. Never, probably, in history, has any institution, philanthropic or otherwise, had so useful and flexible an instrument of service at its command. Seldom does history record a service of purer devotion, than that which schools of nursing have rendered to hospitals.

...Shortly before this Society was formed in 1893, there were not 500 graduate nurses in the whole country. The last census shows about 150,000 graduate nurses, trained and registered and it is of interest to note that a very large proportion (80 per cent) of the whole increase of women in all professional service was found in just two pursuits nursing and teaching. It is of further interest for us to realize clearly that we have now reached a stage where we are graduating approximately 15,000 nurses annually, and that the certainty of increasing the existing number by 150,000 at the end of the current ten year period offers something to think about. Even with any degree of depreciation that seems likely to occur, there is more than a reasonable outlook that we may all live to hear the last faint echo of the final cry of a shortage of nurses.

The expansion of the field of nursing has been extraordinary and is still going on. Its extent and diversity can only be roughly indicated here. ...In public health work, which offers a new and apparently almost limitless field of activity for nurses, there are several quite distinct branches of work calling for special preparation, such as school nursing, maternity and infant protection, rural nursing, industrial nursing, etc.

...A most important phase of progress has been the development of nursing associations. The formation of the Society of Superintendents was the recognition of problems common to all nurses, which could not be handled by any isolated effort, and called for their united energies. One of its avowed purposes was to foster the creation of a National Association of Trained Nurses. A few Training School Alumnae Associations were already in existence, and within a few years there arose, first, the Nurses Associated Alumnae, which later became the American Nurses Association. Then there followed in rapid succession the organization of State Nurses Associations which within a comparatively brief period were formed in every state. With these organizations began in 1903 the first attempt through appropriate legislation to bring order out of the chaos in educational standards, methods and ideals, which had resulted from the rapid and uncontrolled growth of Training Schools for Nurses, over a long period of years.

...Nursing has also developed something in the way of a literature. Thirty years ago there were but one or two very elementary books on nursing, now several eminent publishing houses vie with each other in ministering to the need of student nurses.

There are two or three excellent nursing periodicals of national scope, and several state and alumnae publications.

...Of genuine and permanent improvements the most outstanding would probably be found the quality of teaching and supervision, and in the enlargement and wider range of instruction. The employment of trained teachers in school has now been going on for about ten years, and is steadily increasing, and this, together with the introduction in 1914 of a curriculum for schools of nursing has helped to strengthen teaching in nearly every subject.

The preliminary courses which offered something in the way of a reform twenty years ago are now found in most schools of good standing, and they have done much to ensure at least a minimum of sound teaching in the sciences.

Hours of duty are still a most serious problem. With the exception of the state of California in which student nurses in hospitals come under the provisions of the eight hour law, the eight hour day has made slow headway in hospitals generally. A nine hour day is still the working day for students in the majority of hospitals, and twelve hours the all but universal system for night duty.

... The appeal made by this Society of Superintendents of Schools of Nursing to the Carnegie Foundation in 1911 to make a study of the work in schools of nursing testifies to our growing anxiety over our educational problems which we seemed powerless to solve unaided. ...Ten years later, however, such a study was in progress. The development in the field of nursing had reached a stage where a serious study of the method of training had become imperative and financed by the Rockefeller Foundation... The study has occupied three years, was conducted by experts in various branches of education, and guided by a trained investigator of eminence in her particular field--Josephine Goldmark. This study with the full report which has just been published is an event of the first magnitude--and it is difficult to estimate in any adequate way the effect which it will have upon the whole nursing situation.

...Surveying the course of events during the years in which we have been struggling with our educational problems, one is tempted to wonder if the decisive moment in our educational progress may not have come unseen and unrecognized on the day when some part of the education of nurses passed out beyond the hospital and into the University--when some institution became interested in the education of nurses which did not need or desire to profit by their services--the day when Isabel Hampton with the support of this Society prevailed upon the Dean of Teachers College to open her doors of that Department of Columbia University to graduate nurses. For within a few years an organized body

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of instruction for nurses was built up there, a professorship in nursing established, and the first endowment for the University education of nurses received through which the College was enabled to lay the foundation for the training of public health nurses. Within a few more years, that valorous friend of nursing, Dr. Beard, had brought about the establishment of a University School of Nursing in Minnesota, and how this has been followed by similar schools in other states, you all know. The past few weeks have seen another step forward, in the founding of two more schools of nursing, on a distinctly new basis. These are the Schools at Western Reserve University, Cleveland, endowed by Mrs. Chester Bolston, and at Yale University by the Rockefeller Foundation. What sets this new school at Yale University far in advance of any other in its possibilities is that it has seen these two conditions as fundamental to the proper education of nurses. The School is to have its own funds (I deliberately put these first), its own Dean, faculty, buildings and equipment. Although the plans are not fully formulated, there is little reason to doubt that the school at Western Reserve University will follow a somewhat similar plan.

So at last we have reached the stage where these things,- the everyday conditions of other forms of professional education are now to be applied to the education of nurses. The school at Yale University is avowedly committed to an experiment, a much needed and most important one in our educational field. Our Miss Goodrich, who has undertaken this task is by temperament ad habit a pioneer and a resolute and adventurous one. She has no fear of treading any new path. Her capacity for brilliant leadership is well known, and her long and richly varied experience in administrative tasks in nursing will enable her to make the fullest possible use of the inspiring opportunities and resources before her. The loss at Teachers College of her devoted work for our students is very great. There is no one who can take her place. There never in fact could be anybody to do that. But our interest in the important educational experiment she is courageously attacking is almost as great as her own-our anxiety to help forward new things in nursing, is a part of our very being.

The picture of the growth of nursing as I have tried to sketch it outlines only main factors in our progress and not all probably even of them. How coldly bare and formal it all sounds in the mere recital, how full in actual life it has been of warm devotion and of splendid energy of heroic tasks carried through with unfaltering courage and of common daily tasks patiently and faithfully fulfilled. Our golden age, however, is not in the past, it is in the future, and the best inheritance we can carry over from the past is the spirit which has brought us through these difficult years, with undiminished courage and unshaken faith in the beliefs and principles for which we have striven.

That spirit leads one to seek ever a better way; leads one to question, to grope for the right solution to the difficult problem. Following where it leads one may falter, may fall if need be, but the spirit which giveth life survives error, survives even failure. It alone leads to progress.





Four NLN Past Presidents meet:
Ruth Sleeper, Ruth Freeman, Lucile Leone, and Lois Austin, 1964

EMBRACING DIVERSITY

COMING TOGETHER: SPEAKING IN ONE VOICE

The Society, and then the National League for Nursing Education (NLNE) in 1912, led a movement to reform health care by bringing excellence and integrity to nursing education. During these early years, leaders of the Society and the NLNE fully recognized the need to champion differences of ideas, values, and perspectives in the pursuit of reform and transformation into the future. A culture of inclusiveness across disciplines and among training schools from a variety of locations and cultures was celebrated. This belief is consistent with the NLN's current core value of diversity, which affirms that by acknowledging the legitimacy of us all, we move beyond tolerance to celebrate the richness that differences bring forth.

In this section, select addresses of Society and NLNE presidents reveal how leaders brought forth new and sometimes controversial ideas and perspectives in the context of mutual sharing and discussion. In 1909, Isabel Hampton Robb spoke to the importance of annual gatherings to bring diverse voices together to confer about the serious business of educational reform. Annie Goodrich (1930) and Effie Taylor (1935) called for the language of science to be integral to the education of nurses and for support for community-focused care. They stressed the importance of embracing patients with all types of needs and moving away from the traditional skill-based, hospital focus. The section ends with a speech by Ruth Sleeper in 1948 asking members of the NLNE to consider a re-organization to unify nursing and bring more diversity to the organization. All these ideas challenged long-held beliefs and required openness to diverse thinking in the context of maintaining and building an inclusive approach to reform and a transformative future.



PRESIDENT ISABEL HAMPTON ROBB
Fifteenth Annual Convent Superintendents' Society,
1909, St. Paul, Minnesota

...The main reason for our dropping the routine of our daily work and travelling long distances annually is to confer together face to face over this serious business of the making of the trained nurse. The needs and conditions of this peculiar work demand this kind of conference and I think at no time in the existence of Training Schools has the demand been as great as at the present.

...I wish to speak of two or three points that have come to my notice through the year regarding the training of women in hospitals. The last to take my attention was an article on "Hospital Atmosphere as it Impresses an Outsider" that appeared in the April issue of the Nurses' Journal of the Pacific Coast, and bears out similar statements that have from time to time come to my notice. ...Miss DeWitt takes up the nurse, and in her very first sentence makes the charge that "there are few probationers who do not enter a training school with some ideals, who do not find these ideals more or less shattered after a few weeks." Certainly this is a grave statement and if true may have something to do with the lack of applicants. Again a little further on comes the sentence, "I agree with those who like to see a tidy ward, but wouldn't it be better to put the comfort of the patient first and to teach the younger nurses to consider it important. I think that many a nurse would confess that she had to learn the necessary thoughtfulness by degrees after leaving the hospital and that her training was not of great help to her in this respect." ...I have ventured to say these things to you as they have been said for your thoughtful consideration, for I feel confident that if such is the case in any degree as a body of earnest women devoted to your work you will do all in your power to make things different.

... And to the younger members of our Society, to those who are just beginning their work as teachers of nurses and who have ever my most cordial sympathy and interest, let me urge you to rank this personal teaching first in your duties, remember a successful training school can never be run from the chair in your office, rather delegate office work to assistants and spend your time in the wards with you r nurses and patients. See to it that you are first and last the best practical nurse and then give it to your pupils the benefit of that expert knowledge and that invaluable personal touch. Moreover, never allow the physician to regard you as a mere figure-head, make your presence felt in the wards, in the operating rooms and with the physicians and patients.

In conclusion I trust that our deliberations may be as ever inspiring and helpful and that the uplift that may come to us all from the days that we are privileged to spend together may send us each on our several ways with the feeling in our hearts that of all the various kinds of work now being done in the name of woman, that of teaching women how to nurse the sick is second to none. I now take pleasure in declaring our convention open ready for work.

ANNIE W. GOODRICH
The New Epic in Nursing
Thirty-sixth Annual Convention of the NLNE
1930, Milwaukee, Wisconsin

...It is, I believe, true ·that we have reached a new epoch in nursing, and that is in itself an inspiring fact. We have passed the day when our objective is limited to the acquiring of the technical nursing procedures demanded by curative medicine and we are now concerned to evolve the content of nursing education demanded by the field of preventive medicine.

... Let me digress for a moment to consider this question of education. We often hear discussed sometimes acrimoniously, sometimes encouragingly, the question of college education. What do we mean by "college education"? What do we imply when we say degree"? We are simply summarizing the fact that to- day there is a body of knowledge that bears distinctly up in human life, that any such body of knowledge has a direct relationship to the profession with which we are concerned, that every day, even every hour, in the great laboratories of science that knowledge is changing. What created thing could be of greater importance than human life, and who is more concerned with the development of that creation than the nurse, except the parents, and even they can't escape the nurses the may occasionally escape the physician, but today they rarely escape the nurse.

We must require of our women in the future two languages: the language of the people and the language of Science. That nurses have learned the language of the people is evidenced by the group meeting here today. This great body of nurses could not have come into existence in these few years had they not ministered in some way to the people, and what is true of this continent is true of other continents. But if we are truly concerned with our field of work we must speak the language of Science.

...There is another matter of importance for the council. What are we doing for the sickness and health needs of the small communities? We are informed that there is an oversupply of nurses for the cities, but that the small community and the rural area have not an adequate supply. In this case should the local hospitals maintain school of nursing and if so under what conditions? The small hospital offer certain advantages sometimes lost in the larger institutions. Preeminently it demands an approach to and consideration of patients which is highly desirable in a program of knowing education; it provides for more personal understanding and direction of the patient; it permits of more extended and thorough knowledge of the case; the atmosphere more nearly approximates the home environment of both patient and staff; it is believed that the students, limited in number, are a desirable factor in the small institution; upon graduation if their professional preparation is sound, they can serve equally well their own or the surrounding rural area, or in the larger city with which they will be familiar through their preliminary and later affiliated courses.

...I have inspected hundreds of these small hospitals and know that many of them are beautifully equipped; that the clinical material offers under the right auspices excellent experience. It is perfectly possible through the ever increasing number of universities and colleges, many of which are already offering courses in nursing, to provide through extension courses a pre-nursing science course. So I hold a brief for the small hospital school if the education is based on a sound foundation, which is a scientific foundation.

No one can attend these meetings without being impressed with the extraordinary growth of the nursing field. I refer not to its numerical growth but to the broadening view and the tremendous enrichment of the field evidenced by the papers presented and the subjects discussed.

We have no reason whatever to be discouraged. We are, I believe, at the turn of a road, but we have come to this with a far wider vision than has before been possible. ...Women have had much to do with these changes, and I see as the next step, a I hope you do, women going out into the streets, into the factories into the tenements, into the prisons and making those same changes in the community that have now been achieved in the Hospitals.

We may have a long road over which to travel. We must make communities see that they must support the hospitals and not lean on student labor. We must so adjust our program of nursing service that the unneeded contribution of the private duty nurse can be applied to the greatly needed bedside nursing of the sick in the hospitals. The best bedside nurse instructors will be the successful private duty nurses, but in order to obtain their services in the hospital their hours of duty must be such as will enable them to enjoy their work. We must see to it that the advancement in their salaries will relieve the economic pressure. All this is perfectly possible for such a wealthy nation, and only through such adjustments shall we create a democracy in which we can believe...let us press forward, and obtaining the aid and assistance of the women of the community let us seek to achieve this program of social betterment.

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PRESIDENT EFFIE J. TAYLOR
Twenty-five Years in Nursing Education
Forty-first Annual Convention of the NLNE
1935, New York, New York

...The National League of Nursing Education has many functions, but perchance its greatest usefulness may be fulfilled in discovering the ways by which nurses may be prepared to serve the community, and, in accord with this great objective, in further studying the content of education which should be included in the preparation of nurses adequately to meet their responsibilities. Another primary function which this organization must accept is to indicate where and under what conditions students can best be instructed in the art and the science of nursing, that they may be equipped with knowledge and skill to bring to the people both within and without the hospital what they urgently require.

While nursing education must always be specifically concerned with the mastery and perfection of skills and techniques essential to the practice of therapeutic procedures in the hospital itself, a broader and more comprehensive vision for the education of nurses must supersede the limited outlook which relates almost entirely to the acquiring of manual dexterity. The advancements in the fields of medicine and in the newer field of public health have greatly changed the emphasis which was formerly placed on the content of knowledge required by nurses to function cooperatively with physician's in the cure of disease.

