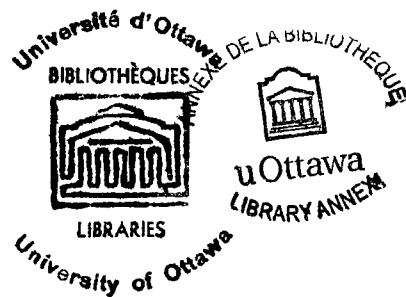


TRENDS IN INTEGRATED BASIC DEGREE NURSING
PROGRAMS IN CANADA 1942-1972

by Marie A. Bonin

Thesis presented to the School of
Graduate Studies of the University
of Ottawa as partial fulfillment of
the requirements for the degree of
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CURRICULUM STUDIORUM

Marie Bonin was born November 15, 1932, in McCreary, Manitoba. She received the Bachelor of Science in Nursing from l'Institut Marguerite d'Youville, Université de Montréal, in 1960 and the Master of Science in Nursing from The Catholic University of America, Washington, D.C., in 1965. The title of her thesis was The Historical Development of One Aspect of Curriculum Development and Improvement in Nursing Education, 1873-1963.

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INTRODUCTION

Nursing education developed in settings outside the sphere of universities. Since its inception in 1860, the first nursing school founded under the leadership of Florence Nightingale was placed in the hospital and there it remained rather firmly entrenched for many decades¹.

The Nightingale pattern conceived at St. Thomas's Hospital in London, was subsequently modified in its most essential features as an educational institution for nursing students. Some of its more vulnerable aspects were exploited for purposes other than education as hospital nursing schools mushroomed across Canada in the late nineteenth century and in the first decades of the twentieth century. Long hours of unsupervised work unrelated to theoretical studies or to students' educational needs, coupled with a narrow procedure-centered study of nursing produced an expert technician rather than a broadly educated professional nurse².

So deeply time-honored became this system of nursing education in the eyes of the public, hospitals, the medical profession and even among nurses themselves that it became

1 John Gibbon, Three Centuries of Canadian Nursing, Toronto, MacMillan, 1947, p. 106-110.

2 Alma Reid, "The Place of Nursing in the University", in The New Zealand Nursing Journal, Vol. 58, No. 9, April 1965, p. 6.

difficult to imagine nursing, like other professions, as belonging to a university setting for the education of its practitioners. Literature reveals that the education of Canadian nurses remained solely in this rather crude apprenticeship pattern for nearly half a century, namely, from 1874 to 1919.

The immediate first post-war years marked a new era in nursing education. The first connection between nursing education and a Canadian university was signaled in 1919 with the birth of the Department of Nursing at the University of British Columbia³. Nevertheless, the struggle for nursing education to prove that it could justify full status as a respectable discipline in Canadian universities had just begun. With courses leading to certificates and diplomas, with post-basic and basic non-integrated degree programs, the way to authentic higher education in nursing was fraught with much doubt, soul-searching and apparent hostility on the part of many groups including both nurses and universities.

Although nursing education entered the first university setting in 1919, nurse educators waited and struggled until

³ Maude McLeod, "The University and the Training School for Nurses, Vancouver General Hospital", in The Canadian Nurse, Vol. 15, November 1919, p. 2100-2103.

1942 to witness the establishment of the first basic integrated degree nursing program under the complete aegis of the University of Toronto School of Nursing⁴. In the intervening years between 1919 and for three decades after 1942, pioneering nurses approached twenty-two Canadian universities for advanced preparation in nursing. Most universities were conservative and cautious in their involvement with this new field. Amid a welter of organizational arrangements and patterns which included certificate and diploma courses, basic non-integrated and post-basic baccalaureate nursing programs of varied lengths, objectives and content, nurse educators struggled to upgrade and reform the preparation for nursing education while enlisting the hesitant cooperation of some universities.

During the three decades, between 1942 and 1972, a new pattern of university education in nursing was gradually unveiled. Due to the fact that nursing education was hallowed by many non-educational traditions and practices, pioneer university educators required almost thirty years, that is from 1942 to 1970, to place the professional level⁵ of nursing education within twenty-two Canadian universities. How did

⁴ University of Toronto, Calendar 1942-1943, Toronto, School of Nursing, p. 7.

⁵ Helen K. Mussallem, A Path to Quality, Ottawa, Canadian Nurses' Association, 1964, p. 90.

these programs come into being? Through what influences? What events occurred? These are some of the questions which prompted the writer to investigate this area of research.

This study seems timely. Some provinces are about to begin research in relation to professions; recently, a Commission recommended that "consideration should be given to asking the federal government to undertake, jointly with the provinces, a national study of the professions and professional education"⁶.

Letourneau⁷, in a recent study, identified emerging trends in the basic diploma nursing program at the post-secondary level within the provincial systems of education in Canada. The area of research pertaining to university nursing education was, however, left untouched. The present parallel study purports to gather, analyze and interpret data with a view to studying basic degree programs in university nursing education, excluding the graduate level of university education in nursing.

The foregoing leads into the purpose of this research. The purpose therefore, is to identify trends in the development

⁶ Commission on Post-Secondary Education in Ontario, Professional Education: A Policy Option, Toronto, Queen's Printer, 1972, p. 8.

⁷ Marguerite Letourneau, Trends in Basic Diploma Nursing Programs Within the Provincial Systems of Education in Canada 1964 to 1974, Unpublished doctoral thesis, Ottawa, University of Ottawa, 1975, ix-415 p.

of basic integrated degree nursing programs in Canadian universities.

Statement of Problem.

The problem of this study is best stated in the form of a question. What are the trends in the development of basic integrated degree nursing programs within Canadian universities situated in various regions and within specific periods? The following sub-questions guided the writer in this research:

- a) What are the factors which contributed to the establishment, development and evolution of the twenty-two basic integrated nursing degree programs within Canadian universities?
- b) What similarities and differences existed and continue to exist among basic degree programs analyzed according to periods, regions and the following specific themes: nature of programs, curricula, students and faculty?
- c) What obstacles and issues confronted basic integrated nursing degree programs on a regional and national basis?

Definition of Terms.

Integrated basic degree program in nursing refers to a generic, undergraduate program, leading to a degree in nursing which is planned, controlled and implemented under the aegis of a university; a concurrent arrangement fusing general education, nursing theory and practice throughout the

duration of the program characterizes this university undergraduate program.

The professional baccalaureate degree offers parity with similar professional degrees in the same university, prepares the person to practise nursing and to qualify for licensure or registration examinations according to provincial nursing association requirements. These integrated basic degree nursing programs which total twenty-two are listed in Appendix 1.

All other programs offered in university schools of nursing such as the basic non-integrated degree (1 + 3 + 1) or the post-basic degree programs (3 + 2)⁸ in which the nursing component of the program is obtained outside the control of the university are excluded. Henceforth, the basic integrated degree nursing program will be labelled "basic degree".

Trends in the development of basic integrated degree programs in nursing is viewed as movement perceived primarily through events. It describes the evolutionary process denoting progressive action, namely the preparatory phases leading to the establishment of the twenty-two basic integrated degree nursing programs, as well as their growth and expansion.

⁸ In the 1 + 3 + 1 and 3 + 2 pattern, the underlined numbers refer to the number of years spent in the hospital diploma program outside the jurisdiction of the University.

Regions describe the four existing geographic divisions of the Canadian Association of University Schools of Nursing⁹. Over the years, these varied in number, there being two, from 1942 to 1965¹⁰. In 1972¹¹ four geographic divisions are recognized by the same association of University Schools of Nursing, namely the Western Region, the Ontario Region, the Quebec Region and the Atlantic Region. The schools members of CAUSN and included in each region in 1972 are included in Appendix 2. University schools of nursing not members of CAUSN are not included in the study.

Periods consist of arbitrary chronological divisions in time within which integrated degree nursing programs developed. These divisions are established according to decades starting from 1919 to 1972 inclusively. In the core of this research the decades reviewed are the following: 1942-1952, 1953-1962, 1963-1972. The rationale behind these divisions hinges on the fact that the first basic degree program in nursing was inaugurated in 1942 and the last was firmly established by 1972.

⁹ Canadian Association of University Schools of Nursing, refers to a voluntary association which represents the twenty-two university nursing schools. The name has evolved since its inception in 1942. Henceforth, it will be known as CAUSN.

¹⁰ Minutes of the Ad Hoc Committee on Higher Education for Nurses in Canada, Ottawa, Canadian Nurses' Association, Oct. 12-13, 1965, 3 p.

¹¹ Canadian Association of University Schools of Nursing, Information, Ottawa, CAUSN, [1972], 3 p.

Assumptions.

The following basic assumptions were made for purposes of this study:

1. That trends in the development of basic integrated degree nursing programs can be identified according to regions and established periods.
2. That despite the fact that basic integrated degree nursing programs developed within the realm of a certain individualism among universities, common features exist in the development of programs within each region and between regions. Thus, definite patterns evolved on a national level.

Methodology.

Prior to this study, the writer researched the historical aspect of leadership in curriculum development and improvement in nursing from 1893 to 1963 in the United States¹². The basic data, contained in this study, in addition to literature related to Canadian higher education, were perused to determine what research had already been completed in the area of baccalaureate education in nursing.

The official Journals of the Canadian Nurses' Association, The Canadian Nurse (1905-1972) and L'Infirmière

¹² Marie Bonin, The Historical Development of One Aspect of Curriculum Development and Improvement in Nursing Education, unpublished Master's dissertation, Washington, D.C., The Catholic University of America, 1965, iv-117 p.

Canadienne¹³ (1958-1972) were reviewed systematically to obtain background knowledge on the topic, and later, to verify information concerning baccalaureate education. The minutes, briefs and regional reports since the inception of CAUSN¹⁴ likewise served as important primary source data.

A next step was to ask the Directors of the twenty-two basic degree programs to send copies of calendars from their respective initial date until 1972 inclusively. Calendars not obtained from respective universities were sought at the National Library in Ottawa. From the nine Provincial Nurses' Associations, where basic degree programs exist (basic degree programs being non-existent in Prince Edward Island), briefs to Royal Commissions on Education and Health were obtained and reviewed.

For the sake of obtaining uniform data, a number of questions were developed and served as guidelines in conducting personal interviews, telephone calls and obtaining written information (Appendix 4). Directors of University Schools of Nursing were also asked to submit names of key people involved in the development of respective basic degree programs. This systematic gathering of oral material and hand-written

13 L'Infirmière Canadienne, the French counterpart of The Canadian Nurse, was first published in 1958.

14 Documents were obtained from a former secretary of CAUSN.

documents, from some former key nursing leaders who now view basic degree programs in retrospect, was regarded as a vital step toward the obtaining of primary documents. The first witnesses of a fact were likewise considered an important primary source.

Interviews were arranged with directors of University Schools when they convened for meetings of CAUSN and The Canadian Nurses' Association. These interviews helped to confirm and establish authenticity of data. An effort was made throughout to obtain primary source materials.

Documents and sources reviewed and considered primary data were the following: University schools of nursing catalogues, reports and briefs submitted by nursing associations and allied health and education commissions, minutes of CAUSN from 1942 to 1972, reports of studies of the latter, national and provincial nurses' association reports, histories and pertinent biographies.

An eclectic approach was utilized to collate, arrange and analyze elements systematically in this historical research first, to obtain and then, to deduce answers concerning basic degree nursing programs. In the process of development it was deemed necessary and meaningful to resort to a combination of approaches; the geographical, thematic and chronological approaches were used concurrently. Data were selected, described, analyzed and interpreted according to specific

regions, themes and periods. It was then necessary to view the entire process on a national basis and generalizations were deduced.

Owing to the nature of this study, an attempt was directed throughout the process of data collection to determine the authenticity of sources through the process of external and internal criticism. The genuineness of documents to ascertain authenticity, credibility of evidence and content validity were uppermost in the mind of the writer. Added clues were often needed to verify trustworthiness of statements made by persons who did not witness events such as the establishment of programs. On the other hand, witnesses too close to the scene could well lack objectivity. Statements were therefore counterchecked for credibility. Discrepancy was sometimes discovered between the written and real life situations.

In addition to the geographical approach, the data in Chapters II, III, IV, V are presented according to the chronological and thematic approaches. The following themes were analyzed for each of the four geographic regions: origins of programs, developmental processes, factors influencing the establishment of nursing education within respective universities, nature of programs, curricula, students, issues and obstacles. A summary within the respective geographic regions follows.

In the process of analyzing relationships among programs, data extracted from Tables I, III, V and VII concerning non-integrated nursing programs presented in Chapter I, were brought out to identify relationships between basic degree programs and non-integrated baccalaureate programs.

Influential factors in the establishment and development of basic degree programs are viewed as a vital and important aspect of this study. Events either favoring or inhibiting the establishment of programs were gleaned from literature and key people involved; inter and intra-regional comparisons were then attempted. Responses obtained from key persons were labelled basic data in the core of this research.

Basic degree nursing program objectives and level of preparation expected of new graduates were two major items in reviewing the theme, nature of the programs.

Of special interest in the core area was the theme labelled Curriculum. Although basic degree programs varied widely in content, clinical experience, and course description, it was possible to analyze within and between universities, on a five-year basis, the content related to general education and to the nursing components. In the area of Curriculum, data related to liberal education were categorized under headings which comprised Natural and Biological Sciences, Social Sciences, Humanities. The wide variety of nursing courses among universities, the different academic units of

measurement and the fragmentation of subjects made it difficult to categorize the nursing component. Nursing content was, however, classified under six major headings to include Introduction to Nursing, Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Care Nursing, Public Health Nursing and Leadership in Nursing. All nursing courses were categorized under these major headings. Individual courses were included for each five-year period within the Appendices.

Students were also viewed from several viewpoints according to a thematic, chronological and geographic approach. Admission requirements and annual tuition fees were reviewed on a five-year basis; number of admissions, enrolments and graduations, including male and female students were reviewed annually.

The theme, issues and obstacles, was then discussed. A synthesis of trends was subsequently presented for each region according to the selected themes studied within the regions.

Limitations.

A study of this nature marks a first in Canada. The time-span covered, the scope and complexity of the topic under scrutiny compelled the writer to classify data under a number of specific themes and time periods. In the process of interpretation, no attempt was made to view the data against the

broader context of educational, health, social, economic and political changes occurring during the various periods. Such an analysis undoubtedly would have enhanced the value of the research. More concretely however, adding breadth to the study could only serve the felt difficulty of ensuring depth. The writer is of the opinion that such an analysis could, in itself, constitute an independent study.

The research covered a vast period of time. Sources of reliable data were rare and, when available, these were difficult to validate. University calendars, interviews and questionnaires constituted the major sources of data. Calendars are considered genuine historical documents¹⁵, but the writer acknowledges the fact that these may at times fail to reflect program changes with the same rapidity as they occur. All annual calendars were verified however and not only those from which years data were selected. Regardless of the drawbacks, calendars were regarded as the most trustworthy primary source available.

An interview guide and questionnaires served as a basis in obtaining information from earlier leaders as well as from nursing educators who more recently assumed positions within universities. This approach helped to capture the

¹⁵ Carter Good, A.S. Barr, D. Scates, The Methodology of Educational Research, New York, Appleton, 1941, p. 252.

past as well as the present. Considering the lengthy time-span covered and cognizant of the fact that present faculty members could not always recall or interpret changes in earlier periods, calendars, though not a unique source of information, appeared to contain the most valid data related to curriculum development over the years. Additional information was, however, sought from directors, minutes of professional meetings, university and national archives, government reports and other related documents.

It would have been possible to examine and appreciate the influence of American nursing associations, such as the National League for Nursing, on basic degree curriculum development in Canada. The breadth of the present study did not allow the writer to consider factors beyond Canadian boundaries.

The variety of curriculum approaches which emerged particularly in the last period could not adequately be reflected in the rigid categorization selected at the onset of this study. It also proved difficult to assign academic values to courses, classes, units and credits. A choice being required, the author opted for continuity in the interpretation of data. The pros of this method appeared to outweigh the cons of utilizing a variety of categorization in presenting data according to the three periods. Again, a study of emerging approaches in curriculum development in the various periods could constitute a separate study.

Organization of the Report.

Subsequent to an introduction, the statement of purpose, the problem and sub-questions, assumptions and methodology, the report of this study is presented in six chapters.

Chapter I offers an overview of university nursing education and discusses the historical background of basic degree programs. The non-integrated programs, comprising basic non-integrated and post-basic programs are considered from 1919 to 1972.

In Chapters II, III, IV, V, constituting the core of this research, the regions are presented in a different order than in the historical background. The rationale behind this order of presentation lies in the fact that during the period 1942-1952, the Ontario Region was the first and only region to possess basic degree programs¹⁶. Similar to the presentation in the historical background, the regions eastward, the Quebec and Atlantic Regions are then consecutively studied. The Western Region is the last to be discussed and analyzed; this seemingly arbitrary choice of presentation was based on the observation that the University of Calgary School of Nursing was the last of the twenty-two basic degree programs to be inaugurated in the Western Region and in Canada, namely

¹⁶ University of Toronto, Calendar 1942-1943, p. 7.

in 1970¹⁷.

A resumé sums up each of the four respective regions covered in Chapters II to V. From these syntheses emerges the sixth chapter, the latter depicting trends in basic degree programs from coast to coast.

The study concludes with the summary and conclusions, followed by an annotated bibliography and appendices.

¹⁷ University of Calgary, Calendar 1970-1971, Calgary, School of Nursing, 1970, p. 11.

CHAPTER I

HISTORICAL BACKGROUND

The present chapter is an overview of the four regions concerned with university nursing education in Canada. It covers the span of time which began in 1919, when nursing education gained its first foothold in a university, namely at the University of British Columbia¹. This pioneering effort was carried under the leadership of a physician and a well-known authority in hospital accreditation, Dr. Malcolm T. MacEachern. The overview ends in 1972 with the firm establishment of the latest basic degree program in Canada.

The regions in this first chapter are reviewed and presented in the following order: first the Western Region, where nursing education developed its first linkage with The University of British Columbia in 1919, then the Ontario Region, followed by the Quebec and Atlantic Regions. A brief national overview covering the historical background between 1919 and 1972 finalizes this chapter.

¹ The University of British Columbia, Announcement, Session 1922-23, Vancouver, Department of Nursing, 1922, p. 1.

1. Overview.

Basic degree programs began in Canadian nursing education at the University of Toronto in 1942². These were gradually established over the three decades between 1942 and 1970; in 1970³ there were a total of twenty-two University Schools of Nursing offering a basic degree in Nursing.

The core of this study is primarily concerned with the establishment and development of basic degree programs within the years 1942-1972. Many of these evolved from other types of non-integrated curricula. This historical background will consider these non-integrated degree programs according to regions. The development and subsequent closure of the basic non-integrated course of studies was regarded as bearing an influence on the establishment of corresponding basic degree programs. From this rather unwieldy preparatory era, there evolved a general framework of generic programs.

Until 1919, when the first university course in nursing emerged in our country, Canadian nurses who wished to pursue any form of higher education in nursing beyond a hospital nursing course, had to seek such preparation in the

² University of Toronto, Calendar 1942-1943, Toronto, School of Nursing, 1942, p. 7.

³ Canadian Association University Schools of Nursing, Information CAUSN, Ottawa, The Association, [1972], p. 3.

United States. Many of our far-sighted nurse educators had been teachers before becoming nurses; after studying abroad, some never returned to Canada for full-time positions; nevertheless, they exerted a strong influence on the development of nursing education in Canadian universities. To consider a few of the nurse pioneers, mention is first made of Isabel Hampton Robb. A Canadian by birth, she contributed greatly to the creation, in 1899, of the first degree course for nurses in the United States at Columbia University. This was the Hospital Economics Course, at Teachers College⁴. The second, Miss Robb's student, Adelaide Nutting, another Canadian by birth, who directed the previously-mentioned program after 1907 became "the first professor of Nursing in the world"⁵. Her student and successor at Teachers College, Isabel Maitland Stewart was a graduate nurse of the Winnipeg General Hospital and also a recognized nursing leader in America⁶.

⁴ Teresa Christy, Cornerstone for Nursing Education, A History of The Division of Nursing Education of Teachers College, Columbia University 1899-1947, New York, Teachers College Press, 1969, p. 12-25.

⁵ Muriel Chapman, Nursing Education and the Movement for Higher Education for Women: A Study in Interrelationships 1870-1900, Ann Arbor, University Microfilms, 1971, p. 455.

⁶ Isabel M. Stewart, "A Fifty-Year Record of Educational Leadership in Nursing", Forty-Ninth Annual Report, New York, National League Nursing Education, 1943, p. 135-145.

It is possible to recognize the influence exercised on nursing education by these Canadian nurse pioneers in the United States and also in Canada, their native homeland. The interchange of ideas, writings, speeches, personal contacts between them and the leaders of our first university programs bear their earmark. As early as 1908, Isabel Stewart, a Canadian-born nurse of Teachers College wrote a leading article in The Canadian Nurse expressing her hope that before long, a course similar to that offered in Columbia University might be available at a Canadian university⁷.

In 1918, prior to the initial move inside the University of British Columbia, Canadian nurses invited another Canadian from Columbia, Adelaide Nutting, to give the address at meetings of the Canadian National Association of Trained Nurses and the Canadian Association of Nursing Education, the forerunner associations of our present national nursing association, The Canadian Nurses Association⁹.

Was Nutting prophesying when she stated, in 1918, that she would soon expect McGill University to have groups of nurses in caps and gowns presented for their degree by the

⁷ Isabel M. Stewart, "The Hospital Economics Course", The Canadian Nurse, Vol. 5, May 1908, p. 122-124.

⁸ Margaret Street, Watchfires on the mountains: the life and writings of Ethel Johns, Toronto, University of Toronto Press, 1973, p. 119.

⁹ Henceforth, this association will be labelled C.N.A.

Dean of a School of Nursing¹⁰? Her speech made a vigorous plea for universities to open their doors to nursing education further deepening the need to bypass prejudices and established customs. It is pertinent to recall that women did not have access to higher education until the twentieth century. In this vein, Chapman wrote:

Women who broke the barriers erected by all-male schools recognized that separate education was unequal education. In much the same fashion did the professional development of nursing suffer from the barriers which separated it from the educational systems provided by and for other professions.¹¹

In fact, a leading Canadian University admitted that "it was the pressure of the post-war years which compelled the university to accept women"¹².

That same year¹³, 1918, Isabel Stewart, Professor in the Department of Nursing and Health, Columbia University, addressed the Second Annual Convention of the British Columbia Hospital Association. Dr. Malcolm T. MacEachern was president of this Association. He had sought Miss Stewart's advice concerning the future first University School of Nursing which

10 Mary Adelaide Nutting, "War Conditions in the Nursing World", in The Canadian Nurse, Vol. 14, 1918, p. 1292-1303, 1352-1355.

11 Chapman, op. cit., p. 532.

12 Barbara Logan Tunis, In Caps and Gowns, The Story of the School for Graduate Nurses McGill University 1920-1964, Montreal, McGill University Press, 1966, p. 2.

13 Street, op. cit., p. 119.

was to open at the University of British Columbia.

Street, who studied the origins of the University of British Columbia School of Nursing wrote:

Dr. MacEachern's interest in nursing education stemmed from his commitment to improving the quality of hospital services in general and those of his own institution in particular. The Hospital Standardization movement, of which he was a recognized leader, was gathering momentum in both the United States and Canada [. . .] but he recognized that achievement of excellence demanded high standards of nursing, which in turn depended upon the calibre of education which students received in the Training School. He [was the first to have] visualized a potential role for the university in this area.¹⁴

Spurred by this consultation with Stewart, it was almost anticipatable that the combined nursing course at Columbia became the model of our basic non-integrated Canadian nursing programs. For clarification purposes, it is necessary to describe the non-integrated degree programs in nursing associated with universities. The nomenclature identified in the nursing education literature during the first periods does not always conform to the present accepted terminology found in university settings. In this study, the non-integrated programs include both the post-basic programs for registered nurses and the basic non-integrated programs for high school students in which the nursing component of the curriculum was outside the jurisdiction of universities.

¹⁴ Street, op. cit., p. 115-166.

The first nursing course begun at the University of British Columbia¹⁵ became the Canadian prototype of the pattern which came to be known as the non-integrated degree nursing course or the 2+2+1 or 1+3+1 course in which the university assumed no responsibility for the two or three years of nursing preparation in a hospital school of nursing.

Ethel Johns was to become the first university nurse professor in Canada¹⁶. This pioneer educative role was not the only one Johns assumed. Street commented:

Once the establishment of the degree programme was assured, the Vancouver General Hospital started to seek a director of nursing who would be competent also to meet the demands of the position within the University [. . .] It was further agreed [. . .] that the University would not be asked to assume any financial responsibilities in respect to the Department of Nursing [. . .] Miss Johns' salary is chargeable in full to the General Hospital and to the funds provided by the Red Cross.¹⁷

Evidence of what this pioneer nurse educator encountered in her innumerable concomitant roles is described in the following abstract:

15 Frances Emily Lyre, "University Courses for Nurses, University of British Columbia", in The Canadian Nurse, Aug. 1927, Vol. 23, p. 408-410.

16 Maude McLeod, "The University and the Training School for Nurses, Vancouver General Hospital", in The Canadian Nurse, Vol. 15, November 1919, p. 2100-2103.

17 Street, op. cit., p. 128.

Under the circumstances, Miss Johns' impression was doubtless well founded that the Graduate Nurses' Association was 'aloof' in its attitude toward the degree course [. . .] A problem which caused Miss Johns considerable anxiety during the same period was the open hostility of some of the staff doctors toward the degree program.¹⁸

Street summarized the situation by adding: "Advanced education for nurses found both its greatest champions and most vigorous opponents among members of the medical profession"¹⁹.

In this first basic non-integrated course, the University of British Columbia conferred a degree for nursing courses over which it exercised no control. Moreover, as King indicated, two contrasting environments, one institution oriented solely to education, the university, the other dedicated mainly to service, the hospital, made entirely different demands on the nursing student²⁰.

King²¹ was also of the opinion that non-integrated courses were a deterrent to the progress of nursing education. She added that these programs produced confusion in the minds of nurses and people at large. It was felt that nursing students were the least well served "as they were encouraged

18 Ibid., p. 130.

19 Ibid.

20 M. Kathleen King, "The Development of University Nursing Education", in Nursing Education in a Changing Society, ed. Mary Innis, Toronto, University of Toronto Press, 1970, p. 72.

21 Ibid.

to enter baccalaureate programs in nursing that were second-class in relation to other university programs"²². In spite of the weaknesses found in these nursing programs, traditions die hard; basic non-integrated nursing programs were maintained until the late 1960's in most universities which had previously begun them.

Another trend in university schools of nursing was a two-fold pattern in which three-year hospital diploma graduates took supplementary courses at university either for a one-year post-basic certificate program or a two-year post-basic baccalaureate degree program²³ in nursing. Good described this as 'layer-cake'²⁴ styled education. Distinct breaks of one, to as many as twenty or more years, were common between any portion of such programs, either after the hospital diploma course, or between the first year of Arts and the last year which was often similar to any post-basic certificate programs. Nurses slowly and gradually came to realize "that in professional maturation of nursing, narrow technical specialization is not sufficient but rather quantitative and

22 Ibid.

23 Shirley Good, "Post-Basic Baccalaureate Education for Nurses in Canada", in International Nursing Review, Vol. 16, No. 2, p. 148-152.

24 Ibid., p. 147.

qualitative general knowledge is requisite"²⁵.

Bridgman described this "deceptive pattern" of nursing education adopted by many universities.

There has been an overemphasis on degrees as such, without sufficient understanding of the content and quality of the education they represent [. . .] As one university administrator phrased it, "The hospital school of nursing has always turned out good nurses; why shouldn't we give them college credit and a degree?" [. . .] Many universities have misunderstood the purpose of higher education in nursing, thinking that all that was needed was general education. Some educators seem to assume that the more education students have that is outside the field of nursing, the better justification there is for a degree in nursing, regardless of the quality or content of the program in nursing itself or of any integration between the two parts.²⁶

Diploma, viewed by the writer as a misnomer, is one term frequently used in the nursing literature. The term could signify either a three year basic course in nursing associated with a hospital or even a specific university²⁷. Among these, the University of Saskatchewan "in 1954 inaugurated a three-year diploma course for high school graduates"²⁸. In several university settings also, the term diploma referred to a course more advanced than certificate courses but not

25 Ibid., p. 148.

26 Margaret Bridgman, Collegiate Education for Nursing, New York, Russell Sage Foundation, 1953, p. 118.

27 University of Saskatchewan, Calendar 1954-1955, Saskatoon, School of Nursing, 1954, p. 333.

28 University of Saskatchewan, Calendar 1967-68, Saskatoon, School of Nursing, 1967, p. N2.

leading to a degree. The University of Toronto, for example introduced a four-year diploma course in 1926²⁹; this course consisted of two years in the university (the first and fourth), and two years in a hospital school. Pioneer nursing educators in the 1930's were more intent on obtaining an educated nurse with knowledge of the curative and preventative than producing a degree-granting program³⁰. McGill University, as early as 1922, also awarded a diploma and not a degree on the satisfactory completion of a two-year post-basic course in teaching and administration³¹.

The historical background of basic degree programs in the four University nursing regions is now considered separately, the Western Region being discussed first.

2. Western Region.

The Western Region, which, as of 1972, comprised five University Schools of Nursing can rightly claim to be the first among the four regions to have brought nursing education

29 Helen Carpenter, "The University of Toronto School of Nursing - An Agent of Change", in Nursing education in a changing society, ed. Mary Innis, Toronto, University of Toronto Press, 1970, p. 86.

30 Florence Emory, "Some Observations on the Early Development of the present day Faculty of Nursing at the University of Toronto", in Personal written document sent to the writer, Aug. 26, 1974, p. 3.

31 McGill University, Session 1922-23, Montreal, School for Graduate Nurses, 1922, p. 9.

within the realm of Canadian universities. Table I illustrates the basic non-integrated and post-basic degree programs in this region during the years extending from 1919 to 1972. This table further indicates the year in which both types of programs came into being, were terminated and/or were still in existence in 1972. In subsequent chapters, the writer will identify some relationships between the non-integrated and the development of basic degree programs in each of the four regions.

Table I also illustrates the fact that for the total span of time between 1919-1972, the Western region was continuously engaged with non-integrated programs, this, either with the basic non-integrated and/or the post-basic baccalaureate program.

Margaret Street, Professor Emeritus of University of British Columbia School of Nursing and historian, described the origin of the Department of nursing at the University of British Columbia and the establishment there of the first baccalaureate degree program in nursing in the Commonwealth. She described the influence of the two key persons, MacEachern and Johns, in the following manner:

Table I.-

Basic Non-integrated and Post-basic Degree Programs in the Western Region from 1919 to 1972.^a

University	1912	1922	1932	1942	1952	1962	1972
British Columbia					1951.		
		1919.				1959	
Alberta					1952.		
		1923.				1966	
Saskatchewan					1952.		
			1938,			1967	
Manitoba						1962.	

a Source: Information compiled from data obtained in Annual Nursing Calendars, 1919-1972.

Legend: . . . Basic non-integrated degree program
 _____ Post-basic degree program
 † Terminated

The need was evident at the time for nurses with advanced preparation in teaching, administration, and public health nursing. But it is unlikely that the Department of Nursing would have been established as early as 1919 had it not been for the initiatives taken by Dr. Malcolm T. MacEachern [. . . .] The role of Ethel Johns in the event might be described as that of midwife. As the first director of the department of Nursing, she was also the foster mother and interpreter of the programme during its precarious early years.³²

Street also portrayed the early liaison between nursing education and the Universities with the following details:

The universities were sympathetic but their sympathy was tinged with caution; they feared - and rightly so - the lowering of their standards [. . . .] Few nurses possessed full academic standings - no precedents exist. Compromise is necessary.³³

Elsewhere, Street pointed out that the Graduate Nurses' Association of British Columbia was not consulted or involved in the plans to establish a department of Nursing at the University of British Columbia and even alluded to their aloof attitude towards the degree course³⁴.

From the onset, reluctance to see nurses become better educated in the university was evident on the part of physicians and even from the College of Physicians and Surgeons. This group felt that

32 Street, op. cit., p. 115.

33 Ibid., p. 133.

34 Ibid., p. 118.

[. . .] If nurses are to be taught in the University it should be as a post-graduate course.

That overtraining of nurses is not desirable and results largely in the losing of their usefulness [. . .]

Theoretical branches of nursing are of little use in the sick room.³⁵

Ethel Johns, nurse pioneer in university education for nurses in the Western Region, wrote in 1948:

Even if the university has already given much to nursing, it has been difficult for nurses to attain professional status in the university. Perhaps it is because the ancillary concept of nursing dies hard [. . .] It has led to the mistaken impression that the movement toward the university on the part of nursing is an attempt to usurp the functions of the physician. Nothing could be further from the truth [. . .] There is another lion in the path and that is the uncompromising attitude of some university authorities towards special (or vocational) education as distinct from liberal (or general) education [. . .] It now seems probable that slowly, but surely, more schools of nursing will become integral parts of universities without constituting any threat to academic educational standards [. . .] Even the extremists among us, and we have a few of them, have never claimed that all or even a majority of nurses should possess academic degrees. All that most of us ask is that the university shall help to prepare women who are potentially capable of leadership.³⁶

Two other universities in the Western Region accepted the challenge of bringing education within their walls. First, was the University of Alberta which inaugurated its basic

³⁵ Letter of May 1920, from A.P. Procter, Registrar of the College of Physicians and Surgeons of British Columbia to Stanley Mathews, Secretary, The Senate, University of British Columbia.

³⁶ Ethel Johns, "The Nurse Seeks the University", in The Canadian Nurse, Vol. 44, No. 1, September 1948, p. 722-724.

non-integrated program in 1923; the program was discontinued in 1966³⁷. The second, the University of Saskatchewan admitted its first students in the non-integrated degree nursing program begun in 1938³⁸ and terminated this program in 1967³⁹.

The Registered Nurses in the Province of Manitoba recognized the need for university education in nursing as early as 1919⁴⁰. This was evidenced by the presentation of a brief to the Premier requesting that a nursing program be established at the University of Manitoba⁴¹; the struggle, however, to obtain a recognized degree program in nursing was long and arduous. What Johns wrote seemed to apply to university nursing education outside British Columbia: "A few of us believed that nursing had a rightful place in the universities of this country and were prepared to fight, and

37 University of Alberta, Calendar 1968-1969, University of Alberta School of Nursing, Historical note, No. 121.2.1 (no page).

38 Kathleen W. Ellis, "University of Saskatchewan School for Nursing", in The Canadian Nurse, Vol. 37, No. 7, July 1941, p. 463.

39 University of Saskatchewan, Calendar 1967-1968, University of Saskatchewan School of Nursing, p. N3.

40 The University of Manitoba, Calendar 1971-1972, Winnipeg, School of Nursing, 1971, p. 1803.

41 Ibid.

fight hard, to obtain it"⁴².

Aside from a six-week summer course in the field of teaching and public health nursing held in 1938, "the first nursing program was offered in the University of Manitoba in 1943"⁴³. These certificate courses became permanently established in 1952. It was only ten years later, in 1962⁴⁴, that the program sequence for registered nurses, commonly called a post-basic degree course was started.

The University of Calgary which admitted its first nursing students in 1970⁴⁵, was the only School of Nursing in the region which, simultaneously with the opening of its doors to nursing education assumed, from its inception, control over the entire program. The University itself was young and vigorous; it had just gained full autonomy by the Universities Act, Government of Alberta, in 1966⁴⁶.

The above data lead into a summary of trends in the Western Region. Non-integrated degree programs in nursing, either of the basic non-integrated or the post-basic type,

⁴² Ethel Johns, "Nursing Service in General", in The Canadian Nurse, Vol. 42, No. 9, September 1946, p. 750.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ University of Calgary, Calendar 1970-1971, Calgary, School of Nursing, 1970, p. 11.

⁴⁶ Ibid.

have been in existence ever since the inception of the first Canadian nursing program at the University of British Columbia in 1919; the process was continuous until 1972. When both types of non-integrated programs existed in the same university, the basic non-integrated program in nursing was the first to be established. The time lag between the establishment of both types of non-integrated programs varied considerably. For example, thirty-two years elapsed between the inception, in 1919, of the basic non-integrated nursing program at the University of British Columbia and the inauguration of the post-basic degree program for registered nurses in 1951.

The three basic non-integrated degree programs in the Western Region intended for high school students, one of which originated as early as 1919, at the University of British Columbia, had all ceased to exist by 1967.

On the other hand, all the post-basic programs geared to registered nurses which came into existence after the 1950's were still in operation by the end of 1972.

Once established, non-integrated programs in nursing in the Western Region did not experience interruptions. This differs from some other regions, where non-integrated programs once initiated, temporarily ceased to exist.

In 1972 each province in the Western Region had a university program in nursing. Although the University of Manitoba is the oldest university in Western Canada, having

been established in 1877⁴⁷, it was the last province in the Western Region to begin a degree program in nursing. It was only in 1962 that the program sequence for registered nurses was offered.

British Columbia pioneered the way in 1919, with a basic non-integrated program. It was followed by Alberta, with a similar form of nursing education at the University of Alberta in 1923⁴⁸. The University of Saskatchewan began its non-integrated program in 1938 and was the last university to discontinue this type of program in the Western Region.

In an excerpt of the 1939 Calendar of the University of Saskatchewan is found a typical example of a basic non-integrated program in the region. It is seen that the University of Saskatchewan initially established links with three hospital schools of Nursing for the clinical portion of the program. This Saskatchewan plan was similar to that advocated previously by MacEachern. His original concept in 1919, of centralizing nursing education under the University of British Columbia was through a system of affiliation of the training schools with an institution of higher learning. This was taken up by the University of Saskatchewan

47 Ibid., p. 11.

48 University of Alberta, Calendar 1968-69, Edmonton, School of Nursing, No. 131.2.1, Historical note (no page).

nineteen years later.

In conjunction with the nursing schools of certain approved hospitals the University of Saskatchewan School of Nursing offered a course leading to the degree of Bachelor of Science in Nursing. The following hospitals were approved by the Senate of the University: The Grey Nuns' Hospital, Regina; St. Paul's Hospital, Saskatoon; The Saskatoon City Hospital.

The duration of the course was five years of which two and one-half academic years were spent in pre-professional work at the University. The first year of this period could be taken at Regina College. The professional training which could be taken in one of the approved hospitals covered thirty-one months exclusive of holidays⁴⁹. The division of time between the University and the Hospital is illustrated in Chart I.

The fourth decade did not witness the creation of new university degree programs in nursing in the Western Region.

Programs, usually of one year duration but sometimes shorter, leading to Certificates, were also offered early during this lapse of time and continued to exist until 1972. In the Western Region, certificates in Public Health nursing seemed more prevalent and were offered as early as 1921 at

⁴⁹ University of Saskatchewan, Calendar 1939-1940, Saskatoon, School of Nursing, p. 199.

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
									UNIVERSITY		
UNIVERSITY					HOSPITAL				UNIVERSITY		
UNIVERSITY					HOSPITAL				UNIVERSITY		
H O S P I T A L											
H O S P I T A L											
HOSPITAL											

Chart 1.- Division of Time between the University of Saskatchewan and the Clinical Experience in the Hospitals.^a

^aSource: University of Saskatchewan, Calendar 1939-40, School of Nursing, p. 199.

the University of British Columbia⁵⁰. Jean Leask, an authority in the field of Public Health Nursing in Canada, was of the opinion that "certificate courses for registered nurses were the forerunners of degree programs and have played a part in their evolution"⁵¹. Statistics substantiate this opinion. In the Western Region in 1942, of the total number of 486 nurses working in the public health field, 212 had obtained a certificate course in public health; 36.1% of nurses in Alberta working in public health had received a one-year preparation in the field; 81.5% in British Columbia, 19.8% in Manitoba and 26.3% in Saskatchewan⁵².

Table II presents a résumé of post-basic baccalaureate programs in the Western Region between 1919-1972.

The table further reveals that no post-basic programs in nursing began prior to the 1950's. It is further noted that three new programs began almost simultaneously in the 1950's. The post-basic program at the University of Manitoba was established a decade later, namely in 1962.

⁵⁰ Frances Emily Lyne, "University Courses for Nurses, University of British Columbia", in The Canadian Nurse, Vol. 23, No. 8, August 1927, p. 408.

⁵¹ Jean C. Leask, "The education of the public health nurse", in Nursing education in a changing society, ed. Mary Q. Innis, Toronto, University of Toronto Press, 1970, p. 160.

⁵² Margaret E. Kerr and Lyle M. Creelmar, "Public Health Nurse in Canada", in The Canadian Nurse, Vol. 38, No. 1, January 1942, p. 43.

Table II.-

Post-Basic Baccalaureate Nursing Programs in the Western Region, 1919-1972 According to type of degree offered and length of Program.^a

University	Initial Year	Initial Degree	Length of Program Initially	Degree in 1972	Length of Program in 1972
British Columbia	1951	B.Sc.N.	3 years	B.Sc.N.	3 years
Alberta	1952	B.Sc.N.	2 years	B.Sc.N.	2 years
Saskatchewan	1952	B.S.N.	3 years	B.S.N.	3 years
Manitoba	1962	B.N.	2 years	B.N.	3 years

^aSource: Data compiled from University Schools of Nursing Calendars, 1919-1972.

Table II also indicates that the type of degrees granted was not altered from the year of inception of respective programs until 1972. As far as length of programs is concerned, three of the four programs were three years in length in 1972; the University of Alberta was the only program in the Western Region which was of two years duration.

The Western Region can claim to be the only Canadian region in which universities were associated with nursing education programs during the entire span of time extending from 1919 to 1972.

With pioneers such as MacEachern and Johns, the University of British Columbia led the way for two other basic non-integrated degree nursing programs in the Western Region. All three basic non-integrated degree programs had phased out by 1967.

Four post-basic baccalaureate programs begun after the 1950's were still in operation in 1972.

The University of Calgary's basic degree program was the only basic degree program in the Western Region which emerged in 1970 without going through evolutionary, preliminary phases of non-integrated programs.

All four Western Provinces in the Region possessed a university nursing school within the confines of the respective provinces.

3. Ontario Region.

The Ontario Region can rightly claim to have been the first region in Canada to have developed a basic degree program by 1942⁵³. Documentation further revealed that efforts to establish a university nursing program were made as early as 1905. A memorandum submitted by the Graduate Nurses' Association of Ontario to the University of Toronto requested the university to "offer a course of training and education of nurses"⁵⁴. However, it seemed that the time was not yet appropriate for university nursing education.

In 1918, a communication was addressed by a physician, Dr. Helen MacMurphy⁵⁵, to presidents of Canadian universities asking for their cooperation in admitting nursing education within the academic walls. Dr. MacMurphy had also been instrumental in establishing the first official journal of the national nursing association and served as its first editor⁵⁶. The presidents of universities, with limited

⁵³ University of Toronto, Calendar 1941-1942, Toronto, School of Nursing, p. 7.

⁵⁴ Agnes H. Paffard, "History of the Graduate Nurses' Association of Ontario", in The Canadian Nurse, Vol. 9, No. 5, May 1913, p. 296.

⁵⁵ Helen MacMurphy, "University Training for Nursing Profession", in The Canadian Nurse, Vol. 14, No. 9, September 1918, p. 1284-1285.

⁵⁶ Helen MacMurphy, "Editorial", in The Canadian Nurse, Vol. 1, No. 1, January 1904, p. 7.

facilities for the teaching of nursing, did not express interest in MacMurchy's communication; those with the necessary resources were even less inviting. Sir Robert Falconer of the University of Toronto indicated that "the demand for a course in nursing might be such that we should have to endeavor to meet it, but I do not see any chance of this coming to pass in the immediate future"⁵⁷. Chancellor McCrimmon of McMaster University felt that the proposition which was presented, interested him more for the future than for the present adding:

[. . .] I would like to think the matter over carefully [. . . .] As we are one of the small universities, we hesitate about making radical changes, lest we should seem to be lowering our standards [. . . .]⁵⁸

The University of Western Ontario, in 1924, was the first Ontario University to offer a five-year basic non-integrated baccalaureate program. The program leading to a Bachelor of Science in Nursing involved the following three phases:

⁵⁷ MacMurchy, "University Training....", op. cit., p. 1286.

⁵⁸ Ibid., p. 1287.

First, there would be 28 months of training in a hospital training school, the course of which had been studied and approved by the Dean of the Faculty of Public Health and his committee. Second there would be two years in the Faculty of Arts [. . .] At the end of the first and second year there would be another four months of hospital training. Last, there would be one year of specialization in the Faculty of Public Health; [. . .] It was estimated that the total course of study would be five years, but more often six years was a closer estimate. Given the conditions of the time, the expense and time involved in university nursing education as compared with hospital training schools, it is little wonder that few people enrolled in the course during the early years.⁵⁹

Referring to its School of Nursing, the University of Ottawa indicated that the

[. . .] establishment of the University School of Nursing in September 1933 was one of the outcomes of 'The Survey of Nursing Education in Canada', a comprehensive study known as the Weir Report, undertaken by the Canadian Nurses' Association and the Canadian Medical Association.⁶⁰

A narrative historical report describes that at the beginning of the 1938-1939 session, the School opened new quarters for the teaching of courses leading to the degree of Bachelor of Science in Nursing⁶¹.

⁵⁹ Hendrick Overdrun, People and Ideas, Nursing at Western, 1920-1970, London, University of Western Ontario, 1970, p. 51-52.

⁶⁰ The University of Ottawa, Calendar 1933-1973, School of Nursing, 1973, p. 5.

⁶¹ The University of Ottawa, Calendar 1961-1962, "Historical threads", Ottawa, The School of Nursing, 1961, p. ix.

The Weir Report, published in 1932, recommended that

Mastery of techniques only, without liberal education [. . .] is, in the judgment of the Survey, spiritually dwarfing and benumbing to the nurse as to any other citizen of the community.⁶²

Professor Weir further added:

While the university is rightly regarded as the keystone in the educational arch of our public school system, it is no longer commonly looked upon as a sort of financial aristocracy or even for the so called intelligentsia that may boast of its superior brain power [. . .] Sooner or later, the university [. . .] must face the problem of education of the nurse.⁶³

Two recommendations from the Weir Report created much impact on nursing education across Canada.

University training schools for nurses should [. . .] award degrees in Nursing as in Arts, Law [. . .] Until such nursing courses are well established and of undoubtedly high standard, diplomas, instead of degrees, should be awarded.

In the judgment of the Survey, the modern nurse should be given an adequate liberal, as well as technical education.⁶⁴

The foundations for the basic degree course had been laid.

At the University of Western Ontario, "two further post-basic certificate programs were established in 1925 to prepare teachers for hospital schools of nursing and to

62 G.M. Weir, Survey of Nursing Education in Canada, Toronto, The University of Toronto Press, 1932, p. 386.

63 Ibid., p. 392.

64 Ibid., p. 393.

prepare hospital administrators"⁶⁵.

The 1967 Calendar further added:

The future of educational programmes in nursing was assured with a further decision of the Board of Governors to establish a School of Nursing, as an autonomous unit within the constituent University, and Miss Edith M. McDowell was appointed Dean of this new Faculty in the summer of 1947 [. . .] Under Dean McDowell's inspiring leadership, the School developed rapidly in both quality of programmes offered and in enrolment.⁶⁶

While these developments were taking place at the University of Western Ontario, alternative methods of nursing education were tried at the University of Toronto. Kathleen Russell, the director, was searching for new approaches to the education of nursing students. Carpenter wrote of her:

[. . .] Kathleen Russell was a recipient of a Rockefeller fellowship and the observations she made in the United States and England helped to shape her thoughts with regard to the reform of nursing education in Canada [. . . .] A steady exchange of correspondence between Kathleen Russell and Mary Beard (Rockefeller Foundation) reflects the intensive work undertaken between 1926 and 1933 [. . . .]⁶⁷

Florence Emory who came to the University of Toronto in 1924 and was associate director with the School of Nursing

⁶⁵ The University of Western Ontario, Calendar 1967-1968, "History of the School of Nursing", London, The University of Western Ontario School of Nursing, p. 9.

⁶⁶ Ibid., p. 10.

⁶⁷ Helen Carpenter, "The University of Toronto School of Nursing: An agent of change", in Nursing education in a changing society, ed. Mary Q. Innis, Toronto, University of Toronto Press, p. 89-91.

for more than thirty years, described that

[. . .] health interests in nursing were always prominent in our thinking [. . .] We wanted to find a new and better way of preparing a public health nurse. The first integrated course, three years in length, was organized in 1933 and led to a diploma. This was done with very little additional cost [. . .] The indispensable factor in this development was the leadership of a scholarly, perceptive and humane educator, who instilled in a very small group, in the early days, a spirit of creativity, of research [. . .]⁶⁸

Table III shows that seven of the eight existing schools in the Ontario Region were involved either in basic non-integrated or post-basic degree nursing programs or in both. Laurentian University was the only university in the Ontario Region which was concerned solely with a basic degree program from 1967 to 1972⁶⁹.

Three other Universities offered post-basic programmes. These, in chronological order are, The University of Toronto which began its program in 1952⁷⁰, McMaster University which sponsored a post-basic program from 1955-1960⁷¹ and Lakehead which started its degree program for registered

68 Florence Emory, op. cit.

69 Laurentian University, Calendar 1968-1969, Sudbury, School of Nursing, p. 38.

70 University of Toronto, Calendar 1952-1953, Toronto, School of Nursing, p. 17.

71 McMaster University, Calendar 1959-1960, Hamilton, School of Nursing, p. 47.

Table III.-

Basic Non-integrated and Post-basic Degree Programs in the Ontario Region, 1919 to 1972.^a

University	1912	1922	1932	1942	1952	1962	1972
Lakehead						1966.	
McMaster					1955.	1960	
Queen's				1943.			
						1947.	1969
Ottawa				1943.			
				1938.		1961	
Toronto					1952.		
Western Ontario						1967.	
		1923.				1966	
Windsor					1956.		
					1956.		1968

^a Source: Information compiled from data obtained in Annual Nursing Calendars 1919-1972.

Legend: . . . Basic non-integrated degree program
 _____ Post-basic degree program
 -| Terminated

nurses in 1966⁷².

Four other Universities in the Region offered both types of non-integrated degree programs. At Queen's University, the post-basic degree was started in 1943⁷³ four years prior to the inception of the basic non-integrated program; the University of Ottawa inaugurated its basic non-integrated program in 1938⁷⁴, five years before the post-basic degree program came into being. The University of Western Ontario began to offer a post-basic degree program in 1956⁷⁵, thirty-three years after the inception of its basic non-integrated program.

Unlike any other university, in 1956 the University of Windsor began both types of non-integrated programs "a two year course for registered nurses leading to the degree of B.Sc.N. and a course for high school graduates leading to the degree of B.Sc.N."⁷⁶. The following statement described the latter:

72 Lakehead University, Calendar 1972-1973, Thunder Bay, School of Nursing, p. 184.

73 Data obtained from Jean Hill, Director, Queen's University School of Nursing, August 19, 1974.

74 University of Ottawa, Calendar 1974-1975, Ottawa, School of Nursing, p. 7.

75 University of Western Ontario, Calendar 1968-1969, London, School of Nursing, p. 1.

76 Assumption University of Windsor, Essex College, Calendar 1957-1958, Windsor, Department of Nursing Education, 1957, p. 3.

On completion of the First Year, the student enters a basic hospital school of nursing for clinical education and experience. The choice of school is made in consultation with the Director of the School prior to the end of the academic year [. . .] After this, the student re-enters the University for an additional year of specialized preparation in the field of nursing education, Nursing Service Administration or Public Health Nursing.⁷⁷

In Ontario, it is difficult to detect developmental patterns of nursing education programs. King's comments can throw light on some of the underlying reasons:

In the first thirty years of university nursing programmes there was a tendency for each university group to act in isolation. Individual schools, jealously guarded their autonomy and the differences between programmes hindered the effective establishment of any organization for mutual benefit. The result was that in the early stages of development there was no co-ordinated voice for university nursing. This lack of a united voice weakened the entire nursing program at a period in the late forties and fifties, when a new national philosophy toward health and welfare was emerging.⁷⁸

Table IV presents an overview of the post-basic baccalaureate programs in the Ontario Region from 1919 to 1972 according to the type of degree offered and the length of the nursing program. The following observations can be drawn from this table: seven universities inaugurated post-basic

⁷⁷ University of Windsor, Calendar 1963-1964, Windsor, School of Nursing, 1963, p. 1.

⁷⁸ M. Kathleen King, op. cit., p. 76.

Table IV.-

Post-Basic Baccalaureate Nursing Programs in the Ontario Region, 1919-1972 according to type of degree offered and length of Program.^a

University	Initial Year	Initial Degree	Length of Program Initially	Degree in 1972	Length of Program in 1972
Lakehead	1966	B.S.N.	3 years	B.S.N.	3 years
McMaster	1955	B.Ed.N.	2 years		Terminated in 1960
Ottawa	1943	B.Sc.N.Ed.	2 years	B.Sc.N.Ed.	2 years
	1943	B.Sc.P.H.N.	2 years	B.Sc.P.H.N.	2 years
Toronto	1952	B.Sc.N.	3 years	B.Sc.N.	3 years
Western Ontario	1967	B.Sc.N.	3 years	B.Sc.N.	3 years
Windsor	1956	B.Sc.N.	2 years	B.Sc.N.	3 years
Queen's	1943	B.N.Sc.	2 years	B.N.Sc.	3 years

^a Source: Data compiled from University Schools of Nursing Calendars, 1919-1972.

baccalaureate programs between 1943 and 1967 and, these offered degrees which varied in nomenclature to include B.S.N., B.S.N.Sc., B.Ed.N., B.Sc.N.Ed. and B.Sc.PHN.

Six of the above seven mentioned programs were still in existence in 1972, and offered the same degrees as those granted initially. One post-basic degree program, at McMaster University had terminated in 1960. In addition, two programs, which were originally two years in length, increased the duration to three years. In 1972, five of the six universities offered post-basic baccalaureate programs consisting of three academic years.

Different post-basic program patterns were initiated, evolved, and terminated in the Ontario Region. In the first decades, the functional aspects were more prevalent and, in the main, were identified as, nursing service, nursing education and public health administration. Other university centers required the nurse to select both a functional and a clinical content area in public health nursing, maternal and child health care, psychiatric nursing and medical-surgical nursing⁷⁹. Much activity, on the part of nurses, was required to bring nursing within universities in the Ontario Region.

79 Shirley Good, op. cit., p. 147.

4. Quebec Region.

It was in Montreal, on June 20, 1942⁸⁰ that a group of faculty members from Canadian University Schools of Nursing met to decide upon a form of permanent association. Three days later on June 23, 1942, the objectives of the Provisional Council of University Schools and Departments of Nursing came into being. The following objectives were delineated: to determine desirable standards for university schools of nursing; to support the development of future university schools of nursing when desirable conditions exist and to strengthen the relationships between university schools of nursing in Canada and in other countries. An annual membership fee of two dollars was agreed upon⁸¹. This association was to bear influence on basic degree programs. In 1972 the Quebec Region had three University Schools of Nursing, namely L'Ecole des Sciences Infirmières included in the Health Sciences of Université Laval since 1970⁸², la Faculté de

⁸⁰ Minutes of the Organization Meeting of the Representatives of University Schools of Nursing, Montreal, Quebec, June 23rd, 1942.

⁸¹ Minutes of Council of University Schools and Departments of Nursing, November 9, 1949, (Exhibit 1).

⁸² Université Laval, Annuaire 1971-1972, Québec, Sciences de la Santé, p. 12.

Nursing de l'Université de Montréal⁸³, and the School for Graduate Nurses at McGill University⁸⁴.

Table V shows the basic non-integrated and post-basic degree programs in the Quebec Region. The School for Graduate Nurses at McGill University is the only English-speaking university school of nursing; the other two are of French expression and have witnessed a series of changes and varied nomenclature since their respective inceptions.

As early as 1922, l'Université Laval was interested in university nursing education. At the request of the Rector, Doctor Arthur Vallée, Secretary of the Faculty of Medicine, asked for the Nursing programs of the University of Saskatchewan and McGill University⁸⁵. That same year, Sister Virginie Allaire, Vice-President of the Provincial Nurses' Association of Saskatchewan, had requested the University of Saskatchewan to offer a few summer courses to assist in the preparation of directors of Western Grey Nuns' Hospitals⁸⁶.

83 Université de Montréal, Annuaire 1971-1972, Montréal, Faculté de Nursing, p. 3.

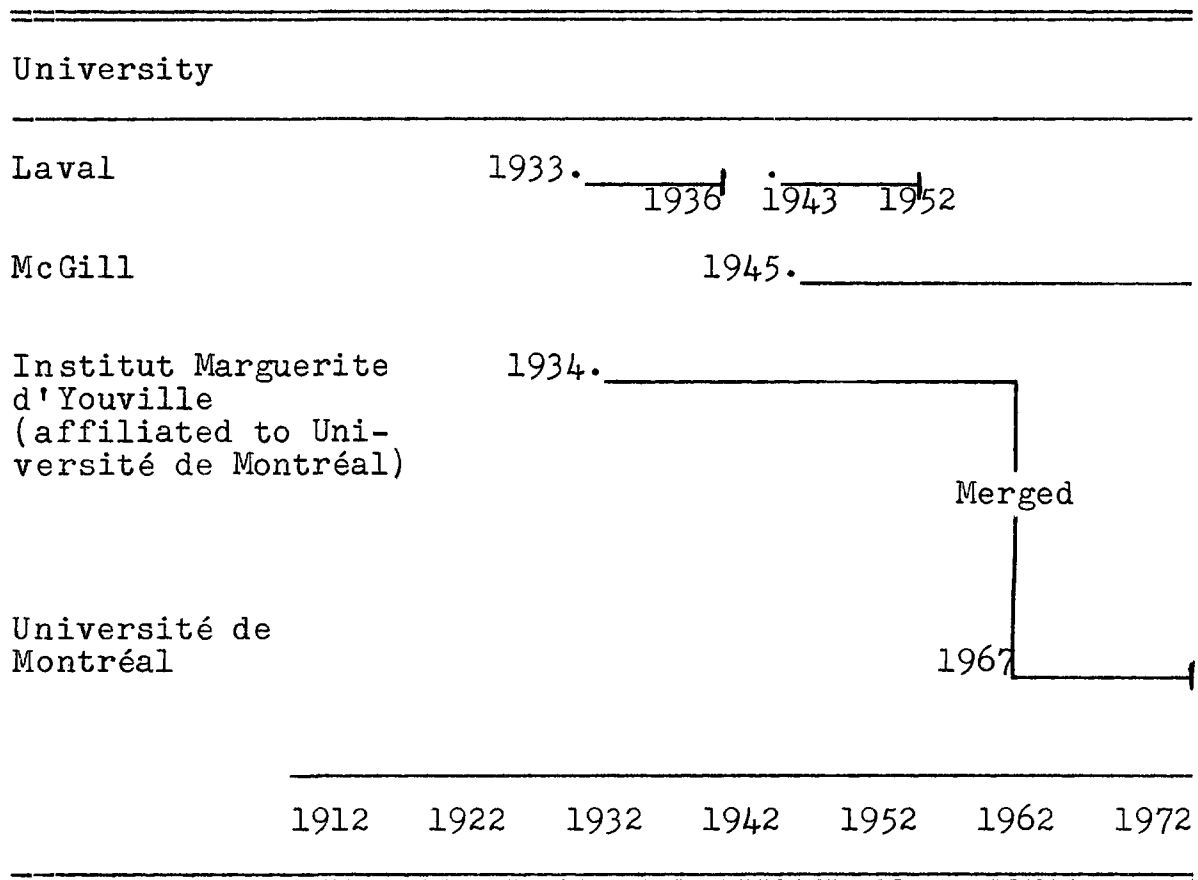
84 McGill University, Calendar 1972-1973, Montreal, School for Graduate Nurses, p. 8.

85 Noella Bertrand, Historical development of nursing programs at Laval University the first twenty years, Unpublished Master's dissertation, Washington, D.C., The Catholic University of America, p. 32.

86 Les Directrices, "Historique des Cours Supérieurs de Garde-Malades donnés à l'Université de Montréal, de mai à septembre 1923", dans La Veilleuse, Vol. 9, No. 1, 1924, p. 5.

Table V.-

Basic Non-integrated and Post-basic Degree Programs in the Quebec Region 1919 to 1972.^a



^a Source: Information compiled from data obtained in Annual Nursing Calendars 1919-1972.

Legend: . . . Basic non-integrated degree program
 — Post-basic degree program
 -+ Terminated

At a national meeting of the C.N.A. held a few weeks later, the value of the directors' course at the University of Saskatchewan was discussed, and two Grey Nuns, Sister Albertine Duckett, and Sister Mathilde Fafard were delegated to request the University of Montreal to organize another course to assist in the preparation of directors for schools of nursing in Eastern Canada. Apparently, the good reputation of the University of Saskatchewan can be regarded as one cause of the development of higher education in nursing at l'Université de Montréal.

As early as 1931, les Soeurs de la Charité de Québec suggested the idea of a baccalaureate degree in nursing to l'Université Laval, but no reply was given to this request⁸⁷.

At Université Laval, the initial efforts to organize a program of higher education for nurses date back to 1932⁸⁸. There were a series of interrupted changes in the post-basic program within l'Ecole des sciences hospitalières under which name it was known until 1967⁸⁹.

87 Letter from Soeur Yolande Bonner to the writer, October 25, 1975.

88 Université Laval, Annuaire 1972-1973, Québec, Sciences de la Santé, Historique de l'Ecole des Sciences Infirmières, p. 112.

89 Ibid., p. 112.

La Faculté de Nursing de l'Université de Montréal⁹⁰ was created in 1962 offering a master's program. It did not offer an undergraduate baccalaureate degree until 1967 when it amalgamated with l'Institut Marguerite d'Youville, a private college founded in 1934 and affiliated with l'Université de Montréal in 1935⁹¹. The following excerpt describes the fusion of these two separate educational institutions involved with nursing education:

Le 1er juin 1967, l'Université de Montréal intégrait à sa Faculté de nursing, le programme de baccalauréat que dirigeait depuis 1934 l'Institut Marguerite d'Youville [. . .] Cet Institut fut fondé en 1934 par les Soeurs Grises de Montréal pour former, au niveau du baccalauréat ès sciences infirmières, des personnes capables d'assumer des postes de cadre dans les hôpitaux et écoles d'infirmières [. . .] L'intégration de l'Institut Marguerite d'Youville place sous un même toit et une même direction les programmes de la maîtrise et du baccalauréat offerts aux infirmières et le programme du cours de base en nursing initié par l'Institut en 1961 [. . .] La Faculté du Nursing est maintenant aménagée dans l'immeuble qui abritait l'Institut Marguerite d'Youville depuis 1963.⁹²

In June 1964, La Faculté de Nursing had also become responsible for l'Ecole d'infirmières hygiénistes founded at the Université

90 Université de Montréal, Annuaire 1971-1972, Montréal, Faculté de Nursing, p. 3.

91 Institut Marguerite d'Youville, Annuaire 1938-1939, Montréal, Ecole Supérieure pour Garde-malades, p. 6.

92 Université de Montréal, Annuaire 1967-1968, Montréal, Faculté de Nursing, p. 3-4.

de Montréal in 1925⁹³. As early as 1923⁹⁴, two Grey Nuns of Montréal, Sister Fafard and Sister Duckett, had begun giving summer courses under the sponsorship of the Faculty of Medicine of l'Université de Montréal. Sister Fafard's sudden death terminated these courses which were to be reinstated at l'Institut Marguerite d'Youville in 1934 under the leadership of Sister Virginie Allaire.

In 1918 at McGill University two nurses, Grace Fairley and Mabel Hersey, initiated the discussions as to the possibilities of establishing a School of Nursing. It was not until the summer of 1920 that the plan took concrete form⁹⁵.

During the summer of 1933, Doctor Calixte Dagneau, superintendent of St. Sacrement Hospital, presented an official request for a baccalaureate program for nurses to l'Université Laval⁹⁶. After making inquiries about different

93 Edith B. Hurley, "School of Public Health Nursing University of Montreal", in The Canadian Nurse, Vol. 23, No. 6, June 1927, p. 290-291.

94 Soeur M.F. Bellemare, Les Soeurs Grises de Montréal et le Nursing dans le Québec depuis 25 ans, 1920-1945, Discours lors du 25e anniversaire de la fondation de l'Association des Garde-malades Enregistrées de la Province du Québec, Pierrefonds, Archives Les Soeurs Grises de Montréal, p. 3-5.

95 "Building for the Future", in The Canadian Nurse, Vol. 36, No. 7, July 1940, p. 415.

96 Université Laval, Rapport du Secrétaire général, juillet 1939, Québec, Université Laval, p. 1.

Canadian baccalaureate programs and having studied the Weir Report, le Conseil de l'Université Laval decided that there would be such a program. Its characteristic would be the inclusion of a complement of liberal arts courses (including French, English, Latin, Greek, Mathematics, Chemistry, Psychology, Sociology, Pedagogy), and the avoidance of any specialization in nursing⁹⁷.

By 1934, nurses questioned the inclusion of so many hours of liberal arts and requested some specialization⁹⁸. A second influence exerted upon the content of the baccalaureate program was an address given in Ottawa at the Catholic Hospital Association of the United States and Canada in which it was stated that Latin should not be included in the curriculum⁹⁹. Liberal Arts and general education seemed of lesser importance to certain influential people. In June 1935, the same Association asked that the program at l'Université Laval be suspended after the second year, and a degree be granted. Université Laval had difficulty maintaining the three year curriculum. Bertrand wrote:

97 Ibid.

98 Bertrand, op. cit., p. 57.

99 Ibid., p. 51.

Regardless of the favorable results, the Baccalaureate program was however suspended in 1936. This experimental program prepared the way for planning of the future curriculum which was initiated in 1942.¹⁰⁰

In September 1942, the Board of Directors of the Schools of Nursing requested le Conseil de l'Université Laval to resume the baccalaureate program for registered nurses¹⁰¹. Dr. Charles Vézina, Dean of the Faculty of Medicine and President of the Board of Directors of the Schools of Nursing, requested and obtained financial support for it. Hence, a two-year baccalaureate program in nursing was reorganized and resumed in 1943 and the Faculty of Medicine promulgated the rules of operation. By 1950, all courses in clinical nursing were deleted¹⁰². From 1943 to 1952, only six baccalaureate degrees had been granted¹⁰³, after which time the post-basic program ceased to function. In 1959, l'Université Laval reopened the first year of the program for registered nurse candidates wishing to follow the baccalaureate program¹⁰⁴. After one year of Arts, the students went to l'Institut

100 Ibid., p. 59.

101 Sister Berthe Lesage, The Second Twenty years in the historical development of nursing education at Laval University, Washington, D.C., The Catholic University of America, unpublished Master's dissertation, p. 61.

102 Ibid., p. 62.

103 Ibid., p. 68.

104 Ibid., p. 69.

Marguerite d'Youville in Montreal for the one-year clinical nursing program. The latter granted the degree of Baccalauréat en Sciences Infirmières.

The School for Graduate Nurses at McGill University was made possible by the generosity of the Quebec Provincial Red Cross Society which agreed to finance the undertaking for three years¹⁰⁵. Sir W. Peterson, Vice-Chancellor of McGill University, had been one of the few Canadian university officials in 1918 to be ready to accept nursing within the academic walls of McGill University. In fact, Peterson thus replied to MacMurchy's invitation:

It so happens that we are taking steps towards the University education of the nursing profession, but, as the scheme is still in embryo, I fear I am not able to report anything very definite at the present moment. The scheme, however, will, in all probability, be in operation next year.¹⁰⁶

The new program, inaugurated in 1920, had a two-fold project; namely to provide "training for Public Health Nursing and to provide training for administrative and teaching positions in Hospitals and Schools of Nursing"¹⁰⁷. From its inception, the school wished to influence nursing across Canada.

105 McGill University, Calendar 1922-1923, Montreal, School for Graduate Nurses, 1922, p. 4.

106 Helen MacMurchy, "University Training for the Nursing Profession", op. cit., p. 1285.

107 McGill University, Calendar 1922-1923, p. 4.

The hope and aim of the school is to send out teachers and leaders, who whether by helping to improve the methods and raise the standards of nursing education in Canada, or by doing efficient work in the varied fields of public health nursing, may alike serve the community as health workers.¹⁰⁸

Between the years 1920 to 1945, a variety of nursing courses was offered at McGill University. In this interval, however, these courses did not lead to a degree in nursing. By 1928, four certificate courses were offered. Of these, three lasted one academic year and led to a certificate in Public Health Nursing, Supervision in Schools of Nursing and Administration in Schools of Nursing. On the other hand, the course in Teaching in Schools of nursing led to a diploma and required two academic years¹⁰⁹. To this effect the 1930-1931 Calendar indicated:

The University does not, at present grant a professional degree in the School of Graduate Nurses. The proposal to establish such a degree is, however, now under consideration. The curriculum of the School and methods of instruction, are nevertheless, strictly in accordance with the best university standards.¹¹⁰

Once the Quebec Red Cross Society ceased its funding, it soon became apparent, by 1933, that the School was faced with a serious financial problem. It was through "the loyalty, energy and enterprize displayed by the alumnae of the

108 Ibid., p. 5.

109 McGill University, Calendar 1928-1929, p. 10.

110 McGill University, Calendar 1930-1931, p. 16.

School"¹¹¹ that the School continued. A testimony written in 1937, bears witness to the courageous struggle to keep the school open:

There is something about this school which proves the vitality of the cause to which it is dedicated. Poverty, ridicule, public indifference cannot prevail against the determination of nurses to educate themselves. The door is kept open, in spite of all.¹¹²

The second world war came and with it "the graduate nurse found greater opportunities for personal satisfaction and professional services than ever before"¹¹³.

The following extract taken from the 1943-1944 Calendar bears witness to the fact that monies were available to graduate nurses wishing to pursue nursing education at the university level:

In recognition of the seriousness of the present situation as well as the implications for the future, the Canadian Nurses Association and other responsible groups are offering bursaries and loans to enable promising nurses to undertake a year of special study in one of the Canadian Universities which offer such courses.¹¹⁴

At a 1948 meeting of the Provisional Council of University Schools and Departments of Nursing uniting the Eastern

¹¹¹ "The McGill School for Graduate Nurses", in The Canadian Nurse, Vol. 29, No. 7, July 1933, p. 355.

¹¹² "The Door is Kept Open", in The Canadian Nurse, Vol. 31, No. 1, January 1937, p. 21.

¹¹³ McGill University, Calendar 1943-1944, p. 3.

¹¹⁴ Ibid.

and Western Regions¹¹⁵ it was decided to continue to study all basic courses in nursing; moreover the University of Toronto, McGill University, the University of British Columbia and of Saskatchewan and Queen's University, were asked to submit standards on purposes of university schools of nursing, faculty, students and libraries, clinical facilities and curriculum¹¹⁶.

The next year, the following comments clearly indicated that Canadian nursing programs differed greatly both in nature and kind. Geographically, these nursing programs were immensely separated; educationally, they likewise differed substantially. The following excerpt indicated that little, if any common elements were found:

Titles of courses vary from one School to another and content varies also greatly under the same title. The combination of courses differ widely. Do we meet such a variety in other Schools or Departments of the University? Would some uniformity be desirable?¹¹⁷

Flowing from the reports of separate committees and individual studies regarding the purpose of the School of

115 From 1942 until 1965, Canadian University Schools of Nursing were divided in two regions only, the Western and Eastern Regions.

116 Minutes of the Meeting of the Provisional Council of University Schools and Departments of Nursing held March 17, 1948 in Winnipeg, (Helen E. Penhale, secretary-treasurer).

117 Sister Denise Lefebvre, "Report of the Committee to Study All Courses in Teaching, Supervision and Administration", [1949], p. 4, unpublished material.

Nursing, the Faculty, Students, Clinical Facilities, and Curriculum¹¹⁸ there emerged, in 1957, the first of the CAUSN documents, labelled Desirable General Standards for Canadian University Schools of Nursing¹¹⁹. The benefit of this document, amended in 1962, was that it grouped university nurse educators who were formerly isolated. It also pooled information setting standards for all schools of nursing in Canada. Furthermore, this document contained criteria such as the following, which might well now be taken for granted, but given the distant ideals of the day, were new then for many university schools of nursing:

[. . .] In a university school of nursing it is important that there be standards of clinical experience and instruction such that they may be recognized for credit by the university, at suitable university levels [. . .]

The university which awards the degree and is therefore responsible for the quality of the student programme should obviously retain sufficient control over the clinical experience of its students to assure a good selection of learning and teaching.¹²⁰

In the Quebec Region, as in all other regions, one year certificate courses were not only offered but seemed

118 Minutes of March 17, 1948 Meeting in Winnipeg of the Provisional Council of Universities Schools and Departments of Nursing, Helen Penhale, secretary-treasurer, p. 2.

119 Canadian Conference of University Schools of Nursing, Desirable General Standards for Canadian University Schools of Nursing, Committee on Studies, (no publishing place), April 1957.

120 Ibid., p. 10.

the most prevalent university programs. In 1952, certificate courses included such titles as Teaching in Schools of Nursing, Public Health Nursing, Supervision in Psychiatric Nursing, Supervision in Obstetric Nursing, Supervision in Pediatric Nursing, Administration in Schools of Nursing, Administration and Supervision in Public Health Nursing¹²¹.

In addition to certificates, and as of 1945¹²², a two-year course leading to the degree Bachelor of Nursing, with specialization in Teaching and Supervision in Schools of Nursing, Public Health Nursing, Administration in Schools of Nursing, Administration and Supervision in Public Health Nursing, was offered at McGill University.

Table V illustrates the post-basic degree programs in the Quebec Region during the years from 1919 to 1972. It reveals that nursing education existed in four educational institutions in two cities, Québec and Montréal. L'Université Laval however, was only able to carry its nursing education activities for sporadic periods. The Quebec Region was the only region which did not at any time possess a basic non-integrated program. The two post-basic programs, one conducted in English, the other of French expression were both situated in the city of Montreal. Thus higher education

121 McGill University, Calendar 1952-1953, p. 3214.

122 McGill University, Calendar 1945-1946, p. 12.

leading to a degree in nursing was almost exclusively offered in Montreal until the late 1960's.

Chittick, then director of the School for Graduate Nurses at McGill University, was keenly aware, as were many other Canadian nurse educator pioneers, that the mere gaining of acceptance within a university setting was not the only issue at stake. In this vein, she thus summarized some of the underlying problems:

The situation is quite different when the graduate nurse enters the university to earn a baccalaureate degree. She creates a complex problem. Since she is a candidate for the same degree granted those students completing the basic program in the school, she should complete the same requirements. This brings up the question of how much university credit should be given for the three-year hospital program she has completed. This is a baffling problem and nobody knows the answer [. . .] The universities are not sure themselves. They feel that some credit is due the student and are inclined to lump the three professional years together, and give one college year of credit, regardless of the particular school of nursing from which the student has graduated.¹²³

L'Institut Marguerite d'Youville was for over thirty years the sole degree-granting institution offering higher education for nurses in the French-speaking world¹²⁴. The following statement describes the worldwide activities of

¹²³ Rae Chittick, "University Courses for Graduate Nurses", in The Canadian Nurse, Vol. 51, No. 3, March 1955, p. 203.

