The Development of Nursing Education at Loyola University of Chicago 1913 to 1980

Sally A. Brozenec
Loyola University Chicago

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THE DEVELOPMENT OF NURSING EDUCATION
AT LOYOLA UNIVERSITY OF CHICAGO: 1913 TO 1980

by
Sally A. Brozenec

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
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My deepest gratitude is to my father, John Brozenec, who has supported every endeavor of my life.
VITA

Sally Ann Brozenec is the daughter of John C. Brozenec and the late Eleanor (Grimes) Brozenec. She was born February 24, 1943, in Chicago, Illinois.

Her elementary education was obtained at St. Mary Star of the Sea School in Chicago. Her secondary education was completed in 1961 at the Academy of Our Lady High School, also in Chicago.

Ms. Brozenec attended Loyola University of Chicago from 1961-1965, and graduated with a Bachelor of Science in Nursing in June, 1965. Following graduation, she began employment at Rush Presbyterian-St. Luke's Hospital, and has continued employment at the Rush Medical Center until the present.

In 1977, she received a Master of Science degreee with a specialty in Medical-Surgical Nursing from Rush University, and joined the faculty of the School of Nursing at that institution in 1978. She began doctoral study in Educational Leadership and Policy Studies at Loyola University of Chicago in 1983, and was awarded a Doctor of Philosophy in January, 1991.

Miss Brozenec has published book chapters and articles in nursing journals in the area of care of the surgical patient. She has also been involved in publication and presentation in the area of clinical evaluation of nursing students.
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PREFACE

The evolution of any vocation into a profession has been described as a process which involves the progression of the preparation of new members in training schools to institutions of higher education. The criterion for baccalaureate education for entry into practice is consistently noted as critical for recognition by society of professional status. Established professions such as medicine and law developed educational programs in universities as early as 1879. Nursing, sometimes referred to as a "profession in progress" and a "semi-profession," established its first program for basic education in a collegiate institution in 1909. The placement of nursing education in the mainstream of higher education was recommended by pioneers in nursing in the late nineteenth century; educators and sociologists have joined nursing leaders in this discussion. Despite this attention, the Illinois Nurses' Association was unable to mandate the Bachelor of Science in Nursing degree (BSN) as the requirement for entry into professional practice in the 1987 Nurse Practice Act for the state of Illinois. Clearly, this crusade is far from over.

This study traces the evolution of nursing education at Loyola University of Chicago from affiliation with hospital schools in 1916 to the present-day Marcella Niehoff School
of Nursing which awards the bachelor and master's degree in nursing, and has recently initiated a program leading to the PhD in nursing. The forces that provided impetus to the beginning of the education of nurses at Loyola are discussed, as well as those factors which influenced its development.

As much as possible, this study discusses the societal events of the day as they relate to the school of nursing at Loyola. However, many societal changes were too complex to be analyzed in this study, even if by their own nature they affected every aspect of nursing education at the time. Specifically, the rise of progressivism and the concurrent woman's movement in the early twentieth century will not be examined in this study, although these were clearly forces that created the atmosphere for change during that time.

As is often the case, there were individuals involved in the establishment and development of the School of Nursing at Loyola who were outstanding in their vision and leadership. While their general contributions are discussed, this study does not attempt to incorporate in-depth biographies of these leaders in nursing education.

Chicago is a predominantly Catholic city, and the influences of the Church and the Jesuit tradition of education on the development of nursing at Loyola are also examined. At the same time, this study specifically relates
to the School of Nursing, and does not analyze these factors in any detail.

As in any historical research that relies on the availability of primary references, the major limitation of this study was missing or inaccurate documents. Despite the extent and organization of the archives at Loyola University and the Archdiocese of Chicago, some documentation could not be verified as to date and/or authorship. Other references were incomplete. Secondary sources obtained from libraries, the Midwest Nursing History Center at the University of Illinois, the Chicago Historic Society and private collections tended to be general, and added little to the data particular to the Loyola University School of Nursing.

While some individuals involved in the development of nursing education at Loyola are still alive, distance and/or infirmity prevented communication in person or in writing. Dr. Julia Lane, present Dean of the Marcella Niehoff School of Nursing, was the only source of oral history in this study.

Knowledge about the past provides perspective to the understanding of present conditions, and may enhance the possibility for rational decision-making about the future. It is hoped that this study provides an organized and detailed account of the establishment, growth, and maturity of the Marcella Niehoff School of Nursing.
CHAPTER I

OVERVIEW OF NURSING EDUCATION

History indicates that the notion of caring for the ill and injured by a selected person or group of persons has existed since the beginning of time. Throughout primitive and ancient times, individuals "specialized" in healing were identified, and were often highly respected members of the culture, sometimes given godly qualities. In ancient India, the first hospitals were developed, along with the first special nursing groups. Documents of early medical works dating from about 500 B.C. to 400 A.D. state that,

In the first place a mansion must be constructed ...spacious and roomy...After this should be secured a body of attendants of good behaviour, distinguished for purity or cleanliness of habits, attached to the person for whose service they are engaged, possessed of cleverness and skill, endued with kindness, skilled in every kind of service that a patient may require. 1

There is documentation of the work of those appointed to care for the ill throughout ancient Greece and Rome as well. From the earliest times in the Christian Church, one of the major orders of churchmen was to attend to those who could not care for themselves. Deacons and deaconesses were assigned this special duty to care for the destitute, maimed and ill. They were considered to be "servants" of the poor.

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and the needy in the best sense of that word. In the course of time, these groups were replaced by the organization of the religious orders, and before the end of the third century they had practically disappeared.²

During the early Middle Ages, more and more responsibility for care of the sick fell upon members of religious orders. Some monastic orders founded hospitals, while others worked with the poor in the villages and towns. Later in this period, however, there was increasing secularization of the work of caring for the sick. Lay citizens organized secular orders. Their work was similar to that of the monastic orders in that it was concerned with the sick and needy, but they lived in their own homes, were allowed to marry, and took no vows of the church. They usually adopted a uniform or habit, and nursing was often their main work. An example of a secular order is the Knights Hospitallers, an outgrowth of the Crusades. This was a military order of nurses, wealthy men and women, who went with the Crusaders to assist the wounded in the battlefield. Another example is the Beguines of Flanders. These widows and unmarried women devoted their lives to helping others by nursing the sick in their homes and hospitals, serving soldiers during the Battle of Waterloo,

and responding to emergency needs in times of fires, famine and cholera epidemics.\textsuperscript{3}

The period from 1600 to as late as 1850 is sometimes referred to as the "Dark Age of Nursing." Despite tremendous advances in science and medical care, care of the sick deteriorated. The Protestant Reformation weakened the monastic system, especially in England. The wealthy continued to be cared for in the home; however, increasing urbanization along with the Industrial Revolution, created a growing need for hospitals to care for the sick poor. Proper women did not work outside the home, so workers in hospitals were often incompetent and uncaring; drunkenness and immorality were prevalent.\textsuperscript{4} Most historians do not consider the image of Sairy Gamp in Charles Dickens' \textit{Martin Chuzzlewitt} much of an exaggeration.

\textbf{Origins of Formal Nursing Education}

Nursing orders, groups established to care for the sick, were the only hope for decent nursing care during the nineteenth century. One of these was the Protestant Sisters of Charity, founded in England by Elizabeth Gurney Fry. Mrs. Fry's early and most famed work was in remedying conditions at the Newgate Prison in London. Her experience with sickness among the poor impressed upon her the need for


\textsuperscript{4}Shryock, 217-223; Kelly, 23; Walsh, 155-158.
nursing; in 1840, she established the Institute of Nursing in Devonshire Square, Bishopsgate. The training program there was characteristic of early nursing education in other places. The pupils went daily for several months to a hospital to work under the untrained nurses of the wards, and to be taught by the physicians. There is no evidence of any theoretical instruction or classes. 5

Another important nursing order was the Church Order of Deaconesses, an ancient order that Pastor Thomas Fliedner revived in Kaiserswerth, Germany. In 1836, Pastor Fliedner bought a house in Kaiserswerth to become a hospital for the sick poor and a place for Christian women to learn nursing. At Kaiserswerth, theoretical and clinical instruction was given by a physician. The students also studied pharmacy and passed the state examination on this subject. Florence Nightingale received her first formal nursing training here.6

Florence Nightingale

Florence Nightingale was born in 1820 of a well-to-do English family. Her father was deeply intent on providing a liberal education for his daughter. This was very unusual at a time when proper young women only learned the social


6Ibid, 6, 13.
graces. Miss Nightingale's father saw to it that she mastered not only the ancient languages of Latin and Greek, but also mathematics, natural science, the Romance languages and modern and ancient literature. Consequently, she was an articulate, eloquent and well-versed woman. From early childhood, she was interested in caring for others, especially the suffering. She was appalled by the deplorable conditions in the hospitals of London, and realized that she needed to learn about hospitals and nursing before she could engender reform. Following several months at Kaiserswerth, she spent time with the Sisters of St. Vincent de Paul in Paris, where she observed hospital organization and administration which were not evident in England. She later applied her learning in Paris to the Harley Street Home for Sick Governesses in England, where she "brought order out of chaos." 

In 1854, while Miss Nightingale was continuing her learning about nursing and hospital administration, the Crimean War broke out. Russell, the war correspondent from the London Times, wrote impassioned articles about the dreadful situation at the battlefront, where the wounded waited days for medical help. He noted that, "the sick...

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7Walsh, 220, 222.
8Nutting and Dock, 113.
appeared to be attended by the sick, and the dying by the dying."\textsuperscript{9}

Miss Nightingale responded to these pleas by writing to Sidney Herbert, Secretary at War, a family friend, and offered to take a group of nurses to the hospital based at Scutari in Turkey.\textsuperscript{10} In November 1854 she arrived at the Barrack Hospital at Scutari with thirty-eight women, including ten Catholic and eight Anglican Sisters as well as lay women. They found the buildings to be unsanitary and infested with vermin, no decent food, and limited bedding and supplies. Using funds provided by the people of England as well as her own, and relying on her powerful friends in London, Miss Nightingale and her group literally accomplished miracles in the two years they were there.\textsuperscript{11} The mortality rate is said to have dropped from 60 percent to 1 percent during these two years.\textsuperscript{12}

The British people proposed to present a testimonial to Miss Nightingale in appreciation for her work with the

\textsuperscript{9}Dock, 114, 116.

\textsuperscript{10}Mr. Herbert, knowing of her experiences in Paris and of her administrative skills which brought around the reform of the Harley Street Home in London, wrote to Miss Nightingale at the exact same time. In a letter that crossed hers in the mail, he urged her to go to the Crimea, saying, "There is but one person in England that I know of who would be capable of organising such a scheme." Nutting and Dock, 114.

\textsuperscript{11}Shryock, 275-276.

\textsuperscript{12}Kelly, 28-29.
British soldiers. It was felt that the foundation of a school for nurses would be most appropriate, and, on June 15, 1860, the Nightingale School for Nurses was established at St. Thomas Hospital in London.\textsuperscript{13}

In their work, \textit{A History of Nursing}, Adelaide Nutting and Lavinia Dock indicated that the date of the school's opening marked a new beginning for nursing.

However partially and experimentally, the new system started on the direction following which [the nurse] was enabled rapidly to gain the basis on which all other progress rests, that of economic independence. Nursing now ceased to be a penance, a self-sacrifice, or a merit ensuring a high place in the next world, and was firmly established as an honourable, if laborious, means of earning one's livelihood.\textsuperscript{14}

Miss Nightingale provided a foundation for the nursing profession and nursing education in her prolific writings. She emphasized the importance of such principles as fresh air, cleanliness and nutrition to good health, principles that are considered essential to this day.\textsuperscript{15} She also had specific ideas about nursing education, which were incorporated in the Nightingale School. The most important innovation there was that an endowment enabled the school to pay its own way. There was no financial obligation to St.

\textsuperscript{13}Walsh, 234-234.

\textsuperscript{14}Nutting and Dock, 182.

Thomas' Hospital, so the school could place educational values above the nursing needs of the hospital. This financial independence also allowed the school of nursing to place the responsibility of the administration of the school in the hands of the superintendent of nurses, rather than to physicians or hospital directors.¹⁶

**Nursing Education in the United States**

While historians date the beginning of organized nursing in the United States as 1870, there were important events prior to that time.¹⁷ The two oldest hospitals in America were Philadelphia General (called "Old Blockley"), established in 1731; and Bellevue in New York City, established in 1794. Both of these institutions began as almshouses, and both have terrible histories of neglect, filth, and patient abuse.¹⁸

The first attempt to teach nurse attendants was at the New York Hospital, which was established in 1791. In 1798, Dr. Valentine Seaman, one of the medical chiefs, organized a course of teaching for the nurses. He provided a series of twenty-four lectures, including outlines of anatomy, physiology and the care of children.¹⁹

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¹⁶Shryock, 279.

¹⁷Shryock, 295; Nutting and Dock, 326.

¹⁸Nutting and Dock, 326, 329, 331.

¹⁹Nutting and Dock, 339.
The next effort to train nursing personnel occurred in Philadelphia. In March 1839, a group of women organized themselves into the Nurse Society of Philadelphia for the purpose of "providing, sustaining, and causing to be instructed pious and prudent women" to provide assistance during the period of parturition.\textsuperscript{20} The plan of instruction was arranged by Dr. Joseph Warrington, in charge of the obstetrical service at the Philadelphia Dispensary, who had long wanted to see a school for training of nurses in this field. The course of study included lectures and practice on a mannikin.\textsuperscript{21}

As is often the case in the course of history, a catastrophic event was the impetus for reform in nursing in the United States. A terrible devastation to the United States, the Civil War nonetheless provided a turning point for the profession of nursing. When the war began in 1861, there were almost no trained nurses in the country, and most of the war nursing was done by untrained volunteers. Groups of women organized relief groups to provide supplies, food and care at the battlefront. It is estimated that two thousand women were engaged in war service, North and South, including members of religious orders. Men were also

\textsuperscript{20}Nutting and Dock, 341.

\textsuperscript{21}Ibid.
involved in these efforts, including the poet, Walt Whitman.\textsuperscript{22}

The Civil War had two important effects on nursing in the United States. First, it changed the way women viewed themselves and their role in public duties. Nutting and Dock said this about the War: "...it washed away the petty anchors which had kept the majority of women carefully moored in the quiet remote little bays of domestic seclusion, and they floated out upon the stream of public duties."\textsuperscript{23} This changing image of women would be critical to the establishment of organized training schools later in the century.

The second important effect was the realization, especially by physicians, of the value of nursing to improved health care in the country. Their skills became respected, especially in the area of aseptic technique, so valuable in terms of contagious diseases and in the rapidly developing art of surgery.\textsuperscript{24} After the War, the American Medical Association (AMA) appointed a committee to inquire into the organization and operation of training schools for nursing. In May 1869, the committee reported on the existing


\textsuperscript{23}Nutting and Dock, 357.

neglect of nursing in the country, with the exception of the Catholic religious orders. It recommended that every large and well-organized hospital should have a school of nursing, in which the teaching would be provided by the physicians. The report was accepted by the AMA, but no schools can be traced to its influence. While the recognition of the value of nurses by physicians was an important event, this action may have set the tone for physician control over nursing education which was to prove problematic in later years.

The first organized training school for nurses in America is said to be the New England Hospital for Women and Children in Boston. Staffed by women physicians who were interested in the development of a school, it dates from 1872. Linda Richards was the first graduate in 1873, and she is usually referred to as the first trained nurse in America. In the beginning, it was a six month program, with all instruction from physicians. It should be noted that this school was not established along the recommendations of Florence Nightingale.

In 1873, three schools for nurses were established which mark the beginning of the real progress of nursing

25 Nutting and Dock, 366-367.
26 Stewart and Austin, 136.
27 Nutting and Dock, 346-348.
education in America. They are also monuments to the creative energy of nursing leaders who had realized their power during the Civil War. The three schools are the Bellevue Training School in New York, the Connecticut Training School in New Haven and the Boston Training School at Massachusetts General Hospital.\textsuperscript{28}

The Bellevue Training School was founded through the influence of Miss Louisa Schuyler, who had served with the United States Sanitary Commission during the War. She and several other society women organized the State Charities Aid Association in 1882. Appalled by the condition of Bellevue hospital, they enlisted the help of physicians, consulted with Miss Nightingale in London, and raised funds to set up a nurses' training class at the hospital. Placed under the direction of a female superintendent and applying other principles of the Nightingale plan, the real purpose of the school of nursing was to improve conditions in the hospital. By 1877, all departments of Bellevue had been reformed, with mortality rates dropping.\textsuperscript{29}

The establishment of the Boston Training School was due to the work the Woman's Educational Association, who suggested the need in Boston of a training school for nurses. The Association sent a letter to the trustees of

\textsuperscript{28}Nutting and Dock, 371.

\textsuperscript{29}Shryock, 295-296; Nutting and Dock, 407.
Massachusetts General Hospital, asking their permission to establish a training school in connection with that hospital. Massachusetts General was considered to be equal to the best known hospital at that time.\textsuperscript{30} Unlike Bellevue, the hospital authorities insisted in taking over full direction of the training school, and the superintendent of the school was made responsible to the hospital director.\textsuperscript{31}

The third pioneer school was the Connecticut Training School in New Haven. The notable feature in the inception of this school was the prominent part taken by men. The management of the hospitals in the state was in the hands of the General Hospital Society of Connecticut. Through the efforts of Georgeanna Woolsey Bacon, who had served as a nurse administrator in the Civil War, the Society raised an endowment to start a school of nursing at the New Haven Hospital. Following the Nightingale plan, the superintendent of nurses was designated as separate from, not responsible to the administrator of the hospital. Despite suffering from financial difficulties from the beginning, the school was not financed or directed by the hospital for thirty-three years.\textsuperscript{32}

\textsuperscript{30}Nutting and Dock, 412.
\textsuperscript{31}Shryock, 299.
\textsuperscript{32}Shryock, 299; Kelly, 42.
Most of the hospital schools established in the United States differed from the Nightingale school in one respect—they were not endowed, and thus had no independent financial backing. To overcome this difficulty, the schools agreed to give nursing service to the hospitals that provided clinical experiences. This type of apprenticeship arrangement prompted hospitals to establish schools on their own initiative. Having a school of nursing became accepted as the most popular and least expensive means of providing nursing care. In essence, it was a form of free labor. The principle was that the students served in return for their education. However, the primary concern of the hospitals was service, and they tended to let instruction suffer. In most cases, students worked nine to thirteen hours on the wards, and then attended classes exhausted and ill-prepared to learn. In 1897, only one school, Johns Hopkins in Baltimore, operated on the basis of the eight hour day. This was an uncommon occurrence, because hospitals considered student nurses their nursing staff more than their students.  

In the better schools like Bellevue, the quality of the ward instruction was good, however the apprenticeship system of "learn as you work" prevailed. It is interesting that nursing became invested in this method of education at the

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33 Ashley, 9, 35.
time when medical schools were abandoning it and focusing training in the classroom and structured ward activities.\textsuperscript{34}

From 1880 to 1900, the number of nursing schools in the United States increased from 15 to 432. This was largely due to the concurrent increase in the number of hospitals. As medical science developed, public fear of hospitals was overcome, and even the wealthy sought admission, especially for surgical services.\textsuperscript{35} Hospital authorities recognized the value of having a nursing school to provide patient care, and nearly every hospital, regardless of size or complexity, established one. This rapid proliferation created a deterioration even in the apprenticeship system. Students were admitted in numbers large enough to meet the immediate demands for nursing service in the hospitals that maintained the school. Often, qualifications and admissions standards were minimal. With hospital management in control of the school system and with no public body outside this group regulating practice, there was no numerical limitation placed on apprentices. Each hospital was free to meet its own needs with little regard to community or national need for nurses.\textsuperscript{36} The student's experiences were often compromised by the nature of the hospital. Smaller hospitals

\textsuperscript{34}Shryock, 300.

\textsuperscript{35}Shryock, 300-301. The number of hospitals in 1873 was 178, by 1909, there were over 4,000.

\textsuperscript{36}Ashley, 50
unable to provide diversified instruction seldom sent students to other places for experience. Clearly, the learning situations in a twenty-five bed community hospital that focused on maternity care could not equal those in an urban general hospital of 300 beds.

In 1912, Annie Goodrich, nursing leader and later director of the school of nursing at Yale, suggested that 90 percent of women practicing nursing at that time had either no preparation whatsoever, or were prepared through correspondence courses or in short-course schools. The hospital training of the remaining 10 percent may have been obtained in general or special hospitals, with a daily average patient census ranging from six to four thousand.

By the end of the nineteenth century, nursing leaders were seeking to improve the conditions within the training schools. Lavinia Dock, Isabel Hampton, and Adelaide Nutting, leaders in the founding of the School of Nursing at the Johns Hopkins Hospital in Baltimore, organized a nursing exhibit for the Chicago's World's Fair in 1893. In a presentation there, Miss Hampton urged stronger control and

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37 Shryock, 301.

38 Short courses were offered by groups ranging from the YWCA to physicians who believed that nurses with less preparation than the hospital-trained graduate should be available to families of moderate or low incomes. Ashley, p. 60.

greater uniformity in training-school programs and education facilities.\textsuperscript{40} She stated that the term "trained nurse" could mean, "...anything, everything, or next to nothing," in the absence of educational standards.\textsuperscript{41} At the same time, Lavinia Dock pointed out that the teaching, training, and discipline of nursing should not be at the discretion of medicine.\textsuperscript{42} Miss Hampton arranged a meeting in Chicago of twenty superintendents of hospital schools; in 1894, the group established the American Society of Superintendents of Training Schools for Nurses of the United States and Canada. The need for the organization of graduate nurses was also recognized, and the Nurses Associated Alumnae of the United States and Canada was organized in 1896, with Isabel Hampton as its first President.\textsuperscript{43} These two groups mark the beginning of nurses' efforts to improve their professional status in an organized manner.

At their 1911 convention, the Society of Training School Superintendents discussed the changing role of nursing, and the need to expand into institutions other than hospitals. They concluded that the hospital could no longer

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\textsuperscript{40}Isabel Hampton Robb, \textit{Educational Standards for Nurses}, (Cleveland: E. C. Koeckert, 1907), 22.
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\textsuperscript{41}Ibid, 17.
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\textsuperscript{42}Kelly, 48.
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\textsuperscript{43}Shryock, 305. In 1911, the Nurses Associated Alumnae group became the American Nurses' Association.
\end{flushright}
meet their educational needs. Nurses were seeking, "...the opportunity to know enough of the truth to serve all humanity, not in one hospital or groups of hospitals, but to make their fullest contribution to the world." ⁴⁴

Between 1900 and 1920, various attempts were made to bring about the development of formal relations between hospital programs and higher education institutions for the purpose of supplementing apprentice training. ⁴⁵ The first relationship between a school of nursing and an outside institution was that of the Presbyterian Hospital School of Nursing in Chicago, when it affiliated with the Rush Medical College in 1903. Four years later (1907), Isabel Hampton Robb and Adelaide Nutting persuaded James E. Russell, Dean of the then recently opened Teachers College of Columbia University, to establish courses in hospital economics. ⁴⁶ In 1910, an endowment by Mrs. Helen Hartley Jenkins, a trustee of Teacher's College, made possible the creation of a Department of Nursing and Health, the first provision for organized graduate courses for administrators and teachers of nursing and the various branches of public health nursing

⁴⁴ Ashley, 110.

⁴⁵ Ibid.

⁴⁶ In 1899, a course in hospital economics and administration was offered at Teachers College, Columbia University, for graduate nurses who were teaching in training schools or superintendents of nursing in hospitals. Dock, v. 3, p. 131.
in the world. The first recognized university-affiliated school of nursing was founded at the University of Minnesota in 1909, by Dr. Richard Olding Beard, Professor of physiology at the Medical School there.\textsuperscript{47} This was a five year course leading to the degree of Bachelor of Science and a diploma in nursing. The nursing education was based in the University Hospital.\textsuperscript{48} In 1916, sixteen colleges and universities maintained schools, departments, or courses in nursing education. A growing development in several universities was the combined academic and professional course of four to five years leading to a nursing diploma and a bachelor of science degree.\textsuperscript{49}

Catholic Nursing Education

When the Civil War began, the Catholic sisters working with the sick poor were practically the only people in the United States with experience in caring for the infirm. Soon after the training school movement was launched in the United States, the sisters of the various hospital orders began providing instruction in nursing. The first Catholic School of Nursing in the United States was St. John's Hospital Training School in Springfield, Illinois. It was

\textsuperscript{47}Goodrich, 316.

\textsuperscript{48}Goodrich, 335.

founded in 1886 by the Hospital Sisters of Saint Francis. 50 As was often the case with the religious orders, this school was at first opened for the instruction of their own novices. The Sisters of Mercy in Chicago, and the Sisters of St. Mary's in Brooklyn opened the first Catholic schools of nursing for secular nurses in 1889. 51 By the early 1900s Catholic sisters owned and operated fifty-nine of the approximately four hundred nursing schools in the United States. 52

The number of hospitals operated by Catholic religious orders grew, especially in areas of the country with large Catholic populations. Due to the reduced salaries required for the sisters, these schools had the advantage of a sound economic status. The nuns accounted for nearly all aspects of operations—nursing care, housekeeping and dietary. 53 The schools of nursing were established to meet the service needs, and also to provide Catholic women with the education necessary to earn a livelihood in an environment that would nurture their religious upbringing.

52 Rheinecker.
53 Walsh, 245.
Nursing Education in Chicago

The history of the voluntary hospital in Chicago begins in 1850 when Dr. Nathan Smith Davis was seeking to obtain clinical sites for his courses at the Rush Medical College, which had been founded in 1843. His efforts led to the opening of the Illinois General Hospital of the Lakes in the fall of 1850, in rooms rented at the Lake House Hotel at North Water and Rush Streets. In February 1851, an agreement was reached with the Sisters of Mercy, the first female religious order in the city, who consented to take over the management and nursing of the hospital. The Rush faculty reserved the right to use the clinical facilities offered by the institution, promising free medical care to all poor patients in return. In June 1852 a charter under the name of Mercy Hospital and Orphan Asylum was issued and the Hospital of the Lakes became known as Mercy Hospital. Lake House proved to be unsuitable for quality patient care or medical education; in 1853, the hospital moved to a new building on Wabash and Van Buren streets. In 1859, Dr. Davis and several of his colleagues left Rush to found a new medical school at the recently organized Lind University, and the agreement with Mercy Hospital was transferred to the


55Joy Clough, In Service to Chicago, (Chicago: Mercy Hospital and Medical Center, 1979), 19.
new college. By 1861, Lind University closed because of financial difficulties, and the medical school was renamed the Chicago Medical College. Mercy Hospital was included in the agreement in 1869 by which the Chicago Medical College affiliated with Northwestern University. The hospital enjoyed continued expansion, and added a school of nursing in 1889, one of the first Catholic institutions in the nation to admit secular women. The Mercy Hospital School of Nursing was the first in the state of Illinois to have their diplomas conferred with the graduates of a university. When the eighteen women received their certificates, "...they were most enthusiastically applauded by the audience and faculty of the Medical School."  

As elsewhere in the nation, the numbers of hospitals in the Chicago area increased as the population grew, and as the fears about such institutions diminished. The growth by the turn of the century reflected the ethnic and religious composition of the city. By 1900, Chicago had hospitals specifically established by Episcopalians (St. Luke's, 1864), Presbyterians (Presbyterian Hospital, 1884), the Jewish (Michael Reese, 1866, rebuilt 1882 after the Chicago Fire), the Polish (St. Mary of Nazareth, 1894), and the Germans (German Hospital, now Grant, 1883), as well as

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56 Bonner, 148.

several Catholic institutions. The Alexian Brothers, a religious order tracing its origins to service in the Black Plague of the thirteenth century, built a hospital in Chicago in 1866. The building was completely destroyed by the Great Fire of 1871, and rebuilt on a larger scale in 1896 to provide care to sick and needy males. St. Joseph's Hospital, operated by the Daughters of Charity, opened in the 1870s. Chicago also opened the first hospital for black patients in the nation (Provident Hospital for Negroes, 1891).  