During the last twenty-five years the dominant note in medicine has been shifting gradually from cure to prevention, and we are, by this inevitable force of change in thought and practice, constrained to enlarge our thinking of a quarter of a century ago and to reconstruct our ideas for the education of nurses so that they may be in accord with the newer knowledge of the causes and cure of disease available today, and also with our changing social and economic conditions.

...When nurses began to realize that patients with emotional disturbances and behavior difficulties were not just queer, troublesome, and disagreeable, but were ill and suffered as much as or more acutely than they suffered when in physical pain, a new conception was given to nursing. A new field of research and study was opened then as nurse educators sought to interpret the relations existing between the mind and the body, the reactions which each had upon the other, and the body of knowledge which nurses required in order to minister to patients who depended upon them so vitally for their support and comfort.

...Today we conceive the nurse to be a scientific worker, questioning in her interest, trained to lead and to teach intelligently. She is also prepared by education to assist the physicians and research workers, who are striving through

investigation, observation, and study to find new knowledge through which to protect and preserve the health of our people.

...May we endeavor always to keep the spirit of service in our work, to keep all that was noble and beautiful in the old traditions, but to keep them alive by keen thinking, deep knowledge, and understanding of ourselves as well as of those whom we are called upon to serve?

...The League of Nursing Education has a challenge of great magnitude to meet, if it be true that nurses make more intimate contacts with a larger number of people in homes and in institutions than any other group of health or community workers. We, the nurse educators, are faced with the responsibility of preparing young women to go out from our schools of nursing armed with the right kind of knowledge to attack the problems they will meet in their contacts with people. Our nurses must not only learn to follow orders obediently but how to interpret needs. They must learn not only how to work under authority and rule, but how to work alone and to provide for their own emergencies. They must learn not only how to deal with a single patient, but how to deal also with the family and the community. They must learn not only how to assist in getting the patient well, but how to help him keep well and prevent a recurrence of his present illness. And finally, good nurses must know not only how to care for the sick body, but how to help relieve the strain and anxiety of mental worry and unrest. It is not enough to give the patient good physical care and wish him good night and a refreshing sleep, if his mental anguish, fear, and worry have been overlooked. Nurses have other functions more binding, more urgent, and more real than those which can be absolved by a series of physical manipulations, though these are not to be minimized. The mental therapies are more intangible and more difficult to practice. They cannot be hurried and often require some sacrifice of individual time, as one endeavors to get near the sick one and share with him his personal problems and understand his difficulties.

The whole patient in all of his relationships becomes a fascinating study which can be made only by persons scientifically trained, those who have a sound background of knowledge in the biological and social sciences, and who have also acquired a profound grasp of these sciences in their application to the art of nursing. The art of nursing has a deeper connotation than the practice of nursing procedures. It means more than the application of therapeutic measures in the cure of disease and an intellectual knowledge of many subjects. It embodies all of these-but more-for in addition it is the art of living with people, of knowing them intimately, of understanding their strengths and their weaknesses, of sharing their lives and having that deep though illusive knowledge of how and when to help them.



PRESIDENT RUTH SLEEPER

A Year of Sowing

Fifty-second Convention of the NLNE, 1948, Chicago, Illinois

A review of the annual reports of the League presents a series of contrasting activities carried on year by year. In 1917 the central focus of activities was on the standard curriculum; in 1930 the grading of schools; 1939 accrediting; 1943 problems of the war; 1944 postwar planning. Each year a new theme, a new emphasis. Each year a glimpse of the possibilities just around the next corner. ...It has been a year of preparation; a year of sowing.

...Soon you must decide whether you want a unification of nursing; whether the recommendations of the Committee on the Structure of National Nursing Organizations are to be accepted; whether we can in all conscience continue the expenditure of more money, more time and effort, to formulate still another plan; whether nursing is ready yet for unification. At the Seattle Convention the League membership acted upon the report of the Committee on Structure and renewed its directives to its representatives. Since that time members of your Board of Directors have met twice with the boards of the other five organizations, once in November and once in April. The increased support of all organizations, the growing understanding between boards, and the determined effort to find a common ground for agreement has been encouraging. Meanwhile, your representatives have met with the full Committee on Structure and served on the various subcommittees. The progress plan of the committee has been presented for your consideration at this meeting. What steps shall be taken? How can we assure future support for nursing education, future support of the programs of all the other national organizations? The plowing and harrowing have been done for several seasons. The germ of unity has been planted. Both germinating seed and germinating idea alike can lie fallow too long to bring forth a successful harvest. What are to be the next steps?

...Joint thinking has not been restricted to the nursing organizations. There have been three significant meetings this year with hospital administrators and representatives of the American Hospital Association and the American Medical Association. In November, the American Medical Association Committee on Nursing invited representatives of the hospital and nursing associations to meet in Chicago. The meeting was given over entirely to general discussion, fact finding, and interpretation of nursing problems which affect hospitals and medical practice.

In early March, the League cooperated with the American Hospital Association in an Institute on Nursing Education for hospital directors and directors of schools of nursing. That the participants might have active group work and free discussion the number of both hospital administrators and nurse directors was limited. To secure representative thinking, applications were accepted on the basis of geographic representation and size and type of school and hospital. The agreement between groups was auspicious, the understanding heartening. I should like to record here the appreciation

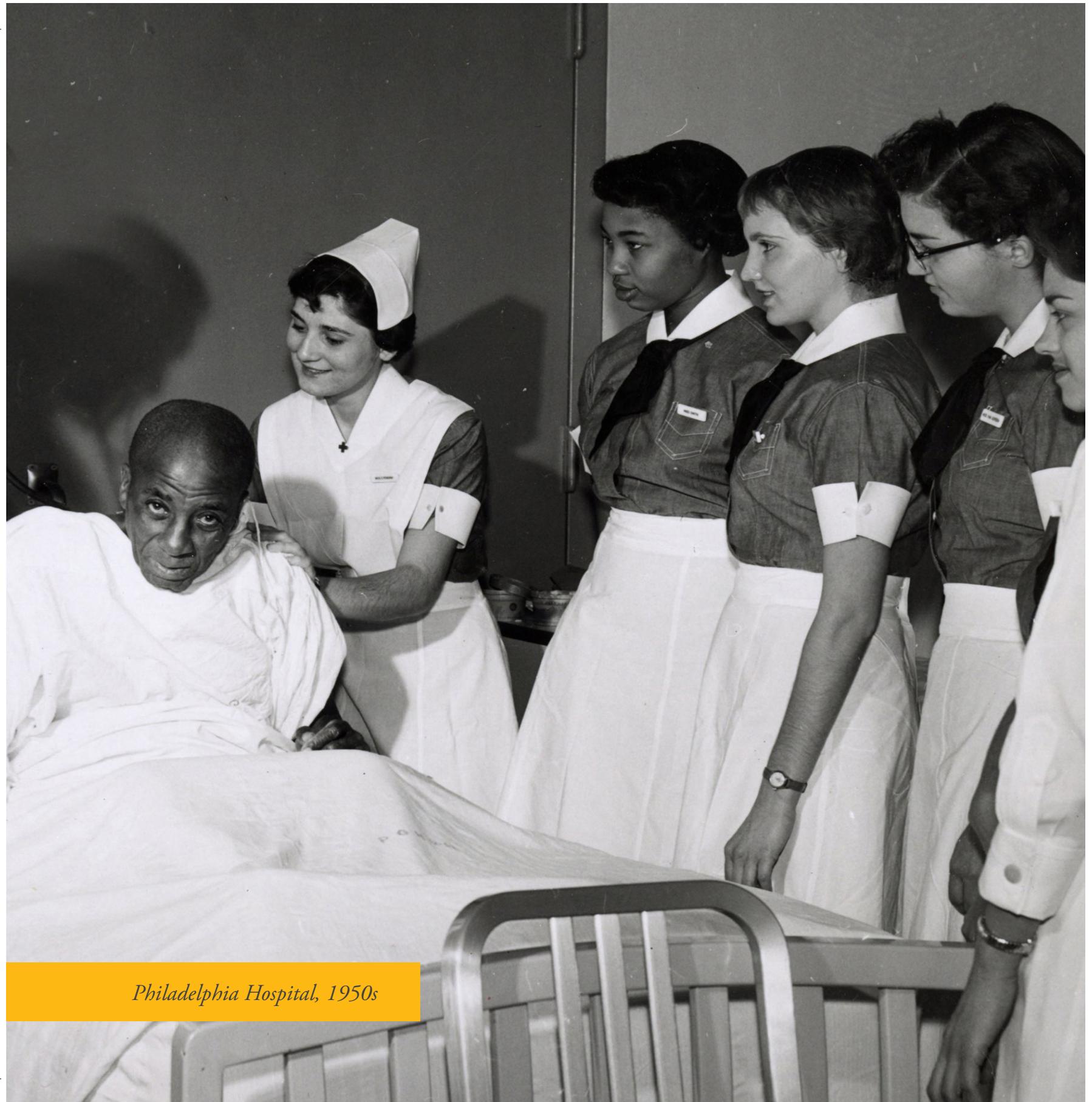
of the League for all that was done by the American Hospital Association to make this Institute possible: the constructive program, the effective organization of activities, the excellent discussions. It is hoped that some means may be found to make the institute papers available to all those who could not attend but wish to share in its benefits.

In late March, the American Hospital Association called a meeting in New York. The following were invited to the meeting: representatives of the three hospital associations, the American Medical Association which included representation from the American College of Surgeons, the American Nurses' Association, the National Organization for Public Health Nursing, and the League, one of whose two representatives could speak on the problems of collegiate nursing education. This meeting, one of a series to be held, was also a general discussion, a coming together for mutual discussion and interpretation. It was, we hope, the beginning of better understandings.

As this report is prepared, the League is sending representatives to the National Health Assembly in Washington, May 1-4. This meeting has been called by Federal Security Administrator, Mr. Oscar Ewing, for the purpose of discussing a ten year health plan for the nation. What this plan will do for nursing no one can yet say. The League has already set forth the principles on which we believe federal legislation for nursing education should be based. The American Nurses' Association, which worked with the League and the other nursing organizations as these principles were prepared, is ready to support us if and when legislation is introduced. Nursing stands with medicine, dentistry, and public health as one of the essentials and one of the shortages in the projected program for national health. That nursing education may be included in the legislation for this ten-year health plan seems probable. That the League should have an active part to play in this ten-year health plan is indisputable.

...The national committees and the Headquarters staff will report separately to you. They have planted the seeds this year. Now it is the privilege of all of us, League members and others alike, to till those seeds, that they may bring forth abundant harvests, of better nursing education, of better understanding, of greater respect, of increasing support. This year has been indeed a year of sowing.





Philadelphia Hospital, 1950s

QUALITY MILESTONES IN NURSING EDUCATION

ESTABLISHING A CULTURE OF EXCELLENCE

From the beginning of the Society in 1893 and continuing through the early days of the National League for Nursing Education (NLNE), the organization advocated for reform in basic pupil training. Members of the Society and the NLNE worked toward standardizing nursing education, building curricula based on theory, and advancing teacher preparation. A quest for quality permeated the early years and laid the foundation for nurse educators to reform nursing education and make significant contributions to the American public health and well-being.

This section highlights excerpts from three powerful addresses by President's S. Lillian Clayton (1920), Elizabeth C. Burgess (1929), and Nellie X. Hawkins (1937). Lillian Clayton and Elizabeth C. Burgess called for quality in nursing education, including the expansion of the nurse's role to include not only knowledge of practice in hospitals, but an understanding of public health needs beyond institutional walls; they also pushed for standards to "grade" excellence in training schools. Nellie X. Hawkins provided a powerful appeal to the NLNE membership to accept the responsibility for accrediting schools of nursing on a national basis. This was the beginning of the League's long and respected history of providing accreditation as a reliable indication of the value and quality of nursing education programs.



S. LILLIAN CLAYTON
Twenty-sixth Annual Convention of the NLNE
1920, Atlanta, Georgia

In consideration of the progress which nursing education has made during 1919, and of the many problems which confront us at this time, we cannot fail to be impressed with the facts that during the past year our advancement has been retarded by several factors, and that our present problems are many of those which we have always had with us, plus new ones brought about by war and other influences.

The war with its many evils has created a desire for progress and has stimulated to greater efforts more than one profession.

...Now is the time to correct the shortcomings of the past... Let us ... consider briefly the objectives of nursing education.

Our conception of nursing is not the same today as it was not formerly, nor can it be; because our point of view must be widened to include the varied and increased demands which are being made by the medical profession and by the public upon the women who go out from our training schools.

The preparation of the nurse merely for the care of the sick in their homes and institutions is not a difficult problem and may be easily assumed by the average hospital, but to-day this is but one phase of her education. Dr. C. E. A. Winslow tells us:

The new field of nursing requires a highly trained and specialized expert; the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special application in the field of her own work, whether it is school nursing, tuberculosis nursing or infant welfare. She must know these things not merely as a practitioner, but as a teacher, which means not only knowledge of details, but a vision of right relationships and a talent for effective presentation.

Our foremost hospital executives and representatives of the medical profession also believe that the ideal of the future should be that of training for public service. If, therefore, our objective has been widened to include not only the foreground of the patient as demonstrated in his bedside care, but the background of that patient as well, regarding factors in that background as responsible for bringing him to the foreground of medical and nursing care-if that objective

That nursing education may be included in the legislation for this ten-year health plan seems probable. That the League should have an active part to play in this ten-year health plan is indisputable.

requires the practical and the social education as stated by Dr. Winslow, if it requires academic preparation for teaching and supervision as well as the practice and theory of bedside care-is the hospital equipped to give this preparation in its entirety, and should it be expected to do so? Is it logical to place this burden wholly upon an institution which must make another group its first consideration? If so, then the hospital must change its entire plan of organization and plan definitely to establish within itself an educational department. This would require economic readjustment on the part of the institution and on the part of the student.

The number of nursing students will not increase permanently on the old economic basis, nor should it, for this basis today is fundamentally wrong for the student, educationally, socially and physically. It is fundamentally unsound for the hospitals. Their primary purpose is to afford care for the sick and to what extent their functions should be educational, is for them to decide. Only a very few have so determined. Certainly at present, the burden placed upon the hospital, the training school and the student is greater than can be borne.

In studying the program of any educational group, we quickly realize that their problems and their topics for discussion are very similar to our own. Therefore, may we not find some of their suggestions worthy of our consideration? Every young student should be given the opportunity to secure the education, physical, scientific and social, necessary to prepare her adequately to meet the needs as previously set forth. We know that there are many who have not received such preparation, many who will not, and few who are really giving back to either hospital or society the service expected of them. And the criticisms come from all parties concerned.

We must find a way to make universally real the ideals which we have. We must reach the objective which we believe to be ours.