¹²⁴ Memorandum from Sister Denise Lefebvre, director, l'Institut Marguerite d'Youville from 1943-1967.

this degree granting college affiliated with l'Université de Montréal:

L'Université de Montréal organisait en 1923, avec le concours des Soeurs de la Charité (Soeurs Grises) de Montréal, des cours de sciences hospitalières, afin de répondre aux exigences d'alors, concernant la formation des infirmières destinées au service des hôpitaux. A cause de la nécessité toujours croissante de perfectionnement pour les infirmières, l'Institut Marguerite d'Youville fut fondé le 9 avril 1934 et annexé à l'Université de Montréal en septembre de la même année. Depuis 1935, l'Institut jouit des privilèges des Ecoles affiliées à l'Université [. . .] Depuis sa fondation, l'Institut Marguerite d'Youville, a décerné 350 baccalauréats ès sciences infirmières, 518 certificats en nursing ainsi que 83 attestations d'études à des étudiants de pays étrangers [. . .] L'Organisation Mondiale de la Santé, l'Aide Américaine pour le Développement International et le Plan Colombo au Canada envoient à l'Institut depuis plusieurs années déjà, des boursiers de langue française venant de différents pays.¹²⁵

L'Ecole d'infirmières hygiénistes, founded in 1925, although not included in Table V, since it did not grant degrees, was, until 1964, the only French-language institution granting certificates in public health nursing. The following describes its merger with l'Université de Montréal:

¹²⁵ L'Institut Marguerite d'Youville, Annuaire 1963-1964, Montréal, Ecole Supérieure d'Infirmières, 1963, p. 10-11.

En juin 1964, la Faculté de Nursing devenait responsable de l'Ecole d'infirmières hygiénistes. Fondée en 1925 pour répondre à la nécessité d'une formation spéciale pour les infirmières dans le domaine de la santé publique, cette école fut successivement sous l'égide de la Faculté de médecine et de l'Ecole d'hygiène avant de passer à la Faculté de nursing. Le programme de cette section est maintenant intégré à celui du baccalauréat en sciences infirmières.¹²⁶

Three years after this first merger, l'Université de Montréal amalgamated within its structure l'Institut Marguerite d'Youville. Respective faculties, students and libraries were merged. The following statement describes this fusion. "L'intégration de l'Institut Marguerite d'Youville place sous un même toit et une même direction les programmes de la maîtrise et du baccalauréat"¹²⁷.

At l'Université Laval, the first baccalaureate program for registered nurses began in 1933. Unfortunately, as previously described, the program was discontinued, because of divergent opinions with regard to the purpose and nature of the program.

Des opinions divergentes sur la formation générale ou spécialisée que devaient recevoir les infirmières furent que le cours cessa avec le premier groupe de diplômées en 1936.¹²⁸

126 Université de Montréal, Annuaire 1968-1969, Montréal, Faculté de Nursing, p. 3.

127 Ibid., p. 4.

128 Memorandum obtained from Olive Goulet, Ecole des Sciences Infirmières Université Laval, September 18, 1974.

In 1943, "l'Ecole supérieure des sciences hospitalières" was created, but by 1952, educational activities were again suspended. In a personal letter, a director wrote : "Tout a bien fonctionné tant que la première année est demeurée une année de formation générale"¹²⁹. In 1967, a new school, known as l'Ecole des Sciences Infirmières was opened but no distinct post-basic program was offered for registered nurses.

Depuis septembre 1967, l'université Laval offre un baccalauréat intégré en sciences infirmières en trois ans. La durée du cours est d'un minimum de deux ans pour les infirmières diplômées . . . Encore très récent, ce programme universitaire laisse les infirmières et le public assez perplexes.¹³⁰

At one point in history, a courageous plea for a radical change in the nursing education within Canadian universities, was heard from a Quebec director; Chittick posited:

Diploma programs hold real danger for the nursing profession and have been given up long ago by most American universities. It is very unsound to give advanced professional work on a meagre and narrow foundation of general education and these programs are contributing to the restricted outlook we decry in the professional nurse. The problem is not so impossible as it seems if university schools of nursing could do two things: first, toss out diploma or certificate courses; second, eliminate all specialization not at the master's level.¹³¹

¹²⁹ Letter from Joseph M. Blanchet, former director, September 9, 1971.

¹³⁰ Nicole Beaudry Johnson, "L'Université Laval, un phare sur le monde infirmier", in L'Infirmière Canadienne, mai 1969, 11e année, numéro 5, p. 37.

¹³¹ Chittick, op. cit., p. 204.

Nonetheless, it took close to a decade for her voice to be heard; significant change was slowly effected.

Table VI illustrates the fact that although the three post-basic programs began earlier in the Quebec Region than in other regions, only one was in existence at the end of 1972. Registered nurses in the Quebec Region could only be admitted to McGill's post-basic baccalaureate program. This program, being of two years duration in 1972, continued to offer a B.N. as had been the case for three decades.

This region was singular also in that its programs were bilingual; graduates were to be found across Canada and in many English and French-speaking developing countries of the world even though only two universities maintained programs for over four decades.

Mergers among institutions and nursing programs especially within l'Université de Montréal were also a unique feature in Canada.

As of 1972, Quebec was the only region which offered only a single post-basic baccalaureate program; unlike most other programs of its nature, it was of two years duration.

5. Atlantic Region

Prince Edward Island is the only province in the Atlantic Region and in Canada without a University School of Nursing.

Table VI.-

Post-Basic Baccalaureate Nursing Programs in the Quebec Region, 1919-1972 According to type of degree offered and length of Program.^a

University	Initial Year	Initial Degree	Length of Program Initially	Degree in 1972	Length of Program in Dec. 1972
Laval	1933	B.Sc.Hosp.	3 years		Ceased temporarily in 1936 Resumed some activities from 1943-1952
McGill	1945	B.N.	2 years	B.N.	2 years
Institut Marguerite d'Youville	1934	B.Sc.Inf.	2 years		Merged with l'Université de Montréal in 1967
	1941	B. ès sc. soins des malades			
	1941	B. ès sc. ed. inf.			
	1951	B.Sc.Inf.	2 years		
Université de Montréal (Merger of Program)	1967	B.Sc.Inf.	2 years		Terminated June 1972

^a Source: Data compiled from University Schools of Nursing Calendars, 1919-1972.

New Brunswick offers two professional nursing programs, one at the University of New Brunswick since 1959, the other, at l'Université de Moncton, since 1965. These Universities initially conducted basic degree programs^{132,133}. Similar to the Quebec Region, New Brunswick presents a bilingual characteristic in its university nursing programs.

In Nova Scotia, three university nursing programs exist; these are, St. Francis Xavier University located in Antigonish, Mount Saint Vincent University in Halifax and Dalhousie University in the same city.

To Dalhousie University, Halifax belongs the distinction of inaugurating the first course in Public Health Nursing in Canada in February 1920 [. . .] It was the first among other Certificate courses in Canadian Universities to credit the Canadian Red Cross Society with influencing the formation of their Public Health course and of financing them wholly or in part during the demonstration period.¹³⁴

Memorial University of Newfoundland, was the last of the six universities in the Atlantic Region to bring nursing within its academic walls. Nursing education in Newfoundland entered

132 Margaret McPhedran, "The Development of a Programme in Nursing in the University of New Brunswick", in International Journal of Nursing Studies, Vol. 7, 1970 [reprint] Pergamon Press, p. 192.

133 Université de Moncton, Annuaire 1967-1968, Moncton, Ecole des Sciences Hospitalières, p. 156.

134 Canadian Red Cross Society, The Role of One Voluntary Organization in Canada's Health Services, Submission of a brief by Canadian Red Cross Society's Brief to the Royal Commission on Health Services, 1962, p. 98-99.

the university with a basic degree program and it never experienced a distinct post-basic nor a non-integrated basic program prior to the basic degree program¹³⁵.

Table VII shows basic non-integrated and post-basic degree programs in the Atlantic Region covering the lapse of time extending from 1919 until 1972.

Table VII further reveals that three Universities carried basic non-integrated degree programs namely, St. Francis Xavier University which inaugurated the first basic non-integrated program in the Atlantic Region in 1926¹³⁶, Dalhousie and Mount Saint Vincent which inaugurated their programs in 1949 and terminated them in 1966¹³⁷.

At this pioneering Atlantic Region university, St. Francis Xavier University in Antigonish, the aim of the course remained consistent from 1926 to 1940:

To afford a broader education than is given by the school of Nursing alone and to equip nurses who desire to fit themselves for teaching and supervision in schools of nursing and for public health nursing.¹³⁸

135 Joyce Nevitt, Letter to the writer, October 20, 1975.

136 St. Francis Xavier University, Calendar 1926-1927, Antigonish, School of Nursing, 1926, p. 27.

137 Letter from Electa MacLellan, Director Dalhousie University School of Nursing 1949-1972.

138 St. Francis Xavier University, Calendar 1926-1927, p. 27.

Table VII.-

Basic Non-integrated and Post-basic Degree Programs in the Atlantic Region 1919 to 1972.^a

University	1912	1922	1932	1942	1952	1962	1972
Moncton						1968.	_____
New Brunswick						1966.	_____
Dalhousie				1949.	_____		
				1949.		1966	↑
Mount Saint Vincent				1949.		1966	↑
St. Francis Xavier						1967.	_____
						1969	_____
				1926.		1966	↑

a Source: Information compiled from data obtained in Annual Nursing Calendars 1919-1972.

Legend: . . . Basic non-integrated degree program
 _____ Post-basic degree program
 ↑ Terminated

In this program, continuity is again evident from 1941 to 1963 inclusively; the following objective was continuously pursued and made known in annual calendars:

The nursing course has been planned to provide a fundamental and cultural background for those who intend to teach in a school of Nursing or to act as supervisors [. . .] Applicants to this course must [. . .] register with the Director of Nursing Education at St. Martha's Hospital when they register at the University.¹³⁹

It can be observed that after 1934, the basic non-integrated program was gradually becoming more entrenched under the jurisdiction of the University. The following describes the evolution.

This program has been designed to integrate academic study and Clinical Nursing and covers a four year period beyond Junior Matriculation. The first year is devoted entirely to academic work at the University. The next two years are followed in residence at St. Martha's Hospital. During that time one academic course is taken at the University during the academic year and one at summer school. The last term (January to May) of the fourth year is also devoted to University study.¹⁴⁰

p. 43. 139 St. Francis Xavier University, Calendar 1941-1942,

p. 62. 140 St. Francis Xavier University, Calendar 1964-1965,

In 1926, a typical basic non-integrated curriculum resembled the following:

FIRST YEAR (Academic).	SECOND YEAR (Academic)
1. English 1	1. English 2
2. Mathematics 1 or Latin 1, or History 1 or French 1	2. Biology
3. Physics 1	3. Psychology
4. Biology 1	4. Economics 1 or Sociology
5. Chemistry 1	5. Bacteriology 1
6. Nursing 1	6. Nursing 2

The third and fourth years were devoted to professional training in a hospital. In the fifth year the work of the nurses [. . .] devoted in particular to that line of nursing for which they are best fitted.¹⁴¹

From 1929 to 1941, the fourth and fifth years were devoted entirely to academic work in the College. From 1941 to 1961

the first year is devoted to college subjects that are considered fundamental to the program of nursing studies at a School of Nursing. This year is followed by three years in residence at St. Martha's Hospital, which is affiliated to the University. The completion of its program of studies, with a high average throughout the course, admits to the final year of the University.¹⁴²

From 1963 to 1966 the course remained a "sandwich type" program, but by 1966 the basic non-integrated degree program had totally evolved into a basic degree program¹⁴³.

The above description gives an example of the evolution of basic non-integrated degree programs in their developmental

141 St. Francis Xavier, Calendar 1926-1927, p. 28.

142 St. Francis Xavier, Calendar 1941-1942, p. 43.

143 St. Francis Xavier, Calendar 1965-1966, p. 60.

processes toward basic degree programs.

Mount St. Vincent University also offered some areas of uniqueness. An attempt was made there to render higher education more readily accessible to women. This university, further worked in close liaison with Dalhousie University. The following statement testifies to these concerns; it further describes the evolution of this institution:

Mount St. Vincent College was founded in 1873 in response to an educational need perceived by members of the Order of Sisters of Charity. At a time when university education for women evoked little interest [. . .] [it was seen] that a special effort must be made to provide for, and encourage higher education for women. [. . .] In 1914, a contract was signed with Dalhousie providing for an affiliation of twenty years. The degree was to be given by Dalhousie.

[. . .] in 1966, the college charter was revised, and by legislation given Royal Assent April 6, 1966, the name of the institution was changed to Mount St. Vincent University. In the fall of 1966, the university introduced a special degree for Registered Nurses to enable those who met certain other conditions to receive a degree in Nursing after two years of study [. . .] By agreement signed in September, 1969, the University entered a close, cooperative association with Dalhousie University.¹⁴⁴

The second basic non-integrated program in Nova Scotia was organized at Dalhousie University in 1949. The following describes the evolution and improvement of its "sandwich" type program as well as the diploma program intended for nurses in remote Northern Canadian region:

¹⁴⁴ Mount Saint Vincent University, Calendar 1973-1974, Halifax, The University, p. 7-8.

A five year basic programme in nursing leading to the degree of Bachelor of Nursing Science and also a one-year programme for registered nurses leading to the Diploma in Public Health Nursing or in Teaching and Supervision in Schools of Nursing were offered. The course includes all the imperative subjects and five additional classes of the ordinary course leading to the degree of Bachelor of Science. Between the first and second, and the second and third years, summer courses in Nursing will be given. On completion of three years, the student may finish the work of the ordinary Science degree in one year, or enter a hospital approved by the Senate for two years of Nursing instruction to complete requirements for the degree in Nursing.¹⁴⁵

In 1958 the basic programme was re-organized and extended and the degree renamed Bachelor of Nursing [. . .] In 1959, graduate nurses who [wished] to obtain the degree of Bachelor of Nursing were required to complete the three years of university work. The changes, in 1958, included the addition of professional material which provided the student not only with a liberal arts education but also a first level professional qualification in public health nursing, in teaching, or in head-nurseship.¹⁴⁶

A two year diploma programme in Outpost Nursing, designed to prepare registered nurses for positions in remote areas of northern Canada has been developed [at Dalhousie University] and students were admitted for the first time in September 1967.¹⁴⁷

Similar to the Western Region, post-basic programs in the Atlantic Region began late, that is close to the fifth and late sixth decades of the century. Four of these programs were still in existence in 1972, namely, University of New

¹⁴⁵ Dalhousie University, Calendar 1949-1959, Halifax, School of Nursing, p. 48.

¹⁴⁶ Dalhousie University, Calendar 1966-1967, p. 310.

¹⁴⁷ Dalhousie University, Calendar 1974-1975, p. 9.

Brunswick which began in 1966¹⁴⁸, Dalhousie University which began in 1966¹⁴⁹, Mount St. Vincent also in 1966¹⁵⁰, and St. Francis Xavier University, which began in 1968¹⁵¹.

At two other Universities, St. Francis Xavier and Memorial University, another curriculum pattern existed in 1972. It began in 1967-1968, when the University accepted "students already possessing the R.N. into a modified basic degree program"¹⁵². By 1970, the special post-basic program was altered and the following program offered to the registered nurse.

The registered nurse is given the opportunity to demonstrate her knowledge and skill in selected courses by means of an examination program including standardized and teacher-made tests, and an evaluation of clinical performance [. . .] The amount of credit given on the basis of such examinations will not exceed thirty credits. Assuming that the registered nurse obtains the maximum number of credits through the examination program, she may complete the remainder of the requirements in three years.¹⁵³

148 Margaret G. McPhedran, op. cit., p. 197.

149 Dalhousie University, Calendar 1974-1975, p. 131.

150 Mount St. Vincent University, Calendar 1973-1974, Halifax, School of Nursing, 1973, p. 8.

151 St. Francis Xavier, Calendar 1968-1969, p. 73.

152 Ibid.

153 St. Francis Xavier, Calendar 1970-1971, p. 88.

Memorial University of Newfoundland offered a similar pattern to registered nurses since 1969¹⁵⁴.

Table VIII shows that post-basic baccalaureate programs started late in the Atlantic Region; four of the five post-basic programs were still open in 1972. The degrees offered had not been modified since the inception of these post-basic programs and only one university had lengthened its post-basic program from two to three years. The majority of post-basic programs, namely in four out of five Universities were three years in length in 1972.

This Region possessed the first certificate program in Canada which was established in 1920 at Dalhousie University. Similar to some other regions, it conducted both basic non-integrated and post-basic baccalaureate programs. Dalhousie was outstanding in the fact that it carried a basic non-integrated program for over forty-one years without interruption. It was also noted that at St. Francis Xavier which had conducted both types of non-integrated programs, these two programs had ceased to exist before 1972. This seemed a unique feature in the region and among regions.

¹⁵⁴ "First Nurses Graduate from Memorial University", [News], in The Canadian Nurse, Vol. 65, No. 7, July 1969, p. 8.

Table VIII.-

Post-Basic Baccalaureate Nursing Programs in the Atlantic Region, 1919-1972 According to type of degree offered and length of Program.^a

University	Initial Year	Initial Degree	Length of Program Initially	Degree in 1972	Length of Program in 1972
Moncton	1968	B.Sc.Inf.	3 years	B.Sc.Inf.	3 years
New Brunswick	1966	B.N.	3 years	B.N.	3 years
Dalhousie	1949	R.N.	3 years	B.N.	3 years
Mount Saint Vincent	1966	B.S.N.	2 years	B.S.N.	2 years
St. Francis Xavier	1967	B.S.N.	2 years	Terminated in 1969	

^a Source: Data compiled from University Schools of Nursing Calendars, 1919-1972.

6. National Summary of Non-Integrated Programs.

The University of British Columbia was the first to open its doors in 1919 to a basic non-integrated baccalaureate program. By 1970, twenty-two universities, in nine of the ten Canadian provinces, counted nursing as one of their departments, schools or faculties.

There had been considerable struggle throughout these decades between nurses and university administrators in relation to the addition of nursing as another professional school seeking admission to the university. Nurses themselves were often leary of this linkage. In this view, Brown posited:

While our efforts in Canada have been directed to giving the student nurse a more scientific training than used to be thought possible, the superintendents of our training schools have been vigilant in safeguarding the art of nursing. We don't want our Canadian nurses to lose that essential quality of devotion to the interests of the patient [. . . .] In colleges and universities, the education of the student is the only consideration; in hospital training schools, the education of the nurse is secondary to the welfare of the patients. This is the baffling problem that we have to face [. . . .] There is a whisper of criticism, heard only occasionally in high places, that the product of the more scientific training is not as competent as her predecessors [. . . .]¹⁵⁵

¹⁵⁵ Jean Brown, "Review of the Status of the Nursing Profession in Canada, With Possible Future Developments", in The Canadian Nurse, Vol. 20, No. 1, January 1924, p. 783.

Others felt that

[. . .] to achieve collaborative status with other members of the health disciplines to effect quality patient care, nurses [needed to come to Universities] to broaden their knowledge of the arts and sciences.¹⁵⁶

In an article, written as early as 1939, Kathleen Russell signaled that the pioneer university nurse educators were close in their endeavors even if their individual tasks and great distances separated them. She stated:

[. . .] All nursing schools, or teaching departments in Canadian universities form one family, and not a large family considering the area to be served. Antigonish, Montreal, Ottawa, London, Toronto, Saskatoon, Edmonton, Vancouver, these are the seats of the sister schools: the health of each one is a matter of concern to all; the strength or good fortune of one can be a strength to all; a gift to one should stimulate gifts elsewhere; while at the same time the weakness of one will tend to reflect adversely upon all. These various university nursing schools are proceeding along a number of different lines, and working upon several quite distinct projects in nursing education. This is a healthy sign and, at least up to a certain point, a desirable state of affairs.¹⁵⁷

Table IX gives a view of basic non-integrated programs within the four Canadian regions from 1919-1972. It reveals that these ten University nursing programs were begun in three of the four regions in the first five decades of the century. The table further indicates that all ten basic non-integrated

¹⁵⁶ Good, op. cit., p. 148.

¹⁵⁷ Kathleen Russell, "Endowments in 1860 and in 1939", in The Canadian Nurse, Vol. 25, No. 2, February 1939, p. 82.

Table IX.-

Basic Non-Integrated Degree Programs in Nursing in the Four Canadian Regions 1919 to 1972.^a

University	Initial Year	Initial Degree	Length of Program	Modification in Length of Program	Year Terminated	Degree at Termination date
<u>Western Region</u>						
British Columbia	1919	B.A.Sc. (N)	5 yrs		1959	B.S.N.
Alberta	1923	B.Sc.N.	5 yrs	'52-4 yrs. '54-5 yrs.	1966	B.Sc.N.
Saskatchewan	1938	B.S.N.	5 yrs	'54-4½ yrs.	1967	B.S.N.
<u>Ontario Region</u>						
Queen's	1947	B.N.Sc.	5 yrs		1966	B.N.Sc.
Ottawa	1938	B.Sc.N.	5 yrs		1961	B.Sc.N.
Western Ontario	1924	B.Sc.N.	5 yrs		1967	B.Sc.N.
Windsor	1956	B.Sc.N.	4-5 yrs		1967	B.Sc.N.
<u>Quebec Region</u>	No basic non-integrated programs					
<u>Atlantic Region</u>						
Dalhousie	1949	B.N.S.	5 yrs	'58-B.N.	1966	B.N.
Mount St. Vincent	1949	B.N.S.	5 yrs		1966	B.N.S.
St. Francis Xavier	1926	B.S.N.	5 yrs		1967	B.S.N.

^a Source: Data compiled from University Schools of Nursing Calendars, 1919-1972.

baccalaureate programs had ceased to admit students by 1967. The majority of these programs were five years in length. Quebec was the only region in which these basic non-integrated programs were never offered.

The same types of degrees were granted initially and at termination date except at the University of British Columbia and Dalhousie University. Four programs lasted more than forty years; two, more than twenty years; four, less than twenty years. Most basic non-integrated programs began earlier than post-basic programs and seemed to have ended earlier in the century. The two post-basic programs which lasted longer were situated in the Quebec Region. L'Institut Marguerite d'Youville ceased to offer this program after thirty-eight years; McGill University continued to offer the post-basic program in 1972 after twenty-four years of existence.

Table X indicates the year in which Canadian universities began various types of nursing programs leading to a degree. It can be seen from Table X that in the Western Region, three universities, namely, University of British Columbia, University of Alberta, University of Saskatchewan admitted nursing education with a basic non-integrated degree program. The University of Manitoba, on the other hand, first granted a post-basic degree nursing program while The University of Calgary immediately gained control over the entire nursing

Table X.-

Year in Which Canadian Universities First Began Nursing Programs Leading to a Degree according to the Three Types of Degree Programs, 1919-1972.^a

TYPES OF PROGRAMS	PERIODS					
	1912-1922	1923-1932	1933-1942	1943-1952	1953-1962	1963-1972
Basic Non-Integrated Degree	British Columbia (1919)	Alberta (1923) Western Ontario (1923) St. Francis Xavier (1926)	Ottawa (1938) Saskatchewan (1938)	McMaster (1946) Dalhousie (1949) ^b Mount St. Vincent (1949)		
Post-Basic Baccalaureate			Laval (1933) Institut Marg.d'You. Mtl. (1934)	Queen's (1943) McGill	Windsor (1956) ^c Manitoba (1962)	
Basic Degree			Toronto (1942)		New Brunswick (1959)	Moncton (1965) Mt. St. Vincent (1965) Lakehead (1966) ^d Memorial (1966) Laurentian (1967) Calgary (1970)

^a Source: Information compiled from data assembled in historical development and university catalogues 1919-1972.

^b Same year began a post-basic program.

^c Same year began a basic non-integrated program.

^d Same year began a post-basic program.

program by inaugurating a basic degree program.

In the Ontario Region, nursing education first gained entrance to three Universities through basic non-integrated degree programs. Chronologically these are: University of Western Ontario, University of Ottawa, McMaster University. Post-basic degree programs were the initial programs in two other Universities, Queen's and Windsor. Three other Universities, in the Ontario Region, simultaneously granted a degree and gained jurisdiction over the entire program. These were the University of Toronto, which was the pioneering University for basic degree programs, Lakehead and Laurentian Universities.

Unlike other regions, all three Universities in the Quebec Region first gave degrees in nursing through the initial route of post-basic programs. These in chronological order are: l'Université Laval, l'Institut Marguerite d'Youville (Université de Montréal), and McGill University.

It can be noted from Table X that one basic non-integrated program was begun in the first decade, that is 1912-1922; the Western Region was the pioneering region. In the second decade, three regions were involved with basic non-integrated programs. These are the Western Region, the Ontario Region, and the Atlantic Region. Only in the third decade, between 1932-1942 do we see the appearance of post-basic, basic non-integrated and basic degree programs. The

Quebec Region was the first to open post-basic programs for registered nurses in two of the three Quebec universities. In the fourth decade of the twentieth century, new non-integrated programs opened in the Ontario, Atlantic and Quebec Regions. No new basic non-integrated baccalaureate programs opened in the fifth and sixth decades. On the other hand, two new post-basic programs, namely, at the University of Windsor and the University of Manitoba were inaugurated in 1956 and 1962 respectively. In the last period, only basic degree programs were established. By 1970, twenty-two basic-integrated degree programs were admitting students in nine of the ten Canadian provinces.

Table X reveals that the fourth and sixth decades were the most prolific in the inauguration of new programs within new Canadian universities.

It was noted that the ten basic non-integrated programs which formerly existed in ten Canadian Universities, were phased out by 1972.

Fifteen of the twenty-two Universities, however, still offered a post-basic program; seven Canadian Universities did not have a distinct post-basic program at the end of 1972, these being St. Francis Xavier and Memorial Universities in the Atlantic Region; Laurentian, McMaster Universities in the Ontario Region; University of Calgary in the Western Region, Université Laval and Université de Montréal in the Quebec Region.

Registered nurses are admitted to basic degree programs in some of these universities. No longer is a distinct baccalaureate program offered to them. Credits are given on the basis of evaluation of knowledge and competency.

It was seen that many universities in Canada admitted nursing education through the route of certificate and/or diplomas. Certificate courses, begun as early as 1920, in the Atlantic Region, were still in existence in 1972. However, their numbers have decreased considerably during the 1960's. A detailed study was not made of these programs in this historical background, as these university programs did not lead to a degree. Emphasis was laid mostly on non-integrated degree programs which comprise the basic non-integrated program and the post-basic baccalaureate degree program.

Table XI illustrates graduations from Canadian university programs in nursing, from 1963 to 1972 inclusively. These years were chosen as they reveal a definite trend within non-integrated programs. Graduations from certificate programs exceeded graduations from post-basic degree programs in each year between 1963 and 1967. However, a reversal then occurred, with post-basic degree programs accounting for 60% of graduations in 1968, 70% in 1969, 69% in 1970, 71% in 1971, 77% in 1972¹⁵⁸. From Table XI, it is noted that the numbers

¹⁵⁸ Canadian Nurses Association, Countdown 1973, Ottawa, C.N.A., 1974, p. 79.

Table XI.-
 Graduations from Three Types of Non-Integrated Canadian
 University Programs in Nursing, 1963-1972.^a

Year	Certificates	Post-Basic	Basic Non-Integrated
1972	233	733	5
1971	309	726	72
1970	389	842	95
1969	356	813	148
1968	460	667	143
1967	644	538	112
1966	675	442	95
1965	840	343	105
1964	708	255	73
1963	807	216	84

^a Source: Adapted from Countdown 1973, op. cit.

of graduations decreased considerably in basic non-integrated programs. In 1972 only five students terminated a baccalaureate degree in nursing from a basic non-integrated program.

When certificates and post-basic graduations are compared, a complete reversal is observed in the intervening years between 1963 and 1972. In 1963, 807 students terminated a certificate course, while 216 nurses graduated from a post-basic baccalaureate program. Numbers of graduates continued to increase in post-basic programs. In 1972, 733 Canadian nurses graduated from this type of baccalaureate program.

Among the fifteen universities which still offered a post-basic program in 1972, twelve were of three years duration; three still offered a two-year program.

As early as 1934, Wallace, president of the University of Alberta highlighted some of the issues concerning nursing education. He commented as follows:

[. . .] Nursing education is unique in holding on to an antiquated system. Not only so but it has emphasized, to a greater degree than any of the other professions have done, the dangers of the system [. . .] It has been the history of all professional education that it began in independent institutions, separate from the universities, and gradually found harbourage within the walls of the ever-expanding university.¹⁵⁹

159 Robert C. Wallace, "A Challenge to the Profession", in The Canadian Nurse, Vol. 30, No. 8, August 1934, p. 357.

In this first chapter, the historical background of non-integrated programs was presented and discussed. The twenty-two basic degree programs which emerged at various intervals in the four CAUSN Regions during the 1942-1972 period, will now be reviewed, analyzed, presented and discussed in the subsequent chapters.

CHAPTER II

BASIC DEGREE NURSING PROGRAMS: ONTARIO REGION

The preceding chapter revealed that many of the basic degree nursing programs were established in Canadian universities through indirect routes. An attempt was made to demonstrate that these basic degree programs were the fruit of many detours and lengthy struggles which university nurse educators undertook to place the complete control of basic university nursing education under the aegis of universities. The Ontario Region made the first breakthrough in the sense that both the academic and clinical components of the basic nursing curriculum came under the jurisdiction of the University of Toronto School of Nursing in 1942¹.

The Ontario Region comprises eight University Schools of Nursing. In alphabetical order, these are: Lakehead University, Thunder Bay; Laurentian University, Sudbury; McMaster University, Hamilton; Queen's University, Kingston; University of Ottawa in the federal capital; University of Toronto, Toronto; University of Western Ontario, London and University of Windsor, Windsor².

1 University of Toronto, Calendar 1942-1943, Toronto, School of Nursing.

2 Canadian Nurses' Association, Countdown 1971, Ottawa, C.N.A., 1971, p. 86.

In reviewing the establishment and development of these eight basic degree programs in eight Ontario universities, the writer included the preparatory phases, events, key people, external factors and the internal evolution of nursing programs which led to their growth and expansion. Some events which occurred in university nursing education from 1919 to 1972 were previously described in the historical background. Events related more specifically to basic degree programs are identified in the present chapter.

1. Origins of the eight basic degree programs.

Basic degree programs, in many universities of the Ontario Region bear some relationships with non-integrated programs described and discussed in the historical background. Table XII identifies the eight basic degree programs in the eight University Schools of Nursing in the Ontario Region. The table also shows the year in which these programs were inaugurated; it likewise indicates that these programs were still in existence in 1972; it further shows the development of basic and non-integrated degree programs.

From Table XII, certain observations are possible. Eight basic degree nursing programs were in operation in 1972. Four of them were inaugurated when basic non-integrated

Table XII.-

Development of Basic Degree and non-integrated Baccalaureate Programs in the Ontario Region.^a

University	1912	1922	1932	1942	1952	1962	1972
Lakehead						1966. - - - -	
						1966. _____	
Laurentian						1967. - - - -	
McMaster				1946. - - - - -			
					1955. _____		
						1960	
Queen's				1943. _____			
					1947.	1969	- - - -
Ottawa				1938.		1961	- - - - -
					1943. _____		
Toronto				1942. - - - - -			
					1952. _____		
Western Ontario		1923.				1966	- - - -
						1967. _____	
Windsor						1956.	- - - -
						1956. _____	
						1968	- - - -

a Source: Information compiled from data obtained in Annual University and Nursing Calendars, 1919-1972.

Legend: - - - - - Refers to basic degree programs
 _____ Refers to post-basic degree programs
 Refers to non-integrated basic degree programs
 † Terminated

curricula ceased to be offered. This is evident at Queen's University, where the basic degree program began in 1969³ when the basic non-integrated baccalaureate program ended after twenty-two years of existence. A similar pattern is identified at the University of Ottawa, where, in 1961, a basic degree program was inaugurated⁴. That same year the basic non-integrated degree nursing program ended after twenty-three years. A similar trend is found at the University of Western Ontario. The year 1966 marks the opening of the basic degree program and the closure of the basic non-integrated degree program; the latter had been in operation for forty-three years⁵. A fourth University, the University of Windsor followed the same pattern. The following excerpt describes the flow of events:

This [basic degree] program is designed for high school graduates who are beginning preparation for a career in nursing, and will in every aspect be under the complete jurisdiction of the University. It will replace the former Degree Course in Nursing Plan I which was of an interrupted or non-integrated type, and is now being phased out, the last class having been accepted in September 1964.⁶

3 Queen's University at Kingston, Calendar 1969-1970, Kingston, School of Nursing, 1969, p. 8.

4 University of Ottawa, Calendar 1961-1962, Ottawa, School of Nursing, 1961, p. ix.

5 University of Western Ontario, Calendar 1967-1968, London, School of Nursing, 1967, p. 9.

6 University of Windsor, Calendar 1968-1969, Windsor, School of Nursing, 1968, p. 1.

In the remaining four basic degree programs, it is not possible to immediately associate the closure of basic non-integrated programs with the opening of basic degree programs. In a detailed fashion, a Calendar described how Kathleen Russell forged the way for authentic higher education in nursing in the pioneering University:

After weighing carefully the educational needs of both hospital and public health nurses, the school decided to establish a basic professional course in nursing (calling it a general course), which would prepare at one and the same time for practice in both hospital nursing and public health nursing.⁷

It is further gathered that, in the years extending from 1933 until 1942, the School of Nursing offered no degree but rather settled for a "thirty-nine months course leading to a diploma which qualified the recipient for general staff practice in both hospital and public health nursing"⁸.

Calendar 1944-45 likewise delineated problems which might be attributed to most other nursing education programs associated with Canadian universities in 1942 and probably at a much later date:

At this time the measure of liberal education which the University would consider essential to a first degree could not be included because custom had given the hospital a strangle upon the use of the time of the student nurse.⁹

7 University of Toronto, Calendar 1944-1945, p. 11.

8 Ibid.

9 Ibid.

The historical narration found in Calendar 1944-1945 further clarifies another issue with university nursing education of that era. The challenge seemed to have persisted over the years:

This leisurely and irregular absorption of the student's energies which made it impossible to maintain academic education at the level of degree work, has served also to defeat its own purpose of sound professional education. And yet, curiously enough, professional habit and fear have provided the greatest of all obstacles to reform! Hence the first task facing this new school was the fixing of control over the hospital training of its students, [. . .] [in order to substitute deeper and more far-reaching values for temporary values.] After some necessary changes had been accepted, there was opportunity to include more of liberal education; [. . .] thus the way was paved for establishing a [basic] degree course in nursing, and this was done in 1942.¹⁰

McMaster University School of Nursing originated also in a unique way. The pathway towards the development of the basic degree program was the result of the cooperative effort between the University and the Hamilton General Hospital; this is revealed in the following abstract:

In 1942, McMaster opened her first Course in nursing [. . .] By working at the [Hamilton General Hospital] during the University vacation and by allowing University credit for certain hospital work, it was possible to reduce the total time of the Course from six to five years.¹¹

¹⁰ Ibid.

¹¹ McMaster University, Calendar 1949-1950, Hamilton, School of Nursing, p. 9.

A degree in Nursing was not the outcome of this lengthy program; rather the student received the degree Bachelor of Arts from the University and the Diploma in Nursing from the Hamilton General Hospital¹². The following statement brings to the fore the manner in which the basic degree program was inaugurated after the first four years of experimentation:

The line of demarkation between University work and that of the hospital was too sharply drawn, and the University courses were not definitely planned with the nursing profession in view. The Course did clearly reveal, however, the urgent need of a University School of Nursing. Consequently, in 1946 such a school was organized entirely under the supervision of the University and with the Hamilton General Hospital co-operating to the fullest extent.¹³

Thus were the beginnings of the second basic degree program in the Ontario Region.

One of the first community colleges which developed in Canada in 1948 was the Lakehead Technical Institute. It later became the Lakehead College of Arts, Science and Technology in 1957. The College, in turn, became Lakehead University in 1965¹⁴; the evolution of the technological to a professional program is described hereafter:

12 Ibid.

13 McMaster University, Calendar 1959-1960, p. 10.

14 Lakehead University, Calendar 1972-1973, Thunder Bay, the Faculties of Arts, Science, Education and University Schools, 1972, p. 156.

In September of 1966 a Bachelor of Science in Nursing course was introduced as a program of the University Schools. A number of students who had been enrolled in part-time courses in the [technology] program completed the requirements in September 1967, and were granted this degree.¹⁵

The basic degree program at Lakehead University therefore evolved in a unique manner within the confines "of one of the first universities in Canada to permit promising students to transfer from diploma to degree programs"¹⁶.

The origins of the basic degree program established at Laurentian University in 1967 is described as follows:

The initial steps for the School of Nursing were taken in 1965, when President S.G. Mullins of Laurentian University established an Ad Hoc Committee for the School of Nursing. President Mullins acted on the recommendation of the Hall Report, which [. . .] specified that Laurentian University be one of the Universities at which a School of Nursing should be established in order to meet the needs of the nation for university-educated nurses.¹⁷

2. Evolutionary and Developmental Phases of the Nursing Educational Unit Within the Eight University Settings of the Ontario Region.

Nursing education entered Canadian universities within various educational units, with diversity in nomenclature and

¹⁵ Lakehead University, Calendar 1967-1968, Thunder Bay, Lakehead University, 1967, p. 30.

¹⁶ Lakehead University, Calendar 1972-1973, p. 156.

¹⁷ Laurentian University, Calendar 1968-1969, Sudbury, Laurentian University School of Nursing, 1968, p. 38.

organizations, with varying degrees of academic freedom and autonomy and within various educational university structures.

Table XIII shows the evolution of the University Nursing Schools of the Ontario Region, from a structural and organizational viewpoint from their inception to 1972. It is seen from Table XIII that the basic degree programs in the eight universities existed within various structural frameworks. By 1972 two educational units at Toronto and Western Ontario Universities had become Faculties of Nursing with the corresponding autonomy which is granted to the deans of these Faculties. The heads of two Schools of Nursing were called deans, namely at Queen's and at Ottawa Universities. Three were Directors of Schools of Nursing, namely at Laurentian, Windsor and McMaster where the situation had remained unchanged since the origins of the program. The designation of the head of the nursing educational unit at Windsor had changed from Dean of Nursing Education to a Director of a School of Nursing in 1962. At Lakehead University, which is of recent origin, the head of the nursing educational unit has been a chairman of a School of Nursing under the Dean of University Schools.

As previously indicated, Lakehead Technical Institute in 1957 became the Lakehead College of Arts, Science and Technology. By 1965 the College in turn became Lakehead University, where the tradition of combining Diploma and Degree programs in the one institution was already firmly

Table XIII.-

Evolution of the University Nursing Schools in the Ontario Region Showing Modification in the Organizational Structure from their Inception to 1972.^a

UNIVERSITY	Initial		Modifications	1972 Organizational Structure
	Designation of Nursing Unit	Head of Nursing Unit		
Lakehead	School of Nursing (1966)	Chairman, School of Nsg.	None	School of Nsg. with Chairman
Laurentian	School of Nursing (1967)	Director	None	School of Nsg. with Director
McMaster	School of Nursing (1946)	Director	None	School of Nsg. with Director
Queen's	School of Nursing (1942)	Dir.first ap. pointed in 1946	Dean, School of Nsg. Appointed in 1967	School of Nsg. with Dean
Ottawa	School of Nursing (1933)	Dir., School of Nursing	Dean, School of Nsg. (1971)	School of Nsg. with Dean
Toronto	Dept. Pub. H. Nsg. (1920)	Director, Dept. Pub. Health Nursing	Dir., School of Nsg. (1933) Faculty, Nsg. (1972)	Faculty of Nsg. with Dean
Western Ontario	Div. Study for Grad. Nurses (1923)	Chief, Div. study for gra- duate nurses	School of Nsg.(1947) Faculty of Nsg. (1969)	Faculty of Nsg. with Dean
Windsor	Pilot Programme Ind. Nsg.(1953)	Dean, Nursing Education	Dept. of Nsg.(1955) School of Nsg.(1962)	School of Nsg. with Director

^a Source: General University and Nursing Catalogues, letters to Directors of Schools of Nursing and Presidents of Universities.

established¹⁸. The six University Schools constituting this University, were organized on this basis; Nursing in 1967¹⁹ being the first school within the University to offer a full degree program. Dean H.S. Braun, Dean of the University Schools of Lakehead University, wrote: "Each school has a chairman; the Schools operate independently but the Chairman reports to me"²⁰. The Chairman of the Lakehead School of Nursing, thus described the status of the School:

The School of Nursing has and still is under the administration of University Schools Dean. University Schools are the professional schools, i.e. Nursing, Engineering, Forestry. Lakehead University is unique in this arrangement but [this] is attributed to the early history of the University.²¹

At Laurentian University School of Nursing, the director stated that:

[. . .] the School is less autonomous and more subject to external controls and checks now than in its early days [. . .] All curriculum changes and school policy changes are developed by the School's Academic Council and recommended to the Professional Schools' Council and then to the Senate. The Appointments Committee makes all final Faculty appointment decisions. The Director is a member of all these committees but has no special power on them.²²

18 Lakehead University, Calendar 1967-1968, "Development and Objectives of University Schools", p. 162.

19 Ibid.

20 Dean H.S. Braun, Basic data received from key university persons, August 28, 1974. (In the future, this will be referred to as basic data).

21 Margaret Page, Chairman, Lakehead University School of Nursing, Basic data, October 18, 1974.

22 Dorothy Pringle, Director, Laurentian University School of Nursing, Basic data, October 18, 1974.

There has been general continuity in the leadership of McMaster University School of Nursing. This is evident with the terms of office of the three successive directors, Gladys Sharpe (May 1946 to August 1949), Alma Reid (1949 to 1970), Dorothy Kergin 1970 -). The first director remarked that:

[. . .] in 1945 [Gladys Sharpe] was approached while she was studying at Columbia University to consider assuming the position of Director of School of Nursing at McMaster and establishing a B.Sc.N. Course (integrated). [Miss Sharpe] stated principles of a professional independent school which were accepted by the University and the B.Sc.N. Course came into existence in 1946.²³

Under the leadership of Kergin the School of Nursing moved out of the Faculty of Science to the Faculty of Medicine. Future plans were to establish a Faculty of Health Sciences to include the School of Medicine and the School of Nursing²⁴.

The present dean of Queen's University School of Nursing described the evolution of the School:

²³ Gladys J. Sharpe, Director, McMaster University School of Nursing 1946-1949, Basic data, October 3, 1974.

²⁴ Dorothy Kergin, Associate Dean of Health Sciences (Nursing), Basic data, November 27, 1974.

[. . .] the School began as a quasi independent school within the university with a director who apparently reported to a university advisory committee, initially composed of the Vice Principal, two academic deans, the dean of Women - who also had an academic appointment, the registrar, two faculty members and the director of nursing at the Kingston General Hospital [. . .] This continued from 1946 until 1968 when the Senate approved the formation of the Faculty Board and a dean of the School was appointed. In 1970, a Vice Principal of Health Sciences was appointed and the dean reported directly to him.²⁵

At the University of Ottawa

[. . .] the School of Nursing founded in 1933 still maintains that status [of a School of Nursing]. Since 1965 changes in university government provide for the administration of the School by a School Council comprising executive officers, faculty and student representatives. The School is represented on the Academic Senate by its dean and an elected faculty member holding the academic rank of associate or full professor.²⁶

Florence Emory, who was associated with the development of the pioneering University of Toronto School of Nursing since 1924 recently wrote:

The former School of Nursing grew out of a Department of Public Health Nursing established in 1920 and directed by Kathleen Russell. She remained in this position until her retirement in 1952 [. . .] The School is now a Faculty - a closely knit unit of the university.²⁷

25 Jean Hill, Dean, Queen's University School of Nursing, Basic data, August 29, 1974.

26 Marie Loyer, Dean, University of Ottawa School of Nursing, Basic data, October 16, 1974.

27 Florence Emory, "Some Observations on the Early Development of the present day Faculty of Nursing at the University of Toronto", in Personal written document sent to the writer, August 26, 1974.

The historical background of the University of Windsor stems from a particular situation. This is reflected by the director, Anna Gupta, and substantiated by an historian of the University of Western Ontario. In 1953²⁸, the Industrial Nurses' Association in Windsor requested a work conference of industrial nurses in Windsor; Assumption College was then affiliated with Western University. Physicians in industrial medicine, the Ford Motor Company of Canada, Chrysler Corporation participated to provide financial support for the Conference.

Following that work conference, the principal of Assumption University of Windsor gave needed encouragement and support. A program of extension lectures in Nursing spread over a three-year period was inaugurated²⁹. Florence Roach became the director and assumed leadership for many years³⁰ under the title of Dean of Nursing Education of the University of Windsor. Gupta added that "the Department became a School of Nursing within the Faculty of Arts and Sciences in 1962"³¹.

28 Anna Gupta, Director, University of Windsor, School of Nursing, Basic data, July 3, 1975.

29 Hendrick Overdrun, People and Ideas, Nursing at Western, 1920-1970, London, The University of Western Ontario, the Faculty of Nursing, 1970, p. 72-73.

30 Assumption University of Windsor, Essex College, Windsor Department of Nursing, Calendar 1956-1957, p. 1.

31 Gupta, op. cit.

In retrospect, the establishment of the School of Nursing at the University of Western Ontario can be viewed as follows:

In 1920, the Canadian Red Cross granted to five Canadian universities sufficient funds to support, for a three-year period [. . .] a Division of Studies for Graduate Nurses within the Faculty of Public Health [. . .] The future of educational programs was assured [. . .] (with the closing of the Faculty of Public Health in 1947) with a further decision of the Board of Governors to establish a School of Nursing as an autonomous unit within the constituent University, and Miss Edith M. McDowell was appointed Dean of this new Faculty in the summer of 1947 [. . .]³²

Under Dean McDowell's inspiring leadership, the School developed rapidly both in quality of programs offered and in enrolment.

The following excerpt from the 1972-1973 Calendar further describes the expansion of the School of Nursing:

The 1960's saw the development of the Health Sciences concept at The University of Western Ontario, with nursing as an integral part [. . .] In May, 1969, on the recommendation of the Senate, the Board of Governors changed the designation of "School of Nursing" to "Faculty of Nursing".³³

Table XIV shows the type of degree offered, the duration of the basic degree program in the initial phases; modifications, and the situation viewed in 1972. The table further demonstrates that two basic degree programs were begun in the

³² University of Western Ontario, Calendar 1964-1965, p. 6-7.

³³ University of Western Ontario, Composite Calendar 1972-1973, p. 234.

Table XIV.-

Basic Degree Programs in the Ontario Region, 1942-1972 According to the type of degree offered and length of Program.^a

UNIVERSITY	Initial Year ^b of establishment	Initial Degree	Length of Program Initially and Modifications	Degree in 1972	Length of Program in 1972
Lakehead	1966	B.S.N.	4 years	B.S.N.	4 years
Laurentian	1967	B.S.N.	4 years	B.S.N.	4 years
McMaster	1946	B.Sc.N.	4 years became 5 yrs 1949 became 4 yrs 1957	B.Sc.N.	4 years
Queen's	1969	B.N.Sc.	4 years	B.N.Sc.	4 years
Ottawa	1961	B.Sc.N.	4 years	B.Sc.N.	4 years
Toronto	1942	B.Sc.N.	4 years became 5 yrs 1946 became 4 yrs 1954	B.Sc.N.	4 years
Western Ontario	1967	B.Sc.N.	4 years	B.Sc.N.	4 years
Windsor	1968	B.Sc.N.	4 years	B.Sc.N.	4 years

^a Source: Data compiled from University Schools of Nursing and General University Calendars, 1942-1972.

^b Initial Year refers to the year in which students were first admitted to the basic degree program, not necessarily acceptance by a Senate or other administrative body.

first period. These programs were the first basic degree programs in that period in Canada, namely, that of the University of Toronto School of Nursing inaugurated in 1942³⁴, and that at McMaster University in 1946³⁵. Table XIV further shows that in the second period only one basic degree program was begun in the Ontario Region, namely, at the University of Ottawa; it originated late in the period, that is, in 1961³⁶. It was in the third period, between 1963-1972, that basic degree programs became more prolific.

The table reveals that five of the eight basic degree programs commenced in the third period. In chronological order, these are the two integrated nursing programs begun in 1966 at Lakehead University³⁷, and Western Ontario³⁸. This was followed by another program begun in 1967 at Laurentian University³⁹ and one in 1968 at the Windsor University School of Nursing⁴⁰; the last basic degree program which opened in

34 The University of Toronto, Calendar 1942-1943, p. 7.

35 McMaster University, Calendar 1949-1950, p. 9.

36 University of Ottawa, Calendar 1961-1962, p. IX.

37 Lakehead University, Calendar 1967-1968, p. 30.

38 The University of Western Ontario, Calendar 1967-1968,
p. 11.

39 Laurentian University, Calendar 1968-1969, p. 38.

40 University of Windsor, Programs in Nursing 1969-1970,
p. 1.

the Ontario Region was that of Queen's University in Kingston in 1969⁴¹.

There were only slight variations in the nomenclature of the degree offered. All included the connotation, nursing science.

The majority of programs added summer sessions to the four academic years. The two pioneering programs in the first period tried a five-year curriculum for a number of years but both had returned to a four-year basic degree program by 1972. All eight basic degree programs were four years in length in 1972.

3. Factors Influencing the Establishment and Development of Basic Degree Programs in the Ontario Region, 1942-1972.

Lewin⁴² posited that change which actually occurs depends on a constellation of psychological forces. For him the construct force characterizes the direction and strength of the tendency to change. The forces which facilitate change are driving forces. Those which constitute barriers are restraining forces. A conflict situation occurs where acting forces, opposite in direction are about equal in strength.

⁴¹ Jean Hill, Director of Queen's University School of Nursing, Information concerning baccalaureate education in Canada, August 19, 1974.

⁴² Kurt Lewin, Field Theory in Social Science, New York, Harper, 1951, p. 256-260.

The focus in this section centred on the following questions: What are some of the driving forces which facilitated change? What are some of the forces which prompted the establishment of the right basic degree programs in the Ontario Region? What are some of the barriers or restraining forces which inhibited and retarded the establishment and development of basic degree programs?

In the Ontario Region, two basic degree programs were established in the 1942-1952 period. One program was established in the 1953-1962 period and five within the last period.

The driving forces in the establishment of the eight basic degree programs in Ontario can be categorized under the following headings: key persons, finances, the Registered Nurses' Association of Ontario, hereinafter referred to as RNAO, government commissions and/or bodies, students and the geographical location of the university.

Nursing education owes a great debt to Kathleen Russell, the pioneer university nurse educator who, through graduated, well-planned steps established the first basic degree program. Emory, a close associate, described this great leader:

But for one who was closely associated with her for well nigh three decades, in both calm and troubled waters, four attributes stand supreme; an ideal of excellence coupled with dynamic energy and mature judgment, intellectual and professional integrity, tenacity of purpose in achieving a cherished goal and a strong sense of life's spiritual values which beget a quiet confidence in the ultimate survival of that which is worthy. It has been said that greatness is attained through changing the course of events and changing them for always. If this be true, then in retrospect there can be detected in Edith Kathleen Russell's professional life and work an element of true greatness.⁴³

The greatness here referred to, is further elaborated thus:

The indispensable factor in this development was the leadership of a scholarly, perceptive and humane educator who instilled in a very small group, in the early days, a spirit of experience and innovation, of research.⁴⁴

As early as 1940, Emory described Kathleen Russell, not only as a pioneer, but as an educator:

⁴³ Florence A. Emory, Edith Kathleen Russell: An Appreciation of Her Professional Life and Work, Ottawa, Canadian Nurses' Association, Archives, March 6, 1964, p. 7.

⁴⁴ Emory, "Some Observations....", op. cit., p. 2.

In common with other distinguished Canadians, Miss Russell claims Nova Scotia as her native province and Windsor as her place of birth [. . . .] Here she attended preparatory school and later obtained a Bachelor of Arts degree from King's College. After one year of supervisory service with the Department of Public Health of Toronto, Miss Russell was appointed in 1920 as Director of the newly established Department of Public Health Nursing of the University of Toronto: it is with the growth of this piece of work that she has deservedly won both national and international recognition [. . . .] This development was possible only because the Director of the School had won so completely the confidence of the University authorities, the Rockefeller Foundation and the hospital and health agencies without the active cooperation of which the project could not have been launched or continued.⁴⁵

The uniqueness of Kathleen Russell's contribution in the establishment and development of the first basic degree program in Ontario and in Canada is further highlighted in the following statement:

In our school, the term integrated signified the blending of general and professional education and within the professional, the blending of the preventative and curative in nursing. In my opinion, this method of integration was the signal contribution of Dr. Russell to education for nursing.⁴⁶

Another glimpse of this nurse educator is obtained in some of her own writings as she attempted to establish the first basic degree program in Canada. She wrote that the purpose of the school that she was aiming for was:

⁴⁵ F.H.M. Emory, "Kathleen Russell", in The Canadian Nurse, Vol. 36, No. 6, June 1940, p. 347.

⁴⁶ Ibid.

To have the students [. . .] lead the normal life of young students in other professional schools. In other words, to have control of living and working conditions so that there is reasonable possibility for their participation in the general affairs of every-day life.⁴⁷

The RNAO, through their official News Bulletin, later described Kathleen Russell as

[. . .] one whose imaginative and dynamic leadership had been with the School for more than thirty years [. . .] and who was responsible more than any other individual for the development of the School and for the international reputation which it enjoys.⁴⁸

Describing the steps that she undertook before granting a degree at the term of this new program, Kathleen Russell was aware of and again specified its contribution to and repercussions upon the Ontario Region:

In conclusion, there are four things to emphasize. First, this work is purely experimental: no claim is being asserted beyond the need to find out what can and should be done; second that these findings can only have value if the conditions during the experiment are rigidly controlled - and this control is not yet fully established; thirdly, that this school is an answer to an oft-voiced request from the older schools for changed financial conditions; and, - therefore - fourthly that success should mean help to Ontario schools as a whole. The success or failure as a laboratory for the nurses of Ontario is a matter of concern to all.⁴⁹

⁴⁷ Kathleen Russell, "The New School Carries on", in The Canadian Nurse, Vol. 33, No. 3, March 1936, p. 108.

⁴⁸ Barbara Cody, "New Teaching Unit", University of Toronto School of Nursing, in RNAO News Bulletin, Vol. 1-12, 1945-1956, December 1952, p. 4.

⁴⁹ Russell, op. cit., p. 109.

Kathleen Russell was undeniably more than a driving force, she was the main instigator of change in the Ontario Region and consequently in all of Canada. Emory further mentioned three other key people, in addition to Kathleen Russell who were facilitating forces in this new venture at the pioneering University.

In addition to Mary Beard of the Rockefeller Foundation there were at least two other influential friends who fully supported the new venture; namely, Dr. H.J. Cody, the President of the University, and Dr. J.C. Fitzgerald, the Director of the School of Hygiene.⁵⁰

It is interesting to note that change agents were not always members of the nursing profession.

Three leaders, viewed by the writer as key persons connected with the McMaster University School of Nursing, consented to recapture and recount the driving factors which operated there. Of these three persons, Gladys Sharpe (1946-1949) and Alma Reid (1949-1970) were the first directors; the third, an Associate Professor, requested that her name be withheld. She will be referred to as N.

Gladys Sharpe, as first director, "stated principles of an independent professional school which were accepted by the University and the B.Sc.N. Course (integrated) came into existence in 1946"⁵¹. Other pioneers mentioned by the key people referred to above were:

50 Emory, Edith Kathleen Russell, op. cit., p. 2.

51 Sharpe, op. cit.

University officers, Doctor George Gilmour, Doctor Charles Burke, a very forward thinking educator, Dr. O. Niemeir (Medicine) who believed in upgrading nursing preparation through a cooperative relationship between University, Community Hospitals and Diploma Schools of Nurses; Florence Walker who acted as a liaison between the hospital and the University, Constance Brewster, who was the Superintendent of nurses and who was a McGill student. There was the presence of people who were interested in and believed in the value of university education, who saw value promoting a link between the growing industrial city, the community hospitals, and the university. It was especially felt that Miss Gladys Sharpe, who came immediately upon completion of her degree at Columbia, and was fresh from the influences of American Nursing Education at that time and more particularly at Columbia. There was the growing emphasis toward greater control of the education of student nurses versus nursing service.⁵²

In the six basic degree programs established and developed in the last period, the directors at the time of the inauguration of the basic degree program are seen as key influential people. At Lakehead University, a former director also signalled the name of Edith McDowell, "director at Western Ontario University, selected by the administration of three Hospitals at the Lakehead to conduct a study as to the need and feasibility of a University School of Nursing"⁵³. White also mentioned the names of Dr. W.G. Tamblin, then President, and

⁵² Gladys Sharpe, Alma Reid and N., Basic data, October 10, 1974, August 29, 1974, September 4, 1974.

⁵³ Christine White, Basic data, Thunder Bay, Lakehead University School of Nursing, September 28, 1974.

the Dean of Professional Schools, Dr. H.S. Braun⁵⁴.

At the University of Windsor School of Nursing begun in 1968, Batra who along with Gupta initiated the teaching program felt that the "former director, Florence Roach who began the school in 1955 was a great influencing factor"⁵⁵.

The last basic degree program to be established in the Ontario Region was at Queen's University in Kingston in 1969. The steps leading to the establishment of the program are best described in the 1969 School of Nursing calendar; the key person can be identified as Dean J. Hill, the present Dean.

In 1964, the director of the School of Nursing submitted a Brief to the Advisory Committee and the Principal of the University recommending that a basic baccalaureate program in nursing be offered [. . .]

In the fall of 1966, on the basis of recommendation from a consultant in nursing education and from the Royal Commission on Health Services, the University Senate authorized, in principle the establishment of a four-year integrated basic degree program and the phasing out of the older program leading to a certificate or a degree [. . .] The dean of the School of Nursing, who was appointed in the summer of 1967, arrived in August 1968. New faculty members were appointed in September 1968 and the work of development of the curriculum was undertaken.⁵⁶

Certain groups of persons were also considered positive influential factors. A former director at the Lakehead

54 Ibid.

55 Anna Gupta, Carol Batra, Basic data, Windsor University School of Nursing, July 1, 1974 and August 28, 1974.

56 Queen's University at Kingston, Calendar 1969-1970, p. 8.

University School of Nursing signalled these groups as the regional hospital administrators and students:

The administrators of the Hospitals (3) which had diploma Schools of Nursing offered a sum of money to the University to begin a program. This continued into a second year [. . . .] For several years, beginning in the early sixties, the School for Technology had offered classes in Anatomy, Physiology, Psychology and English. The first-year students in nursing at all three Hospital schools attended these classes as a group. This [was] one indication, in [her] estimation, that the Lakehead area regarded Regional planning as a desirable and necessary thing.⁵⁷

At Lakehead University, the director signified that a "request from nurses in the local area for a basic course in nursing"⁵⁸ was seen as a driving force in the inauguration of their basic degree program.

Similarly at Laurentian University School of Nursing which opened during the last period, Pringle felt that influential nurses in the community who had B.Sc.N. degrees pressured the university to develop a generic programme⁵⁹.

Another nurse educator from Laurentian University was of the opinion that a brief prepared by a nurse, Mrs. Mary Conroy, presented to the Board of Governors and Senate of

⁵⁷ White, op. cit.

⁵⁸ Margaret Page, Basic data, Director, Lakehead University School of Nursing, July 3, 1974.

⁵⁹ Dorothy Pringle, Basic data, Sudbury, Laurentian University, July 1, 1974.

Laurentian stimulated the development of the School of Nursing.

The survey showed

[. . .] that with 2 Diploma Schools of Nursing, 3 General Hospitals, a Health Unit, a T.B. san [. . .] there was a great potential of students in a post-diploma program and adequate facilities for clinical practice.⁶⁰

It can be deduced from the above comments and Donaldson confirms that "there was confusion as to difference between a basic degree and a post-diploma degree"⁶¹ when the basic degree program was launched at Laurentian University.

The last basic degree program in the Ontario Region was established at Queen's University at Kingston in 1969. Without adding additional comments, the present director succinctly stated that the most important factors favoring the inauguration of the basic degree program at Queen's were the following:

Recommendation to Senate by the Director of the School of Nursing; a study and recommendation of an independent consultant; the changing position of the nursing profession and Ministry of Health.⁶²

It was seen that persons with varying degrees of personal involvement facilitated the establishment of the basic degree

60 B. Donaldson, Memorandum to the writer, Wetarkiwini, Alberta, former nurse educator at Laurentian University, September 18, 1974.

61 Ibid.

62 Jean M. Hill, Basic data, Canada, Director of Queen's University School of Nursing, August 18, 1974.

programs in Ontario.

Other individuals created barriers or inhibited the development of the same programs. These were restraining forces.

Even in the last period, Gupta commented on the few demands for such a program due to lack of knowledge and misinterpretation of the program amongst the public community in general and high school counsellors⁶³.

Another person who prefers remaining anonymous commented on:

[. . .] the lack of support from the medical faculty, in addition to the invisibility of the nursing program on campus, linked with the lack of adequate support from the nursing profession and the Ministry of Health.⁶⁴

Braun⁶⁵ remembers that

[. . .] the biggest hurdle was to convince the Senate, Board of Governors and Department of University Affairs that there would be sufficient enrollment of students to justify the expense of the program.

Others felt that some doctors expressed "dread" at the prospect of "over-educated nurses who couldn't nurse and who never went near the bedside"⁶⁶.

⁶³ Gupta, op. cit.

⁶⁴ N., Queen's University School of Nursing, August 18, 1974.

⁶⁵ H.S. Braun, Personal letter to the writer, Dean of University Schools, Lakehead University, August 28, 1974.

⁶⁶ White, op. cit.

Two persons specifically commented on the lack of understanding as well as the unwillingness to accept the value and need for university preparation in nursing on the part of nurses and the public generally even as late as the last period⁶⁷.

While financial support was a facilitating force in some instances, it was more often viewed as an impeding factor in the establishment and development of some basic degree programs.

Financial support was a booster towards the development of a basic degree program at the University of Toronto in the first period. The 1944 Calendar of the University of Toronto School of Nursing indicated that "the evolution of the present work of the School and the extensive developments of the program of the 1942-44 period"⁶⁸ were due to such factors as financial ones:

The first courses in nursing in Ontario were started in 1920 when a small teaching department, called the Department of Public Health was organized. This action was made possible through the generosity of the Ontario Red Cross which, for a three year period gave the full financial support required for the new work.⁶⁹

67 Reid and N., op. cit.

68 University of Toronto, Calendar 1944-1945, p. 9.

69 Ibid.

[. . .] The establishment of this new [University School of Nursing] in 1933 was made possible by the generous financial support from the International Health Division of the Rockefeller Foundation, help which was given for the express purpose of supporting experimental work in the professional education of public health nurses [. . . .] And then, in 1939, a gift was made toward the endowment of the school.⁷⁰

Sharpe felt that at McMaster University a positive factor was the Kellogg Foundation which offered financial support to the University for a period of five years for advanced preparation for nurses⁷¹. Kergin corroborated this statement, adding that:

In the developmental years, [of the basic degree program] the W.K. Kellogg Foundation provided some financial assistance, primarily in the form of fellowship support for potential faculty members who were prepared to pursue graduate study.⁷²

Laurentian University which established a basic degree program in 1967 felt that finance was a driving force.

Good financial climate in government toward universities which allowed for the provision of funds to establish an expensive programme here [. . . .] Relative isolation of Sudbury and more northern communities from generic B.Sc.N. programmes; therefore, the identifiable gap could be filled by starting a nursing programme in the young, growing university established here.⁷³

70 Ibid., p. 10.

71 Sharpe, op. cit.

72 Dorothy J. Kergin, Basic data, July 14, 1975.

73 Pringle, op. cit.

In the 1930's, Kathleen Russell had identified that financial stringencies would have to be overcome to establish basic degree programs. In the first period, in 1955, she wrote:

University courses in nursing are expensive for the student in comparison to courses offered in hospital schools, as university students pay tuition and maintenance while they are studying [. . .]⁷⁴

Sanders also claimed the financial implications as a restraining force in the last period. She stated: "Finance was a deterrent factor. This is an expensive program"⁷⁵.

In many instances the financial aspect was mentioned as an impediment in all three periods. In this vein, two educators associated with university programs for many years also mention the financial stringencies for the students and for the operation of the school⁷⁶.

At a 1971 meeting of the RNAO and of the Ontario Region of CAUSN, costs of basic degree programs were discussed. In this regional survey, it was found that some nursing programs cost $1\frac{1}{2}$ times more than other programmes in the university⁷⁷.

74 E.K. Russell, "April 1955", in RNAO News Bulletin, June 1955, Vol. 11, No. 2, p. 3.

75 Leta Sanders, Memorandum to the writer, University of Windsor, School of Nursing, August 28, 1974.

76 Sharpe and Reid, op. cit.

77 RNAO-ORCAUSN, Second Conference for Faculty of University Schools of Nursing, Barrie, Ontario, April 23-25, 1971, p. 6.

The comparative annual costs estimated in this regional study seemed to indicate that nursing, forestry engineering and education were the most expensive programs. These were all professional programs.

Explanations which were offered for the higher financial requirements in nursing were the small numbers of nursing students as compared with other university groups and the cost of the clinical work in terms of the low ratio of students to faculty⁷⁸. Results of this study did not include medical education costs⁷⁹.

Although rarely if ever confided to literature but occasionally highlighted by key persons, the C.N.A., the RNAO and the College of Nurses to a lesser degree, played an important role in the establishment and development of basic degree programs. A number of statements, best demonstrate this assertion: the concept of the basic degree program had been proposed by the C.N.A. and the RNAO during the 30's and 40's. In the 1950's the RNAO was offering an annual bursary⁸⁰. Furthermore, in the second period, the RNAO went on record as wanting:

78 Ibid.

79 Ibid.

80 "Bursary Announcement", in RNAO News Bulletin, Vol. 10, No. 2, June 1954, p. 15.

To secure funds to provide bursaries for promising students who wish to enrol in university school and to interpret to government the values of nursing education in the university and work toward securing support through bursaries and grants.⁸¹

In 1963, the RNAO formed a Sub-Committee on Nursing Education

[. . .] to study Basic Degree Programs with a view to developing a guide for the building of programs for the future [and to] assist in defining the role of the RNAO in supporting the development of university programs.⁸²

In 1964, this committee agreed that there would be value in having a statement of concepts underlying the basic preparation of the nurse in a university program. This statement was to be used for membership study, for support of university schools and for guidance in the community⁸³.

Two years later, the RNAO made the following recommendations:

That present university schools of nursing expand their facilities to enrol a greater number of students in the basic course. That new schools of nursing be established in other universities to increase the number of graduates with baccalaureate degrees.⁸⁴

⁸¹ "Bursary announcement", in RNAO News Bulletin, Vol. 10, No. 2, June 1954, p. 15.

⁸² R.N.A.O. Folio of Reports, Annual Meeting, May 2-4, 1963, pB5, No. 5.

⁸³ R.N.A.O. Folio of Reports, Annual Meeting, April 30-May 2, 1964, Joan McDonald, "Annual Report of Committee on Nursing Education", pB4-B6.

⁸⁴ R.N.A.O., Submission to Committee on the Healing Arts, Toronto, The Association, December 1966, p. 9.

In 1965, the Department of Health became concerned about the low number of nurses who would be graduating yearly by 1970. A recommendation which resulted, stated that "university schools would expand and increase their enrolments to meet the need for more nurses with advanced education"⁸⁵.

In 1966 the RNAO's Sub-Committee on Basic Degree Program went on record as recommending that the government provide additional funds to establish more university schools of nursing. Universities suggested were York, Trent and Brock universities.

It was also felt that the College of Nurses "could be more helpful if it had more information from the university schools"⁸⁶.

In 1968 the Executive Director of the RNAO, speaking for the Association, went on record as

[. . .] advocating a ratio of 20% degree graduates to 80% diploma graduates if the profession is to offer a service designed to help the needs of health service.⁸⁷

⁸⁵ Department of Health, Proposals for the Future Pattern of Nursing Education in Ontario, Toronto, The Department, 1965, p. 3.

⁸⁶ Aleta Ricknell, Convenor, "Ways and Means of Increasing Interest in University Programs", in R.N.A.O. Minutes of Meeting of Sub-Committee on Basic Degree Programs, March 18, 1966, p. 6.

⁸⁷ Laura Barr, "The Executive Director Reports to Members", in RNAO Folio of Reports, May 2-4, 1968, p. 9.

In 1970, the RNAO in a Brief submitted to the Minister of Health of Ontario, recommended that:

[. . .] if the ratio of baccalaureate nurses to diploma nurses should be 1:4 was to be achieved, the numbers entering certain nursing programs will have to be restricted. Enrolment in diploma schools should not be considered in isolation from university schools of nursing.⁸⁸

At the 1971 Annual Meeting, a recommendation was presented which stated that:

[. . .] RNAO take the initiative in having an appropriate body act as an accrediting body to formulate minimum standards for baccalaureate programs in nursing, including minimum public health content, and to ensure that these standards are met.⁸⁹

Already by 1971, nurses across Canada were exploring the nature of the expanded role of the nurse. The first attempts to educate health professionals together were in the planning stages. The College of Nurses of Ontario, in a survey of baccalaureate and diploma programs in the Ontario Region, made the following proposal:

⁸⁸ R.N.A.O., A Brief Submitted by the RNAO to the Minister of Health of Ontario on The Report of the Committee on the Healing Arts, Toronto, June 8, 1970, p. 6.

⁸⁹ "Resolutions to be Presented to 1971 Annual Meeting", in RNAO News, Vol. 27, No. 2, March-April 1971, p. 13.

Seven health science regions are proposed. Five regions based on university health science centres, would be located in southern Ontario, and two regions in northern Ontario, administered from Sudbury and Thunder Bay. The southern regions include Hamilton (McMaster University), Kingston (Queen's University), London (University of Western Ontario).⁹⁰

It was again stipulated at the Annual Convention of the RNAO in 1972 that

[. . .] until a form of accreditation or approval of programs for the preparation of nurses [. . .] is established by the Department of Colleges and Universities for nursing programs under their auspices, the College of Nurses of Ontario be granted authority to a) inspect, approve and cancel approval of all programs preparing nurses [. . .] b) prescribe requirements for approval of such nursing programs.⁹¹

Finally, the President addressed the members of the RNAO at the same convention stressing that "government can and will be influenced if we make our voices heard"⁹².

From the above comments, it is evident that RNAO was constantly interested in basic degree programs throughout the decades.

Governmental bodies or commissions were found to be instrumental in bringing about changes in university nursing

⁹⁰ College of Nurses of Ontario, A Survey of the Development of Baccalaureate and Diploma Schools of Nursing in Ontario since 1965, Toronto, College of Nurses, March 1971, p. 13.

⁹¹ Joan McDonald, "College of Nurses' Progress", in RNAO Folio of Reports 1972, Toronto, Annual Convention RNAO, p. 19.

⁹² Josephine Flaherty, "President's Address", in RNAO Folio of Reports, 1972, Toronto, Annual Convention RNAO, p. 13.

education. The Royal Commission on Health Services, probably the most forceful, pressured in favor of change in the following terms:

That there be established as quickly as qualified personnel can be recruited at least ten more university schools to expand the annual output of university graduate nurses [. . .] Among the universities where these might be provided as additional faculties are: [. . .] Laurentian University, York University, Carleton University.⁹³

Laurentian University began a basic degree program in 1966 while York and Carleton Universities had not admitted nursing education within their academic walls in 1972.

The Ontario Council of Health established in 1966 made recommendations which, to this day, are in the process of implementation. This Council included a Dean of a University School of Nursing among its twenty-one first members. Through it, nursing education was therefore represented to the Ontario Government. In November 1970 it approved the establishment of a Task Force to examine future arrangements for health sciences education⁹⁴. The following two recommendations, among others, seemed pertinent for basic degree programs:

⁹³ Canada Commission on Health Services, Royal Commission on Health Services, Queen's Printer, Vol. 1, 1964, p. 67.

⁹⁴ The Ontario Council of Health, Future Arrangements for Health Education, Monograph No. 1, Toronto, The Ontario Council of Health, p. xi.

1. That no new health sciences complex be built until the capacity of existing institutions has been fully developed and attempts have been made to integrate health education and health care delivery.
2. That the health sciences complexes maintain their educational programs as far as it is possible on a year-round basis [. . .]⁹⁵

These recommendations were much in the same vein, as that of the Committee on the Healing Arts which had previously recommended:

That nurses should be represented in planning and determining their own role and should be included on interdisciplinary committees where their functions are being discussed.⁹⁶

That the Government of Ontario take such measures as are necessary to increase enrolment in university degree programs.⁹⁷

The obstacles which centred around the three following difficulties, clinical and teaching facilities, faculty, and students were considered restraining forces in the three periods.

Some driving forces turned out to be counterfactors. For example, in the first period, at McMaster University, the proximity of another University, which was labelled "competition afforded by an older well-established University nearby - the University of Toronto"⁹⁸ had been in another instance a

95 Ibid., p. 3.

96 Committee on the Healing Arts, Report 1970, Vol. 1, Toronto, Queen's Printer, p. 23.

97 Ibid., p. 26.

98 Gladys Sharpe, Letter to the writer, London, McMaster University School of Nursing, October 10, 1974.

stimulating factor because of the presence and closeness of the integrated program under the direction of Kathleen Russell⁹⁹.

Clinical facilities were frequently mentioned as a multi-faceted barrier, or a restraining force.

The distance between campus and clinical facilities wasted student time and energy. The clinical fields were, at times over-crowded with students. Standards of practice in some clinical fields were unsatisfactory. Clinical fields were often staffed by people who were not sympathetic to University education and who were ill-prepared. No university hospital and health facilities on the campus, thus requiring reliance on community resources for clinical experience. Clinical facilities had to be shared with community hospitals connected with large, well-established schools. Clinical facilities had to be shared with students in diploma and Registered Nursing Assistants programs.¹⁰⁰

These were among the most outstanding descriptions by living witnesses of earlier struggles of pioneering schools and of schools established in the second and third period.

Many key persons referred to the paucity of faculty members prepared to teach nursing on a university level, and prepared to take university positions. This was mentioned by the earlier pioneers as restraining forces¹⁰¹.

⁹⁹ Alma Reid, Letter to the writer, London, McMaster University School of Nursing, August 29, 1974.

¹⁰⁰ Sharpe and Reid, op. cit.

¹⁰¹ Ibid.

