The severe shortage of nurses caused by World War II prompted the first massive federal aid to nursing education. The program that resulted sparked improvements in nursing education.

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During the first year of World War II, the country suddenly faced an appalling shortage of nurses. The military nursing services drew nearly 30 percent of the active graduate nurses from hospitals, health agencies, schools, and institutions at a time when civilian demand for nurses was greater than ever. As the war picked up in tempo in late 1942, the wounded were arriving from abroad in increasing numbers; a bumper crop of babies and their mothers needed professional care; war boom areas were in desperate need of public health nurses; and through the new hospitalization insurance plans, millions of people in the country were receiving hospital care who had hitherto been unable to afford it.

Paradoxically, at the same time, hospitals were forced, due to lack of nurses, to close whole wards, sections, or even entire floors. A rapid build-up of students was considered to be the fastest way of replacing and expanding the hospital nurse force.

Although more than $5 million was appropriated by Congress in the 1942 and 1943 fiscal years to assist schools of nursing to educate several thousand additional students and offer refresher courses for nurses, this program was insufficient to prepare nurses fast enough to meet the mushrooming demands. What is more, job opportu-
nities for unmarried young women had reached an all-time high as business and industry, civil service, and the women's military services competed for the same pool of woman-power that the expanding schools of nursing were trying to tap. To deal with this crisis, the Federal Security Agency arranged a series of conferences, attended by representatives from all the major professional nursing and hospital associations, to explore possible solutions to the shortage. These deliberations resulted in an administration bill creating the U.S. Cadet Nurse Corps. It was introduced in the House of Representatives by Francis Payne Bolton, congresswoman from Ohio and became law on June 15, 1943. From July 1, 1943, to June 30, 1948, when the last students admitted to the corps had graduated, expenditures for the program amounted to $161 million.

Students admitted to the corps attended 1,125 participating schools and had all their educational expenses—tuition, fees, books, uniforms, maintenance, and monthly stipends—paid by USPHS. Candidates had to promise to engage in essential military or civilian nursing as long as the war lasted, and had to be between the ages of 17 and 35, in good health, and graduates with good scholastic records of accredited high schools.

The Bolton Act required that the period of nurse education be accelerated from the traditional 36 months to 30 months or less. That required a compromise since state boards of nursing at that time required a three-year program. Three levels of cadets were set up: pre-cadets, junior cadets, and senior cadets. Pre-cadets were students in the first nine months in the school, a time spent studying the basic sciences and fundamentals of nursing. For the next 15 to 21 months they were junior cadets. Senior cadets had actually completed their basic educational experience, but took a practice assignment in the home school or in another civilian, military, or governmental institution to make up the additional six months the states required. Seventy-three percent of the senior cadets stayed in their home hospitals.

A new Division of Nurse Education was created to administer the Bolton Act appropriations, which soon amounted to more than 50 percent of the entire USPHS annual budget. This division had three sections: the professional section with a staff of 25 nurse education consultants; the recruitment and public relations section; and the management section. Offices were eventually opened in six USPHS regions, each with at least one nurse education consultant, one public relations representative, and one auditor.

The excitement in the division infected the whole NIH. A new breed of nurse educators had come on board to visit the participating schools anywhere from one to half a dozen times to monitor the quality of the programs and facilitate improvement. This operation was headed by Lucile Petry (now Lucile Petry Leone), a petite, articulate, and intelligent young nurse.

Ms. Petry ran her office with notable ease and informality—by instinct, rather than by theory. She brought new authority to the job, played a vital role in getting the program off the ground, and laid the foundation for what was effectively to alter the course of nursing education throughout the country.

To recruit 65,000 new student nurses in FY 1944 and another 60,000 in FY 1945—about twice the number of students admitted to schools of nursing in peace time—a massive recruitment and publicity campaign was launched. All available media were used to spread the Cadet Nurse Corps message across the nation.

The attractive corps uniform for outside wear was a definite aid in recruitment; a uniform showed that one was doing one's part for the war effort. Indoors, every cadet nurse wore, with an identifying shoulder patch, the uni-

On duty cadets wore the uniforms of the schools they attended.

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Lucile Petry headed the program which recruited 125,000 students in two years.