Public facilities in Chicago had their origin in the need for institutions where the sick poor could be brought together economically for treatment, and where persons suffering from mental illness or contagious diseases could be isolated from the rest of the community. Their expansion depended not so much on community interest, as upon the incidence of epidemics, enlarging population, and increased understanding of the public responsibility for the health of the city. The first city hospital was constructed in 1843 to provide shelter for epidemic victims. In 1847, the first general hospital was established in a warehouse. Since the county authorities furnished most of the supplies, it was considered the first Cook County Hospital. This facility was short-lived, and dispensaries remained the nearest thing to 

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58 Bonner 150-154.
a hospital for the poor until Mercy Hospital was established in 1850, where county patients were cared for by special agreement. After many years of political disputes, Cook County Hospital became the official city hospital in 1865.\textsuperscript{59} The number of nursing schools grew as the hospitals were established. The St. Lukes' Training School for Nurses was established in 1885, the 35th nurses' school in the United States that was organized on the Florence Nightingale model in that the school was run by a nursing superintendent.\textsuperscript{60} By 1900, there were six Catholic Schools of Nursing in the state of Illinois, three in the Chicago area. These were located at Mercy Hospital (1889), St. Joseph's Hospital (1893), and Alexian Brothers Hospital (1898).\textsuperscript{61} In the year 1903, there were fifty training schools in Illinois, thirty-two of them in Chicago.\textsuperscript{62}

By the time Loyola University became involved in nursing education, the profession had undergone several developmental changes. Although nursing education continued

\textsuperscript{59}Bonner, 159-161.


to be enmeshed in an apprenticeship system of learning that was, for the most part, in the control of physicians and hospital directors, the origins of professional growth had been seen in the work of nursing leaders. Nursing had become a legitimate activity for women, and a respected contribution to health care, at a time when women were not allowed to vote. Unfortunately, the momentum did not continue into the twentieth century. The apprenticeship method would continue to predominate beyond mid-century, and the concept of university-based education is still not the norm in the United States. Loyola University and the other colleges and universities that became involved in nursing education in the beginning of the century were pioneers in the professionalism of nursing. The next chapter will examine the foundation years in the development of nursing education at Loyola University of Chicago.
The origins of nursing education at Loyola University of Chicago were closely connected with the growth of the school of medicine there. Since Loyola did not maintain its own health care facilities, relationships with local hospitals were needed to provide clinical practice sites for the medical students. Many of the hospitals used by the medical school also maintained a training school for nurses. This sharing of services naturally led to affiliation between the medical school and the nursing schools.

History of Loyola University School of Medicine

Loyola University's history began with the granting of a charter to St. Ignatius College in 1869. By 1909, the college realized the need for the addition of new departments and on November 21, 1909, Saint Ignatius College was incorporated as the Department of Arts and Science of Loyola University.¹ At the same time, a relationship was formed with the Illinois Medical College which became the Medical Department of Loyola University. On March 1, 1910, the Illinois Medical College and the Reliance Medical College merged with the Bennett Medical College and were referred to as the Medical Department of Loyola University.

¹Loyola University School of Medicine Catalogue (Chicago: Loyola University, 1909), 11.
during this time. This relationship continued until 1915 when the Bennett Medical College came under the complete control of the Loyola University trustees and became officially the Loyola University School of Medicine.

The administration at Loyola University considered Catholic medical education in Chicago to be essential, and wanted to develop a medical school, "...that would rank with the best, and be a credit to the Church." Establishing a new school of medicine was not easy in the early decades of the twentieth century, since the medical profession was working to upgrade medical schools and to reduce their number. In 1905, the Council on Medical Education of the American Medical Association held its first conference. It found that of the more than 160 medical schools in the country, many had low academic standards, inadequate facilities and faculties, poorly prepared students and many failures in the licensing exam. The Council developed a rating system for the schools of medicine and began

\(^2\)Announcements (Chicago: Bennett Medical College, 1914-1915) 43; Thomas Bonner, Medicine in Chicago (Madison, WI: The American History Research Center, 1957), 116.

\(^3\)Loyola University School of Medicine Catalogue (Chicago: Loyola University, 1916), 9. The 1936 edition of The Loyolan, the university yearbook, indicated that the 1915 transaction was the outright purchase of the affiliated units which then became the medical department of the university (page 30). Since the 1916 catalogue precedes the yearbook, it is presumed to be the accurate reference.

inspections in 1907. Using a ten-category list, the schools were classified as Class A, considered acceptable; Class B, deemed doubtful; and Class C, termed unacceptable. The ten categories included such criteria as the quality of curriculum and faculty, preliminary educational requirements, board results, and laboratory, dispensary and hospital facilities. By 1915, three Chicago area medical schools were Class A.

The Flexner Report

The Flexner Report of 1910 documented a study supported by the Carnegie Foundation. Founded in 1905, the Foundation began its work by examining colleges and universities in North America. Having examined every medical school in the country, the Foundation found many concerns with medical education in the United States. The relationships between the college or university and the medical school were almost always in name only, with little or no real control of the professional school by the main institution.

5 Morris Fishbein, History of the American Medical Association: 1947-1947 (Philadelphia: W.B. Saunders, 1955), 893-899. The Council later cooperated fully with the Flexner Report on Medical Education. Richard Shryock notes that by 1925, a B grade was rare, and in the 1930s and 1940s, such rating was catastrophic to a medical school. Medical Licensing in America (Baltimore: Johns Hopkins Press, 1964), 63-64.

6 The Loyolan (Chicago: Loyola University, 1925), 89.

7 Abraham Flexner, Medical Education in the United States and Canada (New York: The Carnegie Foundation for the Advancement of Teaching, 1910), 12.
concern was the number of medical schools that did not require a two-year college preparation with a focus on the sciences. Out of 155 schools in the United States and Canada, only 25 met this criterion or were close to meeting it. The rest either required high school graduation or, in many cases, little more than common school education. The Foundation noted the overabundance of schools of medicine in the country, many of which were graduating incompetent physicians. The need for better, not more, physicians was reiterated. Illinois was among the worse states, with a ratio of one physician for every 586 citizens.

Of the fourteen medical schools in Illinois in 1910, the Flexner Report indicated that only three met the established criteria that determined a high quality medical school. These were Rush Medical School, connected with the University of Chicago, Northwestern University School of Medicine, and the College of Physicians and Surgeons, which was contractually connected with the University of Illinois. The schools which in 1915 were to become the Loyola University Medical School, did not receive acceptable ratings in the Flexner Report. The Bennett Medical College was in essence owned by the dean of the school and was found

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8 Ibid, 28.
9 Ibid, 207.
to have aging equipment, inadequate clinical experiences and badly kept physical facilities. The Illinois Medical College and the Reliance Medical College were treated as one school in the report because they were really different aspects of one enterprise operating in two shifts, one body of students attending by day, the other by night. Both sections of the school were owned by the president. The Flexner Report noted that the day school was affiliated with Loyola University, and found the facilities to be better than those at Bennett, but with inadequate clinical experiences for students. It should be noted that, one year after the Foundation's visits, these three schools merged as the Department of Medicine of Loyola University.

One important element in the upgrading of the medical school at Loyola was to maintain superior clinical sites for students. Clinical sites for the Loyola medical students during the early years included St. Bernard's Hospital, St. Elizabeth's Hospital, St. Anne's Hospital, Oak Park Hospital, Mercy Hospital and Columbus Hospital, all of which were considered to be excellent institutions. In addition to these Catholic institutions, the students also obtained experience at Cook County Hospital and Jefferson Park Hospital. Staff physicians of these hospitals were on the faculty of the Department of Medicine/School of Medicine at

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10 Ibid, 210-212.
These institutions were a well-established part of health care in Chicago by 1907.

The Catholic Hospitals

St. Bernard's Hospital was opened in November of 1905 through the work of Father Bernard P. Murray, founder and pastor of St. Bernard's Parish Church and School, located in the Englewood area of Chicago. After receiving permission from then Archbishop Quigley to build the hospital, Father Murray called upon the sisters of the Religious Hospitaliers of Saint Joseph who were operating the Hotel Dieu in Ontario, Canada for help in establishing and managing the hospital. These sisters were the followers of Jeanne Mance, a Frenchwoman who established the first hospital in Montreal in 1645. The order spread through Canada, and the English-speaking branch was founded in Kingston, Ontario. The new Chicago hospital had a 200 bed capacity, and was named St. Bernard's Hotel Dieu. As patient census grew, the sisters recognized the need for a training school for nurses, and were granted an Illinois state charter in February of 1906. The first graduation of sixteen lay nurses and five Hotel Dieu nuns was June 1909. St. Bernard's Hospital was used by

11 Loyola University of Chicago Catalogue, (Chicago: Loyola University, 1916-1917), 4-8.

the Loyola University medical school as a clinical site in 1913.\textsuperscript{13}

St. Elizabeth's Hospital was supervised by the Sisters of the Poor Handmaids of Jesus Christ.\textsuperscript{14} This religious community was founded in 1815 in Derrbach, Germany by Catharine Kasper, who had a desire to serve the sick and poor. The first members of this order came to the United States in 1868.\textsuperscript{15} St. Elizabeth's hospital was built in 1886 on North Claremont Avenue. The School of Nursing was established in 1914.\textsuperscript{16}

St. Anne's Hospital, also conducted by the Poor Handmaids of Jesus Christ, was established in 1903, and the school of nursing in 1913. It was located at 4950 Thomas Street.\textsuperscript{17} It was originally organized as an auxiliary to St. Elizabeth's to care for tuberculosis patients, and was chartered as a separate unit in 1908.\textsuperscript{18}

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\textsuperscript{13}St. Bernard's Hospital Staff, \textit{History of St. Bernard Hospital} (Chicago: St. Bernard Hospital, 1962), 12-13.

\textsuperscript{14}Loyola University School of Nursing Catalogue (Chicago: Loyola University, 1935-36), 12; \textit{The Loyolan} (Chicago: Loyola University, 1932), 152.

\textsuperscript{15}Meta Pennock, \textit{Makers of Nursing History} (New York: Lakeside Publishing Co, 1940), 23.

\textsuperscript{16}Loyola University School of Nursing Catalogue (Chicago, IL: Loyola University, 1935-36), 12.

\textsuperscript{17}Pennock, 23.

\textsuperscript{18}The Loyolan (Chicago: Loyola University, 1941), 61.
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Mother Cabrini, foundress of the Order of Missionary Sisters of the Sacred Heart in Italy, came to New York in 1889 and opened Columbus Hospital there. She established Columbus Hospital in Chicago in 1905, and the nursing school in 1906. 19 Columbus was located at 2546 Lakeview Avenue, in Chicago's Lincoln Park area.

Oak Park Hospital was founded at the request of the people of Oak Park. Dr. John W. Tope and Fr. Richard Dunne initiated the project which was funded primarily through the efforts of the community. Dr. Tope and Fr. Dunne contacted the Sisters of Misericorde in Montreal, Canada to help manage the hospital. This order was founded in 1848 in Montreal to establish programs for the care and rehabilitation of unwed mothers and their newborn infants. The cornerstone of Oak Park Hospital was laid in 1906, and the facility was formally opened in April 1907. The School of Nursing was chartered in 1907. 20

Mercy Hospital, on Prairie Avenue on Chicago's south side, was the oldest hospital in Chicago, having been established in 1850 in connection with the Rush Medical College. In 1869, it became affiliated with the Northwestern

19 Pennock, 23.

20 "A School Remembered," TD, undated, unpaginated, Oak Park Hospital Nurses Alumni Association, Oak Park, IL.
University Medical School.\textsuperscript{21} Mercy was managed by the Sisters of Mercy, an Irish religious order founded by Mother M'Auley in Dublin in 1831 to provide health care and education to the poor. Their first convent in the United States opened in Pittsburg in 1843.\textsuperscript{22} In 1889, the Mercy Hospital Training School was organized and chartered in 1892, the second nursing school in Illinois. In 1901 the first class to complete the three year program graduated. In 1905, the training school required a high school diploma for admission of students, the first nursing school in the Midwest to do so.\textsuperscript{23}

The association of Mercy Hospital with Loyola University has an interesting history. In 1919 the School of Medicine at Loyola had a Class B rating. Father Patrick Mahan, regent, asked Cardinal Mundelein to intervene in the search for hospital facilities of good quality.\textsuperscript{24} The Cardinal, who was committed to the Loyola Medical School, asked the Sisters of Mercy to change the affiliation of

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\textsuperscript{21}"Hospital and Training-School Items," \textit{American Journal of Nursing} 5 (October, 1905): 62-64.\\
\textsuperscript{22}Pennock, 16, 24.\\
\textsuperscript{23}Joy Clough, \textit{In Service to Chicago: The History of Mercy Hospital} (Chicago: Mercy Hospital and Medical Center, 1979), 41.\\
\textsuperscript{24}Patrick Mahan to George Cardinal Mundelein, TLS, 8 March 1919, Archives of the Archdiocese of Chicago (AAC), MADAJ, Box 5.
\end{flushright}
Mercy Hospital from Northwestern to Loyola. In November 1922 Cardinal Mundelein wrote to Sister Mary DePazzi, superintendent of Mercy Hospital, indicating that,

The time has now come to carry this definitely into effect, and, as is required in such circumstances, the staff of Mercy Hospital is to be composed only of such doctors as are members of the faculty of Loyola Medical School.

The Cardinal requested that this be put into effect as soon as possible.

25 The Cardinal was committed to the establishment of a Catholic Medical School in Chicago. In 1921, he reorganized Chicago's collection for the Catholic University in Washington so that it could be used for Catholic higher education in general. He divided the proceeds of this pastoral collection between Catholic University and educational institutions in Chicago, primarily the struggling medical school at Loyola. Edwin R. Kantowicz, Corporation Sole (Notre Dame, IN: University of Notre Dame, 1983), 108; Edward Habon, Chancellor of Archdiocese of Chicago to parish pastors, TLS, 9 September 1921, ACC, MADAJ, Box 6.

26 George Cardinal Mundelein to Sister Mary DePazzi, TL, 14 November 1922, ACC, MADAJ, Box 7. There are confusing references for the date of the association of Mercy with Loyola. This correspondence with Cardinal Mundelein suggests that the change was not final until 1922. The School of Medicine catalogue for 1916 indicates that Mercy Hospital was used as a clinical site at that time. Sister Mary Lidwina indicates that 1918 was the year the affiliation changed from Northwestern to Loyola.[Sister Mary Lidwina, "Mercy Hospital School for Nurses," Hospital Progress 9 (May, 1929): 198.] Another Hospital Progress article supports the 1918 date. ["The Catholic Hospitals of Chicago," Hospital Progress 10 (May, 1929): 197.] Joy Clough gives 1919 as the date (p. 66). Father Mahan also cites 1919 as the year of the change. [Patrick Mahan, "Mercy Hospital a Teaching Institution," Hospital Progress 1 (July, 1920): 112.] Perhaps the Loyola medical students had some clinical experiences at Mercy at the time that the hospital was officially affiliated with Northwestern, which would explain the mention in the catalogues. The confusion about 1918, 1919 and 1922 remains.
Whether this time lag was to be expected or whether the cardinal felt that Mercy was not moving expeditiously enough is not clear. What is also unclear is the need to secure Mercy Hospital when the medical school already had relationships with St. Bernard's, St. Anne's, St. Elizabeth's, Columbus and Oak Park Hospitals. Yet Father Mahan clearly indicated to Cardinal Mundelein in his letter of March 8, 1919, that the new medical school needed hospital facilities to attain a class A rating.\(^{27}\)

**Nursing Education at Loyola**

Loyola was involved in the education of registered nurses during the early years of the twentieth century. The June 1917 university catalogue contains a section called Register of Students, which lists the names of graduates and degrees conferred. This is the graduating class of that year from the entire university. It is interesting to note that nine women with the initials RN after their names were awarded a degree (not designated) in sociology.\(^{28,29}\)

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\(^{27}\) Patrick Mahan to George Cardinal Mundelein, TLS, 8 March, 1919, AAC, MADAJ, Box 5.

\(^{28}\) *Loyola University of Chicago Catalogue* (Chicago: Loyola University, 1917), 136-159.

\(^{29}\) The School of Sociology was founded in 1914, through the efforts of Frederick Siedenberg, S.J. He recognized that there was a "great need of social theory and social acting on the part of Catholics in other fields of endeavor..." Marie Sheahan, "A Catholic School of Sociology," *Catholic Charities Review* 6 (June, 1921): 196. Clearly nursing, as a helping profession, would benefit from formal education in sociology.
In 1926, Sister Mary Veronica Ryan, superior of Mercy Hospital, received an honorary Doctor of Laws degree from Loyola. She was praised as being

...a pioneer in organization and development of modern schools for nurses. An advocate and earnest worker for higher standards in nursing and medical education. An outstanding figure in history of perfection of aseptic and sterile technique. Founder and past director of the Catholic Hospital Association. Past president of the Illinois Nurses Association. A prolific writer on nursing education and hospital administration. 30

Sister Veronica was a native Chicagoan who had been actively involved in the Catholic Hospital Association from its founding. She had been associated with Mercy Hospital since 1900, and superintendent of the School of Nursing there for 17 years. 31

In 1928, Sister Helen Jarrell, Directress of St. Bernard's Hospital Training School, was awarded a bachelor of science degree from the School of Sociology. Sister Jarrell was to become the first dean of the Loyola University School of Nursing in 1935. 32 Bachelor of Arts degrees were conferred to four Registered Nurses (RN) by the School of Sociology and the Downtown Campus in 1929. The

30 Loyola University of Chicago Commencement Program (Chicago: Loyola University, 1926), unpaginated.
31 "Hospital News and Notes," Hospital Progress 7 (July, 1926): 38A.
32 Loyola University of Chicago Commencement Program, (Chicago: Loyola University, 1928), unpaginated.
School of Social Work also lists an RN receiving a Bachelor of Science degree in both 1928 and 1929.\textsuperscript{33}

The more official relationships in the early years between Loyola University and the different schools of nursing are unclear. Primary sources from the 1900s through the 1920s indicate several types of associations that possibly existed between schools of nursing and universities, but the term "affiliation" is never clearly defined.\textsuperscript{34} The relationship between the Mercy Hospital School of Nursing and Northwestern University consisted of lectures and examinations given to the nursing students by the faculty of the Medical School.\textsuperscript{35}

The earliest and simplest relationship between Loyola University and the hospital schools of nursing was the graduation of the nursing students with the Loyola University medical students. In the Commencement Bulletin for May 29, 1916, it is noted that Dean William J. Hurley, MD conferred the title of Graduate Nurse to the graduates from St. Bernard's School of Nursing. The same program

\textsuperscript{33}\textit{Loyola University of Chicago Commencement Program} (Chicago: Loyola University, 1928, 1929), 7.

\textsuperscript{34}In nursing education today, the term implies a contractual agreement between a school of nursing and a health care facility to be used for student's clinical experiences. In the contract, each facility clearly defines its scope of practice and extent of legal responsibility.

\textsuperscript{35}"Hospital and Training-School Items," \textit{American Journal of Nursing} 5 (October, 1905): 62-63.
indicates that Dean Ira Robertson, MD did the same for graduates from the Jefferson Park Hospital School of Nursing. Both Dr. Hurley and Dr. Robertson held faculty positions on the Loyola University School of Medicine at that time and both sites were used for clinical experiences for the medical students.\textsuperscript{37}

The commencement programs provide other information about the relationship between Loyola University and the various nursing schools. In 1918, Dr. Hurley again conferred the title of graduate nurse to students from St. Bernard's. Dean Alfred deRoulet, also on the Loyola faculty, did the same for graduates from Oak Park Hospital School of Nursing. In the same year, Oak Park Hospital began being used as a clinical site for the Loyola medical students.\textsuperscript{38}

Commencement information is missing for 1918 and 1919, perhaps due to the First World War. However, in the 1920 commencement bulletin, Dr. Louis Moorhead, Dean of the Loyola University School of Medicine, conferred the title of

\textsuperscript{36}Annual Commencement Bennett Medical College, Medical Department of Loyola University (Chicago: Loyola University, 1916), unpaginated. The nurses from Jefferson Park Hospital are also listed in the Annual Commencement of Bennett Medical College for June 1, 1915.

\textsuperscript{37}Loyola University of Chicago Catalogue (Chicago: Loyola University, 1918), 6-13.

\textsuperscript{38}Loyola University of Chicago Commencement Program (Chicago: Loyola University, 1918), 16; Loyola University of Chicago Catalogue (Chicago: Loyola University, 1918), unpaginated.
graduate nurse to graduates from Oak Park, St. Anne's and St. Elizabeth's nursing schools. The bulletins for the years 1921 and 1922 are also unavailable, however, the same pattern of Dr. Moorhead conferring the title continued throughout the remaining years of the 1920s. Again there are differences among these various lists: 1923 and 1924 include Oak Park, St. Anne's, and Mercy Hospitals; 1925 does not mention Oak Park. In '26, '27, and '28, Oak Park returns to the list, and St. Bernard's is added. Finally, in 1929, St. Elizabeth's School of Nursing is included. In all of these Commencement Programs, a Superintendent for each of the individual schools is listed.\footnote{Loyola University of Chicago Commencement Program (Chicago: Loyola University, 1920, 1923 through 1929), passim.}

There are also discrepancies regarding graduation between the convocation programs and the university yearbook, \textit{The Loyolan}. The first edition of \textit{The Loyolan} was in 1924. No mention of nursing education of any kind is made in this first volume, although Dr. Moorhead conferred certificates of nursing to graduates from St. Anne's and Mercy.\footnote{\textit{The Loyolan}, (Chicago: Loyola University of Chicago 1924).} The 1925 and 1926 editions list only Mercy Hospital School of Nursing, even though the commencement bulletin lists St. Anne's in 1925 and Oak Park and St.
Anne's in 1926. 41 The 1927 and 1928 edition lists only the Mercy and St. Bernard's graduates and not those from Oak park and St. Anne's. 42 It was not until 1929 and thereafter that the graduates pictured in The Loyolan are the same as those listed in the commencement programs. 43

The reason for these discrepancies is not clear. Mercy, St. Bernard's, Oak Park and St. Anne's were all documented as being connected with Loyola prior to 1925, yet the yearbooks only acknowledge Mercy and St. Bernard's until 1928. We do know that these two schools were part of a well-defined affiliation plan which was actualized in 1927, to be discussed later.

According to the Loyola University School of Nursing catalogue for 1935-36, the nursing schools at Oak Park Hospital, St. Anne's Hospital and St. Elizabeth's Hospital "affiliated" with Loyola in 1917, 1921 and 1929 respectively." 44 Again, the extent of these affiliations is not described, however in a 1929 article in Hospital Progress, Sister Mary Lidwina, Superintendent of the nursing school at Mercy, indicates that the relationship between the

41 The Loyolan, 1925, 101-114; 1926, 128-140.

42 The Loyolan (Chicago: Loyola University, 1927), 53-80; 1928, 70-75.

43 The Loyolan, 1929, 68-77.

44 Loyola University of Chicago School of Nursing Catalogue (Chicago: Loyola University, 1935-36), 11, 12, 14.
nursing school and Loyola University in 1918 secured the advantages of instruction by the faculty of Loyola, use of the laboratories and libraries and graduation at university convocation.\textsuperscript{45} It is probable that the terms of affiliation of the other nursing schools were similar. Table I describes the associations of the schools of nursing with Loyola by 1929.

Throughout the 1920s, nursing students were part of the general university activities at Loyola. From 1928 on, graduates are pictured in the yearbooks in academic cap and gown with the other graduates of the university. From 1925 on, there is a separate section in the yearbook designated for nursing. These sections usually included pictures of the hospitals and all of the nursing students in uniforms. The yearbooks also provide information on the activities of the nursing students in other aspects of university life. Such groups as the St. Bernard's Sodality of the Blessed Virgin Mary and the Mercy Cecelian Choir are given space in the sections called "Music." Pictures of nursing students are also found in the sections of the yearbook devoted to social activities, sometimes called "Loyola Life."\textsuperscript{46}

\textsuperscript{45}Sister Mary Lidwina, "Mercy Hospital School for Nurses," \textit{Hospital Progress} 10 (May 1929): 197.

\textsuperscript{46}\textit{The Loyolan} (Chicago: Loyola University, 1929), 68-77, 157-177.
Table I

Documented Relationships of Hospitals with Loyola University

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<tr>
<th>Hospital</th>
<th>School of Medicine</th>
<th>Graduation Programs</th>
<th>Nursing School &amp; University</th>
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<tr>
<td>St. Bernard's</td>
<td>1913</td>
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<tr>
<td>St. Anne's</td>
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<tr>
<td>St. Elizabeth's</td>
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<tr>
<td>Oak Park</td>
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<td>1917</td>
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<tr>
<td>Mercy</td>
<td>1916</td>
<td>1923</td>
<td>1918 (?)</td>
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The continued refinement of the relationship between Loyola University and the Catholic hospital schools of nursing was due in part to the efforts of Patrick Mahan, s.J. In 1918, Father Mahan became regent of the School of Medicine at Loyola, a position he held until 1931 when he left to assume the presidency of Creighton University in Omaha. In 1919 he was appointed by Cardinal Mundelein as the Director of Hospitals for the Archdiocese of Chicago. Both of these positions provided Father Mahan with an extensive overview of every Catholic hospital in the Chicago area, as well as their schools of nursing. In addition to this, Father Mahan was a Board Member of the Catholic Hospital Association, and a contributing editor to Hospital Progress, the association's official journal. His early years as regent were largely focused on the establishment of the Loyola University School of Medicine and the attainment of a Grade A rating for the school.

In the 1920's Fr. Mahan was able to direct his energies to the schools of nursing. The need for the upgrading of nursing education to the level of higher education had been clearly spelled out in the Goldmark Report of 1923.

47Louis Moorhead to George Cardinal Mundelein, TLS, 8 February 1919, AAC, MADAJ, Box 20.

48The Catholic Hospital Association of the United States and Canada was organized in 1919 to act as a representative body to Catholic health care in the two countries. Its official journal, Hospital Progress, was first published in 1920.
The Goldmark Report

The Goldmark Report, officially called Nursing and Nursing Education in the United States, was conducted by the Committee for the Study of Nursing Education and funded by the Rockefeller Foundation. The Committee consisted of six registered nurses, ten physicians and three others, plus Josephine Goldmark, a social researcher who acted as secretary. Miss Goldmark had previously conducted studies on industrial health for the United States Public Health Service (USPHS).\(^9\) Funded in 1918, the committee examined twenty-three schools of nursing, and published the Report in 1923. The Committee believed that the schools chosen were representative of schools of nursing in terms of size, type of support (public/private), patient population (general/specialty) and location.\(^{50}\) The study was an indictment of nursing education in America. In Conclusion V, the committee indicated that the average hospital training school was not organized to conform to standards accepted in any other fields of education. They found that instruction was casual and unorganized, and that the education needs and health and strength of students were sacrificed to practical hospital exigencies. The committee considered the lack of


\(^{50}\)Josephine Goldmark, Nursing and Nursing Education in the United States (New York: Macmillan, 1923), 18.
endowments for nursing education a primary cause of the shortcomings.\textsuperscript{51}

The major recommendations of the committee included:

1) Require a high school diploma for admission. At the time of the report, about one-third of the schools in the United States required this standard.

2) Courses of study should begin with a preliminary term of four months of training in the basic sciences and elementary nursing procedures with some ward practice, but not ward service. The committee found that students were learning these nursing arts after starting on ward service. Further, lecture periods were scheduled at the convenience of the hospital service needs.

3) The remainder of the training period (24 more months) should be devoted to graded and progressive courses in the theory and practice of nursing with correlated ward practice. Routine duties which have no educational value should be eliminated. For example, there was considerable variation of clinical experiences even within a single institution. In one school, student experiences in the surgical service ranged from seven to thirteen months; other schools provided no pediatric or obstetrical exposure, and eighteen of the twenty-three schools had no experience in mental disease.

4) The work day should not exceed eight hours, or the week forty-eight hours (forty-four was

\textsuperscript{51}\textit{Ibid, 21.}
preferred). At the time of the study, students spent an average of eight to nine hours daily on ward duty alone, exclusive of classroom instruction. The committee also found that excessive night duty was the rule rather than the exception.\textsuperscript{52}

The Goldmark Report maintained that it was essential that the training school be organized independently of the hospital for the purpose of education. The conflict of interest between care of the diseased and educational needs of students was inherent in the present system, and the needs of the sick would predominate.\textsuperscript{53}

The Goldmark Report also addressed university schools of nursing. These schools should be separate and individual departments of the university with direct responsibility for all nursing instruction given. Ideally, a university hospital would provide the clinical experiences for the students, but affiliations would be acceptable as long as maintenance of adequate standards in the practice field remained in the hands of university.\textsuperscript{54}

Unlike the Flexner Report in medicine, the Goldmark study did not significantly alter the structure of nursing education. Garling speculates that this may be partially

\textsuperscript{52} Ibid, 19-23.