At the present time we have but the merest beginning of the educational program necessary to this end. Let us agree, as one of our educators has said, that our minimum objectives are: 1st, Essential elementary knowledge, training and discipline in the care of the sick. These we know should be provided within the hospital; 2nd, Occupational efficiency. This presupposes preparation for special types of nursing service, only part of which can be provided within the hospital; 3rd, Public or civic responsibility. The essential elementary preparation should be given in the regular school for nurses, the details of which are well known. This must be the strong foundation for the second and third objectives, and we must not permit it to occupy too much of the student's time. This preparation should be standardized and the teaching staff should have had at least a full high school education previous to their professional training.

These simple provisions should convince anyone of their necessity; but their application alone would at once bring about a great change in the very foundations of our training school system. Only statistics can really prove the above statement; and yet all of my hearers know it to be true.

The content, the quality, and the language of instruction are matters of concern to the students, their parents, the community, the state, the nation; and it may prove to be true for nursing education as for any public education, that a worthy program for American training schools must make adequate and effective provision for supervision and control of such instruction by duly authorized officials.

At the present time it is not possible to secure an adequate number of nurse teachers with the qualifications mentioned, hence the necessity of making provision for their preparation is a matter of fundamental importance.

That nursing education may be included in the legislation for this ten-year health plan seems probable. That the League should have an active part to play in this ten-year health plan is indisputable.

...Would such a program of supervised and standardized education for the nurse, supported by public funds and resulting in the sound preparation of the student for private and for public service be too expensive to consider? How would it compare with the cost of the varied activities incident to the war, where no return was expected except destruction? What would the returns be as measured in the spirit and efficiency of the hospital care of patients; in the freedom to render such service thus secured to institutional officials; in the spirit of and readiness for public service of the nurse? Public financial support appears to be a very practical method of dealing with the large nursing problem now confronting us; but the development of a working plan for such a solution of the question, will require a number of years.

The most important immediate factor is the securing of properly qualified nurse teachers and the establishment of a department of nursing education which shall be on a par with any other state and national educational department. It is only necessary for the American people to be as interested in the health of the nation as in any economic problem, to have the decision made that the plan is worthwhile and that it shall be carried out.

...The whole world today recognizes not only these unprecedented responsibilities, but the unparalleled opportunities as well, that are America's. May we not recognize all Americans before it is too late—that the only sane hope of rising to these responsibilities of grasping these opportunities, must be founded upon the determination to prepare ourselves for them, individually, as a community and as a nation?

We are not prepared now. We are no more prepared today to meet the great emergencies of peace which are confronting us, than we were prepared, three years ago, for the emergencies of war. Education, hasty and hectic, was our chief resource in preparing for war. Now—education, deliberate, intensive and sustained, must be our basic principle in preparing for peace.



ELIZABETH C. BURGESS
Thirty-fifth Annual Convention of the NLNE
1929, Atlantic City, New Jersey

...The National League of Nursing Education, the oldest organization of all assembled here, is concerned primarily with the great problem of the education of nurses, in the preparation of women first of all in the knowledges, skills, technique, and qualities needed by everyone who is to give good nursing care and secondly in the further preparation required by those who would enter special forms of nursing service which require special techniques and special knowledges. We are interested in the development of the nurse in service, in making possible for her the advantages of higher education, we are interested in research, and we are interested in the field into which our young graduates enter. Our object is to determine and to make possible the best education for the workers. We know if we are to do this we must know the field. We must acknowledge that the sole interest of a school of nursing must be the education of its students. It is here that we are sometimes misinterpreted, for our schools are so closely tied to our hospitals, our students are so needed by the hospitals for the care of patients, that to some this statement may seem selfish. Not so if we analyze the situation. We covet proper conditions, good education for our students, both in basic courses and later. We want the best prepared nurse possible for what purpose? Is it that the nurse may personally benefit from a satisfactory education? Incidentally she may do so, but our whole object is better nursing service of all types for those who need such service.

No group is more interested in the actual nursing service of the hospital than those who are members of the League. As individuals and as an organization, we are continually torn by our interest and responsibility for the nursing service of our hospitals. Our best teaching is done at the bedside of the patient. An efficient and skilled nursing service is a necessity to a good school of nursing, and no such service can be attained where a school is located unless the teaching of students who give a great share of the care to

...It was pioneering 50 years ago to clean up those old wards and introduce new ideas and ways and to begin the training of nurses. Every stage in development has called for workers with the spirit of the pioneer, and pioneering is not at an end. I am of the opinion that our situation today is almost more difficult than it was in the early days, for it is simpler to see and overcome the obvious than to move forward after a certain degree of excellence and satisfaction is attained. Today we have problems which were never dreamed of in the earlier days, and which were not problems to us ten years ago although many of the old ones are as well still with us. Never again will it be as simple to conduct a school, to set up a curriculum, to teach what should be taught, and at the same time provide good nursing care for the patient as it was in "the good old days." In "the good old days" the diets were regular, soft or fluid; research was unknown; complicated treatments had not been devised; cures were affected through drugs; rounds occurred at regular intervals; the world was devoted to working twelve hours a day; and the health of workers was not considered. Young women were more

mature when entering our schools and the majority came with home training of a definite helpful type; automobiles were not built; and women did not smoke. We had no particular concern if a student who liked the operating room service remained there for eight or ten months and missed her dietetics and children's training in consequence.

During the past month most of us here have been seriously studying our own schools. We have spent long hours and days, especially if the school has been large, in checking up the experience and the teaching which we give our students, and we are doing it as a first step toward the grading of the schools in this country. Shortly, I presume, we will each be told how our school compares with others in many respects. I suspect that to many this process of examining our work has been somewhat discouraging for the reason that when we study critically a piece of work we are attempting to do, we see the defects and the largeness of our problems overshadowing our accomplishments. It is never easy to take stock, but it is a very sound way to start constructive work.

Just how the grading will proceed I presume will depend on the developments of the next few months. It is not my intention to discuss the grading of schools, or the program of that committee. I wish, however, to bring forward one phase of our present situation which is involved in the grading of schools and in which I believe this organization should have great concern. I refer to the laws which govern the practice of nursing.

...The standards of nursing care and of education of the nurse as shown in the old Bellevue wards are not accepted today. Our legal standards of nursing of 1903 should not be those of 1929 or should those of 1929 be unchanged in 1940-50. Education must raise the standards to meet the changing needs, public opinion will demand better nurses, and nursing legislation must be obtained which will help maintain them.

It will be in the future as at present the particular work of the various State Nurses' Associations to secure amendments to the laws, but the State Leagues and the National League must with a united front demand as high standards as can be obtained. No group is more interested in the amount and character of the general education which is demanded of entering students and who later swell the ranks of our graduates than is the League. The laws controlling nursing practice presumably voice our ideas of what the minimum professional education should be which can fit tingly prepare women as nurses. However, if one were to judge by these laws it would appear that the needs of the sick must vary in accordance with the state in which they live.

...We are tremendously concerned with the amount and character of the clinical material we provide for our students, but what we ask for in our laws is indicated by the bed capacity of the hospitals, and also the daily average number of patients accepted. Another curious and very important matter to which we appear to have given little consideration is that of the length of time it should take to give this minimum education which the laws must always represent.

...These are examples only of the situation. The fact that we have no law which requires all those who nurse for hire to be licensed adds to our difficulties. Anyone anywhere may care for the sick as long as she does not practice under

certain prescribed titles. We have taken no definite steps toward a National Examining Board such as the American Medical Association took in 1915. ...Such a Board would not only assist to clarify the standards of nursing education in this country and help solve the reciprocity question but would also be a first step toward reciprocal relations with other countries.

Is the matter of legislation one solely for the American Nurses' Association to solve? Is it not one of the great problems in nursing education in which the American Nurses' Association, the National Organization for Public Health Nursing and the National League of Nursing Education should join forces in a constructive program for elevation of standards in the states, for compulsory licensing and for a National Examining Board.



NELLIE X. HAWKINS
A Task and a Vision Is Joy Unspeakable
Forty-third Annual Convention of the NLNE
1937, Boston, Massachusetts

We have just assembled in the forty third annual convention of our association, which brings the year's work to a close and starts a new one. At this time, as is our custom, we pause to make a report of progress, to evaluate the year's achievement, and to consider the next steps to be taken in carrying forward the work of the organization.

Although it is not my purpose to review the historical development of the National League of Nursing Education, or to recall to mind its many splendid achievements, there is one historical fact of which I should like to make mention because it occurred just two and one-half decades ago, and marked the beginning of an important period in the development of our organization. I refer to the change in name of our association, which was acted upon in 1912, at the eighteenth annual convention which met in Chicago.

...This change in name, in and of itself, was perhaps of little real importance, and only incident to the more significant changes which were made in extending the privilege of membership to all those engaged in educational work in nursing and in greatly extending the scope of the organization's activity. In this span of twenty-five years, our membership has grown steadily, from 400 in 1912, to our present membership of a little over 4,000; and in like manner have our activities also expanded year by year to meet the many new educational problems as they have arisen. But I must not linger longer on the past, since it is my purpose to speak to you briefly of the work in which the League is now engaged, and also to direct our thoughts to next steps in the work of our organization.

...Of the many projects in which the League has been engaged during the year, one of the most significant is that of the revision of the Curriculum for Schools of Nursing. Started three years ago, in 1934, when Effie J. Taylor was our president, this important educational project is now practically completed, and the second revision of the League's well-known publication, the Curriculum for Schools of Nursing, will soon be ready for distribution under the new title, A Curriculum Guide for Schools of Nursing. And so, once again has the Committee on Education (now the Committee on Curriculum) carried through the difficult and exacting task of revision. May I digress here to mention the fact that the chairman of the Committee on Curriculum, Isabel M. Stewart, is this year completing twenty-five years of continuous service to the League as a member of this committee? Appointed to the Committee on Education in 1912, Miss Stewart worked closely with Miss Nutting, the first chairman of the committee, and in 1919, when Miss Nutting became honorary chairman; Miss Stewart succeeded her in the position which she still holds.

Miss Stewart's contributions to the League have been many and varied, and her name is closely associated with all of

the League's outstanding activities, but among them all the one with which she seems most closely identified is that of the preparation and publication of The Standard Curriculum in 1917, its first revision in 1927, and now its second and very complete revision in 1937. At this time, which marks the end of twenty-five years of devoted service to our organization, the National League of Nursing Education wishes to record its very deep appreciation of the outstanding service which Miss Stewart has contributed to the progress of nursing education.

Of the many values derived from the curriculum project now nearing completion, may I give emphasis to the importance of the stimulation, interest, and understanding which has resulted from the participation of large numbers of our members working in cooperation with representatives from closely allied fields on the curriculum problems in nursing education. To conserve and enlarge the results of this cooperative effort is something to which the League must now give its immediate attention. Many clouds of misunderstanding have been lifted through this project, and I believe that as a result, fairer weather is ensured for the years ahead.

As to the Curriculum Guide itself, it is the sincere hope of the League that it will prove a stimulus to all those responsible for nursing education to reexamine the curricula of their schools, and that it will provide helpful guidance in planning programs of revision and in meeting the challenging educational problems of the next few years.

...Before I proceed to the discussion of another important League activity, may I refer to one more curriculum problem—that of faculty preparation. In the replies received from the schools which collaborated in studying the installation of the proposed curriculum in their own situations, "securing or developing the right kind of faculty" was listed as the second most difficult adjustment which they would have to make; "securing of sufficient finances" being the first.

...Most of you will recall that it was at the biennial meeting of our national nursing organizations, held in Los Angeles last June that the League voted to accept the responsibility for accrediting schools of nursing on a national basis and authorized the appointment of a Standing Committee on Accrediting to formulate plans to make this action effective. ... Between 1930 and 1933, at which time the Committee on Standards was appointed, two special committees of the League devoted considerable time to studying various types of accrediting agencies, but no definite recommendations were made because it seemed advisable to defer doing so until the Committee on the Grading of Nursing Schools had completed its study and published its final report.

As was reported at the Los Angeles meeting last year, the matter again came to the attention of the Board in June 1935, when the Committee on Standards recommended that a committee be appointed to study accrediting systems with the idea that the findings be taken to the joint boards with the proposal that consideration be given to the establishment of some type of agency for the accrediting of all kinds of programs in nursing education.

The Special Conference on Accrediting then followed, in March 1936, with the appointment of a Special Committee

on Accrediting, which committee reported to the membership last June, and presented the recommendation that the League assume responsibility for accrediting schools of nursing on a national basis and that a standing committee be appointed to assume responsibility for making such a program effective.

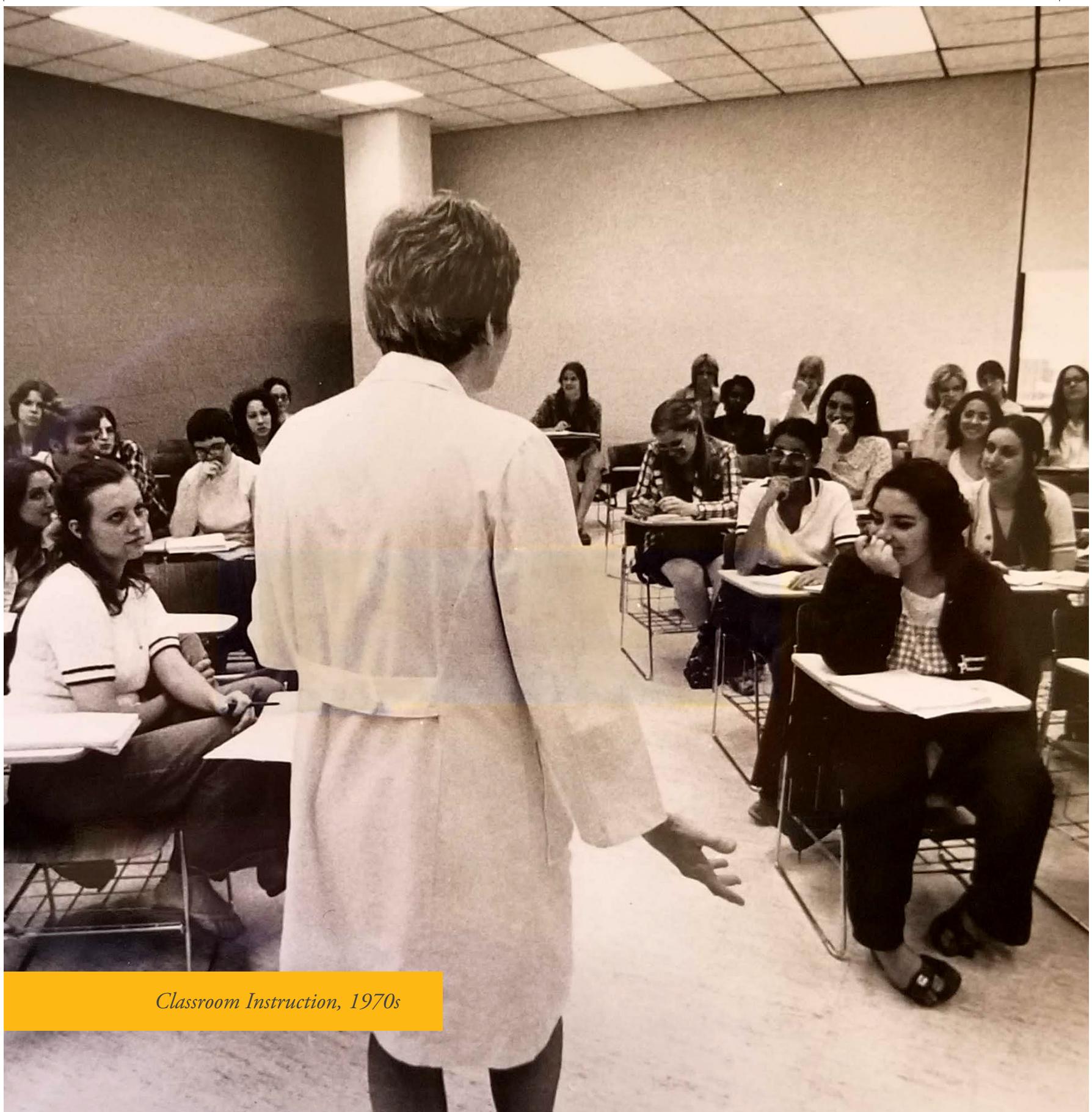
...The primary purpose of the League in adding this new educational activity to its program is to help schools of nursing to improve, to the end that their graduates may be more adequately prepared to function effectively in modern society.

