Events Affecting the Development of Nursing Education in Indiana (Part 3)
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Frances L. Kelly
Executive Director

Office Location
Indiana Professional Licensing Agency
Indiana State Board of Nursing
Indiana Government Center South Building
402 West Washington Street, Room W072
Indianapolis, IN  46204

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Phone (317) 234-2043
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E-mail: pla2@pla.IN.gov

Office Hours
Mon thru Fri
8:00am – 4:30pm

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Circulation includes over 100,000 licensed nurses and student nurses in Indiana
Events Affecting the Development of Nursing Education in Indiana (Part 3)

(by Laurie Peters, MSN, RN)

Nursing Education in the 1900’s and beyond

By the early 1900’s, several schools of nursing were in operation around the state. The most rapid expansion of nursing schools occurred in the early twentieth century as hospitals increased throughout Indiana. By 1908, over 70 hospitals and sanitariums were in place which required nurses (Allen, 1950). Until the 1930’s, nursing students provided the predominant workforce of the hospitals.

Class size grew from one student to thousands over the last century. To control and standardize this rapid growth, the ISNA was formed in 1903. An important and initial goal for this organization was to secure legislation for the examination and registration of nurses which was accomplished in 1905 through the establishment of the Board of Examination and Registration of Nurses (Indiana State Nurses Association, n.d.). This organization later became known as the Indiana State Board of Nursing and helped legitimize the profession of nursing throughout the state. According to Allen (1950), a charter member of the ISNA was quoted as saying, “Indiana was the seventh state to have registration for nurses. It was the first law of its kind passed west of the Appalachian Mountains; it was the first law for women put through by women” (p. 54).

In the early 1930’s, the great depression significantly impacted nursing education in Indiana and the United States. Hundreds of nurses were unemployed due to lack of jobs and overproduction of graduate nurses. Those who were employed received very low salaries. As hospital admissions decreased, so did the need for nurses. Many hospitals were forced to close some departments and in some cases, close their hospitals. Nursing school enrollments dropped and small schools unable to sustain themselves were closed, including three in Indiana (Allen, 1950, p. 62).

Although some smaller nursing schools were forced to close, the Indianapolis nurse training schools remained open.

World Wars I and II led to the influx of nurses into military services through increased federal support. The increased demand for nurses and exodus to assist in the war effort produced severe vacancies in nursing faculty, staff nurses, supervisors and student enrollment. In 1943, the Bolton Act was passed which provided necessary funding for nursing education, prepared nurses for military service and paved the way for future financial assistance for nursing programs (Allen, 1950).

However, by the end of World War II, another decline in nursing school enrollment occurred with a greater focus on public health issues, coupled with an expansion in the service sector. This change precipitated the need for additional educated nurses. By 1950, a new program in nursing was developed as an auxiliary service to assist nurses. Under the Indianapolis public school system, the first practical nursing program admitted students (Allen, 1950).

The 1940’s and 1950’s experienced a growth in nursing specialization in areas such as surgery, pediatrics, psychiatry, geriatrics and obstetrics requiring specific training programs. Nurses assumed greater responsibility, independence and diversity. Although only 2.3% of the nursing profession was male, they soon began to find greater interest in the nursing profession (McDonnell, 1994b). As the shortage continued, the demand for nurses exceeded supply. Nursing programs were encouraged to expand enrollments and develop new programs to meet the current and future healthcare needs of society.

The changing role of nurses from domestic duties to holistic and therapeutic care of patients occurred over time. Problems of social welfare and the complexities of the healthcare system were contributing factors associated with nursing and the role of women in society. By the 1980’s, women in Indiana comprised a large majority of jobs seen as traditional “women’s jobs”. In that category, 40 % were in professional and managerial positions, including 7,100 nurses. Job improvements for African American women came slowly since the 1920’s, demonstrating the continued racial and gender bias during this era. While many changes were occurring regarding social freedom and personal autonomy for women of all races and in all professions, there continued an unequal and often vulnerable status for women (Gabin, 1994).

Growth and expansion in industry, transportation, communication, healthcare, science and medicine across the county had significant impact on nursing education. As more hospitals were established, connections with medical departments occurred and nursing education became part of the university system. Uniform curricula were developed and standardized by the Board of Nursing. Courses in bacteriology, nursing history, chemistry, obstetrics, pediatrics, and medical and surgical nursing were added to the curriculum in the early 1900’s (Allen, 1950). By the 1950’s, nursing education moved from the training school, hospital-based model to the collegiate model. New educational paths were developed and included three-year diploma programs, two-year associate degree programs and four-year baccalaureate degree programs. Regulations specifying academic requirements for nursing instructors were implemented and schools continued to improve instruction to better prepare graduates for their nursing licensure examinations.

Conclusion

The twentieth century witnessed several improvements in standards of living, sanitation, longer life spans, medicine, medical treatments and economic growth and today, and as a result, nursing and nursing education faces new challenges. As noted by Heller (n.d.)