\textsuperscript{53} Ibid, 194.

\textsuperscript{54} Ibid, 25.
due to the fact that the Goldmark Report did not identify individual schools, which possibly diluted the impact of the findings. Another factor was the relative newness of nursing as a profession compared to medicine.\textsuperscript{55}

\textbf{Development of the Loyola Nursing Program}

Father Mahan responded strongly to these criticisms and those of others. In speaking to hospital administrators, he said:

"Those who are alive, those who are awake, those who are progressive and able to read the signs of the times, will pay close attention to these criticisms. They will study seriously the new demands, forget their preconceived notions, forget their worries as to the how and the why and the wherefore, but will determine and decide definitely that they are going to adapt themselves and to adjust themselves to the new requirements of educational institutions."\textsuperscript{56}

Fr. Mahan had clear-cut ideals about nursing education. In 1927 he wrote that schools of nursing have, "...grown out of the condition of training schools, of technical schools, of apprentice schools, and by the process of that growth, they have come very close in many respects to purely educational institutions."\textsuperscript{57} He believed that nursing schools should be corporations in themselves, rather than under the domination of the hospital.

\textsuperscript{55}Garling, 28.

\textsuperscript{56}Patrick Mahan, "Casting the Nursing Curriculum into an Education Mold," \textit{Hospital Progress} 8 (October, 1927): 401.

\textsuperscript{57}Ibid.
Father Mahan worked diligently toward upgrading nursing education at Loyola, and sometime in 1926, the University established a clearly defined agreement with St. Bernard's and Mercy Hospitals. In a section of the 1927 Loyolan titled "The Department of Hospital Training," Father Mahan describes the agreement between Loyola and St. Bernard's and Mercy:

Loyola University, with the purpose of encouraging higher standards in nursing and with the idea of enabling Catholic young women to secure the educational advantage within our own system of schools which can be obtained elsewhere, has granted to two of its affiliated Schools for Nurses the privilege of academic credit. These two schools are the Schools for Nurses of Mercy Hospital and the School for Nurses of St. Bernard's Hospital.

Only high school graduates are admitted into these schools. All entrance credits are subject to inspection and approval of the University; the faculty is selected, and in great part, supplied by the University; the curriculum and system of teaching are determined by the Committee on Nursing Education of the University.

Upon the completion of the three years' course in the School for Nurses, the graduate earns academic credit of sixty semester hours. She becomes eligible to admission to the Junior year in the College of Arts and Sciences, and, upon the completion of her Junior and Senior years, is entitled to the Degree of B.S. in Nursing. 58

The nursing students attended evening classes at the University College, located on the Downtown Campus. It is important to note that the University assumed control over

58 The Loyolan (Chicago: Loyola University, 1927), 50.
such factors as admissions, selection of faculty and the curriculum.\textsuperscript{59}

The selection of these two nursing schools for this special relationship with Loyola is not clear. The Oak Park Hospital school had been affiliated with the university since 1918 and St. Anne's since 1921. Perhaps the high school diploma was not a requirement for the other nursing schools, or perhaps the other schools were not prepared to enter into such an arrangement at this time.

The new system at Loyola was the subject of addresses given by Father Mahan, Sister Helen Jarrell, and Sister Mary Lidwina at the Fourth Annual Convention of the Hospital Clinical Congress in June 1927.\textsuperscript{60} Sister Jarrell and Sister Lidwina were the directresses of the schools of nursing at St. Bernard's and Mercy respectively.

There is little documentation of the work leading up to this effort. In 1928, Sr. Helen Jarrell wrote that the new system at Loyola was developed after a three year survey of aims, needs, and goals of nursing education, and that it

\textsuperscript{59}The University College was established in 1914 to accommodate part-time students. It also admitted the first women to Loyola in 1915. In 1926, all of the University's academic programs not at Lake Shore Campus were located at 28 N. Franklin, hence the name, "Downtown Campus." Robert Hartnett, "The Siedenberg Years: A History," \textit{Loyola Today} (Spring, 1978).

\textsuperscript{60}Sister Helen Jarrell, Sister Mary Lidwina, Father Patrick Mahan, "Casting the Nursing Curriculum into an Educational Mold," \textit{Hospital Progress} 10 (October, 1927): 396-403.
was, "...only after much weighing of experience and many preliminary changes that it was finally drafted in finished form and put into execution."\textsuperscript{61} She indicated that the success of the program was, "...an excellent example of leadership of Reverend Mahan whose achievements on the executive and administrative side of the field of nursing need no commendation."\textsuperscript{62} The following year, Fr. Mahon wrote in \textit{Hospital Progress} that Loyola had "during the last three years, endeavored to formulate and to put into effect a system of instruction, a content of curriculum and a quality of faculty that will be productive of an educational program adequate to meet any reasonable standards that are likely to be put forth by the Committee on Standardization."\textsuperscript{63}

The first step in the preparation of the new system at Loyola was the separation of the needs of the hospital services from the education of the nurse. In 1929, Father Mahan wrote,

\begin{quote}
You must be free to plan according to proper and generally received pedagogical principles and be forced to make only such concessions to the practical needs of
\end{quote}

\textsuperscript{61}Sister Helen Jarrell, "The Loyola University Nursing Curriculum," \textit{Hospital Progress} 9 (August, 1928): 343.

\textsuperscript{62}\textit{Ibid}, 344.

\textsuperscript{63}Patrick Mahan, "Loyola University Nursing Curriculum for Affiliated Schools," \textit{Hospital Progress} 10 (February, 1929): 80.
the hospital as do not seriously interfere with these principles.\textsuperscript{64}

Discussion of basic principles of curriculum development also took place during this time.

Our next step was to study the existing nursing curriculum in the light of a few, simple pedagogical principles. These principles are:

1. Each subject taught must be given such a number of class periods as are necessary for a fair presentation of the matter.

2. An order or sequence of subjects must be arranged that will best serve to develop the mind of the student nurse and fit her to derive the maximum improvement from student nursing.

3. A definite schedule of days and hours for each subject of instruction must be adopted and adhered to as rigidly as is humanly possible.

4. The doctors to whom are assigned the clinical subjects should be supplied with a schedule which indicates the topics to be covered in each period with a brief outline of the important points under each topic.\textsuperscript{65}

Sister Jarrell indicated that the major advantage of the new system at Loyola over previous methods of instruction was the elimination of the uncoordinated delivery of instruction based around the student's time away from the clinical setting. The "slipshod, haphazard

\textsuperscript{64}Ibid, 81.

\textsuperscript{65}Ibid.
instruction" under the old system was inefficient since it required a great deal of repetition of subject matter.\textsuperscript{66}

The NLN Standard Curriculum

In 1927, the National League of Nursing Education (NLNE) revised the standard curriculum that had been developed in 1917.\textsuperscript{67} These revisions were based on the recommendations of the Goldmark Report. Important changes included a new emphasis on the human and social side of the nurses' work, the addition of a course in psychology, and restructuring of the first year of nursing training to emphasize nursing arts and simple skills. The League also recommended ten-hour days and a six-day week for the students, which they indicated was still excessive, but an improvement over existing practice. This revised curriculum was intended to be a working standard for the upgrading of American nursing schools.\textsuperscript{68}

\textsuperscript{66}Sister Helen Jarrell, "Loyola University Nursing Curriculum," \textit{Hospital Progress} 9 (August, 1928): 343.

\textsuperscript{67}The first edition of the standard curriculum was developed by the Education Committee of the NLNE under the leadership of M. Adelaide Nutting. It was intended to serve as a guide to training schools, to provide the public with an idea of acceptable standards for nursing education, and to reduce the diversity of standards that existed at that time. National League for Nursing Education, \textit{A Curriculum Guide for Schools of Nursing} (New York: Stratford Press, 1937), 4.

The Loyola curriculum in 1927 was fashioned around the NLNE revised curriculum. Clinical experiences were graduated throughout the three years by introducing students to patients in the first year, and increasing the complexity of the duties of care through the remaining two years. Correlation of content was assured by a carefully organized sequence of courses, followed by clinical practica. The larger load of didactic and laboratory work was taken in the first year, requiring three hours of formal instruction daily. In the Junior and Seniors years, lecture hours were reduced to one hour daily, allowing for increased clinical time. Tables II and III show the comparisons of Loyola's program with the recommendations of Goldmark and the NLNE.

By 1929, Loyola University was actively involved in the education of nurses. The system developed in the late 1920s by Father Mahan, Sister Helen Jarrell, and Sister Mary Lidwina changed the focus of nurses' training at St. Bernard's and Mercy from service to the hospitals to the growth and development of the students. This was an exciting first step; the next chapter will discuss the years between 1930-1935, when the Loyola University School of Nursing was developed.
### Table II

**Classroom Hours According to Goldmark, NLNE and Loyola**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Goldmark (Hours)</th>
<th>NLNE (Hours)</th>
<th>Loyola (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy/Physiology</td>
<td>90</td>
<td>90</td>
<td>144</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>45</td>
<td>45</td>
<td>72</td>
</tr>
<tr>
<td>Chemistry</td>
<td>60</td>
<td>45</td>
<td>72</td>
</tr>
<tr>
<td>Pathology</td>
<td>15</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Drugs</td>
<td>45</td>
<td>45</td>
<td>48</td>
</tr>
<tr>
<td>Elementary Nursing</td>
<td>90</td>
<td>90</td>
<td>84</td>
</tr>
<tr>
<td>Advanced Nursing</td>
<td>15</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Dietetics</td>
<td>75</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>History of Nursing</td>
<td>45</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Hygiene</td>
<td>15</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Psychology</td>
<td>30</td>
<td>30</td>
<td>12</td>
</tr>
<tr>
<td>General Medicine (includes communicable diseases)</td>
<td>90</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Surgical (includes Gynecology)</td>
<td>45</td>
<td>60</td>
<td>48</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>30</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>30</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>EENT</td>
<td>15</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Mental/Nervous</td>
<td>45</td>
<td>30</td>
<td>12</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>60</td>
<td>105</td>
<td>72</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>840</strong></td>
<td><strong>825</strong></td>
<td><strong>852</strong></td>
</tr>
</tbody>
</table>

*(Loyola also included 72 hours of English and 72 hours of Sociology to total 996 hours.)*
Table III

Comparison of Clinical Practica

<table>
<thead>
<tr>
<th>Service</th>
<th>Goldmark: months</th>
<th>NLNE: months</th>
<th>Loyola: months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (includes</td>
<td>6</td>
<td>9 (3 months in comm.</td>
<td>**6.5</td>
</tr>
<tr>
<td>communicable disease)</td>
<td></td>
<td>disease)</td>
<td></td>
</tr>
<tr>
<td>Surgical (includes</td>
<td>6</td>
<td>6</td>
<td>9.5 (6 mos. in</td>
</tr>
<tr>
<td>Gynecology)</td>
<td></td>
<td></td>
<td>OR)</td>
</tr>
<tr>
<td>EENT (eye, ear, nose &amp;</td>
<td>-----</td>
<td>2</td>
<td>part of</td>
</tr>
<tr>
<td>throat)</td>
<td></td>
<td></td>
<td>Surgery</td>
</tr>
<tr>
<td>Pediatric</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Dispensary</td>
<td>3</td>
<td>3</td>
<td>part of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Med/Surg</td>
</tr>
<tr>
<td>Mental/Nervous</td>
<td>2</td>
<td>3</td>
<td>**</td>
</tr>
<tr>
<td>&quot;First term&quot;</td>
<td>-----</td>
<td>4</td>
<td>-----</td>
</tr>
<tr>
<td>Totals</td>
<td>22</td>
<td>29</td>
<td>34</td>
</tr>
</tbody>
</table>

**Content on communicable diseases and mental/nervous disorders was included in classroom hours in Medicine, however specific clinical experiences are not clearly stated.
While the introduction of the new curriculum in 1927 was an important step in the assimilation of nursing education into the university, Loyola University did not yet have a School of Nursing in the traditional sense. The hospital schools of nursing were still independent institutions, and the training programs were essentially unrelated and uncoordinated. This chapter discusses the organization of the hospital schools under the title of the Loyola University School of Nursing.

In October of 1931, Father Robert M. Kelley, President of Loyola (1927-1933), and Father Frederic Siedenburg, Secretary to the University Board of Trustees, reported to the American Council on Education that five hospital nursing schools were affiliated with Loyola under the supervision of the medical school. The schools were the Mercy School of Nursing, St. Bernard's School of Nursing, St. Anne's School of Nursing, Oak Park School of Nursing, and St. Elizabeth's School of Nursing. It can be assumed that St Anne's, Oak Park and St. Elizabeth's entered into the same system that Mercy and St. Bernard's initiated in 1927. Nursing students

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from two other schools, Columbus Hospital and the John B. Murphy Hospital, are included in some references as part of Loyola during those years. Since they are not mentioned in the above correspondence, it may be that some coursework was taken through Loyola's medical school, and there was participation in the commencement exercises, but these schools were not a part of the affiliation contract. This situation continued through 1934.

While the number of nursing schools participating in the innovative curriculum begun in 1927 was now five, there was little supervision by university faculty of the work being done in each of the hospitals. Father Terence Ahearn, who succeeded Father Mahan as Regent of the School of Medicine in 1931, had this to say about the first affiliation format:

For some time the administration of the University has been conscious of the fact that our Schools of Nursing were not securing the recognition they deserved and were not in a position to cooperate with the recent advances in the reorganization of nursing education. Their inability to share the responsibility in this reconstruction was due, perhaps, to the looseness of the organization of our older type of affiliation. This affiliation was characterized by a lack of centralization and an impossibility of supervision of teachers and of curriculum, with the consequent loss of prestige.

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*2The Loyolan (Chicago: Loyola University, 1931), 168-169; Loyola University Commencement Program (Chicago: Loyola University 1931), 7. Little is known about the John B. Murphy hospital. Its school of nursing opened in 1921, with small attendance due to limited facilities. The Sisters of Mercy purchased the hospital in 1928, and in 1929, the hospital affiliated with the Loyola University School of Medicine.*
To obviate these difficulties and to place the Schools of Nursing in an influential position, the administration of the University thought it advisable to modify the old plan of affiliation to the extent of centralizing the organization of the Schools of Nursing and of making provision for its independent, adequate and efficient administration.  

Influence for reorganizing nursing education at Loyola University came from several directions. In the minutes of the Loyola University Council of Regents and Deans (LUCRD) for December 1931, Father Ahearn indicated that Cardinal Mundelein had expressed his wishes that the medical school assist the nursing school in attaining university standards. Another factor discussed at that meeting was that the Cook County Hospital School of Nursing was in the process of having the University of Illinois "adopt" it in order to raise the educational standards of nursing education in Illinois.

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4 The Council of Regents and Deans was established November 11, 1927 as the Academic Council to "acquaint various departments and deans with problems of other divisions of the university, to adjust conflicts between divisions, to keep the President informed of activities." In 1928, the title was changed to the Council of Regents and Deans; in 1935 it was changed back to the Academic Council. "Academic Council--Decisions Made and Committees Appointed," TD, undated, Loyola University of Chicago Archives. Office of the President. Samuel Knox Wilson. Box 26. Folder 8.

Further, the drive for collegiate education for nurses was gaining national impetus at that time. By 1934, there were sixty colleges or universities in the United States affiliated with ninety-eight schools of nursing. Of the forty-two that were Catholic institutions, the Society of Jesus affiliated with the largest number—twenty-three schools of nursing in ten colleges or universities (see Table I). Table II describes the status of collegiate nursing education in the state of Illinois in 1934.

Between 1930 and 1935, key persons from both the nursing schools and the University worked to incorporate a new school of nursing at Loyola University. In the early 1930s, the LUCRD began discussing the need to make the school of nursing an integral part of the university and to establish it as a nursing college capable of granting degrees in nursing. The minutes of the LUCRD for December 1931 stated that:

> Hopefully by September of 1932, the School of Nursing would be established on a more efficient basis and a bulletin issued. An executive officer of the University would supervise the work being done in the hospital for the degree of Bachelor of Science in Nursing.  

In 1932, Father Kelley was in communication with Reverend M. R. Kneifl of the Catholic Hospital Association
<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Type of Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creighton University, Omaha, NE.</td>
<td>School of Nursing a unit of an organized department in the university</td>
</tr>
<tr>
<td>Fordham University, New York, NY.</td>
<td>Offered courses in Philosophy &amp; in cultural subjects</td>
</tr>
<tr>
<td>University of Detroit, Detroit, MI.</td>
<td>Extended Collegiate Credit to the School of Nursing</td>
</tr>
<tr>
<td>Gonzaga University, Spokane, WA.</td>
<td>Responsible for courses in basic sciences; offered courses in Philosophy &amp; in cultural subjects</td>
</tr>
<tr>
<td>Georgetown University, Washington, DC.</td>
<td>Responsible for courses in basic sciences; extended collegiate credit to the School of Nursing</td>
</tr>
<tr>
<td>Loyola College, Baltimore, MD.</td>
<td>Extended collegiate credit to the School of Nursing</td>
</tr>
<tr>
<td>Loyola University, Chicago, IL.</td>
<td>School of Nursing is independently organized department of the University</td>
</tr>
<tr>
<td>St. John's University, Toledo, OH.</td>
<td>Offered courses in Philosophy &amp; in cultural subjects</td>
</tr>
<tr>
<td>St. Joseph's University, Philadelphia, PA.</td>
<td>Responsible for courses in basic sciences; offered courses in Philosophy, cultural subjects</td>
</tr>
<tr>
<td>St. Louis University, St. Louis, MO.</td>
<td>School of Nursing is unit of organized department of university</td>
</tr>
</tbody>
</table>

### TABLE II

**COLLEGIATE SCHOOLS OF NURSING-STATE OF ILLINOIS-1934**

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Type of Affiliation</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>DePaul University, Chicago, IL.</td>
<td>School of Nursing is independently organized department of the university</td>
<td>St. Anthony's (Chicago), St. Joseph's (Chicago), St. Mary of Nazareth (Chicago), Little Company of Mary (Chicago), St. Joseph's (Elgin), St. John's (Springfield), St. Theresa's (Waukegan), St. Mary's Mercy (Gary, In.)</td>
</tr>
<tr>
<td>Loyola University, Chicago, IL.</td>
<td>School of Nursing is independently organized department of the university</td>
<td>Columbus, John B. Murphy, St. Elizabeth's, St. Anne's, St. Bernard's (all Chicago), St. Francis (Evanston), Oak Park (Oak Park)</td>
</tr>
<tr>
<td>St. Xavier's College, Chicago, IL.</td>
<td>Courses offered beginning Sept. 1934</td>
<td>No School of Nursing affiliated as yet</td>
</tr>
<tr>
<td>Normal University, Normal, IL.</td>
<td>Responsible for the basic science courses</td>
<td>St. Joseph's (Bloomington, IL.)</td>
</tr>
<tr>
<td>Quincy College, Quincy, IL.</td>
<td>In process of organization</td>
<td>St. Mary's, (Quincy, IL.)</td>
</tr>
</tbody>
</table>

Source: Alphonse Schwitalla and M. R. Kneifl, "The Catholic School of Nursing in the United States and Canada-1934,"
(CHA) regarding nursing education. Father Kelley received a copy of the resolution on nursing education passed at the recent convention of the CHA, as well as "certain materials relating to the work of the Association in the field of Nursing Education and Social Service." Father Kelley later wrote to Reverend Kniefl that the standardization of nursing education was of great importance to Loyola because of the relationship between those hospitals which had a nursing school and Loyola's medical school.

At the October 6, 1932 meeting of the LUCRD, Father Ahearn reported that two meetings of the superintendents of nurses in the affiliated hospitals had been held at the medical school. A plan for the consolidation of the nursing schools included the establishment of a Nursing Council to discuss educational problems, an Executive Council, and a committee on Admissions and Degrees. An agreement had been reached between the hospitals and the University that courses given in fundamental subjects should be approved by

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7 The Catholic Hospital Association was committed to the upgrading of nursing education from its organization in 1919, and frequent articles relating to this appeared in its journal, Hospital Progress. There were many contributors from Loyola to the journal, most notably, Father Mahan, Dr. Moorhead and Sister Helen Jarrell.


and placed under the supervision of the departmental heads of the School of Medicine. The LUCRD discussed the importance of making the nursing schools a more integral part of the University organization. The establishment of a nursing school which would be capable of administration of degree courses in nursing was also considered.¹⁰

In July 1933, a committee consisting of Father Terence Ahearn, Father Thomas Egan, Dean of the College of Arts and Sciences at the Downtown Campus, Doctor Louis Moorhead, Dean of the School of Medicine, and Father Kelley met concerning the future of the nursing school. The first topic discussed was the type of relationship desirable for the university and the hospital schools. Three possible relationships were reviewed:

1. A University School of Nursing, forming an independent unit similar to the other units of the University where the university has complete financial, disciplinary, and academic control.

2. The continuation of the existing affiliation agreement, in which the affiliating institution maintains the control of the training program, but approval of the university is required for faculty of the nursing school and graduation of

candidates. The Certificate of Graduate Nurse is granted jointly by the university and the nursing school.

3. A third relationship was referred to as Accredited Schools of Nursing, i.e. those that are approved but have no articulation in the University. It is unclear as to what this category of relationship means, as it does not represent any agreement that existed at that time."

The committee agreed that the ultimate relationship should be that of the University School of Nursing. It was also agreed that for the present, it was practical to maintain the existing relationship, that is, the Affiliated Schools of Nursing type. It is unclear why the change to the new relationship was delayed at this time.

The report went on to discuss the administration of the schools of nursing:

1. The affiliated hospitals would maintain financial and disciplinary responsibilities, while academic administration remained under the jurisdiction of the University through the School of Medicine. The hierarchy of academic control was the Regent of the School of Medicine, the Dean of

"Robert M. Kelley, "Report of committee meeting in regard to our affiliated nursing schools," TDS, 13 July 1933, Loyola University of Chicago Archives. Father William Kane. Box 10. Folder B 12.1 - B 12.10. Although the term "School of Nursing" was used in various references prior to this time, this is the first time it represents the true meaning of a school within a University—an autonomous unit under the administrative organization of the university."
Medicine, the Dean of Arts and Sciences and an Associate Dean of each of the affiliated schools.

2. The professional and academic objectives of the schools of nursing would be to award a certificate of graduate nurse usually requiring three years, in which the coursework is primarily technical and vocational; and to award a Bachelor of Nursing requiring two additional years in which the curriculum is mainly academic or cultural. The basic science, nursing and medical subjects would be administered by the Regent of the Medical School assisted by the administrative council of the nursing schools. Social science and cultural subjects would be administered by the Dean of Arts and Sciences.

3. Admission requirements would be the same as in the College of Arts and Sciences. The hospitals would be able to admit students on this basis, but the credentials of the students would be subject to review by the Regent of the School of Medicine.

4. Fees for the science, nursing and medical subjects would be determined by the Administrative Council of the affiliated nursing schools and approved by the Regent. Fees for the cultural subjects should be determined by the Dean of Arts & Sciences.

5. In terms of the granting of degrees, the committee thought it would be satisfactory to grant the Bachelor of Nursing degree to those who completed the three year
curriculum of the affiliated schools of nursing and a two year curriculum in arts and sciences.\textsuperscript{12}

The Council of Regents and Deans continued discussion of the reorganization of the School of Nursing throughout 1933. When Father Samuel Wilson (1933-1942) assumed the presidency of Loyola in the fall of that year, he added Father Francis Gerst to the planning committee. Father Gerst was the Dean of the Graduate School.\textsuperscript{13}

What had been accomplished by the end of 1933 was the clear decision to reorganize the nursing school into a true university school which would operate as an independent unit similar to other divisions of the university. Beginning consolidation of the individual hospital training schools primarily involved discussion of the administrative patterns necessary to maintain coordination among the nursing schools and the different units of the University. Table III illustrates this pattern.

While there is little documentation about the work of the planning committee in 1934, some misunderstandings were cleared up at that time. Father Thomas Egan, Dean of the College of Arts and Sciences at the University College wrote to Father Wilson about criticisms he had given to Father

\textsuperscript{12}Ibid.

\textsuperscript{13}Minutes, Loyola University Council of Regents and Deans, TD, 6 October 1933 and 9 November 1933, Loyola University of Chicago Archives. Office of the President. Samuel Knox Wilson. Box 26. Folder 7.
### TABLE III

**COOPERATION OF UNIVERSITY IN SCHOOL OF NURSING CURRICULUM**

<table>
<thead>
<tr>
<th>Divisions of Curriculum</th>
<th>Subjects</th>
<th>Instructional Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chemistry</td>
<td>College or other Schools</td>
</tr>
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Kelley when "he presented to me Father Ahearn's report on the nursing situation last year." Father Egan indicated that he and Father Ahearn did not agree about something, and that Father Kelley, "seemed hesitant about deciding between us." The disagreement related to the recommendation by Father Egan that an "academic man" be appointed to the board which was to administer the nursing division, possibly the Dean of the University College. Father Ahearn strongly objected to this, and President Kelley "refused to over-rule him."

Attached to this letter was a copy of Father Egan's critique of the report on nursing education. His primary concern was the ambiguity about who had jurisdiction for the schools of nursing, the School of Medicine or the College of Arts and Sciences. He indicated that specific jurisdiction was especially important in the conferring of degrees of

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14 Thomas Egan to Father Samuel Wilson, TLS, 1934 (?), Loyola University of Chicago Archives, Father William Kane, Box 10. Folder B 12.1 - B12.10. The response to the "Ahearn Report" attached to this note, corresponds exactly to a document titled "Report of a Committee Meeting in Regard to Our Affiliated Nursing Schools," signed by Father Kelley and dated July 13, 1933. The proceedings from that meeting were discussed earlier in this text. Either Father Egan is mistaken in calling it Father Ahearn's report, or the two reports are identical. Father Egan refers to the report on the nursing situation "last year", which would date this correspondence sometime in 1934.

Bachelor in Nursing or Bachelor of Science in Nursing. Father Egan believed that the nurses belonged in the Arts College once they received the certificate of Graduate Nurse. His reason for this was that the Bachelor of Science candidates in Medicine and Dentistry were part of the Arts College, and to place nursing there would provide uniformity among the programs.\(^6\)

Father Egan's concerns were based in part on a previous incident which occurred because of ambiguity over the jurisdiction of the nursing students. In the June 1931 convocation program, nine sisters from St. Bernard's order were listed as receiving their Bachelor of Science degree in Nursing from the regent of the School of Medicine.\(^7\) Apparently, the degrees were never delivered to the sisters, and in 1933, Sister Helen Jarrell requested them from Father Kelley. She indicated that the degrees were conferred at the graduation and that Father Mahan was to have the forms completed and signed immediately after commencement. In the meantime, Father Mahan left Loyola to assume the presidency of Creighton University and,

he turned the matter over to Rev. Father Ahearn. Father Ahearn told me he was waiting to find out what the wording of such diplomas should be and asked me to inquire about same, which I did, and find that the

\(^6\)Egan to Wilson 1934 (?). During that time, Loyola conferred Bachelor of Medicine, Bachelor of Dentistry and Bachelor of Philosophy degrees.

\(^7\)Loyola University of Chicago Commencement Program, (Chicago: Loyola University, 1931), 10.
wording is the same as any Bachelor of Science degree except that "in Nursing" is added. Reading "Bachelor of Science in Nursing."

In the 1934 correspondence to Father Kelley, Father Egan indicated to Father Wilson that there was controversy as to who endorsed these degrees.

The Downtown college [sic] denied that they did and so did the medical school. The Downtown college informed me that Fr. Seidenburg thought that the medical school wished to throw this baby into his lap and he didn't wish it. Finally we discovered an old Commencement program downtown which carried the notation of these degrees being conferred by the Medical school. In the correspondence with Fr. Mahan last year—in an endeavor to straighten out the matter—he more than once denied that the medical school had anything to do with conferring these, saying that the Downtown college did it. The program seems to be conclusive evidence that he was wrong.

Five years after the original controversy, the University College finally sponsored the degrees.