I believe we have every reason to be optimistic as to the outcome of this project. Similar plans made effective in other fields of education have resulted in conspicuous improvement, and I feel confident that equally beneficial results can be secured in our own field of education. The committee is mindful of the fact that such a plan is "potential of much harm as well as of great good" and is proceeding slowly, and with the advice of those who have had long experience in accrediting schools in other educational fields.

...May I express appreciation also to our Executive Secretary and our Director of Studies and to the Board of Directors for their guidance and generous support during this first year of my term of office. Under their leadership your organization will continue to grow in usefulness and in the effectiveness of the service which it renders to the cause of nursing education.

It has been said that a task without a vision is a drudgery-a vision without a task is a dream-but a task and a vision is a joy unspeakable. We, the members of this organization who are so largely responsible for guiding the education of student nurses, have a great task, but I believe we have also a vision of the beneficial effect which that task, successfully performed, will have on the future health of our nation. It is a "joy unspeakable" to be a participant in so important a piece of work, and I hope that the meetings of the next few days will bring to each of you help and inspiration for the task to which you will return at the close of this convention.





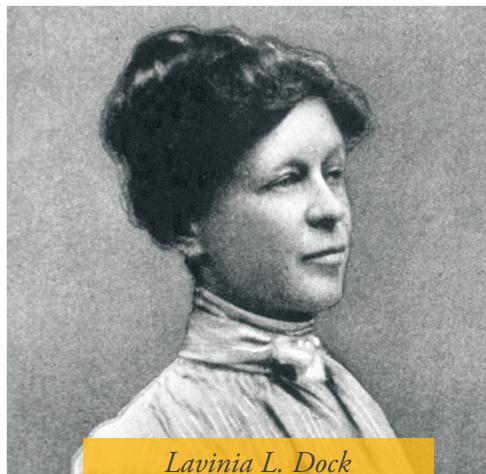
Classroom Instruction, 1970s

LEADERS IN NURSING EDUCATION

CO-CREATING WITH DARING INGENUITY

Throughout the history of the National League for Nursing (NLN), the influence of the nursing leadership group in accomplishing reform and the transformation of nursing and nursing education cannot be minimized. Leaders developed a shared future vision for the nursing profession and clearly articulated strategies for advancing nursing's priorities

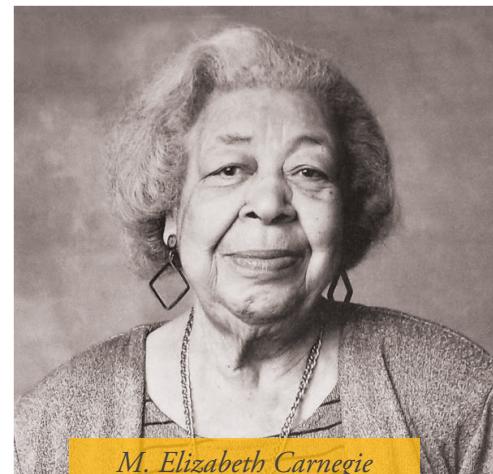
Excerpts of addresses in this section were chosen carefully to illuminate the strong voice of NLN's leaders. Lillian D. Wald (1900) recognized the powerful role of woman to achieve public health reform. Lavinia L. Dock (1904), passionately believed in the power of the Society to effect social change. Isabel M. Stewart (1929) fully recognized that nursing, as a profession, needed to embrace its emerging status and make public its strong foundational mission to lift the human spirit and influence social reform. The words of Agnes Galina (1952), at the pivotal 1952 convention when the NLNE joined with the National Organization of Public Health Nursing and the Association for Collegiate Schools of Nursing as the National League for Nursing, resonates with a call to reform nursing education for a new age, speaking in one, unified voice. Finally the conversation with M. Elizabeth Carnegie highlights the power of strong leadership. These leaders provides a formidable legacy for future generations of leaders to continue to bring excellence and transformative reform strategies to the work of the NLN.



Lavinia L. Dock



Lillian D. Wald



M. Elizabeth Carnegie

LILLIAN D. WALD
Work of Women in Municipal Affairs
Sixth Annual Convention of the Superintendent's Society
1900, New York, New York

Such data as I have, I collected at the Settlement dinner table, and of course I cannot in this short address do more than touch upon the subject. I was not quite clear in my mind whether I was to have the compliment of being asked to suggest what women could do in municipal affairs, or to report what they have done. The greater number of things which they have accomplished has, of course, been done in association with men.

There is one association called the Health Protective Association; the best citizens were being driven away from the charming river view by the foul odor from the abattoirs in the neighborhood. One day in 1884 eleven women came together and decided to organize for the protection of the view and to improve the air by removing accumulations of manure which were piled up in the vicinity and the next day they organized with fifteen members and incorporated the organization. They went to work intelligently. They went up to Albany and a bill was introduced which made it a misdemeanor to have such accumulations within the city limits. They succeeded in having the manure removed, though the man who owned it had a brother there who had the "biggest kind of pull." When the butchers and other people who were using the city for that purpose discovered how costly it would be to defeat the bill they accepted the reform. Mrs. Trautman is to be credited with much of the good work that association has accomplished. Since then they have abolished a great many nuisances arising from gas house in the city and it is largely through their efforts that the signs have been introduced forbidding people to spit on the floor of street cars. They have had some stables removed and they are well known in Albany and by sanitary experts as having done very effective and valuable work.

The Women's Club, of Chicago, is perhaps the most important club as a whole. It numbers 900 members and has a very definite place in Chicago. Through its influence matrons have been in the police stations, the age of protection has been raised and a great many reform in county jails have been brought about. One woman in Chicago secured rubber tires for the ambulances of the city. She got one such ambulance at first and it was such a success that they use them now in the entire system. Vacation schools and playgrounds for children have been secured by women in different cities. The Women ' Alliance secured the appointment of five women as sanitary police for factory and tenement house inspection. One woman was engaged to collect data upon the proper collection and disposal of garbage and proved so efficient that she was appointed inspector and superintendent of the night force and proved the most capable one they ever had. She did it in the most businesslike way. The woman who was appointed to succeed Miss Addams as inspector of street cleaning had taken a scholarship in Sancrit and was considered the flower of the university where she graduated. The first factory law in Illinois was planned and outlined by a woman... In inspecting she found there was so little legislative protection for children that she secured the passage of a protective statute law. But when the law was

passed she could not get any lawyer to prosecute and so she studied law and was admitted to the bar so that she might prosecute, and she is now looked on as an expert.

*nurses having superior
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civic movements.*

...The kindergarten in Hartford was started by women as well as in many other cities. In New York there has been medical inspection of the public schools established, and although no nurse has been inspector, the discoveries of some nurses that children who were desquamating from scarlet fever and who were still having diphtheritic throats, were attending the public school, had some effect in securing the necessary appropriation.

I might go on and tell of individual cases. I think the people as a whole believe very much in the practical work that the trained nurse can do, that it would be less difficult to urge their appointment on health and education boards than women of almost any other profession. However there is one

subject that as citizens we shall have to undertake, in the interest of all as well as for our profession, and that is to help on civil service reform. If the spoils system is the only one by which appointments are made women will not have a chance, but if they are made on the merit system trained nurses will come in for their share. Such further education as they would receive would be the only necessary plea for their appointment.

The one idea I wish above all to bring out is, that among the many opportunities for civic and altruistic work pressing on all sides nurses having superior advantage in their practical training should not rest content with being only nurses, but should use their talents wherever possible in reform and civic movements.



LAVINIA L. DOCK
The Duty of this Society in Public Work
Tenth Annual Convention of the Superintendent's Society
1904, Baltimore, Maryland

A long paper on this subject is, naturally, not to be expected, but a few suggestions arising from the intimate following of the society's affair during a period of seven years Secretary ship, may, perhaps, be useful, especially to those members who from the compulsory absorption of their own urgently pressing duties have not given special time or attention to the question of the character and efficiency of the Society as a whole.

The question which instantly arises when one considers the Society as an organization and which arises constantly before the vision of those who conduct its affairs is, "How to make the society more effective." If we compare in a historically impersonal manner, the objects of the Society, the women of whom it composed the training school which it represents, and the enormous latent power and influence which it possesses in the member with the actual influence exerted and made manifest, we must confess that the society is not effective-at least, vastly less effective than might be expected of it. True, it has done some sporadic pieces of good work-it has planted and cultivated the Associated Alumnae, established the Teacher Course, and assisted in various good enterprises as they come along. But to what extent is the Society an influence? To what extent does it affect the public? How much does it actually guide nursing education? What weight has it with hospital manager and staffs? What amount of force does it bring to bear on its own members in question of education, ethic etc.?

An honest searching after true answer to all these questions will inevitably bring the admission that the society, in all these rather abstract but most important ways, has not done what it might do; has not made itself a moral force - not a public conscience; takes no position in large public questions; is not feared by those of low standards; allows all manner of new conditions and developments in nursing affairs to arise, flourish, succeed, or fail, without taking any notice whatever of them, apparently nor even knowing about them. I am speaking let me repeat of the society as a body, not of individual members. Yet this Society, as one body, would often be astonished at the actual extent of its influence, if its whole latent and, at present unsuspected power were actually to be systematically exerted in an intelligent and energetic manner.

In the past no committee on current events as one might call it has ever existed, and the Ex-secretary has never been empowered to speak for the Society, as it were, on public questions. Yet several occasions have arisen in which your Ex-Secretary did, upon her own responsibility, undertake to speak for the Society the matter being such that she felt certain of the Society's position, and the tone of replies strikingly demonstrated the fact that the Society possesses a latent strength which does not wield often enough.

The present Secretary can mention one or two instances which will illustrate. A practical suggestion seems to be that a small standing committee, carefully chosen, might be authorized to watch public events as related to nursing and to make the voice of the society constantly heard, whether in criticism, in commendation, in warning, or in petition. Many important developments are looming up: A complete revolution in methods of teaching nurses seems to be imminent. A quite determined movement on the part of certain elements of our masculine brothers to seize and guide the helm of the new teaching is almost undeniably in progress; several of these same brothers have lately openly asserted themselves in printed articles as the founders and leaders of that nursing education which, so far as it has gone, we all know to have been worked out by the brains, bodies and soul of the women to whom this paper is addressed, and who have often had to win their points in clinched opposition to the will of these same brother, and solely by dint of their own personal prestige as women.

The different State laws now in progress all vitally affect the nursing education of the future. This Society ought beyond a doubt to make itself heard on all principle involving points arising in these legislative acts. It has also, for one time, been a vexed question in the mind of your ex-secretary whether glaring professional injuries and indignities suffered by its members at the hand of political jobbers, or overbearing medical or lay managers, should be allowed to pass in silence, or whether the Society should not, to some extent at least, resent or take recognizance of such incidents and exert some slight degree of protection to its members.

...These and other points I commend to the society in the hope that it may truly become an effective public force.



ISABEL M. STEWART
Professional School or Trade School
Thirty-fifth Annual Convention of the NLNE
1929, Atlantic City, New Jersey

However conscious we may be of the deficiencies of some nurses and nursing schools, most of us are on the defensive at once what nursing is referred to as "a woman's trade," or when nursing schools are found in some of our State Departments of Vocational Education listed with industrial schools.

...The question which we have to answer is whether the rank and file of nursing schools really are on a professional basis, or whether any considerable proportion of them are of the general order of trade or technical schools. It is quite evident that there is a good deal of confusion in our thinking on this subject, and that we do not all understand clearly what is implied in the use of terms "profession" and "professional school".

...For the sake of our own integrity and also to aid in the clarifications of our educational objectives, would it not be well to face this matter without emotion or prejudice, first trying to determine what the outstanding characteristics of a professional school are and then making an effort to measure ourselves by these standards?

...Admitting that nursing is "an emerging profession" and that very few nursing schools have yet achieved full professional status, it is encouraging to realize that a fair number are in the process of becoming professional schools in reality as well as in name. It must be remembered that other vocations such as teaching are going through the same process but most of them are a little farther ahead than nursing schools in getting their educational standards established and recognized.

...In conclusion, may we say that without in any way disparaging the ideals and standards of industrial and commercial vocations and others of a non-professional character, we believe that nursing by its nature and traditions, belongs with the group of professions, rather than with the group of trades, mechanical arts, domestic, clerical, or business vocations. If this is true, then it is reasonable to assume that preparation of the nurse should take on more and more of a professional character and that the manual, mechanical or technical elements in the training should not be allowed to submerge the intellectual, social and human elements. If the nurse is considered primarily as a technician or hand worker, dealing with inert materials or with automatic machines, it might be quite proper to give her much of the same kind of preparation which is given in a trade school to a skilled artisan; but if her work is mainly with human beings and with social situations, if it involves decisions requiring a fairly wide range of knowledge, then she needs a very different kind of preparation, more like that of the teacher and social worker.

The trouble is that so many people are willing to pay "lip service" to nursing as a "a noble profession" and at the same time use all their influence to secure the elimination of practically all the intellectual, scientific and humanistic elements in the nursing curriculum, leaving in the main only routine role-of-thumb practice. Any good trade school makes a definite effort to include some liberal or cultural subjects in its program, for the benefit of the individual students if not for definite vocational use. Even this concession to the broader educational aims would not be considered necessary or "practical" in many nursing schools. Our philosophy is plainly in need of some reconstruction as well as our educational programs. Those who are responsible for nursing schools surely owe it to themselves and their students, to state their aims and purposes more clearly, to define their terms and titles honestly and to make their training consistent with their professions and convictions whatever these may be.