Reid commented more specifically on the lack of applicants. She claimed that this was a considerable deterring factor in the first two periods of the study.

The public at large was not convinced of the value of nursing as a University discipline. It was difficult to spread the necessary publicity to a wide-enough audience. Also families did not necessarily have the financial resources.¹⁰²

The geographical location of the university could be a stimulating and also a restrictive factor. At Ottawa University it was felt that in the early 1960's, "no B.Sc.N. program was at that time offered by any university in Eastern Ontario"¹⁰³. In the third period, a former director similarly commented on another university's location, namely Lakehead:

The Lakehead area was far from other centres for advanced education for nurses; it seemed reasonable that high school students should have an opportunity to attend a School of Nursing nearer to home.¹⁰⁴

At Laurentian University, Pringle, in the last period, gleaned the same comment from talking to nurses in the Sudbury area:

There was relative isolation in Sudbury and more northern communities from generic B.Sc.N. programmes; therefore, the identifiable gap could be filled by starting a nursing programme in the young, growing university established here.¹⁰⁵

102 Alma Reid, op. cit.

103 Joan Stock, Basic data, Ottawa, University of Ottawa, July 1, 1974.

104 White, op. cit.

105 Dorothy Pringle, Basic data, July 1, 1974.

From the above description of positive and inhibiting influences, it is noted that Russell and other key persons gave strong impetus to basic degree programs. Change was not easily brought about. Obstacles were faced, impediments met, difficulties reduced, and stimulating factors enhanced to bring about the establishment of the eight University Schools of Nursing in the Ontario Region.

4. Nature of Programs.

The basic degree programs in the Ontario Region evolved considerably in their aims and objectives from 1942 to 1972. An analysis of programs in respective Calendars revealed that it was not always possible to decipher the level of preparation expected of graduates from the eight basic degree programs. However, from 1942 on, it could be seen that "the degree course would prepare students for Registration under the Nurse Registration Act of the Province of Ontario so that all graduates would be eligible for general practice in nursing"¹⁰⁶.

Table XV gives a summary of program objectives and what graduates of basic degree programs were prepared for, as found in the respective calendars. Programs inaugurated between five-year spans were placed within the year closest to their inception and every five years thereafter.

¹⁰⁶ University of Toronto, Calendar 1942-1943, p. 16.

Table XV.-

Aims and Objectives of Basic Degree Programs in the Ontario Region, 1942-1972.^a

Aims and Objectives	U. of Toronto				McMaster U.			Ottawa U.	
	1942-52	62-72	62-72	72	1952-62	62-72	72	1962-1972	1972
Pub. Health Nsg.	X	X	X	X	X	X	X	X	X
Administration	X	X	X	X	X	X	X		X
Hospital Nursing	X	X	X	X			X		X
Team Leader Nsg.				X			X		X
Teaching	X	X	X	X					
Giving or directing critical care							X		X
Basis for grad. studies				X			X		X
Prepare for all health settings			X	X	X	X			X
Prepare excellent professional	X	X	X	X	X	X		X	X
Guide other nursing colleagues	X	X	X	X	X	X			X
Relationships families, professionals	X	X	X	X			X		X
Registration exams	X	X	X	X	X	X	X	X	X

(continued)

Table XV.- (Continued)

Aims and Objectives of Basic Degree Programs in the Ontario Region, 1942-1972.^a

Aims and Objectives	Lakehead	Western Ontario	Laurentian	Windsor	Queen's
	1972	1972	1972	1972	1972
Public Health Nursing	X	X	X	X	X
Administration	X	X	X	X	X
Hospital Nsg.		X	X	X	X
Team leader Nsg.	X				
Teaching	X			X	
Giving or directing critical care				X	X
Basis, graduate study	X	X	X	X	X
Prepare for all health settings		X		X	
Prepare excellent professional	X	X	X	X	X
Guide other nursing colleagues				X	X
Relationships with families, professionals	X	X	X	X	X
Registration exams	X	X	X	X	X

a Source: Individual School of Nursing Calendars, 1942-1972.

In the only basic degree program which existed in 1942, the objective was stated as follows:

The first three years will contain the studies and clinical experience which are basic to all nursing. This will include public health teaching as well as hospital experience throughout. In the fourth year, the student will be required to choose one of two courses of study: supervision in a selected field of hospital work or public health nursing.¹⁰⁷

Specialization was evident in this pioneering basic degree program objectives. In 1947, the specialization had toned down to general practice in public health nursing.

In the second period, McMaster specified that the aim of the school was to give young women a sound professional practice basic to all types of nursing service and to qualify them for first level positions in the hospital and public health fields¹⁰⁸. It seems that nursing educators, during the three periods often referred to a first level position for graduates without necessarily expliciting what the objective of the first level clearly meant.

The program at the University of Toronto was gradually arranged and spread from four to five years during the course of the first period to allow students additional summer vacations. Course objectives remained rather stable at the two pioneering universities in the first two periods. The 1957 Calendar, however, specified that at McMaster, the general aim of the basic professional programs was two-fold:

¹⁰⁷ Ibid.

¹⁰⁸ McMaster University, Calendar 1957-1958, p. 17.

To provide a general cultural education which will help the student achieve a personally satisfying life, cultivate her analytical and creative powers, develop effective communication skills and interpersonal relationships and grow toward responsible citizenship. To integrate with this general education a broad preparation for basic professional nursing: the promotion of health, the prevention of disease and the care and rehabilitation of the sick and disabled.¹⁰⁹

In the third basic degree program established in the Ontario Region, considerable emphasis was placed both in developing a very high scientific and technical proficiency as well as to "instill in their everyday actions the spiritual angle so as to possess the practical Christian meaning of human suffering"¹¹⁰.

Five new programs were inaugurated contiguous to the 1967 period. Objectives were becoming somewhat more specific with the leadership role expected of nurses becoming more evident. The following excerpt brings this to the fore:

To develop in the student the ability to interpret and to demonstrate such care to others and to plan and direct the nursing care given by others working with her. To help the student develop desirable interpersonal relationships so that she may work effectively as a member of the health team and participate with members of other professions and lay groups in community health programmes and in solving health problems.¹¹¹

109 McMaster University, Calendar 1957-1958, p. 17.

110 University of Ottawa, Calendar 1961-1962, p. 13-14.

111 University of Ottawa, Calendar 1967-1968, p. 11.

At Lakehead University, the 1967 Calendar specified that the graduate of the basic degree program was prepared "to assume first level positions giving direct care to patients, serving as team leader, as instructor or a public health nurse"¹¹².

The following abstract from the 1967 Calendar of the University of Western Ontario School of Nursing further attempts to delineate the purpose of the program preparing the professional nurse practitioner:

[To] have a sound education foundation for proceeding to graduate studies preparing clinical specialists, teachers, administrators, consultants and researchers.

To develop to the optimum [. . .] a deliberative approach to the practice of nursing and basic skill in its implementation.

[. . .] The ability to apply basic nursing theories, concepts and principles in the practice of nursing.¹¹³

The graduate at Laurentian University, according to the 1968 Calendar was prepared "to begin the practice of professional nursing in general and specialized hospitals and community health agencies"¹¹⁴.

Greater specificity in the objectives set for the independent function of the professional nurse is evident in

¹¹² Lakehead University, General Calendar 1968-1969, p. 200.

¹¹³ The University of Western Ontario, Calendar 1967-1968, p. 13.

¹¹⁴ Laurentian University, Calendar 1968-1969, p. 39.

the 1968 Calendar of the University of Windsor:

To understand the rationale for the nursing activities [. . .] can analyze situations and change nursing measures consistent with changes in the patient and his milieu [. . .] has sufficient knowledge and insight to make decisions about therapeutic actions and develops clinical competence [. . .] Can make independent assessment and decisions [. . .]¹¹⁵

In the following statement educed from Queen's University School of Nursing Calendar, an attempt is made to delineate the purpose of the basic degree program. Mention was made of possible future roles:

[. . .] Education of competent professional nurse practitioners for the future; advancement of nursing knowledge [. . .]

Developing skill in assessing the capacity of technical and vocational nursing colleagues and in providing appropriate guidance to aid them in achieving their maximum potential for nursing care.¹¹⁶

At the end of the third period, the objectives spelled out in the various Calendars had evolved considerably. Expectations held could be summarized in those objectives spelled out for basic degree programs:

Commitment to the maintenance and improvement of health; positive attitudes towards change and professional growth [. . .] Ability to work with professional and lay members of health team; to function within an organization, giving and supporting leadership; Graduates are qualified to assume nursing positions in all health care settings.¹¹⁷

115 University of Windsor, Calendar 1968-1969, p. 2.

116 Queen's University at Kingston, Calendar 1969-1970, p. 26-27.

117 McMaster University, Calendar 1972-1973, p. 4.

To develop in the student the ability to interpret and to demonstrate such care to others and to plan and direct the nursing care given by others working with her.

To help the student develop desirable interpersonal relationships so that she may work effectively as a member of a health team and participate with members of other professions and lay groups in community health programmes and in solving health problems.¹¹⁸

To give care in situations which demand critical analysis and a broad range of decision making as well as to assist others in planning and giving care.

To initiate and utilize research in influencing nursing care, on going learning and graduate study.¹¹⁹

Assessing the capacity of members of the nursing team and of providing guidance to aid others in achieving their maximal potential for nursing care.¹²⁰

In retrospect, Fidler's earlier comments demonstrated wisdom. This, as early as 1944, when she attempted to differentiate the role of the nurse prepared in a baccalaureate program:

Let me repeat that within the whole 'ill-defined field of nursing', three groups have been differentiated and are at work, and let us, for the purposes of discussion, call these the assistant group, the clinical group, and the teaching group [. . .] By the teaching group, those whose chief work is teaching and the administration of teaching, either to the public or to nurses.¹²¹

118 University of Ottawa, Calendar 1972-1973, p. 10.

119 University of Windsor, Calendar 1972-1973, p. 2-3.

120 Queen's University at Kingston, Calendar 1972-1973, p. 9.

121 Nettie Fidler, "The Preparation for Professional Nursing", in The Canadian Nurse, Vol. 40, No. 9, September 1944, p. 624.

Ill-defined objectives in basic degree programs were often paralleled with haziness in roles assumed in the clinical field.

The RNAO and the Ontario Region of the CAUSN were still concerned about the hazy roles of the baccalaureate nurses at the end of the third period. Kergin outlined the challenge:

It's very difficult to talk about the area of uniqueness because so much within the health field is of an interdependent nature and there is a great deal of overlapping [. . .] between the roles of public health nurse and that of social worker.¹²²

The issue of the baccalaureate's role was again raised:

More and more we need to define the expected behaviors we feel should be part of the graduate's armamentarium and we need to live up to the learning situations which will develop these behaviors [. . .] It would seem that the baccalaureate student must accept the inevitability of the leadership role.¹²³

The difficulties in the work situation still remained a challenge at the end of the third period:

The inability or lack of opportunity of the baccalaureate graduate as a staff nurse to practise as she has been taught is one of the most serious problems we face. Because the work situation does not adapt to accommodate adequately the kind of patient care we teach in the university schools, the graduates fail to develop the particular roles which identify them as professional nurses: the decision-making role, the therapeutic role, the leadership role. There are aspects of nursing practice which set the university prepared professional apart from the diploma graduate.¹²⁴

122 Dorothy Kergin, Second Conference for Faculty of University Schools of Nursing, RNAO-ORCAUSN, Barrie, Ont., April 23-25, 1971, p. 95.

123 Ibid., p. 11-12.

124 Ibid., p. 9.

In the President's address to the membership of the RNAO, Flaherty discerned that "university nurses and nursing assistants are uncomfortable with diploma nurses and with each other"¹²⁵. She felt, however, that for a considerable length of time that there would be a place for these three groups in the nursing profession¹²⁶. It was felt throughout the three periods that objectives needed to be more clearly specified with a view to give direction in curriculum development and articulation.

5. Curriculum.

Condensed mostly within a four-year span, basic degree programs evolved considerably during the 1942-1972 periods. The curricula of these eight university schools of nursing were studied from the viewpoint of the inclusion of general education and nursing education.

Since the approaches to this research are concurrently thematic, geographical and chronological, the theme curriculum was considered in the region every five years within the span of time 1942-1972. Owing to the large amount of collected data, separate tables were presented for each university school of nursing. Data related to general education, nursing and nursing-related courses are found on each table for each

¹²⁵ Flaherty, op. cit., p. 11.

¹²⁶ Ibid., p. 12.

basic degree program.

A great variety of curricular patterns was evident in the respective Calendars and arrangement of course sequences was diversified. Lack of uniformity was apparent not only in type of courses and descriptions but also in the manner of calculating theory and laboratory hours, and in the academic unit of measurement.

Margaret Bridgman, an authority in basic degree programs also highlighted the difficulties met in selecting general education courses in basic degree programs:

Arranging for instruction in the natural sciences presents a particularly difficult problem, because the courses offered that are designed primarily for majors in the respective departments generally do not serve the best interest of the nursing students [. . .] If prospective nurses took all these courses in the prescribed sequences, there would be little time for anything else and the years of academic content would have to be greatly prolonged.¹²⁷

A further pedagogical issue in basic degree programs lies in the relationship between liberal arts and the professional component. Emory focused on this concern as she described Russell's pioneering endeavor to blend the two areas of curriculum in the first basic degree program at the University of Toronto. She wrote:

¹²⁷ Margaret Bridgman, Collegiate Education for Nursing, New York, Russell Sage Foundation, 1952, p. 154.

She will be remembered by the adoption of progressive educational principles and methods in achieving this goal: a process through which general and professional education are so blended throughout the entire course as to ensure the enhancement of both. Moreover, her philosophy held a study of the health and social implications of nursing to be as essential in the preparation of a good practitioner as the clinical field traditionally so generally accepted. It was emphasized further that for those who must give leadership in nursing matters through participation with other professional groups in the councils of the community there should be required a general education both broad and deep, enriching and being enriched by sound professional training. With Kathleen Russell, belief resulted in action. [. . .] Moreover, this general pattern has been followed by certain other professional schools.¹²⁸

Russell, herself, commented at length on the necessity of combining and blending both technical and general education components. An excerpt follows:

The intention is to prepare professional women, who through study of the humanities and social sciences, will grow in understanding and wisdom; with this education in the realm of human values, they may approach with some degree of safety the work that is awaiting them. For these young people, we must save general education and its values within a system where specialism is necessary. And specialism is necessary for these same students, should have nothing short of excellence in their own technical skills and knowledge. Obviously, this preparation will include a sound scientific base. We wish to combine the technical with the general subjects through the university course, believing that the richer result will be obtained by this method.¹²⁹

¹²⁸ Emory, Edith Kathleen Russell, op. cit., p. 6.

¹²⁹ E. Kathleen Russell, "Medicine as a Social Instrument: Nursing", in Reprint of the New England Journal of Medicine, March 28, 1951, p. 439-433, Canadian Nurses Association, Archives, p. 8.

Table XVI shows the basic degree curriculum at the University of Toronto. The number and variety of general education courses in this generic program was greatest at the end of the first period. Beginning in 1946, the course was five years in length, but by 1953, it again became a four-year program. In the Natural Sciences, emphasis throughout the three periods was placed on Chemistry. Zoology was also offered in the first period and included basic concept of human genetics. In the Social Sciences, initially the students were provided with Sociology lectures describing the social institutions in courses labelled "Introduction to Social Work". Opportunities were offered for intensive learning periods in Child Study. Various courses in Psychology and Sociology were obligatory during the three periods.

In the Humanities, Composition and English literature were emphasized throughout the three periods. History was obligatory until the end of the second period. Philosophy began to be offered at the beginning of the second period. By the third period students could select options from History, Philosophy or Sociology. There were no electives from the Natural Sciences.

The 1971-72 curriculum stated that opportunity was provided for the development of skills, critical thinking, independent assessing, planning, evaluating, teaching, group dynamics, and in understanding of the significance of research.

Table XVI.-

Curriculum followed at University of Toronto School of Nursing from 1942-1972.^a

<u>General Education Courses</u>								<u>Nursing and Nursing-Related Courses</u>							
Subject	<u>Number of Courses</u>							Subject	<u>Number of Courses</u>						
	1942-47-	52-	57-	62-	67-	72	1942-47-		52-	57-	62-	67-	72		
Natural Sciences								Nursing-Related							
Biochemistry						1	1	Anatomy						1	
Biology	2	1						Bacteriology	1	1	1		¹ / ₂	1	1
Chemistry	2	1	2	2	2			Nutrition	1	1	2	¹ / ₂	¹ / ₂		
Zoology	1	1	3	1	1	1		Physiology	2	2	2	2	2	2	2
Total	5	3	5	3	3	2	1	Total	4	4	5	2 ¹ / ₂	3	3	4
Social Sciences								Nursing							
Anthropology			1	1	1			Introduction to Nursing	2	2	1	1	1	3	1
Child Psychol.		1	1					Leadership in Nursing	3	4	2	1			4
History	1	2	2	1				Maternal and Child Care	4	2		1	1	2	
Psychology	2	2	1	2	1	3	3	Medical-Surgical Nsg.	10	9	8	1 ¹ / ₂	2	3	5
Social Psychol.			1		1			Psychiatric Nursing	1	2	1	1			
Sociology	2							Public Health Nursing	5	8	9	2	3 ¹ / ₂	4	3
Total	5	5	6	4	3	3	3	Total	25	27	21	7 ¹ / ₂	7 ¹ / ₂	12	13
Humanities															
History of Philo.			1												
Lit. & Compos.	3	3	5	4	6	2									
Philosophy		3	1	1		1									
Philo. of Educ.		1	1				1								
Statistics							1								
Total	3	7	8	5	6	3	2								
Electives					3	3	3								
Grand Total	13	15	19	12	15	11	9	Grand Total	29	31	26	9 ⁵ / ₈	10 ¹ / ₂	15	17

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^a Source: Calendars of University and University School of Nursing, Toronto.

After 1962, students chose their three elective courses from any area in the liberal arts. This policy explains why literature, psychology and anthropology were no longer listed as obligatory courses at the end of the last period.

Table XVII shows the Curriculum followed at McMaster's basic degree program from its inception until the end of the third period.

During the span of time between 1947 to 1972 the unit of academic measure for the curriculum at McMaster University changed from course to credit. The academic unit "course" was used interchangeably with the credit system since 1957 and credits were used consistently in the last period.

General education courses increased after 1957 with the humanities increasing considerably in 1972. In the Natural Sciences, Chemistry was emphasized throughout these three periods. Zoology was compulsory until 1952. Sociology was obligatory throughout these three periods. History was also compulsory until the end of the second period; Psychology had been required since the inception of the program and increased from six to twelve credits in 1972. Anthropology was obligatory in 1967.

It was among the Humanities that electives were first offered since 1962. Electives were still allowed at the end of the third period. Among the humanities English was compulsory only until 1967, but the twenty-four elective credits

Table XVII.-

Curriculum followed at McMaster University School of Nursing from 1947-1972.^a

<u>General Education Courses</u>							<u>Nursing and Nursing-Related Courses</u>							
Subject	<u>No. of Courses</u>			<u>Number of Credits</u>			Subject	<u>No. of Courses</u>			<u>Number of Credits</u>			
	1947-52-	57-62-	67-72	1947-52-	57-62-	67-72		1947-52-	57-62-	67-72	1947-52-	57-62-	67-72	
Natural Sciences							Nursing-Related							
Botany	1						Anatomy and Physiology	1	1					
Chemistry	6	6	15	15	15	15	Bacteriology	1						
Zoology	1	1					Combined Science				13	13	14	14
Total	8	7	15	15	15	15	Nutrition	4	3	3*	3	3	3	
Social Sciences							Total	6	4	13+3*	16	17	17	
Anthropology					6		Nursing							
History	1	1	6	6			Introduction to Nursing	3	1	2	6	6	6	
Psychology	1	1	6	6	6	12	Leadership in Nsg.	3	3	1	1	2	9	
Sociology	1	1	6	6	6	6	Maternal and Child Care	2	2	16	14	12	10	
Total	3	3	18	18	18	18	Medical-Surgical Nursing	6	2½	42	56	30	22	
Humanities							Psychiatric Nsg.	2	1		8	4	7	
Biblical Lit.	2						Public Health Nursing	6	3	15	11	20	7	
English	1	1	6	6	6		Electives	2	2	3	3			
Geography	1	1					Total	24	14½	79	99	74	61	
New Testament		1	2				Grand Total	30	18½	92+3*	115	91	78	
Old Testament		1	2											
Religious Studies														
Electives				9	9	24								
Total	4	4	10	15	15	24								
Grand Total	15	14	43	48	48	57								

^a Source: Calendars of University and University School of Nursing, McMaster.

* Courses.

could possibly allow students to include English in 1972; there is no evidence that this choice was made compulsory. The following excerpt from the 1957 Calendar described the basic degree curriculum at McMaster University.

The curriculum, during the first two years, centres mainly on basic physical, biological and social sciences, certain of the humanities such as English, History and Religious Studies, and on Introductory Nursing. In the summer periods of these two years, students are introduced to community nursing resources, to affiliated community organizations, and to practice in basic nursing skills in the hospital. The curriculum in the senior years is devoted mainly to clinical studies and experiences in nursing - medical, surgical, psychiatric, tuberculosis, paediatric, obstetrical and public health.¹³⁰

The University of Ottawa School of Nursing, inaugurated its basic degree program in 1961, and used the credit system since the inception of the generic program. The basic degree programs at McMaster and Ottawa were more similar in that aspect, McMaster having begun the credit system after 1957.

Table XVIII gives a view of the curriculum at the University of Ottawa School of Nursing from 1962-1972. It can be noted that the Humanities and Social Sciences at the University of Ottawa outnumbered the Natural Sciences during every period. In fact, in 1967, it seems that the Natural Sciences were eliminated.

The historical origin of the University might explain the rationale for the emphasis placed on the Humanities;

¹³⁰ McMaster University, Calendar 1957-1958, p. 44.

Table XVIII.-

Curriculum followed at Ottawa University School of Nursing
from 1962-1972.^a

<u>General Education Courses</u>				<u>Nursing and Nursing-Related Courses</u>			
Subject	Number of Credits			Subject	Number of Credits		
	1962-67-72				1962-67-72		
Natural Sciences				Nursing-Related			
Biochemistry			2	Anatomy and Physiology	8	12	12
Chemistry	9			Microbiology	4	4	4
Total	9	0	2	Medical Science			
Social Sciences				Nutrition	3	4	
Christian sociology	4			Pathology			
Economics			6	Pharmacology			
History	6			Total	15	20	16
Phil. Anthropology			3	Nursing			
Political Science			6	Introduction to Nursing	16	13	20
Psychology	4	7	12	Leadership in Nursing	5	13	17
Social Psychology			6	Maternal and Child Care	12	14	22
Sociology	2	6	6	Medical-Surgical Nsg.	16	28	36
Sociology of Family		4	3	Psychiatric Nursing	8	5	9
Total	16	17	42	Public Health Nursing	9		5
Humanities				Electives			
Advanced Algebra	6			Total	66	73	109
English Lit.	10	6	6				
French Lit.	16	4	6				
General Ethics	3	3					
Philosophy	8	3	9				
Public Speaking	2						
Relig. Knowledge	12	3					
Electives			12				
Total	57	19	33				
Grand Total	82	36	77	Grand Total	81	93	125

a Source: Calendars of University and University School of Nursing, Ottawa.

fifty-three credits were offered in 1961. This number was reduced to nineteen in 1967 and by 1972 the total of thirty-three credits in the Humanities again outnumbered the two in Natural Sciences. There had been a shift on emphasis on the Social Sciences; these numbered forty-two credits in 1972, thus more than doubling the sixteen credits in 1961.

Among the Humanities, there was a considerable shift of emphasis between 1961 and 1972. While Composition, Philosophy and Religious courses were numerous in the first period, they gradually declined in 1967, to become non-existent in 1972.

Five basic degree programs were established in the Ontario Region between 1966 and 1969; namely, at Lakehead, Western, Laurentian, Windsor and Queen's Universities. In these five Universities and during the lapse of time covered between 1967-1972, the Course was the academic unit of measurement, as it was at the University of Toronto. Tables XIX to XXIII inclusively present the curricula of the basic degree programs at the Universities of Lakehead, Western, Laurentian, Windsor and Queen's. Lakehead University lowered its requirements in general education from ten courses in 1967 to seven courses in 1972. Similarly, Western University which had nineteen courses obligatory in 1967 demanded nine courses in 1972. Laurentian University was consistent with twelve courses. On the other hand, the University of Windsor raised its requirements in general education from eleven courses to

Table XIX.-

Curriculum followed at Lakehead University School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	Number of Courses		Subject	Number of Courses	
	1967 - 1972			1967 - 1972	
Natural Sciences			Nursing-Related		
Intro. Biology	1		Anat. & Physiol.	2	1 $\frac{1}{2}$
Intr. Physical Sciences	2	$\frac{1}{2}$	Microbiology	1	$1\frac{1}{2}$
Org. Chemistry	1	$\frac{1}{2}$	Total	3	$1\frac{1}{2}$
Total	4	1	Nursing		
Social Sciences			Intro. to Nsg.	2	2
Psychology	2	4	Leadership in Nsg.	2	4
Sociology	2	2	Maternal and Child Care	2	4
Total	4	6	Medical-Surgical		
Humanities			Nursing	3	$2\frac{1}{2}$
Statistics			Psychiatric Nsg.	1	2
Electives	2		Public Health		
Total	2	0	Nursing	2	3
			Electives	4	4
			Total	16	$21\frac{1}{2}$
Grand Total	10	7	Grand Total	19	23

a Source: Calendars of University and University School of Nursing, Lakehead.

Table XX.-

Curriculum followed at Western Ontario School of Nursing
from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	<u>Number of Courses</u>		Subject	<u>No. of Courses</u>	<u>No. of Hours</u>
	1967 - 1972			1967 - 1972	
Natural Sciences			Nursing-Related		
Biochemistry	2	1	Anat. & Physiol.	3	115
Biology	2		Medical Science		57
Chemistry	1	1	Microbiology		80
Intr. Biolog.Scs.	2		Pathology	1	
Intr. Physical Sciences			Pharmacology	1	52
Organic Chemistry	2	1	Total	5	304
Total	9	3			
					<u>No. of Courses</u>
Social Sciences			Nursing		
Psychology	4	4	Intr. to Nsg.	2	2
Sociology	4		Leadership in Nsg.	1	2
Electives		1	Maternal and Child Care	1	2
Total	8	5	Medical-Surgical Nursing	2	2
Humanities			Psychiatric Nsg.	1	2
English lit.	1		Public Health Nsg.	1	2
Statistics	1	1	Electives	4	1
Electives			Total	12	13
Total	2	1			
Grand Total	19	9	Grand Total	17	13+ 304 hours

a Source: Calendars of University and University School of Nursing, Western Ontario.

Table XXI.-

Curriculum followed at Laurentian University School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	<u>Number of Courses</u>		Subject	<u>Number of Courses</u>	
	1967 - 1972			1967 - 1972	
Natural Sciences			Nursing-Related		
Biochemistry	1		Microbiology		1
Chemistry		2	Total	0	1
Zoology	1		Nursing		
Total	2	2	Intro. to Nsg.	2	1
Social Sciences			Leadership in Nursing		1
Economics	1		Maternal and Child Care	1	3
Psychology	3	3	Medical-Surgical Nursing	6	2
Sociology	2	2	Psychiatric Nsg.	1	1
Total	6	5	Public Health Nursing	1	1
Humanities			Electives		1
Eng. Lit. or Litt. franç.	1		Total	11	10
Intr. Philosophy	1				
Electives	2	5			
Total	4	5			
Grand Total	12	12	Grand Total	11	11

a Source: Calendars of University and University School of Nursing, Laurentian University.

Table XXII.-

Curriculum followed at Windsor University School of Nursing
from 1967-1972.^a

<u>General Education Courses</u>		<u>Nursing and Nursing-Related Courses</u>	
Subject	Number of Courses	Subject	Number of Courses
	1967 - 1972		1967 - 1972
Natural Sciences		Nursing-Related	
Chemistry	0 2	Anat. & Physiol.	2 2
Total	0 2	Microbiology	1 1
		Total	3 3
Social Sciences		Nursing	
Abnormal Psychol.	1 2	Intr. to Nsg.	4 4
Political Science	2 2	Leadership in Nsg.	4 5
Psychology	6 6	Maternal and	
Sociology	2 2	Child Care	2 4
Total	11 12	Medical-Surgical	
		Nursing	4 5
Humanities		Psychiatric Nsg.	1 3
Electives	0 6	Pub. Health Nsg.	3 2
Total	0 6	Electives	
		Total	18 23
Grand Total	11 20	Grand Total	21 26

a Source: Calendars of University and University School of Nursing, Windsor University.

Table XXIII.-

Curriculum followed at Queen's University School of Nursing
from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	Number of Courses		Subject	Number of Courses	
	1967 - 1972			1967 - 1972	
Natural Sciences			Nursing-Related		
Biochemistry	1	1	Anat. & Physiol.	2	1
Biology	1	2	Microbiology	1	
Total	2	3	Total	3	1
Social Sciences			Nursing		
Abnormal Psychol.	1	3	Intr. to Nsg.	4	3
Psychology	2		Leadership in Nsg.	4	4
Sociology		1	Maternal and		
Total	3	4	Child Care	2	5
Humanities			Medical-Surgical		
English lit.	1	1	Nursing	4	2
Intr. Philo.	1		Psychiatric Nsg.	1	0
Electives	4	3	Pub. Health Nsg.	3	1
Total	6	4	Electives		
			Total	18	15
Grand Total	11	11	Grand Total	21	16

^a Source: Calendars of University and University School of Nursing, Queen's University.

twenty. Queen's University remained rather stable within this five year period by requiring eleven courses in general education.

The unit of measurement throughout the three decades in the general education as well as in the nursing component at the University of Toronto was the Course. McMaster, on the other hand, used the credit system from 1957 to 1972.

At the University of Toronto, subject matter such as Nutrition was integrated within Biochemistry. As shown in Table XVI, Psychiatric Nursing and Maternal and Child Nursing were amalgamated during the last period within the broad-field approach typical of the post 1967 curricula in the Ontario Region. Appendix 5 gives the gamut of nursing course offerings for the twenty-two basic degree programs.

The nomenclature of the nursing component at most universities as indicated in Appendix 5 revealed a close adherence to the medical model¹³¹ until 1967 and even later. However, after 1967, the "care-centred" rather than the "cure-centred" emphasis was evident as well as a broad fields approach in course title and descriptions. Titles such as "Care of patients and families with complex nursing problems" (Appendix 5), "Nursing care of adults and children

131 The medical model as compared to a nursing model is cure-centred rather than care-oriented; it is also more disease-oriented.

in hospital and Community Settings" (Appendix 5) contrast with the more narrow and medical-oriented titles in the first period such as "Tuberculosis", "Surgery" or "Medicine" (Appendix 5).

It was also noticed in Table XVI that the areas labelled Medical-Surgical Nursing and Maternal-Child Care at the University of Toronto had been considerably reduced in their course offerings by 1972. It was seen that the emphasis at the end of the third period was nursing care centred and that the curricula offerings proceeded from the simple to the more complex situations. This was evident in 1972 where first year curriculum courses were labelled "Nursing of Patients with simple care problems" and later "Care of Patients and Families with complex nursing problems" (Appendix 5). Two other course titles which illustrated this broad-fields nursing approach and integration at the end of the third period were "Nursing and changing patterns of health care" and "Nursing Care of adults and children in hospital and community settings" (Appendix 5).

Referring to Table XVII for the clinical component of the curriculum, it was noted that, while the curriculum during the first year, was centred mainly on the natural, social sciences and the humanities, the second, third and fourth were increasingly devoted to clinical studies and experiences in nursing.

Calendars, towards the end of the second period and in the third period, showed that the nursing component was studied from the broadest possible nursing approach. Attention was focused on the importance of considering illness as a deviation from health. This approach was followed in all areas of clinical nursing by 1972.

Towards the end of the third period, the study of nursing was approached from the premise that there were major elements of content which were common in the study of the nursing care of people in various states of health and illness and all ages. Titles and descriptions had thus been greatly modified during the three decades. While a course at McMaster was labelled "Rural Hospital Observation" in 1947, in 1972 the curriculum included titles such as "Senior Nursing, Management, Introduction to Research Methods" (Appendix 5).

Electives in the nursing component had been possible for the basic degree students from 1947 until the end of the third period at McMaster University. These electives aimed at some specialization in management or public health.

A community-oriented curriculum was apparent since the inception of the program at McMaster. This focus became ever more apparent in the 1967 curriculum which is part of Table XVII; twenty of the seventy-four nursing credits that year were offered in Public Health Nursing.

The main thrust in the nursing curriculum had always been in the area labelled Medical-Surgical Nursing. That area

carried most of the weight at every period and even in 1972 was considerably higher than others. It then comprised twenty-two credits while the next highest was in Maternal and Child care with a total of ten credits. Here, as at the University of Toronto, it is noticed that the curriculum approach had lately become broader, less medical-oriented cutting across states of health, age groups and institutions where care was offered. While a 1947 title might read "Medicine in Nursing" including a four-week assignment in the Diet Kitchen, a 1972 course was labelled "Nursing care in various states of health and illness and in all age groups" (Appendix 5).

Shifts in societal patterns of health and disease during various periods from 1942-1972 were also reflected in the curricula. Courses such as "Nursing Tuberculosis" and "Nursing in Communicable Diseases" had ceased to be separate entities after 1962 when these diseases were no longer major societal health concerns.

The basic degree program at Ottawa University was established in 1961, five years prior to that at Lakehead and Western. As in other universities, the area of Medical-Surgical Nursing at Ottawa illustrated in Table XVIII, seemed to bear the greatest number of credits in the professional component. The laboratory or clinical experience periods in nursing were heavy and required much time in the curriculum. The medical model and disease emphasis model seemed evident

there in 1962; some courses bore titles such as "Tuberculosis Nursing", but there was already an indication of some nursing-oriented courses. In 1962, maternal, infant and child care was united in one course labelled "Obstetrical and Pediatric Nursing" (Appendix 5). However, by 1972, fragmentation was again evident; two courses were offered entitled "Maternal, Child and Gynecological Nursing" and "Care of the Child and Adolescent" (Appendix 5).

In Tables XIX to XXIII, the curricula of the Universities of Lakehead, Western Ontario, Laurentian, Windsor and Queen's are individually shown. Great similarity is seen in the five programs established after 1966. It was difficult to establish academic weight value in most of the nursing courses. Clinical experience was also rather difficult to estimate. Three of the five programs carried electives in nursing. At Queen's University in Table XXIII, psychiatric nursing had been amalgamated within another course. This had also happened at the University of Toronto after 1967. In general, courses offered were fewer and much broader. Titles such as "Nursing in Health Problems of the Maternity Cycle", "Trends in Nursing and Delivery of Health Services" (Appendix 5) reflect new trends in health care in the Ontario Region and a curriculum approach which reflects these trends.

The medical model had disappeared from many aspects of the nursing curricula of the five basic courses established

after 1966; it had even become difficult to differentiate the nursing content within broad health-oriented course titles.

Content in the nursing component of these basic degree programs emphasized a new three-pronged and broader approach: the role of the professional nurse, a health centered focus, a family framework. Evidence of this is seen in the titles and course descriptions of the basic degree program at the University of Western Ontario: "Role of the Professional Nurse in Care of Adults and Children", "Health centered care focused on family and needs of newborn" and "Nursing of the child within the framework of family dynamics" (Appendix 5). Throughout the curriculum, there was a cogent effort to bring forth the leadership role of the basic degree nurse. This even became more evident in the nursing component of the five basic programs established in the late 1960's. No specialization in management and education was offered; courses however comprised some leadership, administration and teaching concepts (Appendix 5).

Table XXIV shows the comparison between the General Education, the Nursing component and the total number of courses offered in the eight basic degree programs of Ontario.

It is difficult to establish true comparisons between programs because the academic unit of measurement was not consistent even when the Course was used. It is however noticed that at the University of Toronto, the total number of courses

Table XXIV.-

Comparison between the General Education and the Nursing Component of the Ontario Basic Degree Programs 1942-1972.^a

Year	<u>U. of Toronto</u>			<u>McMaster U.</u>			<u>U. of Ottawa</u>			<u>Lakehead U.</u>		
	<u>Number of Courses</u>			<u>Number of Courses</u>			<u>Number of Credits</u>			<u>Number of Courses</u>		
	G.E.	N & NR	Tot	G.E.	N & NR	Tot	G.E.	N & NR	Tot	G.E.	N & NR	Tot
1942	13	29	42									
1952	19	26	45	14	18½	32½						
				<u>Number of Credits</u>								
1962	15	10½	25½	48	115	163	82	81	163			
1972	9	17	26	57	78	135	77	125	202	7	23	30
Year	<u>U. of Western Ont.</u>			<u>Laurentian U.</u>			<u>U. of Windsor</u>			<u>Queen's U.</u>		
	<u>Number of Courses</u>			<u>Number of Courses</u>			<u>Number of Courses</u>			<u>Number of Courses</u>		
	G.E.	N & NR	Tot	G.E.	N & NR	Tot	G.E.	N & NR	Tot	G.E.	N & NR	Tot
1972	9	13	22	12	11	23	20	26	46	11	16	27
		304	304									
		hours	hours									

^a Source: Data compiled in Chapter II.

Legend: G.E.: General Education N & NR: Nursing and Nursing-Related
 Tot: Total.

was reduced from forty-five in 1942 to twenty-five and a half in 1962 and twenty-six in 1972. In the seventeen courses offered in 1972, there was a central core of teaching in nursing which extended throughout the four years and which was concerned with the well-being of the individual, family and community. Nursing courses seemed slightly heavier than the liberal arts courses. Yet there was a good balance in the nursing and general education components.

There is evidence in curricula of all basic degree programs to support the following statement made by Russell, a non-nurse educator, who studied the liberal arts and nursing courses in the basic degree programs of the United States:

The nursing profession is well in the forefront of efforts generally to expand the content and the spirit of professional education to make it serve both the needs of practice and the larger responsibilities of life.¹³²

Table XXIV also reveals that the basic degree curriculum at McMaster was a heavy program. The 1962 curriculum carried 163 credits, 115 of which belonged to the nursing component. When a comparison between the general education and the nursing courses at McMaster University is made during the last three periods, it reveals a decrease in the nursing courses and an increase in the general education courses in the last period. The total number of credits in the basic degree program had

¹³² Charles A. Russell, Liberal Education and Nursing, New York, Columbia University Teacher's College, 1962, p. 73.

dropped by twenty-eight credits from 1962 to 1972. It was still a heavy program.

At the University of Ottawa, on the other hand, the total number of courses had increased substantially in the last period; this increment was especially evident in the professional component which usually carries three or more hours of patient contact for one credit.

It was difficult to compare the five basic degree programs established since 1966. The professional component comprised more courses than the liberal arts except at Laurentian, where the general education seemed slightly higher in 1972. More emphasis on the nursing component was evident at the University of Western Ontario. Lakehead University offered the most striking difference with twenty-three professional and professional-related courses and seven in general education.

6. Students.

The theme students will now be reviewed from the following viewpoints: Admissions, Enrolments, Graduations from each University School from its inception to 1972, Admission requirements every five years through the years 1942-1972, Annual admission fees to university nursing programs and how students were viewed on campus.

In a Canadian study, Mussallem recommended that the "professional nurse was to be prepared in a four-year integrated preservice university program"¹³³. She further suggested "that on the basis of present calculation and study, the [. . .] two categories of nurses be prepared in the ratio of one professional nurse to three technical nurses"¹³⁴. She added that "the number of students in the professional nursing programs must be increased to approximately four hundred, and proportionally more as enrolment in nursing increases"¹³⁵.

Table XXV shows the annual admissions, enrolments and graduations for the eight basic degree programs in the Ontario Region during the 1942-1972 periods. It can be seen from this table that the enrolments were slow in rising in the majority of the universities. The table indicates that although eight male students had been enrolled in Ontario Universities since 1968, no male students had yet graduated by 1972. Nursing was still a very female-dominated profession.

While admissions increased from twenty-nine at the end of the first period to 71 at the end of the second, they had

133 Helen K. Mussallem, A Plan for the Development of Nursing Education Programs within the General Educational System of Canada, Ottawa, Canadian Nurses' Association, 1962, p. 179-180.

134 Ibid.

135 Ibid., p. 155.

Table XXV.-

Admissions, Enrolments and Graduations in Basic Degree Programs in the Ontario Region, 1942-1972.^a

Year	T ^b	<u>No. of Admissions</u>																		
		M	O	La	WO	L	W	Q	Tot	Year	T	M	O	La	WO	L	W	Q	Tot	
1942	3								3	1958	36	14								50
1943	7								7	1959	56	9								65
1944	15								15	1960	40	9								49
1945	17								17	1961	40	20	11							71
1946	20	10							30	1962	46	23	12							81
1947	20	10							30	1963	58	22	13							93
1948	19	9							28	1964	55	20	0							75
1949	21	4							25	1965	74	30	16							120
1950	17	6							23	1966	72	30	21	-	25					148
1951	14	4							18	1967	75	27	34	-	30	13				179
1952	15	14							29	1968	77	29	39	20-3*	40	13	18			236-3
1953	18	8							26	1969	73	66	43	20	38	9	26		24	299
1954	39	14							53	1970	78	65	52	20	46	12	24		40	337
1955	40	11							51	1971	84-1	61	45	18-2	46	28	44-2		41	367-5
1956	43	10							53	1972	87-1	84-3	87	24-1	49	27	87-1		47	492-6
1957	39	19							58											

(Continued)

Table XXV.- (Continued)
Admissions, Enrolments and Graduations.^a

Year	T ^b	No. of Enrolments							Year	T	M	O	La	WO	L	W	Q	Tot
		M	O	La	WO	L	W	Q										
1942	3							3	1958	126	54							180
1943	10							10	1959	148	52							200
1944	25							25	1960	159	52							211
1945	40							40	1961	152	52	9						213
1946	54 18							72	1962	152	61	9						222
1947	65 28							93	1963	155	74	23						252
1948	70 37							107	1964	170	85	38						293
1949	73 36							109	1965	202	95	38						335
1950	84 39							123	1966	226	103	47	-	25				401
1951	79 33							112	1967	246	106	54	-	55	13			474
1952	72 38							110	1968	269	115	94	-	85	26	18		607
1953	70 36							106	1969	272	152	125	66	115	35	41	24	830
1954	94 46							140	1970	274	189	142	72	141	40	63	64	985
1955	100 52							152	1971	272-1	223	142	69	152	56	100-3	110	1123-4
1956	129 43							172	1972	282-2	277-3	198	73	164	63	157-3	151	1365-8
1957	133 54							187										

(Continued)

Table XXV.- (Continued)
Admissions, Enrolments and Graduations.^a

Year	T ^b	<u>No. of Graduations</u>										Year	T	M	O	La	WO	L	W	Q	Tot
		M	O	La	WO	L	W	Q	Tot												
1942											1958	29	11								40
1943											1959	26	9								35
1944											1960	36	8								44
1945											1961	34	16								50
1946	12									12	1962	40	12								52
1947	19									19	1963	33	5								38
1948	14									14	1964	30	7								37
1949	4									4	1965	33	18	6							57
1950	19									19	1966	46	19	7							72
1951	15	10								25	1967	45	15	14							74
1952	13	9								22	1968	62	19	0							81
1953	20	3								23	1969	70	28	7							105
1954	22	4								26	1970	70	26	23	11	16					146
1955	20	3								23	1971	62	25	24	14	26	11				162
1956	18	13								31	1972	64	26	31	17	33	12	11	21		215
1957	35	9								44											

a Source: Information received from Directors of Schools of Nursing, University Archives and Registrars of respective Universities.

b Universities are placed according to chronological order of appearance:
T: Toronto, M: McMaster, O: Ottawa, La: Lakehead, WO: Western Ontario,
L: Laurentian, W: Windsor, Q: Queen's, Tot: Total.

* Small numbers refer to male students.

augmented to 497 at the end of the third. Five male students were admitted in 1972. Four schools that year admitted over eighty-five students but in the four other university schools of nursing, inaugurated since 1966, admissions were still varying between twenty-five and fifty. At Windsor, the director of the basic program admitted eighty-eight students in 1972, the highest number of admissions in the eight university schools of nursing.

Male students did not seem attracted or for other reasons were slow to be admitted to basic degree programs. By 1972, no male students had yet graduated from a professional program in Ontario although five male students had been admitted in three university schools of nursing.

By 1962, the CAUSN publicly declared and corroborated the position previously endorsed by Mussallem that "the two categories of nurses [the professional and the technical] be prepared in the ratio of one professional nurse to three technical nurses"¹³⁶. The CAUSN statement read:

That definite steps be taken to prepare at least one-quarter of nurses in university programmes [. . . .] The figure of at least one quarter of the nurses was arrived at through an actual count of the positions in Canada in all fields of nursing requiring basic university preparation as a minimum.¹³⁷

¹³⁶ Mussallem, op. cit., p. 180.

¹³⁷ Canadian Conference of University Schools of Nursing, A Submission from the Canadian Conference of University Schools of Nursing to the Royal Commission on Health Services, Toronto, The Conference, 1962, p. 12.

The Royal Commission on Health Services, commonly called The Hall Report reaffirmed these positions and condensed its recommendations in the following statement:

Sufficient potential candidates for leadership positions in nursing should be channelled into university schools of nursing. At present less than 5% of all students enter university schools. No less than 25 percent should be prepared in this stream, if nurses are to provide the necessary leadership in nursing practice [. . .]¹³⁸

When comments such as the following are voiced by a renowned pioneer in basic degree programs in Ontario and in Canada, the slow rise in enrolment and graduations from professional programs may be understood:

In the early days [1946] our graduates (small in number) were hard to place. Very early on, we even offered to pay the salary of one or two graduates to get them started in hospital service.¹³⁹

The same university educator positively adds that "the Toronto Branch of the V.O.N. gave scholarships to students in the last year of preparation in order to secure what they considered a very desirable product"¹⁴⁰.

138 Helen K. Mussallem, Nursing Education in Canada, Ottawa, Queen's Printer, 1965, p. 138.

139 Emory, Some Observations, op. cit., p. 4.

140 Ibid.

In 1962, Mussallem wrote:

In Ontario, the six university schools of nursing should increase their enrollment by four times, if they are to bring into being a ratio of one professional nurse to four technical nurses.¹⁴¹

The 1:4 ratio desired in 1962 was 1:20 by 1972; 4,371¹⁴² students graduated from initial diploma programs in Ontario, and 173 from basic degree programs that year. The desired professional-technical ratio still seemed a very distant ideal.

Appendix 6 gives the minimum academic, and other entrance requirements for the eight basic programs begun between 1942 and 1972, namely at the eight Universities of the Ontario Region. It also gives the entrance requirements for the eight basic programs in existence in the last period. It is noted that Ontario Gr. XIII was compulsory in all universities during the three periods except at the University of Ottawa in 1962. Minimum age requirements were not always indicated. In 1942, the minimum age requirement at the University of Toronto was 18 years; this was lowered to 17 years in 1947; McMaster University stated 16 years as the minimum age in 1967. Health certificates were demanded by most universities with varying requirements. An average of 60% was required at McMaster since 1957 and was required of

¹⁴¹ Mussallem, A Plan, op. cit., p. 170.

¹⁴² C.N.A., Countdown 1973, Ottawa, C.N.A., p. 80.

most universities by 1972. Obligatory subjects varied with each basic degree program. Admissions tests were stated as obligatory in four of the eight basic degree programs by 1972.

Table XXVI presents annual tuition fees for every five years during the span of time intervening between 1942 and 1972. These costs did not include board and room, neither books and supplies often evaluated as varying from \$120.00-\$150.00, nor incidental fees which varied between \$50.00-\$75.00, nor uniforms necessary for clinical experience, and evaluated between \$50.00-\$100.00. Certain universities also carried university and student societies fees in addition to health insurance which was evaluated at Queen's University at more than \$65.00¹⁴³ in 1968-1969.

Board and room varied and increased considerably during the three decades. Evaluated at \$252.00 per year in 1942¹⁴⁴, at the University of Toronto, the same services thirty years later were estimated at \$1025.00 for the academic year at McMaster University¹⁴⁵. These fees did not cover the summer sessions required of nursing students. Board which was

143 Queen's University at Kingston, Calendar 1968-1969, p. 35.

144 University of Toronto, Calendar 1942-1943, p. 11.

145 McMaster University, Calendar 1972-1973, p. 24.

Table XXVI.-

Comparative Annual Student Tuition Fees in Ontario Region,
1942-1972.

University	1942	1947	1952	1957	1962	1967	1972
Toronto 1942	\$122.	\$129.	\$188.	\$258.	\$340.	\$425.	\$425.00
McMaster 1946		268.	235.	300.	350.	400.	622.50
Ottawa 1961					300.	525.	536.00
Lakehead 1966						510.	615.00
Western Ontario 1966						515.	517.50
Laurentian 1967						460.	490.00
Windsor 1968						535.	550.00
Queen's 1968						500.	500.00

evaluated at \$5.00 per week in 1949 at McMaster¹⁴⁶, had risen to \$7.50 in 1962¹⁴⁷ and by 1972 was estimated at \$19.00 per week¹⁴⁸. A basic degree student would also have additional travelling expenses to and from clinical areas, agencies which oftentimes were remote from the university residences or schools of nursing.

It can therefore be understood why enrolment rose slowly especially when federal and provincial bursaries were rarely granted to basic degree students. There had been a greater tendency to provide financial assistance to students who had already gained a basic registered nurses' diploma and who sought post-basic preparation at the baccalaureate level¹⁴⁹.

It was noted from Table XXVI that tuition fees which covered the academic year, September to May, almost tripled between 1942 to 1972 at the University of Toronto. These fees varied between \$425.00 to \$622.50 in 1972 and did not cover the incidental fees nor the particular fees mentioned earlier. Basic degree students bore heavy expenses and in addition,

146 McMaster University, Calendar 1949-1950, p. 22.

147 McMaster University, Calendar 1962-1963, p. 44.

148 McMaster University, Calendar 1972-1973, p. 24.

149 "Financial Assistance for Study for Registered Nurses", in RNAO News, Vol. 26, No. 1, p. 29.

their professional program was an expensive one for the University to carry.

The recommendation made by CAUSN to the Royal Commission on Health Services in 1962 concerning financial assistance was timely. It read:

That the present system of Federal-Provincial bursaries be reviewed. It is suggested that the number of bursaries and the amount of each bursary be increased, and that the present obligations required by bursary recipients be made less restrictive.¹⁵⁰

Basic degree programs slowly and gradually came to belong to the university campuses. Once established, these programs seemed to be accepted by the University, the Provincial Government, the Provincial Associations of Registered Nurses and nurses at diploma levels. Other institutions mentioned as seeing basic programs in a positive light were health agencies and alumnae associations¹⁵¹. Groups who saw basic degree programs as less needed were mentioned as being senior nurses, some in administrative positions in nursing services. Physicians and medical faculty were similarly mentioned as seeing basic degree programs as of lesser importance¹⁵².

¹⁵⁰ CAUSN, Brief to the Royal Commission on Health Services, op. cit., p. 1.

¹⁵¹ Jean Wilson, Basic data, University of Toronto, School of Nursing, June 25, 1974.

¹⁵² Anna Gupta, Basic data, July 1, 1974.

Basic degree students were part of campus and yet much laboratory time was spent outside the academic walls. Comments such as the following illustrate how basic degree students viewed themselves and were seen on campus:

I believe they always tended to view themselves and to be viewed by others as hard-working - more equivalent to Science students than to students in Arts and Social Sciences who are viewed as having lighter "loads".¹⁵³

Another mentioned that basic degree students were "involved with non-nursing academic and student government groups. They are faculty favorites in Biology"¹⁵⁴. She added, however, that one aspect of campus life that nursing interferes with is participation in varsity sports; Friday tended to be a clinical experience day and also a day teams leave campus to play week-end games elsewhere. It was felt that nursing was too time-consuming to allow for sport practice¹⁵⁵. Gupta feels that they were seen as "hardworking, good, understanding and responsible"¹⁵⁶. Students saw themselves as an integral part of the student body at Queen's University and were accepted as such¹⁵⁷.

153 Dorothy Kergin, Basic data, July 14, 1975.

154 Dorothy Pringle, Basic data, October 18, 1974.

155 Ibid.

156 Anna Gupta, Basic data, July 3, 1975.

157 Jean Hill, Basic data, August 29, 1974.

7. Issues and Obstacles Challenging Basic Degree Programs.

Although eight basic degree programs had been firmly established by 1972, many unsolved problems and challenging issues still faced educators and students. The purpose of this section is not to examine the underlying reasons for the challenges facing nursing at the end of the third period. It seems that the image of the basic degree program was still uncertain. Emerging health professions probably faced the same difficulties. Kathleen Russell, the first Canadian educator to inaugurate a basic degree program wrote at the end of the first period:

The centre of controversy lies in the field of nursing education [. . . .] Undoubtedly, it is the assessment of nursing as merely a somewhat glamourized, but quite simple form of bedside care that even now sways world-wide and community-wide opinion concerning the work itself and consequently, concerning the preparation for this work, that is, the whole field of nursing education.¹⁵⁸

One unpublished doctoral dissertation by an Ontario nurse educator offered some explanation for the roots of bewilderment concerning basic degree program. In 1968, she wrote:

¹⁵⁸ Edith Kathleen Russell, The Report of a Study of Nursing Education in New Brunswick, Fredericton, The University of New Brunswick, 1956, p. 21-22.

It is of little use proposing educational change at the national level, and attempting to legislate it at the provincial level, if the local environment forces the graduates prepared in new programmes to conform to role prescriptions that oppose the principles upon which their education has been based and that lead them to adapt to the pre-existing professional norms.¹⁵⁹

Novel ideas, innovative behavior, independent judgment and action were often considered inimical to nursing. Basic degree programs' primary objectives were to stimulate these same professional attitudes. The following issues and obstacles facing programs in 1972 and which emanated from educators in the eight basic degree programs in Ontario are consistent with the conflictual trends in emerging professions. An attempt was made to categorize these unresolved issues under the six following headings: Clinical fields, Relationships, Students and their future roles, Faculty, Finances and Programs.

Clinical fields in hospital and health agencies are vital laboratories for basic degree programs. University educators are fortunate in being able to provide live, real, human situations in which students can observe, learn, apply and practice nursing. However, this apparently ideal laboratory situation often raises issues related to the nature of the

¹⁵⁹ Dorothy Kergin, An Exploratory Study of the Professionalization of Registered Nurses in Ontario and the Implications for the Support of Change in Basic Nursing Educational Programs, unpublished Ph.D. dissertation, University of Michigan, 1968, p. 169.

clinical fields, the personnel staffing these areas, their location and the necessity of sharing clinical facilities with other types of nursing schools.

Comments such as the following concerning clinical resources were obtained from directors or key people in basic degree programs: "Inadequate facilities for clinical practice of the calibre needed for students in a baccalaureate program"¹⁶⁰.

Reliance of clinical fields not under the jurisdiction of the University, staffed by personnel not always sympathetic towards this level of education in nursing, where standards of practice were not always progressive and up to date.¹⁶¹

"There were limitation of field facilities"¹⁶².

Until the late 1960's clinical fields suffered from the lack of stimulus provided by active teaching and research programmes in the health fields such as those associated with university settings.¹⁶³

In relation to location of the clinical resources, the following issues were raised: "Travelling time of students often made them late"¹⁶⁴. "Distance between clinical fields and major university teaching facilities"¹⁶⁵.

160 Joan Stock, Basic data, July 11, 1974.

161 Alma Reid, Basic data, August 29, 1974.

162 Emory, "Some Observations....", op. cit.

163 H. Alderson, Basic data, McMaster University School of Nursing, March 9, 1974.

164 Leta Sanders, Basic data, August 28, 1974.

165 Alderson, op. cit.

Concurrent with the nature and location of clinical facilities, other educators raised the issue of the nursing personnel staffing these clinical areas and their related influence on basic degree programs. Challenges such as the following were not uncommon: "There is room for a more welcomed collaboration and coordination with clinical agencies and other educational institutions using resources"¹⁶⁶. "Persons responsible in clinical units gave preference for clinical practice to regional schools"¹⁶⁷. There were further questions related to the university nurse educators and their use of clinical facilities. A nurse educator with a vast experience in nursing education asked: "Do nursing faculties consider that quality and quantity of clinical experience is given adequate consideration in their programmes?"¹⁶⁸

A last comment summarized the intricacies of sharing a laboratory setting, the clinical area in health agencies whose main purpose is service to individuals and not primarily research. White concluded:

There was considerable instructors' rivalry in clinical settings. University groups were very conscious of factors such as communications; early identification of problems was encouraged and means to avoid rather than cure were emphasized.¹⁶⁹

166 Anna Gupta, Basic data, July 1, 1974.

167 B. Donaldson, Basic data, September 18, 1974.

168 Jacquelyn Peitchinis, Letter to the writer, University of Western Ontario School of Nursing, September 22, 1974.

169 Christina White, Basic data, September 28, 1974.

The area of faculty raised a few issues. These were related to their interpretation of programs, their internal and external relationships and communications, their preparation and personnel policies, their stability. The number of faculty members and their preparation in each university of the Ontario Region is found in Table XXVII.

Describing issues and challenges which nurse educators in basic degree programs must face, Batra thus broadens the usual faculty relationships: "Our role is to help the community to be more teaching oriented, more community-health oriented"¹⁷⁰. Another adds that it is difficult to get a faculty to work as a team; to help each one understand that theirs is not the only area; all of the money, time and personnel must be equitably distributed¹⁷¹. A dean of university school felt that those most important challenges dealt also with relationship. For him, the essential element was:

[. . .] the maintenance of good relations with the hospitals and other agencies supplying clinical facilities. Maintenance also of good relations with the Regional School of Nursing (now part of Confederation College but still housed on Lakehead University campus) in the sharing of clinical facilities.¹⁷²

Another nurse educator raised another important challenge which hinges upon the acceptance and understanding of change

170 Carol Batra, Basic data, September 4, 1974.

171 Leta Sanders, Basic data, August 28, 1974.

172 H.S. Braun, Basic data, August 28, 1974.

Table XXVII.-

Qualifications of full-time nurse faculty members in the Ontario Region 1942-1957.^a

University	1942					1947					1952					1957				
	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T
Toronto			4	3	7	Hon. 1		7	5	13		1	11	2	14	1	4	9	2	16
McMaster								2		2		2	3		5		5	1		6
Total			4	3	7	1		9	5	15		3	14	2	19	1	9	10	2	22

(Continued)

a Source: Calendars of University Schools of Nursing and additional data provided by Directors, Schools of Nursing.

Legend: D: Doctorate; M: Master's Degree; B: Bachelor's Degree;
-B: Less than Bachelor's; T: Total.

Table XXVII.- (Continued)

Qualifications of full-time nurse faculty members in the Ontario Region 1962-1972.^a

University	1962					1967					1972				
	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T
Toronto	1	5	10	2	18	1	20	9	1	31	5	21	21	1	48
McMaster		3	2		5		5	3		8	2	18	2		22
Ottawa		3	7	7	17		3	10		13		4	9		13
Lakehead							4	6		10	1	2	5		8
Western Ontario							9	2		11		15	9		24
Laurentian						2	4	3		9	2	1	2		5
Queen's							2	1.5		3.5	1	10	4		15
Windsor						1	3	1		5		9	3		12
Total	1	11	19	9	40	4	50	35.5	1	90.5	11	80	55	1	147

by participating agencies. These changes also required the faculty to disseminate and interpret new information and trends in educational policies. She commented also on the challenge of fostering and developing community relationships, that is, not allowing the faculty to live in isolation¹⁷³. Another key nursing leader¹⁷⁴ felt that faculties needed to be realistic yet outgoing about sponsoring effective community relationships and responding to community needs. She was of the opinion that through their efforts and relationship, faculties could influence government policies; they could also participate in the formulation of educational and service policies by the organized profession in nursing: ICN, CNA, RNAO¹⁷⁵.

Another nursing leader felt that communication between university teachers and hospital personnel was not easy. She added "especially when the faculty did not make themselves sufficiently knowledgeable about hospital policy and routines"¹⁷⁶.

Batra felt that a main obstacle was the slowness to accept the concept of basic degree programs. For many hospital

173 H. Alderson, Basic data, March 9, 1974.

174 Alma Reid, Basic data, August 29, 1974.

175 These initials stand for International Council of Nursing, the Canadian Nurses' Association and Registered Nurses Association of Ontario.

176 Leta Sanders, Basic data, August 28, 1974.

personnel "students didn't have any clinical experience in their four years"¹⁷⁷.

An educator who worked in conjunction with Russell for many years felt the main issues at stake rested with faculty preparation. She claimed the principal factor to be the absence of well-qualified personnel adding it was like "making-bricks without straw"¹⁷⁸. Another challenge was "the lack of understanding on the part of the nursing profession as a whole"¹⁷⁹, adding that in her career, this had been one of the hardest factors to combat but she felt the battle was being won.

Peitchinis who was involved with university education for many years wondered if the following moot points had been sufficiently recognized in basic degree program. She questioned if

[. . .] nursing teachers function in such a way as to facilitate students' maximal transfer of knowledge not only from nursing but also from other disciplines to their nursing practice; also to what extent nursing teachers keep abreast not only of research findings in nursing but also of new developments in other disciplines that bear on nursing theory and practice.¹⁸⁰

177 Carol Batra, Basic data, September 4, 1974.

178 Emory, "Some Observations....", op. cit.

179 Ibid.

180 Jacquelyn Peitchinis, op. cit.

Was the academic preparation of the majority of faculty members sufficient to meet these challenges?

Another bone of contention seemed to be "frequent staff turnover and insufficient number of nurse instructors with masters and doctoral preparation"¹⁸¹. Other faculty considerations included "the equitable and reasonable loads, faculty's personal and professional development, promotion policies"¹⁸². In the same vein, Alderson raised the issues of the

[. . .] procurement of properly qualified and suitable faculty, its mobility either because of marriage or to pursue further education; reliance on large numbers of mobile, part-time faculty many of whom have family responsibilities.¹⁸³

It must be remembered that it was not until 1959 that the first master's course in nursing was offered in Canada at the University of Western Ontario¹⁸⁴.

Other critical factors rested with "student selection, especially in times of abundant supply"¹⁸⁵; another director raised the point of the "absence of valid criteria for admission to B.Sc.N. programme so that selection of candidates

181 Joan Stock, Basic data, July 11, 1974.

182 Alma Reid, Basic data, August 29, 1974.

183 H. Alderson, Basic data, March 9, 1974.

184 University of Western Ontario, Calendar 1966-1967, p. 9.

185 Alma Reid, Basic data, August 29, 1974.

is on the basis of grades alone"¹⁸⁶. Another nursing instructor felt that an obstacle was occasionally "the number of students in one clinical area. On one occasion the number of students exceeded the number of patients on one ward"¹⁸⁷. These situations not infrequently create great strain on hospital personnel and add confusion to patients.

Another educator challenged the work situation of future graduates of basic degree programs. It was felt that

[. . .] most graduates of four-year programs go into public health areas [and that] something should be done to make hospitals more pleasant places to work [adding] our best prepared nurses should be there.¹⁸⁸

Finances seemed a major issue in many university schools of nursing. Braun, a dean of one of the University Schools, felt that there was difficulty in "obtaining an equitable share of the University budget for the School of Nursing"¹⁸⁹. Others labelled the problem "budgetary restrictions"¹⁹⁰. Another important financial contingent was the low faculty-student ratio of 1:8 in the clinical area and the corresponding financial issues. White mentioned that "the

186 Dorothy Pringle, Basic data, July 1, 1974.

187 Leta Sanders, Basic data, August 28, 1974.

188 B. Donaldson, Basic data, September 18, 1974.

189 H.S. Braun, Basic data, August 28, 1974.

190 Alma Reid, Basic data, August 29, 1974.

President of the University had been advised that faculty salaries would be the big expense; the idea of 6 to 8 students with a clinical instructor seemed too few¹⁹¹. Another felt that "provincial and university-wide financial problems"¹⁹² existed.

Another issue was societal change and its relationship to curriculum change. Sharpe, a well-known nurse educator felt that:

[. . .] because of changes in society; educational, health, social, economic and political, it was essential to keep up with these. It was like aiming at and attempting to hit a moving target.¹⁹³

In the same vein Alderson highlighted another challenge related to rapid transformations. She wrote:

Assessment of constant changes, needs and patterns in health care delivery - These changes are so rapid and so far-reaching that it is extremely difficult to maintain stability and to evaluate results of change before it is necessary to change again.¹⁹⁴

Issues directly related to the curriculum of basic degree programs were also spelled out. For a non-nurse university dean responsible for academic units which included nursing it meant "working out details of service courses given by the

191 Christina White, Basic data, September 28, 1974.

192 Anna Gupta, Basic data, July 1, 1974.

193 Gladys Sharpe, Basic data, November 4, 1974.

194 H. Alderson, Basic data, March 9, 1974.

Faculties of Arts and Sciences for Nursing students"¹⁹⁵.

Others felt the problem at stake was "securing courses not set up exclusively for nurses and watered down"¹⁹⁶. Another questioned "how to get enough liberal arts in a work-oriented program without neglecting the supporting subjects for nursing"¹⁹⁷.

Lately some post-basic programs for registered nurses have been discontinued. A new issue was consequently raised as to how to

[. . .] bring the basic students' program and the degree program for graduates of diploma schools of nursing into one [and how] to incorporate more practice for application of theory of Nursing in the Degree course for Graduates of Diploma Schools of Nursing.¹⁹⁸

Conflictual issues involved such problems as "a sense of rivalry on the part of the student of the diploma program with whom the university student worked"¹⁹⁹. Sanders felt this "opposition more often comes from nurses themselves, but doctors very often get into the act and cannot understand the need for more education"²⁰⁰.

195 H.S. Braun, Basic data, August 28, 1974.

196 Christina White, Basic data, September 28, 1974.

197 Leta Sanders, Basic data, August 28, 1974.

198 Jean Wilson, Basic data, June 25, 1974.

199 F. Emory, "Some Observations....", op. cit.

200 Leta Sanders, Basic data, August 28, 1974.

Alderson felt, at the end of the third period, that a needed challenge was "accreditation and the establishment of standards for all baccalaureate programs. There is too wide a range at present"²⁰¹.

Basic degree programs had been in existence since 1942 in the Ontario Region; however five of the eight programs were inaugurated since 1965 and were still experiencing growing pains. Emerging trends in nursing and new development in the provision of health care were imposing new difficulties in 1972. From the data gathered it would seem that Ontario university nursing schools needed to focus their attention on the following central issues: a clearer understanding of the abilities of basic baccalaureate graduates, and a more specific delineation between the knowledge and competence attained by the graduate of the basic degree program in comparison with those of diploma programs; a strengthening of relationships both in the university and in the clinical setting.

8. Summary.

The Ontario Region was the first Canadian region in which the control of an entire nursing program rested within the jurisdiction of the University. The preparation period

²⁰¹ H. Alderson, Basic data, March 9, 1974.

for the inauguration of the first basic degree program at the University of Toronto began as early as 1933 when the nursing school was organized independently. With the gradual fixing of control of the nursing student's time and the inclusion of more liberal education, Kathleen Russell created the first of the eight basic degree programs which were opened in the region between 1942 and 1969.

The signal pioneering contribution begun in this first period was the blending of the general and professional education and within the professional component, the integration of the preventative and curative aspects of nursing.

The two pioneering basic degree programs in Ontario and in Canada were mostly the result of creativity and courage on the part of nursing leaders at the University of Toronto and McMaster. Among the salient events which spurred the establishment and development of the six other basic degree programs were the Royal Commission on Health Services, the Committee on the Healing Arts in Ontario, an ad hoc Committee on Higher Education for Nurses in Canada, and the impetus given by the Ontario Council of Health, the College of Nurses of Ontario and the RNAO, as well as the Committee of Presidents with its report, The Health Sciences in Ontario Universities.

In summary, the following trends are noted in the Ontario Region:

a) Four basic degree programs were inaugurated as four basic non-integrated programs went out of existence. This was evident at the University of Ottawa just prior to the beginning of the second period, and at Western Ontario, Windsor and Queen's in the third period.

b) The eight universities in the Ontario Region comprise more than one-third of all the basic degree programs in Canada. In spite of their relative physical proximity, the eight curricula are rather unique, consistent with the academic freedom given to university professors in developing programs. It is also logical that programs which carry three decades of experience would vary with programs created as recently as three years prior to the end of the third period.

c) All programs were four years in length at the end of the third period. The two pioneering programs lengthened their programs for about five years at the end of the first period. Since 1957 all programs were of four years duration. From their inception, the eight programs offered a Bachelor of Science in Nursing degree.

d) At the beginning of the first period and throughout the second period there was considerably more fragmentation of the nursing component within the total program. Shifts in patterns of health and disease were reflected in

the curricula especially in the first and second periods when a medical or disease-centred approach was more common. Course content at the end of the third period emphasized new approaches: the extended role of the professional nurse, a health-centred focus and a family framework.

e) Most basic degree programs began late in the second period; two were inaugurated in the first period, one in the second period and three in the third period. Five programs were established between 1966-1969.

f) Six basic degree programs in Ontario were situated within Schools of Nursing and two within Faculties of Nursing at the end of the third period. Five of these educational units had not changed nomenclature during the involvement of nursing education within that university. Two division heads were called deans of Schools of nursing, namely at Queen's since 1967 and Ottawa since 1971. At the end of the third period, two basic degree programs are situated within Faculties of Nursing under the leadership of a dean. A developing trend was a move toward Health Sciences Complexes to include Nursing.

g) The most salient driving forces which spurred the establishment of basic degree programs are key persons, especially Kathleen Russell and Gladys Sharpe, in the two pioneering universities, the C.N.A., the Hall Report, the R.N.A.O., the Ontario Council of Health, respective faculties,

students and the geographical local of the individual Universities.

The most important restraining forces centred around the lack of financial support, the elevated expenses of the degree programs as compared to diploma programs, lack of bursaries, lack of clinical facilities, paucity of prepared faculty and until 1969, lack of applicants.

h) All basic degree courses prepared students for registration under the Nurses Registration Act of the Province of Ontario.

i) All programs stated their aim was to prepare the nurses for public health settings as well as for hospital nursing. Many four year programs offered preparation for basic teaching and administration, especially in the first and second periods. In the last period most stated the basic degree was a basis for graduate work. Several programs pointed towards a new trend at the end of the last period that is preparing a family nurse practitioner and guiding other nursing colleagues.

j) The academic unit of measurement varied to include courses, credits and hours in various programs. The professional component in all universities and in most periods was heavier than the liberal arts component. Programs begun in the first period were initially heavier. In the last period, a broad-fields approach seemed to gradually replace a medical model in the majority of curricula and consequently

there seemed to be a reduction in the total course weight towards the end of the last period.

k) Admissions, enrolments and graduations tended to be low until the latter part of the third period. Admissions soared most rapidly at Ottawa University in the last period. In the total eight programs, admissions rose from eighty-one in 1962 to 492 at the end of the last period. Male students were first admitted in 1968 in Ontario; there were a total of eight male students enrolled in three of the eight basic degree programs. No male students had yet graduated at the end of the last period. Only 6% (1:15,6) of the total number of nurses graduating at the end of the last period received their education in Ontario university settings.

l) Grade XIII Ontario has been the minimum academic requirements in all schools during all three periods.

m) Annual tuition fees varied from \$425. to \$615.00 at the end of the last period. The University of Toronto tripled its fee since its inception in 1942. It had the lowest tuition fee at the end of the last period among the eight Universities.

n) Although basic degree students were latecomers in being part of university campuses, they seemed to accept and to be well accepted by all universities at the end of the second period.

o) Three of the eight basic degree programs required admission university tests.

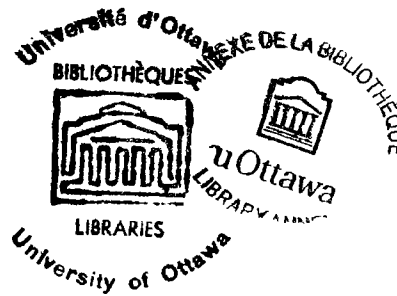
p) Lack of qualified nursing faculty remained a constant challenge during the three periods. In 1972, there were eleven nurse educators in Ontario with doctoral preparation. At the end of the last period there were eighty full-time nurses teaching with master's preparation. Thirty-eight per cent of the 147 Ontario faculty members were prepared below a master's degree in 1972.

q) The main issues challenging educators in the eight basic degree programs in 1972 were polarized around the following areas: ill-defined role of basic degree graduates, limited clinical fields and difficulties experienced in the clinical areas, lack of prepared faculty, budgetary restrictions and the constant need to adapt curricula to societal changes.

TRENDS IN INTEGRATED BASIC DEGREE NURSING
PROGRAMS IN CANADA 1942-1972

by Marie A. Bonin

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CHAPTER III

BASIC DEGREE NURSING PROGRAMS: QUEBEC REGION

There are three basic degree nursing programs in the Quebec Region. The first was established at McGill University in 1957¹; the second was inaugurated at l'Institut Marguerite d'Youville in 1962². The last basic degree nursing program was opened at l'Université Laval in 1967³.

In this chapter, the origins of the three basic degree programs in nursing will first be considered. The evolutionary and developmental phases of the nursing educational units in the three Universities will then be discussed. Factors influencing the establishment and development of these programs follow with an analysis of the nature of programs and curricula. The theme, Students, is then analyzed; finally, the major issues challenging the university nurse educators in the three basic programs will be reviewed.

1 McGill University, Calendar 1957-1958, Montreal, School for Graduate Nurses, 1957, p. 3207.

2 Institut Marguerite d'Youville, Annuaire 1962-1963, Montréal, Ecole Supérieure d'Infirmières, 1962, p. 8.

3 Université Laval, Renseignements généraux, 1967-1968, Québec, Ecole des Sciences Infirmières, 1967, (pas de page).

1. Origins of the three basic degree programs.

Post-basic baccalaureate programs in nursing were the only programs offering advanced preparation for nurses from 1933 to 1957. Basic non-integrated baccalaureate programs did not exist in Quebec. Table XXVIII shows the development of basic degree programs and non-integrated programs in the region. The table reveals that there were little if any relationships between the inauguration of the basic degree nursing programs and the post-basic baccalaureate programs. Both types of programs seemingly emerged independently.

The inauguration of the basic degree program at McGill, the first in the region, was thus described in the 1957 Calendar.

In 1957, a new programme in basic nursing was introduced to prepare high school graduates for the many positions open to well-qualified nurses. This programme combines general education with professional courses over a period of five years from McGill Junior Matriculation and leads to the degree of Bachelor of Science in Nursing. Graduates of this programme are qualified for staff positions in public health agencies as well as in hospitals.⁴

As early as 1932, twenty-five years prior to the establishment of this basic degree program, Sir Fred Clarke, professor of education at McGill University addressed the biennial meeting of the Canadian Nurses Association in

⁴ McGill University, Calendar 1957-1958, p. 3207.