In February 1935, a letter from Father Egan to Father Wilson indicated that the issue about responsibility for conferring degrees to nursing graduates was still unresolved. Father Egan indicated that Father Ahearn, Dr. Moorhead and he had discussed the situation in the past, but could not agree, and Father Kelley would "neither dissipate

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19Egan to Wilson, 1934 (?)

nor decide either way." One viewpoint was that, being a professional degree, the Bachelor of Science in Nursing should be conferred by the School of Medicine. It was Father Egan's contention that the board controlling the nursing schools (composed of people from the medical school and the hospitals and one person from the Arts College) should control the nursing school and the degree of BSN as well as the diploma. Father Egan also indicated that he had no objection to conferring the Bachelor of Science in Nursing degree through the Arts College, although it was considered bad practice for one college to give a large variety of degrees. Father Wilson requested that Father Egan and Regent Ahearn confer and make a recommendation for the preliminary plan for the proposed school of nursing, utilizing the assistance of Father Gerst as needed. At a meeting of the Administrative Board of the School of Nursing in September of 1935, it is noted that a list of requirements for the Bachelor of Science in Nursing degree awarded by the Downtown College was drawn up. It appears


that the College of Arts and Sciences, not the Medical school was to confer the degrees.\(^2\)

Father Egan was clear in his concerns about what he considered a "vacillating policy" by the university. He urged Father Wilson to "agree on what can be agreed upon." He suggested the establishment of a board of control for the nursing schools consisting of a representative from each nursing school and someone appointed or hired to be a "sort of superintendent under the jurisdiction of the dean or regent of the medical school." Father Egan concluded that the "recent controversy with Father Mahan convinces me that authority and responsibility were divided and when these two are divided the house always falls."\(^2\)

During this time, Loyola University was examining the program at St. Louis University as a possible pattern for its school of nursing. Father Egan indicated that he intended to visit St. Louis University in January of 1934 while in that city for a meeting to "pick up something about the nursing school."\(^2\) There is no further information


\(^2\)Thomas Egan to Father Samuel Wilson, TLS, 1934 (?), Loyola University of Chicago Archives. Father William Kane, Box 10. Folder B 12.1 - B 12.10.

available about activities regarding the school of nursing for 1934.

In January, 1935, Father Ahearn wrote to President Wilson that the time may be,

ripe for discussing the possibility of putting her [Sister Helen Jarrell] in charge of our School of Nursing with the title of Director of the School of Nursing or Dean, which ever [sic] seems to you more advisable. Her experience and her national reputation in nursing circles would, I think, add distinction to our new organization. I think she would tackle the problems incidental to our reorganization with interest and dispatch. I should like to see her representing us at the next Catholic Hospital convention in her official capacity as head of the Loyola University School of Nursing.

Sister Helen Jarrell was one of the seven nuns that Father Bernard Murray brought to Chicago from Kingston, Ontario to help establish and manage St. Bernard's Hospital in 1905. Born in Burnt Hills, Canada, she entered the community of the Religious Hospitaliers of St. Joseph in Kingston in order to fulfill her desire to serve the ill and infirm.

In this letter, Father Ahearn refers to a "recent overturn in the administration at Mercy Hospital," and also notes that any objection to conferring the distinction of

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director of the nursing school on Sister Jarrell would come from the Mercy group. Father Ahearn states, "What their reaction would be I don't know, and it is a question whether we care." It is unclear as to the situation at Mercy during this time, and what sort of differences existed between Mercy and St. Bernard's/Loyola. Father Ahearn wanted to discuss the possibility of Sister Jarrell's accepting an administrative office in the University at this point. President Wilson's response was immediate, and he advised Father Ahearn to approach Sister Helen Jarrell about the position, but not as a formal offer of the position of Director of the School of Nursing. Father Wilson does not, in this February memo, indicate the reason for not being formal at this point. Ten days later, Father Ahearn wrote again to Father Wilson in which he

...presumed to submit a few of the reasons which, after three years of contact with this problem, have finally decided me to recommend her for the distinction.

Personal Qualifications:

She is unquestionably one of the outstanding, if not the outstanding, nuns in Catholic nursing circles. She has been in an official capacity with the Catholic Hospital Association for the last fifteen years and has exercised both local and national influence. You have had experience of her mental capacity, and of this, I need say no more. As far as her character goes, I think she is a square shooter, a little loquacious, enjoys the distinction of having lived through many

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28Ahearn to Wilson, 31 January, 1935.

ticklish administrative problems and takes occasion to impress one, perhaps somewhat indirectly, with the services she has rendered by her patient and tactful handling of delicate situations that arose in the administration of the CHA.

Advantages of an Early Settlement of this Problem:

1) The organization of the School of Nursing, which enables us to put its problems in the hands of those who are actually in the field of nursing and who can make contact with the various divisions of the University. 2) The organization of the Summer School for Nursing, which would bring, most likely, an enrollment of one hundred or more to the Downtown School. 3) The national advertising which would come to the University because of her position in the Catholic Hospital Association. I am sure she would lose no opportunity to let the entire Catholic group know that she was the Directress of a University School of Nursing. 4) By putting the administrative and organization problems in the hands of the nuns of our affiliated hospitals we would do more to educate them in cooperative action than any formal course on administration could do. The activity of our affiliated group might form the basis for a coalition of our nurses with those of DePaul, thereby enabling the Catholics of the city to present a united front to standardizing and investigating agencies. 5) The organization of the School would be of great benefit to me in the operation of the Dispensary

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30 The dispensary was located in the Loyola University School of Medicine building at 706 South Lincoln (now Wolcott). According to the School of Medicine catalogue for 1919, it was originally called the Lincoln Dispensary and under direct control of the medical school. The 1924 catalogue refers to it as the Mercy Clinic, and an article in Hospital Progress in 1929 indicates that the Mercy Free Dispensary was a charity institution endorsed by the Chicago Association of Commerce. The dispensary was staffed by the Loyola University School of Medicine faculty and the Sisters of Mercy, and was used for clinical experiences for both medical and nursing students. ["The Catholic Hospitals of Chicago," Hospital Progress 10 (May, 1929): p. 197.] By 1936, it was again referred to in the catalogue as the Loyola University School of Medicine dispensary.
assignment of nurses for the dispensary and out-patient services would then be a matter of routine procedure."

One week later, Father Wilson wrote to Sister Helen Jarrell advising her of the plan for reorganization of the nursing school units so that the degree of Bachelor of Science in Nursing could be conferred. The committee had developed a preliminary outline of a proposed organization in which a federation of the hospital training schools would be administered by a nursing council under the leadership of Father Ahearn. The group would consist of one representative from each of the nursing school units affiliated with the University. To confer with this council, an academic committee of Fathers Ahearn, Gerst and Egan was also appointed.

Father Wilson then expressed the desire of the academic committee that Sister Jarrell assume the chairmanship of the nursing council with the title of Directress of the Nursing Schools of Loyola. Father Wilson indicated that, "...we are very anxious to have you assume the leadership of this group and I should be grateful if you would express your acceptance of this rather difficult position." Father Wilson indicated that the organization has only been sketched out in broad outline and that Sister Jarrell would be needed to fill in the outline, "...so that without too

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much delay the field of nursing in the hospitals affiliated with Loyola University may be properly and adequately administered." On February 20, 1935 Sister Jarrell accepted the appointment as Directress and indicated that this was a "great honor conferred by my Alma Mater. I will do my best to have our Loyola University School of Nursing second to none in the country."

On February 27, 1935, Father Ahearn sent a letter to the Sister superior from each of the affiliated institutions requesting that the sister in charge of the respective training school attend a meeting on March 7. This letter was sent to the heads of the St. Bernard's, St. Anne's, St. Elizabeth's, Columbus, Mercy, Oak Park and John B. Murphy schools of nursing.

Every school of nursing was represented at this meeting except Mercy and John B. Murphy. Sister Helen Jarrell represented St. Bernard's Hospital, Sister Cornelia

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33 Sister Helen Jarrell to Father Samuel Wilson, TLS, 20 February 1935, Loyola University of Chicago Archives. William Kane. Box 10. Folder B12.1 - B12.10. Sister Jarrell had received a Bachelor of Science degree from the School of Sociology in 1928.

34 Terence Ahearn to Father Samuel Wilson, TLS, 27 February 1935. Loyola University of Chicago Archives. Father William Kane. Box 10. Folder B12.1 - B12.10. Attached to this letter is a carbon of the letter sent to each of the sister superiors.
represented St. Elizabeth's Hospital, Sister Mary Clement represented Columbus Hospital, Sister Mary St. Timothy represented Oak Park Hospital, and Miss Helen Walderbach represented St. Anne's Hospital. Of the meeting itself, Father Ahearn reported that, "...the spirit manifested was most gratifying and indicative of whole-hearted cooperation."  

The work of this group, called the Administrative Board of the School of Nursing at Loyola University, is recorded in the minutes from March 7, 1935 to May 1, 1935. The March date is accepted as marking the formation of the Loyola University School of Nursing.

At this first meeting on March 7, a plan that had been formulated by the planning committee was presented to the training schools. The administrative power of the newly organized school was to be placed in the hands of the Sisters. President Wilson wanted to afford the sisters an opportunity to discuss all problems relating to nursing and to make suggestions to the University through the School of Medicine, the Downtown Campus of Arts and Sciences and the Graduate School. At this meeting, Sister Helen Jarrell was designated as Director of the Loyola University School of Nursing. A tentative constitution and by-laws were

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submitted for study, and a meeting was agreed upon for the following week on March 12, 1935.\(^{36}\)

The constitution and by-laws were amended at the second meeting on March 12, 1935. This document defined the membership and responsibilities of the Administrative Board and the Councils of the individual hospital units. The Administrative Board of the School of Nursing consisted of two representatives from each hospital unit, and the regent of the School of Medicine, who was also referred to as the regent of the School of Nursing. The Board had the authority to recommend to the President all matters of policy affecting the School of Nursing and the relationships within and without the University. The five hospitals--St. Bernard's, St. Anne's, St. Elizabeth's, Oak Park and Columbus--were described as units of the School of Nursing. Each unit had a council composed of the director of the unit's nursing school and two physician staff members of the hospital. The regent chaired each unit council. The functions of the councils were to administer the educational schedule in accordance with the curricular prescriptions of the University; to administer matters pertaining to

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\(^{36}\)Minutes of the Administrative Board of the Loyola University School of Nursing, TD, 7 March 1935. Loyola University of Chicago Archives. Father William Kane. Box 10. Folder B 12.1 - B 12.10
discipline; and to nominate faculty members for their units which were sent to the regent.\textsuperscript{37}

The Board then decided to study the bulletin from the St. Louis University School of Nursing and use it as a model for developing the curriculum at Loyola. The curriculum used by the St. Bernard's school since its affiliation with Loyola in 1927 was also to be considered by the next meeting which was established for March 20.\textsuperscript{38}

At the third meeting on March 20, 1935 the course descriptions and schedules from St. Louis University bulletin were reviewed. The sisters were asked to arrange a daily schedule for a three year program based on these. It is interesting to note that the schedule attached to the March 20 minutes is identical to the schedule published in the February 1929 issue of \textit{Hospital Progress}, in which the new curriculum at Mercy/St. Bernard's/Loyola is described. On April 3, 1935, the fourth meeting of the Administrative Board, there was a consensus that the proposed curriculum was possible to deliver at every hospital unit, and that it met and in many cases exceeded the standard demanded by the National League of Nursing Education, revised in 1927.\textsuperscript{39}

\textsuperscript{37}"Constitution and By-Laws of the Administrative Board of the School of Nursing of Loyola University." TD, 1935, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing Collection. Accession # 89-30. Box 3.

\textsuperscript{38}Minutes, Administrative Board, 12 March 1935.

\textsuperscript{39}Ibid, 20 March and 3 April 1935.
Subsequent meetings were involved with such operational factors as the teaching equipment, the problems of correlating instruction on the hospital units with the fundamentals taught in the classrooms, and review of media material available in each school of nursing, which would need to be centralized. It was decided that it would be more economical and efficient to centralize all the equipment at the School of Medicine. This equipment included lantern slides, movies, microscopic slides, pathology specimens and bacteriologic cultures. All of this illustrative equipment was coordinated with the scheduled lectures, and housed at the School of Medicine. Material would be delivered when the instructor called.

The minutes of May 1, 1935 indicate that preliminary discussions had reached the point where the University Board should be apprised of the progress. The constitution, by-laws and curriculum with the suggested association with the College of Arts and Sciences and the Graduate School were

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"Ibid, 24 April 1935.

submitted for consideration. The next meeting would be called when a reply was received from the University Board.\textsuperscript{42}

On June 5, 1935, the curriculum and constitution were submitted to the representatives of the University--Father Egan of the College of Arts and Sciences, and Father Gerst of the Graduate School--for discussion. Father Wilson indicates in the President's Report for 1934-1935 that,

The cooperation of both Father Gerst and Father Egan gives grounds for the hope that before long the fundamental curriculum will be evaluated toward the Bachelor of Science degree in Nursing and in Nursing Education and toward the Master's degree.\textsuperscript{43}

While the plans for the reorganization of nursing education at Loyola were progressing smoothly, the relationship between the University and Mercy Hospital was deteriorating. A few days after the first Administrative Board meeting on March 7, Father Wilson informed Father Ahearn that the John B. Murphy hospital had indicated to him that they were discontinuing its school of nursing. In this same note, President Wilson noted that he had,

...heard nothing from Mercy. No matter what action Mercy takes, I think it would be advisable, as you say, to continue to send them minutes of all meetings and announcements of meetings so that if they maintain

\textsuperscript{42}Minutes of the Administrative Board of the Loyola University School of Nursing, TD, 1 May 1935, Loyola University of Chicago Archives. Father William Kane. Box 10. Folder B 12.1 - B 12.10.

\textsuperscript{43}Samuel Knox Wilson, President's Report, 1934-1935, TD, undated, Loyola University of Chicago Archives. Office of the President. Samuel Knox Wilson. Box 12. Folder 28. This is the first official reference that indicates that a Bachelor of Science, not a Bachelor of Nursing, would be awarded.
their position of aloofness, they will be unable to say that they were not given sufficient notice or invited adequately to attend."

Clearly, there were difficulties with the Mercy Hospital and Nursing School and Loyola during this planning period. One incident related to the transferring of six students from the John B. Murphy hospital to Mercy without informing Loyola, apparently due to the closure of the school of nursing at John B. Murphy. This move was discovered by the staff of *The Loyolan*, the university yearbook, while preparing the 1935 edition. Father Ahearn was most perturbed by this action and, in a March 9 communication to Father Wilson, suggested that the president write to Mercy that repetition of such an activity is

...tantamount to an ipso facto severance of affiliation...This irregularity should be put before the authorities of Mercy and John B. Murphy in the strongest possible light and that if they wish to continue their arbitrary and independent way of action they are of course at liberty to do so, but we [Loyola] shall be free...to interpret their action as an expression of hostility and govern ourselves accordingly."

On April 13, 1935, Father Wilson wrote to Sister Mary Lidwina, director of the Mercy Hospital School of Nursing. He indicated that he had received her correspondence dated

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April 10, which he presumed was, "...formal notice of withdrawal from the affiliation existing heretofore between the Loyola School of Medicine and the Nursing School of Mercy Hospital." Father Wilson went on to say that he understood the position of the Sisters of Mercy to be favorable for the establishment of their own "strong and important independent school of nursing." President Wilson extended best wishes from Loyola in this endeavor. In his note the same day to Father Ahearn, he indicated more chagrin about this turn of events: "This move on the part of the Sisters of Mercy will undoubtedly meet with the disfavor of the Chancery Office, but I do not see that we can do anything to impede the plan and I am not so sure that we ought to if we could." Two weeks later, Father Wilson had not received a reply from Sister Lidwina, and he told Father Ahearn that it was his opinion that the Mercy sisters had not informed the Cardinal of their action. Father Wilson asked that Father Ahearn inquire of the Mercy unit whether they expected to give their own diplomas at the 1935

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On May 9, Father Ahearn wrote to Father Wilson to suggest that he inform the Sisters of Mercy that all diplomas issued after the April 10 date were the concern of the Sisters and not Loyola. He also suggested that the sisters be informed that the names of the graduates will not appear in the program, nor would they be included in the graduation exercises. Father Ahearn indicated that he would proceed with this communication with Sister Timothea, superior of the order.

According to the minutes of the April 24, 1935 meeting of the Administrative Board,

Sister Jarrell read an official letter from Sister Lidwina explaining the absence of the sisters of Mercy. Sister Lidwina, having congratulated Sister Jarrell on her appointment, stated that the Sisters of Mercy were not participating in this new plan of the Schools of Nursing, for the amalgamation intended to conduct its own central and independent School of Nursing. Sister Lidwina extended her congratulations to the new organization and wished it success. The Sisters present at the meeting interpreted this letter as an official severance of affiliation.

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49 Terence Ahearn to Father Samuel Wilson, TLS, 9 May 1935, Loyola University of Chicago Archives. Office of the President, Samuel Knox Wilson. Box 6. The graduates included the 6 nurses from John B. Murphy who had transferred to Mercy earlier in the year.

50 Minutes of the Administrative Board of the Loyola University School of Nursing, TD, 24 April 1935. Loyola University of Chicago Archives. William Kane. Box 10. Folder B 12.1 - B 12.10
It is interesting that this "official letter" from sister Lidwina was read on April 24, since Father Wilson indicates in a letter dated five days later that he had not received a reply from her regarding the April 10 date as severance of the affiliation with Loyola.

This antagonistic situation came to a head during a rather interesting meeting of Father Wilson, Mother Sophia, President of St. Xavier's College, and Sister Lidwina in the President's office in May 1935. President Wilson reported the events of this encounter to Father Ahearn on May 20, 1935. The major focus of the meeting was to resolve the situation of the six nurses who had transferred to Mercy from John B. Murphy and their graduation. After some beginning altercations with Sister Lidwina, Mother Sophia acknowledged that the transfer of the students was a breach of etiquette, and also that the April 10 letter from Sister Lidwina should not have explicitly indicated a desire to sever relationships with Loyola immediately. It was the intent of the Mercy order to complete the present academic year before ending the affiliation. Father Wilson speculated to Father Ahearn that there may have been some ambivalence among the Sisters of Mercy regarding the dissolution of the affiliation with Loyola.

In the more immediate situation with the six graduates, Father Wilson indicated to Father Ahearn that the sisters did not perceive the difference between an academic degree
and a certificate in nursing. They were finding it difficult to understand that the university was not being unjust or capricious in its reluctance to confer the certificates to graduates of a school no longer affiliated with the university. Mother Sophia then appealed to Father Wilson on the basis of mercy to the students, who had issued invitations for graduation having no knowledge of the difficulty. She asked that Loyola overlook the situation and confer the certificate as a matter of courtesy.\textsuperscript{51}

Father Wilson indicated that he later conferred with advisers, and the decision was made to give the certificates, even though there was no obligation to do so. Father Wilson indicated that the determining factor in the advice was the complete capitulation of the Mercy Sisters and their admission of irregularity of action.\textsuperscript{52}

On May 22, 1935, Father Wilson wrote to Mother Sophia that the students would be graduated as a matter of courtesy. He indicated that the date of July 1, 1935, would be the official date for the severance of affiliation

\textsuperscript{51}Samuel Wilson to Father Terence Ahearn, TL, 20 May 1935. Loyola University of Chicago Archives. William Kane. Box 10. Folder B 12.1 - B 12.10. Father Wilson's impatience with Sister Lidwina is made clear in this letter, as he refers to her as "a fine example of cerebral dessication."

\textsuperscript{52}Ibid.
between the Mercy Hospital School of Nursing and the Loyola School of Nursing.\textsuperscript{53}

Despite all the turmoil, by the end of 1935, the groundwork was laid for the new School of Nursing. The Administrative Board, apparently having received approval from the University Board, reconvened in September of 1935 and discussed such operational issues as health examinations for the students, establishment of a fellowship for graduate nurses who would stay on to complete the bachelor's degree, fees and disciplinary actions. The agenda for the December 6, 1935 meeting of the Administrative Board included the preparation of the first catalogue of the Loyola University School of Nursing, to be ready early in 1936.\textsuperscript{54} This catalogue was distributed to all Catholic hospitals in the United States and Canada having schools of nursing.\textsuperscript{55} National recognition of the organization of the new school of nursing occurred in a June 1935 article in the \textit{American Journal of Nursing}, official publication of the American

\textsuperscript{53}Samuel Wilson to Mother Sophia, TL, 22 May 1935, Loyola University of Chicago Archives. Office of the President, Samuel Knox Wilson, Box 6.

\textsuperscript{54}Minutes of Administrative Board of the Loyola University School of Nursing, TD, 13 September to 6 December 1935. Loyola University of Chicago Archives. Father William Kane. Box 10. Folder B 12.1 - B 12.10.

Nurses' Association: "The final step in the organization of the hospitals affiliated with Loyola University of Chicago into a university unit was taken with Sister Helen Jarrell's appointment as director of the University School of Nursing." From the very beginning, the Loyola University School of Nursing would be influenced by societal influences and changes. The next chapter will discuss the responses of the school to such events as the Great Depression and World War II.

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CHAPTER IV

SOCIETAL CHANGE AND DEVELOPMENT: 1936-1948

The period from 1936 to 1948 was one of importance in the development of nursing education at Loyola University. Since the decisions and events of these years were so significant, they are presented in two chapters. Chapter Four examines the societal forces that shaped nursing education in the United States during those years. In Chapter Five, institutional developments will be discussed.

When the School of Nursing at Loyola University was formally established in 1935, the United States was in the middle of an economic depression, and Europe was experiencing much political turmoil. This chapter will discuss two societal influences on the School of Nursing at Loyola University which arose from these factors: The Great Depression and World War II.

The Great Depression

While the Great Depression marks a time of devastating unemployment in American, this situation existed in nursing long before 1930. Throughout the early twentieth century, there was an overabundance of trained nurses in the United States. This was a result of the tremendous growth in the number of nursing schools since the turn of the century. The utilization of students for service was prevalent, and nearly every hospital, despite its size, operated a school
of nursing. From 1900 to 1930, there was an increase of trained nurses in the United States of 2,374 percent.¹ In Illinois, the number of trained nurses per 100,000 residents increased from 15 in 1900 to 157 in 1920.² Since hospitals utilized their nursing students for service, only a few graduate nurses were hired as head nurses or administrators. Many hospitals did not employ even one fully trained nurse for the purpose of nursing care to patients.³ Graduate nurses worked primarily as private duty nurses, usually through a registry, or in public health nursing.⁴ There was tremendous competition for work, and unemployment was common.

The economic situation of the Depression augmented the problem of unemployment in nursing. Private duty nurses depended on patients being able to afford their services. The Depression dramatically decreased the number of people who could pay for such care. Another factor was the loss of employment of nurses working in industry, offices and


²Ibid, 43.


schools. Nurses sought employment as hospital staff nurses, and it became common to see announcements in journals which requested that nurses not come to their area for work. Nurses worked in hospitals for room, board, and laundry.

In June 1930, the three national nursing organizations (American Nurses' Association, National League for Nursing Education and National Association of Public Health Nurses) appointed a Joint Committee on the Distribution of Nursing Service. Its function was to develop methods for better distribution of nursing service and to stimulate nurses and the public to accept changes in the present system which could alleviate the economic crisis. By 1933, this group had developed recommendations and guidelines to be distributed to local communities. These included the formation of local nursing councils to consider the health needs of the community, securing nursing in underserved areas, and the establishment of eight-hour shifts which would employ more nurses (nurses at the time worked 12 hour shifts).

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In Illinois in 1932, the year of highest unemployment, the average daily assignment of nurses to positions by the registry in the First District of the Illinois Nurses' Association (Chicago area) was only thirty, or about seven days per month. That year, the Association organized its own Committee on Distribution of Nursing Services. Letters were sent to 149 hospital nursing schools which appealed for cooperation by limiting the number of incoming nursing students, and arranging for postgraduate work. The response was quite positive. In Chicago, five hospitals discontinued their schools, and many others reported reduction of students. In addition to limiting the number of student nurses, hospitals in the state reported that graduates were given postgraduate work. Work was spread over shorter hours to increase opportunities for employment, although fees were reduced. Late in 1934, all districts in Illinois reported an improvement in the employment situation--some localities indicated a 50 percent increase in the number of nurses employed.\(^8\)

The passage of the Federal Emergency Relief Act (FERA) in 1933 was significant to nurses. The FERA allowed public relief funds for the bedside care of the indigent, thereby establishing reimbursement for services by voluntary nursing

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agencies. For the first time in history, nursing care of the sick was considered to be an integral part of a relief program and a legitimate recipient of public funds. The federal government also allocated relief funds to place unemployed nurses in numerous public hospitals, clinics and public health agencies.  

In 1933, Congress created another relief program—the Civil Works Administration (CWA). Jobs were provided to the unemployed on temporary projects. More than 10,000 unemployed nurses were put to work under the CWA. They were employed in such areas as public hospitals, institutions and clinics; on public-health staffs; and in immunization programs. In many instances, health and nursing services were carried to remote sections for the first time. The CWA program was discontinued in 1934, and most of the 10,000 nurses were once again unemployed.  

The establishment of the Works Progress Administration (WPA) provided more government relief in 1935. Many projects under this program employed nurses to promote physical hygiene, assist with antepartum and postpartum care, assist with screening and immunization campaigns, and also to provide nursing service to the ill.

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10Kalisch and Kalisch, 476-479.

11Ibid, 480.
In 1935, the Social Security Act reinforced these programs, and promoted the concept of health and social services under the auspices of the government. The Act provided money to the United States Public Health Service and to the individual states in the form of grants-in-aid for establishing services and training for public health personnel.¹²

The Great Depression was undeniably a time of hardship for the American people, but some of the changes it effected were beneficial to nursing education. The number of nursing schools was reduced, with many small and inadequate programs closing. Another influence was the emergence of the concept that nursing served the total community, rather than a small sample of it found in a particular hospital. In 1937, the revised Curriculum Guide for Schools of Nursing, published by the National League for Nursing Education, recommended the incorporation of public health nursing concepts in nursing education programs.¹³

Public Health Nursing

The public health nursing movement emerged in the early twentieth century when it was estimated that no more than ten percent of the sick received care in hospitals, and the


¹³Kalisch and Kalisch, 486.
majority of people could not afford private duty nurses. At first, these nurses concentrated on bedside care; gradually, the work took broader responsibilities. Public health nurses began to be involved in welfare work, sanitation, public education and disease prevention. The National Organization of Public Health Nurses was founded in 1912 to provide standards and regulation for this group of care-givers.¹⁴

During the depression years, the number of people who could not afford private health care or hospitalization increased markedly. Furthermore, private agencies that traditionally had rendered a substantial amount of free service to the indigent stopped their funds. The increase in the numbers of the unemployed, coupled with the reduction in philanthropic support, created a great need for public health nurses.¹⁵

Prior to 1930, there were few schools or universities in the United States offering organized courses for public health personnel. The financial support for education in this area provided by the Social Security Act of 1935 was an important factor in the development of public health nursing education.


Illinois was slow to participate in the organization of training programs. It was not until 1937, when the Illinois Nursing Act was ratified, that certification as a public health nurse became a requirement in Illinois for any nurse employed by a governmental unit in a public health capacity. The requirements for certification mandated a year's course in an approved institution or at least one year of Public Health experience supplemented by four months of didactic training. At the time this act was amended, no school in Illinois offered the didactic training required.  

In September of 1937, Miss Shea from the Department of Registration and Education of Illinois visited Father George L. Warth, Regent of the Loyola University School of Medicine. She explained the new Illinois Nursing Act, particularly the requirement for a course in Public Health Nursing for all nurses in this field. Miss Shea indicated that this new requirement affected one hundred nurses who needed this program, since no university or college in Illinois had such a department. Father Warth wrote to Father Samuel Wilson, president of Loyola, stating that, "...this is a wonderful opportunity for Loyola." He

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17 Father George Warth became regent in 1936, when Father Terence Ahearn retired.
indicated that he had already written to the director of the department of Public Health at Fordham University in New York, and to the National Organization of Public Health Nurses for more information on the subject.  

Father Warth worked very quickly in developing a proposal for public health education at Loyola. In December 1937, he reported to President Wilson that, "Mr. Homer U. Byrd of the State Department of Registration and Education telephoned to report that the plan of studies submitted by Loyola to conform with the requirements of the State Nursing Act regarding Public Health Nursing had been met with unanimous approval." Father Warth also told Father Wilson that he had submitted a two-page pamphlet describing the courses to the Loyola Press regarding the new department and courses. He further stated that, "We have already had many inquiries regarding courses--our registration should meet expenses."  