AGNES GALINA

Needed: Better Educational Programs in Nursing

Fifty-sixth Convention of the NLNE

1952, Atlantic City, New Jersey

...The decision we are to make this week is a great responsibility for us, the members of the National League of Nursing Education in convention assembled. It is a decision in which each League member who is here will participate, one which cannot and should not be delegated to a Board, a committee, or any other limited group. For the responsibility of decision is ours equally.

In a wider sense, however, the League is not ours alone: it truly belongs to many people-to our predecessors out of whose selfless devotion this organization was founded and built; to those who will inherit from us the cause of nursing education; to the future generations of nurses with whose adequate preparation we are ever concerned; to the people of this country, and of the world, for whose welfare the National League of Nursing Education has always existed. These are the people, the "silent" League members if you wish, whom we must consider in our decision on the future structure of organized nursing. Their ideals, their hopes, their best interests must guide each one of us as we vote.

Now, I want to present what I consider to be one of our most serious current problems in nursing education, upgrading basic professional nursing programs and schools in this country. The need for better basic professional education in nursing in all of our schools is apparent to the League membership. As nurse educators, we realize that the serious shortage of faculty, facilities, and funds have forced us to adopt makeshift methods of educational and economic existence. We realize that this shortage of teaching personnel, and this shortage of funds, and the limitation of clinical facilities for teaching are jeopardizing the full development of America's nursing educational potential. What can we do to improve the present conditions in our schools of nursing?

It is my belief that we must bring the need for better professional schools and educational programs to the attention of more American people and ask immediate and substantial help for our schools and programs. Above all other benefits

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resulting from this proposal to spread widely information to the public about our schools, I would place as first the sense of "togetherness" which it will foster between the schools and the people. For I believe that if the basic professional schools and programs and the people of this country once get together, they will continue to work together for the improvement of schools and programs.

Only in this manner can we hope to deal practically and successfully with the current problems associated with nurse power in the United States. What would we tell the public?

In our early contact with the public we might indicate that although our past education did achieve a great deal, it did not always equip nurses who were prepared to deal with the problems presented to them as practitioners. It can also be indicated that very likely some of our present education for nurses is inadequate for our age because the education in these particular schools is based on two fallacious assumptions.

First, it is assumed by some of the people in the poor and mediocre schools that nursing practice is education—that if a student nurse practices over and over again the making of beds, the giving of baths, the changing of dressings, the scrubbing for operations, that she is engaging in an educational process each time she carries out any procedure. Nursing education is, after all, not nursing practice, but education. Only if qualified clinical instructors are readily available to the students to guide their learning experiences is it possible to insure that as active participants they are learning something new in each class and each clinical situation.

The second false assumption, which is held by some of the people in these poor and mediocre schools, is that any hospital can do the job of education alone and within the walls of the hospital. Consequently, some of our limited schools are attempting to provide training that is insufficient by any except minimum standards.

...Education is a process. Its success hinges on the number and quality of persons who teach. All schools need competent teachers. The poor and mediocre do not get many of them. They have not been able to hold on to the ones they get. Why? The teaching load has been a heavy one. These schools have forced many of our clinical instructors to carry the dual role of nursing service and nursing education. Pay has been poor. The morale is low.

This nation is in the midst of a period of evolution and adjustment to many of the relationships between citizens of different racial backgrounds. Churches are rarely interested in the color of their members. But some of our schools of nursing have to live with this problem in all of its manifestations. The enrollments of many mediocre schools have been too small to be economically and educationally sound. We have increasing evidence that greater emphasis must be placed on the cultivation of character, of the spirit of service, and of the sense of responsibility in the students in some of our educational institutions.

There are those who are highly critical of these poorer schools and educational programs. They say that the educators have been too concerned with piling up course after course and clinical experience after clinical experience in the curriculum to the end that the student has built up the total number of courses and weeks of experience to get the diploma or the degree quite independent of technical skill, professional competence, scholarly ability, ethical integrity, productive capacity, ability to relate to others, nursing maturity, and social awareness.

Nursing education today is expensive because of the special teaching methods required in guiding the learning activities of students in the laboratory and in the clinical fields. These limited nursing schools and programs do not have the money to meet operating expenses. They need additional support for scholarships and fellowships. In general, the poor and mediocre schools are staggering under a growing financial burden. Some attempt to maintain their teaching standards at a sufficiently high level for the learning of competent nurses but fail because of inadequate financial support.

In summary, when interested nurse educators and citizens take a good look inside some of our poor and mediocre schools and programs they will see what is needed is a better school system for nursing.

Is there a solution to the real problems of the school of nursing? Indeed there is. A solution that is possible, if we all work to solve it, consists of four parts:

First: the maintenance of completely free channels of communication in this country between the schools and the public. The press has been particularly courageous in bringing the current nursing shortages to the attention of the citizens of this country. It must help the schools of the nation to tell their story about educational needs to the public. Nursing must have a mind and it must speak it forcefully. It must initiate citizen interest in order to encourage citizen participation. It must tell the people how much better it could serve the health of the people if all schools were better.

...Representatives of closely related health professions like medicine, public health, social service, nutrition, and dentistry must know more about our schools and work directly with teachers to understand the students and their needs and to develop schools to meet these needs and to improve nursing care. Boards of trustees and directors of nursing schools must invite the widest possible community and regional advice and participation in policy formation, in program development, and in financial support. These things must go on medical center by medical center, community by community, region by region, and school by school throughout America.

The maintenance of completely free channels of communication between nursing and other types of higher education is vital. The National Education Association and the American Council on Education will need to play a much greater role in bringing the needs of education for nursing to the attention of institutions of higher education. Representatives of higher education and general citizens of all shades of opinion about education must discuss and debate the policies,

procedures, programs, and budgets of the schools of nursing. Following debates and discussions, substantial support for educational programs must be secured.

Second: The answer to the real problem of the school of nursing lies in the placement of all schools, as soon as it is feasible, under the American system of higher education. Every effort must be made to promote school administration which is conducive to sound educational planning and curriculum development. This will result in improved school operation. We cannot drag our feet much longer. We must join dynamic forces for an all-out attack on the problem. First, as nurses, we must believe that sound basic collegiate education is the quickest and most economical way to provide nurses with the essential training needed to carry out the technical and the professional functions of nursing. Once we truly believe in collegiate education for nursing, then, secondly, we must promote public support of it. We must break away as soon as it is reasonably safe from the traditional hospital apprenticeship system of education and provide a new education for nurses. Schools must help schools to establish sound collegiate connections or schools under independent auspices. With belief in, and universal support of, collegiate schools by nurses and the public, I am confident that better nursing care of patients will be provided in the United States.

Third: Personnel, including students and faculty, must be better in educational programs for nursing if we are to have better schools. Every educational program deserves a well-qualified full time director and fulltime clinical nurse faculty, in sufficient numbers. Competent faculty deserves to have the best possible students to teach.

Fourth: Funds must be raised for nursing education to improve education, raise teachers' salaries, and buy books, conduct research and the hundred and one school services required by improved education programs in nursing. ...Greater efforts must be made to alert the American people and especially Congress to the increasing shortages of nurses and the need for federal aid to nursing education. An economically sound independent school of nursing means a better education for nursing and improved nursing service.

Pioneering in an effort to find a positive solution to the serious financial problems that beset the nation's nursing schools is imperative. If we subscribe to the four point aim of maintaining continuous channels of communication between the schools and the people, establishing nursing education under the system of higher education of the country, providing qualified school personnel, and providing financial stability to the schools of nursing in America, I believe we shall be able to provide, within the next decade, the right number of nurses qualified to meet the modern nursing needs of the country. Certainly we can all bank on our League and our National Nursing Accrediting Service to help us advance.



A CONVERSATION WITH M. ELIZABETH CARNEGIE

as told to Sandra Lewenson, 2001 (used with permission)

SL *Dr. Carnegie, please share with us is how you see yourself as a leader.*

I think the major leadership role that I have played in my professional life was when I was in the state of Florida and these are the days of strict segregation when I was there and my school Florida A & M University was the only baccalaureate program in the state of Florida. It was a black school and I was the Dean. Before I went to Florida I was at Hampton University in Virginia so I had been accustomed to segregation. It wasn't new to me when I went there. But when I was a Dean at Hampton I also affiliated myself with The National Association of Colored Graduate Nurses which was in existence at that time. It no longer exists... I was a Secretary for the Southeast Region. So when I went from Hampton to Florida it was natural for me to affiliate myself with the Florida Association of Colored Graduate Nurses because of my past experience and there was a chapter there. When I say chapter I mean the Florida Association of Colored Graduate Nurses, so I immediately hooked up with them and in about a year or so the membership voted me as their leader, as President. Well, I think I mentioned that these were the days of strict racial segregation. Florida was the second state to drop the bars and permit black nurses to join the association thereby permitting them to become members of the American Nurses Association so at that time you had to be a member of your state association before you could become a member of the national. It was not until 1948 that we got individual membership in ANA whereby black nurses could bypass those southern states that prohibited them to join the ANA directly. But, if your state accepted you for membership, you went through your state. So Florida accepted us for membership. I think Delaware's the first black state and then Florida. But, the hitch there was that we could pay our dues and be members but we couldn't attend meetings. Then they would give us some of our money back from dues to help us run our separate organization.

...It was up to me to take the leadership role and really fight for real integration, not just on paper, so I started demanding certain things as the President speaking for my group and I just assumed this was expected of me. Now how could I do this, this is a question that I've been asked. How were you able to do this when it was against the law? How were you able to do that? Well I did mention that Florida A & M was a black institution where we were all black. The President on down. My boss was the President. He was not about to fire me for fighting for rights of black nurses.

...So when I finally got on the ballot to be elected to the board, oh before, back up a little bit, as the President of this black association and as the President before me I was placed on the white board as a courtesy member without the right to vote...I attended this, my first board meeting I think I mentioned that to you, I talked as

much as I wanted to and because of that I was invited outside. So I was invited outside for a few minutes and in a few minutes they invited me back in and the President announced that I had been voted a full member of the board with all rights and privileges, with voice and votes and I was on the ballot of the upcoming convention on the ballot running for the board and I was with the highest number of votes.

...So I became a regular member of the board and then in 1949 the National Association of Colored Graduate Nurses had its convention in Louisville, KY and I attended and was on the program describing what had happened in Florida. We had a round table, a panel on integration, and I talked about Florida. It was there that we voted ourselves out of existence. And we gave ourselves two years to wind up business because we were incorporated so we really went out of business in 1951 but we voted ourselves out of business in 1949.

...We said that that there was no point in duplicating functions. We were doing the same thing that ANA was doing. We were fighting for integration, so that we could become full-fledged members and in 1948 the ANA voted individual membership so those black nurses in southern states that had been denied admission began to accept the black nurse for admission. That would be the 17 states and the District of Columbia, so with the individual membership we could bypass those states and join the ANA directly until the states opened up. Then of course you went through your state. So after all that happened NACGN had no reason to continue to duplicate what was happening with ANA. See we were fighting for integration and we can't have both.

...So when the Florida ANA met in Tallahassee, where I was, that was Leon County, we met in the courthouse and I describe it as "musical chairs" because the white nurses would wait until we would come and we would come together because the only black nurses in Tallahassee worked at Florida A & M. My faculty, we worked together. So they would wait for us to come to see where we would sit and they would sit on the other side. And if we sat on this side, they would sit on the other side. So then we said OK, let's flip. You sit there, you sit over there, so this went on, that's why I describe it as musical chairs, and this went on for awhile. Finally, I guess they got tired and we just sat any place we wanted to sit. Any so what happened, the world didn't come to an end.

You never win by staying away, you've got to go. Eventually, it will break down what you did, but it never would have happened if we'd given up and said we're not going. So that was one of the strategies, but I have to say I did not think of that myself.

...I had experience that when I first went to Florida A & M and I naturally contacted The State Board of Nurse Examiners and I did all the things I was supposed to do and the state board had a conference in Jacksonville at a hotel and invited me to present my rotation plan so I went in the morning and I presented my plan....It came time for lunch and I could not sit and eat with them. They put me way over in the corner by myself and I couldn't eat. So I left there and went back to the campus; I said I'm not going back there, not for that. I'm not going to be embarrassed; I'm not going to do it. And

one older faculty member, he taught chemistry, I remember Mr. Tenner. He said Dean, that's what they want you to do. They don't want you back there, so you're playing right in their hands when you say I'm not going back. You are going back and you're going to fight in another way. So I passed that on to my, whatever you call it, followers.

SL *How did you leave education and go into publishing?*

DEC So I've always been interested in writing... Thelma Shore had a lot to do with that. In those days the journal editors covered state meetings. And after I got my masters I went back to Florida A & M and then of course I was still on that board. So I was very visible at the state meeting and Thelma was there from the journal and Thelma asked me if I had any good articles in mind. So I drove her back to the campus and she spent the night with me and I drove her to Atlanta so she could get a train back. And I think she was telling Ms. Bebe about me and about what I was doing and what have you and Ms. Bebe offered me the position. She had me come for an interview and then they took me to lunch and then all that. She was the editor....and in those days the editor was the boss. They had the American Journal of Nursing, Nursing Outlook, and Nursing Research. She was the head of the company and each magazine had its own editor. So, I started out as the assistant editor of the American Journal of Nursing. Outlook was fairly new at that time and they covered three areas, Education, Service and Public Health so I was split between the Journal and Outlook. I did the Education for Outlook. At that time Nursing Outlook was the journal of the NLN....So I was at Nursing Outlook, well until I got my Doctorate.

SL *Do you have a mentor?*

DEC Estelle Massey Osborne was the mentor that I can think of...Estelle gave me a job opportunity and then when she went on the ...National Nursing Council for Law Service, she was a group counselor and she was the one who thought, I think I mentioned this before, she got the academic leaders from Black Universities together and told them to establish Baccalaureate Programs. ...She was the one who encouraged me because she thought I had the potential to become a Dean. I had the potential so I needed grooming for that. ...So we continued to be friends and leaning on each other in a way. I suggested to the director of the League at that time to call Estelle. Estelle at that time was on the faculty at NYU. I would say if I had a mentor it would be Estelle.

SL *Thank you Dr. Carnegie.*





Modern Simulation Scenario

REINVENTION OF NURSING LEADERSHIP

VISIONS FOR THE FUTURE

At the turn of the 21st century, the NLN took bold steps to reorganize annual meetings, creating the NLN Summits to bring together faculty from all types of nursing programs, united as one nursing faculty to engage in dialogue to transform nursing education and practice. A clear sense of purpose emerged with a revised mission and core values, in alignment with innovative centers of excellence in nursing education.