Table XXVIII.-

Development of basic degree programs and non-integrated baccalaureate programs.^a

University	1912	1922	1932	1942	1952	1962	1972
Laval			1933. _____	1943. _____	1952. _____	1967. - - -	
McGill				1945. _____		1957. - - - - -	
Institut Marguerite d'Youville (affiliated to Université de Montréal)			1934. _____			1962. - - -	
Université de Montréal						Merged	

a Source: Information compiled from data obtained in Annual Nursing Calendars 1919-1972.

Legend: - - - Basic degree programs
 _____ Post-basic baccalaureate programs.

St. John New Brunswick. He deplored the technical training for the nurse which prepared the technical expert only, without the elements of a liberal education, since, in his estimation, the nurse was a representative of a culture as well as the bearer of healing. She could not well represent what she had not learned to possess⁵. He then suggested what was to be the foundation of the basic degree course at McGill:

[. . .] after we have included some liberal content in her preparation, and be assured that there is a liberal handling of the purely technical portions of the course. It is this need for a liberal handling of the technical training itself that constitutes a strong argument for associating at least the highest training of nurses with the university.⁶

Rae Chittick, director of the School for Graduate Nurses at McGill University in the years prior to and during the establishment of the basic degree program, recently wrote:

In the 1950's the School began serious consideration of the establishment of a basic program [. . . .] Much had changed since the School was established in 1930 both in nursing and in general education [. . . .] Other universities had established basic programs of different types and McGill was lagging behind. There was considerable criticism of the "sandwich" type of program [. . . .]⁷

⁵ Sir Fred Clarke, "Life, Profession and the Schools", in The Canadian Nurse, Vol. 27, No. 7, August 1932, p. 416.

⁶ Ibid.

⁷ Rae Chittick, Basic data, McGill University School of Nursing, August 30, 1974.

The post-basic baccalaureate program had been inaugurated at McGill in 1945 twelve years prior to the establishment of the basic degree program.

At l'Université de Montréal, the basic degree nursing program which merged with the other programs at la Faculté de Nursing in June 1967, had been prepared, inaugurated and operated at l'Institut Marguerite d'Youville, a private college directed by the Grey Nuns of Montreal since 1934⁸. Sister Jeanne Forest described some of the steps leading to the establishment of the basic degree program in 1962:

L'idée fut vendue par Soeur Denise Lefebvre aux autorités de la Communauté car ce fut un déboursement considérable sans retour autre que la satisfaction de contribuer à l'élévation des standards du Nursing.⁹

The basic degree program was already outlined as a future project in the 1954 Annual Report of l'Institut Marguerite d'Youville¹⁰, although it was only inaugurated eight years later, in 1962.

As early as 1959 at l'Institut Marguerite d'Youville, a special "preparatory year" was offered to twenty French

⁸ Institut Marguerite d'Youville, Annuaire 1962-1963, p. 3.

⁹ Soeur Jeanne Forest, Information de base, Faculté de Nursing, Université de Montréal, le 4 septembre 1974.

¹⁰ Soeur Denise Lefebvre, Rapport Annuel de l'Institut Marguerite d'Youville, Pierrefonds, Archives de la Congrégation, 1954, p. 33.

speaking High School students to bring the scientific basis of their academic preparation up to par with university standards¹¹. Recruitment of students was difficult; bursaries were offered to candidates who began the basic degree program subsequent to this preparatory year. Visits to basic degree programs in Canada and the United States were also organized by members of the teaching staff prior to the opening of the program in 1962¹².

At l'Université Laval, activities related to nursing education had often been suspended for lengthy periods from 1933 to 1959. Sporadic involvement followed by subsequent closures was the nursing education pattern for a quarter of a century at this University. After 1959, there was more support for nursing education. Personnel were recruited, bursaries obtained and nine nurses were sent to pursue graduate studies in various nursing specialties in the United States in order to open the basic degree program at a later date¹³. This was accomplished in 1967 and it is thus described by Olive Goulet associated with the School since its opening:

11 Forest, op. cit.

12 Jeannine Beaudry, Information de base, Faculté de Nursing, Université de Montréal, le 31 août 1975.

13 Olive Goulet, Information de base, Ecole des Sciences Infirmières, le 18 septembre 1974.

La Commission des Etudes approuve la création d'une Ecole connue sous le nom d'Ecole de Sciences infirmières et recommande que cette école établisse et dirige un programme d'études conduisant aux grades universitaires en sciences infirmières.¹⁴

It can therefore be seen that, in this region, the opening of basic degree programs was not associated with previously established non-integrated baccalaureate programs but was an independent academically influenced undertaking.

2. Evolutionary and Developmental Phases of the Nursing Education Units Within the Three University Settings.

The first basic degree program was established at McGill a university which bore a long and reputable tradition in Canada. The University of McGill College was opened in 1829 with teaching in the faculties of medicine and art¹⁵. It was within the Faculty of Medicine that the School for Graduate Nurses was established in 1920. Thirty-seven years later in 1957, the first basic degree program in the Quebec region was established¹⁶.

¹⁴ Ibid.

¹⁵ Universities and Colleges of Canada, op. cit., p. 172.

¹⁶ McGill University, Calendar 1957-1958, p. 3207.

L'Institut Marguerite d'Youville began its basic degree program in 1962¹⁷. Five years later, in 1967, the teaching personnel, the basic degree program itself, students, buildings, and libraries were amalgamated within the framework of the Faculté de Nursing of l'Université de Montréal which had been recently created in 1962¹⁸.

The basic degree program inaugurated in 1967 at l'Université Laval was the first stable program in nursing. Tracing the history of its school of nursing, a Calendar described the origins of l'Ecole des Sciences Infirmières:

Cependant, ce n'est qu'en 1963 que furent posés de façon définitive les premiers jalons de cette présente Ecole [. . . .] Enfin à sa séance du 23 janvier 1967, le Conseil de l'Université Laval créait l'Ecole des Sciences Infirmières et lui confiait la mission d'établir et de diriger les programmes d'études conduisant aux grades universitaires en sciences infirmières.¹⁹

Table XXIX shows the evolution of the University Schools of the Quebec Region from a structural and organizational viewpoint since their inception until 1972. There were changes within the structure of the three Quebec Schools of Nursing; the table shows these modifications.

17 Institut Marguerite d'Youville, Annuaire 1962-1963, Montréal, Ecole Supérieure d'Infirmières affiliée à l'Université de Montréal, 1962, p. 7.

18 Université de Montréal, Annuaire 1967-1968, Montréal, Faculté de Nursing, 1967, p. 3.

19 Université Laval, Annuaire 1972-1973, Québec, Sciences de la Santé, p. 112.

Table XXIX.-

Evolution of the University Schools of Nursing of the Quebec Region Showing Modifications in the Organizational Structure from their inception to 1972.^a

University	Initially		Modifications	1972 Organizational Structure
	Designation of Nursing Unit	Title of Head of Nursing Unit		
McGill	School for Graduate Nurses (1920)	Director	School of Nursing (1972)	School of Nursing with Director
Université de Montréal	Institut Mar- guerite d'Youville Ecole Supéri- rieure d'In- firmières (1934)	Directrice	Amalgamation in 1967 with Faculté de Nurs- ing created in 1962. Closure of Institut Marguerite d'Youville (1967)	Faculté de Nursing avec un Doyen
Université Laval	Ecole Supéri- eure des Sciences Hos- pitalières (1943)	Directeur	Ecole des sciences hos- pitalières établie définitivement (1963). Ecole des sciences infirmières (1967)	Ecole des sciences infir- mières avec une directrice

a Source: General University and Nursing Calendars, Letters to Schools of Nursing and Presidents of Universities.

The School for Graduate Nurses which opened in 1920 kept the same name until 1972 when it changed to School of Nursing²⁰; it still remained, however, under the Faculty of Medicine.

At l'Université de Montréal, the Schools underwent more changes which were previously described in Chapter I. To the Université de Montréal belongs the privilege of having first granted the title of dean to Alice Girard, the head of the nursing educational unit called a Faculté de Nursing. The 1967 calendar described the academic integration of the basic degree program within the Faculté de Nursing:

Le 1er juin 1967, l'Université de Montréal intégra à sa Faculté de Nursing le programme de baccalauréat que dirigeait depuis 1934, l'Institut Marguerite d'Youville.²¹

It was within the 1969 Calendar that reference was first made to the integration of the basic degree program, although all programs had been amalgamated since 1967:

L'intégration de l'Institut Marguerite d'Youville place sous un même toit et une même direction les programmes de la maîtrise et du baccalauréat ainsi que le programme du cours de base en nursing initié par l'Institut en 1961 et conduisant au baccalauréat et à la licence d'infirmière.²²

20 "L'Ecole d'Infirmières de McGill reprend son nom", in L'Infirmière Canadienne, Vol. 14, No. 2, Octobre 1972, p. 8.

21 Université de Montréal, Annuaire 1967-1968, p. 3.

22 Université de Montréal, Annuaire 1969-1970, p. 4.

At l'Université Laval, a former director described the main steps in the establishment of the basic degree program:

Dès juillet 1957, date où j'ai été nommé directeur des Ecoles d'Infirmières, je me suis vite rendu compte qu'il était nécessaire d'avoir un cours universitaire en sciences infirmières [. . . .]²³

The director further described the principal difficulties encountered:

En 1962, j'ai obtenu du Recteur la permission d'engager une infirmière malgré une certaine opposition des médecins qui constituaient le Bureau de l'Ecole des Sciences hospitalières. Nous l'avons envoyé prendre une maîtrise en sciences infirmières dans le but d'organiser un cours de premier cycle universitaire en sciences infirmières et une maîtrise. Pendant ses études et à son retour, à l'Ecole comme directrice, elle a choisi sept infirmières que l'Université a envoyé étudier.²⁴

In September 1967 l'Ecole des Sciences Infirmières at Laval received its first students²⁵ and by September 1968 the students were being integrated within courses offered within the Health Sciences of l'Université Laval²⁶. These sudden changes are thus described and show the intricacies of including nursing among the Health Science complex:

23 Joseph Blanchet, Letter to the writer, Québec, Université Laval, le 9 septembre 1974.

24 Ibid.

25 Université Laval, Brochure 1968, Québec, Ecole des sciences infirmières, p. 1.

26 Université Laval, Annuaire 1972-1973, Québec, Sciences de la Santé, 1972 historique, p. 112.

L'évolution de l'École des sciences infirmières est intimement liée à l'historique du complexe des sciences de la santé de l'Université Laval. Elle a ouvert ses portes quelques mois seulement après le début des travaux du Comité Bonneau chargé de l'étude de certains problèmes relatifs à l'enseignement de la médecine et des autres sciences de la santé, comité qui groupe des représentants de l'art dentaire, de la médecine, de la pharmacie, de la physiothérapie, des sciences infirmières et des techniques para-médicales. En avril 1968, le Recteur de l'Université nommait deux représentantes de l'École des sciences infirmières au Comité permanent des sciences de la santé dont le mandat est de travailler aux structures pédagogiques du nouveau complexe des sciences de la santé.

Depuis septembre 1968, les étudiants en sciences infirmières suivent les cours offerts à tous les étudiants des sciences de la santé.²⁷

Table XXX shows the types of degrees offered and the length of the basic degree programs in the three universities. The types of degrees have been somewhat altered since the adoption of new curricula, this subsequent to the adoption of the recommendation of the Royal Commission of Enquiry of Education²⁸. At Laval, the degree is called baccalauréat en sciences de la santé, adding "sciences infirmières"²⁹ since 1971. At l'Université de Montréal the degree has been altered to baccalauréat ès sciences (Nursing) with the advent of the new three-year program³⁰. At McGill, since 1971, the type of

27 Université Laval, Brochure 1969-1970, p. 2.

28 Québec, Rapport de la Commission d'Enquête sur l'Enseignement dans la province de Québec, Québec, Imprimerie de la Reine, 1963-66, Cinq volumes.

29 Université Laval, Annuaire 1971-1972, p. 140.

30 Université de Montréal, Annuaire 1971-1972, p. 14.

Table XXX.-

Basic degree programs according to the type of degree offered and the length of program.^a

University	Initial year of Establishment	Initial Degree	Length of Program	Degree in 1972	Length of Program 1972
Laval	1967	B.Sc.Inf.	4 years	B.Sc.S.(sc. inf.)	3 years
McGill	1957	B.Sc.N.	5 years	B.Sc. (Nursing)	3 years
Montreal	1962	B.Sc.Inf.	4 years	B. ès Sc.(Nursing)	3 years

^a Source: Data gathered from General University Calendars and School of Nursing Calendars.

degree offered is a B.Sc. (N)³¹.

The basic degree program at McGill changed from five years to three years in 1971; the other two programs were of three years duration since 1968. The pre-requisite for all Quebec universities had become "two pre-university years in the Biological (Health) Sciences in a General and Vocational College (CEGEP)"³². Thus while the student studies only three years at university, he still has a five year program, two in CEGEP and three at University.

The Parent Commission, in its sweeping educational recommendations, advocated a clear division between the pre-university or collegial institutions and the universities³³. As a result of these policies, the Collège d'Enseignement Général et Professionnel (CEGEP) have replaced classical colleges. Condition of entry to all French and English universities after 1972 was completion of the pre-university programs in a CEGEP to a course leading to the first degree after three years of university study³⁴.

31 McGill University, Calendar 1971-1972, p. 5.

32 Ibid.

33 David Munroe, The Organization and Administration of Education in Canada, Ottawa, Information Canada, p. 29-80.

34 Québec, Rapport...., op. cit., Tome II, Les Structures Pédagogiques du Système Scolaire, p. 255.

3. Factors Influencing the Establishment
and Development of basic degree
programs, 1957-1972.

Many factors influenced the establishment of basic degree programs in the Quebec Region. The facilitating forces described as the driving forces spurred the development of the three basic degree programs. There were many other counter factors or restraining forces. Some of these opposing factors are still operating and have, throughout the years, constituted barriers to program development in basic degree programs. Nevertheless through progressive action change took place. Two basic degree programs were established in the second period and one in the third period.

The most important positive factors which influenced the establishment of the three basic degree programs are the following: key people, universities, a felt need, provincial and national nursing associations, provincial and federal governments.

One of the most impelling driving forces in the Quebec Region was its key people. Irma Riley, who has been coordinator of the basic degree program since 1962, wrote that at McGill the establishment of the basic degree program in nursing came about because of "the knowledge and experience of persons on the school staff at that time, Rae Chittick, Elizabeth Logan,

Moyra Allen, Helen Gemeroy"³⁵.

Chittick, who was director of the School for Graduate Nurses at McGill, from 1953 to 1963, that is during the preparatory and developmental phases of the basic degree programs wrote:

There was little opposition from the Faculty of Medicine once the program was planned and at no time was thought given to any other type of program than an integrated type of program. Considerable support was given by a number of individuals in the Faculty of Medicine, as well as from the Faculty of Arts and Science. The McGill Teaching Hospitals cooperated in accepting students for clinical experience.³⁶

This comment speaks favorably for physicians when it is recognized that the School for Graduate Nurses was under the immediate control of the Faculty of Medicine.

Describing her own view of nursing education prior to the establishment of the first basic degree program in the Quebec Region, Chittick further posited her motivation for the new program:

³⁵ Irma Riley, Basic data, Montreal, McGill University, School of Nursing, October 8, 1974.

³⁶ Chittick, op. cit.

Growing awareness of the breadth and scope of nursing and that many essential qualities of the nurse were not likely to be fostered with a total emphasis on nursing; recognition on our part, that the humanities and the biological sciences were an important part of the nursing program and that the influence of such studies on nursing was more effective when integrated in each year of the program.³⁷

At l'Institut Marguerite d'Youville, the three key motivating persons mentioned were Sister Denise Lefebvre, Jeannine Baudry, and Sister Marie Claire Rheault³⁸.

Writing about Sister Denise Lefebvre, who was the first nurse in Canada to obtain a doctoral degree, Baudry commented on this leader's vision:

Dès 1949-1950, Soeur Denise Lefebvre voyait déjà la nécessité pour la future infirmière de posséder beaucoup de sciences afin de mieux connaître les matières du cours d'infirmière à l'hôpital [. . . .] Plusieurs programmes de baccalauréat de base aux Etats-Unis et au Canada furent visités entre 1950-1960 par les membres du personnel de l'Institut Marguerite d'Youville [. . . .] L'assignation d'une personne à plein temps, Soeur Marie Claire Rheault, à partir de 1960 pour travailler à l'élaboration du programme fut une bonne contribution.³⁹

Another former instructor⁴⁰ mentions Sister Denise Lefebvre's continued interest from 1947 to 1967, her previous studies on accreditation of schools of nursing, and her

37 Ibid.

38 Forest, op. cit.

39 Baudry, op. cit.

40 Marie Paule Grégoire, Information de base, Montréal, Faculté de Nursing, le 7 novembre 1974.

cooperation in every important nursing education activity in Canada. Another educator linked with l'Institut Marguerite d'Youville and La Faculté de Nursing for over thirty years described the contribution of the personnel in that private college in relation to the basic degree program:

Nous avons fait l'étude de tous les programmes de base au Canada; il a fallu établir une année préparatoire pour faciliter le recrutement des premières étudiantes; de plus les Soeurs Grises ont fourni de nombreuses bourses d'études pour aider des étudiantes douées mais sans ressources financières [. . .] Et il y a eu la persévérance de Jeannine Baudry et de Marie Bonin, pour avancer malgré tout.⁴¹

At l'Université Laval the following three persons were described as most instrumental in the establishment of the basic degree program: Joseph Blanchet, the late Claire Gagnon and Noëlla Bertrand.

The present Vice-Rector, responsible for health sciences at l'Université Laval, felt that much is owed to

[. . .] le Comité de l'Université présidé par l'Abbé J.M. Blanchet et qui a eu comme mandat de prévoir le programme conduisant au baccalauréat et les structures appropriées [. . .] Claire Gagnon a eu un rôle important à jouer dans la mise à jour du programme au début de l'Ecole.⁴²

Olive Goulet, who was involved with the School of Nursing since its inception in 1967, commented as follows:

⁴¹ Forest, op. cit.

⁴² L.P. Bonneau, Information de base, Université Laval, le 23 septembre 1974.

"En ce qui concerne l'implantation du cours de base comme tel, l'influence la plus importante a sans doute été celle de Noëlla Bertrand"⁴³.

Blanchet, who was "directeur des Ecoles d'Infirmières dans la région de Québec" commented on Bertrand's influence:

En 1962, j'ai obtenu du Recteur la permission d'engager une infirmière malgré une certaine opposition des médecins qui constituaient le Bureau de direction de l'Ecole des Sciences hospitalières. Nous l'avons envoyée prendre une maîtrise en sciences infirmières dans le but d'organiser un cours de premier cycle universitaire en sciences infirmières et une maîtrise. Pendant ses études et à son retour à l'Ecole comme directrice, elle a choisi sept infirmières que l'Université a envoyé étudier.⁴⁴

Key persons have therefore played an important role in the establishment of basic degree programs in the region. Bertha Harmer, who was director of the School for Graduate Nurses at McGill University in its earlier years, also had this zeal. She even forecast the establishment of a generic program twenty-five years before its inauguration:

At all times, and particularly when a profession is passing through a critical, transitional period in its development and when the conditions under which the professional group practices are rapidly changing, those who shape and direct the policies governing the education and practise of this professional group require a sound and broad education, both general and professional.⁴⁵

⁴³ Goulet, op. cit.

⁴⁴ Blanchet, op. cit.

⁴⁵ Bertha Harmer, "School for Graduate Nurses, McGill University", Reprinted from Methods and Problems of Medical Education, New York, Rockefeller Foundation, 1932, p. 13.

Many government commissions, inquiries, federal and provincial governmental reports in the 1960's, were impelling forces spurring the development of basic degree programs. The Royal Commission on Health Services among its numerous and important recommendations advocated that "among the universities where there might be provided additional faculties are [. . .] Université Laval, Université de Sherbrooke in the Quebec Region"⁴⁶. Although the Université de Sherbrooke had not yet established a basic degree program in 1972, l'Université Laval inaugurated the third basic degree program in the Quebec Region three years after the recommendations of the Hall Report.

The Rapport de la Commission Royale d'Enquête sur l'Enseignement dans la province de Québec, commonly known as the Parent Report, had considerable impact not only on general education but also on nursing education. As of 1961, the Quebec parliament adopted a series of educational laws which Quebecers labelled "la grande charte de l'éducation"⁴⁷.

Audet described the influence of these sweeping educational reforms which affected Quebec during the years that the

⁴⁶ Royal Commission on Health Services, Emmett Hall, Chairman, Ottawa, Queen's Printer, Vol. 1, 1964, p. 68.

⁴⁷ Gérard Filion, "Le financement de l'éducation", in Le Canada français d'aujourd'hui, University of Toronto Press and Les Presses de l'Université Laval, 1970, p. 6.

three basic degree programs were being established:

Les réformes scolaires qui ont débuté à la fin de 1959 [. . .] se sont poursuivies à un rythme accéléré jusqu'à la création du Ministère de l'Éducation et ont continué avec plus ou moins de vigueur [. . . .] L'idée fondamentale fut la suivante [. . .] rendre accessible à tous les citoyens une organisation scolaire mieux adaptée aux talents et aux aspirations des individus [. . .] démocratiser le système d'enseignement afin de préparer jeunes et vieux aux exigences du monde de travail: cette optique audacieuse rompait donc brutalement avec un système scolaire plus que centenaire et qui favorisait surtout la préparation des "élites".⁴⁸

The democratization process advocated by the Parent Report rendered education compulsory and more readily available. As a result, a greater number of students were ready to enter nursing in the 1960's. This could not have been possible prior to the educational reforms when only the wealthy could study in Quebec.

Another government commission in 1970, this one related to health, brought forth recommendations which had a direct bearing on basic degree programs in nursing. From La Commission d'Enquête sur la Santé et le Bien-Être Social, commonly known as the Castonguay-Nepveu Commission, emerged the concept of a physician's assistant which was already a prevalent idea in the United States. Moreover, it recommended that the baccalaureate-prepared nurse could fulfill this role with some appropriate preparation. The Commission further

⁴⁸ Louis-Philippe Audet, Histoire de l'enseignement au Québec, Tome 2, 1840-1971, Montréal, Holt, Rinehard et Winston, 1971, p. 426.

suggested that the education of baccalaureate nurses within health science complexes would give added possibility to the preparation for the extended role of the nurse:

La solution nous paraît être l'établissement d'une classe de professionnels de la santé capables d'effectuer un certain nombre de tâches actuellement réservées à la profession médicale. La Commission estime que les infirmières universitaires peuvent jouer ce rôle après une formation appropriée [. . . .] La formation des infirmières de niveau universitaire à l'intérieur d'un complexe des sciences de la santé contribue à la revalorisation de leur rôle.⁴⁹

The Report of the Committee on Nurse Practitioners, commonly known as the Boudreau Report, followed in the same vein. Among its recommendations, the following directly affected basic degree nursing programs.

The Committee recommends, that in the long run, the preparation of nurse practitioners should be incorporated into the basic nursing education program. It is generally agreed by nurse educators (and others), and the Committee concurs, that the basic baccalaureate programs currently offered in our schools of nursing would require little modification in order to accomplish this.⁵⁰

The Association of Nurses of the Province of Quebec, henceforth known as A.N.P.Q. or A.I.P.Q., submitted briefs to all these government studies and enquiries. In 1965, the

⁴⁹ Rapport de la Commission d'Enquête sur la Santé et le Bien-Etre Social, G. Nepveu, président, Québec, Editeur officiel du gouvernement du Québec, Vol. IV, La Santé, 1970, p. 72-73.

⁵⁰ Report of the Committee on Nurse Practitioners, Thomas J. Boudreau, chairman, Sherbrooke, Centre Hospitalier Universitaire, April 1972, p. 8.

A.N.P.Q. presented a Brief to the Parent Report. Among other specifications it demanded

[. . .] Que les écoles supérieures de nursing [. . .] organisent d'urgence des programmes appropriés aux besoins du personnel enseignant présentement en fonction et accessibles à ce même personnel.⁵¹

The A.N.P.Q., in this Brief, did not comment however on basic degree nursing programs as it had previously done in relation to the Hall Report. In a brief presented in April 1962 to the Royal Commission on Health Services, the A.N.P.Q. supported the statement that two Quebec universities should begin basic degree programs⁵².

Although the C.A.U.S.N. did not always react forcefully to government enquiries, the Quebec regional section of the C.A.U.S.N. presented a brief to the Castonguay-Nepveu Commission. It stipulated:

Que les Ecoles universitaires et les facultés qui offrent déjà un programme de baccalauréat en sciences infirmières reçoivent des subventions de développement pour leur permettre d'accroître d'étudiants. Que les autorités compétentes [. . .] prévoient la mise sur pied d'autres programmes de baccalauréat, particulièrement dans les universités de langue française du Québec.⁵³

⁵¹ A.I.P.Q., Projet de Réforme de l'Enseignement Infirmier dans la Province de Québec, Mémoire présenté au Ministère de l'Education, Montréal, A.I.P.Q., mai 1965, p. 58.

⁵² Mémoire à la Commission Royale sur les Services de Santé, Montréal, A.I.P.Q., avril 1962, p. 19-20.

⁵³ Conférence Canadienne des Ecoles Universitaires, Mémoire présenté à la Commission d'Enquête sur la santé et le bien-être, [Montréal], décembre 1968, p. 8.

The C.N.A. reacted to the Boudreau Report and in April 1972 presented a position paper on the extended role of the nurse. This joint statement represented the common views of the Canadian Medical Association and the C.N.A. A two-pronged approach was suggested:

The Association believes that, as the Boudreau Committee Report suggests, a comprehensive health care system must provide a place for many types of services other than those traditionally provided by the physician. Role definition should be based on concern for the need to extend health care services, as well as recognition that the health care team consists of more than one work relationship.

The function of the nurse should be determined by the needs of the patient rather than by the presence or absence of another health professional. It would be short-sighted to define the role of the nurse only in terms of her relationship to the physician.

The Association believes that, for the most part, the preparation and potential of the nursing profession is not receiving maximum utilization under the existing health care delivery system. This is particularly true in the case of nurses graduating with their baccalaureate from university schools of nursing.⁵⁴

This position coincided with a previous statement brought out earlier, in October 1970:

⁵⁴ C.N.A., Statement on the Expanded Role of the Nurse, C.N.A., September 1972, 2 p.

Expansion of the role of the nurse would create new opportunities for currently unemployed nurses in many Canadian cities.

The cost of any necessary re-training through the provision of short courses for nurses, would be less than the establishment of complete programs for a new category of worker, such as that of physician's assistant.

Nurses constitute a large and ready pool of workers who, with little or no additional training, could assume greater responsibilities in the fields of primary, continuing, preventive and specialized care. It should be noted that public health nurses already perform many of these services.⁵⁵

Other driving forces mentioned by key people as favoring the establishment of basic degree programs were a felt need in the Quebec Region.

Le besoin de créer, en langue française, un programme de base lequel existait déjà en langue anglaise dans la province de Québec La demande de certains étudiants qui désiraient faire un cours d'infirmière de formation universitaire sans être obligé de commencer par un cours d'infirmière dans un hôpital.⁵⁶

A cautionary note came in when McGill University became reluctant to grant the degree when the major part of the program was under the jurisdiction of an outside authority⁵⁷. A need was, therefore, felt by McGill University to control the entire nursing program, and not only the liberal arts component.

⁵⁵ C.N.A., The Expanded Role of the Nurse: The Physician's Assistant, Ottawa, C.N.A., October 1970, 2 p.

⁵⁶ Baudry, op. cit.

⁵⁷ Chittick, op. cit.

Other Canadian universities created competition and were thus a driving force. Riley stated: "Every major English speaking university except McGill and Manitoba had a basic program prior to December 1956"⁵⁸.

At l'Université Laval, the University itself was mentioned as favoring the development of the basic degree program:

Le désir de l'Université de procéder au regroupement des sciences de la santé et de contribuer à la formation des futurs professionnels de l'équipe de santé a été un facteur important. Aussi l'octroi, par l'Université, de nombreuses bourses d'études pour la formation du personnel enseignant.⁵⁹

The consultation and sharing of experiences between the School of Graduate Nurses at McGill University and the teaching personnel at l'Institut Marguerite d'Youville was seen as another positive factor in the development of the program at l'Université de Montréal⁶⁰. Continuity in the leadership positions of the two basic degree programs at McGill and l'Université de Montréal (l'Institut Marguerite d'Youville) was seen as a vital factor in the development of these two basic degree programs⁶¹.

58 Riley, op. cit.

59 Rita Dussault, Information de base, Université Laval, Ecole des sciences infirmières, le 10 juillet 1974.

60 Forest, op. cit.

61 Baudry, op. cit.

The restraining forces or counterfactors which inhibited or retarded the development of basic degree programs were the following: lack of prepared faculty, high cost of programs, lack of students, lack of cooperation in hospitals and health agencies providing clinical experience, antagonism of practising nurses coupled with lack of support of the medical profession, and the nursing association.

Difficulty in finding well-prepared faculty was mentioned by key people in the three universities as an impeding factor. At l'Institut Marguerite d'Youville and l'Université Laval, French teaching personnel with Master's preparation were required and yet no university offered this graduate preparation until 1962; enrolments were limited in the Master's program; preparation for certain clinical specializations began only in 1967⁶².

Various aspects of this paucity of personnel were mentioned. Some commented as follows:

La difficulté de recruter du personnel enseignant compétent et prêt à accepter ce nouveau mode de formation, ce qui impliquerait un changement complet dans leur mentalité.⁶³

62 Université de Montréal, Annuaire 1967-1968, p. 3.

63 Baudry, op. cit.

Le recrutement des professeurs a été difficile. Il a fallu aller dans la région de Montréal pour trouver des personnes désirant poursuivre des études aux Etats-Unis. L'éloignement et le mariage sont deux facteurs importants dans l'instabilité du personnel d'une école d'infirmières.⁶⁴

The difficulty is finding well-prepared faculty, and insufficient staff to provide adequate clinical supervision and teaching.⁶⁵

Until 1957 for English-speaking students, and until 1962 for French-speaking students, basic education for nurses had been free as it had been conducted only in hospital-controlled schools of nursing in Quebec. With the 1960's, the Quebec government's perception of its role was becoming predominantly public. The Ministry of Education became increasingly responsible for the planning and coordination of the complete network of institutions, including nursing⁶⁶.

The two basic degree programs established earlier felt that the "increased cost to the student"⁶⁷, was a counter factor as was the elevated cost, both for the university and its students, as compared to a hospital-based program⁶⁸. Another key person felt that in the traditional Quebec

⁶⁴ Blanchet, op. cit.

⁶⁵ Chittick, op. cit.

⁶⁶ Canadian Higher Education in the Seventies, ed. Sylvia Ostry, Montebello, Quebec, May 1972, p. 298.

⁶⁷ Chittick, op. cit.

⁶⁸ Grégoire, op. cit.

mentality, parents were not used to paying university education for girls⁶⁹. Another nurse educator is of the opinion that lack of bursaries was a further restraining force:

La difficulté à obtenir des prêts ou bourses valables. Les bourses les plus faciles étaient celles du Ministère de la Jeunesse qui variaient entre \$150 et \$300; le programme pour une élève pensionnaire s'élevait en 1962 entre \$1800-\$2000.⁷⁰

Moreover in the English-speaking University, it seemed that "the number of qualified candidates was limited"⁷¹.

Difficulties in the clinical areas varied with each institution. McGill and Laval had teaching hospitals attached to the University or a University hospital. At l'Université de Montréal there was no single university teaching hospital where one could find the varied kinds of clinical experience needed for the basic degree students⁷².

The counter factors linked with hospital and health agencies used as areas of clinical experience were the following: "The lack of cooperation of hospitals and other health agencies in providing clinical experience"⁷³. "La pénurie des ressources cliniques. Nous devons contingerter

69 Forest, op. cit.

70 Baudry, op. cit.

71 Chittick, op. cit.

72 Baudry, op. cit.

73 Chittick, op. cit.

les admissions à soixante par année"⁷⁴. "Des résistances latentes et même ouvertes ont existé à ma connaissance dans certains hôpitaux"⁷⁵.

La réticence des hôpitaux à recevoir les étudiantes pour l'expérience clinique et la réticence des infirmières à travailler en collaboration avec cette nouvelle catégorie d'étudiantes-infirmières.⁷⁶

Difficulties were also found in admitting new basic degree graduates to the hospital as an employing agency. Comments, as the following, were stated: "There was antagonism on the part of practising nurses to university graduates"⁷⁷. "Le marché du travail ne favorise en aucun cas les diplômées du cours de base"⁷⁸. "Les infirmières se sentent menacées par les diplômées de ce cours"⁷⁹. "Le rôle des infirmières bachelières a été perçu par certaines infirmières 'conventionnelles' formées à l'hôpital, comme celui d'une cinquième roue!"⁸⁰

74 Dussault, op. cit.

75 Bonneau, op. cit.

76 Baudry, op. cit.

77 Chittick, op. cit.

78 Goulet, op. cit.

79 Ibid.

80 Bonneau, op. cit.

Les directeurs du personnel des hôpitaux étaient très réticents à en accepter douze sur le marché du travail montréalais. Un directeur est allé jusqu'à dire en 1966: "Vous voulez nous vendre un produit dont nous ne voulons pas parce que nous n'en avons pas besoin et en plus, il nous coûterait trop cher." Lorsque les diplômées étaient embauchées, dans plusieurs hôpitaux, on refusait de leur donner le salaire de la bachelière, la première année, prétextant qu'elles avaient à faire leur propre expérience au moins pour un an.⁸¹

Negative attitudes towards baccalaureate education for nurses were prevalent in Quebec throughout the 1960's and continued in the early 1970's. Key people mentioned them as: "Le rôle de l'Association professionnel n'a pas toujours été positif"⁸².

The lack of support of the medical profession; many felt that the place to learn to nurse was in the hospital and that little university education was needed; in other words, that nursing is best learned through the apprenticeship method; many doctors saw their control of nursing being eroded.⁸³

La résistance des responsables du soin dans les services de santé à accepter et apprécier les diplômées du cours de baccalauréat.⁸⁴

"L'obligation de passer les mêmes examens d'enregistrement que les étudiantes infirmières des cours d'hôpitaux"⁸⁵.

81 Baudry, op. cit.

82 Bonneau, op. cit.

83 Chittick, op. cit.

84 Grégoire, op. cit.

85 Baudry, op. cit.

J'ai eu beaucoup de résistance de la part des infirmières qui craignaient que les nouvelles bachelières prennent leur place; de la part de l'A.I.P.Q. qui prétendait avoir la responsabilité exclusive de la formation des membres de la profession contrairement aux autres disciplines; de la part des médecins qui voyaient d'un mauvais oeil que les infirmières s'occupent de leur éducation.⁸⁶

There was reticence therefore on the part of threatened nurses, directors of personnel in hospitals, physicians, the professional association and head nurses who could not appreciate the type of care that these nurses could give as graduates of basic degree programs.

Although there was considerable change because of the educational and social reforms in the 1960's in Quebec, it was still very difficult to accept change within the century old tradition of training nurses by the apprenticeship method. Restraining forces were numerous and forceful. Key persons in nursing education required stamina and perseverance to bring about basic baccalaureate education for nurses in Quebec.

4. Nature of Programs.

Program objectives and identification of roles were not clearly delineated in Calendars.

When the first basic degree program was inaugurated in the region at McGill University, the specified aim was

⁸⁶ Blanchet, op. cit.

"to give the student breadth of understanding as a basis for sound nursing practice"⁸⁷.

Ten years later, with the program still extending over a period of five years from McGill Junior matriculation, the Calendar simply specified that it prepared nurses for positions in hospitals and public health agencies⁸⁸.

Table XXXI summarizes the objectives found in respective nursing calendars.

At the end of the last period, 1963-1972, the 1972 Calendar specified that

[. . .] since its beginning in 1920, the School for Graduate Nurses has grown in its continued effort to educate nurses who will improve the quality of nursing in whatever area they may practice [. . . .] The nursing profession needs thoughtful practitioners who can assess nursing problems and develop new ways of solving them.⁸⁹

At l'Institut Marguerite d'Youville, the principal aim of the basic degree program during its initial year was:

[. . .] la préparation d'infirmières en mesure de pratiquer le nursing à un niveau professionnel, ce qui suppose une formation de base à la fois scientifique, technique et culturelle, un début de spécialisation dans les soins infirmiers, l'administration en nursing et l'enseignement aux infirmières, ainsi qu'une initiation à la recherche en nursing.⁹⁰

87 McGill University, Calendar 1958-1959, p. 3225.

88 McGill University, Calendar 1967-1968, p. 5.

89 McGill University, Calendar 1972-1973, p. 4.

90 Institut Marguerite d'Youville, Annuaire 1962-1963,

Table XXXI.-

Aims and Objectives of Basic Degree Programs in the Quebec Region.^a

Aims and Objectives	McGill		Montréal		Laval
	1962	1972	1962	1972	1972
Public Health Nursing	X	X	X	X	X
Administration			X	X	X
Hospital nursing	X	X	X	X	X
Team leadership			X	X	X
Teaching			X	X	X
Giving or directing critical care					X
Basis, graduate study	X	X	X	X	
Prepare for all health settings	X	X	X	X	X
Prepare excellent professional	X	X	X	X	X
Guide other nursing colleagues					X
Relationships with families, professionals	X	X			X
Registration exams	X	X	X	X	X

a Source: Individual School of Nursing Calendars, 1957-1972.

Five years later, the requirements specified that entrance requirements for the basic degree course were that candidates should be girls between the ages of sixteen and one-half and thirty years of age. The general aim remained however stable, until 1972, when the leadership skills of the basic degree graduate became somewhat more advanced and specific: "Le programme terminé, l'étudiant sera apte à donner ou à diriger les soins plus complexes, à planifier le soin pour des groupes de malades"⁹¹.

At l'Université Laval, the basic degree program in 1972 was more specific in its objective than it had been when the program was initiated. This was one of the universities in Canada where graduate employment possibilities were thus outlined in the 1972 Calendar:

Les diplômées de l'Ecole des sciences infirmières sont préparées à répondre aux besoins de santé de l'individu, quel que soit le milieu où il se trouve: à domicile, à l'hôpital, dans l'industrie, ou dans toute autre institution dont le but immédiat est le maintien ou la protection de la santé.

Après avoir reçu une formation universitaire, la bachelière en sciences infirmières sera préparée à assumer la responsabilité de la planification des soins infirmiers pour un groupe de malades. Elle pourra ensuite, selon ses préférences, accéder à des postes dans l'enseignement ou l'administration des soins infirmiers.⁹²

91 Université de Montréal, Annuaire 1972-1973, p. 9.

92 Université Laval, Annuaire 1972-1973, p. 117.

5. Curriculum.

General education was considered a necessary complement of nursing education programs since the early part of this century. Weir, in 1932, stated that

Education that refines the intellectual processes and enlarges and purifies the emotions and moral sentiments is at least as important as the acquisition of techniques and skills that are admittedly necessary in the sickroom but can never be made an adequate substitute for intellectual refinement.⁹³

It was mostly within basic degree programs however, that the liberal arts component was organized to be complementary to the professional component. In the Quebec Region, because of the "collèges classiques" tradition, liberal arts had always been held in great esteem.

The two basic degree programs in the Quebec Region, namely those at McGill and l'Institut Marguerite d'Youville were inaugurated almost simultaneously with the educational reforms which began in 1959 and which continued at an accelerated rate until the late 1960's. That at Laval was inaugurated within the context of the new established

⁹³ G.M. Weir, Survey of Nursing Education in Canada, Toronto, The University of Toronto Press, 1932, p. 386-387.

educational structures advocated in the Parent Report⁹⁴.

Anticipating the future expansion of post-secondary education, the Parent Commission had recommended a clear division between the pre-university or collegial institutions and the universities. It also advocated a similar admission requirement for all faculties in all Quebec universities:

Un autre problème qu'il est urgent de régler, c'est celui de l'entrée à l'université [. . . .] La voie d'accès n'est pas la même pour l'université anglaise et l'université française; de plus, du côté anglais comme du côté français, il y a des différences difficiles à justifier dans les conditions d'admission à une même faculté, d'une université à l'autre, comme aussi dans les conditions d'admission à diverses facultés dans une même université.⁹⁵

The Parent Report had recommended the formation of "instituts"⁹⁶ which later evolved into "collèges d'enseignement général et professionnel" or CEGEP. In these CEGEPs, pre-university and technical preparation is concomitantly offered. "L'institut d'enseignement pré-universitaire et professionnel offrira l'ensemble de cours le plus large que permettront les ressources disponibles"⁹⁷.

94 Audet, op. cit., p. 425.

95 Rapport de la Commission Royale d'Enquête sur l'enseignement dans la province de Québec, Tome II, Québec, Editeur officiel du Québec, 1964, p. 161.

96 Ibid., p. 165.

97 Ibid.

During these two pre-university years students wishing to enter one of the health sciences at university level undertook a special two-year program called "structure d'accueil des sciences de la santé"⁹⁸.

In this pre-university program, a number of obligatory courses was required of all students in addition to a number of common courses particular to students wishing to pursue the same or similar university programs. Pre-university obligatory courses were philosophy, physical education, maternal language and a second language. Moreover, in the health sciences option, students were required to take Chemistry, Mathematics, Physics, Biology and several elective courses⁹⁹.

On June 29, 1967, an Act created the "collèges d'enseignement général et professionnel"¹⁰⁰. Three years later, by 1970, there were already thirty-five French CEGEPs offering both pre-university and technical education¹⁰¹. Students could therefore enter the health sciences pre-university option

⁹⁸ Conseil supérieur de l'éducation, La première année du développement des collèges d'enseignement général et professionnel, Québec, 18 juillet 1968, p. 38.

⁹⁹ Ibid., p. 73.

¹⁰⁰ Loi 15-16, Elizabeth II, c. 71, sanctionnée le 29 juin 1967.

¹⁰¹ "Création du trente-cinquième CEGEP à Saint-Jérôme", in Bulletin du ministère de l'Éducation, 23 septembre 1970, p. 112.

in any of these thirty-five colleges.

The development of English CEGEPs was slower than their French counterpart. CEGEP mostly evolved from classical colleges; these were non-existent in the English sector of the province. Moreover English universities were already handling the type of education and students which CEGEPs would be dealing with. Despite these objections, English CEGEPs were also established in Quebec. As a result of these governmental policies relative to classical colleges, these have virtually disappeared and have been integrated within CEGEPs. Entrance to all English and French universities and consequently to all basic degree nursing programs, as of September 1972, is after completion of the pre-university program. The course leading to all first university degrees had to be three years in length¹⁰².

These broad changes had repercussion on basic degree curricula especially after 1967. At McGill University the liberal arts component of the basic degree program, composed of natural sciences, social sciences and humanities remained stable from 1957 to 1967. Table XXXII shows the general education and the nursing courses in the basic degree program at McGill University. One unique feature in the Natural Sciences was that Physics was obligatory in the basic degree

102 Ibid.

Table XXXII.-

Curriculum followed at McGill University School of Nursing from 1957-1972.^a

<u>General Education Courses</u>				<u>Nursing and Nursing-Related Courses</u>			
Subject	Number of Courses			Subject	Number of Courses		
	1957-62	62-67	67-72		1957-62	62-67	67-72
Natural Sciences				Nursing-Related			
Biology	1	1	2	Anat. & Physiol.	2	2	3
Botany		1	1	Microbiology	1	1	1
Chemistry & Biochemistry	2	2	2	Nutrition	2	2	2
Physics	1	1	1	Total	5	5	5
Zoology		1		Nursing			
Total	4	5	5	Intro. to Nsg.	1	1	1
Social Sciences				Leadership in Nursing	2	2	2
Psychology	3	3	3	Maternal and Child care	1	1	1
Sociology	3	3	3	Medical-Surgical Nursing	4	4	4
Total	6	6	6	Psychiatric Nsg.	1	1	1
Humanities				Public Health Nursing	1	1	1
Lit. & Language	4	4	2	Electives			
Mathematics & Statistics	1		1	Total	10	10	10
Total	5	4	3	Grand Total	15	15	15
Grand Total	15	15	14	Grand Total	15	15	16

^a Source: Nursing Calendars, 1957-1972.

curricula even before CEGEPs came into being. McGill and l'Institut Marguerite d'Youville required Physics until 1967. This course then became part of the pre-university program.

McGill's requirements in general education remained rather stable at sixteen courses in the first ten years of the basic degree program. Zoology and Botany were a requirement among the Natural Sciences in 1962 and in 1967. The Social Sciences requirements in Psychology and Sociology remained stable at six courses until 1972 as these subjects were not part of the pre-university Health Sciences option in the CEGEPs.

At the time when the French program began at l'Institut Marguerite d'Youville, the following observations can be made. There was more emphasis on the humanities in the basic degree program at l'Institut Marguerite d'Youville than at McGill. While both programs offered literature in comparable requirements, l'Institut Marguerite d'Youville, before the advent of CEGEPs required ten credits of philosophy and six credits of religious sciences. The requirements in the Social Sciences were higher at McGill and the demands in Natural Sciences were similar in both institutions. Table XXXIII shows the curricula at l'Institut Marguerite d'Youville and l'Université de Montréal.

The basic degree program at l'Université Laval was inaugurated at approximately the same time as the classical

Table XXXIII.-

Curriculum followed at l'Université de Montréal, Faculté de Nursing from 1962-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	Number of Credits		Subject	Number of Credits	
	1962-67-72			1962-67-72	
Natural Sciences			Nursing-Related		
Biology	6	4	Anat. & Physiol.	6	8 9
Chem. & Biochem.	6	7 4	Medical Ethics	2	2 2
Pathology and Histology		4	Microbiology	4	3 4
Physics	3	3	Nutrition	4	2 3
Total	15	14 8	Total	16	15 18
Social Sciences			Nursing		
Anthropology		4	Intro. to Nsg.	10	6 4
Psychology	6	6 6	Leadership in Nursing	11	10 11
Sociology	9	4 4	Maternal and Child care	15	20 16
Total	15	14 10	Medical-Surgical Nursing	34	28 19
Humanities			Psychiatric Nursing	10	10 8
Intr. to Education		4	Public Health Nursing	10	10 10
Religious Science	6		Electives		11
Legislation		1	Total	90	84 79
Lit. & Language	10	10			
Math. & Statistics		2			
Philosophy	10	10			
Total	26	20 7			
Grand Total	56	48 25	Grand Total	106	99 97

a Source: University Nursing Calendars 1962-1972.

colleges were closing and CEGEPs opening. Students with a B.A. preparation were therefore admitted at l'Université de Montréal and Laval and the basic degree program was shortened to three years earlier in the French universities because French CEGEPs were established earlier than English CEGEPs.

At l'Université Laval, the introduction of the Nursing division within the Health Sciences began in September 1968¹⁰³.

Dès septembre 1968 on assistait à la mise en marche d'un ensemble de programmes conduisant vers un baccalauréat en sciences de la santé, avec mention de l'orientation choisie pour les programmes de médecine, de pharmacie, et de sciences infirmières.¹⁰⁴

Table XXXIV shows the general education and the nursing courses at l'Université Laval.

The Health Sciences group seven curricula at Laval University. The basic degree program in nursing is among these and a nurse, Olive Goulet, is secretary of la Direction des études des sciences de la santé. Medicine, pharmacy, nursing, dietetics, physiotherapy, occupational therapy, dentistry have a general program of ninety-six credits, with thirty credits taken in common. Forty-two credits are specific to the professional component, eighteen credits are optional within a specified group and six are according to

¹⁰³ Rapport de la Direction des Etudes des Sciences de la Santé, Novembre 1971, [Université Laval], p. 30.

¹⁰⁴ Ibid., p. 4.

Table XXXIV.-

Curriculum followed at l'Université Laval, Ecole des Sciences Infirmières from 1967-1972.^a

<u>General Education Courses</u>		<u>Nursing and Nursing-Related Courses</u>	
<u>Subject</u>	<u>Number of Credits</u> 1967-1972	<u>Subject</u>	<u>Number of Credits</u> 1967-1972
Natural Sciences		Nursing-Related	
Biology	1 9	Anat. & Physiol.	9 8
Chem. & Biochem.	3	Medical Ethics	2
Pathology and Histology	4 4	Microbiology	3 3
Total	4 13	Pharmacology	3 3
		Total	17 14
Social Sciences		Nursing	
Anthropology	2	Intro. to Nsg.	4 4
Psychology	10 5	Leadership in Nursing	4 4
Sociology	2	Maternal and Child care	9 9
Total	14 5	Medical-Surgical Nursing	10 10
Humanities		Psychiatric Nsg.	5 5
Mathematics and Statistics	4	Pub. Health Nsg.	5 5
Electives	4 24	Electives	24 24
Total	4 24	Total	61 61
Grand Total	22 42	Grand Total	78 75

a Source: General University and Nursing Calendars, 1967-1972.

the student's choice¹⁰⁵.

Within the philosophy of the new health science concept, the health-team concept was emphasized at Laval at the end of the third period:

Les étudiants de tous les programmes fréquentent les cours et les groupes formés pour les travaux de laboratoire, groupes de discussion, etc., ne tiennent pas compte du programme particulier auquel l'étudiant est inscrit. C'est ainsi que l'étudiant en pharmacie a l'occasion de travailler avec les étudiants inscrits en médecine, en sciences infirmières, en physiothérapie [. . . .]¹⁰⁶

It is apparent that the basic degree students at l'Université Laval have a good foundation in the Natural Sciences. In addition to the Chemistry, Physics, Biology and Mathematics offered in the pre-university years in the CEGEPs, basic degree students were required to take thirteen additional credits in the Natural Sciences at the University. Table XXXIV shows that in 1972 the requirements in the Social Sciences at l'Université Laval were the lowest of the three Quebec universities. However with the twenty-four optional credits and the pre-university CEGEP years, students were already apt to have chosen subjects among the social sciences. The requirement in the Humanities was non-existent both at Université Laval and at McGill University; however, humanities such as philosophy and literature were pre-university requirements in the two pre-university CEGEP years.

105 Ibid., p. 9.

106 Ibid., p. 15.

The following features were apparent in the professional component of the curricula. As shown in Table XXXII, at McGill University, the course requirements in the nursing component have remained rather stable since the inception of the program. There has been a drastic change, however, in the 1972 curriculum approach. While the nomenclature of the nursing courses is number-centred (Appendix 5), the description of the six unified nursing courses however, is very care-centred:

The revised curriculum extends over three years with general and professional courses in each year. Experience will be concentrated in the community health centres and experience in institutions will be more closely linked to the home and community.¹⁰⁷

The unifying strands found in the six nursing courses at McGill's basic degree program centred around the following: use of listening and observation, adjustment, implication of change and separation, assessing health needs, nursing as a force in today's society¹⁰⁸.

Table XXXV gives a comparison between the general education and the nursing component of the three Quebec basic degree programs. In the last decade, the number of courses in general education have diminished at McGill; the nursing and nursing-related courses have remained rather stable. Nine of the twenty-five courses in 1972 belong to the liberal arts.

107 McGill University, Calendar 1972-1973, p. 10.

108 Ibid.

Table XXXV.-

Comparison between the General Education and the Nursing Component of the Quebec Basic Degree Programs.^a

Year	<u>McGill University</u>			<u>Université de Montréal</u>			<u>Université Laval</u>		
	<u>No. of Courses</u>			<u>No. of Credits</u>			<u>No. of Credits</u>		
	G.E.	N&NR	T	G.E.	N&NR	T	G.E.	N&NR	T
1962	16	15	31	56	106	162			
1972	9	16	25	25	98	114	42	75	117

a Source: Compiled from data gathered in Chapter III.

Legend: G.E. : General education
 N&NR : Nursing and nursing-related
 T : Total

At l'Université de Montréal, the reduction in the number of general education credits in the 1963-1972 period was very striking. While fifty-six credits were required in 1962, twenty-one were demanded in 1972. There has also been a reduction of fifty-eight credits in the nursing component.

When the two programs at l'Université Laval and Montréal are compared, the latter has greater requirements in the number of credits.

All three basic programs were rather long programs. When it is recognized that the prerequisites were two pre-university years in the Biological Sciences Option in a CEGEP, it is deduced that the two-year basis for the three-year basic degree program had been a heavy science preparatory curriculum similar to those required in other health disciplines such as medicine and dentistry.

6. Students.

The theme students will now be discussed from the following aspects: Admissions, Enrolments and Graduations within each of the three basic degree programs, admission to university requirements, entrance to university fees and how students were viewed on campus.

Table XXXVI shows the annual admissions, enrolments and graduations in basic degree programs in the Quebec Region from 1957 to 1972.

Table XXXVI.-

Admissions, Enrolments and Graduations in Basic Degree Programs in the Quebec Region, 1957-1972.^a

Year	No. of Admissions Universities			Total	No. of Enrolments Universities			Total	No. of Graduations Universities			Total
	Mc	M	L		Mc	M	L		Mc	M	L	
1957	21			21	21			21				
1958	12			12	24			24				
1959	22			22	36			36				
1960	25			25	48			48				
1961	21			21	46			46	5			5
1962	23	17		40	65	17		82	4			4
1963	26	24		50	68	38		106	3			3
1964	23	41		64	71	79		150	10			10
1965	20	41		61	68	116		184	11			11
1966	16	40		56	85	126		211	8	16		24
1967	19	43	23-1*	85-1	86	122	24	232	12	13		25
1968	17	47	39-1	103-1	86	133	54	273	11	28		39
1969	25	19-1	29-1	73-2	86	125	64-3	275-3	16	27	10	53
1970	17	33-2	43-6	93-8	84	111-3	82-8	277-11	18	24	18	60
1971	44	45-1	45-1	134-2	111	108-10	106-4	325-14	16	28	19-1	63-1
1972	59	99-1	43-6	201-7	102	167-5	113-2	382-7	11	47-1	34-1	92-2

a Source: Information received from Directors of Schools of Nursing, University Archives and Registrars of Respective Universities.

Legend: Mc: McGill University; M: Université de Montréal; L: Université Laval.
* Small number refers to male students.

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Admissions were slow in rising in the three basic degree nursing programs in Quebec. Moreover until 1969 it was not legal to admit male students into the nursing profession. The president of the A.N.P.Q. in the 50th Anniversary address was pleased that this legal barrier had at last been removed. She stated:

In the area of legislation we are happy that since last December 12th our Quebec Nurses' Act, by amendment, includes male nurses which will provide us with a more representative and stronger membership.¹⁰⁹

After this enactment, Quebec was the Canadian Region where most male students entered the nursing profession. Male students, however, had not yet entered McGill's School of Nursing by 1972.

Admissions nearly tripled at McGill's basic degree nursing program between 1957 and 1972. While twenty-one students were admitted in 1957, fifty-nine entered the basic degree program in 1972. Seventeen students came to the basic degree program at l'Institut Marguerite d'Youville in 1962. At the end of this period, admissions had increased six-fold. From 1964 to 1966, students with a B.A. were admitted in a special two-year program; after 1967 students with a B.A. or a D.E.C.¹¹⁰, entered a three-year program. At l'Université

¹⁰⁹ Helen Taylor, "President's Address, 50th Anniversary, A.N.P.Q.", in A.N.P.Q. Folio of Reports, Meeting November 1-4, 1970, p. 5.

¹¹⁰ D.E.C. is the abbreviated form for the collegial diploma, Diplôme d'Etudes Collégiales given at the termination of the CEGEP pre-university program.

Laval, student admissions tripled in the last six years of the period between 1963-1972.

Graduations however from basic degree programs were few in comparison with the total number of basic diploma graduates in Quebec. In 1968¹¹¹ 2,098 students graduated from initial basic diploma nursing programs. That same year, thirty-nine students graduated from the two basic degree nursing programs. By 1972¹¹² ninety-four graduated from the three basic degree programs. That same year more than 1,813 students graduated from diploma programs¹¹³. The ratio in 1972 was 1:19, a distant ideal from the 1:4 recommended nearly a decade earlier.

The minimum academic and other entrance requirements, every five years after the inception of the three basic degree programs, are shown in Appendix 6.

It can be seen that admission requirements were high at McGill University. In the University's own examinations, the following ten papers were required: two in English, one in History, two in Modern Language, two in Mathematics, one in Science, two in Latin, Spanish, German, Algebra, Trigonometry.

111 C.N.A., Countdown 1973, Ottawa, 1974, p. 80.

112 Ibid.

113 Three diploma schools did not send figures.

The program leading to a B.Sc.(N.) was then five years in length¹¹⁴. As English CEGEPs were established later, that is by 1971, McGill, like the two other French universities with basic degree nursing programs, had a prerequisite of two-university years in the Biological (Health) Science in a General and Vocational College (CEGEP). At McGill, basic degree students were urged to select their pre-university options from Psychology and Sociology¹¹⁵.

At l'Institut Marguerite d'Youville, in 1960, the College had set up a pre-collegial year to raise the scientific content of the high school program; the first group of students admitted in 1962¹¹⁶ had a good solid scientific background which seemed lacking in the general educational system of the time.

By 1967, following the Parent Report, high school requirements had been continuously evolving; Grade XI, with science-mathematics option was compulsory at l'Institut Marguerite d'Youville. Students with a B.A. and required options were admitted to the second year of the four-year basic degree program. This had begun since 1964¹¹⁷.

114 McGill University, Calendar 1958-1959, p. 3209.

115 McGill University, Calendar 1971-1972, p. 8.

116 L'Institut Marguerite d'Youville, Annuaire 1962-1963, p. 10.

117 Institut Marguerite d'Youville, Annuaire 1967-1968, p. 13.

By 1969, the basic degree program at l'Université de Montréal had become three years in length after D.E.C., in the Biological Sciences concentration or after a B.A.¹¹⁸

L'Université Laval inaugurated its basic degree nursing program as CEGEPs were being established throughout the province. As early as 1968, candidates were required to have a B.A. (Collège III) or a D.E.C. with at least nine credits in Mathematics, eight in Physics, eight in Chemistry and seven credits in Biology¹¹⁹.

Table XXXVII shows the comparative annual tuition fees in the Quebec Region for the years 1957-1962. There was considerable variation among the three basic degree programs.

In the fifteen year period, tuition fees had been increased by \$115.00 at McGill University. L'Université de Montréal had the lowest annual tuition fee in 1972. These were \$496.00, and were lower than at McGill which were \$615.00. At l'Université Laval, the fee was \$540.00.

Nursing students also carried other expenses such as board and room evaluated at \$700.00 to \$900.00 in 1957 at McGill¹²⁰. This expense, ten years later, had soared from

118 Institut Marguerite d'Youville, Annuaire 1969-1970, p. 14.

119 Université Laval, Renseignements généraux 1968-1969, Québec, L'Université Laval, 1968, [pas de page].

120 McGill University, Calendar 1958-1959, p. 3214.

Table XXXVII.-

Comparative Annual Tuition Fees in the Quebec Region,
1957-1972.^a

University	1957	1962	1967	1972
McGill 1957	\$450.00	\$400.00	\$602-\$610.00	\$615.00
Institut Marguerite d'Youville Université de Montréal 1962		\$400.00	\$430.00	\$496.00
Laval 1967			\$500.00	\$540.00

a Source: University and Nursing Calendars, 1952-1972.

\$900.00 to \$1100.00. Books were evaluated at \$50-\$75 annually at l'Institut Marguerite d'Youville in 1963¹²¹. Special additional expenses for basic degree students were uniforms and travelling expenses to clinical areas.

Bursaries and loans were scarce until the early 1970's in the Quebec Region. The high cost of the program was previously mentioned as a deterring factor in the development of basic degree programs.

Quebec is the Canadian region where there have been more drastic reforms in its educational system in the last fifteen years. The nurse educators in Quebec felt that as a consequence of these changes enrolments would rise in basic degree programs. The director of the School of Nursing at McGill University recently wrote:

We do know that the increase in enrollment recently experienced occurred at the time of the first CEGEP program in nursing, i.e. when hospital schools were phased out. We believe the length of the program and the cost of 5 years of university (now 3) militated against higher enrollments.¹²²

L'Université de Montréal experienced an increase in enrolment since 1970. This was attributed to the large number of students who graduated with the pre-university Health

121 Institut Marguerite d'Youville, Annuaire 1963-1964, p. 39.

122 Joan Gilchrist, Basic data, McGill University School of Nursing, November 27, 1974.

option; the University was obliged to open its doors to college students¹²³.

At l'Université Laval three reasons were offered which explain the limited enrolment in the basic degree program. The director stated:

Nous devons restreindre nos admissions à cause d'un nombre limité d'étudiants dans les cours de sciences fondamentales (tronc commun des sciences de la santé).

Nous devons partager les champs cliniques avec les étudiants en sciences de la santé des polyvalentes et CEGEP. Quelques champs cliniques sont limités, ex: pédiatrie, obstétrique, psychiatrie.

Nous manquons de professeurs détenant une maîtrise en nursing clinique.¹²⁴

Directors were willing to share their views as to how they thought basic degree students viewed themselves and were viewed on the university campus. In this vein, Gilchrist wrote:

They viewed themselves as an integral part of the University structure. They became very active in University activities and campus life in general. They were viewed as responsible, mature and creative people, holding many leadership positions on campus. Teachers perceived them as studious, hard-working and committed to learning.¹²⁵

At l'Université de Montréal, the dean felt there had been a change during the last period, 1963-1972, in the basic degree students. Jeanne Reynolds wrote:

123 Baudry, op. cit.

124 Pierrette Lévesque, Information de base, Université Laval, Ecole des Sciences Infirmières, le 6 octobre 1975.

125 Gilchrist, op. cit.

Until 1967, that is, the period from 1962-1967, when the college was private and students did not share many courses with other University students, students viewed themselves as within a category of their own. They did not fit well with the basic diploma students either. After the two institutions merged in June 1967, the students in the basic degree nursing program felt part of the University, were very active in sports, and were viewed as studious by other university groups, especially during strikes, etc. which were held in the late 1960's.¹²⁶

At l'Université Laval, where basic degree students are integrated within the common health sciences courses of the Health Science complex, the director shared her positive views of how she believed students were perceived on the Laval campus:

Ils se perçoivent comme des étudiants en sciences infirmières, c'est-à-dire ayant une orientation spécifique et pouvant travailler en équipe avec les autres professionnels de la santé. Ils vivent des expériences de travail en équipe avec les autres étudiants des sciences de la santé au niveau de certains cours. Il n'y a pas de problème concernant leur présence sur le campus et au sein des sciences de la santé.¹²⁷

7. Issues and Obstacles Challenging Basic Degree Programs.

At the end of the third period, that is in 1972, the first basic degree program had been operating for fifteen years in the Quebec Region. Many issues still challenged nurse educators. The following six challenges seemed the

¹²⁶ Jeanne Reynolds, Basic data, Université de Montréal, Faculté de Nursing, le 15 août 1975.

¹²⁷ Lévesque, op. cit.

most prevalent: unprepared faculty, students, the role of basic degree graduates, the programs, clinical areas, the place of a professional school within a university.

Various aspects focused upon faculty. In addition to the paucity of well-qualified personnel, there was also the problem of frequent turnover due to marriage, children, pregnancies, absences for added preparation, better salaries in CEGEPs and difficulty in getting the faculty to work as a team¹²⁸. Others mentioned the challenge of obtaining teachers who had a sound scientific background to help the students¹²⁹. Chittick¹³⁰ mentioned the difficulty in obtaining teachers who themselves had a basic baccalaureate preparation followed by a master's degree.

Another added that it was difficult to obtain bursaries so that personnel could obtain added preparation; as admissions soared, it seemed difficult to keep an adequate faculty-student ratio especially in the clinical area¹³¹.

Table XXXVIII shows the qualifications of full-time faculty members in the Quebec Region, 1957-1972. When basic programs were inaugurated at McGill University and l'Institut

128 Grégoire, op. cit.

129 Riley, op. cit.

130 Chittick, op. cit.

131 Forest, op. cit.

Table XXXVIII.-

Qualifications of full-time faculty members in the Quebec Region, 1957-1972.^a

Univer- sity	1957					1962					1967					1972				
	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T
McGill	1	3	3		7	1	7	3		11	10	6		16	1	13	3		17	
Montréal						1	5	6		12	1	10	18		29	1	17	10		28
Laval											9			9		15	1			16
Total	1	3	3		7	2	12	9		23	1	29	24		54	2	45	14		61

a Source: Calendars and additional data provided by Directors Schools of Nursing.

Legend: D: Doctorate; M: Master's degree; B: Bachelor's degree;
-B: less than bachelor; T: Total.

Marguerite d'Youville, one nurse faculty member in each institution had doctoral preparation. The number of nurses with doctoral preparation connected with these universities had not increased however within the span of time between 1957 and 1972. In each five-year span of time between 1957 to 1967, about one-half the number of full-time nurse members had master's preparation; these better prepared teachers were not necessarily involved only with basic degree students.

At l'Université Laval we find the highest number of nurses with master's preparation in comparison to the total number of faculty members. Bursaries were given to nurses by this University to obtain master's preparation prior to the opening of the program.

At l'Université de Montréal there were still a large number of nurse faculty members in 1972 with baccalaureate preparation.

At McGill University part-time faculty members supervised students in clinical experience at certain periods of the year. The table presented full-time faculty members only.

It is striking to note that the number of prepared faculty members had not increased earlier in number in the Quebec Region. Quebec offers two programs leading to graduate preparation in Nursing. McGill University had a Master's program in Nursing which dates back to 1961¹³² and l'Université de

132 McGill University, Calendar 1962-1963, p. 3207.

Montréal, to 1965¹³³.

Students also presented challenges for the nurse educators in this region. It seemed difficult to attract students who would simultaneously have the intellectual ability, financial means and aptitudes to become nurses¹³⁴. Baudry commented on the difficulty of assuming leadership when one is relatively young. She wrote:

Le désir de former des chefs alors que ces bachelières terminaient leurs études encore assez jeunes et en nombre assez restreint; ceci ne permettait pas d'imposer et de prouver massivement la valeur de ces chefs.¹³⁵

The selection of these students also seemed a challenge for their educators. Chittick, who was director of the first basic degree program recalled that

[. . .] attrition rate was high [at McGill] the first 2 or 3 years. This was partially overcome when McGill required all applicants to take the College Entrance Board Tests. Entrance standards were raised as the result of these tests.¹³⁶

On the other hand, when the nursing faculty was no longer allowed to select its candidates, this seemed rather disadvantageous for the Faculty of Nursing¹³⁷. The only

133 Université de Montréal, Annuaire 1967-1968, p. 3.

134 Baudry, op. cit.

135 Ibid.

136 Chittick, op. cit.

137 Baudry, op. cit.

criterion was marks; students, coming from the CEGEPs, with the Health option, might want to become physicians, dentists, but oftentimes had to choose another profession because of limited enrolments in one particular faculty. The University did not believe interviews helpful, although this had been seen by nurse educators as a helpful selection policy in previous years.

Enrolments increased rather slowly until the latter part of the last period and then soared suddenly. Directors and other key people estimated that the graduates of the basic degree program had answered the quantitative nursing needs of the province of Quebec. Chittick thus stated her viewpoint: "The number of students graduating is too small to have an outstanding impact"¹³⁸. Gilchrist predicted that the "future looks much brighter in view of the fact that there has been an increase in enrolment of about 300% in the last three years"¹³⁹.

In the two French programs, key people felt their graduates had been prepared to give qualitative care but the numbers were restricted¹⁴⁰.

138 Chittick, op. cit.

139 Gilchrist, op. cit.

140 Lévesque, op. cit.

Another non-nurse health educator from Université Laval thus commented:

Pour ce qui est de la qualité, les diplômées l'ont. Pour ce qui est de la quantité, j'en doute. Il se peut toutefois que le marché du travail n'était pas prêt à absorber beaucoup plus de bacheliers dans le temps en cause.¹⁴¹

Goulet stated: "Le nombre des diplômés est beaucoup trop limité et les jeunes gradués ont tendance à demeurer dans les grands centres"¹⁴².

A third issue centred around the basic degree program itself. Registered nurses no longer had a distinct post-basic program at l'Université de Montréal and Laval. It became a challenge to integrate this group with the basic degree students and to prepare adequate programs for both groups¹⁴³.

Other challenges focused on the aim to prepare new curricula, centred more on care and less on cure, less disease-oriented and less medical-centred¹⁴⁴. It also seemed difficult to find adequate nursing literature written in French for the French-speaking students. When it did exist, it was intended for nurses at technical and vocational levels and consequently did not meet the needs of basic degree

141 Bonneau, op. cit.

142 Goulet, op. cit.

143 Forest, op. cit.

144 Baudry, op. cit.

programs¹⁴⁵.

Riley, associated with basic degree programs for over a decade wrote: "It's a challenge to swim against the tide"¹⁴⁶.

Goulet, previously associated with the School of Nursing, but later as secretary of the Health Sciences at Laval, commented on the new challenge which faced nurse educators at l'Université Laval where nursing has been integrated within the Health Sciences of that University:

Pour l'Ecole des sciences infirmières, le défi majeur a sans doute été l'intégration de programmes de cours en sciences de la santé. Dès lors, on s'attend que l'enseignement du nursing ait un caractère universitaire au même titre que les cours de sciences fondamentales que ce soit en biologie ou en sciences du comportement.

De plus, le décroisement entre les départements auquel on vise à l'Université Laval comporte un élément de compétition pour tous les programmes puisqu'en principe, les cours de tous les programmes sont ouverts à tous les étudiants de l'Université et favorise par le fait même une plus grande mobilité de l'étudiant à l'intérieur des programmes.¹⁴⁷

At the fiftieth anniversary of the A.N.P.Q., the president highlighted a current issue, the role of the baccalaureate nurse. She posited the following comments:

145 Baudry, op. cit.

146 Riley, op. cit.

147 Goulet, op. cit.

We will require a unified effort on the part of our members to work through the many dilemmas in nursing and decide what our future role will be. We are presently confronted with the conflict between nursing as a giver of tenderness as opposed to an assistant doctorship role. While we frequently reject the latter role, we find it difficult to adequately explain our position in this regard and we are not certain ourselves of how we should respond. When provided the opportunity to carry out the tenderness role we are sometimes dissatisfied and perform this aspect of our work ineffectively. Unless we are able to demonstrate a willingness and ability to share in the technological advances of medical sciences, and at the same time to give expert personal care and to grow professionally in the world of today, there will be a lack of confidence on the part of the medical practitioner and the public that we can measure up to tomorrow's demands for health needs.

It is hoped that we will not be threatened by subsidiary categories of nursing personnel and other health workers, but rather that we can meet our already demanding responsibilities in nursing with courage and conviction.¹⁴⁸

This issue was again brought out by a non-nurse educator who has been closely linked with the Health Sciences and their integration at l'Université Laval. He thus challenged nursing to clarify the role of the baccalaureate nurse:

¹⁴⁸ Taylor, op. cit.

Le défi principal rencontré depuis le début et qui n'a pas été relevé de façon satisfaisante ici comme ailleurs est celui de la précision du rôle professionnel de l'infirmière bachelière.

A l'encontre de quelques secteurs des sciences de la santé (médecine, médecine dentaire, pharmacie) les Sciences infirmières n'ont pas su établir de façon nette à l'Université comme à l'Hôpital et dans la société le rôle spécifique qu'elles ont à jouer. Le défi a été relevé partiellement; il le sera totalement quand le programme de cours et d'enseignement clinique sera suffisamment différencié du cours collégial pour qu'il ait quelque spécificité universitaire et quand on aura commencé pour de bon et avec suffisamment de projets jugés valables à faire de la recherche dans la prestation des soins infirmiers.¹⁴⁹

The ill-defined role of the basic degree graduate was an issue as challenging to nurse educators as was that of the clinical fields used as a main laboratory for nurses.

Difficulties in the clinical area, according to key persons, seemed more numerous for the educators at l'Université de Montréal and McGill than at l'Université Laval, possibly because the latter had its own University Hospital. Various aspects of this issue are found in the following comments:

Students not always cordially received on the wards.

Basic degree program faculty had some difficulty in selecting patients, because of the needs of students in diploma programs.

Fragmented clinical experience because of timetable difficulties; students must fit into the regular timetable for academic courses.¹⁵⁰

149 Bonneau, op. cit.

150 Riley, op. cit.

Helping nurses in hospitals and agencies understand that these students were approaching nursing with a different background and that their behavior would reflect this.¹⁵¹

Dans une ou deux unités, nous avons à composer avec les CEGEP ce qui résulte en un stage du soir parfois, lequel ne rencontre pas tout à fait nos objectifs du programme.¹⁵²

Partage des champs cliniques avec les cégepiennes, d'où les difficultés venues de la comparaison continue des deux sortes de programmes et de leur valeur dans le soin du malade.

La distribution des malades au personnel des hôpitaux, ce qui rendait difficile la sélection des malades; il fallait maintenir la distribution en nombre pour chaque infirmière.¹⁵³

Il n'y a pas un Centre Hospitalier Universitaire dans lequel on peut trouver tous les services nécessaires à la formation de l'étudiante-bachelière.

Le manque de locaux offerts dans les hôpitaux: salles de classe, de conférences, vestiaire, bibliothèque.

L'incompréhension de la part du personnel hospitalier, de la communication que l'étudiante devait maintenir avec le malade. On était porté à croire que l'étudiante bachelière perdait son temps et le gâtait même.¹⁵⁴

These were some of the main challenges found in the live laboratory situation for the preparation of nurses, the clinical fields.

In the early 1960's, David Solomon challenged the presence of nursing on the university campus; the basic degree

151 Chittick, op. cit.

152 Lévesque, op. cit.

153 Baudry, op. cit.

154 Grégoire, op. cit.

program had been operating for four years at McGill prior to his declaration. He stated:

[. . .] In general, the other purposes of the university lose from the presence of professional schools. It becomes harder to maintain a clear sense of purpose, in some cases, it becomes harder to maintain standards, and probably almost always it becomes harder to obtain a share of available resources.¹⁵⁵

This comment, written at the end of the second period, could possibly be applicable later as universities still challenged the presence of basic degree programs at the end of the third period.

The challenges described above, through the list of pungent comments and reservations, represented a composite of some challenges, issues and obstacles facing the nurse educators in basic degree programs.

8. Summary.

The three basic degree programs developed in the Quebec region were inaugurated at the end of the second and during the third period. Among the salient reports and events which gave impetus to the development of these programs were the Royal Commission on Health Services, la Commission d'Enquête sur l'Enseignement dans la province de Québec, more

¹⁵⁵ David Solomon, The Professional School in the University: Some Consequences for Universities and for Professions, Paper read at the C.A.U.S.N., Montreal, June 7, 1961, p. 7-8.

commonly known as the Parent Report, the Castonguay-Nepveu Commission and the Boudreau Report.