Father Warth had worked with Doctor Louis Moorhead, Dean, and Doctor John Powers, Assistant Dean of the School of Medicine in the program development. Margaret Cleary, who was connected with Marquette University in Milwaukee, 

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Wisconsin was selected to act as the first program director. The original courses of instruction were designed to meet the needs of nurses wishing to comply with the Illinois Nursing Act of 1937. Classes began on January 2, 1938, with an initial enrollment of forty-four students.\(^{20}\)

The curriculum was revised to meet the changing needs of the nurses. In September of 1938, permission was granted by the Superintendent of Registration and Education in Illinois to raise the course requirement for certification to fifteen hours. By February 1939, the curriculum was extended to forty-five hours to meet the requirements for certification that were maintained in other states. Furthermore, this program complied with educational standards upheld by recognized schools throughout the country. In the fall of 1939, arrangements were completed with the University College to enable those students finishing the forty-five hour curriculum to continue their studies toward the bachelor's degree.\(^{21}\) The first to complete this work was T. Margaret Silberg in February 1941, with two more candidates finishing the following June. These three women were awarded the Bachelor of Science in


\(^{21}\)Ibid, 7.
Public Health Nursing (BSPHN) at the June 1941 commencement.\textsuperscript{22}

Father Warth and the administrators of the Medical School had clearly worked very diligently to establish this course of study in a very short period of time. The initial enrollment of forty-four nurses anxious to work in the field of public health makes it clear that the Chicago area needed this course of study. At the time the program was initiated, the nearest approved programs of study for public health nurses were at the University of Michigan in Ann Arbor and Case Western Reserve in Cleveland, Ohio.\textsuperscript{23} It is interesting that this area of study also became part of the curriculum for the School of Medicine at Loyola, and by 1941 the medical students took sixty-four hours in public health and preventive medicine.\textsuperscript{24}

In March 1939, Miss Cleary resigned the position of program director to seek a more favorable climate.\textsuperscript{25} She

\begin{itemize}
\item \textsuperscript{22}Loyola University of Chicago Commencement Program (Chicago: Loyola University, 1941), 11.
\item \textsuperscript{23}"Students in Approved Programs of Study," Public Health Nurse 31 (September, 1939): 501.
\item \textsuperscript{24}Earl Kleinschmidt, "Progress Made in the Development of a Curriculum in Public Health and Preventive Medicine at Loyola University," The Newsletter, March 1941, 6, TD, Loyola University of Chicago Archives. Shelved.
\item \textsuperscript{25}Earl E. Kleinschmidt, "The Historical Background of Loyola University's Public Health Curriculum," The Newsletter, January 1941, 3 & 9, TD, Loyola University of Chicago Archives. Shelved.
\end{itemize}
was succeeded by Dr. Dorothy Rood, RN, PhD. Dr. Rood had earned an MA and PhD from Columbia University in New York, and had been director of public health nursing at Ohio State University for four years before coming to Loyola.  

Loyola needed a teaching field for the students in public health nursing. In July 1939, through the cooperation of the Tuberculosis Institute of Chicago and Cook County and Loyola University, a teaching supervisor took charge of the Maywood Health Center in the western community of Maywood, Illinois. Services were expanded to include all types of public health nursing, and students entered the field in August 1940. The Health Center offered community health services to Maywood and Melrose Park, two villages with a combined population of 38,000. The services included visiting nursing, school nursing to six parochial schools, work in two clinics for diagnosis of tuberculosis, maternal/child welfare, and a social hygiene clinic.  

The evolution of graduate studies in the public health program also progressed very quickly. In October, 1938, Dr. Earl Kleinschmidt, Director of the Department of Preventive Medicine and Public Health in the Loyola University School of Medicine wrote to Father Warth about a


proposal for two Master's programs in public health nursing, one in public health administration and one in school health education. He indicated that the department was "entirely prepared and can be equipped to organize courses by the second semester [1939]."

In November of 1938, President Wilson reported to Regent Warth that at a recent meeting, the Committee on Educational Aims, Standards and Curricula passed a resolution approving of the introduction of the two new curricula leading to a Master of Science degree in Public Health, provided that three conditions were met: 1) the School of Nursing had a sufficiently large and competent faculty, 2) the School of Nursing would enroll only those with an RN and a bachelor's degree, and 3) the curricula was as good as that of other schools.

Dr. Kleinschmidt responded directly to Father Francis Gerst, Chairman of Committee on Educational Aims, Standards and Curriculum. He assured Father Gerst that the faculty was highly qualified, indicating that the person they wanted to acquire for Director of Public Health Nursing was Dr. Dorothy Rood, RN, PhD. Dr. Kleinschmidt indicated that

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enrollment would be restricted to those in possession of a BS, BSN, BSPHN and/or a BA. The curricula would emulate the program developed at Ann Arbor which had national recognition.30 Father Gerst replied immediately to Dr. Kleinschmidt, indicating that he was, "certain that a formal approval will be given to your proposal. You are justified in going forward with your plans." 31

In September 1939, a bulletin was published offering a Certificate in Public Health Nursing, the Bachelor of Science degree in Public Health Nursing, a Master's degree in Public Health (this included coursework in administration, public health laboratory, school health education, mental hygiene, and sanitation), and the Doctor of Public Health degree. Admission requirements included high school graduation, graduation from an accredited school of nursing, licensure in Illinois, and evidence of good health. The curriculum for registered nurses was four years for the bachelor's degree.32


The public health program expanded quite quickly. From 1938-1940, enrollment grew from 44 to 135 students. The 1940 enrollment included forty-three new undergraduate and nine new graduate students. There was also rapid change in the professional goals of the students. In 1938, about 99 percent of the students in the program were interested only in the State Certification in Public Health Nursing. The requirements for certification by the National Organization of Public Health Nursing (NOPHN) were more rigorous than those of Illinois, and by 1940, almost one-half of the students met the requirements for the certification required by the NOPHN. Fewer than one-fourth were interested in only state certification. The other one-fourth of the students in 1940 were interested in the BSPHN degree. In summary, the 1940 convocation included sixty-six certifications as established by the NOPHN, twenty BSPHN, thirty Illinois certifications and nine others.33

In 1941, Edna Lewis was appointed as the new director of Public Health Nursing at Loyola, replacing Dr. Rood who had taken a position as Chairperson of Public Health Nursing at the University of Pittsburgh.34 Miss Lewis' background included a Bachelor of Arts degree from Oberlin College in

33"Here We Are: Where are We Going?," The Newsletter, October, 1940, 3, TD, Loyola University of Chicago Archives. Shelved.

34"News About Nursing," American Journal of Nursing 41 (September, 1941): 1099.
1919, and a Master of Arts degree in Health Education from Columbia University in 1928.35 In her article, "Goals in Public Health Nursing," she pointed out that, while Illinois standards for certification were below those of the national organization, most of Loyola's students exceeded that local requirement. In addition, Loyola supported baccalaureate or master's preparation as the ultimate goal for public health nurses.36

In 1943, several changes occurred in the public health program. The Board of Control at the Medical School wanted to move the Department of Public Health from the Medical School at 706 S. Wolcott to the Downtown Building at 28 North Franklin. At the request of President Wilson, the University College, which was located at the Downtown Building, agreed to assume the administration of the undergraduate public health nursing program. Dr. Klineschmidt had resigned by this time and Miss Edna Lewis, with the title of Associate Professor of Public Health Nursing, came downtown to be in charge of the department.37


36 Edna Lewis, "Goals in Public Health Nursing," The Newsletter, October, 1941, 2, TD, Loyola University of Chicago Archives. Shelved.

On March 14, 1943, the Department of Public Health Nursing moved to the first floor of the University College. Administratively, the change involved making a separate Department of the Division of Public Health Nursing. The Department of Preventive Medicine remained at the Medical School, although many of the faculty continued their instruction in the professional courses in the public health nursing program. The Newsletter became known as the official publication of the Department of Public Health Nursing. 38

In addition to the 113 students enrolled in the public health program in 1943, 138 nurses participated in the Industrial Nursing Institute sponsored by Loyola through a grant by the United States Public Health Service. This program was jointly planned by representatives from the Division of Industrial Hygiene of the State Department of Health, the Illinois Manufacturer's Association, the Industrial Nurses' Section of the First District of the Illinois Nurses' Association and key persons in industry. 39

The request for continuing the Institute in two series, one for the experienced nurse in industry and one for the nurse


new in the work, shows how great was the need for professionals in this rapidly expanding field. Many of the nurses enrolled in the Institute took courses in the public health nursing program. Industrial nursing was becoming an important part of public health nursing.\textsuperscript{40}

The School of Public Health Nursing and its relationship with the University College became an issue for the Committee on Educational Aims, Standards and Curricula. At the March 1945 meeting, Father Malloy, Dean of the University College, stated that the work in the department of Public Health Nursing was almost entirely professional and therefore, its administration should be returned to the medical school. In other universities, schools of Public Health Nursing were not administered by the Arts College. Fr. Malloy noted that Public Health Nursing brings in a moderate revenue in addition to providing a service to the community, making it a worthwhile endeavor for the University. There was much discussion about the location of this department administratively. Some members argued that the Arts College should continue to administer the school because philosophy courses that the students received under Arts were pertinent to the moral issues encountered in public health. Father Malloy indicated that it was

\textsuperscript{40}Edna Lewis, "New Developments in Public Health Nursing at Loyola," \textit{The Newsletter}, February, 1943, 3, TD, Loyola University of Chicago Archives. Shelved.
difficult at times working with the medical school faculty who were the instructors in the professional and technical courses. He stated that his efforts to include more academic subjects in the curriculum had met resistance as well as resentment over the increase in the number of hours for academic subjects and the reduction of professional offerings. The committee finally recommended that the degree of Bachelor of Science in Public Health be administered by the Medical School and that the Dean of the Medical School present these candidates at graduation.\textsuperscript{41} It is interesting to note that at this time, no one considered merging the school of Public Health Nursing with the School of Nursing. This did not take place until 1948.

In 1946, Dr. Howard Egan of President Hussey's\textsuperscript{42} office indicated to Father Hussey that the administrative jurisdiction of the Public Health Nursing program should not remain with the University College. He suggested that rather than create a School of Public Health at that time, it might be better to get some experience,

for a year or two with a School of Nursing embracing Hospital Nursing (Nursing Education) and Public Health Nursing as more or less separate units but connected administratively. Each unit could and should have a


\textsuperscript{42}Reverend James Hussey assumed the Presidency of Loyola University in 1945.
director with a Regent over all, or each unit could have a Dean with a co-ordinating director.43

Apparently, Miss Lewis, director of the Public Health Nursing Program, had indicated in her annual report a need for a separate school of Public Health Nursing. Dr. Egan did not consider her argument to be convincing, and indicated that the federal government would not easily approve of a separate program. Dr. Egan concluded that, if the University wished to continue public health training, it should give the Department the identity and encouragement it deserved.44

On September 7, 1948, the Department of Public Health Nursing and the Department of Nursing Education at Loyola were merged in the School of Nursing. The school was to administer programs leading to the BSPHN and the BSNE. (Certificates in public health nursing were not awarded after June 1947. This change was said to be "...in keeping with the trend of day").45 Gladys Kiniery, former director of School of Nursing, was appointed Dean to replace Sister Helen Jarrell, who retired because of poor health. Essie Anglum, former student in the Public Health program, assumed


44 Ibid.

45 "Announcements," The Newsletter, Summer, 1947, 1, Loyola University of Chicago Archives. Shelved.
the responsibility of directing the work of Department of Public Health. 46 From 1941 to 1948, the Department of Public Health Nursing had awarded fifty-two Bachelor of Science in Public Health Nursing degrees, and from 1945 to 1948, forty-six certificates in Public Health Nursing were granted.

It is unclear why the Public Health Nursing program was not housed within the School of Nursing from the very beginning. Public Health Nursing was organized in spring of 1938, with Reverend George Warth as Regent and Sister Helen Jarrell as director. An attachment to the March, 1945 minutes of the Committee of Educational Aims, Standards and Curricula indicates that, in the Fall of 1938,

Father Warth was Regent, Dr. Moorehead [sic] was Dean, Dr. Powers, Assistant Dean, Dr. Kleinschmidt was Chairman of the Department of Preventive Medicine and Public Health--Sister Jarrell was dropped. 47

No explanation was given for this change.

Loyola and World War II

A second external influence on nursing education that affected the School of Nursing at Loyola was the onset of the Second World War. The University changed to the quarter system to move students through the undergraduate program in

46 The Newsletter, Summer, 1948, 2, TD, Loyola University of Chicago Archives. Shelved.

three, rather than four calendar years. The School of Nursing also accelerated its program, so that the combined academic and basic program required four years instead of five.\textsuperscript{48} Loyola also participated in the United States Cadet program, to be discussed later.

Another way in which Loyola participated in the war effort was the reactivation of the General Hospital Unit. Early in the war, and in some cases prior to the date hostilities began, authority was granted by the War Department to numerous civilian institutions and organizations to sponsor military units which required personnel with a high degree of professional or specialized training. In general, this authority was confined to the fields of medicine, motor and rail transportation, motion pictures, motor maintenance, and communication.\textsuperscript{49}

On February 12, 1942, Dr. John Powers, Assistant Dean of the Medical School wrote to President Wilson that the following motion had been passed that day by the Council of the Medical School:

\textit{It was moved by Dr. Schmitz and seconded by Dr. Madden that the Council authorize the reactivation of General Hospital 108 as of [sic] Loyola University School of}

\textsuperscript{48}\textit{Loyola University of Chicago Catalogue} (Chicago: Loyola University, 1942-45), 19.

\textsuperscript{49}\textit{Press Release, "Civilian-Sponsored Army Technical Units to be Continued After the War," War Department, Bureau of Public Relations, TD, 13 August 1945, Loyola University of Chicago Archives. Office of the President. James T. Hussey. Box 7. Folder 15.}
Medicine Unit and that Dr. Jordan be appointed by the School to take charge of the necessary arrangements with full authority.  

It was unanimously passed, and it was the opinion of the Council that the School of Medicine could put this unit in the field without serious interference with the teaching program of the Medical School. Doctor Powers went on to say that the Council was anxious to begin to organize the unit as soon as possible, as there was a great deal of detail necessary, particularly in raising a complement of 120 nurses. The Council suggested that the appeal for volunteers in the nursing unit be made through the School of Nursing.  

Five days later, Father Wilson indicated to Dr. Powers that the Board of Trustees formally approved the formation of the Loyola University Base Hospital Unit 108. The Trustees also approved of the appointment of Dr. George Jordan as the head of the unit. Dr. Jordan, on the faculty of the Medical School, was a retired Army Colonel who had served in World War I. Base Hospital #108 served with the first American Expeditionary Force in France during World War I, and was

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51 Ibid.

the largest army medical group in the armed forces at that time.\textsuperscript{53} In 1924, General Hospital #108 was organized at Mercy Hospital in Chicago. Reactivation as a Base Hospital in 1942 involved the recruitment of 57 medical officers, 120 nurses and 500 enlisted men. The Army would supply the enlisted men. The nurses would be commissioned at the rank of 2nd Lieutenant. In February of 1942, the Administrative Board of the School of Nursing agreed to support the hospital and secure 120 nurses from the six nursing units.\textsuperscript{54}

Sister Helen Jarrell immediately became involved in the effort to obtain the needed nurses. She was in contact with Dr. Jordan and began calling graduates of the Loyola schools of nursing.\textsuperscript{55}

As in the past, the organization of the unit at Mercy Hospital was not without problems. On March 10, 1942, Father Wilson wrote to Sister Helen Jarrell that Dr. Jordan had been "taken to task rather sharply" by one of the sisters at Mercy for not calling the unit the Loyola University-Mercy Hospital unit. President Wilson suggested

\textsuperscript{53}"Loyola Army Unit the Biggest," \textit{Hospital Progress} 24 (February, 1943): 48A.

\textsuperscript{54}Minutes, Administrative Board of Loyola University School of Nursing, TD, 24 February 1942, Loyola University of Chicago Archives. Office of the President. James T. Hussey Box 24. Folder 27.

that Dr. Jordan meet with the directors of the various nursing schools units either in a group or individually to discuss the recruitment needs for the Unit.  

Sister Helen Jarrell's response to Father Wilson suggests that the situation with Mercy Hospital was uncomfortable for her. She asked that Father Wilson, "...discuss matters in detail and get information from Dr. Jordan that I would hesitate to ask him as I have to be very careful, particularly, when it is a question of Mercy Hospital."  

Sister Helen went on to say that she had set up a meeting on Wednesday, March 18, 1942 with the sisters in charge of the Loyola nursing schools and Dr. Jordan. She had invited Miss Ida Danielson, Captain of the Army Nurse Corps, to answer questions pertaining to the Army. The next month, Sister Jarrell indicted to President Wilson that Miss Sara Abrams was selected as Chief Nurse of the Base Unit by the five directors of the Loyola hospital units.  

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58 Ibid.  

On January 5, 1943, the Loyola unit reported to La Garde Base Hospital in New Orleans, Louisiana to start a thirteen week intensive training course to prepare them for overseas duty. The unit consisted of fifty-one officers, one hundred five nurses and two hundred eighteen enlisted personnel, and was again the largest U.S. Army medical corps group in the armed forces. The membership of nurses was drawn from the hospitals that were affiliated with the School of Nursing.\(^{60}\) The unit served in the European Theatre of Operations, and received a unit citation for meritorious service in the care of more than 68,000 casualties.\(^{61}\)

Base Hospital #108 was one of the units that was not disbanded after the war, but continued in an inactive reserve status as part of the postwar military establishment. The War Department believed that continued sponsorship of the units would preserve interest in national security and speed the reactivation of units if necessary. The inactive units become a part of the reserves.\(^{62}\)

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\(^{60}\) "Loyola Army Unit the Biggest," *Hospital Progress* 24 (February, 1943): 48A.

\(^{61}\) Loyola University of Chicago, *One Hundred Years in the Service of Man: Loyola University of Chicago 1870-1970.* (Chicago: Loyola University of Chicago, 1970), 37.

The government proposed other programs to meet the demands of the war. The first to pass Congress was a nurse refresher course designed to prepare inactive nurses for active practice. This initial program, in effect from July 1, 1941 to June 30, 1943, marked the first direct federal government support of nonmilitary nursing education, thus setting a precedent for other programs.\(^{63}\)

The next government involvement in nursing education was the sponsorship of the United States Cadet Nurse Corps. In June of 1943, Congress unanimously passed the Nurse Training Act, commonly known as the Bolton Act, after Frances Payne Bolton, a congresswoman from Ohio whose major interest was nursing and nursing education. The Act allowed federal funds to be used for maintenance for the first nine months of nursing education for all nursing students who joined the Corps. It also provided the students with scholarships which covered tuition, fees, uniforms, and a small monthly stipend for a maximum of thirty months. As the Bolton Act was designed to meet both military and civilian needs, the student who became a member of the Cadet Nurse Corps was expected upon graduation to make her services available in "essential nursing service" for the duration of the war. Participating schools of nursing were required to arrange their curricula so that the course of

combined study and practice could be completed in twenty-four to thirty months. The Bolton Act also provided for financial assistance for postgraduate coursework and refresher programs for nurses.  

A new Division of Nurse Education was established in the United States Public Health Service (under the office of the Surgeon-General) to administer the program, with Lucile Petry as Director. An advisory committee to this new Division was appointed by the Federal Security Administrator which included representation from the nursing profession, hospitals, and nursing schools. Sister Helen Jarrell was a member of this committee.

During the first two years of the program, nurse consultants visited approximately eight hundred schools to assist with the process and answer questions. By 1944, 1100 of the 1300 accredited schools of nursing in the country were receiving federal allotments from the Cadet Program; by the end of the second year, 30,442 senior cadets had become available for service.

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65 Ibid, 706.


Loyola entered into the Cadet Program, and reorganized the curriculum so that the entire basic program could be completed in thirty-six months, which included six months for students in their Senior Cadet Period or six months of supervised practice for noncadet members. The last cadet class was graduated from Loyola in June 1948.

The final date for admission to the Corps was October 15, 1945. Between July 1943 and that date, almost 170,000 cadets entered 1,123 cadet nursing schools; two-thirds of the entering class graduated.

There were far-reaching effects of the Cadet Program as well as the immediate ones. The appropriation of federal funds into the hospital training programs allowed many of them to raise educational standards, expand their facilities, and reorganize their faculties and curricula. The process of acceleration of the classes forced schools of nursing to eliminate repetition and nonessentials. Schools found that they could obtain quality instruction, especially in the sciences, from junior and senior colleges. Accounting and record-keeping improved. Most importantly,

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68 Loyola University of Chicago Catalogue (Chicago, IL: Loyola University, 1942-1945), 30.


70 Bullough, 203.

71 Ibid.
the public awareness about nursing as a profession was greatly enhanced, and there was an increase in the number of candidates attracted to a career in nursing.\textsuperscript{72}

This chapter examined the influence of the Great Depression and World War II on nursing education at Loyola University. While these events were being responded to, the School of Nursing was also growing and changing within itself. Chapter Five will discuss the internal changes that took place in the School of Nursing during these years.

\textsuperscript{72}Petry, "A Summing Up," 1028.
CHAPTER V

GROWTH AND DEVELOPMENT: 1936-1948

While Loyola University was involved in adjusting to the societal changes in the country, the School of Nursing was experiencing growth and development in its continuing effort to provide the best in nursing education to the Chicago area. This chapter will discuss this growth during these years.

The administration of the new School of Nursing was described in the *Loyola University of Chicago Catalogue* for 1936. Educational policy and administration of the school were vested in the Administrative Board of the School of Nursing, which was composed of one representative from each hospital unit, and the regent. Sister Helen Jarrell, as Director of the School of Nursing, was chairperson of the Administrative Board.¹

The University was responsible for issuing both the certificate of nursing and the Bachelor of Science degree; for awarding credits for all courses; and for controlling admissions, promotions, and graduation requirements. The University granted honorable discharges and dismissals, administered details of all courses and curricula,

¹*Loyola University of Chicago School of Nursing Catalogue, 1935-1936* (Chicago: Loyola University, May, 1936), 18 and 19.

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supervised student welfare, and "in general considers all nurses enrolled in the five schools in every respect as its own matriculated students." The University also exercised complete educational control over faculty, the appointment of instructional and administrative officers, and the definition of their various duties.²

The first convocation of the Loyola University School of Nursing took place on June 10, 1936. Sister Helen Jarrell presented 98 certificates of nursing to the graduates of the five hospital units.³ From this time until 1948 when the school was again reorganized, 2420 certificates of nursing were awarded.⁴ In 1937, the first academic degrees in nursing were awarded by Sister Jarrell. On June 9, 1937, Sister Jarrell awarded the Bachelor of Science in Nursing (BSN) degree to Audrey Ruth Spawn,⁵ and the next month (July 13, 1937) the Bachelor of Science in Nursing Education (BSNE) to Bernadette Joanna Oberst.⁶

²Ibid.

³Loyola University of Chicago Commencement Program (Chicago: Loyola University, 1936), 5-6.

⁴In February of 1942, the certificate of nursing was awarded to Steven Geneseo Conovera from St. Elizabeth's nursing program. He is the first documented male to graduate from the Loyola nursing program.

⁵Loyola University of Chicago Commencement Program (Chicago: Loyola University, June, 1937), 7.

⁶Loyola University of Chicago Commencement Program (Chicago: Loyola University, July, 1937), 3.
Following these first academic degrees, 23 BSN and 147 BSNE were awarded by 1948.

In 1936, Sister Helen Jarrell and Sister Cornelia of St. Elizabeth's visited St. Francis Hospital nursing school in the northern suburb of Evanston, and recommended affiliation of this school with Loyola to Father Ahearn, regent.\(^7\) This 350 bed general hospital opened in 1901 on Ridge Avenue in Evanston.\(^8\) It was maintained by the sisters of the Order of St. Francis, and the nursing school there was organized in 1918.\(^9\) On August 8, 1936, President Wilson confirmed the affiliation in a letter to Sister Mary Gertrudis, director of the nursing school at St. Francis.\(^10\) This increased the number of hospitals affiliated with the Loyola University School of Nursing to six.

Also in 1936, the nursing students were permitted membership into the Loyola Union. Founded in 1929, the Union was, "...the supreme student organization of Loyola University with jurisdiction over all other student


\(^9\) The Loyolan, (Chicago: Loyola University of Chicago, 1937), 74.

organizations except fraternities." Its membership consisted of one representative from the sophomore, junior and senior classes of each school within the University. The Union labored to establish student councils in each school, to develop student handbooks, and to organize social activities.\textsuperscript{11} When the Department of Nursing was elevated to the status of school in 1935, the nursing students became theoretically eligible for membership in the Union. However, at this time, membership was restricted to men. Due to the insistence of the nursing students to be part of this organization, the Academic Council voted in October of 1935 to change the constitution of the Union and allow women as members.\textsuperscript{12} One member of each hospital unit was added, giving the School of Nursing three votes, the most any other school had.\textsuperscript{13}

Another event of 1936 was the resignation of Father Terence Ahearn as Regent of the School of Medicine due to ill health. The years of his incumbency, 1931-1935, were the most significant in the establishment of the School of Nursing. Father Ahearn had been a positive force during that time, providing the same leadership that Father Patrick

\textsuperscript{11}\textit{Ibid}, 40-41.


\textsuperscript{13}\textit{The Loyolan} (Chicago: Loyola University, 1936) 71.
Mahan had before him. Father George Warth was appointed as new regent of the School of Medicine.  

The earliest description of the curriculum of the newly organized Loyola University School of Nursing was given in the Bulletin for 1936. Two curricula were maintained in each unit—the three year program, equivalent to that of other hospital schools of nursing, which lead to certification of graduate nurse and qualified the graduates for the state board examination; and the five year curricula in arts and nursing leading to the Bachelor of Science in Nursing as well as certificate of graduate nurse.  

The required courses in nursing theory and practice and in specialized nursing were completed in the first three years of the two curricula. Those who continued to fourth and fifth years had open to them a number of elective courses, with choice determined by the student. Specialization, therefore, took place subsequent to the usual three years of nursing education.  

High school units to equal a full four-year program were required for admission. Students not known to officials

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15 Loyola University of Chicago School of Nursing Catalogue, 1935-1936 (Chicago: Loyola University, May, 1936), 19.

16 Ibid.
of the School of Nursing were asked to present "additional testimonials of moral character from at least two outstanding members of the community." It was highly suggested that at least one reference be from a clergyman.\textsuperscript{17}

Students with one or more years of college study could be accepted for advanced standing for the Bachelor of Science degree. According to the bulletin, the schools of nursing frequently received applications from those who had already completed one or more years of college. It was one of the aims of the University that more students enter the professional nursing curricula after having completed some college. The conditions for admission for these students included a high school diploma and training school grades "exceeding mediocrity."\textsuperscript{18}

The hospital training school itself had to meet certain criteria. In addition to being state approved as a school of nursing, the hospital had to meet the following requirements: it was to be comprised of 50 beds; the instructors of medical subjects were to be responsible to medical staff of hospital as well as to the training school; and the hospital had to be approved by the American Council of Surgeons, preferably approved for internships by the Council of Medical Education and Hospitals of the American

\textsuperscript{17}Ibid, 21.

\textsuperscript{18}Ibid, 22, 27 & 28.
Medical Association. The students had to fulfill a one year residency at Loyola. The School of Nursing at Loyola would evaluate previous credits on an individual basis, with no "blanket" credit for the previous curriculum in nursing—for example, science courses in the training program could not be used to meet the requirements for the sciences at Loyola.\(^{19}\)

The curriculum for the bachelor's degree was based on major credits—one major credit equaled 3 1/3 semester hours, with laboratories equaling double hours. The baccalaureate degree required completion of 36 majors or 120 semester hours.\(^{20}\) The choices for the minor sequences included biology, chemistry, economics, education, english, french, history, latin, mathematics, philosophy, psychology, social work or sociology.\(^{21}\)

The Bachelor of Science in Nursing Education was becoming increasingly popular for those whose career goals included teaching in schools of nursing and/or administrative positions. Table I describes the curricula

\(^{19}\)Ibid.

\(^{20}\)Loyola University School of Nursing Catalogue (Chicago, IL: Loyola University, 1942), p. 36. In the 1942 catalogue for the college of Arts and Sciences, (p. 20) the major credit is defined as 3 hours each, with 40 majors to graduate or 120 semester hours. In the 1944-1945 catalogues for both the School of Nursing (p. 24) and the College of Arts and Sciences (p. 8), the requirements for the bachelor's degree are defined as 120 semester hours.