This section includes all presidential inaugural speeches from 1999 to the present. Drs. Nancy Langston (1999), Eileen Zungolo (2001), Joyce Murray (2003), Antoinette L. Bargagliotti (2005), M. Elaine Tagliareni (2007), Cathleen M. Schultz (2009), Judith A. Halstead (2011), Marsha Howell Adams (2013), Anne Bavier (2015), and G. Rumay Alexander (2017), current President of the NLN, speak to the compelling issues facing the NLN throughout the 21st century and emphasize the vital role of the NLN as the voice of nursing education, both nationally and globally. Excerpts from the first CEO address by Dr. Beverly Malone (2007), when she addressed the Summit attendees and called for both evolutionary and revolutionary transformation, are also included.





NANCY LANGSTON

Coming Full Circle with the Nightingale Legacy

1999, NLN Biennial Meeting, Miami, Florida

As society has evolved from an industrial to an information age, so too has nursing. With the revolution of the information age, nursing will complete the process of transforming the way society in general and we as nurses ourselves view and portray nurses, from “doers who happen to think” to “thinkers who also do.” Our knowledge work will become visible and valued.

When this transformation is achieved, we will have come full circle from Florence Nightingale’s legacy. I refer not to Nightingale’s well-known publication Notes on Nursing, but, rather, to a more obscure and earlier monograph entitled Cassandra (1), which has been described as “a statement of protest against the waste of women’s energies and talents” (2, p. 13). In this monograph, Nightingale railed against a society that oppressed the expression of women’s passion, intellect, and moral activity. Notes on Nursing can be viewed as a continuation of her work to advance the cause of women. In fact, it probably should be viewed in that perspective, rather than as a treatise to advance a specialty practice field called “nursing.”

Nightingale explained that Notes on Nursing was “meant simply to give hints for thought to women who have personal charge of the health of others. Every woman,” she stated, “has, at one time or another of her life, charge of the personal health of somebody,...in other words every woman is a nurse.... It is recognized as the knowledge everyone ought to have” (3, p. 3). By not claiming the knowledge she identified as a specialized body of knowledge held by a select few, Nightingale was, in fact, making visible and empowering the women of her generation to claim their voices and be recognized for the intellect embedded in their socially sanctioned work.

One and a half centuries later, we are again engaged in comparable striving for nursing. During the intervening decades, nursing has made visible its passion and moral activity; however, we have, to some extent, colluded in the obfuscation of the knowledge work - the intellect - of nursing. Early in the 20th century, nurses were taught that as a matter of ethical principle, “the nurse should consider herself in her relations with the patient as the eyes, ears and hands of the physician -but she should not try to be also his brain” (4, p. 352). While, I believe, we never strove to be the “mind of the physician” and have attempted merely to affirm the mind, or intellect, of nursing, we have, nonetheless, implicitly and explicitly engaged in behavior designed to cloak our knowledge work. To avoid creating stress for patients and our physician colleagues, we have participated with physicians in the “nurse-doctor game,” a relationship in which we provide relevant information about the condition of our patients by means of interrogative rather than declarative statements. In effect, we have masked our knowledge.

Indeed, even as we attempted to develop the intellectual base of nursing, we have made obvious our manual skills but not our knowledge work. For example, while providing bed baths, we would not tell our patients we were observing for signs of adverse response to drug treatment or prolonged bed rest, or indicate that we were assessing anxiety regarding illness and its financial impact on economic well-being. Thus, our patients believed we were undertaking the simple task of bathing, which virtually anyone could do. Nor would we announce to a patient, "If your heart stops beating, I will probably be the professional who will be there and save your life." Our objective was to alleviate stress and anxiety, not to intensify it. Because of the obfuscating activities, the knowledge work of nurses has been lost to public recognition and respect.

Now that we have reclaimed our unique knowledge work and are engaged in efforts to make visible our intellect as companion to our passion and moral activity, we have come full circle with the original feminist work of the founder of modern nursing. I have no doubt that nurses of the present generation have the passion and moral commitment to engage in this striving, which will surely lead to the development of a rational, knowledge-based structure for our education and practice. What an exciting legacy nursing claims for guiding the work of our future!

References

1. Nightingale, F. (1979). *Cassandra: an essay*. New York: Feminist Press. (Original work published 1852)
2. Stark, M. (1979). Introduction to *Cassandra: An essay* (pp. 1-23). New York: Feminist Press.
3. Nightingale, F. (1860). *Notes on nursing: What it is and what it is not*. New York: Appleton.
4. Foote, J. (Ed.) (1917). *State board questions and answers for nurses*. Philadelphia: J.B. Lippincott Co.





EILEEN ZUNGOLO

Tomorrow Is Ours to Win or Lose: Responding to a Heightened Demand for Nurses Amidst a National Crisis

2001, NLN Education Summit, Baltimore, Maryland

911- the numbers that echo distress and invite rescue will live in United States history as the date our nation was attacked in a mindless, intolerable act of aggression that left thousands dead and wounded and millions inconsolable. September 11, 2001, will live in the American experience as the day in which our country faced our vulnerability, examined our values, and emerged unified and committed to a new order.

The attacks on the World Trade Center, the Pentagon, and the safety of American society took place just as the national Call to the Profession, orchestrated by the American Nurses, was drawing to a close. For four days, representatives from a host of nursing organizations had explored the major dimensions of the nursing shortage and ways in which we can unravel and resolve the complex issues in health care, nursing education, and practice. The process we had used and the level of dialogue that emerged had been encouraging. It had become apparent that old approaches and "sacred cows" could be set aside as we worked together to respond to a higher good.

Our hopefulness gave way to fear as we huddled together in a Virginia hotel, watching on television as fortresses of steel tumbled onto the streets of New York. With the NLN office and staff a few short blocks from the World Trade Center, the national disaster was all too personal. We tried to call home and connect with those we loved, just as, we learned later, those in the doomed buildings and airplanes did minutes before they died.

As nurses, we are very familiar with the desire to hold onto human contact even as life fades away. As nurses, we have been privileged to accompany others on that final journey, and as nurses, we hold a special accountability for the health of our people in the days that lie ahead.

I have been a nurse for a long time. Throughout my career, I have been blessed with outstanding opportunities to work with others in the provision of service and the preparation of the next generation of nurses. But, as I contemplate my new responsibilities as president of the NLN, I am awestruck by the magnitude of all that lies ahead. We in the nursing community will be called upon to respond to heightened demands for nurses amidst a national crisis. We will need to find ways to bolster the efforts of faculty members and clinical educators as they strive to enhance the competence of new nurses and help others in their goals for lifelong learning. We will also need to reassess our programs of study to include a renewed focus on preparations for mass disaster.

I am optimistic about our ability and willingness to meet the challenges that face us. The enthusiastic participation of so



many of our members at the Education Summit 2001, just one week after the attacks, is an indication that fear will not interfere with our determination to carry on. This Summit will long be remembered as a genuine town meeting, in which committed professionals came together in great numbers, consoled and supported one another, and celebrated the spirit of our profession.

At a meeting held just prior to the Summit, the NLN Board of Governors emphasized our confidence in the continued excellence of the nursing workforce within the context of national needs. We stressed our desire to connect with our colleagues in other organizations to advance the preparedness of the profession to support the nation. The NLN history is rich in the ability of our forebears to overcome great odds, to establish partnerships at critical junctures, and to create models for the future of education, practice, and research. I am confident that we too can work constructively and creatively in response to the current crisis.

I am also greatly heartened by the outstanding accomplishments of my predecessor, Dr. Nancy Langston, and the Board of Governors that served with her. If the measure of success is to leave a place better than you found it, then Nancy has indeed achieved much. Working closely with Dr. Ruth Corcoran, and, under Ruth's leadership, with the outstanding senior management team at the NLN, Nancy has led the League into an era of improved finances, clarifying governance and structure and honing a visionary strategic plan that will serve us well in this new and troublesome era. It has been my professional pleasure to work with Nancy. I will try very hard to carry the work of her presidency forward.

Nearly 40 years ago, in 1963, our country was crushed into depression by the death of our president, John F. Kennedy. In his remarks to the nation shortly after the assassination, Lyndon Johnson noted "Yesterday is not ours to recover, but tomorrow is ours to win or lose." We cannot erase the tragic events of September 11, but we can contribute to a new day for our society, our country, and our profession. Together I know we will prevail.

This Summit will long be remembered as a genuine town meeting, in which committed professionals came together in great numbers, consoled and supported one another, and celebrated the spirit of our profession.





JOYCE MURRAY

Realizing New Visions and New Realities

2003, NLN Education Summit, San Antonio, Texas

It is an honor and privilege to have the opportunity to serve as the President of the NLN. The NLN has been a part of my professional career for many years. As faculty and department chair, I participated in annual meetings, self-studies, accreditation visits, and as a member of the Curriculum Revolution Committee. I have served as NLN Director of Accreditation, participated in the move to outcomes evaluation, and conducted program evaluators' workshops. I am committed to this organization.

Like other professional organizations, the NLN has faced many challenges, and many challenges remain. In 1999, the Institute of Medicine (IOM) reported that as many as 98,000 hospitalized Americans die annually and one million more are injured due to preventable medical errors. A recent report in The Washington Post indicated that patients in most American hospitals are no less likely to be killed or injured today than they were four years ago. In the face of the nursing shortage and the nurse faculty shortage, it is evident that increased attention must be directed toward health professions education.

In Crossing the Quality Chasm: A New Health System for the 21st Century, the IOM addresses safety and quality care problems and calls for reform in health professions education, stating that a new health care system requires a new health professional (1). In June 2002, the IOM convened a summit, Health Professions Education: A Bridge to Quality, and invited 150 participants across disciplines and occupations to address safety and quality issues and the education of health professionals. The Executive Summary of this summit presents a call for all health professionals to be educated to deliver patient-centered care as members of an interdisciplinary team that emphasizes evidence-based practice, quality improvement approaches, and informatics (2). Patient-centered care, interdisciplinary team, evidence-based practice, quality improvement, and informatics are viewed as five core competencies implicit in this vision.

...Much of what is learned in health professions education lies outside formal academic course work. The Bridge to Quality report states that "a hidden curriculum" of observed behavior, interactions, and overall norms and culture of a student's educational environment are extremely powerful in shaping the values and attitudes of future health professionals. Often this hidden curriculum contradicts what is taught in the classroom. We might ask, What are our students really learning? What are the implications for clinical practice?

...The participants at the Health Professions Education Summit offer 10 recommendations for reform, each focusing on how to integrate this core set of five competencies into education. How do these recommendations pertain to the work of the NLN?



The first step was identified as the articulation of common definitions to inform interdisciplinary discussion. Approaches to implementation include working with oversight agencies, specifically, licensure, certification, and accreditation, to incorporate the competencies; developing collaborations between education and practice to integrate the competencies; conducting research focused on the efficacy of the competencies and effective teaching-learning models; and providing leadership and keeping the public informed.

The NLN has been working in these areas for some time and has laid the foundation to deliver on these recommendations. We have, for example, issued a new Position Statement - Innovation in Nursing Education: A Call to Reform - that challenges nursing to overhaul traditional pedagogies. Our Task Group on Nursing Education Standards has released the draft of a series of standards, known as Hallmarks of Excellence, designed to define excellence in 10 aspects of nursing education. Our Board of Governors has voted to initiate a certification program for nurse educators to further motivate faculty. And, through our new Centers of Excellence Program, we will recognize schools of nursing that achieve excellence in one of three areas - the enhancement of student learning and professional development, the promotion of ongoing faculty development, and the advancement of nursing education research.

The Review of the Health Education Professions report provides a look into what is needed in the future and raises many important questions for nursing and nursing education. We must continue to ask, How will our historical nursing curricula and clinical instruction models need to change to ensure safety and quality of nursing care?

By advancing our mission, the NLN can continue to take a leadership role in the reform of nursing education and enhance the nurse's role as a member of an interdisciplinary team that promotes patient-centered care. We have an enormous opportunity to demonstrate the impact nursing has on quality patient care. The successes we have achieved can be attributed to the work of our members, our staff, and the support of our Board of governors. I ask that you join me to continue moving the NLN - and nursing education - forward by taking part in the many opportunities available for member participation. Help us work to alleviate concerns about health professions education. Help us create the context by realizing new visions and new realities. Yes, new challenges await us. But remember the words of Eleanor Roosevelt: "You must do the thing that you think you cannot do."

References

1. Institute of Medicine. (1998). Crossing the quality chasm: A new health system for the 21st century: Washington, DC: National Academies Press.
2. Institute of Medicine. (2003). Health professions education: A bridge to quality. Washington, DC: National Academies Press.





ANTOINETTE L. BARGAGLIOTTI

We Do Our Best Work Against the Odds

2005, NLN Education Summit, Baltimore, Maryland

Thank you for electing me president of the National League for Nursing. It is the greatest honor of my professional life. I appreciate your confidence. I will work tirelessly on your behalf.

Dr. Joyce Murray, my predecessor, has done a magnificent job as president. One of the quietest, calmest people I know, Joyce began a curriculum revolution in this profession along with her mentor, the late Dr. Em Bevis. While NLN president, she has been a professor of nursing and spent half her time on a project for the Carter Center in Ethiopia that will help nursing in that nation and on that continent. Thank you, Joyce, for sharing your wisdom, advice, and grace with me. I also want to thank two past presidents - Dr. Nancy Langston and Dr. Eileen Zungolo, for their unending support.

I'd like to begin by recognizing the pain and suffering of our colleagues and friends in Louisiana, Texas, Mississippi, and Alabama. We grieve for you, we have prayed for you, we have opened our arms and our schools to your students until you are ready for them again, and we stand with you. Know that we will do whatever you need us to do. We will do the heavy lifting for you as long as you need us.

My presidential message to you is, this is our time. This is nursing's time. All of us are doing and will do the best work that we have ever done in our lives over the next 10 to 15 years. We will do this because it has to be done. The nursing and nurse faculty shortage will require it. Frankly, by the way, I believe that the Nurse Training Act should be funded in 2005 dollars at the same level it was funded in 1965. That would be \$1.6 billion. Money, brick and mortar, and support would resolve many of our problems.

I know that we will do what has to be done because since the first chapter of Exodus was written, nurses across the ages have done what has to be done. Like you and me, none of those nurses who made the march to Bataan, who served in all of our wars, who are our heroes, thought they were the right nurses for the job. I promise you that on August 29, those wonderful nurses at Charity Hospital in New Orleans did not go to work having any idea what they would be called upon to do. If they had known, they probably would have said that they were not the right people. They were, just as you are.

With all due respect to Suzanne Gordon's wonderful work about nursing and her recent book, *Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care* (Cornell University Press, 2005), nursing has and will always do its best work against the odds. When the National League for Nursing faced critical issues, we were able to recruit Dr. Ruth Corcoran as CEO. She came to the NLN for one simple



reason - she could not imagine a world without it. And you do what you do every day for one simple reason - you cannot imagine a world without nurses.