The following are the main characteristics of basic degree programs in the Quebec Region.

a) The three basic degree programs were not the result of the evolvement of basic non-integrated programs. The first programs were brought into being through the academic endeavor and intent of nursing educators in university schools of nursing who had developed post-basic degree programs. No trend was seen between the development of both types of programs.

b) These programs are in relative close proximity. The two initial programs, the first of English expression, the latter of French expression were developed in Montreal; the last French program to be developed was at Laval University in Quebec.

c) A unique characteristic of these programs is that the three programs were not initially of the same duration. McGill's program was five years in length from 1957 until 1971; the program at l'Institut Marguerite d'Youville (Université de Montréal) was four years in length from 1962 until 1968 and Laval, from its inception, carried a basic degree program of three years duration. Since 1971 all three programs are three years in length following two years pre-university collegial program common to Health Sciences.

d) McGill's program was the third to be inaugurated in Canada in 1957. The two other programs were developed in the third period.

e) There has been a tendency to alter programs and educational units in the region in the last period. All three basic degree programs operate within institutions which have been modified since 1959. The name of the schools, McGill's School of Nursing, la Faculté de Nursing, l'Ecole des Sciences Infirmières have all been altered. The names of the nursing degree have also been changed subsequent to the implementations of the Parent Report. Laval was the first Canadian basic degree program to offer a degree in Health Sciences with a concentration in Nursing.

f) The students in the two French basic degree programs in this region are required to write distinct French licensure examinations common to all future French speaking nurses. Students at McGill write English exams prepared by the C.N.A. Testing Services.

g) Pre-university admission requirements since 1968 in the French universities and since 1972 at McGill tend to be higher than in other regions of Canada. These two pre-university Biological (Health) Sciences common to all the Health Sciences give a strong base in Physics, Chemistry, Mathematics, Biology, in addition to Philosophy and French or English. The former "collège classique" pre-university French tradition left a

liberal arts tradition in the pre-university institution (CEGEP), Collège d'Enseignement Général et Professionnel.

h) There was a trend to place Nursing among the Health Sciences in the Universities. At Laval University, since 1968, one-third of the three-year curriculum is taken in common with other health sciences students from Medicine, Dentistry and Pharmacy.

i) The most important positive factors or driving forces which influenced the establishment of the three basic degree programs were key people, the universities themselves, a felt need, national and provincial nursing association, federal and provincial government reports.

The strongest restraining forces which retarded the development of programs were the lack of prepared faculty, the paucity of programs offering graduate nursing preparation in French, the high cost of programs and few bursaries offered, a lack of students, a lack of cooperation from hospital and health agencies which provided clinical experiences and graduate employment, antagonism on the part of practising nurses and medical staff.

j) Male students could not be legally admitted to nursing programs prior to December 12, 1969. Since then, there is a developing trend to admit more male students than in other regions. In 1971 fourteen male students were enrolled.

k) Admissions to basic degree programs tended to increase after the closure of all hospital-controlled programs in 1970. This was especially evident at l'Université de Montréal where enrolments increased a ten-fold during the last period.

l) Tuition fees varied from \$496.00 to \$615.00 in 1972 in the three universities.

m) The general education component tended to have been altered considerably subsequent to the admission of students with a Diplôme d'Etudes Collégiales (D.E.C.). Until the end of the last period all programs seemed to carry a rather medical-centred emphasis. There was however a tendency towards less fragmentation of nursing content. The broad-fields curriculum approach was beginning to become more apparent at McGill in 1972.

n) Basic degree students were viewed as responsible, creative, capable of holding leadership positions on campus.

o) The challenges facing basic degree programs at the close of the last period were the lack of prepared faculty (25% still had bachelor's degree), the ill-defined role of baccalaureate graduates, the curricula of basic degree programs, lack of clinical experience areas and place of the professional school with the university.

CHAPTER IV

BASIC DEGREE NURSING PROGRAMS: ATLANTIC REGION

The Atlantic Region comprises the provinces of New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island. Six basic degree programs have been inaugurated since 1959, Prince Edward Island being the only province in the region and in Canada which did not, in 1972, offer the opportunity of higher education for nurses.

New Brunswick was part of Acadia, then of Nova Scotia until 1784. French-speaking settlers from Quebec immigrated along the Baie de Chaleur, Loyalists to the Bay of Fundy and the Saint John River Valley. Two universities, one which is of French expression, Université de Moncton, and the University of New Brunswick are situated within two of the main centres of population, Moncton and Fredericton¹.

In Nova Scotia higher education was left to a great extent to the initiative of the religious denominations most of which established their own colleges during the nineteenth century. Basic degree programs were established within three of these institutions. The first was situated at Dalhousie University in Halifax, which was non-sectarian; the other two

¹ David Monroe, The Organization and Administration of Education in Canada, Ottawa, Information Canada, 1974, p. 14-15.

were in Roman Catholic Colleges which opened in the middle of the century at Mount Saint Vincent in Halifax and St. Francis Xavier in Antigonish². Since 1969, Mount Saint Vincent University entered into a close cooperative relationship with Dalhousie and nursing students are since then able to take advantage of both universities³.

Nursing entered a third province of the Atlantic Region in 1966 through the channel of the Provincial University of Newfoundland. Memorial University of Newfoundland began as Memorial University College which was founded in 1925 as a memorial to those Newfoundlanders who fought and died in World War I. The status of the college was raised to that of a university at the time of Confederation in 1949⁴.

1. Origins of the six basic degree programs.

Three basic non-integrated programs existed prior to the establishment of basic degree programs in the Atlantic Region. The first began in 1926 at St. Francis Xavier and closed in 1966; a basic degree program was concomitantly

2 Ibid., p. 27.

3 Mount Saint Vincent University, General Calendar 1973-1974, Halifax, The University, p. 8.

4 Universities and Colleges of Canada, op. cit., p. 191.

established that same year⁵. Similarly in 1966, the basic non-integrated program begun at Dalhousie University in 1949 was closed, only to see the inauguration of another basic degree program at Dalhousie⁶. At Mount Saint Vincent, the "sandwich" type program similarly evolved into a basic degree program. As early as 1939, Mount Saint Vincent College, the only women's college in Canada to confer its own degrees⁷, offered a five-year basic non-integrated program. By 1952, utilizing the summer months, over a four-year period (12 month per year) and in affiliation with the Halifax Infirmary School of Nursing, a Bachelor of Science was offered. In 1965 this non-integrated program had evolved into a basic degree program⁸.

The three other basic degree programs in the Region were the first type of baccalaureate nursing programs to be offered in their respective universities. This is the only Canadian region where post-basic programs were not an initial pathway for nursing education to enter university settings. Table XXXIX shows the development of basic degree programs and

5 St. Francis Xavier University, Calendar 1966-1967, Antigonish, School of Nursing, 1966.

6 Dalhousie University, General Calendar 1966-1967, Halifax, The University, p. 310.

7 Mount Saint Vincent College, Announcements 1939-1940, Halifax, The College, p. 12.

8 Mount Saint Vincent College, Announcements 1952-1953, p. 13.

Table XXXIX.-

Development of basic degree programs and non-integrated
baccalaureate programs.^a

University	1912	1922	1932	1942	1952	1962	1972
Collège Maillet Moncton						1962. - - - - 1965.] - - - - 1968. _____	
New Brunswick						1959. - - - - 1966. _____	
Dalhousie				1949.		1966. ! - - - -	
Mount Saint Vincent				1939.		1965. ! - - - -	
St. Francis Xavier			1926.			1966. ! - - - - 1967. _____ 1969. _____	
Memorial						1966. - - - - 1966. _____	

a Source: Information compiled from data obtained in Annual Nursing Calendars 1919-1972.

Legend: - - - Basic degree program
 . . . Basic non-integrated program
 _____ Post-basic baccalaureate program

non-integrated programs.

L'Université de Moncton cannot claim to have begun the basic degree program in that University. In a method similar to that employed at l'Institut Marguerite d'Youville and also in 1962 the Collège Maillet, operated by the Religious Hospitalières de St. Joseph at St. Basile, opened a basic degree program within their private college and graduated their first students in 1966⁹. The basic degree was granted by l'Université de Moncton which had recently received its charter in 1963¹⁰. It admitted its first fourteen basic degree students in 1965, and accepted the transfer of the Collège Maillet's nursing students to the Moncton campus¹¹.

Margaret McPhedran, who succeeded the late Kathleen MacLaggan, the first director of the School of Nursing at the University of New Brunswick, was associated with the establishment and development of the basic degree program at the same University from its beginning in 1959. She described how nursing was the first among the Health Professions to appear at the University of New Brunswick:

9 Jacqueline Léger, Information de base, Université de Moncton, Ecole des Sciences Infirmières, le 17 septembre (director 1964-1971).

10 Université de Moncton, Annuaire 1965-1966, Moncton, Ecole des Sciences Infirmières, 1965, p. 63.

11 Huberte Richard, Information de base, Université de Moncton, Ecole des Sciences Infirmières, le 26 septembre 1974.

Recently, university communities have been giving thought to their relationship with society as a whole and perhaps changing attitudes were reflected in the acceptance of the School of Nursing within the community of the University of New Brunswick. We were not the first professional school to arrive on campus [. . . .] We were, however, the first group belonging in the Health Sciences - that is, there were no Schools or Faculties of Medicine, Dentistry or Pharmacy attached to the University - a situation which continues to exist eleven years later.¹²

The basic degree program was also the first type of nursing program to become part of the Memorial University of Newfoundland. It was established in 1966, three years after a Brief¹³ was prepared by the Association of Registered Nurses of Newfoundland, hereinafter called the A.R.N.N. The brief presented contained ambiguous statements concerning the type of program needed. While some parts of the brief referred to an "undergraduate course in Nursing at the University"¹⁴, others referred to the enthusiasm of the 530 registered nurses who attended inservice education workshops¹⁵; still another remark revealed "that the majority of students applying to Schools of Nursing have not the high school subjects necessary

12 Margaret McPhedran, "The Development of a Programme in Nursing in the University of New Brunswick", in International Journal Nursing Studies, Vol. 7, 1971, p. 191.

13 Association of Registered Nurses of Newfoundland, Brief to Memorial University of Newfoundland, St. John's, The Association, August 1963, 9 p.

14 Ibid., title page.

15 Ibid., p. 4.

to enter a University"¹⁶. Elsewhere, the brief supported the opinion "that eventually the Memorial University of Newfoundland would establish a degree course for graduates of hospital schools of nursing"¹⁷. The brief added that the "graduate of the university course would be better prepared for future teaching and supervisory positions more quickly than the average diploma school graduate"¹⁸. What the A.R.N.N. wanted from the University was "a nursing programme of education"¹⁹ but the particular type of programmes and the priorities were not clearly identified. This confusion was to create problems as the basic degree program was inaugurated.

The University Senate accepted the brief and appointed Joyce Nevitt as the first director on September 1, 1965. In a detailed memorandum she wrote: "As far as the nursing curriculum was concerned, there was a general lack of appreciation of the meaning of the integrated programme both among the nurses and the university administration"²⁰.

Although the A.R.N.N. mentioned the need for many types of nursing programmes within the projected university

16 Ibid.

17 Ibid., p. 5.

18 Ibid., p. 7.

19 Ibid.

20 Joyce Nevitt, Basic data, St. John's Memorial University School of Nursing, August 31, 1974.

framework, Nevitt wrote: "It was my belief that the development of an integrated basic degree programme was a priority"²¹.

2. Evolutionary and Developmental Phases
of the Nursing Educational Units
Within the Six University Settings.

Two of the six basic degree programs were established in universities of recent origin. These are Memorial and Moncton. The four remaining generic nursing programs are situated within universities of longer and more firmly established traditions, that is, Dalhousie, Mount Saint Vincent, New Brunswick and St. Francis Xavier.

Table XL shows the evolution of the University Nursing Schools of the Atlantic Region from a structural and organizational viewpoint since their inception until 1972.

Although the University of New Brunswick was founded in 1785, the first degrees were not granted until 1823. Shortly afterwards it was transformed into King's College until a new charter in 1859 gave its present name²². Nearly one hundred years later, in 1958, the School of Nursing in the University of New Brunswick was established with the appointment of the late Katherine MacLaggan. For a brief period of time, the new school was under the control of the

21 Ibid.

22 Munroe, op. cit., p. 22-23.

Table XL.-

Evolution of the University Nursing Schools of the Atlantic Region Showing Modification in the Organizational Structure from their inception to 1972.^a

University	Initially		Modifications	1972
	Designation of Nursing Unit	Title of Head of Nursing Unit		Organizational Structure
Dalhousie	School of Nursing under Faculty of Arts and Science	Director	School of Nursing part of Faculty of Health Professions (1961) Faculty of Nsg. (1969)	Faculty of Nursing with a Dean
Memorial	School of Nursing (1965)	Director	School of Nursing under Faculty of Arts and Sciences changed to Faculty of Arts	School of Nursing with a Director
Collège Maillet St-Basile, N.B.	Ecole des Sciences Hospitalières (1962)	Directrice	Ecole des Sciences Hospitalières merged with Université de Moncton in 1965	
Moncton	Ecole des Sciences Hospitalières (1965)	Directrice	Name changed to Ecole des Sciences Infirmières (1966)	Ecole des Sciences Infirmières avec une directrice
Mount Saint Vincent	School of Nursing	Director	Modified integration with Dalhousie (1969)	Nursing Program with Coordinator

(Continued)

Table XL.- (Continued)
Evolution of the University Nursing Schools

University	Initially		Modifications	1972
	Designation of Nursing Unit	Title of Head of Nursing Unit		Organizational Structure
New Brunswick	School of Nursing (1958)	Director	Faculty of Nursing (1969)	Faculty of Nursing with a Dean
St. Francis	Department of Nursing and Health Unit (1927)	Chairman	Department of Nursing	Department of Nursing with a Chairman

a Source: General University and Nursing Calendars, Letters to Directors of Schools of Nursing and Presidents of Universities.

Dean of Science to facilitate the organization and early administrative details of the School. It then became autonomous with the Director having direct access to the President of the University. In 1969 the School of Nursing became a Faculty of Nursing²³.

Mount Saint Vincent University had its origins in an academy in 1873 for young women established by the Sisters of Charity at Rockingham. Already by 1914, a contract signed with Dalhousie provided an affiliation which allowed half the courses to be taught by Mount Saint Vincent College and the degree given by Dalhousie.

The 1925 charter granted the college power to grant its own degrees but professors from Dalhousie continued to serve on the staff. The first independent women's college in Canada had been founded. In April 1966 the college charter was again revised and the name of the institution was changed to Mount Saint Vincent University. The basic degree program began one year prior to this event. By an agreement signed in September 1969, the University again entered a close co-operation with Dalhousie University. The present coordinator of the nursing program described how this agreement affected the basic degree program at Mount St. Vincent:

²³ Margaret McPhedran, Basic data, Fredericton, The University of New Brunswick, October 4, 1974.

Being a small university our enrollment in the nursing program has not been large. Thus, in order to retain a nursing program here, negotiations with Dalhousie University School of Nursing were instituted in 1964. A cooperative agreement between Dalhousie and Mount Saint Vincent Universities was signed, under which all nursing courses are normally centralized at Dalhousie. This means that Mount nursing students now take all their nursing courses, Anatomy and physiology at Dalhousie. Mount nursing faculty are provided and the total faculty participate in planning and implementing the program. This arrangement has been working well [. . . .]²⁴

In another letter she added, "we each graduate our own students. Mount Saint Vincent University retained its power to grant degrees when the cooperative agreement was signed"²⁵.

Dalhousie University, with which Mount Saint Vincent is associated, is the largest of Nova Scotia's chartered universities²⁶. It was established in 1818 in Halifax, and its School of Nursing organized in 1949. In 1961 the School of Nursing "became a constituent part of the newly established Faculty of Health Professions"²⁷. The 1972 Calendar confirmed the cooperation and integration program initiated with Mount Saint Vincent adding that "selection for the two schools' four

²⁴ Letter from Marguerite Muise, Coordinator, Mount Saint Vincent University Nursing Program, June 23, 1974.

²⁵ Letter from Marguerite Muise, July 15, 1974.

²⁶ Monroe, op. cit., p. 27.

²⁷ Dalhousie University, General Calendar 1966-1967, p. 310.

year Bachelor of Nursing programme is done jointly"²⁸. Electa MacLellan, director of the School of Nursing from 1949 until 1972, further commented on the positive aspects to this agreement²⁹:

The agreement made it feasible for both university schools to use both general hospitals. Between 1966-68 only one general hospital was available [. . .] The method worked out at Presidential level was for the students of each university to have freedom of certain liberal arts classes at either University. This worked to Nursing's advantage to the extent that all the nursing classes in the Basic degree programme were conducted at Dalhousie and the 4 faculty members in Nursing at M.S.V.U. came to the Dalhousie campus to participate in lectures, etc.³⁰

King described the origin of the Dalhousie School of Nursing as being a department within the Faculty of Arts and Science in 1949 until 1961. The School then became a constituent part of the newly established Faculty of Health Professions³¹.

The Université de Moncton was established as a result of the Report of the Royal Commission on Higher Education³², commonly known as the Deutsch Report. It recommended that one

28 Dalhousie University, General Information, Faculty of Health Professions, Halifax, The University, p. 9.

29 Electa MacLellan, Basic data, Antigonish, Dalhousie University School of Nursing, October 14, 1974.

30 Ibid.

31 Floris King, Basic data, Dalhousie University School of Nursing, Halifax, August 23, 1974.

32 Report of the Royal Commission on Higher Education, Chairman Deutsch, Fredericton, Queen's Printer, 1962.

francophone university be established in New Brunswick. A charter granted in 1963 brought together all classical colleges which were operating in Moncton, Bathurst and Edmunston. Higher education, supported by the province of New Brunswick, was now also provided for the French-speaking population of the Maritime area. It was within the context of this new University that the Religieuses Hospitalières de St. Joseph accepted the transfer of their basic degree program at Collège Maillet to l'Université de Moncton in 1965³³.

In 1966 two other basic degree programs began. The first, at St. Francis Xavier in Nova Scotia, the other at Memorial University in Newfoundland. The former university was founded in 1853 at Arichat and relocated in Antigonish in 1855. Its original purpose was to provide clergy for the scattered pioneer population but it was soon obliged to offer higher education for the entire area. Full university powers were granted by the provincial Nova Scotia legislature in 1866. The association with Mount Saint Bernard for women established by the Congregation of Notre Dame dates back to 1883. As a result of this affiliation, St. Francis Xavier was the first Catholic co-educational college on the North American continent³⁴.

33 Marcelle Dumont, Information de base, Moncton, Ecole des Sciences Infirmières, le 17 septembre 1974.

34 St. Francis Xavier University, General Calendar 1973-1974, Brief History, Antigonish, The University and Mount St. Bernard College, p. 19.

The link with nursing at St. Martha's Hospital School of Nursing "was forged in 1926 from which time degree courses in Nursing have been offered"³⁵. In 1966, the present four-year basic program was officially instituted at the University³⁶.

In Newfoundland the Memorial University School of Nursing has been placed under the Faculty of Arts and Science since 1966. By 1972 the School was under the Faculty of Arts and plans were under way to establish nursing as an independent school within the Health Sciences Division³⁷.

Five of the six basic degree programs were begun in the Atlantic Region between 1965 and 1966. In no other Region were there so many sudden opportunities for higher education in nursing as in the Atlantic Region.

Table XLI shows the type of degree offered in the region, the duration of the basic degree programs initially and as of 1972. It reveals that one program began in the second period, and five during the third period of this study. The years 1965-1966 were especially prolific for basic degree programs in the Region.

³⁵ St. Francis Xavier University, Mount St. Bernard College, General Calendar 1967-1968, p. 18.

³⁶ Simone Roach, Basic data, Antigonish, St. Francis Xavier University School of Nursing, August 22, 1975.

³⁷ Margaret McLean, Basic data, St. John's Memorial University School of Nursing, May 6, 1975.

Table XLI.-

Basic Degree Programs according to the type of degree offered and length of program^a

University	Initial year of Establishment	Initial degree	Length of Program	Degree in 1972	Length of Program 1972
Dalhousie	1966	B.N.	4 years	B.N.	4 years
Memorial	1966	B.N.	4 years	B.N.	4 years
Moncton	1965	B.Sc.Inf.	4 years	B.Sc.Inf.	4 years
Mount Saint Vincent	1965	B.S.N.	4 years	B.S.N.	4 years
New Brunswick	1958	B.N.	4 years	B.N.	4 years
St. Francis Xavier	1966	B.S.N.	4 years	B.S.N.	4 years

a Source: Data compiled from University Schools of Nursing, letters and General University Calendars, 1959-1972.

Two types of degrees are offered; three are Bachelor in Nursing, namely at Dalhousie, Memorial and New Brunswick; three, Bachelor of Science in Nursing at Moncton, Mount Saint Vincent and St. Francis Xavier. There were no modifications in the nomenclature of the degrees offered since the inception of the programs. As of 1972 all basic degree programs have been and continue to be four years in length.

3. Factors Influencing the Establishment and Development of basic degree programs, 1959-1972.

Change in the universities' control over the entire nursing curricula happened mostly within the mid 1960's, more precisely between 1965-1966. Only one basic degree program was established prior to these years, none was inaugurated subsequently. This section will simultaneously describe the driving forces which helped to produce change and will also analyze how the impeding or restraining forces, when reduced, allowed the establishment of the six basic degree programs in the Atlantic Region.

The central facilitating forces in the region were found to be the following: foundations, federal funding, provincial government studies and financial aid, the Provincial Nurses' Associations, key people and their studies, the universities, a felt need and outside influences.

New Brunswick seemed the province in the Atlantic Region where more facilitating factors came to bear

simultaneously. In an earlier study, Mussallem wrote:

"Through concerted efforts [. . .] this province has been in the forefront of nursing education thought in the country"³⁸.

This study also revealed that key persons in New Brunswick gave leadership in nursing education.

McPhedran, a former director of the University of New Brunswick, described the financial aid which assisted in the inauguration of the school: "Financial assistance was provided by the W.K. Kellogg Foundation [. . .] to assist in the establishment and development of the School of Nursing"³⁹. She commented further about another source of revenue: "A grant of money was provided by the Departments of Health of the provincial government for acquiring the equipment and supplies of the Nursing Arts laboratory"⁴⁰.

At the Université de Moncton, a key person connected with the School of Nursing wrote:

Le gouvernement fédéral facilite le début du programme en fournissant un octroi substantiel pour l'édifice actuel des Sciences Infirmières. Il fournit également l'équipement audio-visuel requis à ce moment.⁴¹

³⁸ Helen K. Mussallem, A Plan for the Development of Nursing Education Programs Within the General Educational System of Canada, Ottawa, Canadian Nurses' Association, 1962, p. 172.

³⁹ McPhedran, Basic data, op. cit.

⁴⁰ Ibid.

⁴¹ Dumont, op. cit.

In New Brunswick, a Royal Commission on Higher Education was appointed in 1962 to assist the government in planning future provincial educational development. This Commission recommended the development of a francophone University⁴². The university authorities at Moncton then requested the Religieuses Hospitalières to transfer their collegial basic degree course in St. Basile to the Université de Moncton⁴³. The 1962 Commission further recommended annual provincial government support of \$800,000 to the University of New Brunswick and \$250,000 to l'Université de Moncton⁴⁴ in addition to annual \$500 interest-free loans to New Brunswick students⁴⁵.

Ten years later a similar Higher Education Report was issued⁴⁶. Reflecting on the preceding report published in June 1962, the 1972 Commission felt the previous study "represented a turning point in the development of higher education in the province"⁴⁷. Conscious of the relatively limited

⁴² Report of the Royal Commission on Higher Education in New Brunswick, op. cit., p. 9.

⁴³ Dumont, op. cit.

⁴⁴ Report of the Royal Commission on Higher Education in New Brunswick, op. cit., p. 105.

⁴⁵ Ibid., p. 106.

⁴⁶ Flexibility for the 70's, A Report to Government on the Resources Required for the Development of Higher Education in New Brunswick, [Fredericton], New Brunswick Higher Education Commission, February 1972.

⁴⁷ Ibid., p. 9.

financial resources of the New Brunswick population, the 1962 Commission had proposed that for a period of roughly ten years the development of higher education in New Brunswick would be subject to two main priorities. First, the student would receive an adequate standard of education, and secondly there would be a consolidation of the existing institutional structures on the basis of a strategy that identified the Universities of Moncton and Fredericton as the "two higher education growth centres"⁴⁸. The basic degree programs in nursing were fortunate to develop within the confines of these two educational institutions and after the promulgation of the 1962 Report.

Two other studies made by two nursing educators were important driving forces in New Brunswick. These were Russell's study, The Report of a Study of Nursing Education in New Brunswick⁴⁹ and MacLaggan's plan for the Education of nurses in New Brunswick entitled Portrait of Nursing⁵⁰.

These two studies were positive contributing factors to the entire field of Canadian nursing education. Russell's study specifically recommended

⁴⁸ Ibid., p. 8.

⁴⁹ Edith Kathleen Russell, The Report of a Study of Nursing Education in New Brunswick, Fredericton, The University of New Brunswick, 1956, 76 p.

⁵⁰ Katherine MacLaggan, Portrait of Nursing, Fredericton, The New Brunswick Association of Registered Nurses, 1965, 146 p.

That a school of nursing be established at the Provincial University - The University of New Brunswick - with carefully controlled conditions [. . . .] That a basic course in nursing [be offered] to include general as well as professional education.⁵¹

Two years later in 1958 the University of New Brunswick admitted its first students to the basic degree program. MacLaggan devised a new plan of nursing education which stimulated the inauguration of the French basic degree program in Moncton and proposed the principle of a "Nurse Grade II"⁵² with a defined role for this baccalaureate nurse. It was the belief held by this educator that "with better education, additional new functions not impinging on medical diagnoses per se, can and will be assumed in a natural and sensible fashion"⁵³. This may have been one of the first herald of the extended role of the baccalaureate nurse.

This study suggested other pertinent recommendations which spurred the development of basic degree programs:

Until the proper ratio [1:4] is established, university students should be given priority in respect to available scholarships, bursaries and loans [. . . .] Nursing associations should support and appreciate salary differential between the graduates of the two types of schools [university and diploma] .⁵⁴

51 Russell, op. cit., p. 59.

52 MacLaggan, op. cit., p. 95.

53 Ibid., p. 97.

54 Ibid., p. 106.

The New Brunswick Association of Registered Nurses, hereinafter referred to as N.B.A.R.N., was referred to by key people as an important facilitating force. Dumont specified that the Association advocated that 25% of its nurses should be educated in baccalaureate programs⁵⁵. The N.B.A.R.N. presented and endorsed many briefs which supported the establishment of basic degree programs. In a plan called Master Design for Nursing in New Brunswick, the N.B.A.R.N. specifically stipulated that "the establishment of a university school of nursing [was] an immediate and urgent need"⁵⁶. It recommended as early as 1961 that "the number of students in professional schools of nursing in the university should be increased by eight to ten times the present number"⁵⁷ and that all public institutions of higher learning be tuition free⁵⁸. The N.B.A.R.N. further went on record as stating that "the professional nurse should be educated in the university"⁵⁹ and supported the move of potentially professional students to university programs. It advocated "that a bursary system be

55 Dumont, op. cit.

56 N.B.A.R.N., Master Design for Nursing in New Brunswick, Fredericton, The Association, November 1958, p. 7.

57 N.B.A.R.N., Brief to the Royal Commission on Health Services, Fredericton, The Association, November 1961, p. 1.

58 Ibid., p. 4.

59 Ibid.

established by this province in amount and number sufficient to remove any financial impediment from the education of the student"⁶⁰.

Five years after its Brief to the Hall Report, the N.B.A.R.N. and C.N.A. commissioned MacLaggan to prepare a report intended for the government of the province of New Brunswick, the hospitals, the Universities and the Nursing Association itself. This report stated that the N.B.A.R.N. had almost exclusively provided the leadership which resulted in several blueprints for action⁶¹. It felt that "after two decades of mulling over the intricate problem of nursing education"⁶² the combined efforts of those whose responsibility it was to act would be voiced openly. Specific measures were outlined reaffirming positions previously affirmed in former studies. The report stated that

[. . .] The Universities of New Brunswick and Moncton must be alert to their responsibilities to professional education. For every semi-professional in the health services, there must be a known professional counterpart. Sometimes this professional counterpart will carry a relationship to more than one semi-professional group.⁶³

60 Ibid.

61 Katherine MacLaggan, Report on Action Prepared for the New Brunswick Association of Registered Nurses, Fredericton, N.B.A.R.N., September 1966, p. 1.

62 Ibid.

63 Ibid., p. 8.

The N.B.A.R.N. was alert to make its position known whenever it was feasible. In a Brief to the Royal Commission on the Status of Women the Association contended that economic factors were largely responsible for the problems affecting Canadian nursing practice. A trend noticed was a decline of the percentage of eligible young women who entered the nursing profession. It was felt that sub-standard salaries were partly responsible⁶⁴. As late as 1968 salary differentials offered to basic degree graduates graduating from expensive four year basic degree programs were minimal when compared to salaries of hospital diploma graduates. The brief highlighted the \$4,956, a basic degree graduate's beginning salary in New Brunswick, as compared to \$4,476 for a basic diploma graduate's initial salary. The maximum salary of both groups only gave the professional nurse a \$480.00 differential⁶⁵.

Three years later in October 1971, the N.B.A.R.N. published its Position Paper⁶⁶ in reference to the Study Committee on Nursing Education⁶⁷ issued several months earlier

⁶⁴ N.B.A.R.N., Submission to the Royal Commission on the Status of Women, Fredericton, The Association, September 1, 1968, p. 1.

⁶⁵ Ibid., [Appendix 6].

⁶⁶ N.B.A.R.N., Position Paper, Fredericton, The Association, October 29, 1971, 31 p.

⁶⁷ Association of New Brunswick Registered Nursing Assistants, Study Committee on Nursing Education, August 1971, 85 p.

by the Association of Nursing Assistants of New Brunswick. Reacting to the recommendation made by the latter group that attention be focused on the problems underlying the movement of baccalaureate nurses out of New Brunswick, the N.B.A.R.N. agreed with the statement and felt that because the baccalaureate nurse was a new worker on the health team, hospital administrators did not make optimum use of the capabilities of this type of nurse. It was agreed that "functions performed by such nurses must meet their needs for interesting, challenging work; otherwise tedium will induce mobility"⁶⁸.

The N.B.A.R.N. not only wrote briefs, but, since 1963, also gave two scholarships of \$1000 to students wishing to enter a basic degree program in New Brunswick. French-speaking students were allowed to choose a French university outside New Brunswick⁶⁹.

The Provincial Nursing Associations of Newfoundland and Nova Scotia did not publish as extensively. Nevertheless, several briefs were influential in the development of basic degree programs. Among the most pertinent was that submitted by the Registered Nurses' Association of Nova Scotia, hereinafter known as R.N.A.N.S. to the Hall Commission. It stipulated

68 Ibid.

69 "Scholarships" [News], in The Canadian Nurse, August 1963, Vol. 59, No. 8, p. 729.

that "a greater portion of nursing students must be directed to university schools of nursing where specific instruction in leadership, supervision and administration principles are taught"⁷⁰.

In Newfoundland, among the many briefs presented by the Association of Registered Nurses of Newfoundland, henceforth known as the A.R.N.A., those which most directly affected the basic degree program were those presented in 1963⁷¹ and 1972⁷². In the latter, an issue felt across Canada was again brought to the fore: "We will continue to perpetuate traditional practices and rituals, avoiding change for the better, and using baccalaureate graduates without regard for their leadership potential"⁷³.

In a 1972 study of the nursing resources in Newfoundland, DuGas demonstrated the need for a substantial increase in the number of baccalaureate-prepared nurses in that province. A ratio of one professional to twenty-nine technical nurses

⁷⁰ R.N.A.N.S., A Brief to the Royal Commission on Health Services, Halifax, The Association, 1961, p. 7.

⁷¹ A.R.N.A., Brief to the Memorial University of Newfoundland Regarding the Establishment of a School of Nursing, August 1963, 23 p.

⁷² A.R.N.A., Brief to the Memorial University of Newfoundland in Support of the Program at Memorial University School of Nursing, July 1972.

⁷³ Ibid., p. 15.

existed in 1973⁷⁴.

In no other region was a "felt need" so strongly expressed as one of the most positive driving force in the establishment of basic degree programs. This factor was expressed in these cogent terms: "Le besoin d'infirmières qualifiées pour l'enseignement et les milieux hospitaliers. C'était l'unique programme de langue française dans la région Atlantique"⁷⁵. "The need for baccalaureate prepared nurses; the philosophy of the university and its commitment to programs responding to community needs"⁷⁶. "There was a lack of baccalaureate preparation available for nurses in the Atlantic provinces"⁷⁷. "This type of program was not yet offered in the province"⁷⁸.

The influence of the directors, as key influential persons, was seen as an accelerating positive factor in the inauguration of basic degree programs.

In Newfoundland, "leaders of nursing saw a need and requested the university to introduce the school of nursing"⁷⁹.

⁷⁴ Beverley DuGas, Nursing Resources in Newfoundland: An Analysis of the Current Situation, June 1972, Table V, p. 42.

⁷⁵ Huberte Richard, Information de base, 1er juillet 1974.

⁷⁶ Simone Roach, Basic data, July 12, 1974.

⁷⁷ Heather Fraser, Basic data, Halifax, Dalhousie University School of Nursing, August 11, 1975.

⁷⁸ Margaret McLean, Basic data, July 1, 1974.

⁷⁹ A.R.N.N., News Bulletin, June 1966, [p. 4].

Joyce Nevitt established the program and lived through its pioneering phases. She wrote: "It was my belief that the development of an integrated basic degree program was a priority"⁸⁰.

At Dalhousie, MacLennan who was director from 1949 until 1972 can be considered a key person. She wrote:

As a member of the executive of the provincial, national and international nursing associations, the director was in a favored position to have first hand information on all new developments in nursing and to weigh the relative merits of the many experiments currently under way for the period in the 1950's and 1960's in the United States and Canada.⁸¹

She added she was fortunate in having Jocelyn Nielsen on staff as she had the vision of what nursing could be and the ability to translate it into a concrete program⁸².

At Moncton the openness of the Congregation the Religieuses Hospitalières de Saint Joseph was described as a spearheading factor⁸³. Through their willing collaboration the basic degree program was transferred from Collège Maillet to the Université de Moncton.

At Mount Saint Vincent University Sister Mary McCarthy carried the major responsibility for the design and

80 Nevitt, op. cit.

81 MacLennan, op. cit.

82 Ibid.

83 Léger, op. cit.

implementation of the integrated program in nursing⁸⁴. At the University of New Brunswick, Muriel Hunter, active in the N.B.A.R.N., wrote that "it was due mainly to the efforts of the Council of the Association, especially the late Dr. Katherine MacLaggan, that the basic degree program at the University of New Brunswick was begun"⁸⁵.

Another positive factor, seen as a driving force at St. Francis Xavier, was external influence:

The decision to change came at the suggestion of the University authorities and the fact that most of the University nursing programs were adopting a four year plan. Sister Claire Marie was then associated with the program and I believe that Dalhousie University and Mount Saint Vincent were considering changing to a four-year span instead of five. No doubt all this was influenced by what was happening in the rest of Canada and U.S.A.⁸⁶

Impeding or counter factors expressed by key persons in the Atlantic Region were the following: lack of prepared faculty, lack of finances, students, resistance on the part of nurses and the university, the public's image of nursing and clinical fields.

⁸⁴ Lillian Grady, Letter to the writer, Dartmouth, N.S., September 11, 1974.

⁸⁵ Muriel Hunter, Letter to the writer, Florenceville, N.B., September 3, 1974.

⁸⁶ Sister Marie Barbara, Basic data, Antigonish, St. Francis Xavier School of Nursing, October 18, 1974.

Lack of prepared faculty was found at Université de Moncton⁸⁷, St. Francis Xavier⁸⁸, Dalhousie⁸⁹, Mount Saint Vincent⁹⁰, and Memorial⁹¹. Finances as a deterring factor could be viewed from two viewpoints: "low economic revenue of French-speaking families"⁹², and the lack of financial support by the administration of the university which was not convinced that the nursing program should be supported as other university programs⁹³. At Dalhousie there was limited financial support for additional faculty as rapidly as needed⁹⁴. Eaton viewed the restraining forces "primarily as finances - there was no opposition from anyone as far as I can recall"⁹⁵.

Nevitt who viewed the same situation as the first director of the basic degree program saw additional counter factors. She thus described them:

87 Léger, op. cit.

88 Barbara, op. cit.

89 Roach, op. cit.

90 Muise, op. cit.

91 Nevitt, op. cit.

92 Richard, op. cit.

93 Barbara, op. cit.

94 MacLellan, op. cit.

95 J.D. Eaton, Basic data, St. John's Memorial University of Newfoundland, September 13, 1974.

There was a general lack of appreciation of the meaning of the integrated programme both among the nurses and the university administration [. . . .] There were only nine nurses who held a baccalaureate degree in Newfoundland and none of these had experienced an integrated program.⁹⁶

Impediments or resistant forces were found in the resistance to learning nursing at the University⁹⁷, the public image of nursing, and the attitude of nurses and other medical personnel who believed the hospital diploma was the only method⁹⁸ of educating the nurse. At Moncton moreover there were many student withdrawals caused by lack of knowledge of the objectives of the program, lack of selection, and campus conflicts linked with a transfer from the college program⁹⁹.

As in most other regions the clinical area seemed to be viewed as one of the most important restraining forces. The various aspects of the problem were: "a limitation in clinical resources¹⁰⁰"; "overcrowded clinical facilities with insufficient faculty members for the supervision of students"¹⁰¹; "lack of clinical facilities especially in obstetrics and

96 Nevitt, op. cit.

97 Barbara, op. cit.

98 Fraser, op. cit.

99 Dumont, op. cit.

100 Roach, op. cit.

101 Nevitt, op. cit.

pediatrics"¹⁰²; "competition with other nursing programs for clinical facilities"^{103,104,105,106}; "public health experience is difficult to obtain because of the widely scattered districts with no public transportation to facilitate travel; few other agencies that could be utilized"¹⁰⁷.

Difficult to obtain suitable families for our students to follow. Transportation is slow and irregular; small V.O.N. service; the hospitals began to use an academic calendar which further increased our problems because the distribution of the clinical experience could not be scheduled as before. The ratio of students to patients was dangerously high.¹⁰⁸

"Le genre d'expérience et le placement des expériences cliniques amenaient certains conflits"¹⁰⁹. "Problème de communications pour étudiantes francophones dans l'hôpital anglais"¹¹⁰.

It is seen from the above comments that stamina, foresight and tolerance were required from all these pioneering university nurse educators to establish basic degree programs

102 Richard, op. cit.

103 Muise, op. cit.

104 Roach, op. cit.

105 Fraser, op. cit.

106 Barbara, op. cit.

107 Ibid.

108 Nevitt, op. cit.

109 Léger, op. cit.

110 Dumont, op. cit.

in the Atlantic Region.

4. Nature of Programs.

The aim of nurse educators as they designed basic degree curriculum in this region was to provide a sound professional education for practitioners at the beginning level in nursing practice.

At the University of New Brunswick the initial curriculum was designed to cover four years, each of which was to be nine and one-half months in length, eight weeks longer than the academic year in other Faculties of the University. McPhedran, associated with the program from 1959 until 1972, wrote:

While we planned that general and professional education should be concurrent during the four years, the major emphasis was placed on general education in the first two years and on professional education in the third and fourth years. The eight-week periods after the academic years were reserved for concentrated clinical practice in nursing and were to be an extension of experience gained during the academic years.¹¹¹

She thus described the objectives of the basic degree programs:

¹¹¹ McPhedran, "The Development of a Programme....", op. cit., p. 193.

The four people who were to constitute the faculty of the School of Nursing [. . .] set to work in 1959 to establish a programme in nursing education [. . . .] We undertook to design a curriculum which would provide a sound professional education, including general and professional education for practitioners at the beginning level in nursing practice. We believed that we could provide the requisite knowledge and skills which would permit our graduates to advance quickly into team-leader positions (first level administration). While we recognized that some graduates would inevitably be attracted to the field of teaching, our main purpose was to prepare people who would stay within the framework of nursing service as given in hospitals or community agencies. We hoped, also, that sound basic professional education would permit the graduates to proceed to higher levels of preparation at the Master's or Doctoral levels, if they wished to assume more senior positions in administration or education.¹¹²

Table XLII offers a summary of the objectives of the basic degree program as found in basic degree calendars of the Atlantic Region.

The 1965 Calendar of l'Université de Moncton reveals scant knowledge related to the objectives of the program. It is thus described:

Le cours comprend quatre années d'études professionnelles et culturelles conduisant au baccalauréat ès sciences infirmières [. . . .] Les élèves de l'Ecole des Infirmières jouissent du même statut que les autres étudiants de l'Université. En plus de recevoir leur formation professionnelle en Nursing, elles ont l'avantage de suivre des cours d'option qui se donnent aux facultés des Arts et des Sciences. Aux deux premières années du cours, l'année académique se termine au mois de juillet; en troisième année, au mois d'août; et en quatrième année au mois de mai.¹¹³

112 Ibid.

113 Université de Moncton, Annuaire 1965-1966, p. 63.

Table XLII.-

Aims and Objectives of basic degree programs in the Atlantic Region.^a

Aims and Objectives	UNB		UM	MSVU	DU	SFX	MU
	1962-1972		1972	1972	1972	1972	1972
Public Health Nsg.	X	X	X	X	X	X	X
Administration					X		X
Hospital Nursing	X	X	X	X	X	X	X
Team leader Nursing	X	X		X	X		
Teaching				X			
Giving or directing critical care				X			
Basis, graduate study	X	X	X	X	X	X	X
Prepare for all health settings	X	X	X	X	X	X	X
Prepare excellent professional	X	X	X	X	X	X	X
Guide other nursing colleagues							
Relationships with families, professionals		X	X	X	X	X	X
Registration exams	X	X	X	X	X	X	X

^a Source: Individual School of Nursing Calendars, 1959-1972.

Legend: UNB: University of New Brunswick; UM: Université de Moncton; MSVU: Mount Saint Vincent University; DU: Dalhousie University; SFX: St. Francis Xavier University; MU: Memorial University.

In 1972 requirements had only been slightly altered. A minimum of ninety-one credits in non-professional subjects was required for the degree¹¹⁴.

The Mount Saint Vincent University 1966 Calendar identified some of the objectives of the program. It stated that it required "the completion of a four-year program including three summer sessions in which academic subjects and professional nursing training are integrated"¹¹⁵. The professional courses offered preparation for nursing in hospitals, public health, principles of teaching and nursing administration in the clinical unit. Completion of the program qualified the graduate for professional practice under the Registered Nurses' Act of Nova Scotia¹¹⁶.

The 1972 course descriptions at Mount Saint Vincent revealed an entire new curriculum approach. The student in her first years was introduced to a family relatively free of major health problems and was to follow this family for the first two years of her programme. The student then was exposed to ill patients but not from a disease or medical viewpoint. Content included topics such as pain, stress,

114 Université de Moncton, Annuaire 1972-1973, p. 168.

115 Mount Saint Vincent University, Calendar 1966-1967, p. 38.

116 Ibid.

sensory deprivation, emotional, cultural social factors of health and illness, role, leadership and communication¹¹⁷.

From the first year on the emphasis was on identifying and solving nursing problems, progressing to problems of long term health situations, maturational and situational crises in individuals and families. Families, family members and family dynamics were studied in more depth. An introduction to principles of administration and teaching as they apply to nursing service and nursing education was also included.

In 1961 the School of Nursing at Dalhousie University became a constituent part of the newly established Faculty of Health Professions. In its evolvement towards a basic integrated degree program in 1966, the student was provided not only with a basic liberal arts education but also with a first-level professional qualification in public health nursing, in teaching, or in administration¹¹⁸. The 1972 Calendar stated that

the primary objective was the preparation of a nurse who will be skilled not only in professional nursing techniques but who will also be competent to assume a position of leadership in the profession after an appropriate period of experience.¹¹⁹

117 Mount Saint Vincent University, Calendar 1972-1973, p. 66.

118 Dalhousie University, General Calendar 1967-1968, p. 346.

119 Ibid., General Information, Faculty of Health Professions, p. 10.

A team teaching approach was used. Faculty members in each of the nursing fields participated in all nursing classes offered¹²⁰. Some of the basic principles developed throughout the basic degree program were

[. . .] in the fields of critical and analytical thinking, leadership, growth and development, nutrition, family and community health, concepts of health and illness and psychiatric approaches to individuals and groups.¹²¹

These are the vertical and horizontal integrating threads which link nursing knowledge, skills and attitudes blending them with the liberal arts. The traditional nursing specialties, medical-surgical, psychiatry, maternal-child, community health were presented in 1972 at progressively increasing levels of complexity, but there was less fragmentation within the curriculum. It became integrated around central core concepts and basic principles.

When the basic degree program evolved from the long established basic non-integrated nursing program at St. Francis Xavier University general academic objectives stated that "with the proper Christian perspective, the University strives to fashion the student's personality after that of Christ, the true ideal"¹²². It was felt that the professional nurse should

120 Ibid.

121 Ibid.

122 St. Francis Xavier University, Mount St. Bernard College, General Calendar 1967-1968, p. 19.

be a strong moral person and should have Christian attitudes towards suffering. As in some other basic degree programs the general education content was integrated throughout the four years but more liberal arts were concentrated in the first two years. The nursing major was concentrated in the third and fourth years¹²³.

Sister Marie Barbara, Director of the basic non-integrated program prior to its evolvement in the basic degree program wrote:

After 1964, the entering students at St. Francis Xavier University would no longer be enrolled in St. Martha's School of Nursing as it was no longer felt that this method was representative of a truly integrated program. It was difficult to get this concept accepted but gradually the University students were separated out from the diploma program.¹²⁴

Sister Claire Marie, Nursing Education Consultant for R.N.A.N.S. was delegated to design the integrated program in 1963¹²⁵. According to her, it was only "in 1970, when Sister Marie Simone Roach was appointed chairman of the department, that the first real integrated program was worked out"¹²⁶. Developed anew in 1972, the curriculum presently has human health as its core value with emphasis placed on the following

123 Ibid., Calendar 1971-1972, School of Nursing, p. 86.

124 Barbara, op. cit.

125 Sister Claire Marie, Letter to the writer, Halifax, R.N.A.N.S., September 5, 1974.

126 Ibid.

major areas emphasized: the nursing process, leadership skills, the need for continuing education, the professional, civic and social responsibility¹²⁷. The eleven integrated health-centred courses offered in 1972 contrasted with the forty more fragmented and medical-oriented subjects in 1964.

As most other basic degree programs, Memorial University School did not specifically delineate the objectives of the basic degree program. Goals spelled out in the 1972 Calendar included the desire to develop leadership ability, to develop a desire for and an interest in increasing skill needed for service¹²⁸. Course descriptions revealed emerging emphases: family needs, care from simple to more complex needs, cultural background and health.

As the program opened at Memorial, Nevitt, then director, singled out the expected role of the basic degree graduate. She wrote: "We believe that the graduate nurse will be equipped to administer quality nursing care at beginning levels of practice, but, who will be ready early to assume leadership in the profession"¹²⁹.

¹²⁷ St. Francis Xavier University, Calendar 1973-1974, Antigonish, School of Nursing, p. 130-131.

¹²⁸ Memorial University of Newfoundland, Calendar 1972-1973, St. John's, School of Nursing, 1972, p. 143.

¹²⁹ Joyce Nevitt, Letter to Mrs. Graham-Cumming, Ottawa, Canadian Nurses Association, January 13, 1966.

5. Curriculum.

Objectives of basic degree curricula were reviewed in the preceding section. In an increasing number of programs the traditional focus of preparing students to work for specific health agencies was becoming less apparent. At the end of the third period, nurse educators were focusing curricula increasingly on human beings and the life processes rather than on a medical concept as had been the practice earlier. Considerable changes in curriculum organization and content ensued.

The focus of all laboratory study in nursing has always been and is, on human beings and their problems. While the laboratory situation had centred previously in hospitals and some public health agencies, clinical experiences were increasingly found in industries, homes for the aged, schools and convalescent homes. The hospital as a laboratory situation often became overcrowded also in this region, because of various categories and levels of nursing students who utilized the same clinical services at the same time.

Syntheses of broad areas concerned with life processes had somewhat begun to replace the segmented, disease-oriented approach in the curriculum area, at the end of the third period. It was increasingly apparent that the curriculum designed for professional nursing practice ideally

represented a fusion of liberal arts, basic sciences and nursing theory. However, some basic degree programs in the region were still struggling with the basic issues of acceptance and survival on university campuses leaving little time for developing new and more sophisticated approaches to curriculum.

Describing the curriculum at the University of New Brunswick, McPhedran commented on the liberal arts component of the basic degree program.

All general education courses were to be studied in common with students from other disciplines in the University. We were opposed to "service" courses, since we believed that students in nursing would be assisted in developing the ability to make critical analyses of subject content when they shared in the free exchange of ideas and opinions with students from other disciplines.¹³⁰

She further portrayed the curriculum plan:

The professional aspects of the curriculum which comprised 50% of the total programme became our particular [nursing] responsibility [. . . .] Therefore we undertook to plan the professional content so that divisions which had to be made into various years would articulate smoothly with one another [. . . .] The professional content was divided into eight divisions or courses [. . .] with concurrent theory and appropriate clinical practice. Since the timetable of the University is somewhat rigid, it was impossible to plan clinical practice for successive days in any of the four years [. . .¹³¹] It is a restriction we have learned to accept.¹³¹

¹³⁰ McPhedran, "The Development of a Programme....", op. cit., p. 194.

¹³¹ Ibid., p. 195.

Table XLIII shows the general education and nursing courses at the University of New Brunswick every five years since the inception of the basic degree program. The professional component at the University of New Brunswick was composed of fifteen courses in 1962 and this represented half the total curriculum; the same number of courses were offered in the general education component.

The "course" was the academic unit of measurement since the inception of the basic degree program at the University of New Brunswick. The total number of general education courses had not varied significantly since the inauguration of programs; fourteen courses were offered in 1972, fifteen in 1962. Biology was the heaviest subject among the Natural Sciences with four courses offered in 1972. In the Social Sciences there has been consistency, with Sociology and Psychology being the required subjects. English was also considered a compulsory subject during the entire span of time from 1959 to 1972. Electives in the Arts and Science were possible since 1967.

The following observations were possible in relation to the professional component. There were no nursing-related subjects such as Anatomy at the University of New Brunswick. These were absorbed within the Natural Sciences. However this was an uncommon feature in basic degree programs. The nursing

Table XLIII.-

Curriculum followed at University of New Brunswick School of Nursing from 1962-1972.^a

<u>General Education Courses</u>				<u>Nursing and Nursing-Related Courses</u>			
Subject	<u>No. of Courses</u>				<u>No. of Courses</u>		
	1962-1967-1972				1962-1967-1972		
Natural Sciences				Nursing-Related			
Biology	4	4	4	Total	0	0	0
Chemistry	1	1	1	Nursing			
Total	5	5	5	Intr. to Nsg.	1	1	1
Social Sciences				Leadership			
Psychology	3	2	2	in Nsg.	4	3	2
Sociology	1	2	1	Maternal and			
Electives			1	Child Care	2	2	2
Total	4	4	4	Medical-			
Humanities				Surgical Nsg.	5	4	3
English or				Psychiatric			
French	3	3	2	Nursing	2	2	2
Electives	3	2		Public Health			
Total	6	5	2	Nursing	1	1	1
Electives - Arts				Electives			
and Science		2	3	Total	15	13	11
Grand Total	15	16	14	Grand Total	15	13	11

a Source: General and Nursing calendars of New Brunswick University, 1962-1972.

component had diminished by four courses during the 1963-1972 period. The name of the subject headings related to the professional component are found in Appendix 5. McPhedran commented that while one course was to be devoted to Public Health Nursing, it was decided that the practice in this area should become part of the clinical experience throughout the four years¹³². She also gave the rationale underlying the two courses required in the historical development of nursing: "We felt that our graduates [. . .] [needed] to acquire insight into the role which they could be expected to undertake as truly professional persons"¹³³. In the nursing component of the curricula emphases as of 1972 were placed on life cycles and age groups using broader health titles. This was becoming more evident since 1962. Courses already included titles such as Nursing Care of Adult Patients and Physio-psychosocial Development in 1967.

McPhedran also brought out the real issues in planning the laboratory experience for nursing students. She simply stated that

132 Ibid.

133 Ibid.

[. . .] Clinical experience had to be confined to the local area during the academic year. The hospital in Fredericton is not large (approximately 300 beds) and it operates its own diploma School of Nursing. Therefore the clinical areas [. . .] were not freely available for our use [. . . .] At first the community seemed to have few really useful learning opportunities, except what we could locate in the visiting nursing association and the official public health agency [. . . .] The ingenuity and energy of our faculty members has had a catalytic effect in bringing some community services into existence [. . . .] Student-faculty conferences are used to plan and evaluate all home visits made by the students [. . . .]¹³⁴

There has been continuity in the leadership of the basic degree curriculum at the University of New Brunswick from 1959 to 1972. Valuable curriculum changes appeared in the decade but there was stability. It was evident that there had been valuable curriculum planning prior to the inception of the program¹³⁵. Hence change thereafter was minimal.

The basic degree program at l'Université de Moncton was established to answer the needs of the francophone population of New Brunswick¹³⁶. Table XLIV shows the Curriculum followed at l'Université de Moncton.

The credit system was utilized since the beginning of the program. Eighty-four credits were required in general education and 107 in the nursing component. The laboratory

134 Ibid., p. 195.

135 Ibid., p. 192

136 Université de Moncton, Annuaire 1972-1973, p. 167.

Table XLIV.-

Curriculum followed at l'Université de Moncton, Ecole des Sciences Infirmières from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	Number of Credits		Subject	Number of Credits	
	1967-1972			1967-1972	
Natural Sciences			Nursing-Related		
Biology	8		Anat. & Physiol.	8	
Chemistry	18	20	Nutrition and		
Human Biology			Diet Therapy		9
& Physiology		16	Total	8	9
Total	26	36			
Social Sciences			Nursing		
Anthropology	6		Intr. to Nursing	13	16
Psychology	10	12	Leadership in		
Sociology	6	6	Nursing	6	6
Electives		6	Maternal and		
Total	22	24	Child Care	23	24
Humanities			Medical-Surgical		
French or English	12	12	Nursing	47	24
Philosophy	12	6	Psychiatric		
Theology and			Nursing	9	20
Medical Ethics	12		Public Health		
Total	36	18	Nursing		8
Electives - Arts			Electives		
and Science		6	Total	98	98
Grand Total	84	84	Grand Total	106	107

^a Source: General and Nursing Calendars of l'Université de Moncton, 1967-1972.

credit hour being valued at three hours, in addition to the required travelling time to and from agencies rendered the nursing program a very heavy program. General education courses also seemed rather heavy.

Tables XLV and XLVI show the general education and nursing courses at Mount St. Vincent and Dalhousie Universities. The total number of credits in the liberal arts was slightly altered between 1967 to 1972; there were however, considerable changes in their arrangement during this time span. Eight courses were required in the humanities in 1967, at Mount Saint Vincent and none were obligatory in 1972. In Table XLIV and in 1967 twelve credits were requisite content in French at Moncton; this compared favorably with the two or three English course requirements in the other Atlantic universities; Dalhousie required only one class in English and St. Francis Xavier required six credits in 1967. In 1972 Moncton and New Brunswick retained the literature requirement. All other universities had broadened the choice of electives.

When the liberal arts are compared at Moncton and St. Francis Xavier, both of which used the credit system, the following observations might be made. In 1972 Moncton required more natural sciences with similar demands made in social sciences and in the humanities. The total number of general education credits was however greater at Moncton, as

Table XLV.-

Curriculum followed at Mount Saint Vincent University School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	<u>No. of Courses</u>	<u>No. of Units</u>	Subject	<u>No. of Courses</u>	<u>No. of Units</u>
	1967	1972		1967	1972
Natural Sciences			Nursing-Related		
Biology	3	1	Anat. & Physiol.		1
Chemistry	2	2	Nutrition and		
Total	5	3	Diet Therapy	$\frac{1}{2}$	
			Total	$\frac{1}{2}$	1
Social Sciences			Nursing		
Psychology	2		Intr. to Nursing	1	1
Social Sciences		1	Leadership in		
Sociology	1		Nursing	4	2
Total	3	1	Maternal and		
Humanities			Child Care	1	
French or Eng.	2		Medical-Surgical		
History	2		Nursing	3	3
Philosophy	2		Psychiatric		
Theology and			Nursing	1	1
Medical Ethics	2		Public Health		
Total	8	0	Nursing	1	2
Electives - Arts			Electives		1
and Science		6	Total	11	10
Grand Total	16	10	Grand Total	11 $\frac{1}{2}$	11

^a Source: General and Nursing Calendars of Mount Saint Vincent University, 1967-1972.

Table XLVI.-

Curriculum followed at Dalhousie University School of Nursing from 1967-1972.^a

<u>General Education Courses</u>		<u>Nursing and Nursing-Related Courses</u>	
<u>Subject</u>	<u>Number of Classes</u> 1967-1972	<u>Subject</u>	<u>Number of Classes</u> 1967-1972
Natural Sciences		Nursing-Related	
Biology	1	Anat. & Physiol.	2
Chemistry	2	Medical Science	1
Total	3	Microbiology	1
		Total	3
Social Sciences		Nursing	
Total	0	Intr. to Nursing	1
Humanities		Leadership in Nsg.	2
Education	1	Maternal and	
French or English	1	Child Care	2
Total	1	Medical-Surgical	
Electives - Arts		Nursing	2
and Science	5	Psychiatric Nsg.	1
		Pub. Health Nsg.	1
		Electives	1
		Total	10
Grand Total	9	Grand Total	11
	8		14

^a Source: General and Nursing Calendars of Dalhousie University, 1967-1972.

six additional elective credits were required in the Arts and Sciences. Tables XLVII and XLVIII show the curriculum of the basic degree programs at Memorial University and St. Francis Xavier University. Theology requirements were maintained at St. Francis Xavier while Philosophy was still mandatory at Moncton.

In the three other universities, namely Dalhousie, Mount Saint Vincent and Memorial, it was difficult to make comparisons in the curricula because of the varying academic units of measurement. All programs required Chemistry but there were variations in all the other subjects. Electives became more common and the choice among the elective group grew wider. Memorial University, for example, which allowed five elective courses in the Arts and Sciences in 1967 extended the scope to ten courses in 1972.

There was considerable variation in the total general education requirements in 1972. While New Brunswick required fourteen courses, Memorial required twenty-one. While Moncton required eighty-four credits, St. Francis Xavier required sixty-three. Mount Saint Vincent had ten obligatory units and Dalhousie made eight classes compulsory in general education.

The sequential arrangement of the liberal arts component also differed. Most universities, however, made a heavier demand in the liberal arts in the first two years with a gradual tapering off within the general education component. There was a corresponding increase within the professional

Table XLVII.-

Curriculum followed at Memorial University School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	Number of Courses		Subject	Number of Courses	
	1967-1972			1967-1972	
Natural Sciences			Nursing-Related		
Biology	3	2	Anat. & Physiol.		2
Chemistry	1	2	Total	0	2
Total	4	4			
Social Sciences			Nursing		
Psychology	3	2	Intr. to Nursing	1	1
Electives	3	3	Leadership in		
Total	6	5	Nursing	2	2
Humanities			Maternal and		
French or English	2		Child Care	1	2
Modern or Classic			Medical-Surgical		
Language	2		Nursing	1	3
Philosophy	1	2	Psychiatric		
Total	5	2	Nursing	1	2
Electives - Arts			Public Health		
and Science	3	10	Nursing	1	2
			Electives		
			Total	7	12
Grand Total	18	21	Grand Total	7	14

^a Source: General and Nursing Calendars of Memorial University, 1967-1972.

Table XLVIII.-

Curriculum followed at St. Francis Xavier University School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	<u>Number of Credits</u>		Subject	<u>Number of Credits</u>	
	1967-1972			1967-1972	
Natural Sciences			Nursing-Related		
Biology	9	6	Anat. & Physiol.		6
Chemistry	15	15	Home Economics	6	
Total	24	21	Microbiology		3
Social Sciences			Nutrition and Diet Therapy		6
Psychology	21	18	Total	6	15
Sociology	12	6	Nursing		
Total	33	24	Intr. to Nursing	8	8
Humanities			Leadership in Nsg.	15	6
French or English	6		Maternal and Child Care	6	8
Theology and Medical Ethics	9	18	Medical-Surgical Nursing	15	7
Total	15	18	Psychiatric Nsg.	3	
Electives - Arts and Science	6		Pub. Health Nsg.	3	9
			Electives		3
			Total	50	41
Grand Total	78	63	Grand Total	56	56

a Source: General and Nursing Calendars of St. Francis Xavier University, 1967-1972.

component in the last two years.

In Table XLIII, when the total number of nursing courses are considered in 1962, 1967 and 1972 at the University of New Brunswick, the following comparisons may be drawn. There has been a gradual reduction from fifteen nursing courses in 1962 to eleven in 1972. At Moncton, as shown on Table XLIV, the total nursing requirements in the last five years of the last period have been rather stable with 107 credits. At Mount Saint Vincent as shown on Table XLV the unit of measurement was altered. Eleven and one-half courses were needed in 1967 as compared to eleven units in 1972 as shown on Table XLV. At Dalhousie, as shown on Table XLVI, there were eleven classes required in 1967 and fourteen in 1972. Memorial, on the other hand, doubled its requirements between 1967 and 1972 while St. Francis Xavier maintained stability in the professional component of the program.

Among these six curricula, that of St. Francis Xavier as shown in Table XLVIII appeared to have been more reorganized in its clinical component. Vertical organization, referring to the broadening and deepening of learning experiences seemed evident. Simultaneously, horizontal relationships seemed consistent with correlation of clinical and theoretical classes, thus providing continuity, sequence and the blending of the preventative and curative in professional learning.

At St. Francis Xavier the basic conceptual model course based on health was first taught, followed by an

assessment of the health needs of the "apparently well" person. In the second year community health included new broader concepts of human ecology. In the final year emphasis was placed on the assessment of patients' needs during illness with subsequent implications for the nurse practitioner encompassed within the curriculum. Integration within the curriculum was assured with human health as the core. Higher and broader level of skills and understanding were achieved while duplication and repetition seemed diminished. Gradual and more complex learning experiences seemed planned to include personal, then family, followed by community dimensions of health, health needs and health problems. Nursing practice was then approached as a response in relation to those needs¹³⁷.

Table XLIX shows a comparison of the general and nursing education courses and the total educational requirements in the six basic degree curricula of the Atlantic Region. Three basic degree programs required a heavier clinical component than the general education component; these are situated at Moncton, Mount Saint Vincent and Dalhousie. The general education requisites were greater than the nursing component in 1972 at the Universities of New Brunswick, Memorial and St. Francis Xavier. In 1972, discrepancy seemed greatest at

¹³⁷ St. Francis Xavier University, Calendar 1973-1974, p. 130.

Table XLIX.-

Comparison between the General Education and the Nursing Component in the Curricula of the Atlantic Region 1962-1972.^a

Year	<u>New Brunswick University</u>			<u>Université de Moncton</u>			<u>Mt. St. Vincent University</u>		
	<u>Number of Courses</u>			<u>Number of Credits</u>			<u>Number of Units</u>		
	G.E.	N&NR	T	G.E.	N&NR	T	G.E.	N&NR	T
1962	15	15	30						
1972	14	11	25	84	107	191	10	11	21

Year	<u>Dalhousie University</u>			<u>Memorial University</u>			<u>St. Francis Xavier University</u>		
	<u>Number of Classes</u>			<u>Number of Courses</u>			<u>Number of Credits</u>		
	G.E.	N&NR	T	G.E.	N&NR	T	G.E.	N&NR	T
1972	8	14	22	21	14	35	63	56	119

^a Source: Compiled from data gathered in Chapter IV.

Legend: G.E.: General education
 N&NR: Nursing and nursing-related
 T : Total.

Memorial where 60% of the curriculum was devoted to liberal arts.

6. Students.

Students between 1959 and 1972 will now be viewed. Admissions, enrolments and graduations will be considered annually, admission requirements and annual fees every five years.

Table L shows the admissions, enrolments and graduations from the inception of each respective basic degree program until 1972.

Admissions in each university were relatively slow in rising. The University of New Brunswick tripled its admissions in thirteen years; Moncton tripled after seven years, Mount Saint Vincent lowered gradually with an increase however in 1970. Dalhousie quadrupled in six years, and St. Francis Xavier which had two students in 1966, admitted eighteen in 1972. Eight male students were admitted in 1972 within four of the six basic degree nursing programs. Dalhousie admitted four of these. No male students had yet graduated from a basic degree program as of 1972.

The first graduates of basic degree programs appeared in the Atlantic Region in 1962. In the last period, 1963-1972, a total of 355 students have graduated within the confines of three Atlantic provinces.

Table I.-

Admissions, Enrolments and Graduations in the Basic Degree Programs in the Atlantic Region 1959-1972.^a

Year	No. of Admissions						Total
	University ^b						
	NB	M	MSV	D	MI	SFX	
1959	15						15
1960	18						18
1961	16						16
1962	25						25
1963	28						28
1964	20						20
1965	30	14	19				63
1966	30	15	10	11	28	2	96
1967	32	20	14	15	20	5	106
1968	44	15	7	23	0	11	100
1969	32	24	11	35	16	7	125
1970	40	33	21	32	20	19	165
1971	38	43	12	41-1*	21-1	26	181-2
1972	49-1	44-1	12-1	38-5	38	18	199-8

(Continued)

Table L.- (Continued)
 Admissions, Enrolments and Graduations.^a

Year	<u>No. of Enrolments</u>						Total
	University ^b						
	NB	M	MSV	D	MI	SFX	
1959	15						15
1960	30						30
1961	42						42
1962	62						62
1963	73						73
1964	70						70
1965	86	14	19				119
1966	94	35	26	11	28	2	196
1967	100	37	36	26	48	7	254
1968	120	42	35	45	0	18	260
1969	117	66	27	74	64	24	372
1970	120	77	37	90	84	41	449
1971	127	103	36	114-1	77-1	63	520-2
1972	126-1	133-1	42-1	149-1	96	70	616-4

 (Continued)

Table L.- (Continued)
 Admissions, Enrolments and Graduations.^a

Year	<u>No. of Graduations</u>						Total
	University ^b						
	NB	M	MSV	D	MI	SFX	
1959							
1960							
1961							
1962							
1963	12						12
1964	13						13
1965	11						11
1966	16						16
1967	21						21
1968	18						18
1969	22	8	13		6		49
1970	23	5	5	7	19	2	61
1971	23	11	6	12	17	4	73
1972	30	8	3	14	18	8	81

a Source: Information received from Directors of Schools of Nursing, University Archives, and Registrars of respective universities.

b Universities are placed according to chronological order of appearance.

Legend: NB: New Brunswick; M: Moncton; MSV: Mount Saint Vincent; D: Dalhousie; MI: Memorial; SFX: St. Francis Xavier.

* Small numbers refer to male students.

Since their inception enrolments in the basic degree programs were increasing at a slow and steady rate at the University of New Brunswick, Mount Saint Vincent, Memorial and St. Francis Xavier. Those programs with larger enrolments were Moncton and Dalhousie, with the latter having the highest enrolment in 1972.

In 1972, five universities produced less than eighteen graduates. The pioneering basic degree program established in the Atlantic Region produced thirty graduates. A total of eighty-one basic degree graduates entered the work field for all the provinces in the Atlantic Region. At the University of New Brunswick, their objective had been to reach an annual enrolment of twenty-five within eight years after inauguration. The number of graduates exceeded their initial expectations after 1962. The clinical facilities in the area determined the policy of controlling enrolment and subsequent graduations in accordance with available limited facilities. McPhedran noted: "Our entrance requirements are still well above that of the general admission requirements for the University as a whole"¹³⁸.

In Moncton, admissions had to be limited to a maximum of forty-five¹³⁹. At Mount Saint Vincent, Muise is of the

¹³⁸ McPhedran, "The Development of a Programme....", op. cit.

¹³⁹ Richard, op. cit.

opinion that "possibly the length of the programme and expenses involved"¹⁴⁰ are contributing factors in their smaller than anticipated enrolments.

Sister Roach felt that three reasons explained why enrolments had been slow in rising. These stem from attitudinal, supply-demand, and personal reasons. The attitude until the late 60's was on nurse training in hospital settings. Moreover, the demand for graduates was initially only for teaching positions. Among personal reasons, economic considerations were foremost¹⁴¹.

At Dalhousie, Small's comments regarding enrolment differ from those emanating from other basic degree programs. There have been more applicants than could be admitted. Reasons motivating their fortunate position stemmed from the few programs in the area. The program was comparable to other Arts or Sciences honors degree making it attractive and there were sufficient clinical resources within a narrow radius¹⁴².

In Newfoundland the main reasons given for the slow rise in earlier enrolments were a lack of good public relations program, and the economic fact that B.N. students graduate with a debt of \$4000 - \$7000, while diploma students have no debt¹⁴³.

¹⁴⁰ Muise, op. cit.

¹⁴¹ Roach, op. cit.

¹⁴² Muriel Small, Basic data, Dalhousie University School of Nursing, August 11, 1975.

¹⁴³ McLean, op. cit., May 6, 1975.

When directors were asked how nursing students viewed themselves and how they were viewed on campus, the six answered positively. McPhedran felt that the "academic achievements of the nursing students and their participation in campus activities" gives them a positive image¹⁴⁴. In Moncton the director felt that the students compare themselves favorably with other university students. Her comments were the following:

[. . .] leur rendement académique est égal sinon supérieur. Les autres étudiants constatent que la clinique d'été [. . .] constitue une dépense additionnelle et diminue leur possibilité d'emploi à cette période.¹⁴⁵

Muise believes that the students are accepted by the majority of faculty and students. She added that "there are a small minority of faculty who believe professions such as nursing do not belong on a university campus"¹⁴⁶.

At St. Francis Xavier, they are considered "bright, consistent workers, good students"¹⁴⁷.

Small¹⁴⁸ was of the opinion that nursing students see themselves as Dalhousie students in the nursing program and not simply nursing students. They are known by others to have

144 McPhedran, op. cit.

145 Richard, op. cit.

146 Muise, op. cit.

147 Roach, op. cit.

148 Small, op. cit.

a demanding program. Proof that they are known and accepted is that a nursing student became the vice-president of the University's Student Council.

At Memorial¹⁴⁹ the present director thinks that students view themselves as any other students. However some faculties speak of medical students, education students and "the nurses".

Annual tuition fees rose in the last period and especially within the last five years. Dalhousie and St. Francis Xavier's academic fees were the highest in 1972, namely \$675.00 and \$648.00 respectively. Memorial University of Newfoundland had the lowest tuition; \$500.00 were required. Table LI shows a comparison of annual tuition fees in the Atlantic Region.

Tuition fees, although the main and highest fees, were not the only costs. Incidental fees varied between \$70.00 in St. Francis Xavier to \$8.00 in Newfoundland. Books and supplies were evaluated at \$100.00 and travelling expenses to and from health agencies, in addition to uniforms, were not included in those expenses.

If nursing associations and employers were to total four-year expenses in basic degree programs and a comparison made with diploma programs expenses, there would be still

149 McLean, op. cit.

Table LI.-

Comparative Annual Tuition Fees in the Atlantic Region
1962-1972.^a

University	1962	1967	1972
New Brunswick	\$360.00	\$495.00	\$587.00
Moncton		\$425.00	\$525.00
Mount Saint Vincent		\$450.00	\$550.00
Dalhousie		\$540.00	\$675.00
Memorial		\$410.00	\$500.00
St. Francis Xavier		\$548.00	\$648.00

a Source: General and Nursing Calendars of respective universities.

greater discrepancies.

The entrance requirements for the Atlantic Region University Schools of Nursing from 1962 to 1972 are shown in Appendix 6.

Appendix 6 reveals that Aptitude Admission Tests were required only at Moncton. The University of New Brunswick required a 60% average in Grade XII. In Nova Scotia, Senior Matriculation was becoming a requisite in the three Schools. Newfoundland required a Junior Division Year at the University, subsequent to Grade XI requirements. This really made the duration of the basic degree program at the University, five years in length subsequent to the minimum academic requirement of Grade XI.

7. Issues and Obstacles Challenging Basic Degree Programs.

The main issues facing basic degree programs in 1972 centred around facets of the following challenges: faculty, students, clinical fields, finances, and basic degree graduates.

Lack of qualified faculty with adequate clinical preparation and in sufficient number had been already mentioned among counterfactors which inhibited the establishment and development of the programs. It was only since 1967 that the number of nurse-teachers with graduate preparation had increased; even in 1972 as shown in Table LII, there were more

Table LII.-

Qualifications of full-time nurse faculty members in the Atlantic Region,
1959-1972.^a

University	1959					1962					1967					1972				
	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T
New Brunswick		3	1		4	4	3			7	8	8			16	7	7			14
Mount Saint Vincent											2	2			4	1	4			5
Moncton											1	2			3	3	6			9
Dalhousie											4	4			8	1	9	20		30
Memorial											5	2			7		7	4	2	13
St. Francis Xavier													3		3	1	3	2		6
Total		3	1	0	4	0	4	3	0	7	0	20	21	0	41	2	30	43	2	77

^a Source: Calendars and additional data provided by Directors Schools of Nursing.

Legend: D: doctorate; M: master's degree; B: bachelor's degree;
-B: less than bachelor; T: total.

baccalaureate prepared university nurse teachers than nurse teachers with master's preparation in the region. Two nurses had obtained doctoral preparation and only thirty of the seventy-seven faculty members had master's preparation.

Ability to interpret the philosophy of the new basic degree program adequately, not only to the public and to nurses but also to prospective students seemed another great challenge in the region.

L'interprétation de la philosophie à la base du programme aux étudiantes de l'Ecole. Il existait toujours cette tendance à comparer le cours de trois ans au nôtre.¹⁵⁰

The administration of the university had difficulty in fully appreciating the implications of the basic degree program. It seemed reasonable to expect that they would listen to their friends rather than to an "outsider" [. . . .] The public had very little conception of university education of nurses. Both students and parents feared that nursing would be learned from books. This is still true especially in the more isolated areas of the Province.¹⁵¹

Another issue concerning faculty was their difficulty to be creative and to maintain the quality of the basic degree program¹⁵². When the level of academic preparation was considered along with their lack of experience with basic degree programs¹⁵³.

150 Léger, op. cit.

151 Nevitt, op. cit.

152 Dumont, op. cit.

153 Roach, op. cit.

it is not surprising that educators would not risk leaving traditional practices. In addition there was uneasiness on the part of some faculty members to adjust to new programs¹⁵⁴.

MacLachlan hypothesized that "if nursing educationists were sufficiently explicit in clarifying this leadership role in patient care, [. . .] fewer [. . .] would revert to the status quo of task-oriented patient care"¹⁵⁵.