\(^{21}\)Ibid.
for both baccalaureate degrees. Note that, in the education program, the minor sequence was proscribed as nursing education and education courses. Students interested in this program were advised to acquaint themselves with specific state requirements of the State Board of Nurse Examiners or State Department of Education. At this point, the Bachelor of Science in Nursing Education was offered only for those who had completed a diploma nursing curriculum. This would be in keeping with a recommendation made in 1937 by the National League for Nursing Education.

Throughout these early years, financial support for students came from various resources. Fellowships covering tuition, fees, board and maintenance were available as early as 1936. Service obligations required by these fellowships were based on the student's individual interest. In 1942, the Kellogg Foundation granted $4000 for nursing scholarships, to be used for loans or scholarships at the

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22 Ibid, 29.

23 Committee on Curriculum of the National League of Nursing Education, A Curriculum Guide for Schools of Nursing (New York: National League of Nursing Education, 1937), 660. The reason was that the Bachelor of Science in Nursing Education was interpreted as meaning that the individual had received special preparation (beyond the basic nursing program) as a teacher, supervisor or an administrator in nursing schools.

24 Loyola University of Chicago School of Nursing Catalogue (Chicago: Loyola University, 1934-36), 31.
<table>
<thead>
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Source: Loyola University School of Nursing Catalogue, 1935-36, 29.
discretion of the School of Nursing. Later, scholarships became available from the Illinois State Nurses Association and First District (the Greater Chicago Chapter of the Illinois Nurses Association).

In February 1939, the Academic Council unanimously recommended to President Wilson that Sister Helen Jarrell's title be changed from Director to Dean of the School of Nursing. This recommendation was, in part, a result of an issue which occurred the previous year regarding the signatures on the nursing diplomas. Prior to the 1938 convocation, President Wilson decided that only the signature of the President of the University and the Director of the School of Nursing (Sister Jarrell) should appear on the diplomas. In January 1939, the registrar wrote to President Wilson that the Department of Registration and Education in Springfield, Illinois did not approve of this method, and wanted the names of the director

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26 Loyola University of Chicago School of Nursing Catalogue (Chicago: Loyola University, 1948), 9.


of each hospital unit to appear on the diploma. Changing Sr. Jarrell's status to Dean clarified the confusion about the title of director.

In the yearbook for 1941, The Loyolan stated that, ...this year marked the inauguration of the first five year class in nursing. This new curriculum, as adopted by St. Bernard's School of Nursing, leads to the degree of Bachelor of Science in Nursing, and is being made obligatory upon all entering the school. This new revision is another indication of the progress which the Loyola Nursing unit has made in making itself a leader in progressive education in the Middle West.  

The yearbook included a photograph of this first class, listing thirteen students. According to convocation bulletins for June 1943 and 1944, all but three of these students graduated from the St. Bernard's unit with certificates of nursing. None of the graduates identified in these bulletins received the Bachelor of Science in Nursing or Nursing Education from Loyola. In 1942, The Loyolan described this plan again, adding 15 more names. Actually, the "5-year plan" was described in the School of Nursing bulletin for 1936; by 1942, 13 BSN and 26 BSNE


30 The Loyolan (Chicago: Loyola University, 1941), 54.

31 Loyola University of Chicago Commencement Program, (Chicago: Loyola University, 1943) 5.

32 Ibid, 1944, 5-7.

33 The Loyolan, 1942, .
degrees had been awarded to those who had completed their basic professional training at one of Loyola's units or elsewhere. It is unclear why The Loyolan indicated the program was new in 1941.

The curriculum for the Bachelor of Science in Nursing in 1942 was slightly altered from the one described in 1936. Two major credits in sociology were now proscribed, and psychology was increased from one to two major credits. This addition of required courses in Sociology was reflective of changes defined in the Curriculum Guide of the National League for Nursing Education. The history requirement was dropped, and the philosophy requirement was reduced from four major credits to three. The Bachelor of Science in Nursing Education curriculum was unchanged.

The catalogue for 1945 described three separate nursing curricula: the Basic Professional Curriculum; the combined Academic and Basic Professional Curriculum; and the Advanced Professional Curriculum. Students in the Basic Professional Curricula in any of the hospital units of the Loyola University School had the following experiences:

In the first year of residence, during which the student enters upon her professional studies, she gives

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35 *Loyola University of Chicago School of Nursing Catalogue* (Chicago, IL: Loyola University, 1942), 36, 37.
her attention chiefly to acquiring a knowledge of the basic biological sciences and of the basic nursing arts. When the student has developed some skill in the techniques of nursing, she is admitted to the hospital for clinical experience. During the remainder of the first year and during the second and third years, instructions are given in the principles of nursing and in the care of patients on the medical surgical, obstetric and pediatric wards to correlate with the practical experiences in these various hospital units. Emphasis is also placed on the importance of community health, including both mental and physical aspects. Affiliations are offered in contagious and psychiatric nursing.  

These students were awarded a certificate in nursing.

A second curriculum was the combined Academic and Basic Professional Curriculum, a four-year program leading to the degree of Bachelor of Science in Nursing Education. The candidates for admission to this curriculum were to meet the same requirements as those entering the basic professional curriculum. Those candidates, having completed some university subjects, would be classified according to the credits submitted from the school previously attended. Upon successful completion of this course the candidates would be awarded the degree of Bachelor of Science in Nursing Education together with the Certificate in Nursing. In this curriculum, the students took thirty-two hours of non-nursing coursework in their Freshman year; in the Sophomore year, forty hours were taken—of which eighteen hours were nursing courses, the remaining hours were in the sciences.

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36Loyola University of Chicago School of Nursing Catalogue (Chicago, IL: Loyola University, September, 1945), 30.
There was a five-hour summer session in which the students took Philosophy and Nursing courses. In the Junior and Senior years, all nursing and/or education courses were completed.\textsuperscript{37} This is the first time that a four-year academic program is described. Note that this is not the recommendation regarding the BSNE in the 1937 Curriculum Guide of the NLNE (see note 23).

In the Advanced Professional Curriculum, students who had completed a basic training program in nursing were admitted to earn the degree of Bachelor of Science in Nursing or the Bachelor of Science in Nursing Education. These curricula were three years beyond the certification, including two summer sessions of three hours each. (Note that the five-year plan now became a six-year plan.) Forty-five hours of credit for the nursing program were allowed to graduates of the hospital units of the Loyola University School of Nursing. Applicants from other training schools were allowed between 27-45 hours depending on the curriculum of the school and on the students' grades.\textsuperscript{38} At this point, it appears that the academic degree of Bachelor of Science in Nursing was available only to those who had already completed a basic certification program in nursing, and had passed licensure examinations. The Bachelor of Science in

\textsuperscript{37}Ibid, 32.

\textsuperscript{38}Ibid, 33, 36-37.
Nursing Education could be obtained along with professional certification in the four-year program. This is a change from the original plan described in 1936.

During these years, discussion of the relationship between the University and the School of Nursing began to take place. Since the School of Nursing was organized in 1935, the academic work of the nursing students was taken in the University College, at that time, the only place that women could attend classes at Loyola. While the school remained under the administration of Sister Helen Jarrell, the real administration of the school of nursing fell to the University College, with the referral of special cases to Sister Jarrell. The Department of Public Health Nursing also fell under the direct administration of the University College.  

At a meeting of the Committee on Educational Aims, Standards and Curricula in March 1945, Father John Malloy, Dean of the University College, indicated that he believed the School of Nursing and the Department of Public Health Nursing should be joined together and put under administration separate from the University College.

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administration. The students would take work in the University College just as any other students did.⁴⁰

Father Malloy wished to resolve several difficulties. The first concerned the jurisdiction the Dean of University College had over the nursing degrees. He indicated that, for effective administration and for the attainment of their obvious objectives, it seemed advisable that the School of Nursing should be administered through a very close relationship with the Medical School, since the hospital units as well as the students were primarily interested in professional rather than academic work. He believed that the development of the two schools should go hand in hand.⁴¹

A second concern of Father Malloy's was the maintenance of proper standards in the affiliated schools of nursing. He stated that the different hospital units had inferior and varying standards. The hospital authorities demanded so much clinical work from the students that they were unable to give the necessary time to their studies. To enforce his point, he read a statement submitted to him by a faculty member who taught in one of the schools of nursing. This report gave a discouraging account of conditions as they existed in the hospital units, with reference to academic standards. Father Malloy also asserted that Sister Helen

⁴⁰Ibid.
⁴¹Ibid.
Jarrell could not administer the school well with the way the affiliation was constituted. He pointed out that each unit was conducted by a different community of Sisters, and that Sister Helen simply could not supervise, direct, and enforce academic and professional requirements in the various units. Moreover, her many duties at St. Bernard's made it impossible even if these difficulties did not arise.\textsuperscript{42}

It was Father Malloy's opinion that the Regent of the School of Nursing (at this time, Father Warth, also regent of the Medical School) was not supervising the School of Nursing closely. This lack of administration and supervision resulted in laxness on the part of both professors and students, and led to a very low standard of work. Father Thomas Egan, previous Dean of the University College, added that during his incumbency, similar problems existed. He believed that the academic phase of the Nursing School was little understood or appreciated by the Medical School.\textsuperscript{43}

The committee members discussed this situation regarding the appropriate place to administer the School of Nursing. They agreed that if the degrees in nursing were restricted to the professional elements, then the school

\textsuperscript{42}Ibid.

\textsuperscript{43}Ibid.
should be administered by the Medical School. However, if academic subjects are included, they could not see how it could be divorced from University College."

It was decided that the Committee recommend to President Hussey that a board of directors composed of Father Malloy and the heads of the hospital units study the trends in schools of nursing. Study of these trends would be helpful in deciding exactly what the nursing curriculum should be, which in turn would facilitate a decision about which division of the University should administer the school and sponsor the degree."

In July of 1945, President Hussey requested that the Committee on Educational Aims, Standards and Curricula discuss the trends in nursing education. At a meeting of that committee later that year, Father Malloy indicated that he had occasion recently to read and study nursing programs at a regional meeting of Schools of Nursing, held in March, April, May and October of 1944. He went on to say that the trend seemed entirely in the direction of the collegiate School of Nursing, in which the nursing school is an integral part of the University, fully controlled by the

"Ibid.

"Ibid.

institution. Most such schools existing at that time offered a five-year program, in which academic and professional subjects were combined in the five years or separated, offering the professional first in some cases; the academic first in other cases. Some schools offered only a four-year program leading to the RN certificate after the third year and to the degree after the fourth year. 47

Since there was discussion about the placement of the School of Nursing in the University, it was thought advisable by the members of the committee to make only preliminary recommendations regarding the Nursing School. Accordingly, the Committee recommended to the President that the nature of the affiliation be looked into and the curricular outlines of these other schools be procured and studied by this committee. With these data on hand, suggestions could then be made for better integration between the units at Loyola and the possibility of organizing a collegiate School of Nursing could be considered. 48

In 1946, Doctor Howard Egan submitted a report to Fr. Hussey regarding the School of Nursing. His recommendations included:


48 Ibid.
1. Final supervisory authority of the School of Nursing should be vested in one person who would show some real interest in the service. Dr. Egan found that too many people had been involved in the administration of the School of Nursing with not enough responsible visitation and interest. He believed that Sister Helen Jarrell needed too much assistance from others already busy in their own fields, (principally, Father Malloy).

2. The central office for the School of Nursing should be in Lewis Towers where one person could be responsible, under direction, for general information, records, course information, registration and bursar referrals, and the like. (Note that Dr. Egan did not support the idea that everything should be housed near to the Medical School, still located at 706 W. Wolcott at this time.)

3. Public Health Nursing could be under the same final supervisory control, although the directors' jurisdiction should be separate. Certain functions could be merged if the departments were adjacent to each other (see Chapter Four).

4. Sister Helen Jarrell should be retained as Dean in name, if not in fact, because she was knowledgeable in the field and was well known in it; she was loyal to and interested in the University; and she would be willing to step down so far as certain duties are concerned but she would resent being shorn of her title.
5. Dr. Egan indicated that, since nursing education was profitable to the University regardless of tuition cut-rates, if the department be placed under separate jurisdiction, it should have its own budget like any other division. The merging of certain aspects of Public Health Nursing with this unit would not present too many serious problems financially.

Doctor Egan included the following financial information about the School of Nursing for that academic year: the total instructional cost for the schools of nursing was $3995 for the year as against a gross income of $13,185. Besides classes given at the hospitals, 117 student nurses from St. Bernard's, St. Francis, St. Anne's and Oak Park enrolled for classes in the University College from which accrued a tuition intake of $4,052.25 for the current academic year. The total gross income from the six units was $17,237.25 with teaching costs alone amounting to perhaps $5500 for 1945-46. Doctor Egan also pointed out that hospital benefits were commonly granted to industrial employees since the war, making the future of all hospitals, and therefore, nursing bright.  

In October of 1947, Miss Gladys Kiniery, Director of the School of Nursing, Department of Public Health, wrote to

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Father William Finnegan, Chairman of the Board of Undergraduate Studies about a revised curriculum for the degree of Bachelor of Science in Nursing Education. Miss Kiniery was a Wisconsin native who received her diploma in nursing from Mercy Hospital in Janesville, Wisconsin. She was awarded the Bachelor of Philosophy degree from Loyola University of Chicago in 1936, and a Master of Science in Public Health Nursing from the University of Michigan in 1940. She came to Loyola to be Director of the Department of Public Health Nursing in 1947, after working in the field of public health nursing in Michigan and as a faculty member of Wayne State University School of Nursing in Detroit.\textsuperscript{51}

\textsuperscript{50} The Board of Undergraduate Studies, referred to as BUGS, was organized in 1947 by President Hussey, in order to provide uniformity of requirements and standards, "now that we have three rather large day colleges and two rather large evening colleges." Father Hussey asked Father William Finnegan to chair this committee which included the deans of all the schools and the registrar. Its functions were to legislate concerning admissions, specific curricula, attendance requirements, degree requirements, grading systems and the approval of new curricula. It is interesting that there was no representative from the School of Nursing aside from Father Malloy who was Dean of the University College. Robert Hussey to Father William Finnegan, TD, 22 February 1947. Loyola University of Chicago Archives. Box I3E. The Committee of Educational Aims, Standards and Curriculum ceased to function in 1947. "Report of the Loyola University School of Nursing", TD, 1954, Loyola University of Chicago Archives. Office of the President. James T. Maguire. Box 23. Folder 10.

\textsuperscript{51}"In Memory of Gladys Kiniery, 1904-1988", TD, 10 March 1988, Loyola University of Chicago Archives. Biographical Files.
Miss Kiniery indicated that the suggested revisions were created in collaboration with Father John Malloy, Dean of the University College. "The changes are principally in the professional aspects of the program, where an attempt has been made to build areas of specialization. The field practice in each of the majors will be a new development and is in line with standards of practice in the field of Nursing Education."\(^{52}\)

Miss Kiniery recommended that completion of the basic nursing curriculum be a prerequisite for entrance to the degree program in Nursing Education, as the student nurse who had not finished her basic clinical training would not have the background of experience to participate in the professional part of the program. She also indicated that the degree program for student nurses leading to the Bachelor of Science in Nursing was under revision and would be presented later.\(^{53}\)

Attached to this letter were the plans for three programs in nursing education. One program was for the preparation of instructors in Nursing Arts, one was for the preparation of clinical instructors or supervisors and the third, yet to be developed, would be specifically designed to prepare administrators and supervisors in psychiatric

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\(^{52}\)Gladys Kiniery to William Finnegan, TD, 27 October 1947, Loyola University of Chicago Archives. Box I3E.

\(^{53}\)Ibid.
nursing. The programs had 65 hours of general requirements; 21 hours in the field of specialization, and 6 hours of field practice; 30-45 hours would be accepted from the curriculum of the nursing school. The programs were 86 hours in addition to the basic nursing training.\textsuperscript{54}

The subject of the proposed revisions to the nursing curriculum was discussed at the November 6, 1947 meeting of the Board of Undergraduate Studies. Some members expressed surprise that forty-five hours of credit were allowed for the basic training of the nurses when many other schools allowed as little as thirty. Certain substitutions for courses were also suggested. However, the members of the Committee confessed that they did not feel qualified to pass definitive judgement on the merits of the new curriculum and thought it better to turn the matter over to those who knew more about the question. Therefore, the question was relegated to a Committee to be composed of Fr. Malloy, Fr. Wuellner, Sister Jarrell, Dr. Egan, and Miss Kiniery.\textsuperscript{55}

At that meeting, the committee was informed that Miss Kiniery wanted to have the nurses attend day classes in the College of Arts and Sciences, immediately at Lewis Towers and later at the Lake Shore Campus, because of the need for

\textsuperscript{54}Ibid.

\textsuperscript{55}Minutes, Board of Undergraduate Studies, TD, 6 November 1947, Loyola University of Chicago Archives. Box I3E.
Chemistry and Physics in the curriculum she was planning. At the time, the nursing students only attended evening classes in the University College. Father Malloy pointed out that the recent decision of President Hussey to allow women premedical students and women science majors to attend day science classes only at the Lake Shore Campus and only when such courses cannot be had in University College referred only to the women mentioned and not to nurses. The committee recommended that, beginning in September, 1948, nurses would be allowed to attend day classes in the Lewis Towers Arts division, even in Biology, but no promise would be made that they will be allowed to attend classes at the Lake Shore Campus.\footnote{Ibid.}

By 1948, agreement over Miss Kiniery's proposed curricula was reached and the catalogue for that year described the programs in Nursing. Program IA led to the certification in nursing; Programs IB and IC were for Registered Nurses who wanted to earn the degree of Bachelor of Science in Nursing or Bachelor of Science in Nursing Education. Program II, the Basic Professional Program was described as still being revised, (this would be the straight Bachelor of Science in Nursing program which awarded the academic degree and qualified the candidate to write State Board Examinations). Program III referred to
extension courses being offered in the hospital schools of nursing. These courses were taught by regular members of the Loyola University College of Arts & Sciences and the University College at the six hospital units. In September 1948, the Department of Nursing Education and Nursing and the Department of Public Health Nursing, previously administered by University College, were combined in a single administrative unit in the School of Nursing.

Throughout the 1940s, nursing leaders had continued to propose that nursing education should be an integral part of higher education. The National League of Nursing Education appointed a committee in 1946 to delineate its position on the administration, control and organization of nursing education. The committee's report reiterated that basic professional nursing education should be an integral part of an institution of higher education, and that the curriculum should include at least two years of general education. Hospital schools were urged to give consideration to the transfer of control and administration to educational institutions.

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57 Loyola University of Chicago School of Nursing Catalogue (Chicago, IL: Loyola University, 1948), 14-15.
58 The Loyolan (Chicago: Loyola University, 1950), 60.
In 1948, the findings of a study funded by the Carnegie Corporation of New York and conducted by an independent commission under the direction of a well known social anthropologist, Esther Lucile Brown were published. The commission was charged with examination of the question of who should organize, administer and finance professional schools of nursing. This report clearly indicated that preparation of professional nurses belonged within institutions of higher education. Commonly referred to as the "Brown Report," Nursing for the Future stimulated discussion about the place that three-year diploma or certification programs had in nursing education, whether or not they were administered by an institution of higher education. These studies were influential in the work of the leaders of nursing education at the Loyola University School of Nursing at mid-century.

While the curriculum at Loyola between 1936 and 1948 underwent some changes, there was little substantive revision. By 1948, the programs leading to academic degrees were still available only to those who had completed their basic professional training. In 1938, the National League for Nursing Education had recommended that basic professional nursing education be concurrent with, or

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subsequent to one or two years of general education at the college level.\textsuperscript{61} The hospital units of the Loyola University School of Nursing had made an initial step in this direction in 1935, but the concerns of Father Malloy and the Committee on Educational Aims, Standards and Curricula in 1945 exemplified the need for further clarification of the relationship between institutions of higher education and nursing schools. The BSN program, presented in 1936 as a five-year plan for high-school graduates, was in actuality little more than the addition of two years of academic coursework to a traditional three-year training program. The BSNE was described in 1945 as a 4-year plan, but this degree was actually earned only by those who had completed a basic professional nursing course in some school of nursing—one of Loyola's units or elsewhere.

The time was ripe for yet another reorganization in the School of Nursing. The appointment of Gladys Miss Kiniery enhanced the potential for change, and her beginning efforts to reorganize the program were indicative of the ability she had as a forward thinker. The efforts of Miss Kiniery to solidify the College of Nursing will be discussed in the next chapter.

\textsuperscript{61}Committee on Curriculum of the National League of Nursing Education, \textit{A Curriculum Guide for Schools of Nursing} (New York: The National League of Nursing Education, 1937), 36.
CHAPTER VI
DEAN GLADYS KINIERY: 1948-1960

The appointment of Gladys Kiniery as Director of the Loyola University School of Nursing in 1947 began an era of great change and development for the school. In less than two decades, Dean Kiniery reorganized the School of Nursing into a true university school, established a supplemental program for Registered Nurses, and consolidated the school at Lake Shore Campus. This chapter will discuss these and other changes during the years 1948 to 1960.

Reorganization

On April 9, 1948, Miss Kiniery, Director of the School of Nursing,¹ sent a proposal to Father James Hussey, President of Loyola, in which the Departments of Public

¹There is some confusion about Miss Kiniery's title in 1947-1948. When she came to Loyola in May, 1947, her title in references was "Director, Loyola University School of Nursing, Department of Public Health Nursing". Sister Helen Jarrell still held the title of Dean of the School of Nursing. However, on May 1, 1947, Father Michael English, who assumed the position as Regent of the School of Nursing in 1946, told President James Hussey that Miss Kiniery had accepted the title of "director or dean" of the school. He further suggested that, "You and I should visit Sister Helen Jarrell personally in order to affect any change with the least possible friction." Michael English to James T. Hussey, TLS, May 1, 1947, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 23. Folder 10. However, it is not until the Departments of Public Health Nursing and Nursing Education merged into the School of Nursing in September, 1948, that Miss Kiniery is referred to as Dean, and Sister Helen Jarrell as Director of the St. Bernard's Hospital School of Nursing.
Health Nursing and Nursing Education would be merged into the Loyola University School of Nursing. Table I illustrates the organizational chart that Miss Kiniery included in the proposal. Miss Kiniery suggested that this merger occur by September 1948—the beginning of the new academic year. This change would eliminate the concerns about the Department of Public Health Nursing functioning within the University College, discussed in Chapter 4. In the proposal, Miss Kiniery defined the roles of the Dean and the Director of the School of Nursing. While Sister Helen Jarrell had been designated as Dean, at this time she was functioning as a Dean Emeritus—an honorary rather than administrative title.\(^2\) Dean Kiniery suggested that the Director of the school carry administrative responsibility for the total nursing program. This person would have direct responsibility to the Regent, and through him to the President. Miss Kiniery indicated that, as Director, she would also act as Chairman of the Department of Nursing Education until there was further need to divide these functions. Miss Essie Anglum was the Chairman of the Department of Public Health Nursing. Miss Kiniery went on

Table I

Organizational Plan for the School of Nursing
Proposed by Gladys Kiniery, April, 1948

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<td>Public Health Nursing</td>
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* The position of Regent, personal representative of the Office of the President to each professional school, was eliminated at Loyola in 1954.
to describe the faculty and secretarial needs of the School of Nursing under this plan.³

The second part of this document delineated the problems of the existing affiliations between Loyola University and the six hospital schools. At the time, two programs existed—the basic three-year program leading to certification as a Registered Nurse, and the combined academic and professional program leading to certification and a Bachelor of Science degree. All six hospital schools of nursing participated in the certification program, but only two (Saint Francis Hospital and St. Bernard's) had students in both programs.⁴ It is unclear as to why the other four schools only participated in the certification program. Possibly they did not have the students interested or qualified for the degree program.

Theoretically, Loyola supervised and controlled the educational program of all the affiliated schools. Actually, this was impossible because each hospital was autonomous and in no sense an integral part of the University. Dean Kiniery defined the basic concepts of a true University School of Nursing, and compared them to the existing situation at Loyola: 1) The university has control


⁴Ibid.
of the selection of nursing students. At Loyola, the Director of the Hospital School accepted or rejected the applicants. The high school records of those accepted were submitted to the university registrar for evaluation. Sometimes, these records were submitted after the student had been admitted to the hospital program. Loyola did not receive applications or transcripts for any of the applicants to the three-year certification students. 2) The University maintains true authority over the entire curriculum for which credit, certification or a degree is granted. The curriculum was originally set up by Loyola, but, especially in the degree program, was not being executed as outlined. In the degree program, the catalogue outlines one year of academic work in the University before entering the hospital clinical program. St. Bernard's sent their students to Loyola for one semester full time; Saint Francis Hospital admitted them directly to the hospital clinical program. In the hospital schools, service needs continued to take precedence over educational needs, which interfered with the execution of the curriculum both in content and time. 3) The University has control of faculty, including instructors in nursing theory and supervisors of clinical practice. In fact, these instructors were hired and paid by each hospital. A few of the theory instructors met university educational standards, but the majority did not. There had been no control over the members of clinical
supervisory staff who were responsible for the clinical experience of the students. In general, these supervisors were not educationally qualified.\(^5\)

Miss Kiniery concluded her proposal with the following suggestion:

As the standards for a 3-year course in nursing are set by the state, educational programs supervised by the state, and examination and certification determined by state law, it would seem not to be the function of an institution of higher learning to try to administer or be educationally responsible for training in this field, especially when there can be no real administrative authority as each Hospital is autonomous. The function of the University should be to develop basic degree programs on a more advanced level than the 3-year course, and to offer degree programs for 3-year Hospital School graduates who wish to prepare for supervision and teaching.

The certificate should be awarded by the Hospital School. The University should withdraw from education or administrative responsibility in the 3-year certificate program.\(^6\)

Miss Kiniery suggested that Loyola University continue to participate in the improvement of the three-year hospital schools of nursing by offering educational and consultant services. These could include extension courses in the liberal arts, such as English, sociology and psychology; consultation services on problems in Nursing Education; and pre-admission testing services. Loyola could then develop a

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\(^5\)Ibid.

\(^6\)Ibid.
good basic degree program in Nursing under University administration using the hospital facilities as indicated. In 1947-1948, Father English initiated a survey of the six hospital schools in which data was collected about educational standards and policies. Faculty committees, composed of members of the six units, were established in such curricular areas as nursing arts, clinical practice and the basic sciences. These groups met to discuss common course objectives, content, teaching and evaluation methods. Complete detailed information on educational practices in each of the schools was collected.

On May 19, 1948, Miss Kiniery sent the report of the survey of the science instruction facilities of the six affiliated hospitals to President Hussey. The report included the assessment of personnel, equipment, and courses, as well as an overview of the potential for each facility to continue in a relationship with Loyola. Some of the schools, for example Columbus Hospital, were experiencing very low enrollments to their schools of

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7Ibid.


nursing, and wanted the affiliation with Loyola to continue to promote applications. The most interesting information in this report referred to St. Bernard's Hospital where Sister Helen Jarrell was still director of the nursing school. During visitation of the school on April 21 and 23, 1948, the surveyed noted some problems that Mrs. Dorothy Parry, a science instructor, was having with Sister Helen. A good lecturer, and popular with students, Mrs. Parry was often called out of class to supervise housecleaning and was held responsible for teaching courses that she had not been assigned to teach. She also was working without a contract, had no sick leave, no scheduled vacation, and no definite teaching assignment. The surveyor also noted that Sister Helen reprimanded Mrs. Parry in front of the students for such situations as not keeping the teaching unit cleaner (for example, ink spots on her blotter or fingermarks on the door).\(^\text{10}\)

Another concern noted in this report was the discovery of discrepancies in the curriculum report submitted by St. Bernard's to Loyola in September, 1947, and the actual situation. For example, actual course hours reported for the sciences were half as many as actually delivered. Overall, the surveyor believed that, "...there is little

hope of improvement under the present administration. The Director misrepresents the situation to Loyola."

It should be noted that Sister Helen Jarrell suffered a series of strokes in 1948; she retired from Loyola in 1949.

On the basis of this study, it was obvious that a complete reorganization of the School was indicated. Because of the perceived difficulty in changing long-standing relationships, a consultant was employed. Miss Mary Dunn was appointed by Lucile Petry, Director, Division of Nurse Education, United States Public Health Service in July 1948. Her report was sent to Father Hussey, President of Loyola University, on August 30, 1948. Once this report was available, consultations with faculty of the Law School about legal aspects were held. A statement on educational policies was drawn up and presented to the Administrative Board of Loyola University.