Whatever you do in nursing education, you hold the future of nursing - and therefore of health care - in your very hands, every day. Think for just a minute of the number of people across the United States whose lives are being saved right now. You or someone you know taught all of those nurses.

When you are in your classrooms, seminar rooms, simulation labs, and clinical settings, know that you are teaching the nurses who will care for us and our families. You are also teaching a future surgeon general of the United States, our future nurse scientists, future senators, congressmen, hospital CEOs, and ANA, Sigma Theta Tau International, and NLN presidents. I can say that because at this Summit is Dr. Elizabeth Stokes, who taught foundations of nursing to me. I thank Elizabeth, Dr. Nancy Stotts, Dr. Susan Gortner, Dr. Afaf Meleis, Dr. Gretta Styles, and so many others who saw something in me they wanted to shape. Where they left off, Verle Waters, Dr. Fay Bower, and Dr. Carrie Lenburg took over.

Let me give voice to all of the students you have taught, are teaching, and will teach in the future. Elizabeth, in that beginning foundations of nursing class - thank you for teaching me what it is to be a nurse, thank you for giving me this wonderful profession, and thank you for giving me an enduring passion for nursing. And so my friends, I wish for you more success than you can imagine, joy and peace in your personal lives, and Godspeed in all that you do.





M. ELAINE TAGLIARENI

What Binds Us Together: Bringing Voice and Value to the Work We Do Each Day

2007, NLN Education Summit, Phoenix, Arizona

Embracing new perspectives, responding to the world as it is unfolding, aspiring to foster possibilities for growth and leadership for nurse educators, both nationally and internationally – as in the past, all these intentions define the important work of the NLN. I well remember my first NLN meeting in 1979, called to help associate degree programs achieve accreditation. I was a neophyte faculty member then, and I remember spending an entire day in the old Sheraton Hotel ballroom in New York City, exploring how to use the Roy Adaptation Model and meticulously outlining the essential components needed to write a valid nursing philosophy. But what was most exciting for me was learning to create curriculum charts with vertical and horizontal threads. I loved it! At that moment, I knew I was hooked for life. In the years that followed, I never missed an NLN convention. In Seattle, in the 1980s, I was first introduced to the curriculum revolution, and I remember the excitement of discovering that I could reframe teaching and learning away from behavioral, content-laden, measurable, structured curriculum models. I recall Em Bevis in Philadelphia, telling us to restructure classroom and clinical practice and, most importantly, to rethink the role of teacher as co-learner in a dynamic relationship with students. Around that time, I first met Verle Waters, with whom I worked for seven years in partnership with the W.K. Kellogg Foundation and the NLN to demonstrate ways to infuse gerontology into associate degree programs. She taught me to embrace ambiguity, and that curriculum reform was more about asking the right questions than finding clear and well-defined answers.

Even now, I feel the excitement I knew during those years as I truly came to understand that as a teacher, I can guide and direct students to achieve unlimited possibility. And, as a teacher and leader in nursing education, I can build connections with students and colleagues that will help transform their practice. These were the early moments when I first came to know that I stood in life as teacher.

Max van Manen, an educational philosopher who influenced my thinking while I was a doctoral student at Teachers College, tells us that to stand in life as teacher is to discover the meaning of everyday experiences of students in the context of the learning environment -- questioning, doubting, wondering, and caring for and about students. In this sense, teaching nursing is about making a difference in the lives of our students in order that they will make a difference in the lives of the patients they serve.

No one stands alone on this stage. Who I am and how I came to this moment is all about the individuals who have stood with me over the years: the students at Community College of Philadelphia and my faculty colleagues, who have supported me, cared about me, and encouraged me to bring them opportunities to demonstrate excellence. We have shared so much success together.

You and I stand together, as members of the NLN; we are one national nursing faculty, united in our commitment to students and ultimately to their patients. What binds us together is not where we teach, in what type of nursing program, but rather how, as teachers, we create pathways to academic achievement and professional advancement. What binds us together is how we value our students for their diversity and how we guide and nurture them, retain them in our nursing programs, and create possibility for them. What ultimately binds us together is our commitment to stand together as advanced practice nurses and build the science of nursing education.

Standing together, united, eager to create a preferred future for nursing and for nursing education, we need to rethink untested assumptions about how students learn and how they thrive. It is imperative that we discover new ways to

embrace technology and simulation. We have no choice but to reframe our old notions about essential content and embrace new approaches to teach safety and quality, evidence-based practice, leadership and geriatrics. As teachers of nursing, we are called to see the world as it is and as it is unfolding, not as we are.

What binds us together is how we value our students for their diversity and how we guide and nurture them, retain them in our nursing programs, and create possibility for them.

The NLN, as the voice of nursing education, stands ready to facilitate reform and transformation in nursing education. I want you to know that when you get into your cold and icy car at five in the morning to head to clinical; when you enter the classroom and 60 not-so-eager faces greet you; when, as dean,

you make hard decisions about limited resources, you do not stand alone. The NLN stands with you as your voice to build a strong and diverse nursing workforce. As NLN president, I am honored to stand with you, as your colleague, bringing voice and value to the work you do every day.





BEVERLY MALONE

Recreating Nursing Education through Evolutionary and Revolutionary Transformation

2007, NLN Education Summit, Phoenix, Arizona

The energy in this room is an inspiration and provides a magnificent welcome to my first Summit. Thank you all for coming. This address is not just about change but about healthy change, transformation, a sea change where the earth has shifted. That is, change with results and I'm looking for positive results, regardless of that change's nature, evolutionary or revolutionary. The challenges and opportunities facing health care in the 21st century, and facing each of us as leaders and nurse educators demand transformation.

I'd like to begin with the changes at the National League for Nursing over the last several months. In February, I entered an organization full of innovative initiatives; a great staff and a tradition of excellence that has touched every nurse in the country. Let me acknowledge Dr. Ruth Corcoran for her work. During her eight-year tenure this organization came a long way. Significantly, our transformation into a fiscally healthy association now enables us to evolve as needed to meet the global needs of 21st-century health care.

A great deal of creative and challenging work by your Board of Governors and the NLN staff has resulted in a new strategic plan. Our mission – promoting excellence in nursing education to build a strong and diverse nursing workforce – is now complemented by stated core values, updated goals and objectives, not to mention a tag line that we believe sums up the NLN in just five words. The NLN is indeed the voice for nursing education.

Both evolution and revolution at the NLN happen only within our ethos of caring, integrity, diversity, and excellence. These are the values that are fundamental to the nursing profession and as such, fundamental to nursing education. They characterize our concern and consideration for the whole person, our commitment to the common good, our outreach to those who are vulnerable, and our ongoing commitment to professional growth, improvement, and a high quality of health care services for the nation and the world.

These ideals have played an important role in determining the path of the NLN. This summer's devastating bridge collapse in Minnesota precipitated a renewed discussion about the failure of the United States to invest in its infrastructure. Nurses, too, are part of the infrastructure of our country. We are first responders, and patients and their

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families count on our care, whether in times of illness or when tragic accidents occur. It has taken a while for the public to become aware of America's nursing shortage, but thanks, in part, to the leadership role we at the NLN have taken in public outreach and education, the message has started to resonate: a root cause of the shortage is a lack of sufficient faculty to educate the many individuals who want to enter nursing practice.

...Colleagues, the NLN will continue to support and advocate for increased salaries for nurse faculty. This does not mean that nurses in other specialties are making too much, not at all, it means that nurse faculty are making too little. We know that nurse faculty are a scarce resource and the market value has got to rise. It's part of the League's commitment to spread this news and advocate for increases in nurse faculty salaries. The message is simply this: if you want to recruit and retain nurse faculty; if you want to address the nurse shortage, nurse faculty salaries have to rise.

We nurses also know the shortage is deepening health disparities and increasing poor health care outcomes. We nurses know that if our government does not provide crucial attention and significantly more funding to this systemic problem, our nation will continue to lose ground in the effort to remedy the nurse and nurse faculty shortages.

We nurses know and we will let our political leadership know – for the NLN is the voice for nursing education

...As nurse faculty, we must also raise our voices for diversity. We know well the importance of educating culturally sensitive, culturally competent nurses. But research has shown that access to health care services and patient outcomes can be significantly improved when patients have health care providers who are more like them ethnically and culturally. Therefore, it is troubling that minorities continue to be poorly represented among the students in our nation's nursing programs. Data published by the NLN in 2006 indicate that the overall growth of minorities fell off between 2004 and 2005 after increasing from 14 to 20 percent of students between 1994 and 2002. Men represent 12 percent of the student population, and Hispanics represent only 5 percent. This is not good for the future of our profession. This is not good for the future of our health care system.

Equally troubling is the lack of diversity among our nurse faculty. It is clear to me that the presence of a diverse, dynamic faculty will do wonders for the education of all students and will help attract more minority students to the profession. This is essential for the health and well-being of our country. For these reasons, I am pleased to report that the NLN Foundation for Nursing Education has adopted diversity as a strategic goal and will be awarding two Minority Faculty Preparation Scholarships this fall.

...Transformation requires innovation. ...Transformation requires lifelong learning and academic progression. Nurses must continue to learn and grow throughout our careers in order to be able to practice effectively in an ever-evolving health care environment and to be prepared for any sudden or revolutionary shift. As the voice for nursing education, the NLN has launched a series called Reflection and Dialogue to serve as a vehicle for discussion of issues of importance to our professional community and our society.

We often feel that we do not have time to reflect and dialogue. We are so busy with our multitasking lives, that the luxury of sharing dialogue may be unimaginable. Yet transformation requires all of us to stop and reflect on our practice, our profession, and our personal lives and then, of course, to engage in discussion with others only to pause and reflect again on our learning from the interaction. It is truly a circle of engagement: reflection and dialogue. ...And mentorship is so important.

I became aware of my own potential early in my career, largely because of the support of my mentors, and what I like to call an angel on my shoulder. As a graduate student at Rutgers University, I had the privilege of studying with Dr. Hildegard Peplau, mother of psychiatric-mental health nursing. Her handwritten letters and brief notes to me of her vision and high expectations have followed me throughout my career.

And later, while pursuing my doctorate, I met another one of my lifelong mentors, Dr. Hattie Bessent, also an extraordinary psychiatric nurse, who offered me the opportunity to engage and dialogue with her and her colleagues, including, for example, Dr. Gloria Smith, Dr. Elizabeth Carnegie, Dr. Juanita Fleming, Ms. Vernice Ferguson, Dr. Faye Gary, Dr. Eltherine Shaw Nickerson, and Dr. Rhetaugh Dumas. This powerful and creative group of women was my exemplar of leadership.

I'd like to take this opportunity to pay special tribute to Dr. Dumas who passed away in July. A past president of the NLN, and named a Living Legend by the American Academy of Nursing, Rhetaugh had an aura of vibrancy and passion about her. With her, I always knew I was in the presence of greatness, intermingled with a tenderness and generosity of spirit that touched one's heart. Dr. Dumas has had a profound influence on nursing education and nursing leadership. Her role as a mentor to younger nurses should remind us that the capacity for leadership is in us. And we can, and must, encourage leadership qualities within our students. There are lessons to be learned about leadership. We need to seize them. I recommend that you reach out to a mentor who can travel with you on your leadership journey and help navigate the turbulent seas that make life so exciting and yet, so challenging. We will miss you Rhetaugh.

So where is the revolution in all this? Through our numbers and our commitment to excellence and innovation, we have the power to serve as transformers. We are positioned to be a catalyst for the exchange of ideas about important issues that may have profound effects on nursing education, the ethnic/racial diversity of our nursing workforce, access to health care, the cost of health care, and public policy. Together we will do important work for nursing education and nursing in the United States, and provide leadership and inspiration for nurse educators throughout the world. Educated as nurses, we all have a positive role to play, and we are determined to make a healing difference in the world.

Look around you: Did you know that you are seated next to a revolutionary? Smell the air, can't you tell there is something powerful and absolutely enticing in the air. WE are the revolutionaries! Together, we, the NLN, will revolutionize and transform nursing education. This is the summit of transformation.

CATHLEEN M. SHULTZ

Be Proactive: Changing the Scenario for Nurse Graduates

2009, NLN Education Summit, Philadelphia, Pennsylvania

As nurse educators, we have a riveting path to create and follow. Decisions are now being made that will affect how and where we prepare nurse graduates. And for the first time in our history, nurses are major shapers of health care reform legislation.

Decisions about reform are being made amidst the greatest nurse educator shortage ever experienced and in the context of major influences affecting health care. We are well aware of the looming health needs brought about by resistant and mutating organisms, the depletion of resources and access to services, a growing aging population, and the burden of illness imposed on individuals who lack even minimal preparation to care for the chronically ill in their homes and communities.

We know that the need for nurses, although incalculable, has been temporarily veiled by a number of conditions. Nurses are facing lay offs and the prospect of few open positions. This is dangerous. When new graduates cannot find jobs, fewer people enter the profession. We know that once health care reform decisions are made and the economy improves, nurses who have delayed retirement will retire; nurses who can afford to do so will choose to work part time; nurses who returned to work while they or family members lost their jobs will likely quit; and we will then experience the greatest nursing shortage that this country has ever seen.

Our responsibility is to encourage our graduates to prepare themselves for a lifetime career, which now includes coping with temporary job discouragement. But there is one message we need to convey in unison: Nurses can look forward to fulfilling career opportunities that are yet to be seen. And we must plant seeds. We must instill in our students the dream of healthy, supportive environments that enable the human spirit to flourish and that foster the delivery of safe, quality nursing care.

As we prepare our students, from practical nurses to those with various doctorates, we must own our role in teaching them how to be professionals. Specifically, we must model and promote civility toward others, participate in professional organizations, seek lifelong learning, and most of all, make a strong commitment to eliminate the unnecessary deaths and iatrogenic harm brought to patients admitted to our nation's hospitals. The latest Institute of Medicine report is alarming. After a decade of interdisciplinary attention to quality and safety, annual deaths caused by medical errors have not diminished but have actually increased. More people die annually from medical errors in hospitals than die in motor vehicle accidents or succumb to diseases that garner greater public attention, such as breast cancer or AIDS.

It is our responsibility to be proactive, to change this scenario through our students and our graduates. It is not enough to prepare students to pass the licensure exam. Our country deserves more from its nurses, and our students deserve to hear that message from us as their mentors. As good, capable, caring people who happen to work in very bad systems, nurses need to be prepared as systems thinkers.

Has a capable, caring nurse educator made a difference in your life? Sometimes it is merely a word, or an expression of hopefulness, or glimpse of our passion that encourages a nurse to develop fully. As a diploma graduate, I was discouraged when told that I must repeat my education to obtain a BSN degree. My tipping point happened at a presentation by a noted leader in continuing education, Dr. Signe Scott Cooper. In challenging her audience to persevere and to believe in the worthiness of furthering their nursing education, Dr. Cooper unknowingly created a visual pathway for me and I never looked back. Almost a decade later, with a BSN and MSN behind me, our paths crossed again and I told her the full impact of her words.