Students in relatively recent programs can also create new challenges. This was described as "professional jealousy between the student bodies in the university and in the diploma schools"¹⁵⁶. Furthermore, there were communication problems when French-speaking students were required to practise nursing in English-speaking clinical areas¹⁵⁷. In addition, students were young at graduation; it was difficult for them to assume leadership roles and to be change agents at that age; they were too few and too young to create an impact¹⁵⁸.

The problems related to the clinical field as the laboratory for nursing students have already been mentioned.

154 Small, op. cit.

155 Margaret MacLachlan, "Look at Baccalaureate Nursing Education and Practices", in Nursing Papers, Montreal, McGill University Press, Vol. 2, No. 2, November 1970, p. 16.

156 MacLennan, op. cit.

157 Dumont, op. cit.

158 Nevitt, op. cit.

The following challenges still faced the nursing educators in 1972:

Lack of acceptance by many in education, nursing and medicine in relation to educating nurses outside the hospital school [. . .]

Reluctance of agencies to accept students for clinical experience at times and in sequences set by university faculty. Threatened loss of control on both sides led to difficulty in relationships.¹⁵⁹

Time-consuming efforts to search out, interpret and develop adequate community experience was also mentioned¹⁶⁰. Coordination of the use of clinical facilities since each had their own students to care for as well as those from the University was another issue¹⁶¹, as well as competition for the clinical area¹⁶²; lack of clinical facilities and suitable agencies in the local area limits enrolment¹⁶³ and was still a major challenge in the region.

Obtenir des jours consécutifs pour l'expérience clinique [. . .] Différence dans le système de valeur du personnel hospitalier et le personnel enseignant. Le premier valorise la dextérité manuelle, l'organisation du travail, la rapidité, tandis que le second porte l'accent sur les relations infirmière-malades, la communication, le soin total [. . .]

Il y a baisse de natalité, et les enfants sont soignés au bureau de pédiâtre et à domicile. Ceci complique l'expérience clinique.¹⁶⁴

159 Small, op. cit.

160 McPhedran, op. cit.

161 Eaton, op. cit.

162 Barbara, op. cit.

163 Ibid.

164 Dumont, op. cit.

Limited university finances were also a major challenge. As graduate programs were not yet available within the region, faculty members would have needed bursaries to study elsewhere either in French or in English¹⁶⁵. Innovative programs were "costly"¹⁶⁶; there was a lack of financial support. Salaries were lower in the Atlantic Region than elsewhere in Canada. While the median salary of teachers of all ranks in Central Canada in 1971-1972 was \$16,527, in the Maritimes it was \$14,140¹⁶⁷.

Furthermore, National Health Grants which were available for registered nurses in the late 1960's, were not yet available for basic degree students. In addition, Student-Aid Plans in the University were not extended to the Faculty of Health Professions. MacLennan felt that the recent development of their faculty and the fact that there were few undergraduate faculties on the campus rendered their financial status weaker¹⁶⁸.

It was also difficult to purchase and obtain needed teaching facilities and space. The "faculty grew from 3 to 37 members and the student body from forty to 330 in all programmes"¹⁶⁹.

165 Ibid.

166 Roach, op. cit.

167 Salaries of teachers in degree granting institutions, Ottawa, Information Canada, 1972, p. 34-35.

168 MacLennan, op. cit.

169 Ibid.

At Moncton it was difficult to obtain bursaries for teaching personnel to obtain added preparation¹⁷⁰.

In addition to clinical fields, students, faculty, and finance, the role of basic degree graduates was also a challenge. The key persons in the three Atlantic Provinces commented on the mobility of graduates of basic degree nursing programs. Marriage, better salaries elsewhere, the public health structure in New Brunswick, hospital administrators not too keen about obtaining their services, the lure of large hospitals, the cultural expectations of educated persons, frustrations in the hospital situation, improper utilization according to level of preparation, an inadequate health system which failed to allow for better positions such as in home care, mobile type services in addition to lack of demand in the cottage hospitals were reasons given for improper or non-use of services of basic degree graduates in the Region^{171,172,173,174,175,176,177}.

170 Dumont, op. cit.

171 McPhedran, op. cit.

172 Richard, op. cit.

173 Léger, op. cit.

174 Roach, op. cit.

175 Muise, op. cit.

176 McLean, op. cit.

177 Nevitt, op. cit.

In a Regional Report of the Atlantic Conference on Higher Education in 1966, there was concern expressed for the basic degree graduate. It was felt that there was a

[. . .] tendency for employers to push the new basic baccalaureate student up the vertical ladder. This [was] particularly true of nursing education where these graduates are being placed in teaching positions very early in their career. They also find themselves in senior positions because of the demand for qualified people.¹⁷⁸

The expanded role of the basic degree graduate was also being raised as an issue in this region. At its fifty-sixth Annual Meeting in 1972, the N.B.A.R.N. recommended

[. . .] that basic baccalaureate program include physical assessment and interviewing skills so that graduates could move into an expanded role with limited additional preparation.¹⁷⁹

In the Atlantic Region, as in the other Canadian regions, basic degree programs in 1972, either because of their recent development, the hospital tradition, the inadequate health care delivery system, or other sources of unresolved conflicts, remained a challenge to the public, the employers, the educators and the students themselves.

A summary of the various themes studied within the geographic boundaries of the Atlantic Region between 1959 to 1972 follows.

¹⁷⁸ Report of the Atlantic Conference on Higher Education, Halifax, February 24-25, 1966, p. 3.

¹⁷⁹ N.B.A.R.N. News, Fredericton, Vol. 3, No. 2, May 1972, p. 19.

8. Summary.

Salient events in the establishment and development of basic degree programs were the Report of a Study of Nursing in New Brunswick and a Master Design for Nursing in New Brunswick published during the first period, the Deutsch Report in 1962, the Hall Report and a report entitled Flexibility for the 70's. Pioneer nurse educators in the region, not only gave impetus to the inauguration of programs but assured continuity in their development. The main points for this region are summarized as follows:

a) The tendency for basic non-integrated programs to develop into basic degree programs was evident in three of the six universities, namely Mount Saint Vincent, Dalhousie and St. Francis Xavier.

b) The majority of the six universities were separated distant wise. Two programs are situated in New Brunswick, two in Nova Scotia and one in Newfoundland. Prince Edward Island did not yet possess a basic degree program in 1972.

c) Five of the six programs have been four years in length since their inception. The sixth required five years as students were admitted with Junior Matriculation.

d) As in the Quebec Region, the pioneering program began in the late 1950's. The five other basic degree programs began almost simultaneously in 1965-66, subsequent to the

recommendations of the Royal Commission on Health Services.

e) There is a variety in the types of degree offered. Three offer a Bachelor of Nursing while the three others, a Bachelor of Science in Nursing degree.

f) Considerable variety also existed in the designation and organizational structure of the educational unit within which the basic degree program was situated. Two have evolved from the status of a School of Nursing to that of a Faculty of Nursing. One remained a Department of Nursing and two a School of Nursing. Because of the integration between Mount Saint Vincent and Dalhousie since 1969, the department head at Mount St. Vincent had become a coordinator of the nursing program.

g) In the establishment of basic degree programs, the facilitation forces were reports, foundations and federal funding, key persons and their studies, the Royal Commission on Health Services, the universities and a felt need.

The most prevalent counterfactors were the lack of qualified faculty, limited finances, lack of students, influential people who resisted change, and lack of clinical facilities.

h) The majority of programs in the region developed late in the second period; the pioneering program at the

University of New Brunswick began toward the end of the first period. All programs prepare for positions in public health and for basic administrative nursing skills. Most objectives did not specify emphasis on teaching.

i) All basic degree programs carried general education concomitant with nursing courses throughout the four years of the curricula. All programs tended to have a heavier concentration in the liberal arts in the first two years while the professional component was usually heavier in the last two years.

j) Five of these programs were of English expression; the Moncton program was given in French. In order to practise nursing, all basic degree students write the same registration exams as diploma students in either French or English.

k) Generalists rather than specialists in nursing were being prepared. Most calendars at the end of the third period indicated that the graduate was skilled not only as a professional nurse but after an appropriate period of experience would also be competent to assume a leadership role.

l) There was an increasing tendency to find broad area curriculum synthesis concerned with life processes at the end of the last period. However the more segmented and

medical-oriented curricula was still apparent in several universities. Five of the six basic degree programs were of rather recent origin at the end of the third period.

m) The academic unit of measurement varied to include courses, credits, units and classes. In three universities at the end of the third period the general education component was slightly heavier in that particular program than the professional component.

n) Enrolments in most basic degree programs tended to increase at a steady rate since their recent inception. Moncton and Dalhousie seemed to be increasing more rapidly at the close of the third period. No male students had yet graduated in this region by 1972. The hospital tradition, use made of limited health facilities, and economic reasons seemed restraining factors in admitting larger groups of students to basic degree programs.

o) Annual tuition fees were lowest at Memorial and highest at Dalhousie. Université de Moncton was the only program to require aptitude tests.

p) The main issues still challenging basic degree programs in 1972 centred around shortage of university nurse educators, lack of students in the majority of programs, lack of clinical fields and communications problems for French students in English speaking clinical areas.

Financial support seemed to be lacking for the preparation of nurse educators to offer competitive salaries and to give bursaries and loans to students. In addition there seemed to be a greater mobility of graduates inside and outside the region, because of more attractive salaries elsewhere; this mobility was mentioned especially in the province of New Brunswick.

TRENDS IN INTEGRATED BASIC DEGREE NURSING
PROGRAMS IN CANADA 1942-1972

by Marie A. Bonin

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CHAPTER V

BASIC DEGREE NURSING PROGRAMS: WESTERN REGION

The historical background previously indicated that the Western Region was the first region in Canada in which nursing education became associated with a university setting. This took place at the University of British Columbia in 1919. It took almost forty years before the first basic degree program subsequently emerged within the region. The event again occurred at the University of British Columbia in 1958¹. Four other basic degree nursing programs were subsequently inaugurated in the last period. First, at the University of Manitoba, Winnipeg, in 1963², followed by that of the University of Alberta, Edmonton, in 1966³. A year later, the University of Saskatchewan in Saskatoon admitted its first students to the basic degree program⁴. The last generic integrated nursing program was established in the Western

1 University of British Columbia, Calendar 1959-1960, Vancouver, School of Nursing, p. 226.

2 University of Manitoba, Calendar 1963-1964, Winnipeg, School of Nursing, p. 2.

3 University of Alberta, Calendar 1967-1968, Edmonton, School of Nursing, p. 44.

4 University of Saskatchewan, Calendar 1967-1968, Saskatoon, School of Nursing, p. N-3.

Region and in Canada, at the University of Calgary in 1970⁵.

Three of these five basic degree programs evolved through the medium of non-integrated programs. Two originated differently. This will be considered in the next section.

1. Origins of the five basic degree programs.

Table LIII identifies the five basic degree programs in the Western Region. It shows when these programs began, their existence in 1972, and their relationships with non-integrated programs. The table shows that three basic degree programs evolved from basic non-integrated programs. This is evident at the University of British Columbia, where the basic degree program was inaugurated in 1958, one year before the basic non-integrated program ceased to admit students. The relationships were even closer at the University of Alberta, and the University of Saskatchewan where the universities began to admit students in the basic degree program in 1966, and in 1967 respectively. The corresponding universities closed their basic non-integrated programs during the same year.

The basic degree programs in the two other Western universities, namely that of the University of Manitoba and of Calgary emerged without the preliminary phases of basic non-integrated programs. The first was inaugurated in 1963,

⁵ University of Calgary, Calendar 1970-1971, Calgary, School of Nursing, p. 11.

Table LIII.-

Development of Basic degree programs and non-integrated baccalaureate programs.^a

University	1912	1922	1932	1942	1952	1962	1972
British Columbia					1951.	_____	
		1919.				1958	† - - - - -
Alberta					1952.	_____	
		1923.				1966	† - - - - -
Calgary							1970. - - -
Saskatchewan					1952.	_____	
			1938.			1967	† - - - - -
Manitoba						1962.	_____
							1963. - - - - -

a Source: Information compiled from data obtained in Annual University and Nursing Calendars 1919-1972.

Legend: - - - Basic degree programs
 . . . Basic non-integrated degree program
 _____ Post-basic degree program
 † Terminated

one year after the post-basic baccalaureate had begun; the second was the first nursing program to be established in the recently developed University of Calgary.

Nursing had been associated with the University of British Columbia since 1919. Three decades later, in 1949, a Senate Committee was established to examine the basic non-integrated program. It was found that the six years required beyond university entrance rendered the course too long and that rigidity of admission requirements tended to keep interested and desirable applicants out of the course. Furthermore, it was felt that there was too little integration in the basic non-integrated program and that it lacked unity and continuity. In addition, the committee came to the conclusion that the final year emphasized preparation for specialization which was contrary to good educational practice in a bachelor's level program. Finally, it was felt that the University accepted too little responsibility for the clinical portion of the course, responsibility for and control over this program being almost entirely left to the Vancouver General Hospital⁶.

Action designed to bring about desired changes was initiated in 1951 and continued in subsequent years. Periodic conferences were held from 1951 until 1956 with representatives

⁶ Evelyn Mallory, An Explanation and General Outline of Proposed Changes in the Basic Professional Curriculum leading to the degree of Bachelor of Science in Nursing, Vancouver, University of British Columbia, August 29, 1958, p. 1.

of the Vancouver General Hospital School of Nursing to propose changes in the university's basic non-integrated baccalaureate program. It must be noted that "instead of having a programme planned specifically in relation to their background and needs, [university] students [were] fitted into a plan designed for the hospital's three-year students"⁷.

From 1951 to 1957 the admissions in the basic non-integrated program, increased from eighteen to fifty; this resulted in the fact that fewer of the Vancouver General Hospital diploma students were able to have access to some of the special clinical experiences provided for the students in the basic non-integrated program⁸. In 1956, a sub-committee was formed with members representing the Vancouver General Hospital, the University of British Columbia with the Registered Nurses' Association's Advisor to Schools of Nursing serving as chairman. Meetings were held during a two-year period and by 1958 it was felt that individual members representing both organizations could not reconcile divergent viewpoints⁹. Forty years earlier MacEachern had established the necessary arrangements between the first university and hospital in Canada for the education of nurses within the

7 Ibid., p. 3.

8 Ibid., p. 4.

9 Ibid., p. 6.

academic walls of the first Canadian university. Severing ties when negotiations between the initial joint planners reached a stalemate meant much to both parties. It was at this point that the School of Nursing of British Columbia "decided to investigate the possibility of making suitable arrangements with another hospital or other hospitals"¹⁰.

Negotiations for clinical facilities began with representatives of St. Paul's School of Nursing in 1957. The University felt that it

[. . .] had reached the stage where further improvement seemed impossible unless and until the University could achieve effective control over the entire program instead of over only the first and fourth years as had been the case up to the present.¹¹

Hence amidst harassment, the first basic non-integrated program in Canada was slowly evolving into a basic degree program. On August 29 1958, the Director of the University of British Columbia School of Nursing recommended to the Senate:

That the tentative overall plan for revision of the Basic Professional Curriculum leading to the degree of Bachelor of Science in Nursing be approved in principle. That the proposed cooperative relationship with St. Paul's Hospital be approved.¹²

Street who witnessed these difficult days commented:

10 Ibid.

11 Ibid., p. 8.

12 Ibid., p. 11.

There was much heartache involved - and a real effort on the part of the School to reach the objective without breaking off the long-established relationships with the Vancouver General Hospital. But these efforts were unavailing, and temporarily the School withdrew its students from V.G.H. For the past several years, the V.G.H. has again offered clinical facilities to the School, for students in the integrated programme, and the School's instructors are recognized as being in charge of the curriculum and responsible for supervision and teaching of the degree students, always respecting, of course, the authority of the head nurses in the wards.¹³

The evolvement of basic degree program from the basic non-integrated type required courage, stamina and fortitude on the part of many nurses and nurse educators. The above example is one among many evidences of the tension of that day.

Five years later in Manitoba, the demand for nurses with preparation beyond the one year certificate courses "had become critical"¹⁴. Two new programs were simultaneously prepared and offered at the University of Manitoba. A Calendar described these two parallel inaugurations:

The program sequence for registered nurses who had graduated from diploma programs in hospital schools of nursing and who wished to build upon and supplement their preparation was started in September 1962. The program sequence, for students wishing to enter the nursing program from high school or from other faculties in the University, began in September 1963.¹⁵

¹³ Margaret Street, Personal letter to the writer, Vancouver, June 30, 1974.

¹⁴ University of Manitoba, Calendar 1964-1965, p. 602.

¹⁵ Ibid.

At the Annual Meeting of the Alberta Association of Registered Nurses, hereinafter referred to as the A.A.R.N., in May 1965, a resolution was presented to the general assembly and was favorably received by the membership. The implementation of this resolution was initiated at a meeting of May 4, 1966 by a motion stating:

That a Nursing Education Planning Committee be established by the Alberta Association of Registered Nurses, the Associated Hospitals of Alberta, the Universities, the Department of Education and the Regional Planning Committees to plan and direct the gradual and orderly development of nursing education in Alberta and that this Nursing Education Planning Committee be advisory to the Minister of Health.¹⁶

That same year the province of Alberta would witness the evolvement of its first basic degree program. This program became firmly established forty-three years after the basic non-integrated program had been inaugurated in 1923, at the University of Alberta. Jeanie Tronningdal, who was Director of Nursing at the University of Alberta Hospital and held a University appointment on the School of Nursing Council during the second period, recalled that "there was an abortive attempt to institute a four-year integrated programme at the University School of Nursing in the '50's. Indeed a class was admitted

¹⁶ Sister Ann Marie, "Introductory Statement of the President of the AARN", in A Brief to the University of Calgary, Edmonton, AARN, p. iii-iv.

in 1952 and again in 1953"¹⁷. She explained the sudden interruption:

I would say that the attempt in the '50's was not continued because it lacked adequate planning and budgetary support. What actually happened was the University Hospital School of Nursing staff was expected to take on one additional class a year. The University School of Nursing students arrived on our doorstep in May. It made a heavy workload and created great difficulty scheduling vacations for the staff, much as we enjoyed the students.¹⁸

However, in 1966 with the change in the Universities Act, the School of Nursing at the University of Alberta became autonomous. In the Act, schools were granted the same privileges and responsibilities as faculties¹⁹. The following extract of the University Calendar described the gradual transformation of the non-integrated program into a basic degree program:

Although many revisions in the five-year degree program had taken place since its inception, the clinical portion of the program continued to be offered through affiliation with the University Hospital until 1966 when the direct control of The University of Alberta was implemented.²⁰

Since 1938, the University of Saskatchewan, "in conjunction with the Nursing Schools of certain approved hospitals offered a course leading to the degree of Bachelor of Science

17 Jeanie Tronningsdal, Personal letter to the writer, Creston, B.C., August 25, 1974.

18 Ibid.

19 Ruth McClure, Basic data, September 13, 1974.

20 University of Alberta, Calendar 1972-1973, Historical note, No. 131.2.1 (no page).

in Nursing"²¹. The course duration was five years with thirty-one months spent at the hospitals and two and a half years pre-professional work at the University²². In 1950 the five year program was completely revised under the leadership of K.W. Ellis, who had been the Director of the School from its beginning²³. The hospital clinical experience was reduced to two years and work at the University was extended to three years by the provision of a final year in one of the special fields²⁴. By 1954-1955, the Catalogue described the course as of four and one-half years duration with one year in the University, twenty-four months in the University Hospital, and the final year at the University²⁵.

The year 1967 marked much activity at the University School of Nursing. It is summed up in the following excerpt:

21 University of Saskatchewan, Calendar 1939-1940, p. 199.

22 University of Saskatchewan, Calendar 1954-1955, p. 327.

23 University of Saskatchewan, Calendar 1951-1952, p. 320-321.

24 Ibid., p. 320.

25 University of Saskatchewan, Calendar 1954-1955, p. 327.

[. . .] The diploma course for high school graduates was discontinued and the basic degree program was completely revised and shortened to 4 academic years with intervening summer periods involved. Public Health nursing preparation was included as an integral part of the program for all students.²⁶

Subsequent to the formation of the Nursing Education Planning Committee on May 4, 1966 in the Province of Alberta, the plans to implement a new basic degree program at the recently developed University of Calgary evolved in a rapid and orderly manner. Although the Normal School earlier became a branch of the Faculty of Education of the University of Alberta, it was only in 1964 that the University of Calgary gained autonomy in academic matters, obtaining full autonomy by the Universities Act, Government of the Province of Alberta in 1966²⁷.

The Nursing Education Planning Committee, aware of the concerns of the AARN and cognizant of the purpose of a university school of Nursing²⁸, planned the necessary steps to bring before the Board of Governors of the University of Calgary the urgent need to have an integrated basic baccalaureate program in nursing developed there.

²⁶ University of Saskatchewan, Calendar 1967-1968, p. N-3.

²⁷ University of Calgary, Calendar 1970-1971, p. 10.

²⁸ Canadian Conference of University Schools of Nursing, Desirable General Standards for Canadian University Schools of Nursing, The Conference, Committee on Studies, 1957, Amended 1962, p. 1.

In June 1967, Marguerite Letourneau prepared a Brief²⁹ for the AARN which was presented to the University of Alberta. Among the forty-two pertinent recommendations, the most forceful was "that a four-year basic integrated baccalaureate nursing program be established at the University of Calgary with the greatest possible expediency"³⁰. It was further recommended that the director be available one to two years prior to the enrolment of the first class, initially acting in an advisory capacity. Shirley Good's appointment as a consultant to the University of Calgary was confirmed on November 30, 1967 and in September 1969 she was appointed Director of the University of Calgary School of Nursing. The first nursing students were admitted in September 1970³¹. The orderly steps outlined in the Brief seemed to have been rigorously adhered to in the establishment of the last basic degree program of the Western Region.

29 Sister Marguerite Létourneau, A Brief to the University of Calgary, Edmonton, AARN, June 1967.

30 Ibid., p. 51.

31 Margaret Moncrieff, Personal letter to the writer, Edmonton, A.A.R.N., Project Director, August 28, 1974.

2. Evolutionary and Developmental Phases
of the Nursing Educational Units
Within the Five University Settings.

Nursing education in the Western Region was marked by a steady growth pattern within the five universities from 1919 to 1972.

It should be noted that the origins of some of the Western Universities were linked with the already firmly established universities in the Quebec Region. This is typical especially in British Columbia. In 1899, the Vancouver High School was affiliated with McGill University in order to provide First Year work in Arts and it took the name of Vancouver College. In 1906 an act incorporated the Royal Institution for the Advancement of Learning of British Columbia and allowed the establishment at Vancouver of the McGill University College of British Columbia. When the University of British Columbia opened in 1915 the McGill University College of Vancouver, which, since 1907 had been a constituent part of it, ceased to exist³². It was in this newly established University that the Department of Nursing and Health was established in 1919 under the Faculty of Applied Science³³. In 1951 another

³² Information Canada, A Century of Education in British Columbia: Statistical Perspectives 1871-1971, Ottawa, Information Canada, p. 47-48.

³³ University of British Columbia, Calendar 1946-1947, p. 283.

transformation occurred. The School of Nursing, established by the University as an integral part of the Faculty of Applied Science, was administered by a Council nominated by the Dean of the Faculty under the chairmanship of the Director of the School of Nursing³⁴. Evelyn Mallory became the Director in 1951 and continued in that capacity until 1968³⁵.

Table LIV shows the evolution of the University Nursing Schools from their inception to 1972. In 1971 a Health Sciences Centre at the University of British Columbia was established "to provide a common learning environment for the students of the Health Sciences and Professions"³⁶. Twelve members formed the Coordinating Committee responsible for the planning of the physical and administrative structure of the Health Sciences Centre. Elizabeth McCann, Director of the School of Nursing, was a member of the Committee³⁷ and has maintained continuity in this nursing program under various leadership capacities.

34 University of British Columbia, Calendar 1951-1952, p. 241.

35 University of British Columbia, Calendar 1968-1969, p. E3.

36 University of British Columbia, Calendar 1971-1972, p. 13.

37 Ibid.

Table LIV.-

Evolution of the University Nursing Schools of the Western Region Showing Modification in the Organizational Structure from their Inception to 1972.^a

University	Initially		Modification	1972 Organizational Structure
	Designation Nursing Unit	Title of Head of Nursing Unit		
British Columbia	Department of Nursing - Faculty of Applied Science (1919)	Director	School of Nursing (1951) School of Nursing within Health Sciences Centre (1971)	School of Nursing with a Director
Alberta	School of Nursing, Faculty of Medicine (1923)	Director	Autonomous School of Nursing (1966)	School of Nursing with a Director
Calgary	School of Nursing (1969)	Director	None	School of Nursing with a Director
Saskatchewan	School of Nursing under College of Medical Sciences (1938)	Director	None	School of Nursing with a Director
Manitoba	School of Nursing Ed. under Faculty of Medicine (1943)	Director	School of Nursing, Division of Health Sciences (1970)	School of Nursing with a Director

^a Source: Data compiled from General University and School of Nursing Calendars, 1919 to 1972.

At the University of Alberta, the School of Nursing was established in 1923³⁸ under the Faculty of Medicine. In 1966, after The Universities Act was enacted, it became an autonomous school. That same year, "the four-year integrated program under the direct control of The University of Alberta was implemented"³⁹. Ruth McClure, who has been director of the School since 1957, wrote: "In the Act, schools were granted the same privileges and responsibilities as faculties"⁴⁰.

The University of Calgary, which began in close liaison with The University of Alberta in 1945, offered its first course in the Arts and Science in Calgary in 1951. It moved to the Calgary campus in 1960, gained autonomy in academic matters in 1964, and full autonomy by the Universities Act of the Government of the Province of Alberta in 1966. While the School of Nursing was established in 1969 as an independent unit having equivalent status with other Schools and Faculties of the University, it accepted its first students in the basic degree program only in 1970⁴¹.

38 University of Alberta, Calendar 1972-1973, Historical Note, No. 131.2.1 (no page).

39 Ibid.

40 McClure, op. cit.

41 University of Calgary, Calendar 1970-1971, Historical Review, p. 10-11.

The administration of the School of Nursing at the University of Saskatchewan has been the responsibility of a nurse faculty member with the rank of professor. As director of the school she reported to the Dean of Medicine. Curriculum planning, student promotion, faculty appointments and tenure were the School of Nursing's responsibility. Decisions had to be approved by the Faculty of Medicine before proceeding to the University Council or to the President⁴². Plans were under way at the end of 1972 for the school to become an autonomous College of Nursing with the Dean as chief administrative officer reporting directly to the President⁴³.

Continuity has been maintained also at this School of Nursing. Its Calendars indicate that K.W. Ellis was Director of the School from 1938-1951. Hazel Keeler who was previously director at the University of Manitoba assumed the leadership position from 1951 until 1970⁴⁴.

Although the University of Manitoba was the first university to be established in Western Canada in 1877⁴⁵ on the model of University of London, it was "the last Western province

42 Hester Kernen, Basic data, January 30, 1975.

43 Ibid.

44 University of Saskatchewan, Calendars 1938-1970.

45 David Monroe, The Organization and Administration of Education, Canada, Ottawa, Information Canada, 1974, p. 88.

to approve a nursing degree"⁴⁶. A non-degree nursing program was offered in 1943 in the School of Nursing Education⁴⁷. Twenty years later, in September 1963, a program sequence opened for students wishing to enter the basic degree program in the educational unit designated, since then, as The School of Nursing⁴⁸. In 1970 a Division of Health Sciences was created at this University. The School of Nursing has since come under the jurisdiction of that division under the Vice-President, Health Sciences. Prior to 1970 the School of Nursing through its Director, reported directly to the President of the University⁴⁹. Margaret Hart assumed the leadership position in the School of Nursing from 1948 until 1972⁵⁰; continuity had been assured also in the development of this School of Nursing.

Table LV shows that most of the basic degree programs were begun in the third period with the exception of the

⁴⁶ Dorothy Dick, Basic data, Winnipeg, School of Nursing, August 25, 1974.

⁴⁷ University of Manitoba, Calendar 1972-1973, (History), p. 357.

⁴⁸ University of Manitoba, Calendar 1963-1964, (Historical sketch), p. 2.

⁴⁹ Helen Glass, Basic data, Winnipeg, School of Nursing, July 11, 1975.

⁵⁰ University of Manitoba, Calendar 1971-1972, (Officers of Administration), p. 1802.

Table LV.-

Basic Degree Programs according to the type of degree offered and length of program^a

University	Initial year of Establishment	Initial Degree	Length of Programs Initially and Modifications	Degree in 1972	Length of Program in 1972
British Columbia	1958	B.S.N.	4 years	B.S.N.	4 years
Alberta	1966	B.Sc.N.	4 years	B.Sc.N.	4 years
Calgary	1970	B.N.	4 years	B.N.	4 years
Saskatchewan	1967	B.Sc.N.	4 years	B.Sc.N.	4 years
Manitoba	1963	B.N.	4 years	B.N.	4 years

^a Source: Data compiled from General University and School of Nursing Calendars, 1958-1972.

University of British Columbia which began late in the second period⁵¹. Nursing degrees had been previously offered in three schools of nursing namely at the Universities of British Columbia, Alberta and Saskatchewan. No nursing degrees had yet been granted at the University of Manitoba but a post-basic baccalaureate program had begun a year prior to the commencement of the basic degree program in 1963⁵². Nursing education emerged at the University of Calgary with a basic degree program. Unlike all other four Universities in the Western Region a post-basic program for registered nurses was scheduled to begin only after the basic degree program was firmly established⁵³.

There were variations in the nomenclature of the nursing degree granted at the five universities. Two universities offered a Bachelor in Nursing, namely Manitoba and Calgary. Three granted a nursing degree with the connotation "nursing science", namely B.S.N. or B.Sc.N. The type of degree offered had not yet been modified in 1972 in any university.

Table LV further reveals that the five basic degree programs of this region were consistently of four years' duration.

51 University of British Columbia, Calendar 1958-1959, p. 226.

52 University of Manitoba, Calendar 1962-1963, Winnipeg, School of Nursing Education, p. 1.

53 Létourneau, op. cit., [Recommendation No. 2], p. 51.

3. Factors influencing the establishment and development of basic degree programs, 1958-1972.

Many facilitating factors spurred the establishment of the five basic degree programs in the Western Region. At the same time many impeding forces had to be reduced to allow the formation of these same generic programs. Similar to the Atlantic Region, but unlike the situation in the Quebec and Ontario Regions, the influencing forces sprung from many provinces in the same region. On the other hand, unlike the Ontario Region, where a provincial government study influenced eight University Schools of Nursing, the Tucker Study⁵⁴ in Saskatchewan and the Minister of Health's Committee's recommendation on The Supply of Nurses in Manitoba⁵⁵ affected only the respective provincial university school of nursing. Alberta is the only Western Region province where there are two basic degree programs; one was established in 1970 in Calgary. Distance is a special factor in the Western Region. One basic degree program is situated at the gateway of the West, in Winnipeg and lies a great distance from its counterpart at the University of British Columbia on the Pacific coast.

⁵⁴ Department of Public Health, Report of the Ad Hoc Committee on Nursing Education, Walter Tucker, president, Regina, Department of Public Health, 1966, p. 16.

⁵⁵ Department of Health, Report of the Minister of Health's Committee on The Supply of Nurses, Gordon Holland, chairman, Winnipeg, Department of Health, 1966, [Appendix A], p.1.

Distance between the five universities, with consequent difficulties in communications, in travel and meetings, could be an underlying factor taken for granted by people of the Western Region but an important one to consider as differing patterns emerged.

Central facilitating forces revealed in the literature or mentioned to the writer, could be categorized under the following headings: government commissions and studies, national, regional or provincial nurses' associations, and key people such as alumnae, administrators, faculty and students. Counterfactors noted were: affiliating hospitals, other professional schools, lack of finances, and persons which include employers, nurses, administrators and alumnae.

The Royal Commission on Health Services in Canada was in its far-reaching national recommendations the most positive influential factor in the establishment of nursing programs. Four of the five basic degree programs evolved subsequent to the recommendations of the Hall Report. The University of British Columbia had already in 1958 begun its basic degree program. Among its far-reaching proposals, the Hall Report recommended for baccalaureate education: "That the integrated program is the only educational one and should be adopted by all University Schools of Nursing"⁵⁶.

⁵⁶ Royal Commission on Health Services, Emmett M. Hall, Chairman, Royal Commission on Health Services, Ottawa, Queen's Printer, Vol. 1, 1964, p. 66-67.

The Hall Report further recommended that these schools be rapidly expanded to prepare approximately one-fourth of the basic and post-basic graduates in Canada. It again stipulated that three additional faculties offer basic degree programs within a five-year period. These were recommended in the following universities: University of Victoria, University of Alberta (Calgary), and the University of Saskatchewan (Regina)⁵⁷. Two of these programs were not yet established in 1972; six years after the Hall Report, the University of Calgary admitted its first nursing students.

Briefs submitted to this Royal Commission on Health Services by the respective Provincial Nurses Associations and Universities were a stimulating factor. In doing this Manitoba stressed that the lack of a program leading to a baccalaureate degree had made it necessary for those students wishing higher education in nursing to go to universities in other provinces or the United States. A recommendation to the Hall Report specifically stipulated "that a baccalaureate degree program in nursing be established at the University of Manitoba without delay"⁵⁸.

57 Ibid., p. 68.

58 Manitoba Association of Registered Nurses, A Brief Presented to the Royal Commission on Health Services, Winnipeg, MARN, 1961, p. 21-22.

Almost simultaneously the University of Saskatchewan School of Nursing submitted its proposals for future planning. Financial impediments were seen as the main barrier to the development of a basic degree program.

The faculty stated that any change in curriculum [would] require direct financial support and more freedom than the [existing] financial arrangements had permitted. It [was] believed that the total educational experience should be under the control of the faculty of the University School of Nursing.⁵⁹

Shortly after, the Registered Nurses' Association of British Columbia (hereafter referred to as RNABC) similarly presented its plea to the Commission. The basic degree program was established three years prior to this brief. While highlighting the positive impact of the newly developed generic program, the RNABC recommended

That the University of British Columbia School of Nursing be provided with the necessary funds and facilities to enable it to expand enrollment in the basic degree program, so that by 1980, it can accommodate up to 20% of the students entering nursing in British Columbia.⁶⁰

In Alberta it was the belief of the Alberta Association of Registered Nurses (hereinafter referred to as AARN) that nursing education programs should be conducted within the

⁵⁹ The University of Saskatchewan School of Nursing, Brief to the Royal Commission on Health Services, Saskatoon, The University, December 8, 1961, p. 8-9.

⁶⁰ Registered Nurses' Association of British Columbia, Submission to the Royal Commission on Health Services, Vancouver, RNABC, April 1962, p. 42.

framework of general education in the province. Although the recommendation was less specific than in other Western Provinces, the AARN preferred "to have this control placed under the umbrella of the University"⁶¹. The AARN was of the opinion that the five-year basic non-integrated program was not too attractive for young women who would be highly motivated towards nursing but who were deterred because of the length of the program. It was noted that young women were influenced to enter programs requiring less time and where financial remuneration was greater. It was felt that the basic degree program would be a challenging one⁶².

The Minister of Health of the Province of Alberta struck a five-member committee under the chairmanship of a physician, Dr. Earle Scarlett to study all aspects of nursing education in the province. The two-year study revealed that "Alberta suffered from a severe shortage of nurses in public health nursing, qualified teachers in Schools of nursing and qualified head nurses, supervisors and matrons in hospitals"⁶³. The Scarlett Report recommended that

⁶¹ Alberta Association of Registered Nurses, A Brief to the Royal Commission on Health Services, Edmonton, AARN, January 10, 1962, p. 21.

⁶² Ibid.

⁶³ Department of Health, Report Nursing Education Survey Committee Province of Alberta, 1961-1963, Edmonton, Queen's Printer, 1963, p. 202.

The School of Nursing at the University of Alberta, Edmonton, should plan to reduce the length of the five-year basic programme as soon as possible. The University should organize a School of Nursing on the Calgary campus.⁶⁴

In November 1965 the Minister of Public Health in Saskatchewan requested an Ad Hoc Committee on Nursing Education to submit to the government basic guide lines for a system of educating nurses in Saskatchewan. In August 1966 the Committee presented the following official recommendations in what became known as the Tucker Report:

That the five-year University of Saskatchewan Bachelor of Science in Nursing be phased into a four-year integrated programme.

That [. . .] funds for consultants, additional faculty in nursing, and faculty in the affiliated departments be made available by the University of Saskatchewan. That the four-year integrated Bachelor of Science of Nursing at the University of Saskatchewan, Saskatoon campus, be developed to its optimum capacity before a similar program at the University of Saskatchewan, Regina Campus is established.

That as the integrated four-year Bachelor of Science in Nursing is introduced, the University of Saskatchewan should consider increasing its enrolment by at least 50% because of the increased demand for nurses educated at the university level.⁶⁵

The basic degree program was established a year later in 1967 while the non-integrated curriculum was phased out. In 1972 the Saskatoon campus was still offering the only basic degree program in Saskatchewan. The recommended fifty per cent

64 Ibid., p. 227.

65 Department of Public Health, Report of the Ad Hoc Committee...., Regina, op. cit., p. 16-17.

enrollment increase had not yet been realized at the University of Saskatchewan. While there was an enrollment of 312 students in 1968, which grew to 348 in 1970, it had dropped to 298 in 1972. In this number were the last students admitted to the basic non-integrated programme⁶⁶.

About the same time in 1965, the Minister of Health in Manitoba similarly appointed an eleven-member committee under the chairmanship of Gordon Holland, chairman of the Manitoba Hospital Commission to consider the total estimated requirements of all categories of nursing personnel in that province. The Minister of Health stressed this was to be an action committee.

In response the Committee considered it expedient to anticipate the final report in regard to the role of the University of Manitoba in nursing education. An interim report made fourteen recommendations pertinent to basic degree programs and requested their implementation by 1966. Among these, the following seemed of special interest:

66 C.N.A., Countdown 1973, Ottawa, C.N.A., 1974, p. 77.

That provision be made for a radical increase in the enrolment in the nursing degree programs at the University of Manitoba to produce a minimum of 120 graduates with the Bachelor's degree in 1970.

That enrolment in the four-year degree course be progressively increased, by admitting 25 additional students over and above the number admitted in the previous year, in each year from 1967 to 1970 inclusive with a corresponding further expansion in the faculty and facilities of the School of Nursing.

That a sufficient number of bursaries, adequate in terms of current costs of living [. . .] be made available for the promotion of enrolment in the Bachelor of Nursing program.

That a vigorous campaign be instigated to interest high school students in nursing; this would include expert counselling on careers in nursing beginning as early as Grade IX.⁶⁷

The preceding recommendations created a real impact on baccalaureate nursing education in Manitoba. The enrolment in the basic degree program was greatly accelerated in the subsequent years and the rate surpassed Holland's recommendations. Between 1968 and 1972, the annual enrolments grew from 151, 167, 179, 239 to 319 students⁶⁸. The acceleration rate in 1971 and 1972 are especially striking. The recommended recruitment efforts by the Manitoba Government seemed to be paying noticeable dividends.

As in the other three regions, the C.N.A. and the C.A.U.S.N. were quite influential in spurring change in baccalaureate education. In the second period, the C.N.A. felt that

⁶⁷ Department of Health, Report of the Minister...., op. cit., Winnipeg, Appendix A, p. 2-3.

⁶⁸ C.N.A., Countdown 1973, op. cit., p. 77.

the existence of the C.A.U.S.N. as a distinct nursing entity was "constitutionally unsound and consequently unacceptable"⁶⁹. The two associations co-existed rather peacefully; university nurse educators continued to be actively involved in C.N.A.'s important committees. Paving the way for more basic degree programs, the C.N.A.'s Committee on Nursing Education supported that "the basic preparation for the professional nurse [. . .] should be general rather than specialized"⁷⁰. The influence of the C.N.A. and C.A.U.S.N. was felt, as mentioned earlier, not only in Western Canada, but in all Canadian regions.

The C.N.A. encouraged university schools of nursing through its Committee on Nursing Education with a view to approaching these schools:

[. . .] for the preparation of nurses who can give, and who, at various levels, can direct nursing care of the kind and quality that are needed, [and] the preparation of instructors for our schools of nursing who can approach nursing and curriculum development more adequately.⁷¹

With Hazel Keeler, director of the University of Saskatchewan School of Nursing, acting as chairman of the

⁶⁹ C.N.A., Minutes of Meeting of Committee on Educational Policy, held in Toronto, Canadian Red Cross Society, June 12-13, 1953, E. Mallory, Chairman, p. 9.

⁷⁰ C.N.A., Minutes of the Meeting of the Committee on Nursing Education, Fredericton, New Brunswick, Katherine MacLaggan, Chairman, December 7-8, 1956, p. 5.

⁷¹ C.N.A., Committee on Nursing Education, Montreal, C.N.A., November 26-27, 1959, p. 4.

C.N.A.'s Committee on Nursing Education a wish was expressed that "closer relations be established between the C.N.A. and the Canadian Conference of University Schools of Nursing"⁷².

The following year, through the same Committee, C.N.A. voiced the opinion that "basic degree students wishing to obtain experience at staff levels were pushed involuntarily into senior positions"⁷³. The need was expressed to interpret to employing agencies the objectives of the basic program in nursing education and the work that the graduates of these programs were prepared to do. Even by 1972, however, roles had not yet been clearly delineated.

In 1967 the Committee on Nursing Education of the C.N.A. expressed in a statement of beliefs that it was essential that:

There be two well-defined roles for nurse practitioners, both eligible for licensure as registered nurses, whose nursing functions and educational program would show differentiation.⁷⁴

Four years later in 1971 the members of the Committee were cognizant of the confusion which existed about the

72 C.N.A., Minutes of the Meeting of the Committee on Nursing Education, Ottawa, Hazel Keeler, chairman, November 25, 1960, p. 4.

73 C.N.A., Minutes of a Meeting of the Committee on Nursing Education, Ottawa, Hazel Keeler, chairman, November 30-December 1, 1961, p. 4.

74 C.N.A., Minutes of Standing Committee on Nursing Education, Ottawa, C.N.A., K. Arpin, chairman, p. 3.

differences between diploma, baccalaureate and graduate education. They agreed that renewed efforts should be directed towards setting out the differences in nursing practice capabilities of graduates of these programs⁷⁵. This was again emphasized in 1972 at the C.N.A. Annual Meeting and Convention held in Edmonton and was seen as a "priority area"⁷⁶ in the views of the Committee.

Accreditation of nursing programs had been a concern of the C.N.A. since 1955. At that time, the Association asked Sister D. Lefebvre of l'Institut Marguerite d'Youville to convene a task committee to study ways and means of implementing an evaluation program. Out of the recommendations the Pilot Study evolved and the report of this first evaluation of nursing schools was presented in 1960⁷⁷. In September 1972 the Board of Directors of the C.N.A. reactivated a study of the process of accreditation of nursing education programs. An Ad Hoc Committee on the Accreditation of Nursing Education Programmes was formed with representation from CAUSN, the Association

75 C.N.A., Report of Committee on Nursing Education, Ottawa, C.N.A., January 20-22, 1971, p. 2.

76 C.N.A., Report of Committee on Nursing Education, Alice Baumgart, chairman, Edmonton, C.N.A. Annual Meeting and Convention, June 25-29, 1972, p. 18.

77 Helen Mussallem, Spotlight on Nursing Education: A Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada, Ottawa, Canadian Nurses Association, C.N.A., 1960.

of Canadian Community Colleges and the Association of Universities and Colleges of Canada⁷⁸.

The provincial Nurses Associations of the Western Region until the early 1970's were not as forceful as the C.N.A. in speaking for basic degree programs. However, in 1971 the R.N.A.B.C. recommended "that the universities provide greater flexibility both in entrance requirements and the courses required for a baccalaureate degree in nursing, [. . .] provide a baccalaureate degree with a greater clinical content"⁷⁹.

In May 1972 a new eight-year career ladder curriculum was proposed at the University of British Columbia. If this proposal were to be realized, a new type of degree program would replace the basic degree program. In its place, "the eight-year program would give nursing students an opportunity for specialization at the end of each two-year period"⁸⁰.

⁷⁸ C.N.A., Minutes of the Board of Directors Meeting, Ottawa, C.N.A., September 1972.

⁷⁹ Registered Nurses Association of British Columbia, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia, Part Two, Vancouver, RNABC, January 1971, p. 8.

⁸⁰ "Eight Year Nursing Program Proposed for UBC", in The Canadian Nurse, Vol. 68, No. 5, May 1972, p. 11.

The A.A.R.N. occasionally expressed concern for the basic degree programs. In 1967 mention was made that there was a lack of qualified professional nurses for leadership positions in nursing. Alberta was pointed as having a lower than national average ratio of baccalaureate graduates as compared to diploma graduates, a ratio of 1:16 compared to a 1:13 national average⁸¹.

The same association recommended in 1967 that, within ten years, nursing service in Alberta be provided by graduates of degree programs and diploma programs in the ratio of one degree nurse to three diploma nurses. Moreover a plea was made to request the University of Calgary to initiate a basic degree program as soon as possible⁸².

In 1968, the Provincial Nurses Association went on record as supporting the belief that two well-defined categories of nurses should be prepared, both "preparing graduates for generalized nursing but differing in breadth and depth of knowledge of related sciences"⁸³. There was no specific mention of the nursing practice capabilities of each group.

Similarly the Saskatchewan Registered Nurses Association henceforth known as S.R.N.A., occasionally voiced its belief

⁸¹ A.A.R.N., News Letter, Edmonton, AARN, January-February 1967, p. 16.

⁸² Ibid., p. 25.

⁸³ A.A.R.N., News Letter, January-February 1968, p. 6.

and presented recommendations in relation to basic degree programs. In 1966 the association recognized the need to change the entire pattern of nursing education in the province and further recommended that the "present baccalaureate degree program be shortened to a four-year integrated one, and a second such program be established at the University of Saskatchewan, Regina Campus"⁸⁴.

At the fiftieth Annual Meeting, the President of the SRNA announced the inauguration of the four-year integrated program on the Saskatoon campus, and felt it would "assist the profession to meet the demands for and improve the quality of nursing care for the people of the province"⁸⁵.

The Manitoba Association of Registered Nurses, henceforth known as the M.A.R.N., also voiced support for the basic degree program at the University of Manitoba. Its recommendations were, however, more precise in the brief presented to the Minister of Health's Committee on the Supply of Nurses. It endorsed the expansion of the basic degree program adding that "this was the area in which this Association has indicated

⁸⁴ SRNA, "Report of the Advisor to Schools of Nursing", in SRNA Bulletin, May 1966, p. 17.

⁸⁵ Vera Spencer, "Where are we Today?", Presidential Address, in Report of the 50th Annual Meeting, July 1968, p. 5.

the greatest need for increased student enrolment"⁸⁶. For the first time in the province, the M.A.R.N. approved the policy that "a baccalaureate degree [was] considered desirable for positions including staff level leadership"⁸⁷. It further recommended that:

Financial support be adequate for the rapid development and enrolment in the University program; That bursaries be provided so that no qualified candidate be deterred from enrolling due to financial need.⁸⁸

The Provincial Nurses' Association in the region was mentioned by key people as having played an important role in the establishment of basic degree programs. Mention was made of the "professional association support"⁸⁹, another stressed the M.A.R.N. briefs which received wide support among nurses in Manitoba⁹⁰.

In Alberta, the active involvement of the A.A.R.N. Nursing Education Planning Committee with the University of Calgary, the support of the A.A.R.N.'s brief prepared by Marguerite Letourneau, were seen as driving forces fostering

⁸⁶ M.A.R.N., Brief to the Minister of Health's Committee on the Supply of Nurses, Winnipeg, M.A.R.N., February 1966, p. 37.

⁸⁷ Ibid., p. 11.

⁸⁸ Ibid., p. 41.

⁸⁹ Glass, op. cit., July 1, 1974.

⁹⁰ Mona McLeod, Basic data, Winnipeg School of Nursing, August 4, 1974.

the establishment of a basic degree program in Calgary⁹¹.

Four key persons mentioned that the teaching personnel had spurred the initiation of the basic degree program at the University of British Columbia. Street stated "it was the conviction of the faculty of the UBC School of Nursing that the total program must be under the control of the faculty"⁹². In Manitoba⁹³, the need for the program was identified on the part of the Director of the School and the Faculty. In Alberta the "faculty's readiness and eagerness for the generic program"⁹⁴ stimulated its development, while there had been a general long-time concern by the faculty for a curriculum revision which would lead toward the evolvement of the basic degree program at the University of Saskatchewan⁹⁵.

In three provinces the faculty was an impediment either because they created resistance by wanting the same specialization previously found in the basic non-integrated program⁹⁶ or simply because there was a shortage of personnel

91 Moncrieff, op. cit.

92 Street, op. cit., July 1, 1974.

93 Glass, op. cit.

94 McClure, op. cit., July 1, 1974.

95 Kernen, op. cit., July 18, 1974.

96 McClure, op. cit.

with graduate degrees to hold faculty positions^{97,98}.

In one province, the Alumnae⁹⁹ played its part in exerting positive pressure on university officials. On the other hand, three provinces felt that nurses had imposed a resistant force and had retarded the establishment of the basic degree program. In one instance, it was felt that the hospitals had been a partner in the combined course for about forty years and did not wish the basic non-integrated program changed¹⁰⁰. Elsewhere a nurse educator felt that "we in nursing leadership at the time were not able to get the need across to the decision-makers"¹⁰¹. In a third province, a key person associated with nursing education for over thirty years stated that "the alumnae were opposed to a shortened program. There appeared to be apprehension regarding the limited clinical experience students might have in the clinical area"¹⁰².

While some administrators "supported the concept of curriculum integration"¹⁰³, elsewhere the hospital

97 Kernen, op. cit.

98 Glass, op. cit.

99 Dick, op. cit.

100 Street, op. cit.

101 Dick, op. cit.

102 Helen Penhale, Basic data, Edmonton, August 28, 1974.

103 Street, op. cit.

administrators' opposition seemed to stem from an economic viewpoint. The hospital, once the basic non-integrated program was closed, "would be investing much more than it was going to receive from service provided by students"¹⁰⁴. In the same province, the administrators of the psychiatric hospitals were very reluctant to accept students for a period of less than twelve weeks¹⁰⁵.

Key persons who played a decisive positive role were mentioned as Margaret Hart¹⁰⁶, Hazel Keeler¹⁰⁷, Ruth McClure¹⁰⁸, Evelyn Mallory¹⁰⁹ and Marguerite Letourneau¹¹⁰, who prepared the brief advocating the establishment of the program in Calgary. Other positive contributing factors stemmed from the Manitoba Health Department. It set new employment policies requiring baccalaureate preparation in public health nursing¹¹¹. In Alberta, the Provincial Minister of Health, Doctor Cross, urged nurse educators to take a serious look at the program "and to

104 Penhale, op. cit.

105 Ibid.

106 Dick, op. cit.

107 Kernen, op. cit.

108 Penhale, op. cit.

109 Street, op. cit.

110 Janet Kerr, Basic data, University of Calgary, July 10, 1974.

111 McLeod, op. cit.

come up with something better than a 'patchwork job'"¹¹². The impending establishment of a medical faculty at The University of Calgary encouraged the establishment of a corresponding nursing faculty. This impetus linked with the quota regulations limiting nursing students' enrolment at the University of Alberta favored the establishment of the second basic degree program in Alberta¹¹³.

Limited finances were seen as a major obstacle in the four Western Provinces. This situation emerged from a lack of university funds^{114,115}, or a previous financing pattern in which the university budget did not include cost of teaching and clinical practice¹¹⁶. An impediment was also evident in the attitudes of influential medical practitioners and administrators who questioned the need for a more expensive and comprehensive nursing program in Saskatchewan¹¹⁷. In Alberta "budget constraints were restrictive relative to hiring qualified full-time faculty"¹¹⁸.

112 Penhale, op. cit.

113 Kerr, op. cit.

114 Street, op. cit.

115 Glass, op. cit.

116 Kernen, op. cit.

117 Ibid.

118 Shirley Good, Basic data, Calgary, September 20, 1974.

From the above factors and counterfactors it is found that schools of nursing experienced similar difficulties in establishing basic degree programs both in the second and third periods. Change was never brought about without considerable resistance; there were however sufficient facilitating forces at work, and optimum reduction of those factors that constituted barriers, to allow the establishment of the five basic degree programs in the Western Region.

4. Nature of Programs.

The basic degree programs in the Western Region have been, for the most part, an innovation of the 1962-1972 decade. The objectives of the program and the role the basic degree graduates were prepared to assume were sought within the university calendars. Only the University of British Columbia had a basic degree program before 1962 and the outlined objectives had not evolved between the 1958 and 1962 nursing calendars. Registration of future baccalaureate graduates with the respective Provincial Nurses' Associations was mandatory in each province of the Western Region and was indicated in the calendars. In British Columbia, the 1971 Calendar stated:

Upon satisfactory completion of all requirements, students will receive the degree of Bachelor of Science in Nursing and will be eligible to write the registration examinations of the Registered Nurses Association of British Columbia.¹¹⁹

The University of Calgary stated that at the completion of the four year basic baccalaureate course, the student was "eligible to write licensure examinations to practise nursing in Canada"¹²⁰.

In order for the University of Saskatchewan's basic degree student to be eligible for admission to the Saskatchewan Registered Nurses' Association and to practise as a registered nurse, she was "required to pass the professional examination set by the Association"¹²¹.

In the same vein, a University of Manitoba's basic degree Calendar specified that "a University degree in nursing does not in itself confer the right to practise nursing, it is necessary to pass nurse registration exams"¹²².

Table LVI gives a summary of the aims and objectives found in the respective catalogues as related to basic degree programs in 1967 and 1972. The University of British Columbia

119 University of British Columbia, Calendar 1971-1972, p. 79.

120 University of Calgary, Calendar 1972-1973, p. 49.

121 University of Saskatchewan, Calendar 1967-1968, p. N-10.

122 University of Manitoba, Calendar 1967-1968, p. 1407.

Table LVI.-

Aims and Objectives of Basic Degree Programs in the Western Region.^a

Aims and Objectives	<u>U.B.C.</u> 1962-72		<u>U.A.</u> 1972	<u>U.C.</u> 1972	<u>U.S.</u> 1972	<u>U.M.</u> 1962-72	
Public Health Nursing	X	X	X	X	X	X	X
Administration	X	X	X		X		
Hospital Nursing	X	X	X	X	X	X	X
Team leader nursing			X		X		
Teaching		X	X		X		
Giving or directing critical care		X		X			
Basis-graduate study		X	X	X		X	X
Prepare for all health settings	X	X	X	X	X	X	X
Prepare excellent professional	X	X	X	X	X	X	X
Guide other nursing colleagues				X		X	X
Relationships with families, professionals	X	X	X	X		X	X
Registration exams	X	X	X	X	X	X	X

a Source: Individual School of Nursing Calendars, 1962-1972.

Legend: U.B.C.: University of British Columbia;
 U.A.: University of Alberta; U.C.: University of
 Calgary; U.S.: University of Saskatchewan;
 U.M.: University of Manitoba.

which inaugurated its generic program in 1958 is included in the 1962 description.

At the University of British Columbia, the program in 1962 was approximately four calendar years in length with a four-week vacation provided each year. In the stated objectives considerable emphasis was placed on the belief that the professional nurse should be a broadly educated person. In addition the 1962 Calendar specified that

[. . .] upon satisfactory completion of the programme, the graduates [were] qualified for staff nursing positions in hospitals and in public health agencies. As they gain experience, individuals with ability should be able to progress to more senior positions.¹²³

In 1972 a Health Sciences Center at the same University provided a common learning environment for the students of the Health Sciences and Professions. An eleven-member coordination committee for this Center presided over by the Dean of the Faculty of Medicine included the Director of the School of Nursing, Muriel Uprichard¹²⁴.

The 1972 Calendar delineated the following roles for the graduate of the baccalaureate program:

¹²³ University of British Columbia, Calendar 1962-1963, p. 250.

¹²⁴ University of British Columbia, Calendar 1972-1973, General Information, p. 14.

[. . .] Fulfill the nursing role in the health team, and to develop, to the extent possible, leadership qualities which will further the development of health sciences. Opportunities after graduation include nursing in both hospitals and public health agencies, and with increasing experience, those positions in health agencies which include teaching, administration, and participation in research.¹²⁵

From its inception in 1966, until 1972, the general aim of the University of Alberta's basic degree program remained stable. It included the desire to educate for leadership positions as team leader, assistant head nurse, assistant nursing instructor and staff public health nurse¹²⁶. It did not seem to include new roles within the professional interdisciplinary health team.

At the recently developed Calgary basic program, it was specifically intended that "the curriculum [was] designed to prepare a generalist in professional nursing rather than one who has received specialized preparation in functional areas"¹²⁷. The calendar seemed to present new and challenging nursing roles in a variety of settings, for example, the family nurse practitioner. An optimistic career future for the nurse was highlighted in the following statement:

125 Ibid.

126 University of Alberta, Calendar 1972-1973, no. 131.2.3, [no page].

127 University of Calgary, Calendar 1972-1973, p. 49.

The professional nurse is knowledgeable and skillful in carrying out nursing functions. It is anticipated that the graduate will serve as a role model and provide leadership in guiding other nurse personnel in the care of patients; preserve personalized care by keeping humane contact with patients and their families; utilize clinical judgement in assessing and determining the nursing needs of people in preventative, curative, restorative and supportive activities; provide for continuity of patient care, utilizing the community's health and social agencies; motivate and teach patients and their families to participate in and understand the plan for treatment; encourage people to seek health care; work collaboratively and actively with the other members of the health professions; support and utilize research studies relative to the improvement of nursing practice, and be adaptive to changing functions brought about by advancing technology.¹²⁸

At the University of Saskatchewan it was stressed that students were prepared to give high quality care in all types of general nursing in hospitals, public health agencies and industry. More specifically its Calendar stated:

The courses available in fourth year prepare students to fill junior teaching and supervisory roles after some experience, while students of unusual ability may use them to advance rapidly to positions of higher responsibility.¹²⁹

No reference was then made of the newly developed extended roles ascribed to baccalaureate prepared nurses.

In Manitoba the stated objectives of the program sequence for high school students remained stable from 1963 until 1972. These included:

128 Ibid.

129 University of Saskatchewan, Calendar 1972-1973, p. Q-4.

[. . .] the professional nurse is characterized by the ability to give nursing care in all fields; to use the basic communication skills in organizing, planning and directing the work of others; to participate with allied professional and citizen groups for the improvement of health services.¹³⁰

All Schools of Nursing specified that the graduate of the basic degree program was to be prepared to work in public health agencies. Three programs as shown in Table LVI mentioned administration, hospital nursing and teaching as areas where graduates could function. These goals are stated at the Universities of British Columbia, Alberta and Saskatchewan where basic non-integrated programs previously operated.

The two baccalaureate programs, at the University of Manitoba and Calgary, delineated a participative role in research, and the guidance of other types of nursing personnel. These roles were not mentioned in the other three nursing programs. The University of Calgary, in addition, clearly specified that the graduates were prepared to function as family nurse practitioners. The University of British Columbia stated that graduates could give care in critical situations.

In 1972 only one graduate program leading to the degree of Master of Science in Nursing operated in the Western Region. This was at the University of British Columbia¹³¹.

¹³⁰ University of Manitoba, Calendar 1972-1973, p. 357.

¹³¹ University of British Columbia, General Calendar 1972-1973, p. 16.

Four of the five Universities specified that the basic degree program laid a foundation for graduate study in nursing.

Some progress had been made in the last period to delineate the role of the baccalaureate nurse in the Western Region. Areas of haziness were still evident; great similarity with the role of the basic diploma nurse were still manifested in the description of basic degree graduates' role.

5. Curriculum.

Flowing from the objectives of the basic degree programs, the curricula of these five generic programs will now be considered from the viewpoint of the liberal arts offerings and the nursing component. Table LVII shows the curriculum of the basic degree nursing program at the University of British Columbia. The theme curriculum was considered every five years during the span of time between 1959-1972. Liberal education in the basic degree programs attempted to give students a broad knowledge of the major areas of learning: the natural sciences, the social sciences and humanities, including the fine arts. Basic degree programs aimed to cultivate those skills of reasoning, the capacity to think logically and the ability to organize one's thoughts.

In the basic degree programs, the structural arrangement of courses usually allowed the liberal arts and the professional subjects to proceed simultaneously throughout the

Table LVII.-

Curriculum followed at the University of British Columbia
School of Nursing from 1962-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>				
Subject	Number of Units			Subject	Number of Units		
	1962-67-72				1962-67-72		
Natural Sciences			Nursing-Related				
Chemistry	3	3	3	Human Anatomy & Physiology	3	4	
Zoology			3	Microbiology	3	3	3
Total	3	3	6	Pathology			3
Social Sciences			Pharmacology				
Psychology	3	3		Total	6	7	7
Sociology	9	9		Nursing			
Social Science Option			9	Intr. to Nsg.	7	4	3
Total	12	12	9	Leadership in Nsg.	4	9	6
Humanities			Maternal and Child Care				
English Literature	3	3	3	Medical-Surgical Nursing	17	21	11
Statistics & Research			1	Psychiatric Nsg.	6	5	5
Total	3	3	4	Pub. Health Nsg.	11	9	7
			Electives				
			1				
			Total				
			54 67 45				
Grand Total			Grand Total				
18 18 19			60 74 52				

a Source: Calendars of University of British Columbia, 1962-1972.

four years of the program. Table LVII shows the curriculum followed at the University of British Columbia basic degree program. This first program evolved from the pioneering basic non-integrated program inaugurated in 1919 in Canada. The unit remained the academic measurement since the inception of the basic degree program in 1959 until 1972. The Natural Sciences and the Nursing Related Sciences were heavier at the end than at the beginning of the third period. Chemistry was a required subject throughout the decade. In the Social Sciences, requirements in Sociology were heaviest until the end of the last period when nine units in any of the Social Sciences were made optional¹³². The Social Sciences courses were to be selected in consultation with the faculty advisor.

Among the Humanities, English literature was compulsory throughout the last period. The total number of units in general education remained rather stable during this time span.

The curriculum at the University of Manitoba is shown in Table LVIII. In the 1962-1972 span of time, the academic unit of measurement changed from course to credit after 1967. Electives were allowed in the Social Sciences since the inception of the program and eighteen credits in the Arts and Sciences were optional at the end of the third period. Chemistry,

¹³² University of British Columbia, General Calendar 1972-1973, p. 80-81.

Table LVIII.-

Curriculum followed at the University of Manitoba School of Nursing from 1962-1972.^a

<u>General Education Courses</u>				<u>Nursing and Nursing-Related Courses</u>			
Subject	No. of Courses		No. of Credits	Subject	No. of Courses		No. of Credits
	1962-67		1972		1962-67		1972
Natural Sciences				Nursing-Related			
Biology			6	Human Anatomy & Physiology			6
Chemistry	1	1	6	Microbiology	1	1	6
Zoology	1	1		Total	1	1	12
Total	2	2	12				
Social Sciences				Nursing			
Psychology	1	1	6	Intr.to Nsg.	2	2	12
Social Science Option	1	1	6	Leadership in Nursing	1	1	18
Total	2	2	12	Maternal and Child Care	2	2	16
Humanities				Med.-Surg.			
Eng. Lit.	1	1		Nursing	3	3	24
Philosophy	1	1	6	Psychiatric Nursing	1	1	8
Total	2	2	6	Pub. Health Nursing	2	2	14
Electives Arts and Science				Electives			
	3	3	18	Total	11	11	92
Grand Total	9	9	48	Grand Total	12	12	104

^a Source: Calendars of University of Manitoba School of Nursing, 1962-1972.

Psychology and Philosophy had been consistently required subjects since the inception of the program.

A total of 152 credit hours was required for the Bachelor of Nursing degrees in 1972¹³³. Two summer sessions in May-June were compulsory after the second and third years of the program¹³⁴.

The curriculum followed at the University of Alberta is depicted in Table LIX. Two systems of academic measurement were used within the rather recent period of time since the establishment of the basic degree program, namely the courses from 1966 to 1968 and the course weight from 1968 to the end of the period. An ordinary two-semester program in a subject carried a six and a half course-weight.

The heaviest part of the general education component was assigned to Social Sciences. Psychology, Sociology and an elective were part of the twenty-one courses weight among the Social Sciences in 1972. A course in Statistics and Research was also required at the end of the third period. This was also evident at the University of British Columbia in 1972. The trend for additional electives in any area of the Arts and Sciences was noticed since 1967. Twelve course-weight were optional in the Arts and Science

133 University of Manitoba, Calendar 1964-1965, p. 605.

134 Ibid.

Table LIX.-

Curriculum followed at the University of Alberta School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	<u>No. of Courses</u>	<u>Course weight</u>	Subject	<u>No. of Courses</u>	<u>Course weight</u>
	1967	1972		1967	1972
Natural Sciences			Nursing-Related		
Chemistry	1		Human Anatomy & Physiology	2½	8
Biology		6	Microbiology	1½	2
Total	1	6	Total	4	10
Social Sciences			Nursing		
Psychology	2	9	Intr. to Nsg.	1½	8
Sociology	2	6	Leadership in Nursing	3½	18
Social Science Option	2	6	Maternal and Child Care	2	15
Total	6	21	Medical-Surg. Nursing	2½	30
Humanities			Psychiatric Nsg.	1	12
Eng. Literature	1	6	Pub. Health Nsg.	1½	9
Statistics and Research		3	Electives		12
Total	1	9	Total	12	104
Electives Arts & Science	2	12			
Grand Total	10	48	Grand Total	16	114

a Source: Calendars of University of Alberta School of Nursing, 1967-1972.

at the end of the third period¹³⁵.

The University of Saskatchewan's basic degree program is shown in Table LX. In 1967 and until 1972, the Class was the academic unit of measurement¹³⁶. The basic degree program had recently evolved from a basic non-integrated program and curriculum although integrated in 1967 was lengthy. Summer periods varying from one to four months followed the first three academic years¹³⁷.

There was considerable consistency in the general education component in the recently established program at the University of Saskatchewan. However, three classes of electives were allowed among the arts and sciences in 1972, Biology, Chemistry, Psychology, Sociology and Literature were compulsory.

The University of Calgary established the most recent basic degree program not only in the Western Region but also in Canada. The course was used as the academic unit of measurement in this program begun in 1970 and illustrated in Table LXI. The general education courses were heavier than the professional courses. Nearly one-third of the liberal

¹³⁵ University of Alberta, Calendar 1968-1969, no. 134.1 (no page).

¹³⁶ University of Saskatchewan, Calendar 1967-1968, p. N-3.

¹³⁷ Ibid.

Table LX.-

Curriculum followed at the University of Saskatchewan School of Nursing from 1967-1972.^a

<u>General Education Courses</u>			<u>Nursing and Nursing-Related Courses</u>		
Subject	Number of Classes		Subject	Number of Classes	
	1967-1972			1967-1972	
Natural Sciences			Nursing-Related		
Biology	1	1	Human Anatomy & Physiology	1	1
Chemistry	1½	1½	Microbiology	½	½
Total	2½	2½	Pathology	½	½
Social Sciences			Pharmacology	½	½
Psychology	2	1½	Physical Ed.		3½
Sociology	1	1	Electives		½
Total	3	2½	Total	2½	6½
Humanities			Nursing		
Eng. Literature	1	1	Intr. to Nsg.	4½	2½
Total	1	1	Leadership in Nsg.	2	3
Electives Arts and Science		3	Maternal and Child Care	2	2
			Med.-Surg. Nsg.	5½	3
			Psychiatric Nsg.	½	1½
			Pub. Health Nsg.	2	2½
			Electives	1½	
			Total	18	14½
Grand Total	6½	9	Grand Total	20½	21

^a Source: Annual School of Nursing Calendars, 1967-1972.

arts courses in the basic degree program were optional courses, selected among the Arts, Natural and Social Sciences.

The nature of the University of Calgary and its recent development were reflected in its course offerings. For example, a required Anthropology course placed emphasis on Canada as a pluralistic society within the context of White-Indian-Eskimo relationships¹³⁸.

Similarly course descriptions in Biology and Biochemistry related to the biological problems facing man, included among its content, pollution, genetic structure and bioenergetics¹³⁹. This was the only basic degree program in the Western Region where students were encouraged to select a course in Computer Science. The recent origin of the University and its lack of established traditions offered the possibility of opening new vistas in its nursing curriculum. This was exemplified not only in the liberal arts but also in the professional component of the program.

In Table LVII, it was noticed that the professional component and nursing-related subjects of the University of British Columbia decreased from seventy-four units in 1967 to fifty-two units in 1972. Zoology was taught along with a unit course in Pathology and Pharmacy while Human Anatomy

¹³⁸ University of Calgary, Calendar 1970-1971, p. 18.

¹³⁹ Ibid., p. 24.

and Anatomy were no longer offered as a distinct subject. The 1972 curriculum resembled the 1962 curriculum in at least the total number of nursing and nursing-related courses. The 1967 curriculum had been increased in some areas such as leadership, maternal-child care and medical-surgical nursing. At the end of the third period, although the medical model was still apparent, there was a greater tendency toward a nursing care model. Electives in a clinical area were allowed at the inauguration of the programme but this practice was discontinued by 1972. A course in Introduction to Statistics and Research was offered at the close of the third period. It seemed that the emphasis, initially placed on courses in teaching, supervision and administration in 1959 (Fundamentals of Supervision, Fundamentals of Administration, Nursing Education, Fundamentals of Clinical Teaching, Methodology) had been reduced to two units in Teaching by 1972.

A more global approach in the area of Public Health was also apparent in the 1972 curriculum. Less fragmentation appeared. Seven units were offered in two courses, Health Care and Epidemiology and Community Health. Table LXII shows there were a total of sixty units in the professional component and fifty-two in 1972; the total number of units with liberal arts had remained rather constant. At the end of the third period, the baccalaureate courses in nursing followed by a mixed pattern of a medical approach and a more global approach.

Table LXI.-

Curriculum followed at the University of Calgary School of Nursing, 1972.^a

<u>General Education Courses</u>		<u>Nursing and Nursing-Related Courses</u>	
<u>Subject</u>	<u>Number of Courses</u> 1972	<u>Subject</u>	<u>Number of Courses</u> 1972
Natural Sciences		Nursing-Related	
Biology	$\frac{1}{2}$	Human Anatomy & Physiology	1
Behavioral Statistics	1	Microbiology	1
Zoology	1	Total	2
Option	2		
Total	$4\frac{1}{2}$	Nursing	
Social Sciences		Intr. to Nursing	3
Anthropology	1	Leadership in Nursing	2
Psychology	4	Maternal and Child Care	3
Sociology	2	Medical-Surgical Nursing	6
Option-Social Sc.	1	Psychiatric Nsg.	2
Total	8	Pub. Health Nsg.	
Humanities		Electives	
Eng. Literature	2	Total	16
Philosophy	2		
Total	4		
Electives Arts and Science	4		
Grand Total	$20\frac{1}{2}$	Grand Total	18

^a Source: University of Calgary School of Nursing Calendar, 1972.

The study of human development, behavior and communication was initially offered to the nursing students. In a subsequent course, the focus was on the application of these behavioural science concepts to patient care in a hospital or community setting.

Emphasis in several courses labelled Perspective in Nursing, Clinical Nursing, was to plan a study of nursing within the context of the health-illness continuum and the factors that determine its nature.

Several courses resembled more medical oriented approaches in their titles. These were Pediatric Nursing, Psychiatric Nursing, Courses in Teaching and Administration with clinical appropriate experiences. The 1972 calendar could thus state that individuals with ability could progress to responsible nursing positions in educational institution and service agencies.

A new eight-career ladder program at the University of British Columbia was announced in a 1972 Canadian Nurse. The nurse could proceed from a basic nursing diploma after two years to a baccalaureate degree after two additional years. This could be followed by a master's degree after two further years of graduate study and the last two of these eight years would complete doctoral studies¹⁴¹.

¹⁴¹ "Un programme d'enseignement infirmier de huit ans envisagé à l'Université de la C.B.", in L'Infirmière Canadienne, 14e année, no. 6, juin 1972, p. 7.

Table LXII.-

Comparison between the General Education and the Nursing Component of the Western Region, 1962-1972.^a

Year	<u>University of British Columbia</u>			<u>University of Manitoba</u>			<u>University of Alberta</u>			<u>University of Saskatchewan</u>			<u>University of Calgary</u>		
	<u>No. of units</u>			<u>No. of courses</u>			<u>Course weight</u>			<u>No. of classes</u>			<u>No. of courses</u>		
	G.E.	N&NR	T	G.E.	N&NR	T	G.E.	N&NR	T	G.E.	N&NR	T	G.E.	N&NR	T
1962	18	60	78	9	12	21									
				<u>No. of credits</u>											
1972	19	52	71	48	104	152	48	114	162	9	21	29½	20½	18	38½

a Source: Compiled from data gathered in Chapter V.

Legend: G.E.: general education
 N&NR: nursing and nursing-related
 T : total.

The professional component as shown in Table LVIII at the University of Manitoba and in Table LXII reveals the following characteristics. Biology, Anatomy and Physiology had replaced a Zoology course in 1972. The credit had substituted the course as the academic unit at the close of the period.

The curriculum at the University of Manitoba was planned with the belief that the program developed the student's ability to give nursing care in all fields, to organize, plan and direct the work of others, to carry out nursing functions skillfully and with understanding and to participate in the conservation of health in the community. As shown in Table LXII, 104 credits were required by 1972 in the nursing component of the curriculum¹⁴². Seven of the twelve courses were labelled Nursing of Adults and Children with community health as the integrating thread among these courses. Patients were seen within a family framework throughout the clinical courses and practice. Theories of leadership in addition to guided experience in teaching were maintained¹⁴³.

At the University of Alberta the medical model was apparent when the basic degree course was first established after the closure of the basic non-integrated curriculum. From the onset, however, an attempt was made to integrate psychiatric nursing content with some medical-surgical nursing experience.

142 University of Manitoba, Calendar 1972-1973, p. 357.

143 University of Manitoba, Calendar 1966-1967, p. 1411-1412.

This became more evident in 1968 when a course appeared under the label of Medical-Surgical and Psychiatric Nursing where students were expected to apply psychiatric concepts to acutely ill and totally dependent patients¹⁴⁴. From its inception, there was an emphasis on the application of the teaching-learning theory to the development of educational programs in nursing. This coincided with the planned and stated aim that the basic degree program prepared, among other leadership positions, for that of assistant nursing instructors¹⁴⁵.

In the 1972 curriculum¹⁴⁶ the content of the biological sciences had become more scientific and in keeping with the recent medical advances in genetics with its implications for health care. A degree of Master of Health Services Administration with areas of concentration which included nursing services administration was offered at the University of Alberta. Courses offered in the basic degree nursing program reflected undergraduate emphasis towards that specialization. Although some courses in 1972 still bore a medical model connotation, course descriptions revealed a greater health-care approach, proceeding

¹⁴⁴ University of Alberta, Calendar 1968-1969, no. 134.7, (no page).