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form of the school she was attending. Competition was not the only obstacle to meeting enrollment goals. Chief bottlenecks were housing, shortage of instructional personnel, and insufficient clinical facilities. Some $17 million was spent as the federal share of 239 nursing school construction projects under the National Defense Housing Act. This was the first program of federal aid to nursing school construction. In today's economy this would be the equivalent of over $51 million.

Teacher shortages were corrected in part by relieving faculty of nonteaching tasks, using non-nurse instructors, sharing faculty between schools, and sending promising new graduates away for advanced study. The clinical facility problem was attacked through affiliations and through experiences in such institutions as nursery schools. Psychiatric nursing affiliations were not usually offered in schools at that time, and their introduction not only upgraded many programs, but also frequently released space in the home school for increased student admissions.

Funds for postgraduate courses were also available under the Bolton Act. By the time the program ended in the 1946 fiscal year, $3,465,000 in federal funds had been spent for concentrated postgraduate studies in 57 universities and colleges for more than 10,000 graduate nurse students. In addition, on-the-job courses were provided by 70 institutions to help some 6,500 nurses improve their teaching and clinical skills.

The impact of the expenditure of $184 million (equal to $52 million 1975 dollars) in direct federal aid from FY 1942 to FY 1948 brought achievements that more than justified the expense. Eighty-seven percent of the schools of nursing across the country took part in the corps. Of the total admissions to schools from the summer of 1943 to August 1945, the Cadet Nurse Corps accounted for 83 percent.

Student enrollment soared from 85,000 in 1940 to 129,000 in 1946 before slipping back to 89,000 in 1949 as federal aid was phased out. It would be 1964 before enrollment in basic professional programs would approximate the 129,000 of 1946 and 1970 before admissions would equal the 67,000 of 1944. Similarly it would be 1968 before the number of students graduated annually reached the 41,000 of 1947.

Despite the fears among some nurse educators that the acceleration requirement and the heavy enrollments would yield an inferior type of student nurse, the effect was just the opposite. The war crisis required nurse educators to re-examine instruction to shorten programs, adjust the curriculum and course content, and evaluate the aims of nursing education and the kinds of institutions through which it should be offered. The result was an improvement in curricula with obsolete and repetitive content eliminated.

Most of the federal money went to students in the form of stipends, but the limited amount that did go to support educational activities constituted a bonanza for the almost penniless directors of nursing education and helped build the status of nursing education in many hospitals. The Cadet Corps requirement that there be a separate budget for the school resulted in consideration of the school as a separate entity, frequently for the very first time.

Of greatest significance, however, is the fact that these funds made it possible for schools to offer a better education for student nurses than was possible before. Schools not meeting standards had to employ more and better qualified instructors and to improve housing and educational facilities.

The Division of Nurse Education also pressed for measures which would improve student health and living environments. The division can be credited with making sure that student's work week, including both class and clinical experience, did not exceed 48 hours. Before this time, 55 to 75 hours a week was not uncommon for many student nurses.

Weak and marginal schools created problems. Lucile Petry Leone recalls:

"We were constantly walking on a tight rope between two sets of pressures ... on one side, "Keep the standards high," and on the other "You can't have standards at a time like this."

So that I think these regulations for the Cadet Corps could have been a lot more stringent, but they did tackle two or three things such as the fear that the hospitals would spend the money for something besides nursing education, and that they would continue to exploit their students. . . ."

Confronted with the necessity of salvaging as much of the nurse production plant as possible, the DNE consultants stimulated widespread reform in poor schools. In their many conferences, both in the schools and at the regional and national levels, they brought together nurses, young and old, who had a vision of better schools and were unfettered by the dogmas, cliches, and helplessness of the past. They encouraged experimentation with better arrangements of time, space materials, and personnel.

Even with all this assistance, however, some schools were unable to improve enough to qualify for funds. Consequently, they were unable to recruit students, who were drawn to the participating schools, and the number of schools declined from 1,311 in 1940 to 1,190 in 1950.

The DNE played a major role in fighting for true education for student nurses. A marked shift in the preparation of nurses was spearheaded by federal standards. This shift might be characterized as moving from what, in 1940, was generally training to what was, in 1950, education.

Without the help of the DNE programs of the 1940's this shift would not have occurred during the years when hospital administrators and physicians were emphasizing expediency, and the idea was prevalent that professional standards should be suspended for the duration of the war.