Population shifts in the United States have affected health care priorities as well as the practice of nursing. Due to advances in public health and clinical care, the average life span is increasing rapidly. . . . Significant increases in the diversity of the population affect the nature and the prevalence of illness and disease, requiring changes in prac-
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tice that reflect and respect diverse values and beliefs. Disparities in morbidity, mortality, and access to care among population sectors have increased, even as socioeconomic and other factors have led to increased violence and substance abuse. Nursing practice, education, and research must embrace and respond to these changing demographics, and nurses must focus on spiritual health, as well as the physical and psychosocial health of the population. Ethnic and racial diversity of nursing schools has increased dramatically, creating a rich cultural environment for learning. Schools of nursing must be prepared to confront the challenges associated with today’s more mature student body, and educational methods and policies, curriculum and case materials, clinical practice settings, and research priorities need to value and reflect the diversity of the student body, as well as the population in general. (p. 1)

A health care crisis looms in the future of this county and is based on merging issues: an aging baby-boomer generation; expanding career opportunities for women leading to decreased enrollment in nursing programs; an aging labor force including nurse educators; issues of inequality and respect surrounding the nursing profession; limited numbers of individuals pursuing nursing careers; and people living longer, in many respects due to expansions and advances in technology in healthcare (Reinhard et al., 2003). According to a study on healthcare and aging, Perry (2002) states: Today, February 27, 2002, nearly 6,000 Americans will celebrate a 65th birthday. Ten years from today, the U.S. will have nearly 10,000 people a day turning age 65. We have less than 10 years before the huge first wave of Baby Boomers ignites a Senior Boom. If the U.S. fails to reform professional health education . . . we can’t be surprised with the consequences. It will be a crisis that was a long time in coming and with plenty of warning. There will be no easy excuses. (p. 1)

There is enormous potential for health education programs to contribute to Indiana’s health professional supply. In order to meet the growing demands for more health care workers, there is an inexhaustible need for all resources, including faculty, financial, facilities, technical and support services (Byrd, 2003). Providing the necessary resources is the key to meeting the national and local demand for skilled healthcare providers. The current number of nurses and health professionals will be woefully inadequate in the future. The American people expect this problem to be fixed for themselves and their families. For healthcare and nursing education, an awaiting challenge is imminent in our future. Providing sufficient and high quality nursing education programs, while enticing more individuals into the profession, is one of the greatest opportunities for our colleges, universities, and our society.

References
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Even after more than 9,000 surgeries that have enabled our patients to lead healthier lifestyles, the fact still remains that weight loss is only part of the big picture at the Bariatric Weight Loss Center of Excellence at St. Vincent Carmel Hospital. We know that. Our patients know that. And our RNs certainly know that better than anyone else.

The fact of the matter is, there are many facets to helping complex, high-acuity patients with co-morbidities make positive lifestyle changes.

“Surgery is just the initial step,” says Ted Eads, MSN, RN, Director of Bariatric Services at St. Vincent. “We continue to see our patients even after surgery as they come back for other healthcare issues, support, and consultations. It’s this ongoing patient interaction that makes it so rewarding for our RNs.”

Founded in 1998 as part of the St. Vincent network, the Bariatric Center’s current state-of-the-art unit, which is specifically and solely dedicated to bariatric surgical patient care, was opened in the spring of 2003. This progressive inpatient care unit contains 28 private rooms and performs an average of 120 surgeries each month, drawing patients from throughout Indiana and surrounding states.

“We have recently attained the prestigious designation of ‘Center of Excellence’ by the American Society of Bariatric Surgery,” explains Eads, “this designation confirms the excellent quality of services and care we provide.”

Nursing members of this committed team of professionals particularly enjoy the opportunity to perform the “art” of nursing with a patient population that is exceptionally appreciative. This means a lot of caring, listening, coaching, teaching, and motivating. This also means a lot of cheerleading as patients move towards obtaining their goals.

“Nurses new to bariatric care really appreciate the expertise of the existing RNs on our floor,” explains Eads. “With a patient-to-nurse ratio of 3:1 and strong tech support, our nurses can concentrate on both the physical and emotional wellness of their patients much more easily.”

All new nurses in this unit are expected to have exceptional communication skills; sharp telemetry, assessment, and technical skills; and at least one year of med/surg experience preferred.

“Working with a population with chronic health disruptions can turn out to be truly rewarding,” says Eads, “on so many different levels.”

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Board Meetings

The Indiana State Board of Nursing meets on the third Thursday of every month. The meetings begin at 8:30 a.m. and continues until business has been completed. The public is invited to attend. It is not necessary to notify the Board if you wish to attend.

The 2007 meetings will be held in the Auditorium of the Conference Center, Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. If you have any questions about attending a meeting you may contact the Board at (317) 234-2043 or via e-mail at pla2@pla.in.gov

Meeting agendas will be available 6 days prior to the meeting at www.pla.in.gov Click on the “calendar & news” link.

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Need more information or have questions? Contact the Return to Nursing coordinator at returntonursing@stti.org or 317.634.8171.

*Return to Nursing* is funded through a grant from the Richard M. Fairbanks Foundation and administered by the Honor Society of Nursing, Sigma Theta Tau International in partnership with Clarian Health Network, Community Health Network, St. Francis Hospital and Health Centers, St. Vincent Hospital, and Wishard Hospital.
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Nikki Christian, OMHS Nurse

Nurses have numerous employment options. Sorting through offers and incentives can be challenging, especially for graduates with no previous nursing experience.

But for Nikki Christian it was a straightforward decision; the seasoned surgical technician knew where she wanted to put down her career roots.

“There was no question about where I wanted to work when I finished nursing school,” said Christian, who worked at hospitals in the Owensboro region for six years, “falling in love” with nursing while observing nurses during her tenure in hospital operating rooms.

Christian, who came to work at OMHS as a nurse extern following her third semester of nursing school, worked seven months in the Coronary Care Unit. Today, she is a nurse graduate and is a full-time Intensive Care nurse. She considers nurses at OMHS a significant part of her education.

“Our nurses are such great teachers,” she said. “The ones I have been assigned to work with are awesome.”

The next steps for Christian include a bachelor of science in nursing and eventually becoming a nurse anesthetist. But she said she knows where she wants to be.

“This is my home, that’s for sure.”

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### October 19, 2006 Meeting

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