¹⁴⁵ Ibid., no. 131.2.3, (no page).

¹⁴⁶ University of Alberta, Calendar 1972-1973, no. 134.8-134.9, (no page).

from simple to more complex health problems. Community health was integrated throughout the nursing component. Although course titles were rather medical-oriented, the calendar descriptions showed a new approach. For example a course entitled Maternal and Child Health Nursing Theory was designed to help the student discover the physiological, psychological and sociological aspects inherent in the growth and development of the family.

Considerable emphasis was placed in preparing students to teach and direct care. A Seminar in Nursing introduced the student to teaching styles and methodologies which provided them with a background for patient care planning and teaching. In their fourth year students were again exposed to the application of the teaching-learning to the development of educational programs in nursing.

Attention was also brought in the curriculum to the application of concepts of administration to the management of a nursing unit in the provision of quality patient care.

The basic degree curriculum of the University of Saskatchewan was designed to help the nurses develop skills in the care of patients, as well as in teaching, supervision, administration and in public health nursing. Students who had enrolled in the five year non-integrated program were fitted into the basic degree program but chose a major area of study in the final year¹⁴⁷.

¹⁴⁷ University of Saskatchewan, Calendar 1969-1970,
p. 0₃-0₇.

Although there were a few new course offerings in 1972, such as the Dynamics of the Nurse Role, and Roles and Relationships in Nursing, which emphasized the role of the nurse in interaction with the patient and within groups of people, the remainder of the curriculum had remained rather stable and distinct courses were still offered in Public Health Nursing, Obstetrical Nursing and Nursing of Children. A greater number of courses in teaching, supervision and administration were offered in this program than elsewhere in the Western Region. There was also considerable time allotted for daily consecutive summer clinical experience after the second and third year, which amounted to twelve weeks after the third academic year¹⁴⁸. In this basic degree program as well as that offered at the University of Alberta, considerable emphasis was placed on teaching and supervision. These programs had evolved from five-year basic non-integrated programs. The curriculum aimed to include learning principles and methods of learning and teaching. In addition, focus was placed on the leadership role assumed by the professional nurse. The functions and tools of supervision in the area of patient care, personnel and supplies were stressed in 1972. In a course labelled Advanced Nursing, the student was again given the opportunity to gain increased competence in filling the nurse role in complex situations.

¹⁴⁸ University of Saskatchewan, Calendar 1972-1973, p. Q8- Q28.

Furthermore, the student could augment knowledge of theory in specific clinical areas and practise high level patient care.

Letourneau's brief¹⁴⁹ which demonstrated the need for a basic degree program at the University of Calgary stipulated among its forty-two recommendations that emphasis be placed on quality rather than on quantity in the selection of learning experiences in the clinical area, that the curriculum consist of a fusion of liberal education, nursing theory and practice, and that the content in the nursing component absorb approximately 50% of the entire program. Although it then seemed unlikely that the professional subjects would be outweighed by the general educational courses¹⁵⁰ this is a University where this trend was apparent; the others were Laurentian, New Brunswick and Memorial.

The clinical course labels and description presented a new curriculum approach. In one of the first nursing courses, entitled "Introduction to the Nursing Process"¹⁵¹, the nurse's role as a health teacher was introduced. The nursing courses allowed the student to care for a normal family having health needs from that of early childhood stages to age thirteen, proceeding through a course focusing on health problems of children and young adults. Nursing of the major problems of

149 Letourneau, op. cit., p. 52-53.

150 Ibid., p. 40.

151 University of Calgary, Calendar 1972-1973, p. 61.

the mid-adult years, then late-adult years followed. The student then learned to handle multi-problem patients who demonstrated a complexity of physical, cultural, economic, social, psychological and vocational problems¹⁵². Within the structured framework of the basic degree program the student was guided progressively through the development of understanding, attitudes and skills of nursing practice. As early as the first year, the nurse's role as a health teacher was introduced.

Through nursing courses of increasing complexity, the student of nursing was brought to cope with the physical, mental, emotional and social needs of families. Guided experiences in clinical laboratory settings enabled the student to become gradually knowledgeable in the major health problems of children, adolescents, young adults, mid-adult years, adults fifty years of age and over. Consideration was given throughout to the role of the nurse in maintaining health, rehabilitation from illness, acceptance of a disability and preparation to death. Moreover, in this nursing program, students learned to meet the emotional and social needs of Canada's indigenous people.

Although a Bachelor in Nursing and not a Bachelor of Science in Nursing was offered in this basic degree program, the curriculum nevertheless was laid on a solid science foundation and these were taken concurrently with the required nursing

152 Ibid.

courses throughout the four academic years.

This was the only basic degree program in the region where Independent Study in Nursing was allowed for students with a 3.5 grade point average or better¹⁵³.

Table LXII revealed that there was little similarity and therefore much individualism in basic degree programs in the region. In 1972 five different methods of academic measurement were used as shown on Table LXII, University of British Columbia used units and University of Manitoba, the credit system. While the University of Alberta utilized the course-weight in 1972, the University of Saskatchewan used classes and the most recently established program used the courses as the academic unit of measurement. All programs seemed heavy although it was difficult to compare them with similar professional programs within the Western Region. The University of Calgary was the only program which, in 1972, carried a greater proportion of liberal arts as compared to nursing courses. Most other programs bore half or less of general education courses compared to the professional component. The academic weight measurement varied widely among universities.

153 Ibid., p. 57.

Table LXIII.-

Admissions, Enrolments and Graduations in Basic Degree Programs in the Western Region 1942-1972.^a

Year	No. of Admissions						No. of Enrolments						No. of Graduations						
	University ^b						University						University						
	UBC	UM	UA	US	UC	T	UBC	UM	UA	US	UC	T	UBC	UM	UA	US	UC	T	
1958	24					24	-												
1959	28					28	-												
1960	26					26	-												
1961	29					29	-												
1962	29					29	-						16						16
1963	28	11				39	-	11				11	22						22
1964	28	20				48	-	27				27	22						22
1965	34	42				76	-	63				63	27						27
1966	49	41	29			119	-	94	29			123	22						22
1967	35	53	31	85		204	-	132	58	85		275	24	7					31
1968	34	55	33	83		205	-	150	86	152		388	18	13					31
1969	51	74-2	36	91		252-2*	-	169	121	224		514	25	26					51
1970	35	62	48	97	52	294	-	175-1	132	299-2	52	658-3	34	26	23				83
1971	46	118	48	70	35-1	317-1	-	243	147	286-2	74-1	750-3	29	25	25	58			137
1972	58	128	47	81	53-4	367-4	-	318	152	292-1	117-5	879-6	25	28	27	58			138

a Source: Information received from Directors of Schools of Nursing, University Archives and Registrars of respective Universities.

b Universities are placed according to chronological order of appearance.

Legend: UBC: U. of British Columbia; UM: U. of Manitoba; UA: U. of Alberta; US: U. of Saskatchewan; UC: U. of Calgary; T: total.

* small numbers refer to male students.

6. Students.

The majority of basic degree programs in the Western Region began after 1965. Table LXIII gives the annual admissions, enrolments and graduations from 1959 to 1972.

This table revealed that there was a steady increase in nursing students at the University of British Columbia. Although it was the first basic degree program established in the Western Region, its admissions were among the lowest in 1972. No male students had yet been admitted. At the University of Manitoba the provincial government and the nursing association's recommendations to increase enrolments were taken seriously. Eleven students were admitted in 1963, compared to 128 in 1972. This was by far the highest number of admissions in the Western Region. Similarly its 318 enrolments in 1972 surpassed that of all of the Western basic degree programs. The University of Calgary, in spite of its recent inauguration, admitted more students in 1972 than the University of Alberta. Four male students among fifty-seven students were admitted in 1972. The University of British Columbia admitted twenty-four students in 1958 and had more than slightly doubled the admissions of basic degree students in 1972. Admissions rose rather slowly.

In 1972 the University of Saskatchewan graduated the greatest number of basic degree students in the Western Region. The University of Calgary had not yet graduated any students at the end of the third period. Attrition rates appear highest at the University of Manitoba and the University of Saskatchewan.

In 1972 one hundred and thirty-eight students graduated from basic degree programs in the Western Region. In that same year 2,236 students graduated from basic diploma programs¹⁵⁴. A ratio of one nurse from a basic degree program had graduated in 1972 as compared to seventeen basic diploma program graduates. The national ratio was 1:20¹⁵⁵. The desired 1:3 or 1:4 ratio was still a distant ideal. Saskatchewan was aiming closer with a 1:6.5 ratio and Alberta was further away with 1:25 ratio. Male students were slowly attracted to basic degree programs. None had yet graduated in 1972 and six were enrolled in the entire five basic degree programs.

It seemed that there had not been a shortage of qualified applicants in the Western Region. At the University of Alberta it seemed that the two main deterrents from a greater enrolment in 1972 were the lack of suitable clinical facilities and the

154 C.N.A., Countdown 1973, op. cit., p. 80.

155 Ibid., p. 81.

lack of qualified faculty. McClure commented on this issue:

The hospital schools which still exist (3 in the Edmonton area) plus one College program, has created a strain on the availability of clinical resources for supervised practice and teaching. The University and College programs presently do not receive priority in utilization of those facilities.¹⁵⁶

She added:

Even though the academic requirements have been raised from 60% to 65% matriculation average, the school is still accepting only 1/3 of the applicants who meet the entrance requirements. A system of priorities has been established with preference given to Alberta students.¹⁵⁷

In Saskatchewan the limited enrolments stemmed from the "quota imposed because of clinical and laboratory limitations and budget constrictions affecting the number of faculty positions"¹⁵⁸. The quota consisted of twenty places for students who have one or more years of university (general arts and sciences) and sixty for students entering from high school (senior matriculation)¹⁵⁹.

The University of Calgary and of Manitoba seemed to have had many qualified but unadmitted applicants in 1972. The University of British Columbia had embarked on a new career ladder program in the fall of 1972; it could not

¹⁵⁶ McClure, op. cit., September 13, 1974.

¹⁵⁷ Ibid.

¹⁵⁸ Kernen, op. cit., January 30, 1975.

¹⁵⁹ Ibid.

therefore be estimated if the new curriculum would attract an increased enrolment in the basic degree program of that province.

Although enrolments had grown in 1972, basic degree programs in the Western Region were not yet meeting the quantitative needs of the respective provinces.

Helen Glass of Manitoba was of the impression that there had been a slow but increasing awareness of nursing students on the campus. In her estimation students were more confident and accepted at the University of Manitoba than had been the case in the early 1960's¹⁶⁰. In Alberta the director felt that the basic degree students realized the entrance requirements were higher than in some other University departments and in addition, they knew their course load was heavier. She added

[. . .] students in the School of Nursing have always taken an active role in student affairs. They are viewed as interested participants in extra curricular activities on the campus and as responsible representatives of their school on administrative bodies such as General Faculties Council, School of Nursing Council and other university committees.¹⁶¹

The student's annual tuition fees are illustrated in Table LXIV. In 1972 these were about identical in the five Western Schools of Nursing. As indicated in the previous regions these costs did not include student's activity fees,

¹⁶⁰ Glass, op. cit., July 11, 1975.

¹⁶¹ McClure, op. cit.

Table LXIV.-

Comparative Annual Tuition Fees in Western Region 1957-1972.^a

University	1957	1962	1967	1972
British Columbia 1958	\$346.00	\$346.00	\$409.00	\$411.00
Manitoba 1962		\$300.00	\$375.00	\$425.00
Alberta 1966			\$350.00	\$400.00
Saskatchewan 1967			\$285.00	\$435.00
Calgary 1970				\$440.50

a Source: General University Calendars and Nursing Calendars, 1962-1972.

books, uniforms, board and room, travelling expenses to and from clinical areas or as the additional expenses involved in the three summer sessions, which hindered students' possibility to earn. Tuition fees were lower in the West than in most regions.

The entrance requirements in the basic degree programs are shown in Appendix 6. Admission requirements were relatively high and remained rather stable between 1958 and 1972. English, Mathematics and Chemistry were compulsory for admission to all basic degree programs. Minimum age of sixteen was mentioned once at the University of Saskatchewan. Good health certified with health certificates was required at three universities. SACU and CEEB admission tests were required at the University of Manitoba and Calgary.

The concept of basic degree programs under the entire aegis of the university was a concept less than a decade old in most of the Western provinces. Once firmly established these programs seemed accepted by the Universities, the provincial governments and by the respective nurses associations. The groups which seemed to view them less favorably were the physicians and the diploma nurses in Manitoba, the hospital administrators in Saskatchewan and the Saskatchewan Hospital Association and nurses at diploma levels in the Calgary region¹⁶².

¹⁶² Memorandum sent by key persons in the Western Region, op. cit.

7. Issues and Obstacles Challenging Basic Degree Programs.

Five basic degree programs were inaugurated between 1958 and 1972 in the Western Region. Three of these have been established since 1965. The challenges facing basic degree programs in 1972 were numerous. These centred mainly around public opinion, women in universities, the faculty, the role and use made of baccalaureate graduates, clinical experience, finances, students. The most important seemed the issue of available clinical experience.

One of the great advantages of the basic degree nursing programs is the fact that its students are enabled to come into contact not only with others on the campus but also with human beings who are in need and in pain. The technical phase of the nurse's education, therefore, can become a laboratory in human experience if this phase is taught properly by instructors who are themselves models of technical and academic competence and human understanding.

Planning for the use of clinical field seemed an important challenge. One Manitoba educator declared: "In this Winnipeg community, there are eight different planning authorities involved in the use of clinical facilities"¹⁶³. In Alberta, Penhale wrote:

¹⁶³ Dick, op. cit.

Since students in the University 3-year diploma program, affiliates from the Provincial Mental Hospital were assigned for clinical experience in the same geographical areas as the degree students, there was much competition for desirable experience.¹⁶⁴

At the University of Calgary there were also three hospital schools of nursing using the same facilities as well as one community college operating in Calgary. Shirley Good specified: "The university program was the fifth in priority to utilize clinical facilities"¹⁶⁵. Added to this utilization, there were vocational nurse students as well as retraining programs for re-entry of registered nurses in the work field. Consequently there was overutilization of the clinical facilities with too many learners interfering with stability in service staffing patterns, patient welfare and communications¹⁶⁶. The former director added: "Being last on the list, (among many types of schools) much effort was exerted to acquire the use of clinical facilities at times when general education courses were not being offered"¹⁶⁷.

At the University of British Columbia, Street also commented on "the lack of space and facilities for clinical

164 Penhale, op. cit.

165 Good, op. cit.

166 Ibid.

167 Ibid.

teaching, supporting staff and clinical facilities"¹⁶⁸.

Kernen, at the University of Saskatchewan similarly presented another facet of this issue:

Inadequate quality and/or quantity of the nursing practice in many settings where students learn or where they are first employed. This affects acceptance of the graduates and inhibits development of their potential. This reflects on the contribution of faculty, our lack of research which could have a favourable impact on practice.¹⁶⁹

Another main issue and problem was the lack of faculty. This was evident at each University of the region and is shown in Table LXV. Street commented on the unavailability of sufficient numbers of faculty prepared at the master's and doctoral level especially in the clinical specialties. She also referred to the dearth of nurses prepared at doctoral level to administer such programs. In her opinion though, "personal qualities were just as important as the degree"¹⁷⁰.

Kernen¹⁷¹ supported that there was a shortage of faculty with graduate education coupled with a sound experience in nursing through which they would have developed a clear concept of the role of the professional nurse and a scholarly unified approach to the study and teaching of nursing in all

¹⁶⁸ Margaret Street, Basic data, Vancouver, The University of British Columbia, July 3, 1974.

¹⁶⁹ Kernen, op. cit., July 18, 1974.

¹⁷⁰ Street, op. cit.

¹⁷¹ Kernen, op. cit.

Table LXV.-

Qualifications of Full-Time Nurse Faculty Members in the
Western Region, 1962-1972.^a

University	1962					1967					1972				
	D	M	B	-B	T	D	M	B	-B	T	D	M	B	-B	T
British Columbia		6	9		15	11	11			22	4	28			32
Manitoba	2	3	1		6	1	4	15		20	1	7	15		23
Alberta						6	4			10	1	12	14		27
Saskatchewan						1	3	18	4	26	1	10	12	3	26
Calgary											1	8			9
Total	2	9	10		21	2	24	48	4	78	8	65	41	3	117

a Source: General University and Nursing Calendars, 1962-1972.

Legend: D: doctorate; M: master's degree; B: bachelor's degree; -B: less than bachelor; T: total.

its settings. Most nurses in Canada were educated in former traditional apprenticeship patterns. It was therefore difficult to "secure qualified faculty who could understand the philosophy of genuine baccalaureate education for nursing"¹⁷².

A major issue was obtaining qualified teaching staff at the University of Manitoba. Dick also posited that this shortage linked with a lack of professional role models in the nursing practice areas were the problems and challenges for the 1970's. She further added that "conservatism as graduate professional nurses and divisions within our own groups are also challenges"¹⁷³.

In the universities where a basic non-integrated program evolved into a basic degree program, this created new challenges for the faculty. Kernan described one of these situations:

172 Kerr, op. cit.

173 Dick, op. cit.

Prior to this the majority of faculty responsible for all but the first four months "pre-clinical" of the three year program and for the third and fourth year of the five year degree program were appointed as "clinical instructors", a non-university rank and paid out of hospital budget. They were seconded to the Director of Nursing of the University School of Nursing for direction and supervision of their work but their salary and fringe benefits were set in relation to those of hospitals rather than University faculty. The combining of this large group with this smaller group who had University appointments and rank and who had been appointed according to criteria used by the University faculty, was a process that took some time and effort.¹⁷⁴

As in other Canadian regions, it was mostly after 1967 that faculty members sought and obtained preparation at master's and doctoral level. Eight nursing educators had obtained doctoral preparation, four being situated at the University of British Columbia. There were still forty-one nurses with baccalaureate degrees teaching in university programs but sixty-five of the 117 had a master's preparation. As shown in Table LXV, the number of nurse-teachers with graduate preparation had tripled between 1967 to 1972.

Implementing a new non-traditional basic degree program at the University of Calgary created new challenges. Kerr described the faculty during these years:

174 Kernen, op. cit.

Implementing a new basic integrated degree program was a very difficult process and was accompanied by high faculty turnover. Some of the problems which faced the faculty centred around team teaching, the integration of psychiatric and public health nursing content, the incorporation of content relating to the family, establishing effective communication with health care agencies and reaching concensus on a philosophy of nursing and nursing education. Strengths of faculty in a general sense relate, in my view, to a commitment to a baccalaureate nursing education, genuine interest in students and a willingness to work very hard to establish a strong program.¹⁷⁵

Other challenges centered around the respective universities settings. In one instance it was highlighted as the "status of women, their self-image and acceptance of a sub-dominant role in University settings"¹⁷⁶. Davis who previously studied the nursing profession reflected on this situation:

[. . .] nursing is not just a feminine profession, but the most feminine of all; the ratio of females to male in it is better than one hundred to one. This is far in excess of the ratio in such other women's fields as elementary school teaching, social work, and librarianship. Hence, it is a profession peculiarly, and extravagantly subject to the career ambivalences of women in our society.¹⁷⁷

A study revealed what everybody suspected in Canada; men are still ahead of women in universities in numbers, in seniority and in salary. The research revealed that out of fifty-nine institutions reporting, there were 112 females on

¹⁷⁵ Kerr, op. cit.

¹⁷⁶ Glass, op. cit.

¹⁷⁷ Fred Davis, et al, The Nursing Profession: Five Sociological Essays, New York, Wiley, 1966, p. 174.

boards of governors compared to 1,136 males as of December 1, 1970. Further it showed that the higher the degree, the poorer the representation of females relative to males¹⁷⁸.

Another university challenge was inadequate financial support for teaching personnel equipment and research¹⁷⁹. Another educator gave a further rationale for financial stringencies. She remarked:

Student teacher ratio in the nursing major is much lower than in most majors. Because the nursing program is so costly in comparison to other disciplines, considerable time and effort must be devoted to explaining and justifying to the University Budget Committee why X dollars are needed to operate the program.¹⁸⁰

Another educator claimed that it remained a challenge to design a curriculum that was suitable for nursing education and to bring it in line with the philosophical criteria of the university as a whole¹⁸¹.

Nursing has only recently become accepted as an intellectual discipline in twenty-two Canadian universities. Penhale¹⁸² was of the opinion that many still do not consider

178 June Adams, A Profile of Women in Canadian Universities, Ottawa, Association of Universities and Colleges of Canada, 1971, p. 31-70.

179 McClure, op. cit.

180 Penhale, op. cit., August 8, 1974.

181 McLeod, op. cit., August 9, 1974.

182 Penhale, op. cit.

nursing worthy of being included within the university community of scholars. In her experience as a nurse educator she has had a number of bright nursing students who were urged by professors of other disciplines to change their major from nursing to another concentration, the reason being that if you were clever, you were wasting time and talents in nursing.

Another issue is the role assigned to graduates of basic degree programs. In a meeting of the C.N.A. at which Mildred Montag of Teachers College was participant, she posited the following concerning the baccalaureate nurse's role:

What does the graduate from a diploma program in nursing do that is different than the graduate of a baccalaureate program in the ministration of care? It is necessary to find the difference between diploma and baccalaureate programs in nursing. The baccalaureate program should not be more of the same. Unless we have people functioning for what they are prepared we persist in misuse of personnel and continue to solve our nursing problems quantitatively rather than qualitatively.¹⁸³

In this same vein, Penhale¹⁸⁴ stated that one of the major issues was clarification of the role of the professional nurse. Employers appeared confused as to the expectation of beginning graduates. Educators on the other hand, have not differentiated clearly what beginning practitioners are qualified for in the degree program, as well as the expectations

¹⁸³ C.N.A., Manual of Conference on Nursing Education, Ottawa, C.N.A., Archives, April 26-30, 1966, p. 28.

¹⁸⁴ Penhale, op. cit.

of the three and two-year technical programs. Although the C.N.A. had issued a statement concerning the baccalaureate program and the role of the graduate of the program¹⁸⁵, ambiguity in the roles persisted and was decried by the M.A.R.N. in 1970¹⁸⁶.

It was found that the number of leadership nurses in hospital nursing departments with university preparation was considerably lower than was found in the instructor group. The association recommended that in order to attract a greater number, the hospital milieu should be such as to enable the well-prepared nurse to put into practice modern and scientific concepts of nursing, thus providing the basic degree nurse with opportunities for the maximum utilization of her expertise in that field.

This ambiguity in the role of baccalaureate graduates fostered a lack of "credibility"¹⁸⁷ on the part of students and the graduates who were few in number. Glass¹⁸⁸ experienced the fact that it took considerable time to deal with agency

¹⁸⁵ C.N.A., Roles, functions and educational preparation for the practice of nursing, Ottawa, C.N.A., 4 p.

¹⁸⁶ M.A.R.N., Interim Report on Nursing Service and Social and Economic Welfare with respect to Nurses in the province of Manitoba, Winnipeg, M.A.R.N., January 1970, p. 2-3.

¹⁸⁷ Glass, op. cit.

¹⁸⁸ Ibid.

staff and administration to enable students to have suitable experiences and also to encourage innovative kinds of nursing care both in practice and later in the work situation.

In the late 1960's and early 1970's Health Sciences Centers were emerging. The concept of the health sciences as a complex of health related schools on a university campus was a challenging issue. At the University of British Columbia the Health Sciences Centre included eight independent Health Sciences and Professional Schools. Basic to this concept proposed by Szasz, was the following assumption:

If the students are educated in the same milieu and participate in common learning experiences, then they might enter into various types of developing health team organizations with a minimum amount of additional training.¹⁸⁹

The issue which ensues from mixing health-related students in classroom and clinical experience is the following: the nurses are taught to synthesize their physical findings into a simple diagnosis and then plan their patient care activities. Physicians learn to establish a diagnosis for a different purpose. The greatest single block to mixing all types of health-related students is the timetable. Inter-professional exams are feasible, although, as yet, very awkward. Szasz added:

¹⁸⁹ George Szasz, Panel: Coordination of Educational Programs, Experience in British Columbia, in 2nd National Conference on Health Manpower, Ottawa, Health and Welfare, p. 81.

Precisely because it is still not entirely clear just exactly what results we are expecting from the students following their interprofessional education, these attempts at evaluation are so difficult.¹⁹⁰

The latest challenge facing nurse educators was the consideration given that baccalaureate nursing should consider the physical assessment skills as additive to the present required skills of the nurse¹⁹¹. This extension had repercussions on the role and program of the baccalaureate nurse and on the educators preparing nurses in basic degree programs.

8. Summary.

The Western Region made the first breakthrough in the linkage of nursing education within university walls in Canada. However it was the third region to allow a university to gain complete control over the entire nursing curriculum.

Salient events in the establishment and development of basic degree programs were: the release of the Royal Commission on Health Services which carried strong recommendations and from which evolved three basic degree programs, the Provincial Nursing Associations and Scarlett Report in Alberta, the Tucker Committee in Saskatchewan, the Holland Report in Manitoba, and the courage and determination of nursing directors

¹⁹⁰ Ibid., p. 129.

¹⁹¹ Thomas Boudreau, "Future Needs for Health Manpower", in 2nd National Conference in Health Manpower, Ottawa, Health and Welfare, p. 12-19.

at the Universities of British Columbia, Alberta, Saskatchewan and Manitoba. These nurse educators were outstanding not only in their vision, but in the continuity which they assured in their universities for more than twenty years. The Universities Act of Alberta gave new impetus to the two University Schools of the region. Political activity spurred the establishment and development of basic degree programs. The main points for this region are summarized as:

- a) The trend for basic non-integrated programs to evolve into basic degree programs was evident in three of the five universities, namely, Universities of British Columbia, Alberta and Saskatchewan.
- b) The five universities are separated distance wise; hence, the basic degree programs present a portrait of individualism consistent with the academic freedom and the corresponding minor control by the Provincial Nurses Association over basic degree programs.
- c) All five programs since their inception were four years in length. Summer sessions were added to at least two academic years in each university.
- d) As in two other regions, namely the Quebec and Atlantic Regions, one program in the Western Region began in the late 1950's. Three of the four remaining were inaugurated after 1966. Three basic degree programs began subsequent to the recommendations of the Royal Commission on Health Services.

e) Basic degree programs which evolved from basic non-integrated programs emerged subsequent to considerable frustration and showed evidence of courage on the part of the directors of the basic degree program. Old traditions related to clinical practice taken in university hospitals were not easily modified with the university gaining complete control of basic degree programs.

f) Two programs offered a Bachelor in Nursing and three a Bachelor of Science in Nursing. The nursing science content seemed to bear similitude to the science content in all these programs.

g) The nursing educational units of four universities had undergone some changes in the nomenclature since their inception. Plans were being made in three of the five schools of nursing to change the designation to College and Faculty of Nursing. Approaches had been and were being made for nursing to become more closely allied with other university health professions.

h) The most salient driving forces which spurred the establishment of basic degree programs were governmental commissions and studies, provincial and national nurses associations, key people, alumnae, administrators, faculties, and students.

The most important restraining forces were the lack of finances, unqualified faculty, alumnae, influential medical

practitioners and administrators.

i) The four provincial Nurses' Associations required basic degree students to write the same registration exams as diploma students to be eligible to practise as registered nurses.

j) One basic degree program specifically stated the basic degree program was preparing nurses for a new role, that of a family nurse practitioner. All programs stated their aim was to prepare the nurse to practise in public health settings. Three programs offered preparation for administration and teaching. Four stated this program laid a basis for graduate study. One university offered a graduate nursing program in 1972, namely the University of British Columbia.

k) Generalists rather than specialists were being prepared. Most programs felt that leadership roles could be assumed after some field experience.

l) Both nursing education and the liberal arts courses were offered in each of the four years of all curricula in the five basic degree programs.

m) The academic unit of measurement varied to include the term courses, units, course-weight, classes and credits. Most programs carried a heavy content in the professional component. All universities except the University of Calgary offered approximately twice the number of clinical courses as compared to liberal arts. At the University of Calgary, there were five more general education courses than nursing courses.

n) The Social Sciences seemed most prevalent among the liberal arts. There had not been marked changes in the general education course offerings in the last period, during which time nearly all programs were begun. Academic comparisons within the liberal arts component were difficult to make.

o) In the professional component the medical and disease model was much less apparent after 1967. There was less fragmentation in 1972 in all programs. Community health and mental health concepts were being integrated within a unified framework in most clinical courses by 1972.

p) Basic degree programs which evolved from basic non-integrated programs and included specialization carried forth a trend for more preparation in teaching and supervision.

q) Only one basic degree program made provision for independent study.

r) Where comparisons were possible because the academic unit of measurement had not been altered, there was a trend to reduce the total number of nursing courses within the basic degree programs.

s) Enrolments steadily increased since 1958 in all programs. The University of Manitoba had the highest enrolment in 1972 in the Western Region. The University of Saskatchewan, however, graduated the largest number of basic degree students in 1972. Only six male students were enrolled in 1972 in the five basic degree programs. Five of these were at the

University of Calgary. No male students had graduated from basic degree programs in the region by 1972.

t) The main deterrents to the admissions of larger number of basic degree students were overcrowded clinical facilities utilized by many categories of other nursing students and lack of qualified faculty. No restraints were made in the admissions of basic diploma students.

u) Annual tuition fees were about the same in all basic degree programs ranging from \$400.00 to \$440.50. These were lower than in similar programs in other regions.

v) Admission academic requirements were high in all programs and had remained rather stable from 1958 until 1972. English, Mathematics and Chemistry were compulsory. Two basic degree programs required university admission tests.

w) Basic degree students were generally well accepted by the university, the provincial governments and the respective nurses' associations. Opposition emerged mostly from some physicians and diploma nurses groups.

x) The challenges and major issues reported in basic degree programs focused primarily on the following: women in universities, ill-defined roles assumed by basic degree graduates, finances, clinical experience, students forming integral part of health sciences complexes, lack of prepared faculty, and the emerging extended role of the baccalaureate nurse.

CHAPTER VI

NATIONAL TRENDS IN BASIC DEGREE NURSING PROGRAMS IN CANADA

This chapter presents a comparative analysis of trends and characteristics of programs on a national level. Although nursing education entered the first Canadian University in 1919, it was only in 1942 that the complete jurisdiction of the entire nursing program came under the aegis of the University of Toronto. During the following three decades, twenty-two Universities, in nine of the ten Canadian provinces, gradually accepted to establish basic degree programs. During the period 1942-1972, specific themes were considered within the four Canadian university regions in regard to the establishment and development of these twenty-two programs.

1. The Establishment, Development and Evolution of Non-integrated and Integrated Degree Programs Within Universities in the four Canadian regions.

The first linkage of nursing education with universities was through the media of non-integrated programs. These were of two species: the first was the post-basic baccalaureate type in which registered nurses were admitted to a university following a three year hospital diploma program; the second form was the basic non-integrated baccalaureate program. The student was admitted to the university for one year and then

went to a hospital diploma program linked to a university hospital or otherwise and returned to the university usually for a final year of specialization. In both programs, universities conferred degrees for three years of nursing courses over which no control had been exercised.

All Canadian Regions except the Quebec Region operated, at some time or other, basic non-integrated programs. Three began in the Western Region at the Universities of British Columbia in 1919, Alberta in 1923 and Saskatchewan in 1938. In the Ontario Region, the first was inaugurated in Western Ontario in 1924 with the Universities of Ottawa starting in 1938, Queen's in 1947 and Windsor in 1956.

The pioneering basic non-integrated program in the Atlantic Region was St. Francis Xavier which began its first program in 1926, followed by Dalhousie and Mount Saint Vincent in 1949.

The trend toward the closure of these basic non-integrated programs started in 1959. The University of British Columbia once again paved the way by closing this type of program that same year. Thus by 1967, the ten universities offering such programs had reached the end of an era by terminating all basic non-integrated programs.

Post-basic baccalaureate programs were the other type of non-integrated programs. In most regions they began later than the basic non-integrated type and many were still operating in 1972.

In the Ontario Region, seven of the eight universities began post-basic programs, namely Queen's and Ottawa in 1943, Toronto in 1952, McMaster in 1955, Windsor in 1956, Lakehead in 1966 and Western Ontario in 1967. All were operating in 1972 with the exception of McMaster's program which closed in 1960. They all were of three years' duration except at Ottawa where the program was two years in length in 1972. The trend was to lengthen these programs to three years duration and to integrate registered nurses within basic degree programs.

In the Quebec Region, post-basic programs began in 1933 at Laval, 1934 at l'Institut Marguerite d'Youville and 1945 at McGill. Only the latter program was operating in 1972. It was two years in length.

The first post-basic program in the Atlantic Region began in 1949 at Dalhousie. The four others were inaugurated in the late 1960's, namely in 1966 at Mount Saint Vincent and New Brunswick, in 1967 at St. Francis Xavier and in 1968 at Moncton. Four of these were in existence in 1972; St. Francis Xavier had closed in 1969. Three programs were three years in length. That at Mount Saint Vincent's was of two years duration.

All post-basic programs began later than basic non-integrated programs in the Western Region. The first originated in 1951 at the University of British Columbia. Two were initiated in 1952 at the Universities of Alberta and Saskatchewan. The last to begin in the region was in 1962 at the

University of Manitoba. These four programs were in operation in 1972. Three of them were three years in length with the exception of that at the University of Alberta which was of two years' duration.

While the Western Region made the first breakthrough to associate nursing within universities, the Ontario Region was the pioneering region in which the first generic undergraduate program leading to a degree in nursing was planned, controlled, and implemented under the entire aegis of a university. This concurrent arrangement fusing general education, nursing theory and practice throughout the entire duration of the four-year program was the first program among the twenty-two to be established in Canadian universities. Kathleen Russell's singular contribution to Canadian nursing education was the establishment of the first basic degree program at the University of Toronto in 1942. The following twenty-one programs emerged over the next three decades.

Eight basic degree programs were gradually developed in the Ontario Region. Two were established in the 1942-1952 period, namely that at Toronto in 1942 and at McMaster in 1946. Fifteen years later, in 1961, that is in the second period, the University of Ottawa inaugurated its basic degree program. In the third period, 1963-1972, five programs emerged almost simultaneously; these being at Lakehead and Western Ontario in 1966, at Laurentian in 1967, at Windsor in 1968, and the

last to be developed in the Ontario Region was at Queen's in 1969.

Three basic programs originated in the Quebec Region in the second and third periods. These were at McGill in 1957, and l'Institut Marguerite d'Youville in 1962. The latter merged with l'Université de Montréal in 1967. L'Université Laval began the last basic degree program in the Region in 1967.

The six programs in the Atlantic Region were also initiated in the second and third periods. The University of New Brunswick was the pioneering university in that region to establish a basic degree program in 1959. The five other programs were established between 1965-1966. These were at Moncton and Mount Saint Vincent in 1965, Dalhousie, St. Francis Xavier and Memorial in 1966. Prince Edward Island is the only Canadian province without a basic degree program.

Similarly, in the Western Region basic degree programs were begun in the second period with the majority established in the third period. The University of British Columbia, which could rightly claim to be the pioneering Canadian university having first brought nursing within its academic walls, was again the first University in the Western Region to begin a basic degree program in 1958. The four other programs were established in the third period, namely at the University of Manitoba in 1963, the University of Alberta in 1966, the

University of Saskatchewan in 1967. The last basic degree program to be established in Canada was at the University of Calgary in 1970.

In eight universities the basic degree programs were the first types of baccalaureate programs in nursing to be initiated although post-basic baccalaureate programs were simultaneously or subsequently commenced. These eight Universities which established this trend, in chronological order and according to regions are the following: Toronto (1942), McMaster (1946), Lakehead (1966), Laurentian (1967), in the Ontario Region; New Brunswick (1959), Moncton (1965) and Memorial (1966) in the Atlantic Region and Calgary (1970) in the Western Region. The Universities in the Quebec Region made their first association with nursing through post-basic programs.

Among the twenty-two basic degree programs in existence, nineteen are of English expression, and three exclusively in French, the latter being situated in Quebec at l'Université de Montréal and Laval, and in New Brunswick at l'Université de Moncton.

2. Relationships Among the Twenty-two Basic Degree Programs and Non-integrated Programs in Canada.

Eight basic degree programs were established in the Ontario Region. Two were established within the 1942-1952 period, namely, at Toronto and McMaster, one in the 1953-1962

period, namely at Ottawa and five in the 1963-1972 period. In chronological order these are Lakehead, Western Ontario, Laurentian, Windsor and Queen's.

Out of these eight programs, four emerged when the basic non-integrated programs in the same University ceased to admit students.

The two pioneering basic degree programs in Canada, namely that at Toronto and McMaster were not the outgrowth of previously established programs. When the educator Kathleen Russell planned to prepare professional nurses, she outlined and lived the gradual steps leading to a basic degree program. For many years she struggled to improve a four-year diploma course which was discontinued in 1932. In 1933 she began a thirty-nine month integrated program which was refined over the next nine years leading to the introduction of the pioneering basic integrated degree program in 1942.

Kathleen Russell's aim had been the blending of general and professional education and within the professional, the blending of the preventative and curative. These elements appeared in the twenty-one programs which opened subsequently.

At McMaster and Laurentian Universities, the basic degree programs did not bear any relationships with previously established non-integrated nursing programs.

Lakehead University simultaneously opened, in 1966, a post-basic and a basic degree program. This was a unique feature in the Ontario Region.

Quebec was the only Canadian Region where basic non-integrated programs did not become an approach to the education of nurses. It was in this region that the first post-basic programs came into being in Canada at l'Université Laval and l'Institut Marguerite d'Youville. The three basic degree programs established in 1957 at McGill, 1962 at l'Institut Marguerite d'Youville and 1967 at Laval did not bear any relationships with the previously established post-basic programs.

Unlike the Quebec Region, post-basic programs were not the initial pathway for nursing education to enter university settings in the Atlantic Region. Three of the six basic degree programs, however, evolved with the corresponding closure of basic non-integrated programs. This happened in 1966 for the three following Universities: Dalhousie, Mount Saint Vincent and St. Francis Xavier. The three other basic degree programs at New Brunswick, Moncton and Memorial were the initial nursing programs in these three Universities.

Five basic degree programs exist in the Western Region. Three of these were established with the closure of the basic non-integrated programs at the Universities of British Columbia, Alberta and Saskatchewan. At the University of

Manitoba, the basic degree program came into existence in 1963, one year after a post-basic degree program was inaugurated. The University of Calgary was the most recent university to open its door to nursing. The basic degree program was established in 1970.

A definite trend was detected. Ten basic non-integrated programs existed and closed; correspondingly, ten basic degree programs were inaugurated. Three basic degree programs were opened almost simultaneously with post-basic programs, namely at Manitoba in 1963, Lakehead in 1966, and Memorial in 1966. The other nine programs did not bear any relationships with non-integrated programs.

3. Evolutionary and Developmental Phases of the Nursing Educational Units within the Twenty-Two Canadian University Settings.

The Quebec Region was the first region in which the head of the nursing educational unit became a Dean of a Faculty of Nursing. Alice Girard, thus became the first woman dean of nursing in Canada at the Université de Montréal in 1962.

A trend emerged in the designation both in the title of the head of the nursing educational unit and in the units themselves.

In the Ontario Region three original nursing units were initially designated as departments and five as Schools of Nursing. By 1972 four heads of nursing units had become

deans, two within Faculties of Nursing, two within Schools of Nursing; one, a chairman of a School of Nursing.

In the Quebec Region, two were called Directors of a School of Nursing, one was a Dean of a Faculty of Nursing.

In the Atlantic Region, by 1972, there were two deans of Faculties of Nursing, two directors of Schools of Nursing in addition to a chairman of a department of nursing and a coordinator of a nursing program.

In the Western Region, there were five Directors of five autonomous Schools of Nursing.

A definite trend is observed. While many nursing units emerged as Departments of nursing, later becoming Schools under another Faculty such as the Faculty of Medicine, Schools of Nursing gradually became autonomous units and their status in many universities was being raised to that of Faculty within or outside Health Science Complexes.

Another characteristic of basic degree programs was that they were four years in length and offered a Bachelor of Science in Nursing degree. Seventeen programs offered a B.Sc.N. while five offered a B.N. Nineteen Canadian basic degree programs were four years in duration with the exception of the three Quebec programs which were three years in length following a Diplôme d'Etudes Collégiales taken in a CEGEP, the latter consisting of two years and regarded in that province as pre-university preparation.

4. Factors Influencing the Establishment and Development of Canadian Basic Degree Programs, 1942-1972.

In all of the four Canadian regions, varied driving forces at work had to be enhanced while equal restraining forces constituting barriers to change had to be reduced in order that basic degree programs be established.

Table LXVI shows the year in which basic degree programs became established in each of the Canadian Regions. It is noted that in the decade from 1947-1957 no new programs were begun in any Canadian region; it was the quietest decade in these thirty years. On the other hand, in the decade which follows 1957-1967, concomitant with the Royal Commission on Health Services and other important government provincial studies, seventeen of the twenty existing programs (77.3%) came into being. In analyzing the movement of events the trend detected is that governmental commissions and studies spur to rapid action. This active period was followed by a quiescent phase which could undoubtedly enhance integration and assimilation of rapid changes.

In the Ontario Region, four of the eight existing programs were inaugurated between 1961-1966. In the Quebec Region all three existing basic degree programs were started in the decade between 1957-1967. Similarly in the Atlantic Region all six generic programs were opened during this decade.

Table LXVI.-

Basic Degree Programs Established Within Canadian University Regions by Year of Admission During Every Five Year Period 1942-1972.^a

Region	1942	1943-1947	1948-1952	1953-1957	1958-1962	1963-1967	1968-1972
Ontario	Toronto 1942	McMaster 1946	-	-	Ottawa 1961	Lakehead 1966 Laurentian 1967 Western Ont. 1966	Windsor 1968 Queen's 1969
Quebec	-	-	-	McGill 1957	Institut Marguerite d'Youville 1962	Laval 1967	-
Atlantic	-	-	-	-	New Brunswick 1959	Moncton 1965 Dalhousie 1966 Mount Saint Vincent 1966 St. Francis Xavier 1966 Memorial 1966	-
Western	-	-	-	-	British Columbia 1958	Alberta 1966 Saskatchewan 1967 Manitoba 1963	Calgary 1970

a Source: Data compiled from Chapters II to V.

Five new programs emerged almost simultaneously between 1965-1966.

In the Western Region, the appearance of basic degree programs was less spectacular. Four of the five existing programs were inaugurated during the 1957-1967 decade but not as suddenly as in the Atlantic Region.

The three last Canadian programs to be established in three successive years were at Queen's (1968), Windsor (1969) and Calgary (1970). The Quebec and Atlantic Region tended to remain relatively constant since 1966-1967 while the Western and Ontario Regions opened new programs.

Fifteen of the twenty-two programs were begun during the 1963-1972 period, five in the 1953-1962 period and two in the 1942-1952 period.

The important regional driving forces found to be instrumental in the establishment of basic degree programs seem to be rather common from coast to coast. Among these the four most positive influential factors highlighted in the four Canadian regions are key persons, federal and provincial government commissions and studies, national and provincial nurses' associations and finances.

A felt need was pinpointed as an additional instigating factor in the Atlantic, Quebec and Ontario Regions. This need could emanate from students' demands or a felt need for a French program. In the Atlantic Region, lack of qualified

personnel in the region and pressure from nurses prepared at baccalaureate degree level was a stimulating factor.

The Royal Commission on Health Services was certainly a most determinant factor. Although its main objective was to report upon the existing facilities and the future needs of the Canadian people, the preparation of nurses was also within the scope of its nearly unlimited mandate. Recommendations, beliefs and pertinent statements, strong and to the point, highlighted the fact that basic degree programs should be opened in certain cities, that one professional nurse to four technical nurses should be educated, and that bursaries and grants be more readily available to basic degree students than had previously been accessible.

Although in 1964 a national government commission pressed for new programs, the action of the CNA and respective provincial nurses' associations is worthy of mention. For a number of reasons however, such as difficulty in making their voices heard within the university's ivory towers, lack of funds and authority to effect change within universities, they were not the prime instigating factors. Their role was more that of promoting and providing support in change. Distinctions however need to be made. In certain provinces like New Brunswick, in 1957, Kathleen Russell's study prompted by the NBARN was instrumental in the creation of the basic degree program at the University of New Brunswick in 1959.

Similarly the program at the University of Calgary was the result of a Brief sponsored by the AARN in 1967 to the University of Calgary.

In Quebec major changes were effected after the 1960's in the development of basic degree programs. These changes came primarily as a result of the Royal Commission of Inquiry on Education and the Castonguay-Nepveu report which suggested new means of utilizing the baccalaureate prepared nurse.

Despite the fact that governments, nurses' associations either at provincial or the national level recognized and recommended the preparation of an increased number of professional nurses to meet urgent existing health needs, progress in the last three decades has been relatively slow.

It was mostly through the influence of key persons which included Russell, Mussallem, Sharpe, MacLaggan, Lefebvre, Robert, Chittick, Keeler, Hart, Emory, Mallory, McPhedran, McLennan, Carpenter, Aitken, Roach, McDowell, McClure, Hill, Reid, Allan and others in more recent years that basic degree programs came into being and developed. In many instances these programs were in competition within the same university with post-basic programs which were less expensive, attracted large numbers of registered nurses, and for which grants and bursaries were available from federal and provincial monies.

Among the other restraining forces which impeded or occasionally inhibited the development of basic degree programs, the following were detected throughout the three periods: lack of qualified faculty, lack of finances for an expensive program, difficulty in the clinical areas, lack of students until the late 1960's, resistance on the part of many universities, employing agencies, practising nurses and alumnae.

Lack of qualified faculty seemed to be a major, continuing restraining factor in all regions. Master's programs began only in 1959 in Canada, and these were still few in number in 1972. Enrolments in these have remained rather limited. No doctoral programs in nursing existed in Canada at the end of the third period to prepare personnel to teach in Master's programs. As of 1972 the Atlantic Region did not offer the possibility of graduate study in nursing within the region.

Basic degree programs as all other professional programs such as medicine and dentistry are expensive for the University. Because the laboratory situation in nursing occurs in a real-life situation, faculty-student ratio must be sufficient to ensure client safety in an adequate learning environment. This adds to the expense of professional programs. Many universities until the end of the third period tended to be reticent about accepting basic degree programs. There were however a few exceptions.

Key persons' comments revealed the difficulties experienced in the clinical fields. From the failure to be

accepted to difficulty experienced in travelling long distances to clinical areas, from rivalry with other levels of nursing students to inadequate interpretation of the philosophy of basic degree programs to hospital personnel, university nurse educators have met much subtle and even open resistance to basic degree programs. Sharing limited clinical facilities oftentimes placed quotas on increased admissions to basic degree programs. As yet few attempts had been made in 1972 to curtail diploma program admissions and correspondingly allow admissions to rise in basic degree programs.

The need and concern to take the means to obtain a greater proportion of professional to technical nurses has not yet been a recognized priority by most universities at the end of the third period. Although the need for a 1:3 or 1:4 ratio had been expressed by nursing associations since 1964, the belief had not been translated by 1972 into a definite action pattern in any region. Universities in 1972 still needed to become more sensitive to the professional needs of the nursing profession, at the basic, graduate, and doctoral levels.

5. Nature of Programs and Curricula.

In the majority of basic degree calendars, it was specified that the university degree in nursing did not, within any of the three periods, confer the right to practise nursing; it was also necessary to pass nurse registration exams at

provincial level.

Throughout the three decades, the majority of programs were four years in length after Gr. XII, XIII or Senior Matriculation. In the Ontario Region, pioneering programs prepared five year programs for a rather brief period. By the end of the third period, the programs in the Quebec Region were three years in length following a two year pre-university CEGEP program.

Throughout the three periods there was a felt need for better interpretation of basic degree programs. The level of competency expected of graduates remained rather nebulous. Pioneering programs in their initial years and those emerging programs which evolved from basic non-integrated programs tended to specialized preparation. All programs at the end of the third period prepared a generalist in professional nursing. Upon graduation, all graduates were prepared to function in public health as well as in hospital settings.

Towards the end of the third period, the baccalaureate nurse was advocated as being adequately prepared for the expanded role which nursing associations viewed as a solution instead of the introduction of a new health worker. Many programs in all regions also stated at the end of the third period that the basic degree graduate could plan and direct the work of other nursing colleagues. On a national level, there still seemed a need for a clearer differentiation of the baccalaureate

graduate role as compared with that of the technical nurse.

In the professional component of the twenty-two programs, the trend was to allow students to choose electives since 1967. There was also considerably less fragmentation of courses in the last period. Course content was progressively health-oriented and consequently less disease-centred. The content also demonstrated a more family and health community centered focus. It pointed to the preparation of a nurse assuming a leadership role this by the inclusion of some management principles and, at times, teaching concepts. Occasionally there was evidence of planned clinical experiences to deliberately develop these leadership competencies.

A broad-field approach with a health-orientation viewpoint was a trend more evident in most curricula since 1967. The medical model, evident since the first period, was still apparent however in a few programs in 1972.

A developing trend in a few curricula was a basic conceptual model ~~program~~ centred on health and broadened to include assessment of patient needs during illness. Broader levels of skills were aimed at in most programs and there seemed to be less repetition in the nursing courses. Another trend was a developing emphasis on the extended role of the baccalaureate nurse in a few programs.

Another trend which prevailed was the opportunity for a more varied choice of electives especially in the liberal

arts. In certain programs, electives include one-half of the general education courses. It could be questioned if, in their options, students were always sufficiently knowledgeable to recognize the hallmarks of the liberally educated person and were sufficiently aware of the necessity of blending the fine arts with professional nursing. Guidance in the selection of these options was sometimes apparent.

The twenty-two programs seemed heavy; most included summer sessions in at least two of the four years. In addition to the already heavy professional component, programs required a nearly equal amount of general education courses.

In summary, this research revealed much individuality or perhaps even individualism in the various programs. Throughout the periods and in all the universities, there was a blending of general and professional education and within the professional component, a blending of the preventative and curative.

6. Students.

The admissions, enrolments and graduations slowly increased in Canadian basic degree programs. Beginning in the 1970's the trend is for higher numbers in all regions. Table LXVII gives a Canadian view of the upward, steady increment as shown on a five year basis from 1942 to 1972. The table reveals a marked increase in graduates in 1967 and this trend

Table LXVII.-

Admissions, Enrolments and Graduations from Canadian basic degree programs, 1942-1972.^a

Year	Admissions	Enrolments	Graduations
1942	3	3	-
1947	30	72	12
1952	29	110	22
1957	79	208	44
1962	175	366	72
1967	604-1*	1235	151
1972	1259-24	2649-25	526-2

a Source: Compiled from Chapters II, III, IV, V.

* Small numbers refer to male students.

being sharply skewed in 1972.

It is further noted that student enrolment in basic programs continued to be predominantly female. As indicated in Table LXVII, a total of twenty-five males were enrolled in 1972, while the first two graduated that same year. With the exception of Quebec, where prior to December 12, 1969, male students could not be legally admitted to nursing programs, doors had remained opened for both sexes in all basic degree programs.

Between 1962 and 1972, an increase in the number of graduates was found within each of the four regions. Table LXVIII shows a comparative analysis of the basic degree graduates among regions within the last period.

Table LXVIII further reveals that the increase during the last five years was greatest in the Western Region followed by the Atlantic Region.

In 1972 tuition fees were highest in the Atlantic Region. Annual tuition varied from \$500.00 in Memorial to \$675.00 at Dalhousie. The fees were lowest in the Western Region. The University of Alberta requested \$400.00 annually, while the University of Calgary demanded \$440.50, the highest in the Region. In the Quebec Region, these varied from \$496.00 to \$615.00 and in the Ontario Region, from \$425.00 to \$625.00.

By 1972 all regions had entrance requirements higher than Junior Matriculation. In the Ontario Region, all schools

Table LXVIII.-

Comparisons between Basic Degree Graduates of the Four
Canadian Regions, 1962-1972.

Region	1962	1967	1972	% increase in last five years of period
Ontario	52	74	215	290.5%
Quebec	4	25	94	376.0%
Atlantic	0	21	81	385.7%
Western	16	31	138	445.0%

required Ontario Grade XIII, mostly with a 60% average. The Quebec Region has two compulsory pre-university years in the Biological Sciences at a CEGEP. The certificate required is Diplôme d'Etudes Collégiales. The basic degree course thus being of three years in length.

In the Atlantic Region the two schools in New Brunswick required Grade XII, while Dalhousie and Mount Saint Vincent requested Senior Matriculation. St. Francis Xavier required Grade XII with credit in five subjects. Memorial admitted students with Grade XI but required one year of Junior Division, a pre-professional year in Arts and Science before starting the four-year basic degree program.

Four universities in the Western Region required Senior Matriculation; British Columbia demanded Grade XII or 1st year University. In the latter region all basic degree programs are of four years in length.

Nursing students were viewed on campus as studious and intelligent. Since the inception of basic degree programs nursing education in 1972 no longer feared, as it did in its pioneering years 1919-1942, that it would lower university standards.

Upon completion of the basic degree course, students are exposed to the CNA Testing Services Examinations with a view to obtain registration or a licence to practise. The examinations are the same for all regions, with the exception

of French-speaking students in Quebec and New Brunswick. In addition, it was noted that both, the students graduating from basic degree programs and basic diploma nursing programs wrote identical examinations. This practice, seemingly educationally unsound, was based on the principle that the examinations merely provide a degree of safety for the practice of basic nursing.

7. Issues and Obstacles challenging basic degree programs in Canada.

Although some of the basic degree programs have been in existence for over three decades seventeen of the twenty-two programs began since 1960 and fourteen after 1965. The majority of programs are therefore of a relatively recent origin.

In comparing major issues facing the programs in 1972 in the four regions, the following challenges come to the fore. Various situations delineate definite real handicaps surrounding clinical fields used as laboratories in all four regions. These are related to their nature, the personnel staffing institutions, the necessity of sharing clinical areas with its inevitable competition, the location of clinical facilities in relation to the university, the time consuming efforts to interpret and develop adequate relationships with the health agencies and the different value systems in university and hospital personnel.

Another major issue which still remained a challenge in 1972 was a lack of finances. This was mentioned in three of the four regions in 1972. These situations stemmed either in the form of a lack of bursaries to prepare nurse educators, inadequate salaries for teachers, non-existent health grants for basic degree students, lack of money to purchase teaching facilities and space and inadequate finances for curriculum research.

A major issue challenging university schools of nursing has been a lack of qualified faculty. Although the situation has improved recently, key persons felt that the paucity of prepared personnel was still a challenge in 1972.

From Table LXIX, it is noted that the Ontario and Western Regions have the greatest number of prepared teaching personnel. Proportionately the ratio of personnel prepared at the master's and doctoral levels compare favorably in the Ontario and Quebec Regions. The Western Region, although presenting a slightly lower ratio, also closely resembled the trend noted in the former two regions.

The Atlantic Region, however, was in a more dismal situation. This region did not yet offer a graduate program in Nursing in 1972, while the other three regions benefited from at least one university in each region. No Canadian University was yet offering doctoral preparation in nursing at the end of this third period.

Table LXIX.-

Full-time nurse-faculty members in the four Canadian regions
in 1972.

Region	Ph.D.	M.	B.	-B	Total
Ontario	11	80	55	1	147
Quebec	2	45	14	0	61
Atlantic	2	30	43	2	77
Western	8	65	41	3	117

Another issue common to all four regions was the ill-defined role of the graduate. Employers in many health agencies in all four regions appeared confused as to the expectations of beginning graduates. Although the C.N.A. had issued a statement concerning the extended role of the baccalaureate graduate, there was considerable ambiguity in this new role. Haziness was evident not only with the physician-assistant role but also with the lack of a very clear differentiation between the professional and technical level in nursing.

At the end of the third period, another national challenge was the need to prepare new curricula centred less on cure and more on care, less disease-oriented and more health-centred, focused more on age, family, and community. It also became a challenge to integrate registered nurses in baccalaureate programs where post-basic programs had ceased to exist.

The most salient tendency noted in the review of basic degree programs was the lack of a common pattern within and between regions. Each program, in some way or other, was earmarked by a number of elements within a particular period, region, province, specific French or English milieu, and the respective university tradition from which it emerged.

The place of the professional school and the integration of nursing students within Health Sciences of some universities seemed an issue in two of the four regions where this trend was emerging. Lack of students in basic degree programs had

remained a constant challenge during the three periods. In the majority of universities however this challenge had considerably lessened since 1970.

Although programs were diversified and individualistic in nature, it was, nonetheless, possible to discern a number of trends which, though somewhat indistinct gave rise to a sense of pattern.

SUMMARY AND CONCLUSIONS

The purpose of this study was to identify trends in the development of basic integrated degree nursing programs in Canadian universities.

The problem which formed the object of this study was stated in the form of a question. What are the trends in the development of basic integrated degree nursing programs within Canadian universities situated in various regions and within specific periods? Three sub-questions guided the writer in this research:

- a) What are the factors which contributed to the establishment, development and evolution of the twenty-two basic integrated nursing degree programs within Canadian universities?
- b) What similarities and differences existed and continue to exist between basic degree programs analyzed according to periods, regions and specific themes?
- c) What obstacles and issues confronted basic integrated nursing degree programs on a regional and national basis?

A review of the historical background of university nursing education in Canada revealed that the first attempt to place nursing education within a Canadian university was realized in 1919 in the Western Region at the University of British Columbia. While the Western Region pioneered the establishment of professional education within a university, basic degree programs did not originate in Canada until 1942,

the latter being established at the University of Toronto in the Ontario Region. The first linkage of nursing education with universities was through the media of non-integrated programs. These were of two species, the post-basic baccalaureate and the basic non-integrated programs. All regions, with the exception of Quebec, developed the latter type of program.

The development of basic degree programs was a long, arduous and, in many ways, complex process. Most universities were sympathetic but their commitment to the cause of nursing education was earmarked by caution for fear of lowering their standards especially in the first two periods.

This study was primarily concerned with basic degree programs from their inception in 1942 to 1972. Programs totalling twenty-two were analyzed and presented according to a three-pronged approach: 1) geographically, the Ontario, Quebec, Atlantic and Western Regions; 2) periods, identified as: 1942-1952, 1953-1962, 1963-1972; 3) specific themes.

Data revealed that in the movement of events in the third period, governmental commissions culminated in rapid action. Only seven programs were established in the first two periods. In the third period, the Royal Commission on Health Services, better known as the Hall Report, made sweeping recommendations covering all facets of health and health education. It made a strong plea that all university schools of

nursing in Canada develop an integrated degree program. Subsequent to this recommendation, fifteen universities established basic degree programs in the five-year period between 1965-1970. The first trend therefore was toward an increase of programs subsequent to the release of the Hall Report.

In addition to the Hall Report, other important factors or driving forces, almost common to all regions and periods, which spurred the establishment of basic degree programs were key persons, a felt need, federal and provincial governments, the support of national and provincial nurses' associations and availability of monies.

The counterfactors or restraining forces which impeded or retarded the development of basic degree programs were likewise very similar in the four regions and within the three periods. They were, a paucity of qualified faculty, economic factors, difficulties experienced in the clinical areas, lack of students, resistance on the part of universities, employing agencies, physicians and nurses themselves.

A second trend was the simultaneous movement perceived through the event of the closure and concurrent opening of two types of baccalaureate programs. This trend was evident between 1958 and 1969. The closure of ten basic non-integrated programs in three of the four regions coincided with the opening of ten basic degree programs in the same universities. The trend, spells the end of a half-century of basic non-integrated

programs begun in 1919 at the University of British Columbia.

A third trend is the evolution of the nursing educational units in a manner akin to other major health sciences. The designation of the heads of many nursing units began as chairman of departments in the 1920's and 1930's, evolved into Directors of Schools of Nursing during the 1940's and 1950's. Commencing with the 1960's, some directors became deans of Faculties of Nursing assuming leadership of undergraduate and graduate programs in nursing. Closely linked with this evolution is the development of Health Science Complexes with Nursing as one of the major components of the Health Sciences.

The goals pursued in most baccalaureate programs tended to lack precision. This situation is viewed as a fourth trend. Objectives and expertise expected of basic degree program graduates have not been clear since the inception of these programs. Emphasis has primarily been placed on the education of the professional person. During the first period, program objectives included some specialization. During the second and third periods, most calendars indicated that the program prepared for nursing in hospitals and in public health. The leadership role was sometimes indicated.

Students in basic degree programs were eligible for licensure as registered nurses and wrote the same registration examinations as basic diploma students. During the last period there was a greater concern to delineate the role and functions

expected of baccalaureate graduates.

A fifth trend reflects a balance in the general education and nursing component of the curricula. In general the liberal arts component included a strong base related to the Natural Sciences, the Social Sciences and the Humanities. The curative as well as the preventative aspects were blended within the professional component. Since 1967 there was considerable less fragmentation of nurses in the nursing component. A broad-field approach, less medical-centred and more health oriented was apparent in all the regions at the end of the last period. Shifts in pattern of health and disease as well as the evolving role of nursing were reflected in the curricula during the three periods.

The continued tendency to experience difficulty in laboratory nursing experience reflects a sixth trend. Acceptance of basic degree students with their curriculum objectives in the health care agencies, sharing these facilities with several types of students requiring similar learning experience; continued difficulty to interpret the philosophy of the professional programs in the clinical areas are some of the common concerns in the twenty-two basic degree programs. Clinical facilities as laboratories have remained rather problematic since basic degree programs have existed; in rare instances have priorities been established in hospital clinical areas for basic degree students.

Despite commonalities noted in curricula, considerable individuality or even individualism was reflected in the twenty-two basic degree programs in existence in 1972; this being regarded as a seventh trend.

An eighth trend has been that of a relatively small number of admissions, enrolments and graduations within the first, second, and until the end of the third period. There is, however, since the second portion of the third period, a marked increase in annual admissions and enrolments.

Basic degree programs admit students after senior matriculation. The course is usually four years in length and leads to a Bachelor of Science in Nursing or a Bachelor of Nursing. The Quebec Region is an exception in that students are admitted after two years of pre-university preparation in the Biological Sciences of a CEGEP. The basic degree is then three years in length.

A ninth trend is the paucity of faculty prepared at master's and doctoral levels. Approximately forty per cent of nurse faculty members in 1972 held a baccalaureate degree or less as their highest academic standing. Far too few faculty members have advanced preparation in order to be at ease in the innovation of curricula.

The number of baccalaureate graduates tends to still fall short of the 1964 recommended ratio, namely 1:4. This is the tenth trend.

Need for further research.

As a result of this study a number of suggestions for further research arise.

First, an evaluation of the twenty-two basic programs should be conducted. A voluntary accreditation program has begun, but owing to the fact that accreditation is not compulsory and that evaluators serve on a voluntary basis, much time will elapse before a portrait of basic degree programs in Canada is available. Yet such a study is deemed necessary so as to ensure that nursing needs will be met in the health care delivery system.

Second, there is a need for a study to delineate the goals and objectives of baccalaureate education. Dissatisfaction is evident in many areas of preparation of the baccalaureate prepared nurse. The current thinking is that the baccalaureate nurse is to be prepared in a leadership role. Is the basic educational preparation including the development of the necessary skills? The CNA has gone on record as stating that the baccalaureate nurse can assume the new expanded role and that a new health worker or physician assistant is not required. Are present baccalaureate programs preparing baccalaureate nurses to meet this challenge?

Third, follow-up studies of basic degree graduates need to be done in every region to discover the assets and

problems of these practitioners, their work situations, their contributions to nursing and to discover areas where curricula need updating.

A study likewise seems necessary to identify what ratio proves necessary today in relation to the number of nurses prepared at the baccalaureate level as compared to nurses at the diploma level. Are basic degree programs geared to the preparation of leaders and teachers? There is a need to study the leadership needs in nursing and the qualifications necessary for each level of leadership.

A social analysis of nursing education in relation to social, health and education changes in the various provinces would be timely. Research is likewise necessary to determine if twenty-two basic degree programs are sufficient to meet nursing needs in all provinces. A review of the numbers and availability of master's programs is similarly recommended.

Basic to all these concerns in health education and services is the spectre of the cost of university education. Cost analysis studies of university education in nursing are necessary. Nursing is often cited as being an expensive program. Sound statistical data are necessary to verify this assertion.

In comparison with medicine, law and education, historical research in nursing is pitifully meagre. Canadian nursing education has its share of nurses who have contributed not only to nursing but also to general education. A study of the lives of such educators as Kathleen Russell, Sister Virginie Allaire, Kathleen MacLaggan, Edith McDowell, Flora Shaw and their influence on nursing education would be pertinent. A true picture of the present situation has its roots in the past. History can often deal more effectively with persistent issues by shedding light on their origins, and by indicating trends that show the general direction in which events are moving. With this knowledge at hand, and at an opportune time, trends may often be maintained, spurred, redirected or altered.

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Canadian Conference University Schools of Nursing, Tentative Suggestions Regarding the Relationship of the Council of University Schools of Nursing to the Canadian Nurses' Association, Canadian Conference of University Schools of Nursing, Minutes of the Council of University Schools of Nursing, 1952, 3 p.

The minutes of these meetings describe the suggestion that the Council of University Schools and Departments of Nursing be changed to The Canadian Conference of University Schools of Nursing and that for purposes of membership in the Conference Canada be divided in three regions.

Canadian Nurses Association, Manual of Conference on Nursing Education, Ottawa, Archives Canadian Nurses Association, April 26-30, 1966, 36 p.

Meeting related mostly to the basic degree programs of the Western Region. Mildred Montag from Teachers College was present. It was recommended that the University of Victoria begin a baccalaureate program and that the University of Calgary wait to establish theirs.

-----, Report of Committee on Nursing Education, Edmonton, the Association Annual Meeting and Convention, June 25-29, 1972, 34 p.

The Committee again emphasized the importance of differentiating the roles of the nursing practitioners in Canada.

Manitoba Association Registered Nurses, Interim Report on Nursing Service and Social and Economic Welfare with respect to nurses in the province of Manitoba, Winnipeg, the Association, January 1970, 8 p. + 4.

A report which offered the current situation of nursing in Manitoba in 1972. The Association went on record as believing in the principle that nursing service should be provided by the diploma nurse and the nurse with a university degree.

McDonald, Joan, "Annual Report of Committee on Nursing Education", in RNAO Folio of Reports, Toronto, Annual Meeting RNAO, May 2-4, 1963, Vol. IX, p. A1-F10.

Among other reports the Committee on Nursing Education presented theirs which included a recommendation to form a Sub-Committee to study basic degree programs.

-----, "Annual Report of Committee on Nursing Education", in RNAO Folio of Reports, Toronto, Annual Meeting, April 30-May 2, 1964, IX, A1 to T8.

The Registered Nurses Association of Ontario wanted more information and wanted to offer more support to university schools.

Recknell, Aleta, "Ways and Means of Increasing Interest in University Programs", in RNAO Minutes of Meeting of Sub-Committee on Basic Degree Programs, March 18, 1966, 12 p.

The Committee recommended the establishment of three more University Schools of Nursing in Ontario.

Registered Nurses Association Ontario - Ontario Region Canadian University Schools of Nursing, Second Conference for Faculty of University Schools of Nursing, Barrie, Ontario, April 23-25, 1971, p. iii-130.

Report of a joint conference of the two professional nursing associations of Ontario. Describes the problems inherent to baccalaureate programs, such as costs, lack of a proper definition of roles.

Saskatchewan Registered Nurses Association, "Report of the Advisor to Schools of Nursing", in Annual Meeting Report, May 1966, 49 p.

The Association recognized the need to change the pattern of basic nursing education at diploma and baccalaureate levels.

Spencer, Vera, "Where are we Today", in Report of Fiftieth Annual Meeting, Presidential Address, July 1968, 31 p.

The Saskatchewan Registered Nurses Association announced the new basic degree program at the University of Saskatchewan.

"Bursary Announcement", in RNAO News Bulletin, June 1954, Vol. 10, No. 2, p. 15.

Article which describes and gives the condition of award of the first bursary offered to a basic degree course in nursing.

"Education of the Nurse Practitioner", in NBARN News, Vol. No. 2, Fredericton, Fifty-Sixth Annual Meeting of New Brunswick Association Registered Nurses, 11 p.
Reports and recommendation of the Fifty-Sixth Annual Meeting held on May 31-June 2 in Edmunston. The role of the basic degree nurse in an expanded role was discussed.

News Letter, Edmonton, Association Alberta Registered Nurses, January-February 1967, 16 p.
Concern regarding the lack of qualified professional nurses for leadership positions and special nursing services in Alberta.

News Letter, Edmonton, Association Alberta Registered Nurses, April 1967, 35 p.
The Association recommended that a ratio of one degree nurse to three diploma nurses be provided in the province within 10 years.

News Letter, Edmonton, Association Alberta Registered Nurses, January-February 1968, 16 p.
The Association went on record as supporting The Canadian Nurses Association's belief for the need of two well-defined categories of nurses.

"Resolutions to be Presented to 1971 Annual Meeting", in RNAO News, Vol. 27, No. 2, March-April 1971, p. 13.
Resolution which made the RNAO responsible for formulating minimum baccalaureate standards for baccalaureate programs in nursing and ensuring that these standards are met.

4. Calendars.

Dalhousie University, Calendars, School of Nursing, 1949 to 1972.

Institut Marguerite d'Youville, (Université de Montréal), Annuaire 1934 à 1972.

Lakehead University, Calendars, School of Nursing, 1966 to 1972.

Laurentian University, Calendars, School of Nursing, 1967 to 1972.

McGill University, Calendars, School for Graduate Nurses, 1920 to 1972.

McMaster University, Calendars, School of Nursing, 1946 to 1972.

Memorial University of Newfoundland, Calendars, School of Nursing, 1966 to 1972.

Mount Saint Vincent University, Calendars, School of Nursing, 1949 to 1972.

Queen's University, Calendars, School of Nursing, 1943 to 1972.

St. Francis Xavier University, Calendars, Department of Nursing, 1926 to 1972.

Université de Moncton, Annuaires, Ecole des Sciences Infirmières, 1968 à 1972.

Université Laval, Annuaires, Ecole des Sciences Infirmières, 1968 à 1972.

University of Alberta, Calendars, School of Nursing, 1923 to 1972.

University of British Columbia, Calendars, School of Nursing, 1919 to 1972.

University of Calgary, Calendars, School of Nursing, 1970 to 1972.

University of Manitoba, Calendars, School of Nursing, 1921 to 1972.

University of New Brunswick, Calendars, School of Nursing, 1959 to 1972.

University of Ottawa, Calendars, School of Nursing, 1938 to 1972.

University of Saskatchewan, Calendars, School of Nursing, 1938 to 1972.

University of Toronto, Calendars, School of Nursing, 1933 to 1972.

University of Western Ontario, Calendars, School of Nursing, 1923 to 1972.

University of Windsor, Calendars, School of Nursing, 1956 to 1972.

5. Articles.

Chittick, Rae, "University Courses for Graduate Nurses", in The Canadian Nurse, Vol. 51, No. 3, March 1955, p. 202-204.

Article which describes the problems facing university schools of nursing offering educational courses to graduate nurses. Summarizes the problems associated with granting "blanket credits".

Ellis, Kathleen W., "University of Saskatchewan School of Nursing", in The Canadian Nurse, Vol. 37, No. 7, July 1941, p. 463-467.

Article which describes the entire curriculum of the first University School of Nursing in Saskatchewan.

Emory, Florence H., Edith Kathleen Russell: An Appreciation of Her Professional Life and Work, Ottawa, Canadian Nurses Association, Archives, March 6, 1974, 7 p.

As the title suggests, this short biographical essay describes the pioneer basic degree nursing educator. The writer had worked with E.K. Russell for over thirty years.

-----, "Kathleen Russell", in The Canadian Nurse, Vol. 36, No. 6, June 1946, p. 346-348.

Description of the personality and work of the pioneer nurse educator of basic degree programs in Canada, E.K. Russell at the University of Toronto.

Fidler, Nettie, "The Preparation for Professional Nursing", in The Canadian Nurse, Vol. 40, No. 9, Sept. 1944, p. 593-756.

Article in which the author describes and delineates for the first time in Canadian nursing the three differentiated types of nurses. She labels them the assistant group, the clinical group, and the teaching group.

Furley, Edith B., "School of Public Health Nursing University of Montreal", in The Canadian Nurse, Vol. 23, No. 6, June 1927, p. 290-291.

Describes the origin of the School of Public Health Nursing of the University of Montreal in 1925 and the contents of the certificate course.

Harmer, Bertha, "School for Graduate Nurses McGill University", Reprinted from Methods and Problems of Medical Education, Ottawa, Canadian Nurses Association, Archives, 1932, 18 p.

Monograph written by one of the first directors of McGill's School for Graduate Nurses. It describes the first institution of higher learning for nurses in Quebec.

Johns, Ethel, "Nursing Service in General", in The Canadian Nurse, Vol. 42, No. 9, September 1946, p. 749-753.

Article which describes the condition of nursing and attitudes which prevailed in 1917 before the first basic non-integrated program began at the University of British Columbia in 1919. The writer is the first university nursing professor in Canada.

-----, "The Nurse Seeks the University", in The Canadian Nurse, Vol. 44, No. 9, September 1948, p. 720-724.

Article written by a pioneering nurse educator which gives an overview of the struggle for nursing to obtain a place in the university. Alludes to the opening of the university schools of nursing in the United States.

Lyne, Frances Emily, "University Courses for Nurses, University of British Columbia", in The Canadian Nurse, Vol. 23, No. 8, August 1927, p. 408-411.

Article which describes the historical beginning and the program of the University of British Columbia, the first university course in nursing. The writer is a graduate of the first Canadian university program in nursing.

McLeod, Maude, "The University and the Training School for Nurses, Vancouver General Hospital", in The Canadian Nurse, Vol. 15, November 1919, p. 2100-2103.

An article written by the superintendent of Vancouver General Hospital, describing the details of the proposal which the Vancouver General Hospital made to the University of British Columbia as it attempted to bring into being the first non-integrated basic degree program for nurses.

McPhedran, Margaret, "The Development of a Programme in Nursing in the University of New Brunswick", in International Journal Nursing Studies, Vol. 7, Reprint, New York, Pergamon Press, p. 191-200.

An article written by the Dean of the Faculty of Nursing describing the establishment of the nursing programs at the University of New Brunswick.

Russell, E. Kathleen, "Endowments in 1860, and in 1939", in The Canadian Nurse, Vol. 35, No. 2, February 1939, p. 81-83.

Describes the improvement of the University School of Nursing in Toronto; contains an appeal for understanding and professional support from other university nursing schools.

-----, "Medicine as a Social Instrument: Nursing", (Reprint of an article in New England Journal of Medicine, March 28, 1951, Ottawa, Canadian Nurses Association, Archives, 9 p.)