Dated August 1948, this statement proposed that the School of Nursing at Loyola University be an autonomous academic unit within the University, with its own dean, budget and faculty. The School would offer curricula for the undergraduate student seeking basic nursing preparation

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"Ibid.


"Report of School of Nursing of Loyola University, 1954," 4 & 5.
leading to a baccalaureate degree and a certificate in nursing, and for the graduate nurse seeking to prepare for teaching, supervision or public health nursing. After February 1949, Loyola University would no longer be responsible for three-year programs in nursing. Adoption of these policies would automatically cancel the constitution of 1935 which governed the affiliated schools."

These policies were approved by the Board of Trustees and the Directors of the Hospital Units in November 1948. Gladys Kiniery sent a memo to Father Hussey on February 23, 1949 regarding proposed articles of affiliation that Mr. William Lamey from the Law School prepared based on the above policies. It was suggested that the document be sent to St. Anne's, St. Bernard's, St. Francis and St. Elizabeth's. Miss Kiniery believed that Loyola should not enter future relationship with Oak Park Hospital or Columbus as they had not made sufficient improvements to warrant affiliation.

The document, called the "Articles of Affiliation," officially defined the university school and the hospital schools as separate entities, responsible fully for their respective students. The University School would provide

"Ibid.

eligibility of a hospital school to participate in the Extension Program, in which students of the hospital school would enroll for a minimum of four courses during one academic year. The hospital school was to guarantee enrollment of twenty students for these courses in English, religion, sociology, philosophy and psychology. The University School would also offer pre-admission testing services to the hospital schools. 16

The document indicated that Loyola would no longer award certificates in nursing. After February 1, 1949, the University would only admit candidates for the Bachelor of Science in Nursing, the Bachelor of Science in Nursing Education or the Bachelor of Science in Public Health Nursing. The articles also stated that Loyola University wanted to establish agreements with various hospital schools for clinical experiences, although it was clearly indicated that the students belonged to the university even when temporarily assigned to a hospital for clinical experience. 17

The same document defined the following General Policies: The Loyola University School of Nursing would be responsible for the following programs: 1. Basic Collegiate

16Ibid.

Program for high school graduates leading to the Bachelor of Science in Nursing and diploma in nursing; 2. Advanced Program for Registered Nurses' leading to the degree of Bachelor of Science in Nursing Education or Bachelor of Science in Public Health Nursing; 3. Course Affiliation Program (extension program) for students of certain hospital schools.\(^8\)

Surveys were made of the clinical fields in each of the hospitals and contracts developed for use of clinical fields by Loyola University students. St. Francis was selected for the basic and graduate nurse practice fields; St. Elizabeth's and St. Anne's were selected for graduate nurse practice fields. Advisory Committees on clinical field programs were appointed.\(^9\)

On June 3, 1949 Miss Kiniery indicated to Father Hussey that St. Anne's and St. Elizabeth's Hospitals wished to enter into the affiliation agreement. These contracts were signed and returned on June 16.\(^20\) St. Francis and St. Bernard's Hospitals also signed contracts with Loyola.\(^21\)

\(^8\)Ibid.

\(^9\)"Report of the School of Nursing of Loyola University, 1954," 5.


\(^21\)"Report of School of Nursing of Loyola University, 1954," 5.
Following the administrative reorganization of the School of Nursing in 1948, the Loyola nursing faculty restructured the nursing curriculum. Curriculum specialists from the Department of Education at Loyola were consulted, as well as the catalogues and faculty from other collegiate schools of nursing in the area. These included Miss Nellie Hawkinson from the University of Chicago; Miss Katharine Faville from Wayne State University in Detroit; Sister Josetta from St. Xavier College in Chicago; Mrs. Eugenia Spaulding from Indiana University; and Miss Dorothy Rogers, secretary of Association of Collegiate Schools of Nursing. The faculty also reviewed surveys on nursing education carried out by the United States Public Health Service, and such publications by the National League for Nursing Education as A Guide for the Organization of Collegiate Schools of Nursing, 1946 and Problems of Collegiate Schools of Nursing, 1945. Existing clinical fields in Chicago area were surveyed and contracts were signed with Saint Francis Hospital, The Children's Memorial Hospital, Hines Veteran's Hospital and the Visiting Nurses' Association. The curriculum was developed, presented to the Board of Undergraduate Studies, and approved for the basic program. This curriculum was printed in the School of Nursing Bulletin, 1950-52.22

22"Report of School of Nursing of Loyola University, 1954", 12.
Other changes in the curriculum were made at the time of revision of the catalogue for 1952-54. The requirement for one year of general chemistry was dropped because a course in Elementary Physiological Chemistry had been developed by the chemistry department of Loyola University at the request of the nursing faculty. Nursing Arts III was added which incorporated the content in Elementary Pharmacology, and a separate course in Pharmacology was included in the basic sciences. These courses were offered during the summer term preceding assignment for clinical practice.23

On October 20, 1953, the School of Nursing was visited by M. Olwen Davies of the National Nursing Accrediting Service (NNAS). Miss Davies functioned as a consultant to assist the Loyola faculty in evaluating their readiness for a survey for full accreditation of the new curriculum.24 Based on her

23"Report of the School of Nursing of Loyola University, 1954", Section VII, 12.

24 The National Nursing Accrediting Service was established in 1949 under the sponsorship of the major nursing organizations in response to the Brown Report. It coordinated all existing national agencies concerned with the approval of nursing education programs. In 1952, the National League for Nurses (NLN) was organized by combining the functions of the National League for Nursing Education, the National Organization of Public Health Nursing and the Association of Collegiate Schools of Nursing. At the same time, the newly formed NLN assumed the administration of the National Nursing Accrediting Service, thus becoming the major accrediting organization for all nursing programs. Lucie Young Kelly, Dimensions of Professional Nursing (New York: Macmillan and Company), 152.
advice, two months of field practice in Public Health agencies was added for the graduate nurse program. This addition met the criteria for the preparation of nurses for first level positions in public health agencies.\(^{25}\)

The Basic BSN program for high school graduates was approved by National Nursing Accrediting Service in April 1954. It was submitted to Board of Review of the National League for Nursing in November 1954, at which time it was fully approved.\(^{26}\) This was the first fully accredited collegiate nursing program in the state of Illinois, and one of twenty-five in the country at that time.\(^{27}\) The first students were admitted to the newly organized Loyola University School of Nursing in September 1949. The first class of thirteen students was awarded the Bachelor of Science in Nursing degree in August 1953.\(^{28}\) The Loyola University School of Nursing was the first fully accredited collegiate school which included experiences in public


health nursing in Illinois, and one of twenty-five in the country.  

Supplemental Program for Graduate Nurses

Once the reorganization of the basic nursing program was accomplished, Miss Kiniery turned to the task of restructuring the degree program for graduate nurses. At this time, Loyola offered three degree options to nurses who had completed their basic training in a diploma school: the Bachelor of Science degree in Nursing, Nursing Education, or Public Health Nursing. In 1950, the NNAS conducted a nationwide study of programs for graduate nurses. It reported that the trend for baccalaureate programs for Registered Nurses was to develop curriculum which provided a broad educational base rather than specialization in nursing. The study indicated that the majority of existing programs were costly in both money and time for students. There were many inconsistencies among programs in terms of transfer credit allowances, prerequisites, and quality of courses. The NNAS recommended that the programs: 1) be supplemental in nature, and consistent with the goals of sound basic collegiate education and professional nursing practice; 2) require as short a time as is consistent with the program objectives. This could be achieved by increasing

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the credit allowances for previous learning to well above the average of thirty semester hours presently given; 3) provide for increased depth and breadth in general education; 4) include clinical courses and experiences that enrich and supplement, rather than repeat, those previously offered in the 3-year program. Emphasis on the preventive, sociologic, psychologic and rehabilitative aspects of care was suggested, as well as expansion in such areas as tuberculosis, geriatrics and care of the well child. Nurse educators were recognizing that, as in any other profession, specialization in practice should not occur at the baccalaureate level. Miss Kiniery was also very committed to that principle, and, in an undated quote she indicated that,

The most significant transition that had occurred in the last 20 years of nursing education is the trend away from specialized education toward a more general education. Previously, the collegiate nurse studied to be a teacher, administrator or Public Health supervisor. Since the early 1950's, the emphasis has been on a curriculum stressing general nursing theory.

When preparing this curriculum change, Miss Kiniery again consulted with Miss Olwen Davies, Dean Katherine Favillo of Wayne University College of Nursing, Miss Nellie X. Hawkinson, Chairman, Department of Nursing, University of Chicago, and Miss Loretta Heidgerken, Catholic University of

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America. She also discussed the revisions with the Board of Undergraduate Studies and experts from other disciplines at Loyola, for example, in the area of human development. The faculty also reviewed catalogues of other university schools which offered a general nursing program for registered nurses. After study of the curricula for the Bachelor of Science in Nursing Education (BSNE) and the Bachelor of Science in Public Health Nursing (BSPHN), revisions were made so the objectives for the graduate nurse program matched those prescribed for the basic program in the 1952-54 catalogue.\textsuperscript{32} The Bachelor of Science in Nursing Education curriculum was discontinued, since this was an area of specialization best pursued at the Masters level. No new students were admitted to the BSNE program after September 1952. Loyola continued to award the BSPHN until 1957. The BSN Supplemental program was inaugurated in September 1952. Miss Kiniery described the program as "organized to meet the needs of graduates of hospital diploma courses, but it does not prepare nurses for the specialized function of teaching, supervision, or administration."\textsuperscript{33}

\textsuperscript{32}Loyola University of Chicago School of Nursing Catalogue, (Chicago: Loyola University, 1952-1954), 41-45.

\textsuperscript{33}Gladys Kiniery to Father James Maguire, TLS, 12 December 1955, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 23. Folder. 11.
The faculty of the School of Nursing had developed an eighteen hour sequence in nursing to supplement courses of the basic nursing curriculum and provide broader concepts of nursing and nursing service. According to the School of Nursing Bulletin for 1952-54, this content would,

...prepare a nurse who understands the needs in today's society for professional nursing and can function in a cooperative leadership relationship with professional and auxiliary workers in the solution of nursing care and nursing service problems. These programs of study also give the student a foundation which will serve, after satisfactory experience, as a basis for advanced work in teaching and administration.  

The program was referred to as the BSN/PDC-Bachelor of Science in Nursing, Professional Degree Completion. It later was called the Supplemental Program to differentiate it from the Basic BSN Program. Ninety-four students entered the program in September of 1952. The majority were enrolled on a part-time basis.

In November of 1955, the Supplemental Program for Registered Nurses was accredited by the Board of Reviewers of the National League for Nurses. It was one of only thirteen programs in the United States so accredited.

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34Loyola University of Chicago School of Nursing Catalogue (Chicago: Loyola University, 1952-54), 41.


In 1955, Miss Kiniery reported to Father James Maguire, President of the University, that the Supplemental Program for the BSN had received full accreditation from the Board of Review of the Department of Baccalaureate and Higher Degree Programs of the NLN. "This is the third and last program offered by the School to be fully accredited."  

Miss Kiniery went on to describe the Supplemental Program. The admission requirements were the same as for the basic BSN program. The applicant's knowledge of basic nursing content would be tested by use of the NLN Graduate Nurse Qualifying Examinations, a standardized comprehensive test used by most universities for admission to programs of this type. Norms for these exams were based on the achievements of registered nurse applicants to universities throughout the country. Applicants to Loyola's program were to achieve at the 30th percentile on these exams.  

The curriculum for the supplemental program was fifty-seven hours in general liberal arts courses and a nursing sequence of twenty-six hours (forty-seven hours were allowed

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37Gladys Kiniery to Father James Maguire, TDS, 7 December 1955, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 23. Folder 11. Father James F. Maguire assumed the Presidency of Loyola in 1955. The other two programs that Miss Kiniery was referring to were the Bachelor of Science in Public Health Nursing, which was accredited in 1938 and had continued on the approved list ever since. The Basic BSN program was accredited in 1954.

38Ibid.
for the three-year hospital course in nursing). A content area in theory and practice in public health nursing was also included as most hospital schools did not provide this experience. Thus, the graduates of both the basic and supplemental programs at Loyola were prepared to practice professional nursing in public health agencies as well as in hospitals. Miss Kiniery indicated that this process develops truly professional abilities to function in leadership roles on the nursing team, and to provide an excellent foundation for specialization in the Master's degree. Specialization may be at the teaching, supervisory or administrative level and in any of the six clinical fields in nursing.\(^3^9\)

At the time of this correspondence, 1955, there were one hundred forty students fully admitted to the supplemental program at Loyola; twenty-nine of these were full-time students; the other one hundred eleven were part-time registrants. According to the list of approved educational programs, published annually by the National Nursing Accrediting Service in *Nursing Outlook*, there were only nine other BSN completion programs accredited by 1955. These programs were being offered at UCLA, Catholic University, Boston University, Seton Hall University, St. John's University, Brooklyn College, Ohio State University,

\(^{39}\)Ibid.
Vanderbilt University, the University of Texas, and the University of Washington.

**Women at Lake Shore Campus**

In 1950, Miss Kiniery approached the subject of the nursing students being allowed to take science courses at Lake Shore Campus during the regular school year. In the Jesuit tradition, women had never been allowed on the main campus of Loyola University. In 1947, President James Hussey had allowed women premedical students and science majors to attend class at Lake Shore Campus only if the courses they needed were not available at the University College downtown. Miss Kiniery indicated to the Board of Undergraduate Studies (BUGS) that it was inconvenient for the nursing students to take their science courses only during summer sessions at the University College. Unanimously approving her request, the Board recommended to President Hussey that this permission be granted. In June 1950, President Hussey wrote to the Father Provincial of the Society of Jesus requesting permission "when necessary," to allow women on Lake Shore Campus for the sciences, because duplication of the facilities at Lewis Towers would be

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"Ibid.

"Minutes of the Board of Undergraduate Studies, TD, 12 June 1950, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 21. Folder 5. Miss Kiniery was listed as a member of BUGS as of the 11/11/48 minutes."
There is no documentation of a response to this 1950 request.

Nearly a year later, BUGS sent another request to President Hussey that women premedical, nursing and medical technician students be allowed to use Lake Shore Campus. President Hussey again wrote to Father Provincial on March 6, 1951, requesting that women be allowed on Lake Shore Campus without restriction as to type of courses. It is unclear why Father Hussey decided to seek unrestricted permission in this second letter to the Father Provincial. At any rate, he received a reply from the Vice-Provincial, Father Leo Sullivan. Father Sullivan indicated that the unrestricted admission of women on Lake Shore Campus might cause friction between Loyola and Mundelein College, whose campus was adjacent to Lake Shore Campus. Father Sullivan did not make his concerns about Mundelein clear in his letter.

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In a second letter with the same date, this time directly to Father Provencial, President Hussey described the difficulties of students travelling between campuses when only allowed to take science courses at Lake Shore Campus. He indicated that the Board of Trustees had unanimously voted to petition for permission for nursing, premedical and predental women students to take all classes at Lake Shore Campus.46

The following July, President Hussey wrote again to Father Provincial, this time to modify his request to only nursing students as these were his major concern. In this letter, he clearly delineated his reasons for the request. 1) The nurses were travelling to Lewis Towers, Saint Francis Hospital, the Medical School and Lake Shore Campus. 2) The library, recreational and general campus facilities at Lewis Towers were inadequate for young women in college. This resulted in poor recruitment to the nursing program. 3) Loyola could not accept out-of-town students since there were no dormitories at Lewis Towers. 4) There was also concern about accreditation of the School of Nursing because of inadequate facilities." It is interesting to note that,


in a memo to Father Hussey the previous January, Miss Kiniery had listed these reasons for allowing nursing students to come to the Lake Shore Campus.\textsuperscript{48}

Finally, in August of 1951, Father Joseph Egan from the Provincial's Office wrote to Father Hussey to indicate that the Father General in Rome approved of the recommendation to allow the nursing students to take all classes at Lake Shore Campus.\textsuperscript{49}

The resolution of this situation did not end the problems. The work and cost involved in making Lake Shore Campus coeducational was extensive. For example, the creation of women's restrooms in Cudahy Hall was estimated to cost over $2,000.\textsuperscript{50}

In September 1952, the School of Nursing moved to Lake Shore Campus, since the nursing students were then taking all of their courses there. The office accommodations consisted of three rooms in the Armory Building.\textsuperscript{51}


\textsuperscript{51}"Report of the School of Nursing of Loyola University, 1954," Section III, 5.
Other Changes

In keeping with the belief that specialization belonged at the graduate level, the program leading to the Bachelor of Science in Public Health Nursing was terminated in September 1957. Public Health courses for those seeking certification as Public Health Nurses continued to be offered until 1960 when the Illinois Public Health Act was repealed. In 1955, the Loyola University School of Nursing received a five-year grant from the National Institute of Mental Health to develop a mental health nursing curriculum, and for the integration of mental health concepts into the basic nursing curriculum.\footnote{Ibid.}

Enrollments in the School of Nursing continued to grow, to the point that admissions had to be controlled. This was due to the limited clinical sites available for the practicum courses taken in the Junior year. At the May 19, 1960 meeting of the Board of Undergraduate Studies, Miss Kiniery requested that the requirement for good standing for freshman nursing students be raised from 1.76 to 2.0, since only forty-two Juniors could be placed in clinical settings.

\footnote{Ibid. The state Public Health Act was repealed in 1960 because it was determined that any graduate from a baccalaureate program in nursing was qualified to practice in public health agencies, making certification and/or a special bachelor's degree unnecessary.}
The Board voted against this measure at this meeting. The following October, BUGS met with the undergraduate admissions committee to try to resolve the problem of expanding admissions to the nursing school. The concern was that highly qualified candidates who applied late would be lost if all qualified and borderline candidates were admitted in freshman year. It was suggested that all outstanding candidates be immediately accepted, and the others be given a date for final decision.

Increasing enrollments in schools of nursing were not uncommon in the late 1950s, but the rising number of students seeking admission to the Loyola University School of Nursing was also an indicator of the success of the efforts of Dean Gladys Kiniery to foster the growth of the school. In the first twelve years of her term as Dean, she had reorganized a fragmented educational program into one which could be used as a model for collegiate education for nurses. Both the basic and the supplemental programs prepared nurses who could function as a collaborative member of the health care team. Miss Kiniery firmly established the belief that, as with any profession, the preparation of

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clinical specialists, educators and/or administrators in nursing belongs at the graduate level of education. The next chapter will discuss the development of graduate education in nursing at Loyola, as well as the continued growth and development of the School of Nursing at Loyola University.
Chapter VII
GROWTH AND DEVELOPMENT: 1960-1980

Under the direction of Gladys Kiniery, Loyola University became a leader in Catholic nursing education by 1960. In the next twenty years, the undergraduate curriculum would be refined, graduate education would be developed, and the University Medical Center in Maywood, Illinois would be established. Chapter VII will examine these and other important events, and their effect on the School of Nursing.

The Undergraduate Program

The curriculum for the baccalaureate program at Loyola was essentially unchanged throughout the 1960s, but there were concerns about some of the affiliations for clinical practica. At the time, students obtained their clinical experiences, under the direction of faculty, at a variety of institutions. However, because of the need to limit the number of students in many public health agencies, a clinical instructor in that area often needed to travel from one agency to another to supervise students. If the instructor was not present, the responsibility for student activities fell on the agency staff, who were not members of the faculty. In 1961, the University received a grant from the Division of Nursing of the United States Public Health Service to establish a centralized Public Health Nursing
Center with its own faculty. The center, located in Evanston, Illinois, provided a caseload from the Evanston Department of Health, the Evanston Visiting Nurses Association and the Evanston Infant Welfare Society for the nursing students. Loyola was one of four nursing programs in the nation to be awarded grant money for this purpose.\(^1\)\(^2\)

For the first time, all clinical groups were under the direct guidance of a School of Nursing faculty member.

Another concern about clinical sites for students in the early 1960s related to St. Francis Hospital. Since the hospital operated its own diploma school of nursing, clinical experiences there had to be shared among the students of the two schools. While ties with St. Francis had existed since 1936, this difficult situation led to the dissolution of the relationship with St. Francis Hospital in March 1961. Arrangements were made with Weiss Memorial Hospital for clinical experiences for the Loyola nursing students beginning in September 1961.\(^3\)


In 1963, the Daughters of Charity opened their new St. Joseph's Hospital at 2900 North Lake Shore Drive, and arrangements were made for Loyola to add this site for clinical experiences. The agreement included the use of the adjacent St. Joseph's Manor, a four-story building which included student housing, classrooms, faculty offices and a nursing library.  

Plans for the construction of a new science building on Lake Shore Campus to meet increasing space needs began in the early 1960s. The School of Nursing resources were especially limited and, in May 1965, an application was made to the United States Public Health Service for a construction grant for space in the new building for classrooms, a nursing skills laboratory, offices and conference rooms. A grant of $684,000 was awarded for construction of two floors in the new building, as well as for space at the proposed new Medical Center. Damen Hall was dedicated on December 4, 1966. With the building of Damen

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Hall on Lake Shore Campus, the School of Nursing was able to locate all of its programs on one campus.

In June 1966, Gladys Kiniery retired as Dean of the School of Nursing and accepted an appointment to the Division of Nursing Education and Training of the United States Public Health Service. From the beginning of her term at Loyola in 1947, Miss Kiniery was a dynamic, intelligent force in the profession of nursing who brought not only organization and coherence to the programs at Loyola, but also a great deal of prestige to the School of Nursing. During her tenure as dean, she had been instrumental in bringing $1,201,744 to the university in grants. She had reorganized the baccalaureate program and introduced graduate programs leading to a Master of Science in Nursing. Enrollment grew from 80 students in 1956 to 466 in 1966. In 1963, the Alpha Beta chapter of Sigma Theta Tau, the honor society for nursing was established at Loyola, the first collegiate program in Illinois to have a chapter. When she retired, Father Joseph Walsh, Administrative Assistant to Father Maguire, indicated that,

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7 Retirement at age 62 was required for women at Loyola University.


"She is pre-eminently able to interpret the intellectual as well as the humanitarian aspects of nursing." The conference room of the School of Nursing in Damen Hall was named in her honor in 1966 when the building was dedicated.

In 1972, groundwork was begun on a totally integrated upper division nursing curriculum which focused on health maintenance and disease prevention. The new curriculum incorporated the concept of mastery which enables students to learn according to their individual manner and pace. Critical to this element of mastery learning was the establishment of a Learning Resource Center where students could learn and master nursing skills using demonstration models, audiovisual equipment and simulated clinical situations. To this end, a grant was requested of the Helene Fuld Foundation in June 1972. Fifty thousand

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10 Walsh memo.


dollars were received, and used to build and equip the Learning Resource Center in Damen Hall on Lake Shore Campus. It was open twelve hours a day, six days a week so that students could have ample opportunity to master the required knowledge and skills. The new integrated curriculum was introduced in 1973, and totally implemented in 1977.\textsuperscript{14} \textsuperscript{15}

\textbf{Graduate Education}

While some discussion of graduate nursing education at Loyola had occurred as early as 1940, actual planning did not take place until the mid 1950s. In September 1956, a letter of inquiry addressed to Father Stewart Dollard, Dean of the Graduate School, was referred to Miss Kiniery. This was a request from the Alexian Brothers regarding the establishment of a Master's program in Nursing at Loyola. Father Dollard suggested that the faculty of the School of Nursing consider this request.\textsuperscript{16} By February 1959, the faculty had developed a proposal for a master's degree in

\textsuperscript{14}Marcella Niehoff School of Nursing Catalogue, (Chicago: Loyola University, 1973-1974), 329.

\textsuperscript{15}Margaret Carrington to Father James Maguire, "Loyola University of Chicago School of Nursing," TD, 16 December 1974, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing Golden Jubilee Collection. Box 3. Folder 1.

\textsuperscript{16}Gladys Kiniery to Father Robert Mulligan, TD, 20 August 1962, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Accession # 89-30. Box 3.
nursing program which would prepare graduates to be instructors in Medical/Surgical or Maternal/Child Nursing.\textsuperscript{17}

Dean Kiniery was invited to the December 15, 1959 meeting of the Board of Graduate Studies to discuss the proposal. She indicated that there were five institutions under Catholic auspices in the United States which offered a master's program in nursing. In the Chicago area, the program at De Paul University had not been given approval by the National League for Nursing accrediting agency. The only other graduate program in the area, at the University of Chicago, had recently been discontinued. Miss Kiniery also predicted that in ten years, nearly twice as many nurses would be needed in the United States. She added that graduate programs were needed to prepare teachers for these nurses.\textsuperscript{18}

At the March 23, 1960 meeting, the Board of Graduate Studies approved the proposal, and made the following recommendation to President Maguire and the Board of Trustees: "The Board of Graduate Studies respectfully recommends that the School of Nursing be permitted to

\textsuperscript{17}"Proposed Program Leading to a Master's in Nursing for Preparation of Instructors for Schools of Nursing," TD, 13 February 1959, 7, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Accession # 89-30. Box 3.

\textsuperscript{18}Minutes of Board of Graduate Studies, TD, 16 December 1959, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 3. Folder 10.
initiate a graduate program. The matter of financing this
program does not fall within the purview of the Board of
Graduate Studies; and it is, therefore, very properly left
to the decision of the Board of Trustees."\textsuperscript{19}

During this time, Father Maguire and Miss Kiniery had
received letters from leaders in the nursing profession
urging the Loyola University administration to initiate a
Master's program in nursing. For example, on April 28, 1960,
Louise Meyer, of the Illinois Nurses' Association (INA),
wrote to Father Maguire and discussed the need in Illinois
for graduate programs leading to the master's degree in
nursing. She pointed out that approximately one-third of
the nine hundred teachers in nursing schools in the state
lacked an academic degree of any kind. Mrs. Meyer offered
the services of the INA in the development of such graduate
programs at Loyola.\textsuperscript{20} Letters were received from other
leaders in nursing education, as well as from the Jesuit
Educational Association, Council of Schools and Departments
of Nursing.\textsuperscript{21}

\textsuperscript{19}Minutes of Board of Graduate Studies, TD, 23 March
1960, Loyola University of Chicago Archives. Office of the

\textsuperscript{20}Louise A. Meyer to Father James Maguire, TDS, 28
April 1960, Loyola University of Chicago Archives. Office

\textsuperscript{21}"Loyola University School of Nursing Annual Report to
the President-1958-1959," TD, 4, Loyola University of
Chicago Archives. Marcella Niehoff School of Nursing.
Miss Kiniery had been working with Father Robert Mulligan, Vice-President and Dean of Faculties, in the effort to obtain funding from the Kellogg Foundation for a master's program. Copies of the letters from Mrs. Meyer and others were sent to Mildred Tuttle, Director of Nursing at the Kellogg Foundation, along with the program proposal. Miss Kiniery and Father Mulligan were informed by the Kellogg Foundation that they were concentrating on more immediate measures to alleviate the nursing shortage, and consequently, would not be able to grant funding for Loyola's proposed master's program. The Kellogg Foundation was specifically interested in supporting newly established nursing programs awarding the Associate Degree in Nursing, which were offered by junior and community colleges.

A nursing shortage in the United States had been developing during the late 1950s. In 1961, Illinois ranked below the national average in nurse/population ratio, as well as below the ratio that was considered necessary to provide adequate nursing care (300/100,000). It was estimated that in 1960 the employed nurse-population ratio

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22 Gladys Kiniery to Father Robert Mulligan, TD, 7 July 1960, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Accession # 89-30. Box 3.

in Illinois was 226/100,000. The number of Illinois nursing graduates had remained unchanged from 1951.26

Associate Degree Programs in nursing were developed in the 1950's in response to the chronic nursing shortage. The establishment of such programs in junior and community colleges in Kentucky, Indiana, Iowa, Missouri and other midwestern states demonstrated a need for preparation of nurses to teach and administer these programs.25

In October 1960, the Illinois League for Nursing sponsored a Committee on Associate Degree Nursing Programs to encourage and assist the development of Associate Degree Nursing Programs in the Junior and Community Colleges of Illinois. The committee prepared a plan which involved the organization of one or more Associate Degree in Nursing programs in Illinois and the establishment of an initial master's program in nursing which would prepare teachers and administrators for these programs. The plan was prepared for the specific purpose of seeking financial assistance from the Kellogg Foundation.26


25Imogene King, "First Annual Report to W.K. Kellogg Foundation," 1, TD, August, 1964, Loyola University of Chicago Archives. Imogene King Collection, Box 1.