I know that immediate rewards do not come often in a typical classroom setting. Some student interactions are discouraging. As you uphold nursing's standards, do not expect to look on your students' faces for your rewards. But the little things we do are powerful.

Through the NLN's core values of caring, integrity, diversity, and excellence, we can shape and alter health care in our nation. We need a nurse educator workforce dedicated to transforming who we and our nursing graduates will become. If I had a magic wand, I would disperse its dust in the eyes of all nurse educators, encouraging them to recognize and use all their professional abilities. My goals as president of the NLN are to support the development of the best nurse educator workforce our country has known, to bring to the public's awareness the importance of nursing faculty, to engage in building the science of nursing education and the competencies of our nursing programs, and to work together as one organization of educators.

The theme for the NLN Summit 2009 was "Ease on Down the Road," a song from The Wiz, performed on screen as a duet by Diana Ross and the late Michael Jackson. The main characters of The Wiz, the lion, the tin man, and the scarecrow, sought courage, heart, and brain as they moved down their yellow brick road. Nurses also need to have courage, compassion, knowledge, and competence along with renewed passion to face the future.

Thank you for entrusting me with the position of president of the NLN.





JUDITH A. HALSTEAD

The Realist Adjusts the Sails: A Commitment to Transform Nursing Education Models

2011, NLN Education Summit, Orlando, Florida

Before I ever graduated from my first nursing program, I knew that I wanted to teach nursing. As much as I enjoyed caring for patients during my clinical experiences, I was particularly drawn to what I saw my teachers doing at the bedside – modeling nursing practice and shaping us in our development as nurses. Even as a student I realized that faculty influence the future of the profession through the quality of the nurses they prepare for practice. That is why, soon after graduation, I set out to pursue a career in nursing education.

I began as an instructor in a diploma school of nursing – Deaconess Hospital School of Nursing in Evansville, Indiana. My faculty mentors were strong leaders and role models for advocacy. When I left that position after eight years to pursue a doctoral degree, I had developed a strong foundation in classroom teaching strategies, curriculum development, and clinical teaching skills - a foundation that has served me well for more than 30 years. And because of my faculty role models, I also developed a healthy respect for working through our professional organizations.

With many other nurse educators, I increasingly realized the importance of advancing the science of nursing education and of basing our teaching practices on evidence. With the changes happening in health care and the increasing complexities of nursing practice, it had become obvious that we could no longer afford to teach based primarily upon how we were taught or what we think might work – we must know what works. We must build evidence about effective practices for teaching nursing so that we can positively affect the quality of patient care.

It was this realization that led me to the NLN. I had been a member since the early 1980s, but it wasn't until the late 1990s that I sought a leadership role within the League. As chair-elect of the Council for Nursing Education Research, I was invited to participate in designing the NLN's new advisory council structure. The work we did was transformative, and I experienced first-hand the collective power of individual voices.

Since that initial leadership experience 12 years ago, I have had numerous opportunities to further advocate for nurse educators. I now assume the role of president of the NLN at a time that I believe is pivotal to nursing education. We all feel the winds of change. As the Future of Nursing report clearly states, to achieve affordable and accessible health care, nurses should – actually must – play a critical role in the transformation of our nation's health care system. And transforming our health care system to meet our patients' needs requires a transformation of our nursing practice and nursing education.

Without a clear picture of what a redesigned health care system will look like, we are being challenged to make

considerable changes in how we design our nursing curricula and how we teach our students so that we can achieve better patient outcomes. But, if nursing is to fully realize its role in leading health care change, we must not use this ambiguity to resist change and hold on to what we know.

Being something of a realist, I have always been drawn to William Arthur Ward's observation that "the pessimist complains about the wind; the optimist expects it to change; and the realist adjusts the sails." By assessing the direction of the wind and reaching out and adjusting our sails to capture the power of the wind, we favorably position ourselves to take advantage of the changes that are happening within our environment.

So, how do we adjust our sails — our actions — to begin transforming our nursing education models? I contend that faculty must commit to engaging in data-driven decision-making. Seek evidence to support proposed changes in curricula and evaluate the outcomes of these changes. Be open to new ways of teaching and supportive of colleagues when they introduce innovative teaching-learning strategies into the curricula. Let's disseminate our findings so that other educators can learn from our experiences.

My goals as president are to continue to position the NLN as the premier advocate for the interests of nursing education; build a culture of engagement to ensure representation of all nurse educators and nursing programs; promote evidence-based nursing education; and foster the leadership development of faculty to ensure a strong nurse educator workforce.

John Quincy Adams said, "If your actions inspire others to dream more, learn more, do more and become more, you are a leader." Does that not describe what we do as nurse educators? We are leaders, collectively shaping the future of the nursing profession through our individual interactions with our students. I look forward to working with you as we engage in the work of transforming nursing education.





MARSHA HOWELL ADAMS

Advancing the Health of the Nation

2013, NLN Education Summit, Washington, DC

The Summit theme for 2013 was “Raising the Roof / Advancing the Nation’s Health.” What a wonderful way for the NLN to celebrate our move to Washington, DC, and especially meaningful for me as I prepared to take my place as president of the League. I view our future in DC with eagerness and anticipation of the many wonderful opportunities to come our way. From the keynote speech to the concurrent sessions to the CEO address to the National Faculty Meeting, and everything in between -- all aspects of the Summit were exciting and energizing for participants.

Simon Sinek, in his 2009 book *Start with Why: How Great Leaders Inspire Everyone to Take Action* (London: Portfolio/Penguin Group), asks how some are able “to achieve things that seem to defy anyone’s expectations.” The answer for Sinek lies in what he describes as the Golden Circle, three concentric circles with the question, Why? at its core. Why do organizations do what they do? What are an organization’s purpose, cause, beliefs, and passion? Why? challenges the status quo and engages one in deeper thinking about the organization’s intent.

Just beyond Why? is How? This question describes something different, better, or unique and can serve to distinguish or motivate a particular decision. Next is the question What? Most organizations have no difficulty describing what they do, as they think from the outside in. Indeed, some organizations never make it to the Why? According to Sinek, it is easy to say what we do and how we do it. But you need to think from the inside out: People don’t buy what you do but why you do it.

As a profession, nursing and nursing education need to be better positioned to address the Affordable Care Act (ACA) and its implications for the health of our country. ACA will expand health care coverage, control costs, and improve health care delivery systems. The major focus will be on preventive health care. What profession is best positioned to accomplish this task? Nursing, of course. Nurses have been ranked as the most trusted professionals for at least 12 years, according to Gallup polls. And who will prepare nurses to accomplish the major task of preventive care? Nurse educators, of course.

More nurses are needed to provide the health care benefits of the ACA. Therefore, provisions in the law provide critical funding for nursing workforce development and for the recruitment and retention of faculty. This aspect of the law is designed to stem the shortage of nurses and nurse educators, both long-term goals of the NLN.

So, I take you back to the Golden Circle. As a professional organization and the voice for nursing education, the NLN is very clear on the Why: “To advance the health of the nation.” The NLN’s work, nationally and internationally, has a direct



impact on the nation's health care delivery system. But how will we do it?

- › By educating nurses with a focus on geriatrics, community/public health, leadership, health policy, systems, evidence-based practice, informatics, and interprofessional/team-based care.
- › By providing academic progression models in nursing using seamless articulation.
- › By graduating doctorally prepared individuals who will teach future generations of nurses and conduct research to advance the science of nursing and nursing education.
- › By developing innovative academic service partnerships.
- › By building a strong and diverse nursing workforce, with the necessary knowledge, skills, and abilities needed to serve as vital members of an interprofessional team providing quality, safe, patient-centered care.

What will the NLN do? Through our new NLN Centers for Nursing Education, we will better engage our membership, strengthen our communication abilities, and provide resources and support in the areas of nursing education research, transformational leadership, care of the older adult, global health, preparing faculty for cultivating a diverse workforce, creating innovative teaching strategies and the advanced use of technology, promoting successful academic progression models, and providing assessment and evaluation tools.

This is an exciting time for the nursing profession, nursing education, and the National League for Nursing. It is our time to raise the roof in Washington, DC. I am confident that we will meet all challenges, evolve, and, indeed, thrive as we begin a new chapter of our history. I welcome you as a vital member of this organization to join me in raising the roof.





ANNE R. BAVIER

It's All About Care: The NLN at the Forefront of Nursing

2015, NLN Education Summit, Las Vegas, Nevada

Caring is why learners seek nursing and why the development of caring, compassionate nurses is the work of faculties and a sacred trust.

For me, education is the crown jewel of our profession. Each of us indirectly influences more patient care than any single researcher, administrator, or nurse ever could. Through the NLN, we can strengthen our own faculty tool kits. And in the next two years, while I have the honor to be NLN president, we will add to our expertise in two distinct ways.

International

The NLN's mission statement includes an important word: global. During our two years together, we will focus on international nursing education and educators. Advances in health care practices span the planet as quickly as diseases like Ebola take airplane rides to new populations. I believe it is essential that we alert our students to their identities as citizens of the global village and that we ourselves, as global faculty, show the world how to use international awareness to build best practices.

Over the years, I have learned from nurse faculty around the world. Rich conversations have opened my eyes to similarities and variations in both nursing care and education. Our languages may be different, but our messages are the same: Nurse educators speak the language of the heart. Our passion for human beings and their welfare permeate our lives.

Like nurse faculty in the United States, our global counterparts are responsible for the quality of their programs and their graduates. Their unique pathways to excellence are fascinating and merit our attention. Let us consider, for example, clinical instruction. For many of us, the difficulty of finding clinical placements for our students and competent clinical faculty to guide them is a barrier to program effectiveness and expansion that hinders our efforts to address the urgent need for more nurses, and for more well-educated nurses.

Other nations tackle clinical faculty differently. In some places, guiding students is part of the professional role of all nurses, an expectation in their job descriptions. They routinely work as preceptors, without university-based faculty on site. What can we learn from educators who design courses and work in that way? How can those educators learn from the clinical faculty roles we use?

I can say without hesitation that there is excellence in many international programs that reaches and exceeds the

standards of our Centers of Excellence program. One of my NLN dreams is to welcome our first COE recipients from another nation during my term as president, and to provide a forum for them to tell us their stories.

National

Inherent in the NLN commitment to nursing education is dedication to students and to the nursing profession itself. We promote a climate that emphasizes comfortable communication and professional commerce between students and educators. We encourage students to exercise sound clinical judgment, to practice ethically, and to support and respect their colleagues. These obligations are at the heart of the nurse educator's work, to influence the next generation of nurses to value caring, collaborative learning, and ethical standards.

The NLN fully supports the ANA's — and other national organizations' — current focus on ethics. We will explore ethical guidelines for nurse educators in line with our core values, because ethical principles for nursing education provide a foundation for ethical practice for all members of the nursing education community.

I pledge that my presidential priorities and activities will remain true to what we've explored together: We'll embrace our members, expand our mutual horizons through international dialogue, and explore codes for our own conduct. You have my solemn promise that I will operate from my deep conviction as to why the National League for Nursing exists — to give our nursing faculty the best resources to advance the crucial role of teaching, that is, the protection and advancement of the cadre of people who want to be nurses. It is all about care — making life easier for others.

Caring for faculty places NLN at the forefront of nursing, and guarantees that quality health care will be part of our nation's, and the world's, future.

Caring for faculty places NLN at the forefront of nursing, and guarantees that quality health care will be part of our nation's, and the world's, future. This is why NLN was created, and why I am honored to be your president.



G. RUMAY ALEXANDER

A Sigh Too Deep for Words

2017, NLN Education Summit, San Diego, California

As I give thought and words to my first message to you as NLN president, campus unrest abounds; statues are being dismantled; a solar eclipse, not witnessed in the past 100 years has just occurred; and a hurricane has wreaked havoc, displacing many. (As I write, the extent of the damage and deaths from Hurricane Harvey is still unknown.) It seems as if we are going backwards in time as a country instead of forward.

A clash of labels and expectations gives feel that time has rolled back from 2017 to the late 1950s and 1960s. Fundamental injustices seem to happen on a weekly basis. Paychecks are shrinking. Freedom of speech and the ability to share differences of perspectives and opinions are in serious jeopardy. Life-alienating communications trap us in a world of rightness and wrongness. Our language is rich with words that classify and dichotomize people and their actions. Our social immune system is being dismantled and ignored. Life is messy, and I find myself, along with fellow faculty and students, sighing because we have no words for the flood of emotions and feelings we are experiencing.

To live through these days, and pull in the air we need to continue breathing, sometimes we moan and groan and sigh. We exhale with worry and ache for relief. Do you hear me sigh? For me, my sighs are too deep for words.

Things don't just happen. For nearly two decades, a national nervousness about our well-being has been gaining steam. The anxiety that futurists call Atmosfear has been fueled by numerous events. It may be a matter of semantics, but some define the currents streaming through the public consciousness as a search for meaning. Inequity, whether by design or unintentionally, supports disabling and damages health and well-being socially, politically, and economically throughout the population. The result can lead to an increasing sense of psychological homelessness.

Paulo Freire (1970) proposed and summarily made clear that all we ask for is profound respect for our cultural identity and its implications in regard to the language of the other, the color of the other, the gender of the other, the class of the other, the intellectual capacity of the other. That implies the ability to stimulate the creativity of the other. But these things take place in a social and historical context and not in pure air. When those whose quality of life depends on others' regard of them as legitimate members of humanity are met with dis-regard, incivility thrives in all its forms and hate grows.

Equity is an enabling factor that acts to create needs, rights, desires, ambitions, and contributions for the lives and worthiness of groups. As nurse educators we know that teaching is an act of civility; by preparing future nurses and nurse leaders, teaching is our mechanism for making sure the health and well-being of this nation is an imperative for

the future. Devoting research, teaching, and resources to support our collective well-being has never been more needed. This is essential to who we are and what we are known for...moving rhetoric to action.

It is time to get curious, defy tradition, get scrappy, and hone the ability to adapt to change.

An NLN state of mind is all about care, integrity, excellence, and diversity. We, the NLN, are all about the promotion of well-being and health locally and globally with daring ingenuity. Uncertainty makes us sigh so that we must find a pathway to breath and breathing. While sighing is helpful, it will not resolve the issues of the day. It is time to get curious, defy tradition, get scrappy, and hone the ability to adapt to change. Scorn inequality where you encounter it. You are the NLN! Step up and step in.

Reference

Freire, P. (1970). Pedagogy of the oppressed. New York, NY: Herder & Herder.





Leadership Institute Participants at 2017 Education Summit

*The National League for
Nursing promotes excellence in
nursing education to build a
strong and diverse nursing
workforce to advance the
health of our nation and the
global community.*

Caring

Integrity

Diversity

Excellence



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