26Ibid, 1-3.
The question of selection of the location for the master's program was taken to a committee of the Department of Baccalaureate and Higher Degree Programs of the Illinois League for Nurses. The deans of interested schools of nursing were asked to submit proposals of programs for this part of the state-wide project.\textsuperscript{27} The faculty of the Loyola University School of Nursing, who had been meeting almost monthly during 1961-1963 to revise their work of 1959, submitted a proposal.\textsuperscript{28} In June 1963, Miss Kiniery was informed that Loyola had been chosen to develop the master's program.\textsuperscript{29} 

At same time, a proposal for the establishment of a master's program to prepare clinical specialists in medical/surgical nursing was also submitted by the School of Nursing faculty to the Chicago Heart Association and the Illinois Division of the American Cancer Society. These two organizations awarded grants totaling $64,000 to support this venture.\textsuperscript{30}

\textsuperscript{27}`Report of Master's Program in Nursing, Prepared for the Board of Review, Department of Baccalaureate and Higher Degree Program, National League of Nursing," 2, TD, August, 1964, Loyola University of Chicago Archives. Imogene King Collection. Box 1.

\textsuperscript{28}Ibid.

\textsuperscript{29}Gladys Kiniery to Father James Maguire, TD, 14 June 1963, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Accession # 89-30. Box 3.

\textsuperscript{30}August, 1964 Report to NLN, 2.
In 1963, Dr. Imogene King was appointed director of the Associate Degree project. Dr. King earned a bachelor's and master's degree in nursing education from St. Louis University, and had been awarded an EdD from Columbia University in New York prior to coming to Loyola.\textsuperscript{31} Her graduate work was in the area of curriculum in higher education, and her background included teaching and administration in nursing education. She was appointed to Loyola's School of Nursing faculty at Loyola in 1961.\textsuperscript{32}

In planning for the new program, Dr. King held conferences with the chairmen of those departments in the university which offered graduate education. The Deans of the School of Social Work and the School of Medicine provided helpful information.\textsuperscript{33}

Billings Hospital at the University of Chicago and Hines Veteran's Hospital were selected as sites for clinical practica in Medical/Surgical Nursing. Conferences were held


\textsuperscript{32}"Loyola University School of Nursing Report 1961-1963, Prepared for the Board of Review, Department of Baccalaureate and Higher Degree Programs," 1, TD, August 9, 1963, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Golden Jubilee Collection. Box 3. Folder 1.

\textsuperscript{33}"Report of Master's Program in Nursing, August 1964," TD, Loyola University of Chicago Archives. Imogene King Collection. Box 1.
with the director and nursing faculty at the Chicago Junior College--Amundson-Mayfair branch to plan for the Practicum in Teaching in Nursing and the Practicum in Administration in the Junior College Program in Nursing. The Amundsen-Mayfair Junior College was located at 4626 N. Knox in Chicago. It was the first Associate Degree in Nursing program in the Chicago area; its first class entered in September 1964, and thirty students graduated in June, 1966.

In the developmental year, Dr. King identified two major problems. The first related to faculty recruitment. The doctorate degree was a requirement for faculty appointment for teaching in graduate education, although individuals working toward this degree could be appointed. The limited market of nurses prepared at the doctoral level plus the need for Loyola to offer competitive salaries made faculty recruitment a challenge. At the time, there were only about two hundred nurses prepared at the doctoral level in the United States. A second problem related to financial assistance for students. The students would not be eligible for Federal Government Professional Nurse Traineeships until the program was accredited by the National League for

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34 Ibid, 7-8.

Nurses. The Illinois League for Nursing and the Chicago Council on Community Nursing had granted some financial assistance to full-time students, and the Board of Trustees at Loyola supported several scholarships and teaching assistant positions, but more financial assistance was essential.\textsuperscript{36}

The program was implemented in September 1964, with curricula that prepared clinical specialists in Medical-Surgical Nursing, teachers in Medical/Surgical and Maternal Child Nursing, and educational administrators.\textsuperscript{37} Ten full-time and four part-time students were admitted. Four full-time and one part-time faculty, which included Dean Kiniery and Dr. King, was responsible for the delivery of the curriculum.\textsuperscript{38}

In 1964, concerns about student enrollment were added to the problems of faculty recruitment and financial aid. A student recruitment program was initiated in 1964, which consisted of wide-spread mailing and the active

\textsuperscript{36}Imogene King, "First Annual Report to W.K. Kellogg Foundation," 8, TD, August, 1964, Loyola University of Chicago Archives. Imogene King Collection. Box 1.

\textsuperscript{37}King, "Second Annual Report to the W. K. Kellogg Foundation," TD, Appendix C. Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 13. Folder 8. The program for the preparation of clinical specialists in Medical-Surgical nursing was funded separately by grants from the Chicago Heart Association and the Illinois Cancer Society.

\textsuperscript{38}King, "Second Annual Report," 2-4.
participation of nursing organizations who assisted in the interpretation of the program throughout the state. 39

In 1966, enrollment increased to twenty students, which met one criterion for receiving Professional Nurse Traineeships from the Federal Government. Another effect of the increased enrollment was the need to establish relationships with a second Junior College Nursing Program to provide practica in teaching and administration. 40 The J. Sterling Morton Junior College was added as a clinical site in 1965. Morton was one of the first three junior colleges established in Illinois, opening in 1924. The first ADN class was admitted September 1965. 41

In January 1966, the first two graduates were awarded the Master of Science in Nursing. Following graduation, they both were appointed to positions in community colleges offering ADN programs. One was appointed chairman of the Department of Nursing of a suburban Chicago school to initiate the program there. The other joined the faculty of a new ADN program in another suburban college. 42

39 Ibid, 2.


41 King, "Fourth Annual Report," 45.

In July 1966, Dean Kiniery and Dr. King both left Loyola to work for the Division of Nursing of the Department of Health Education and Welfare in Washington. The new dean, Dr. Mary Patricia Lodge assumed directorship of the project. Dr. Lodge had joined the faculty of the School of Nursing in 1965 as Assistant Dean, with the understanding that she would assume the Deanship when Gladys Kiniery left the following year. Dr. Lodge held a EdD from Columbia University in New York. She had been a member of the faculty at the University of Pennsylvania, and Georgetown University; Chairman of the Department of Nursing at the University of Vermont; and Assistant to the Dean at Boston College.

In 1967, permission was given by the Kellogg Foundation to advertise that graduates of the program would also be qualified to teach in college and university settings as well as in community colleges. Also in 1967, the site visit for accreditation took place, and on December 21, 1967, President Maguire was informed that the Board of Review for Baccalaureate and Higher Degree Programs of the NLN had granted initial accreditation to the master's

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Fourth Annual Report, 38.
program and continued accreditation to the baccalaureate program.\textsuperscript{46}

In the academic year 1967-68, due to limited enrollment, the program for preparation of administrators in ADN programs was dropped. The largest enrollment that year was in the Teaching in Nursing of Adults and the Clinical Specialist in Adults majors.\textsuperscript{47}

Although the project was to be completed in 1968, the Kellogg Foundation granted a one-year extension and an additional $30,700.\textsuperscript{48} Through February 1969, there were twenty-six graduates. Eleven of these graduates were appointed to faculty positions (five in baccalaureate and six in ADN programs).\textsuperscript{49}

Few changes were made in the master's program following the termination of the Kellogg grant. However, during 1972


\textsuperscript{48}Mary Patricia Lodge to Father Robert Mulligan, TDS, 18 September 1968, Loyola University of Chicago Archives. Office of the Vice-President/Dean of Faculties. Robert W. Mulligan. Box 3. Folder 15.

and 1973, the faculty evaluated the master's program, and restructured the curriculum to better reflect the needs of society and prospective students. Early in 1974, a proposal was completed which delineated the revisions.50

The new curriculum, to be implemented in fall, 1974, was refocused toward clinical practice. Areas of clinical specialization in the Nursing of Adults, Maternal-Child Health and Mental Health were developed. Students who completed thirty semester credit hours in any of the clinical specialist curricula met the requirements for the degree of Master of Science in Nursing. If more preparation for teaching or research was desired, six additional hours could be taken in these areas.51 In 1977, the graduate program was again revised, and the functional area of teaching was restored. This program was implemented in September 1979.52

The master's program in Mental Health Nursing was a new area of clinical specialization at that time. Dr. Mary Patricia Ryan joined the faculty in 1973 to develop the

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51 Ibid, 11.

program in Mental Health Nursing. Dr. Ryan earned her MSN and PhD from Boston University, and had been on the faculty there as well as at Ohio State University. The proposal for the program in Mental Health Nursing was completed in November 1974; the first students completed the program in 1976.

In the next decade, there was considerable growth and development in graduate education in nursing at Loyola. There are now seven curriculum tracks within the program, which prepare professional nurses for leadership roles as clinical specialists, teachers, and/or administrators. Enrollment in the master's program increased from eighty-five in 1975 to two hundred nine in 1984. The faculty of the School of Nursing began to consider development of a program leading to a doctoral degree in 1972.

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53Mary Patricia Ryan, Interview by Kathleen Toerpe, 14 October 1989, transcript, Loyola University of Chicago Archives, Chicago, Illinois.

54"Proposed Curriculum Leading to a Master of Science in Nursing Degree at Loyola University of Chicago," 8.


56Dean Julia Lane, interview by author, 29 June 1990, Loyola University, Chicago, Illinois.

57Minutes, Loyola University School of Nursing Graduate Program Committee, TD, 16 October 1972, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Office of the Dean. Box 2. Folder 19. The doctoral program was initiated in 1989.
Medical Center

Loyola University became involved in the development of a University Medical Center in the western suburb of Maywood, Illinois in the 1950s. The plans included the move of the Schools of Medicine and Dentistry from Chicago's West Side Medical Center, and the construction of a University Hospital. Dean Kiniery was very involved in early discussions about the role that the School of Nursing would take in the organization of nursing practice at the new hospital. In 1962 and 1963, Miss Kiniery communicated with Dr. John Sheehan, Dean of the School of Medicine, about the future needs of the School of Nursing at the medical center. At the time, many qualified candidates for the School of Nursing had to be rejected because of limitations in clinical sites. It was hoped that the new hospital would be a major source of clinical experiences for future nursing students. Miss Kiniery delineated the School of Nursing's need for office space for a minimum of ten faculty members, as well as classroom and conference rooms at the new center.\(^58\)

During these discussions, Dean Kiniery also made recommendations about the administrative organization of the Division of Nursing and the system of patient care to be

\(^{58}\)Gladys Kiniery to Dr. John Sheehan, TD, 7 November 1963, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Accession # 89-30. Box 12.
established at the University Hospital. She suggested that the responsibility for nursing service functions of the hospital be to the Dean of the School of Nursing, rather than to a hospital administrator, which was the traditional organizational plan of most hospitals at the time. In Dean Kiniery's plan, the professional nursing staff organization paralleled that of the medical staff.\(^{59}\)

Dean Kiniery's administrative plan reflected recent thinking of nursing leaders regarding the separation of service and education in nursing. In the first half of the twentieth century, this separation was considered essential to alleviate the exploitation of student nurses as hospital workers. However, by the late 1950s, nursing leaders recognized that professional growth in terms of definition of practice depended upon the unification of these two elements, as was the model for physicians. In 1961, Case Western Reserve University and the University Hospitals of Cleveland established an organizational model in which joint appointments between the two institutions were established. This plan fostered an academic learning environment and a research climate for both staff and students.\(^{60}\)

\(^{59}\)Ibid.

Dr. Lodge worked with Miss Kiniery in the discussions with the Medical Center planners, discussions in which these innovations in nursing practice continued to be stressed. During this time, the faculty of the School of Nursing worked as several ad hoc committees to develop a blueprint for nursing in the Medical Center.\footnote{Mary Patricia Lodge to Dr. John Sheehan, TD, 26 June 1967, Loyola University of Chicago Archives. Office of the President. James M. Maguire. Box 18. Folder 13.}

At a meeting in April 1966, with Dr. Sheehan, Dean Kiniery, Dr. Lodge and Mr. Lad Grapski (who had been appointed Director of the University Hospital), it was noted that a satisfactory agreement about the Medical Center organization could be accomplished. The person in charge of the nursing care at the hospital would be an Associate Dean of the School of Nursing. The School of Nursing would share in this person's salary, who would be appointed only after consideration by the Dean.\footnote{Lad F. Grapski and William B. Rich, "Review, Comments and Recommendation in Regard to Nursing at Loyola University Hospital," 5, TD, 30 December 1966, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 18. Folder 12.}

In September 1966, Dr. Lodge presented the work of the faculty regarding the University Hospital, called "Guidelines and Suggestions for Nursing at the Loyola University Medical Center" to Father Maguire. A very
extensive document, the "guidelines" supported the concept of a collaborative model of nursing administration. 63

In December 1966, Dr. Sheehan, Mr. Grapski, and Dr. William Rich (Chief of Staff of the hospital) completed a document in response to the faculty guidelines. This document, also quite extensive, made it clear that the physicians and administrators were not interested in other than a traditional pattern of hospital organization. 64

During two meetings in July 1967 of representatives of the School of Nursing, the School of Medicine and the University Hospital, it was disclosed that the Director of the Department of Nursing would be administratively responsible to the Director of the Hospital, and not to the Dean of the School of Nursing. None of the suggestions of the Deans and faculty of the School of Nursing had been incorporated into the plan, furthermore, the agreement made in April 1966 appeared to have been forgotten. 65

Dr. Lodge appealed to Father Maguire, indicating that this organizational plan was twenty-five years behind the

63"Guidelines and Suggestion for Nursing at the Loyola University Medical Center 1965-1966," TD, 9, 16, 11, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 18, Folder 12.

64"Review, Comments," 2.

65Minutes of representative of Loyola University School of Nursing, Stritch School of Medicine, and Loyola University Hospital, TD, 10 July 1967 and 24 July 1967, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 18, Folder 14.
times, and that she believed that the hospital in reality was becoming the Medical School Hospital. Dr. Lodge stated that, "...as sure as the rain will fall, nursing as proposed by the faculty of the School of Nursing will be practiced in large University Medical Centers in the United States within ten years." 66

The controversy continued throughout 1967 and 1968. The faculty of the School of Nursing drafted a resolution to petition the President of the University and the Jesuit Board of Trustees to initiate dialogue to clarify: 1) faculty responsibility and authority in the University hospital; and 2) the future of the School of Nursing in the overall planning for professional education at Loyola University. 67 The faculty also communicated with Anne Zimmerman, Executive Secretary of the Illinois Nurses' Association, regarding lodging a formal protest of the lack of consideration of the School of Nursing regarding the medical center. 68 In June 1968, Dean Lodge asked Mrs. Patricia Lodge to Father James Maguire, TDS, 23 August 1967, Loyola University of Chicago Archives. Office of the President. James F. Maguire. Box 18. Folder 13.


Zimmerman to postpone this protest as, "...meetings were moving satisfactorily." It is interesting to note that, in February 1968, Dr. Lodge had written to Father Maguire that she was resigning as of June 30, 1969 as she could not condone what was happening to the School of Nursing.

The unfortunate situation concerning the medical center and the school of nursing is difficult to analyze. On one hand, the proposals of Miss Kiniery, Dean Lodge and the faculty of the School of Nursing were experimental, but not impossible. A collaborative model was already in place in Cleveland, and in the planning stages at the University of Rochester and Rush University in Chicago. Development of a new hospital presents an opportune time to institute innovative ideas; it is much more difficult to create change in an already established environment. On the other hand, the University administration cannot be faulted in its concern about the economic and social implications of such a different system. It is also apparent from documentation that there were some personal clashes during the early planning stages that perhaps established adversarial

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69 Ibid.


relationships among individuals that were never completely resolved. Dean Lodge often found it difficult to negotiate with those in control at the Medical Center. Father Maguire, supportive in his correspondence with Dean Lodge, advised patience and a more gradual evolution of the professional goals of the School of Nursing. The physicians and hospital administrators, especially Dr. Sheehan, were traditional and conservative in their thinking about the place nursing had in a hospital setting. Dean Kiniery pointed out an important aspect of the controversy in a letter written in 1980. She indicated that, "Unfortunately, during the period 1947-1966, the great drive was to separate education from hospital and MD control, and I suppose the pendulum swung too far as is the trend in human events." The reunion of service and education in nursing would not be an easy process.

Sister Margaret Mary Maloney became dean of the School of Nursing in August 1970. Sister had been the Assistant Dean at Boston College, and earned her MSN and PhD from Catholic University in Washington, DC.

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73 School of Nursing Newsletter, TD, Summer, 1970, Loyola University of Chicago Archives. Marcella Niehoff School of Nursing. Accession #89-30. Box 2.
During Sister Margaret Maloney's term as Dean, discussions continued among the faculty of the School of Nursing regarding their responsibility for nursing practice at the medical center hospital. There was no resolution to the conflict of ideas about the organizational structure which made nursing directly accountable to hospital administration. While lines of communication with Medical Center and University officials remained open, the reluctance to institute any major changes continued.

Another factor in the situation with the medical center was the physical separation of the School of Nursing and the Medical Center. Part of the funds obtained in 1966 for Damen Hall were designated for space at the Medical Center, and a small office area was allocated in the School of Medicine building when it opened in 1969. During her tenure as dean, Sister Margaret Mary worked to obtain more space at the Medical Center, so that all of the operations of the School of Nursing could be housed there. In 1972, she submitted a feasibility study for the erection of a School of Nursing building at the Medical Center to Father Baumhart, President of the University. (Father Raymond C. Baumhart assumed the presidency of Loyola in 1970, when

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Father Maguire retired.]75 Documentation is unclear as to the outcome of this proposal. The School of Nursing was given more space at the Medical Center in 1978, when one of the "cottages" belonging to Hines Veteran's Hospital was converted into offices, classrooms and conference rooms.76 However, this could not accommodate the total needs of the School of Nursing, and its administration remained at the Lake Shore Campus.

Sister Margaret Mary Maloney resigned as dean of the School of Nursing on June 30, 1974, and Dr. Julia Lane was appointed Dean.77 Dean Lane has continued to work toward the improvement of communication with the medical center, including discussion about moving the School of Nursing there.

A more peaceful coexistence is in place now, but there were unfortunate outcomes related to the controversy. The Medical Center lost the opportunity to establish a system of professional nursing care that would become a model for

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innovative care in the United States. The words of Dr. Lodge to Father Maguire in 1967 were prophetic; many medical centers have adopted elements of the 1966 "Guidelines."

Second, the School of Nursing continues to operate administratively from Lake Shore Campus. This creates physical and psychological barriers to effective relationships between the School of Nursing and the Medical Center.

**Marcella Niehoff Endowment**

The most important event of the 1970s was the endowment of the School of Nursing by Mrs. Marcella Niehoff. In 1979, Loyola University received a $3,000,000 benefaction from Mrs. Niehoff to endow the School of Nursing and establish a professorship there. Mrs. Niehoff had always been active in behalf of Loyola University and interested in health care through her work as a trustee at Resurrection and St. Alexius Hospitals. This was the third largest gift in the history of Loyola University, following those of Frank and Julia Lewis and Foster McGaw. The Board of Trustees immediately approved to change the name to the Marcella Niehoff School of Nursing.\(^\text{78}\)

This chapter discussed the growth and development of the School of Nursing during 1960-1980, as well as the

conflict and controversy. In reality, the entire history of the school has encompassed all of these elements. Since its inception at the turn of the century, the School of Nursing has responded to internal and external events in ways that shaped it into a model of Catholic nursing education at the university level. These responses will be summarized in the concluding chapter.
CHAPTER VIII

SUMMARY/DISCUSSION

The historic foundations of nursing education at Loyola University of Chicago were placed in 1916, when graduates from St. Bernard's Hospital Training School received their certificates of nursing from the Dean of the School of Medicine. From this groundwork evolved the Marcella Niehoff School of Nursing, which awarded over four thousand nursing degrees between 1935 and 1985. Chapter VIII will summarize that development, examine underlying themes, and explore further research in this area.

Summary

Documentation indicates that by 1920, relationships existed between Loyola University and five Catholic hospital nurse training programs. These relationships consisted of lectures by the School of Medicine faculty to the nursing students, use of the University facilities, and participation in University convocation ceremonies.

In 1935, a contractual agreement was made between the University and six hospital schools of nursing in which an organized program, five years in length, was offered which led to the granting of a certificate in nursing and a bachelor of science degree. This program was similar to the one established at the University of Minnesota in 1909, the first university program in nursing in the United States.
Initially under the administration of the University College, the School of Nursing became a free-standing school within Loyola University in 1948, largely due to the efforts of Miss Gladys Kiniery, second dean of the School. At that time, the agreements between Loyola University and the hospital schools of nursing were nullified. The curricula leading to the Bachelor of Science in Nursing and the Bachelor of Science in Nursing Education were revised to reflect a university-based nursing program. When the program was approved by the National League for Nursing in 1954, it became the first fully accredited collegiate school which included experiences in public health nursing in Illinois.

From that date until the present time, the School of Nursing at Loyola experienced rapid growth and development. For example, graduate programs for the preparation of nurse educators, administrators and clinical specialists were begun in 1964; the school relocated from the Lewis Towers Campus to a new facility on Lake Shore Campus in 1966; and an endowment from Marcella Niehoff in 1979 led to the establishment of a chair in nursing and a new name for the school.

In 1985, the Marcella Niehoff School of Nursing of Loyola University celebrated its Golden Jubilee with the theme, "Fifty Years of Education and Excellence: A Promise for the Future." The year was filled with professional and social activities which highlighted the growth and
development of the school. According to a News Release from the department of Public Relations at Loyola regarding the Jubilee, between 1935 and 1985, there had been 4,467 graduates from the Loyola University School of Nursing, 3,960 with undergraduate degrees, and 507 with master's degrees.  

Discussion

The history of the school of nursing is intimately connected with that of the medical school. The original impetus for involvement with hospitals that operated training programs for nurses was to provide clinical sites for the students in the School of Medicine. Loyola needed clinical affiliations of the highest quality for the medical students. At that time, the quality of the hospital often was directly related to the quality of the school of nursing, as the nursing students were the ones providing the majority of care. It can be speculated that Loyola University would have become involved in nursing education anyway, but the need for a Catholic school of medicine in the Chicago area clearly precipitated these relationships as early as 1916, when few universities were doing so.

Once the process of teaching nurses was in place, there was little doubt that a school of nursing would be established that would experience continued expansion. As is often the case, a major reason for this growth was due to the efforts of individuals gifted with insight, persistence and intelligence. For example, Father Patrick Mahan was diligent in his efforts to maintain connections between the University itself, the medical school and the Catholic hospital schools of nursing. Surely his experience as Archdiocese Director of Hospitals, regent of the School of Medicine at Loyola, and membership on the Board of the Catholic Hospital Association led him to appreciate the value of nursing education to both the University and the nurturing of Catholic health care in Chicago. At the same time, Sister Helen Jarrell proved to have the leadership skills to deal with five other religious orders of nuns, the physicians at the medical school, and Jesuit administrators, in establishing and maintaining a semblance of organization in the fledgling school which was in fact, several schools loosely connected.

The value of the futuristic thinking of Gladys Kiniery cannot be overestimated in terms of the reorganization of the school of nursing in 1948 into a university school in the most professional sense. Miss Kiniery was able to take a critical look at the existing situation and make changes with the least amount of distress to others. During her
tenure from 1947 to 1966, she utilized her tremendous energy and management skills to expedite curricular revisions and program planning that were the foundations for future of the school. She was also extremely successful in acquiring funds for various projects that were critical to the growth of the school.

University education of nurses began in the United States in 1909 and, by 1934, there were sixty universities that had some affiliation agreement with nursing schools. Forty-two of these were Catholic institutions, and twenty-three were operated by the Society of Jesus. Loyola University, St. Louis University and Creighton University in Omaha, Nebraska, were the first Jesuit institutions to establish nursing education as an independent department of the University. The reasons for Jesuit interest in nursing education are not within the scope of this study. However, the principles of Jesuit education were, and still are, critical to the development of individuals who profess to work in health care. The inculcation of the ability to analyze, synthesize and evaluate evidence in the pursuit of truth coupled with the foundations of philosophy and theology provides health care workers with the tools they need to face the quandaries often associated with this work. Physicians and nurses need the ability to deal with technology that often overshadows the importance of touch; ethical and moral dilemmas in which the "right" is sometimes
difficult to determine; and interpersonal tragedies that
many times are unbearable to watch.

The School of Nursing was shaped by changes in society
and the nursing profession, and by the principles of higher
education. The undergraduate program has been structured on
a solid base of general education courses since 1935. Concentration of the major at the upper division was
solidified in the curricular changes of 1974. Recognizing
that specialization in a profession is appropriately taught
at the graduate level, the Bachelor of Science in Nursing
Education program was discontinued in 1952; the graduate
program leading to a Master of Science in Nursing degree
opened ten years later. This program prepared nurses to be
professional leaders as teachers, administrators or clinical
specialists.

Loyola University has provided nursing students in
hospital training programs with the opportunity to earn
academic degrees since 1927, when an agreement was made with
the St. Bernard's and Mercy Hospital schools. This
agreement included the granting of sixty hours of academic
credit for courses taken by the nursing students which could
be applied to a bachelor's degree upon completion of their
training in the hospital school. This arrangement, later
called the "extension program," continued until 1967 when it
was discontinued due to low enrollments. It is estimated
that 17,000 nurses were involved in this process by that time.²

Loyola University acknowledged the importance of university-based nursing education in the 1920s, when it encouraged hospital training programs to emphasize education rather than service. The School of Nursing has continued this commitment ever since. In addition to the program for high-school graduates that leads to the Bachelor of Science in Nursing, the BSN completion program provides Registered Nurses with the opportunity to develop professionally. This program was initiated in 1952 as the Supplemental Program.

In response to the national need for nurses in World War II, the School of Nursing participated in the Nurse Cadet Program, which condensed the curriculum to two years. Later, the School of Nursing was to become part of another attempt to alleviate a nursing shortage, when it participated in the Illinois Associate Degree in Nursing Project. Unfortunately, the Associate Degree in Nursing programs turned out to be an obstacle to the drive to mandate baccalaureate preparation for entry into practice.

The concept of Associate Degree Programs, developed by Mildred Montag in 1952, was based on the establishment of two levels of practitioner—the technical nurse (ADN), and

²Ibid.
the professional nurse (BSN). However, since no provision was made for separate licensing, the difference between the two levels is obscure to most of the public, many physicians, and some nurses themselves. It is easy to recognize the fallacy of these developments in retrospect, but at the time, the School of Nursing was responding to the national need related to the nursing shortage.

**Future research**

The importance of certain individuals in the development of the School of Nursing at Loyola cannot be overestimated. The life and work of Sister Helen Jarrell and Dean Gladys Kiniery need to be explored and documented in biographical form. Their prestige as nursing leaders in the Midwest should be part of the collection at the Midwest Center for Nursing History. While reviewing the archival documents for this study, the researcher also noted the need for a similar history of the School of Medicine.

Decreased enrollments in schools of nursing have been a concern throughout the 1980s. Comparison of Loyola University as a tuition-driven school with one of the large, public institutions in the Chicago area (University of Illinois or Northern Illinois University) could provide useful data regarding enrollment management. The exploration

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of the Jesuit influence on nursing education in the United States would also be of interest.

Another area of future research would be an examination of the effect of the woman's movements in the 1900s and the 1970s on the development of nursing as a profession. It would also be interesting to compare public perceptions about women in other professions (medicine, law) with those of nurses.

Any history that encompasses more than fifty years will reveal positive and negative elements. Despite the controversies, the school of nursing has maintained quality undergraduate and graduate programs in the face of decreases in enrollment and a general disenchantment with nursing as a profession. Under the leadership of Dr. Julia Lane, the school continues to emphasize the concept of Christian service to care for the needy and ill which is a cornerstone of nursing.
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Loyola University of Chicago Archives, Office of the President:

Father James T. Hussey, S. J. collection
Father James F. Maguire, S. J. collection
Father Samuel Knox Wilson, S. J. collection
Office of the Vice President/Dean of Faculties:
Accession # 89-29
Father William Finnegan, S.J.
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Marcella Niehoff School of Nursing Collections:
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Golden Jubilee Collection
Office of the Dean
Other Collections, Loyola University of Chicago Archives:
Biographical files
Father William Kane, S.J. collection
Imogene King collection
The Newletter, Department of Preventative Medicine, Public Health and Bacteriology (shelved)
Box I3E (shelved)
Archives of the Archdiocese of Chicago:
George Cardinal Mundelein Collection