Article written in a medical journal in which the pioneer nursing leader, E.K. Russell describes the two influences, medical developments and the woman's movement, upon the nursing profession.

-----, "The New School Carries On", in The Canadian Nurse, Vol. 32, No. 3, March 1936, p. 107-109.

The pioneer of the first basic degree program at the University of Toronto describes the experience when the first degree school decided to live under financial independence. The article describes the situation of the school when it was improving its curriculum but not yet giving a degree.

Shaw, Flora Madeline, "Canadian University Courses in Administration and Teaching in Schools of Nursing", in The I.C.N. - Official organ of International Council of Nurses, Vol. 11, No. 3, July 1927, p. 181-196.

A three-part article written by three leading educators of Canadian nursing education, the other two being Mabel Gray and E.K. Russell.

Willis, Lucy D., "Nursing Programs at the University of Saskatchewan", in The Canadian Nurse, Vol. 52, No. 1, January 1956, p. 40-42.

Article written by a teacher of the University of Saskatchewan's School of Nursing. It describes the evolution of the non-integrated degree course, the content of the curriculum and general arrangement of the program.

"Building for the Future", in The Canadian Nurse, Vol. 36, No. 7, July 1940, p. 415.

Article written for the twentieth graduating class of the School for Graduate Nurses at McGill University. Seven of the nine provinces were represented in this graduating class of thirty-two students.

"The Door is Kept Open", in The Canadian Nurse, Vol. 33, No. 1, January 1937, p. 20-21.

Article which describes how the financial burden of keeping the School for Graduate Nurses at McGill University should not be left to nurses alone. Describes the financial struggle to keep the school open in the 1930's.

B. SECONDARY SOURCES

1. Books.

Bridgman, Margaret, Collegiate Education in Nursing, New York, Russell Sage Foundation, 1953, 205 p.

A report prepared for the Russell Sage Foundation by a consultant, Margaret Bridgman, about the variety and diversity of current teaching programs in then existing schools of nursing. Four distinct types of degree curricula are discussed with their accompanying strengths and weaknesses.

Carpenter, Helen, "The University of Toronto School of Nursing: An Agent of Change", in Nursing education in a changing society, ed. Mary Q. Innis, Toronto, University of Toronto Press, 1970, xi-244 p.

This book, while it underlines the fiftieth anniversary of the Toronto School of Nursing and its pioneering spirit sketches many other controversial issues in nursing and the health field.

Chapman, Muriel, Nursing Education and the Movement for Higher Education for Women: A Study in Interrelationships, 1870-1900, Ann Arbor, University Microfilms, 1971, xi-542 p.

As the title indicates this study deals with the place of nurses as women in the struggle to gain access to higher education.

Christy, Teresa, Cornerstone for Nursing Education, a History of the Division of Nursing Education of Teachers College, Columbia University, 1899-1947, New York, Teachers College Press, 1969, xiv-123 p.

This history of the Division of Nursing Education of Teachers College is a tribute to the institution and to Isabel Stewart and Adelaide Nutting, two Canadians by birth, and the first two directors.

College of Nurses of Ontario, A Survey of the Development of Baccalaureate and Diploma Schools of Nursing in Ontario since 1965, Toronto, College of Nurses, March 1971, 65 p.

As the title indicates, this is a review of the Ontario nursing educational scene from 1965-1971. Recommendations to improve the education of nurses to fit the health care delivery system are included.

Conseil supérieur de l'éducation, La première année du développement des collèges d'enseignement général et professionnel, Québec, 18 juillet 1968, 72 p.

Evaluation and recommendation after the first year of operation within CEGEPs in Quebec.

Filion, Gérard, "Le financement de l'éducation", in Le Canada français d'aujourd'hui, L. Lamontagne, ed., University of Toronto Press et Les Presses de l'Université Laval, 1970, viii-161 p.

A series of studies gathered by the Royal Society of Canada. Education is seen in Quebec in its relation to religion, the arts, the sciences, finances and politics.

King, Kathleen M., "The development of university nursing education", in Nursing education in a changing society, Mary Q. Innis, ed., Toronto, University of Toronto Press, 1970, 244 p.

Article gives an overview of the development of nursing education between 1920 and 1970.

Munroe, David, The Organization and Administration of Education in Canada, Ottawa, Information Canada, xii-219 p.

Good source of information which gives an account of programs and structures of education, operation of schools and post-secondary education. Contains pertinent information on universities in which basic degree programs are situated.

National League Nursing Education, Forty-Ninth Annual Report, New York, The League, 1943, 195 p.

An annual report of the nursing association more closely with nursing education in the United States and which contains the leadership thinking of the day.

Overdruin, Hendrick, People and Ideas, Nursing at Western, 1920-1970, London, The University of Western Ontario, Faculty of Nursing, 1970, 150 p.

A historical review of the first fifty years of this School of Nursing, with emphasis on people and ideas roughly within a chronological framework.

Russell, Charles E., Liberal Education and Nursing, New York, Columbia University, Teachers College, 1962, v-152 p.

A study among eight which reviewed and analyzed liberal education in undergraduate professional schools. Presents good recommendations which could well apply to Canadian university schools of nursing.

Stewart, Isabel Maitland, The Education of Nurses, Historical Foundations and Modern Trends, New York, Macmillan, 1947, xi-399 p.

The first history of nursing education. Contains data pertinent both to the education of Canadian and American nurses.

Street, Margaret M., Watchfires on the mountains: the life and writings of Ethel Johns, Toronto, University of Toronto, 1973, xi-336 p.

A biography of Ethel Johns, a remarkable figure in the history of Canadian Nursing; with Dr. Malcolm T. MacEachern, nursing education, for the first time, entered the Canadian University. Well documented with primary sources.

Tunis, Barbara Logan, In Caps and Gowns, Montreal, McGill University Press, 1966, 154 p.

The story of the beginnings of McGill School for Graduate Nurses and its development. Its growth provides a case study of the struggle to gain a new status for nursing.

2. Articles.

Beaudry-Johnson, Nicole, "L'université Laval - Un phare sur le monde infirmier", in L'infirmière Canadienne, 11e année, mai 1969, no. 5, p. 36-41.

Interviews with two students of l'Université Laval in addition to a description of the new program and interviews with the nursing teachers of the nursing program.

Brown, Jean E., "Review of the Status of the Nursing Profession in Canada, with Possible Future Developments", in The Canadian Nurse, Vol. 20, No. 1, January 1924, p. 780-786.

Address given by the President of the Canadian National Association of Trained Nurses at a 1923 Meeting of the American Medical Association in Chicago. Contains an overview of nursing and nursing education in schools and universities.

Good, Shirley, "Post-Basic Baccalaureate Education for Nurses in Canada", in International Nursing Review, Vol. 16, No. 2, 1967, p. 147-152.

Article which describes non-integrated programs in Canada; shows graduation figures, program offerings and some educational outcomes.

Kerr, Margaret E. and Creelman, Lyle M., "Public Health Nurses in Canada", in The Canadian Nurse, Vol. 38, No. 1, January 1942, p. 42-43.

A summary of the certificate courses which nurses in public health nursing received across Canada.

MacLachlan, Margaret, "Looking at Baccalaureate Nursing Education and Practices", in Nursing Papers, Montreal, McGill University Press, Vol. 2, No. 2, November 1970, p. 15-22.

An article written by an associate professor of the Faculty of Nursing of the University of New Brunswick. Describes possible reasons for the relatively limited impact of baccalaureate education on patient care.

Mathewson, Mary S., "Post-Graduate Education", in The Canadian Nurse, Vol. 43, No. 9, September 1947, p. 690-693.

Article which describes how, if war disrupts, it also brings impetus to nursing education.

Paffard, Agnes H., "History of the Graduate Nurses' Association of Ontario", in The Canadian Nurse, Vol. 9, No. 5, May 1913, p. 296-303.

Article describes hopes that nursing education would be included in the University of Toronto.

Reid, Alma, "The Place of Nursing in the University", in The New Zealand Nursing Journal, Vol. 58, No. 9, 1965, p. 5-9.

An article by a leading Canadian nursing university educator associated with McMaster University. A good basic paper on the reasons why nursing should belong to the university and the corresponding responsibilities of the university towards nursing education.

Stewart, Isabel M., "The Hospital Economics Course", in The Canadian Nurse, Vol. 5, May 1908, p. 122-124.

Article written by a Canadian describing the first nursing program in an American university. Written for Canadian nurses, it is a good primary source for university education.

Walker, Mildred, "Nursing Education at Western", in The Canadian Nurse, Vol. 35, No. 9, September 1939, p. 511-513.

Article written on the occasion of the sixtieth anniversary of The University of Western Ontario located in London. Describes the historical development of the Division of Study for Graduate Nurses, one of the Divisions of the Faculty of Public Health.

Wallace, Robert C., "A Challenge to the Profession", in The Canadian Nurse, Vol. 30, No. 8, August 1934, p. 354-360.

Article in which a Canadian University president predicts the steps which nursing would undergo in its professionalization process. Seen forty years later, his predictions seemed very adequate.

"School of Nursing, University of British Columbia", in The Canadian Nurse, Vol. 47, No. 6, June 1951, p. 420, 438, 440.

Article which describes the post-basic courses started in 1951 and the certificate courses also started that year. Good reference to key person of that school, Evelyn Mallory.

APPENDIX 1

LIST OF UNIVERSITY SCHOOLS OF NURSING

(From east to west)

Memorial University of Newfoundland St. John's, Newfoundland	University of Toronto Toronto, Ontario
Dalhousie University Halifax, Nova Scotia	McMaster University Hamilton, Ontario
Mount St. Vincent University Halifax, Nova Scotia	The University of Western Ontario London, Ontario
St. Francis Xavier University Antigonish, Nova Scotia	University of Windsor Windsor, Ontario
Université de Moncton Moncton, New Brunswick	Laurentian University of Sudbury Sudbury, Ontario
University of New Brunswick Fredericton, New Brunswick	Lakehead University Thunder Bay, Ontario
Université Laval Québec, Québec	The University of Manitoba Winnipeg, Manitoba
Université de Montréal Montréal, Québec	University of Saskatchewan Saskatoon, Saskatchewan
McGill University Montreal, Quebec	The University of Alberta Edmonton, Alberta
University of Ottawa Ottawa, Ontario	The University of Calgary Calgary, Alberta
Queen's University at Kingston Kingston, Ontario	The University of British Columbia Vancouver, British Columbia

APPENDIX 2

LIST OF UNIVERSITY SCHOOLS OF NURSING
ACCORDING TO REGIONS

(From east to west)

1

Atlantic Region

Memorial University of
Newfoundland
St. John's, Newfoundland

Dalhousie University
Halifax, Nova Scotia

Mount St. Vincent University
Halifax, Nova Scotia

St. Francis Xavier University
Antigonish, Nova Scotia

Université de Moncton
Moncton, New Brunswick

University of New Brunswick
Fredericton, New Brunswick

2

Quebec Region

Université Laval
Québec, Québec

Université de Montréal
Montréal, Québec

McGill University
Montreal, Quebec

3

Ontario Region

University of Ottawa
Ottawa, Ontario

Queen's University at Kingston
Kingston, Ontario

University of Toronto
Toronto, Ontario

McMaster University
Hamilton, Ontario

The University of Western
Ontario
London, Ontario

University of Windsor
Windsor, Ontario

Laurentian University of
Sudbury
Sudbury, Ontario

Lakehead University
Thunder Bay, Ontario

4

Western Region

The University of Manitoba
Winnipeg, Manitoba

University of Saskatchewan
Saskatoon, Saskatchewan

The University of Alberta
Edmonton, Alberta

The University of Calgary
Calgary, Alberta

The University of British Columbia
Vancouver, British Columbia

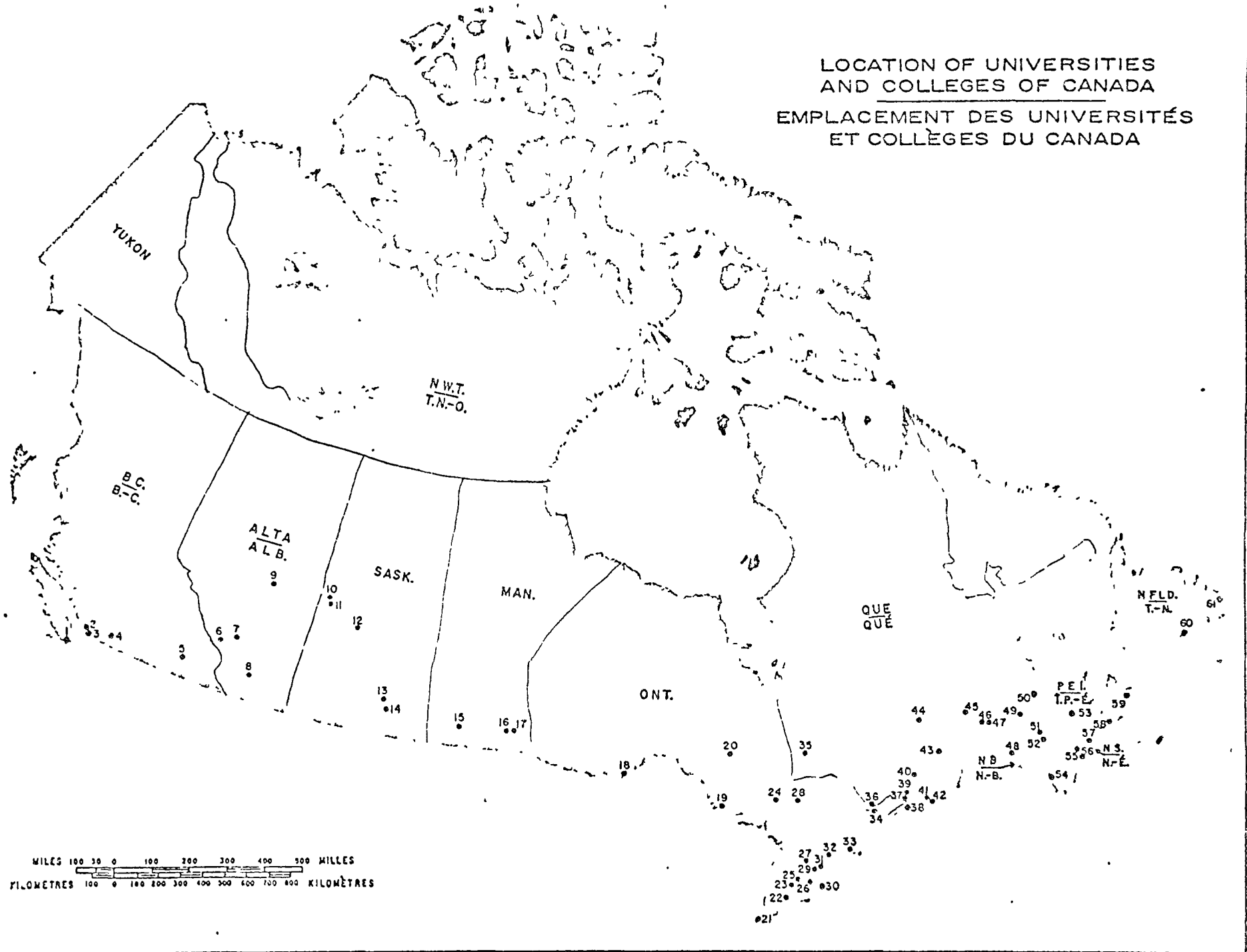
APPENDIX 3

NAME AND LOCATION OF UNIVERSITY SCHOOLS OF NURSING IN CANADA^a

- | | |
|---|---|
| 2 - The University of British Columbia | 37 - Université de Montréal |
| 7 - The University of Calgary | 37 - McGill University |
| 9 - The University of Alberta | 43 - Université Laval |
| 12 - University of Saskatchewan
Saskatoon Campus | 48 - University of New
Brunswick |
| 16 - The University of Manitoba | 51 - Université de Moncton |
| 18 - Lakehead University | 56 - Dalhousie University |
| 21 - University of Windsor | 56 - Mount Saint Vincent
University |
| 22 - The University of Western
Ontario | 58 - St. Francis Xavier
University |
| 24 - Laurentian University of
Sudbury | 61 - Memorial University of
Newfoundland |
| 26 - McMaster University | |
| 29 - University of Toronto | |
| 32 - Queen's University at
Kingston | |
| 34 - University of Ottawa | |

^a Source: Adapted from A Short Guide to Canadian Universities and Colleges, Ottawa, Information Canada, 1973, p. 105.

LOCATION OF UNIVERSITIES
AND COLLEGES OF CANADA
EMPLACEMENT DES UNIVERSITÉS
ET COLLÈGES DU CANADA



Full-Time Nurse Faculty Members in University Program of Nursing by Highest Academic Degree 1942-1972.

Year	Total Number	None (less than baccalaureate)	Baccalaureate	Master's	Doctoral
1961					
1960-1961					
1958-1959					
1956-1957					
1954-1955					
1952-1953					
1950-1951					
1948-1949					
1946-1947					
1944-1945					
1942-1943					
1942					

APPENDIX

485a

APPENDIX 4

INTERVIEW GUIDE

Guideline questions for interviews, phone calls and written answers. Information concerning baccalaureate education in Canada.

Name of University

1. Were there major changes in the administration, the control and the status of the School since the beginning?
2. In which year did your University first begin to offer a basic degree or generic program in nursing?
3. Was there financial help from a Foundation to begin and sustain the basic integrated degree programs?
4. What three most important factors favored the establishment of the basic degree nursing program in your institution?
5. What three most important counterfactors inhibited the establishment of the basic degree nursing program in your institution?
6. Would you consider that enrollments in Canadian basic degree programs have been slow in rising? Why?
7. In your estimation how did basic integrated nursing students view themselves on the university campus and how were they viewed?
8. What are the three most important issues or challenges facing basic degree programs in nursing?
9. Admissions, Enrollments and Graduations of students in basic integrated degree program in nursing since its inception. (Attached sheet).
10. Full-Time Nurse Faculty Members in University Program of Nursing by highest academic degree 1942-1972. (Attached sheet).

Positions held:

Signature

Date

QUESTIONNAIRE - Directors, University School of Nursing1. ORGANIZATION AND CONTROL:

1. Were there major changes in the administration, the control and the status of the School since the beginning? Describe them briefly.

2. Were there changes in the name of the School since the beginning? Which and when?

3. Was there financial help from a Foundation to begin and sustain the basic integrated degree program?

II. STUDENTS:

1. Enrolments in basic integrated degree programs across Canada seem to have been generally slow in rising. Can you indicate some of the main reasons in your School?

2. In your estimation how did basic integrated nursing students view themselves on the university campus and how were they viewed?

III. FACULTY:

Were there problems facing the faculty involved with the basic integrated degree programs? Can you name and describe them? What were the strong points of the faculty?

IV. In your estimation, would you say that the basic integrated nursing program has answered the quantitative nursing needs of your province? Why?

V. What functions did you hold at the School of Nursing? Indicate years of service in each function.

Date:

Signature:

Questionnaire for key people involved in the
development of the basic degree program

I. Factors in the Development of the Integrated Degree Program:

- A. Can you name and describe the factors that fostered the development of the basic integrated degree program in nursing at your university (persons, events, studies, associations, etc.)?
- B. Can you name and describe counterfactors which hindered or retarded the development of the integrated degree program in nursing at your university?

II. Curriculum:

Can you identify with dates and describe the major steps which led to the establishment of the integrated degree program in nursing at your school?

III. Clinical Fields for the Basic Integrated Degree Program:

What main obstacles were encountered in the use of clinical facilities since the beginning of the integrated basic degree program? Can you describe them?

IV. Major Issues Encountered at the University School of Nursing:

In the establishment of any new program and in its development, certain issues or challenges must be faced and resolved. Can you name and describe those you feel were most important for your school of nursing since its inception.

V. In your estimation, would you say that the basic integrated nursing program has answered the nursing needs of your province? Why?

What functions did you hold at the School of Nursing? Indicate years of service in each function.

Date:

Signature:

Admissions, Enrolments and Graduations of Students
in Basic Integrated Degree Program in Nursing

Year	Number of Students in Basic Integrated Program in Nursing					
	Admissions in Integrated Basic Program		Enrolments in Integrated Basic Program		Graduations in Integrated Basic Program	
	Total ad- missions	No. of male students	Total enrol- ments	No. of male students	Number of gradua- tions	Number of males
1972						
1971						
1970						
1969						
1968						
1967						
1966						
1965						
1964						
1963						
1962						
1961						
1960						
1959						
1958						
1957						

APPENDIX 5

SUBJECT HEADINGS RELATED TO NURSING COURSES IN UNIVERSITY SCHOOLS OF NURSING

1. University of Toronto School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. History of Nursing Education (1942) 1C
2. Procedures in nursing care (1942) 1C
3. Introduction to Nursing (1947) 2C (1952) 1C (1957) 1C (1962) $\frac{1}{2}$ C (1967) 1C (1972) 2C

B. Medical-Surgical Nursing

1. Nursing in Medicine (1942) 2C (1947) 1C (1952) 1C
2. Nursing in Tuberculosis (1942) 1C
3. Tuberculosis (1942) 1C (1947) 1C (1957) 1/3C
4. Medicine (1942) 2C (1947) 2C (1952) 1C
5. Acute communicable diseases (1942) 1C (1947) 1C
6. Medical-Surgical Nursing (1952) 3C (1957) 1C (1962) 1C
7. Nursing in Surgery (1942) 1C (1947) 1C (1952) 1C
8. Surgery (1942) 2C (1947) 2C (1952) 1C
9. Medical-Surgical Nursing and Psychiatric Nursing (1957) 1C (1962) $\frac{1}{2}$ C (1967) 2C

^a Source: Compiled from each University School of Nursing Calendar.

10. Nursing of Adults and Children (1967) 1C
 11. Nursing of Patients with simple health problems (1972) 2C
 12. Meaning of Illness (1972) 1C
 13. Care of patients and families with complex nursing problems (1972) 1C
- C. Psychiatric Nursing
1. Nursing in Psychiatry (1942) 1C (1947) 1C (1952) 1C
 2. Psychiatry and Mental Hygiene (1947) 1C
 3. Medical-Surgical Nursing and Psychiatric Nursing (1957)
- D. Maternal and Child Care Nursing
1. Nursing in Obstetrics - Gynecology (1942) 1C
 2. Obstetrics and Gynecology (1942) 2C (1947) 2C
 3. Nursing in Pediatrics (1942) 1C
 4. Pediatrics and Orthopedic Surgery (1942) 1C (1947) 1C
 5. Obstetrics Nursing and Pediatric Nursing (1957) 1C
 6. Maternal and Child Nursing (1962) 1C
 7. Maternal and Infant Nursing (1947) 2C
- E. Public Health Nursing
1. Introduction to Public Health Work (1942) 1C
 2. Public Health Nursing (1942) 2C (1947) 3C (1957) $\frac{1}{2}$ C (1962) $1\frac{1}{2}$ C (1967) $\frac{1}{2}$ C
 3. Preventative Medicine (1942) 2C (1947) 2C (1952) 1C (1957) $1\frac{1}{3}$ C (1962) $\frac{1}{2}$ C (1967) 1C
 4. Health Nursing (1947) 2C (1952) 1C
 5. Social Case Work (1947) 1C (1952) 3C (1957) $1\frac{1}{3}$ C (1962) $\frac{1}{2}$ C

6. Epidemiology and Vital Statistics (1952) 1C
7. Introduction to Social Welfare (1967) $\frac{1}{2}$ C
8. Seminar on Health Problems and Group Dynamics (1967) 1C
9. Nursing care of adults and children in hospital and community settings (1972) 1C
10. Nursing and changing patterns of health care (1972) 1C

F. Leadership in Nursing

1. Teaching (1942) 2C (1947) 2C (1957) 1C
2. Teaching Practice (1942) 1C (1947) 1C
3. Ward Administration (1947) 1C (1952) 1C
4. Nursing Education (1952) 1C
5. Seminar Integrating Course (1972) 1C
6. Leadership (Administration, practice, research, teaching) (1972) 1C
7. Nursing of core content in increased depth (1972) 2C
8. History and Philosophy of Nursing (1967) 1C

2. McMaster University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. History and development of Nursing (1947) 1C (1952) 1C (1957) 2cr (1962) 2cr (1967) 2cr
2. Therapeutic Pharmacology (1947) 1C
3. Introduction to Nursing in the community, home and hospital (1947) 8 weeks (1957) 4cr (1962) 4 cr
4. Fundamentals of Nursing (1967) 12cr (1972) 6cr
5. Orientation to Nursing (1972) 6cr

B. Medical-Surgical Nursing

1. Medicine in Nursing (1947) 16 weeks (4 weeks in Diet Kitchen) (1952) 14 weeks (2 weeks in Diet Kitchen)
2. Nursing in the Hospital (1947) 12 weeks (1952) 8 weeks (1957) 12cr (1962) 12cr
3. Nursing in surgery (1947) Daily practice for 32 weeks
4. Nursing in Tuberculosis and other long-term illness (1947) Daily practice for 8 weeks (1957) 4 weeks 3cr (1962) 3cr
5. Medical-Surgical Nursing - theory and practice (1957) 24cr (1962) 38cr (1967) 12cr
6. Nursing in Communicable Diseases (1947) 1C (1952) 2 weeks (1957) 3cr (1962) 3cr

^a Source: Compiled from each University School of Nursing Calendar.

7. Introduction to Nursing I: Simple nursing care and skills with mildly ill patients (1967) 4cr (1972) 4cr
 8. Introduction to Nursing II: Complex skills giving care to adults and children (1967) 8cr (1972) 18cr
 9. Nursing care in various states of health and illness and in all age groups (1967) 6cr
- C. Psychiatric Nursing
1. Nursing in Psychiatry (1947) daily practice 12 weeks (1952) 12 weeks (1957) (1962) 8cr (1967) 4cr (1972) 7cr
 2. Mental Hygiene in the Community (1947) 1C
- D. Maternal and Child Care Nursing
1. Principles of Nursing in Obstetrics (1947) 12 weeks care of mother and newborn (1952) 13 weeks (1957) 12 weeks 8 cr
 2. Principles of Pediatric Nursing (1947) 12 weeks (1952) nursing of children 12 weeks (1957) 12 weeks 8cr
 3. Maternal and Child Health Nursing (1962) 14cr (1967) 12cr (1972) 10cr
- E. Public Health Nursing
1. Community Health and Social Needs: Principles and Practice (1947) 1C (1952) 1C (1957) 4cr
 2. Public Health Nursing (1947) 1C (1952) 1C (1957) 6cr (1962) 6cr (1967) 7cr
 3. Field Practice in Public Health Work (1947) 4 weeks (1967) 7cr (1972) 7cr
 4. Personal Health Conservation (1947) 1C
 5. Methods of health teaching (1947) 1C
 6. Health and Social Needs (1957) 4cr (1962) 4cr (1967) 6cr
 7. Problems of the Individual and Society in Relation to Health and Disease (1947) 1C
 8. Introduction to the field of social work (1952) 1C (1957) 1cr (1962) 1cr

F. Leadership in Nursing

1. Principles and Methods of Teaching (1947) 1C (1952) 1C
2. Trends and Opportunities in Nursing (Seminar) (1947) 1C
3. Rural Hospital Observation (1947) 4 weeks
4. Community Hospital (1952) 1C
5. Present day organization and development in nursing (1952) 1C (1957) 1cr (1962) 1cr
6. Senior Nursing: Management, Introduction to Research Methods (1972) 7cr
7. Developments and Organization in Nursing Today (1967) 2cr + (1972) 2cr

G. Electives in Nursing

1. Ward Management-Ward Administration and Teaching (1947) 2C-12 weeks (1952) 2C
or
2. Public Health Nursing and Theory (1947) 2C (1952) 2C
3. Non-science electives (1959) 3cr (1962) 3cr

3. Ottawa University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Pharmacology (1962) 3cr
2. Pharmacology in Nursing (1967) 3cr
3. Introduction to Professional Nursing (1962) 1cr
4. Introduction to Principles of Nursing (1962) 2cr
5. Principles of Nursing (1962) 2cr (1967) 10cr
6. Fundamentals of Nursing (1972) 20cr
7. Interpersonal Relations (1962) 4cr
8. Nursing (History) (1967) 2cr
9. Foundations of Nursing (1962) 2cr

B. Medical-Surgical Nursing

1. Medico-Surgical Nursing (1962) 8cr-12 weeks, 12cr-24 weeks (1967) 28cr (1972) 25cr
2. Emergency Nursing (1962) 1cr
3. Tuberculosis Nursing (1962) 2cr-4 weeks
4. Long-Term Illness (1962) 2cr-4 weeks
5. Medical Ethics (1962) 3cr
6. Medical-Surgical Nursing II (1972) 11cr

^a Source: Compiled from each University School of Nursing Calendar.

C. Psychiatric Nursing

1. Psychiatric Nursing (1962) 8cr (1967) 5cr (1972) 9cr

D. Maternal and Child Care Nursing

1. Obstetrical and Pediatric Nursing (1962) 12cr (24 weeks)
2. Maternal and Child Care (1967) 14cr
3. Maternal, child and gynecological nursing (1972) 12cr
4. Care of the child and adolescent (1972) 10cr

E. Public Health Nursing

1. Principles of Public Health and Epidemiology (1962) 9cr
(1972) 2cr
2. Community nursing (1972) 3cr

F. Leadership in Nursing

1. Principles of General Methodology (1962) 2cr
2. Principles of Supervision (1972) 2cr
3. Nursing Seminar (1962) 3cr (1967) 6cr
4. Leadership (1967) 5cr
5. Trends in Nursing (1967) 2cr
6. Leadership and Trends in Nursing I (1972) 8cr
7. Leadership and Trends in Nursing II (1972) 7cr

4. Lakehead University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Nursing in Perspective: Historical Background (1967) 1C, 3h. lecture (1972) 1C
2. Foundations in Nursing (1967) 2C

B. Medical-Surgical Nursing

1. Medical-Surgical Nursing (1967) 1C (1972) 2C
2. Medical-Surgical Nursing (1967) 1C, 9 weeks, 18 hrs lab
3. Advanced Nursing (Team nursing, rehabilitation) (1967) 1C (1972) $\frac{1}{2}$ C

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) 1C, 9 weeks, 3h l. + 18h.lab (1972) 2C

D. Maternal and Child Care Nursing

1. Maternal and Child Nursing (1967) 2C (1972) 2C
2. Maternity Nursing (1972) 1C
3. Nursing of Children (1972) 1C

E. Public Health Nursing

1. Principles of Public Health Nursing (1967) 2C
2. Preventative Medicine (1972) $\frac{1}{2}$ C

^a Source: Compiled from each University School of Nursing Calendar.

3. The Nurse, the Family and the Community (1972) $\frac{1}{2}$ C
4. Public Health Nursing (1972) 2C

F. Leadership in Nursing

1. Leadership in Nursing (1967) 2C
2. Principles of Teaching and Evaluation (1972) $\frac{1}{2}$ C
3. Administrative practices (1972) 1C
4. Clinical Nursing Research (1972) 1C
5. Advancing the Nursing Profession (1972) 1C
6. Practice in Team Leading (1972) $\frac{1}{2}$ C

G. Electives

Selected to provide a 2 course sequence in one area or a 3 course sequence in another.

1. 4 Courses (1967), 4 Courses (1972)

5. University of Western Ontario School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introduction to Nursing (1967) (6 h Term 1 and 2) 2C
(1972) 4 h. lecture, 2½ h. lab. Term 1, 2C 2 h. lecture
4½ h. lab. Term 2, 3 weeks lab. Term 3

B. Medical-Surgical Nursing

1. Role of the Professional Nurse in Care of Adults and Children (1967) 2 h c. + 3 hr lab. (Terms 1 and 2),
(1972) 2 h. lec. + 13 h. lab. (Terms 1 and 2), 20 h. class +
160 h. lab. Term 3

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) 1C - 9 hours Term 1
(1972) 1C - 1 h. class 7 h. lab. Terms 1 and 2
2. Psychiatry (1972) 48 hours

D. Maternal and Child Care Nursing

1. Health centered-focused on family and needs of newborn
(1967) 3 h. Term 1, 6 h. Term 2, 3 weeks lab. Term 3
(1972) 4 h. lec. 4 h. lab. Terms 1 and 2, 3 weeks lab.
Term 3
2. Nursing of the child within the framework of family
dynamics (1972) 2 h. class, 4 h. lab. Terms 1 and 2

E. Public Health Nursing

1. Senior experience in community health nursing
(1967) 1C 9 hrs. Term 2 (1972) 1C 1 week class
preceding Term 1, 1 hr. class - 3 hrs lab. Terms 1 and 2

^a Source: Compiled from each University School of Nursing Calendar.

2. Community medicine (1972) 52 hours

F. Leadership in Nursing

1. Seminar and clinical experience (guided study and practice) (1967) 1C (1972) 1 h. class Term 1
2 h. class Term 2 (includes delivery of health services)

G. Electives

(1967) 4C (1972) 4C

6. Laurentian University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introduction and Orientation to Nursing (1967) 1C
(1972) 1C 4 weeks/35 h. week
2. Orientation and Introduction to Nursing (1967) 1C
3 hrs lect. with 3 h. lab, 6-8 weeks

B. Medical-Surgical Nursing

1. Nursing of children and adults (1967) 1C 3h. class +
6 hrs lab/week
2. Nursing of children and adults (1967) 1C 5h. class +
30 h. lab/week 4-6 weeks
3. Nursing of children and adults (1967) 1C 3h. class +
6 hrs cl teaching/week
4. Nursing of children and adults (1967) 1C 5h. class +
30 h. lab/week 6 weeks
5. Nursing of children and adults (1967) 1C 3h. class +
6 hrs lab/week
6. Nursing of children and adults (1967) 1C 3h. class +
6 hrs lab/week
7. Medical-Surgical Nursing (1972) 1C 3h. lect. 10 hrs
lab/week
8. Medical-Surgical Experience (hospital+ home) (1972)
1C 8 weeks 35h/week

^a Source: Compiled from each University School of Nursing Calendar.

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) 1C (1972) 1C

D. Maternal and Child Care

1. Maternal and Child Health (1967) 1C
2. Pediatrics (1972) 1C
3. Obstetrics (1972) 1C
4. Maternal and Child care in hospital and home (1972)
8 weeks 35 week 1C

E. Public Health Nursing

1. Public Health Nursing (1967) 1C
2. Theory and Practice of Public Health Nursing (1972) 1C

F. Leadership in Nursing

1. Trends and Development and Leadership in Nursing
(1972) 1C

G. Electives

- (1972) 1C

7. University of Windsor School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introduction to Nursing (1967) 2C (1972) 2C
2. Introduction to Nursing Skills (1967) 2C
3. Nursing Laboratory (1972) 2C

B. Medical-Surgical Nursing

1. Care of Adults (Medical-Surgical) (1967) 2C
2. Nursing of Medical-Surgical Patients (1972) 2C
3. Nursing laboratory (1967) 1C (1972) 1C
4. Comprehensive Nursing Care (1967) 1C
5. Advanced Clinical Nursing (1972) 1C
6. Advanced Laboratory (1972) 1C

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) 1C
2. Community Health and Psychiatric Nursing (1972) 2C
3. Nursing Laboratory (1972) 2C

D. Maternal and Child Care Nursing

1. Parental and Child Care (1967) 1C
2. Parental and New Born Care (1972) 2C

^a Source: Compiled from each University School of Nursing Calendar.

3. Therapy for the Ill Child (1967) 1C
4. Nursing of Children and Adolescents (1972) 3C

E. Public Health Nursing

1. Principles and Practice of Public Health Nursing (1967)1C
2. Principles and Practice of Community Health Nursing (1967) 1C
3. Trends in Health and Welfare Services (1972) 2C
4. Introduction to Social Welfare (1967) 1C

F. Leadership in Nursing

1. Trends and Issues in Nursing (1967) 2C (1972) 1C
2. Teaching and Learning in Schools of Nursing and Laboratory (1967) 2C
3. Principles of Teaching and Learning and laboratory (1972) 2C
4. Principles of Administration and laboratory (1967) 2C (1972) 2C

8. Queen's University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

As the basic degree program was begun in 1969 only one year was taken, that is 1972.

A. Introduction to Nursing

1. Introduction to Nursing Process (1972) 3C

B. Medical-Surgical Nursing

1. Introduction to Nursing Practice (1972) 1C
2. Comprehensive Nursing Care (1972) 1C

C. Psychiatric NursingD. Maternal and Child Care Nursing

1. Nursing in Major health problems of children and adolescents (1972) 2C
2. Maternal and Infant Nursing Care (1972) 2C
3. Nursing in Health Problems of the Maternity Cycle (1972) 1C

E. Public Health Nursing

1. Community Health (1972) 1C

F. Leadership in Nursing

1. Principles of Teaching and Learning in Nursing (1972) 2C
2. Trends in Nursing and Delivery of Health Services (1972) 2C

^a Source: Compiled from each University School of Nursing Calendar.

9. University of McGill School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introduction to Nursing (Nursing 1a and b) (1957) (1962) (1967) May to June - 10 hrs. class - 5 hrs. practice; 1½ hrs. class and 2 hrs. practice in 2 semesters
2. A Study of health and illness (1972) 2 hrs. class, 8 hrs. experience, 2 terms

B. Medical-Surgical Nursing

1. General Nursing - Nursing II a, b and c (1957) (1962) - 1 hr. class, second term, 10 hrs. class, 25 hrs. practice for 13 weeks; 2 hrs. practice for one term.
2. General Nursing (1967) 3 hrs. class for 1 term, 10 hrs. class, 25 hrs. practice for 13 weeks, 40 hrs. practice for 3 weeks
3. Medical-Surgical Specialties (1957) Nursing IV a and b (1957) (1962) - 6 hrs. class, 20 hrs. practice - 2 terms; 6 hrs. class, 28 hrs. practice 1 month - summer
4. Medical-Surgical Nursing - Nursing IV a and b (1962) (1967) - 6 hrs. class, 16 hrs. practice, 2 terms; 6 hrs. class, 30 hrs. practice - 4 weeks
5. Medical-Surgical Nursing (1972) 10 hrs. class and 20 hrs. experience

C. Psychiatric Nursing

1. Psychiatric Nursing, Nursing V (1957) (1962) (1967) - 12 hrs. class, 20 hrs. practice (9 weeks); 40 hrs. practice (3 weeks)

^a Source: Compiled from each University School of Nursing Calendar.

2. A Study of how individuals respond to chronic illness and of individuals who break down (1972) 2 hrs. class, 16 hours experience for 2 terms

D. Maternal and Child Nursing

1. Maternal and Child Health Nursing, Nursing III a and b (1957) (1962) (1967) - 1 hr. class, 2 hrs. practice - 1 term; 10 hrs. class, 30 hrs. practice for 13 weeks, 40 hrs. practice for 3 weeks
2. Maternal and Child Health Nursing (1972) 10 hrs. class and 20 hrs. experience for 2 months

E. Public Health Nursing

1. Nursing in the Community, Nursing VI - (1957) (1962) - 5 hrs. class 20 hrs. practice, 1 term
2. Nursing in the Community, Nursing VI (1972) 3 hrs. class, 18 hrs. practice, 1 term

F. Leadership in Nursing

1. Ward Management and Teaching, Nursing VII - (1957) (1962) (1967) - 3 hrs. class, 20 hrs. practice, 1 term
2. Nursing in Today's Society, Nursing VIII (1957) (1962) - 2 hrs., 1 term (1967) 3 hrs. 1 term
3. Principles of Management in Today's Health Care Issues (1972) - 3 hrs. class and 20 hrs. experience for 2 terms

10. Université de Montréal.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Orientation au Nursing (1962) 10 crédits (1967) 6 crédits (1972) 4 crédits

B. Medical-Surgical Nursing

1. Nursing médico-chirurgical (1962) 16 crédits (1972) 7 crédits
2. Nursing médico-chirurgical (1962) 18 crédits
3. Nursing II (médico-chirurgical) (1967) 19 crédits (1972) 10 crédits
4. Nursing IV (médico-chirurgical) (1967) 9 crédits

C. Psychiatric Nursing

1. Nursing en psychiatrie clinique (1962) 10 crédits
2. Nursing psychiatrique (1967) 10 crédits (1972) 8 crédits

D. Maternal and Child Nursing

1. Soins à la mère et à l'enfant (1962) 15 crédits
2. Nursing obstétrical (1967) 10 crédits (1972) 8 crédits
3. Nursing pédiatrique (1967) 10 crédits (1972) 8 crédits

E. Public Health Nursing

1. Nursing en hygiène publique (1962) 10 crédits (1967) 10 crédits

^a Source: Compiled from each University School of Nursing Calendar.

2. Nursing en santé communautaire I et II (1972) 10 crédits

F. Leadership in Nursing

1. Séminaires en nursing (1962) 4 crédits
2. Administration et enseignement en nursing (1962)
7 crédits
3. Processus d'apprentissage dans le nursing (1967)
3 crédits
4. Développements et tendances dans le nursing (1967)
3 crédits
5. Initiation à la recherche (1967) 1 crédit
6. Eléments d'administration et d'organisation (1967)
3 crédits (1972) 3 crédits
7. Etudes dirigées (1972) 2 crédits
8. Tendances actuelles en nursing (1972) 3 crédits
9. Méthodologie de la recherche (1972) 3 crédits

G. Electives in Nursing

- . 9 ou 11 cours d'option (1972)
1. Introduction à l'anthropologie (1972) 3 crédits
2. Introduction à la statistique (1972) 2 crédits
3. Eléments de politique (1972) 3 crédits
4. Psychologie du développement (1972) 2 crédits
5. Eléments d'administration (1972) 3 crédits
6. Introduction à l'audio-visuel (1972) 2 crédits
7. Institutions politiques canadiennes-françaises
(1972) 3 crédits
8. Psychologie de l'apprentissage (1972) 2 crédits
9. Introduction aux relations du travail (1972) 3 crédits
10. Organisation sociale et culturelle de la Province du
Québec (1972) 2 crédits
11. Théologie des religions non-chrétiennes (1972) 2 crédits

11. Université de Laval

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Sciences infirmières I (notions de santé) (1967)
2 crédits
2. Sciences infirmières II (besoins fondamentaux)
(1967) 2 crédits
3. Démarche clinique (1972) 4 crédits

B. Medical-Surgical Nursing

1. Manifestations biologiques de la maladie (1967)
2 crédits
2. Soins en médecine-chirurgie (1967) 9 crédits
3. Médecine clinique (1972) 2 crédits
4. Soins infirmiers en médecine et chirurgie (1972)
8 crédits

C. Psychiatric Nursing

1. Soins en psychiatrie (1967) 8 crédits
2. Soins infirmiers psychiatriques (1972) 5 crédits

D. Maternal and Child Nursing

1. Santé maternelle et infantile (1967) 9 crédits (1972)
5 crédits
2. Soins de l'enfant et de l'adolescent (1972) 4 crédits

^a Source: Compiled from each University School of Nursing Calendar.

E. Public Health Nursing

1. Soins infirmiers communautaires (1972) 5 crédits

F. Leadership in Nursing

1. Leadership en soins infirmiers (1967) 10 crédits
2. Principes d'enseignement (1967) 2 crédits
3. Principes d'administration (1967) 2 crédits
4. Responsabilités légales (1967) 2 crédits
5. Sécurité sociale (1967) 2 crédits
6. Initiation à la recherche (1972) 4 crédits

G. Electives in Nursing

18 crédits à option et 6 au choix

1. Pensée anthropologique contemporaine - 3 crédits
2. Probabilités et statistiques - 3 crédits
3. Aspects sociologiques de la santé - 2 crédits
4. Evolution humaine et écologie - 2 crédits
5. Génétique médical - 2 crédits
6. L'infirmière et l'enfant sain - 3 crédits
7. Pathologie de la malnutrition - 1 crédit
8. Relations infirmière-client - 3 crédits
9. Eléments de diétothérapie - 2 crédits
10. Introduction à l'ergothérapie - 3 crédits
11. Communications - 2 crédits
12. Psychologie des groupes et des relations humaines - 3 crédits
13. Fondements du "management" - 3 crédits
14. Médecine communautaire - 3 crédits

12. University of New Brunswick School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introductory Course in Nursing (1962) 1C (1967) 1C (1972) 1C

B. Medical-Surgical Nursing

1. Nursing Care of Adult Patients (1962) 1C (1967) 1C (1972) 1C
2. Team Nursing and Study of Problems of Adult Patients (1962) 1C
3. Clinical Experience Medical-Surgical Wards (1962) 1C (1967) 1C
4. Analysis and Care to Patients with Complex Nursing Needs (1967) 1C
5. Comprehensive Care of Patients with Medical-Surgical Illnesses (1962) 1C (1967) 1C (1972) 1C
6. Study of Problems of Patient Care - Adult Patients - (1962) 1C

C. Psychiatric Nursing

1. Psychiatric Nursing (1962) 1C
2. Physiopsychosocial Development (1967) 1C
3. Psychiatric Nursing Clinical Experience (1962) 1C (1967) 1C (1972) 1C
4. Mental Health (1972) 1C

^a Source: Compiled from each University School of Nursing Calendar.

D. Maternal and Child Nursing

1. Maternal and Child Care (1962) 1C (1967) 1C (1972) 1C
2. Patient Care on Obstetrical and Pediatric Wards
(1962) 1C (1967) 1C (1972) 1C

E. Public Health Nursing

1. Community Health Nursing (1962) 1C (1967) 1C (1972) 1C
2. Some integrated with Medical-Surgical under analysis
and care to patients with complex nursing needs

F. Leadership in Nursing

1. History of Nursing, Organization and Administration of
Nursing (1962) 2C
2. Basic Principles of Administration (1962) 1C
3. Principles of Management in Comprehensive Nursing
(1962) 1C (1967) 1C
4. Survey of Nursing in Western Culture (Seminar)
(1967) $\frac{1}{2}$ C (1972) 1C
5. Professional Responsibilities in Nursing (Seminar)
(1967) $\frac{1}{2}$ C
6. Professional Nursing Role (Seminar) (1967) 1C (1972) 1C

13. Ecole d'Infirmières, Université de Moncton.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introduction aux soins infirmiers (1967) 13 crédits
(1972) 16 crédits

B. Medical-Surgical Nursing

1. Nursing médical-chirurgical (1967) 39 crédits (1972)
16 crédits
2. Expérience clinique - session d'été (1967) 8 crédits
(1972) 8 crédits

C. Psychiatric Nursing

1. Introduction au nursing psychiatrique (1967) 9 crédits
(1972) 8 crédits
2. Nursing IV (1972) 12 crédits

D. Maternal and Child Nursing

1. Nursing maternel et infantile (1967) 15 crédits
2. Expérience clinique - session d'été (1967) 8 crédits
(1972) 8 crédits
3. Soins infirmiers à la mère et au nouveau-né (1972)
8 crédits
4. Nursing III (1972) 8 crédits

E. Public Health Nursing

1. Hygiène communautaire (1972) 8 crédits

^a Source: Compiled from each University School of Nursing Calendar.

2. Public Health integrated in nursing courses in 1967

F. Leadership in Nursing

1. Nursing - aspects généraux de la profession (1967)
6 crédits
2. Nursing contemporain (1972) 3 crédits
3. Symposium (1972) 3 crédits

14. Mount Saint Vincent University.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Fundamentals of Nursing (1967) 1C
2. Nursing Science I (1972) 1 unit

B. Medical-Surgical Nursing

1. Medical-Surgical Nursing I (1967) 1C
2. Medical-Surgical Nursing II (1967) 1C
3. Medical-Surgical Nursing III (1967) 1C
4. Nursing Science II (1972) 1 unit
5. Nursing Science III (1972) 1 unit
6. Advanced Clinical Nursing (1972) 1 unit

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) 1C
2. Nursing Science IV (1972) 1 unit

D. Maternal and Child Nursing

1. Maternal and Child Health (1967) 1C

E. Public Health Nursing

1. Public Health Nursing (1967) 1C

^a Source: Compiled from each University School of Nursing Calendar.

2. Nursing Science V (1972) 1 unit
3. Nursing Science VI (1972) 1 unit

F. Leadership in Nursing

1. History and Trends in Nursing (1967) 1C
2. Professional Relations (1967) 1C
3. Principles and Methods of Teaching in Nursing (1967) 1C
4. Nursing Administration in a Clinical Unit (1967) 1C
5. Introduction to Principles of Administration and Teaching (1972) 1 unit
6. Seminar in General Nursing (1972) 1 unit

G. Electives in Nursing

1. Nursing Elective (1972) 1 unit

15. Dalhousie University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Introduction to Nursing (1967) 1 C1
2. Nursing Science I (1972) 1 C1

B. Medical-Surgical Nursing

1. Medical-Surgical Nursing (1967) 1 C1
2. Senior Medical-Surgical Nursing (1967) 1 C1
3. Nursing Science II (1972) 1 C1
4. Nursing Science III (1972) 1 C1
5. Nursing Science IV (1972) 1 C1
6. Nursing Science VII (1972) 1 C1

C. Psychiatric Nursing

1. Mental Health and Psychiatric Nursing (1967) 1 C1

D. Maternal and Child Nursing

1. Obstetrical Nursing (1967) 1 C1
2. Pediatric Nursing (1967) 1 C1
3. Nursing Science V (1972) 1 C1
4. Nursing Science VI (1972) 1 C1

^a Source: Compiled from each University School of Nursing Calendar.

E. Public Health Nursing

1. Public Health Nursing (1967) 1 C1 (1972) 1 C1

F. Leadership in Nursing

1. Principles of Management and Teaching (1967) 1 C1
2. Senior Seminar in General Nursing (1967) 1 C1
3. Introduction to Principles of Administration & Teaching (1972) 1 C1
4. Seminars in General Nursing (1972) 1 C1

G. Electives in Nursing

1. Elective in Nursing (1967) 1 C1 (1972) 1 C1

16. Memorial University of Newfoundland.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Basic Principles and Concepts of Nursing - Part I, Part II plus 8 weeks clinical experience (1967) 1C
2. Introductory Course in Nursing (1972) 1C

B. Medical-Surgical Nursing

1. Principles of Nursing Care Related to Medical-Surgical Conditions of Children and Adults - Part I, Part II plus 8 weeks clinical experience (1967) 1C
2. Medical-Surgical Nursing I - Sick Adult (1972) 1C
3. Medical-Surgical Nursing II (1972) 1C
4. Advanced Medical-Surgical Nursing (1972) 1C

C. Psychiatric Nursing

1. Nursing Care of Patients with Psychiatric Problems - Part I, Part II and 8 weeks clinical experience (1967) 1C
2. Psychiatric Nursing - Basic Course (1972) 1C
3. Psychiatric Nursing (1972) 1C

D. Maternal and Child Nursing

1. Principles underlying family and individual needs during the maternity cycle - Part I, Part II and 8 weeks guided experience (1967) 1C
2. Maternal and Newborn Nursing (1972) 1C

^a Source: Compiled from each University School of Nursing Calendar.

3. Nursing of Children (1972) 1C

E. Public Health Nursing

1. Community Aspects of Health (1967) 1C

2. Community Nursing (1972) 2C

F. Leadership in Nursing

1. A Survey of the Development and Trends in Nursing
(1967) 1C

2. Role and Responsibilities of the Nurse - Legal Aspects
of Nursing (1967) 1C

3. Nursing Seminar - Trends in Nursing Education (1972) 1C

4. Nursing Seminar - Legal Responsibilities of the Nurse
(1972) 1C

17. St. Francis Xavier University School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Orientation to Nursing (1967) 2cr
2. Introduction to Nursing (1967) 6cr
3. Conceptual Model for Nursing (1972) 6 cr
4. Teaching of Health (1972) 2cr

B. Medical-Surgical Nursing

1. Principles and Practice of Medical-Surgical Nursing I (1967) 6cr
2. Tuberculosis and Rehabilitation Nursing (1967) 3cr
3. Principles and Practice of Medical-Surgical Nursing II (1967) 6cr
4. Nursing of Adults (1972) 4cr
5. Advanced Nursing (1972) 3cr

C. Psychiatric Nursing

1. Principles and Practices of Psychiatric Nursing (1967) 3cr

D. Maternal and Child Nursing

1. Maternal and Infant Care (1967) 3cr
2. Nursing Care of Children (1967) 3cr

^a Source: Compiled from each University School of Nursing Calendar.

3. Nursing of Mothers and Infants (1972) 4cr

4. Nursing of Children (1972) 4cr

E. Public Health Nursing

1. Introduction to Public Health and Public Health Nursing (1967) 3cr

2. Community Health Nursing (1972) 3cr

3. Nursing Practice I (Mental Health Psychiatric) (1972) 6cr

F. Leadership in Nursing

1. Senior Medical-Surgical Nursing (1967) 6cr

2. Senior Seminar (1967) 6cr

3. Administration (1967) 3cr

4. Trends in Nursing (1972) 3cr

5. Principles of Research Applied to Nursing (1972) 3cr

G. Electives in Nursing

1. Nursing of Adults (Independent study) (1972) 3cr

18. University of British Columbia School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. History of Nursing (1959) 1 unit (1962) 1 unit
2. Introduction to the Nursing Profession (1967) 1 unit (1972) 1 unit
3. Introduction to nursing 156 (1959) 3 units (1962) 3 units (1967) 3 units
4. Orientation to Nursing in Hospital (1962) 2 units
5. Interpersonal Relationships (1959) 1 unit (1962) 1 unit
6. Interdepartmental Preclinical Sessions (1972) 3 units

B. Medical-Surgical Nursing

1. Medical Nursing I (1959) 2 units (1962) 2 units
2. Medical Nursing II (1959) 4 units (1962) 4 units
3. Surgical Nursing I (1959) 4 units (1962) 4 units
4. Surgical Nursing II (1959) 4 units (1962) 4 units
5. Nursing III (1959) 2 units (1962) 2 units
6. Nursing Study 485 (1959) 1 unit (1962) 1 unit (1967) 1 unit
7. Behavior in Health and Illness 157 (1967) 5 units
8. Nursing of Adults I - 280 (1967) 10 units (1972) 8 units

^a Source: Compiled from each University School of Nursing Calendar.

9. Medical-Surgical Nursing II (1967) 5 units
- C. Psychiatric Nursing
1. Psychiatric Nursing (1959) 6 units (1962) 6 units
(1967) 5 units (1972) 5 units
- D. Maternal and Child Nursing
1. Obstetric Nursing I (1959) 2 units (1962) 2 units
(1967) 5 units (1972) 5 units
 2. Obstetric Nursing II (1959) 1 unit (1962) 1 unit
(1967) 2½ units
 3. Pediatric Nursing I (1959) 2 units (1962) 2 units
(1967) 5 units (1972) 5 units
 4. Pediatric Nursing II (1959) 1 unit (1962) 1 unit (1967)
2½ units
 5. Human Growth and Development (1959) 2½ units (1962)
2 units (1967) 4 units (1972) 3 units
- E. Public Health Nursing
1. Public Health Nursing I (1959) 4 units (1962) 1 unit
 2. Public Health Nursing II (1962) 3 units (1967) 3 units
 3. Public Health Nursing III (1962) 2 units (1967) 3 units
 4. Preventive Medicine (1959) 3 units (1962) 3 units
(1967) 3 units
 5. Field work - Public Health Nursing (1959) 2 units
(1962) 2 units
 6. Health Care and Epidemiology (1972) 3 units
 7. Community Health (1972) 4 units
 8. Health, Illness and Society (1959) 1 unit
- F. Leadership in Nursing
1. Fundamentals of Clinical Teaching (1959) 1 unit
 2. Methodology (1959) 1 unit

3. Nursing Education (1959) 1 unit
 4. Teaching (1959) 1 unit (1962) 1 unit (1967) 2 units
(1972) 2 units
 5. Fundamentals of Supervision (1959) 1 unit
 6. Trends and Problems of Nursing Education (1959) 1 unit
(1962) 1 unit (1967) 1 unit (1972) 1 unit
 7. The Nursing Profession (1967) 1 unit
 8. Fundamentals of Administration (1962) 2 units (1967)
3 units
 9. Fieldwork in Nursing Services or Educational Programs
(1972) units not specified
 10. Nursing Team Leadership (1967) 2 units
 11. Introduction to Statistics and Research (1972) 1 unit
- G. Electives
1. Elective in a Clinical Area (1959) 1 unit (1962) 1 unit

19. University of Manitoba School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Orientation to Nursing (1963) non-credit
2. Introduction to Nursing (1963) 3-3; 3-3; (1967) 3-3; 3-3; (1972) 12 credits
3. History and Philosophy of Nursing (1963) 2-0; 2-0; (1967) 2-0; 2-0; (1972) 6cr

B. Medical-Surgical Nursing

1. Nursing of Adults and Children - Part III (1963) 3-6; 3-6; (1967) 3-6; 3-6; (1972) 8cr
2. Nursing of Adults and Children - Part IV (1963) 6-12; (1967) 6-12; (1972) 6cr
3. Nursing of Adults and Children - Part V (1963) 6-12; (1967) 6-12; (1972) 8cr

C. Psychiatric Nursing

1. Nursing of Adults and Children - Part VII (1963) 9 weeks - May to July - 8cr (1967) 9 weeks - May to July - 8cr (1972) 9 weeks - May to July - 8cr

D. Maternal and Child Nursing

1. Nursing of Adults and Children - Part I (1963) 6-12; (1967) 6-12; (1972) 8cr
2. Nursing of Adults and Children - Part II (1963) 6-12; (1967) 6-12; (1972) 8cr

^a Source: Compiled from each University School of Nursing Calendar.

E. Public Health Nursing

1. Nursing of Adults and Children - Part VI (1963) 3-0;
3-0; (1967) 3-6; 3-6; (1972) 6cr
2. Community Health Nursing (1963) 3-6; 3-6; (1967) 3-6;
3-6; (1972) 8cr

F. Leadership in Nursing

1. Administration in Nursing Practice (1963) $\frac{1}{2}$ C: 3-6;
(1967) $\frac{1}{2}$ C: 3-6 and (1972) 6cr
2. Introduction to Teaching (1963) $\frac{1}{2}$ C: 3-3; (1967) $\frac{1}{2}$ C: 3-3;
(1972) 6cr

20. University of Alberta School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Fundamentals of Nursing I (1967) 3-2; 3-3; (1972) course weight - 6
2. Fundamentals of Nursing II (1967) May 10-20c (1972) course weight - 3

B. Medical-Surgical Nursing

1. Medical-Surgical Nursing I (1967) 10-20c (3 weeks) (1972) course weight - 6
2. Medical-Surgical Nursing Practice I (1972) course weight - 6
3. Medical-Surgical Nursing II (1967) 1 term 6-20c (1972) course weight - 6
4. Medical-Surgical Nursing Practice II (1972) course weight - 6
5. Medical-Surgical Nursing III (1967) 1 term 3-20c
6. Surgical Nursing Practical Experience (1967) 1 month 10-30c
7. Medical Nursing Practical Experience (1967) 1 month 10-30c
8. Continuity of care for patients with long term illness (1972) course weight - 3
9. Continuity of care for patients with complex health problems (1972) course weight - 3

^a Source: Compiled from each University School of Nursing Calendar.

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) 1 term 10-20c
2. Nursing for Mental Health Theory (1972) course weight - 6
3. Practical experience in Psychiatric Nursing (1967)
1 month 10-30c
4. Nursing for Mental Health Practice (1972) course weight
- 6

D. Maternal and Child Nursing

1. Introduction to Maternal and Child Health (1967) 1 term
6-20c
2. Maternal and Child Health II (1967) 3 months 10-30c
3. Maternal and Child Health Nursing Theory (1972) course
weight - 6
4. Maternal and Child Health Nursing Practice (1972)
course weight - 6
5. Hospital Experience in Care of Hospitalized Children,
Mothers and Babies (1972) May - course weight - 3

E. Public Health Nursing

1. Introduction to Public Health Nursing (1967) 1 term 2-2
2. Public Health Nursing (1967) 3-0; 3-2S
3. Community Health (1972) course weight - 6
4. Community Health Practice (1972) course weight - 3

F. Leadership in Nursing

1. Introduction to Hospital Nursing Service Administration
(1967) 1 term 2-2
2. Nursing Education - Current Trends in Nursing (1967)
1 term 2-0
3. Hospital Nursing Service Administration (1967) 3-0; 3-2S
4. Fundamentals of Nursing Education (1967) 3-0; 3-2c

5. Field experience - Observation and Supervised Experience in Public Health Nursing, Nursing Service or Nursing Education (1967) 1 month
6. Seminar in Teaching (1972) course weight - 3
7. Patient Care Management (1972) course weight - 3
8. Professional Nursing Trends (1972) course weight - 3
9. Process of Developing Educational Programs (1972) course weight - 3
10. Health Sciences Administration (1972) course weight - 6

G. Electives

1. Approved Senior Option (1967) 3-0 and (1972) course weight - 6

21. University of Saskatchewan
School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. History and Philosophy of Nursing (1967) 1 class
(1972) $\frac{1}{2}$ class
2. Orientation to University (1967) 1 Cl (1972) 1 Cl
3. Introduction to Nursing (1967) 6 weeks (1972) $\frac{1}{2}$ Cl -
2 weeks
4. Fundamentals of Nursing I (including Nutrition) (1967)
 $\frac{1}{2}$ Cl (1972) 1 Cl
5. Orientation to Human Relations (1972) 1 Cl

B. Medical-Surgical Nursing

1. Medical-Surgical Nursing (1967) $\frac{1}{2}$ Cl (1972) 1 Cl
2. Integrated Experience in Medical-Surgical Nursing
(1967) 3 months (1972) 9 weeks
3. Advanced Nursing (1967) 1 Cl (1972) 1 Cl
4. Seminar (1967) 1 Cl (1972) 1 Cl
5. Medical-Surgical Nursing II (1972) $\frac{1}{2}$ Cl

C. Psychiatric Nursing

1. Psychiatric Nursing (1967) $\frac{1}{2}$ Cl (1972) $\frac{1}{2}$ Cl
2. Psychiatric Nursing Practice (1972) 3 weeks - third year

^a Source: Compiled from each University School of Nursing Calendar.

D. Maternal and Child Nursing

1. Maternity Nursing (1967) 1 Cl
2. Nursing of Children (1967) 1 Cl (1972) $\frac{1}{2}$ Cl
3. Obstetrical Nursing (1972) $\frac{1}{2}$ Cl
4. Obstetrical Nursing Practice (1972) 3 weeks, May-July
5. Nursing of Children Practice (1972) 3 weeks, May-July

E. Public Health Nursing

1. Community Nursing (1967) 1 Cl (1972) 1 Cl
2. Public Health Nursing (1967) 1 Cl (1972) 1 Cl
3. Community Nursing Practice (1972) 3 weeks, May-July

F. Leadership in Nursing

1. Principles of Supervision (1967) 1 Cl (1972) 1 Cl
2. Principles and Methods of Teaching (1967) 1 Cl (1972) 1 Cl
3. Orientation to Dynamics of Groups (1972) 1 Cl
4. Integrated Experience in Obstetrics, Pediatrics, Psychiatry and Public Health Nursing (1967) May to August - third year

G. Electives

1. Electives (1967) $1\frac{1}{2}$ Cl (1972) $1\frac{1}{2}$ Cl

22. University of Calgary School of Nursing.

Name of Subject Headings related to courses^a with corresponding titles and years in which these courses appeared and continued. Weight of subject is indicated.

A. Introduction to Nursing

1. Nursing in Society (1972) 3-2; 0-0
2. Introduction to the Nursing Process (1972) 0-0-0; 3-2-6
3. Introduction to the Nursing Process (1972) 3-6-19

B. Medical-Surgical Nursing

1. Nursing of Adolescents and Young Adults (1972) 3-6-19
2. Nursing of Adults - Part I (1972) 3-2-6; 0-0-0
3. Nursing of Adults - Part II (1972) 0-0-0; 3-2-6
4. Nursing of Multi-Problem Patients - Part I (1972) 0-6-19
5. Nursing of Multi-Problem Patients - Part II (1972)
3-2-6; 3-2-6
6. Nursing of Multi-Problem Patients - Part III (1972)
3-2-6; 3-2-6
7. Independent Study in Nursing (1972) 0-0; 2-9 (For students with a 3.5 grade point average or better, with faculty approval)

C. Psychiatric Nursing

Course content integrated with other courses

D. Maternal and Child Nursing

1. Family Growth and Development (1972) 3-2-6; 0-0-0 and 0-0-0; 3-2-6

^a Source: Compiled from each University School of Nursing Calendar.

E. Public Health Nursing

Course content integrated with other courses

F. Leadership in Nursing

1. Issues and Problems in Nursing (1972) 1-2-0; 1-2-0

APPENDIX 6

ENTRANCE REQUIREMENTS TO UNIVERSITY
SCHOOLS OF NURSING ACCORDING TO REGIONS

Ontario Region 1942-1972

University

1942

- Toronto
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: English-Chemistry, 3 other sciences, 3 among Maths, History, Music
 - c) Other requirements: 18 years of age, Nursing Aptitude test, Health certificate.

1947

- Toronto
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: English-Chemistry, 3 other Sciences, 2 from foreign languages or Maths, 1 among History, Music, Math. Recommended: Zoology
 - c) Other requirements: 17 years of age.
- McMaster
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: 9 credits required: 2 from English, 2 Foreign Language, 2 Geometry Trig., 2 Algebra, Botany, Geology, Zoology, 1 Chemistry or Physics.

1952

- Toronto
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: Five subjects: English + 4 from Language, Maths, Science, Music, History
Recommended: Chemistry and Zoology.
- McMaster
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: 5 or 6 subjects with a total of 8 papers: English (2 papers), Foreign Language (2 papers), 3 or 4 subjects from Maths, History, Science, Music.

Ontario Region ContinuedUniversity1957

- Toronto
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: Five subjects: English + Latin or Maths 2 among Languages, Maths, Science, 1 among Geog., History, Music. Recommended: Chemistry & Zoology in Gr. XIII.
- McMaster
- a) Minimum academic: Gr. XIII in Ontario (60% in 8 papers)
 - b) Obligatory subjects: 5 or 6 subjects with a total of 8 papers: English (2 papers), Foreign Language (2 papers), 3 or 4 subjects from Maths, History, Science, Music.

1962

- Toronto
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: English composition. No other requirements specifically indicated.
- McMaster
- a) Minimum academic: Gr. XIII in Ontario (60% in 9 papers).
- Ottawa
- a) Minimum academic: Junior Matric. 1st year - 60% average, Senior Matric. 2nd year - 60%
 - b) Obligatory subjects: French, English, Algebra, Geometry, Physics, History and another language.

1967

- Toronto
- a) Minimum academic: Gr. XIII in Ontario
 - b) Obligatory subjects: 7 credits; 60% average required.
 - c) Other requirement: Health Certificate.
- McMaster
- a) Minimum academic: Gr. XIII in Ontario
 - b) Other requirements: at least 16 years of age.
- Ottawa
- a) Minimum academic: Gr. XIII in Ontario 60% average
 - b) Obligatory subjects: 4 subjects (7 credits).
- Lakehead
- a) Minimum academic: Gr. XIII in Ontario 60% average
 - b) Obligatory subjects: English + Chemistry 24 credits.

Ontario Region Continued

<u>University</u>	<u>1967</u>
Western Ontario	a) <u>Minimum academic:</u> Gr. XIII in Ontario 60% average b) <u>Obligatory subjects:</u> English, Maths, Physics or Biology (7 credits) c) <u>Other requirements:</u> Health certificate + OSAT or CEEB Aptitude Test.
Laurentian	a) <u>Minimum academic:</u> Gr. XIII in Ontario 60% average b) <u>Obligatory subjects:</u> 9 papers; 2 in English, 2 in another language.
Windsor	a) <u>Minimum academic:</u> Gr. XIII in Ontario b) <u>Obligatory subjects:</u> Minimum total of 7 credits c) <u>Recommended:</u> Physics as one of other subjects.
	<u>1972</u>
Toronto	a) <u>Minimum academic:</u> Gr. XIII in Ontario with Chemistry req'd. b) <u>Other requirements:</u> Recommendation for univ. studies by secondary school. Results of Tests by Admission Services to Universities and Colleges.
McMaster	a) <u>Minimum academic:</u> Gr. XIII in Ontario with weighted average of at least 60%.
Ottawa	a) <u>Minimum academic:</u> Gr. XIII in Ontario with 60% average b) <u>Obligatory subjects:</u> English or French, Chemistry, Biology + 3 credits.
Lakehead	a) <u>Minimum academic:</u> Gr. XIII in Ontario with good overall average b) <u>Obligatory subjects:</u> Chemistry; <u>recommended:</u> Biology + English.
Western Ontario	a) <u>Minimum academic:</u> Gr. XIII in Ontario, Science average: 60% b) <u>Obligatory subjects:</u> 6 credits c) <u>Other requirements:</u> Applicants outside Ontario: CEEB test.

Ontario Region Continued

<u>University</u>	<u>1972</u>
Laurentian	a) <u>Minimum academic</u> : Gr. XIII in Ontario, 60% average; chemistry, Biology required b) <u>Obligatory subjects</u> : Minimum of 3 subjects (6 cr) c) <u>Other requirements</u> : Recommendation for Univ. studies; Health certificate; standardized admissions to Universities Test.
Windsor	a) <u>Minimum academic</u> : Gr. XIII in Ontario b) <u>Obligatory subjects</u> : English, Biology, Chemistry; Gr. XII Maths + Physics c) <u>Other requirements</u> : Health certificate with notation of physical or mental condition which might affect performance in clinical fields.
Queen's	a) <u>Minimum academic</u> : Gr. XIII in Ontario; 60% average b) <u>Obligatory subjects</u> : Maths, Chemistry c) <u>Other requirements</u> : Scholastic Aptitudes and Achievements Tests, SACU or CEEB.

Quebec Region

<u>University</u>	<u>1957</u>
McGill	a) <u>Minimum academic</u> : Ten required papers of McGill Junior Certificate Examination. 65% average.
	<u>1962</u>
McGill	a) <u>Minimum academic</u> : Ten required papers of McGill Junior Certificate Examinations. 70% average b) <u>Other requirements</u> : Scolastic Aptitude Tests - Achievement Tests.
L'Institut Marguerite d'Youville et Université de Montréal	a) <u>Minimum academic</u> : Senior Matriculation or 12e année Option scientifique du cours secondaire or B.A.

Quebec Region ContinuedUniversity1967

- McGill a) Minimum academic: Ten required papers of McGill Junior Certificate Examinations. 70% average
 b) Other requirements: Scolastic Aptitude Tests - Achievement Tests.
- L'Institut Marg.d'You. et Univ. de Montréal a) Minimum academic: Option sciences - Mathématiques du cour secondaire B.A. font cours en trois ans.
- Laval a) Minimum academic: B.A. (Collège III) or D.E.C. (Collège II).

1972

- McGill a) Minimum academic: Two pre-university years in the Biological (Health) Sciences in a CEGEP (D.E.C.)^a
- L'Institut Marg.d'You. et Univ. de Montréal a) Minimum academic: D.E.C. champ de spécialisation: sciences de la santé
 b) Other requirements: Interview, SACU Tests.
- Laval a) Minimum academic: D.E.C. Profil des sciences biologiques.

Atlantic RegionUniversity1962

- New Brunswick a) Minimum academic: Average of 60% in Gr. XII N.B.
 b) Obligatory subjects: English I and II, Algebra and Geometry, 4 other subjects
 c) Other requirements: Medical examination, Personal interview.

^a D.E.C. is the Diplômes d'Etudes Collégiales two pre-university years after High School Certificate in which students take 2 courses in Mathematics, 2 in Physics, French, Philosophy.

Atlantic Region Continued

<u>University</u>	<u>1967</u>
New Brunswick	a) <u>Minimum academic</u> : Average of 60% in Gr.XII N.B. b) <u>Obligatory subjects</u> : English I and II, Algebra and Geometry, 4 other subjects c) <u>Other requirements</u> : Medical examination, Personal interview.
Moncton	a) <u>Minimum academic</u> : Average of 65% in Grade XII b) <u>Obligatory subjects</u> : French I and II, English III, History, Algebra, Geometry, Chemistry, Biology c) <u>Other requirements</u> : Health certificate, Interview, Aptitude Tests.
Mount Saint Vincent	a) <u>Minimum academic</u> : Grade XI and Gr. XII Nova Scotia certificates b) <u>Obligatory subjects</u> : Gr. XII certificate to include passing marks in English, History, Maths, Second Science or Language.
Dalhousie	a) <u>Minimum academic</u> : 5 subjects of Senior Matric. Average of 60% b) <u>Obligatory subjects</u> : English, Maths, Language, 2 others from Physics, Geometry, Biology, History, etc.
Memorial	a) <u>Minimum academic</u> : Grade XI, plus Junior Division (Pre-professional year in Arts and Science) b) <u>Obligatory subjects</u> in Junior Division: English (2), Biology, Chemistry, Psychology, 2 other subjects.
St. Francis Xavier	a) <u>Minimum academic</u> : Gr. XII credit in English, History, Algebra or Trig., Chemistry or Biology or Physics, one other Science or Language.

1972

New Brunswick	a) <u>Minimum academic</u> : Average of 60% in Gr.XII N.B. b) <u>Obligatory subjects</u> : English I and II, Algebra and Geometry, 4 other subjects c) <u>Other requirements</u> : Medical examination, Personal interview and SACU Tests.
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Atlantic Region Continued

<u>University</u>	<u>1972</u>
Moncton	a) <u>Minimum academic</u> : Diplôme du secondaire b) <u>Obligatory subjects</u> : French, English, Mathematics, Biology, Chemistry.
Mount Saint Vincent	a) <u>Minimum academic</u> : Gr. XII High School pass certificate in University preparatory exam. b) <u>Obligatory subjects</u> : None.
Dalhousie	a) <u>Minimum academic</u> : Senior Matriculation (Nova Scotia University preparatory prog. in Gr. XII) 60% average in 5 subjects b) <u>Obligatory subjects</u> : Maths, English, 2 Languages, one other subject.
Memorial	a) <u>Minimum academic</u> : Grade XI, plus Junior Division (Pre-professional year in Arts and Science) b) <u>Obligatory subjects</u> : in Junior Division: English (2), Biology, Chemistry, Psychology, 2 other subjects.
St. Francis Xavier	a) <u>Minimum academic</u> : Gr. XII credit in English, History, Algebra or Trig., Chemistry or Biology or Physics, one other Science or Language.

Western Region

<u>University</u>	<u>1958</u>
British Columbia	a) <u>Minimum academic</u> : 1st Year Arts & Science or Senior Matriculation b) <u>Obligatory subjects</u> : English, Chemistry, Maths, Zoology, Biology and another course c) <u>Other requirements</u> : 60% overall average, personal suitability, good health.
British Columbia	a) <u>Minimum academic</u> : 1st Year Arts & Science or Senior Matriculation b) <u>Obligatory subjects</u> : English, Chemistry, Maths, Zoology, Biology and another course c) <u>Other requirements</u> : 60% overall average, personal suitability, good health.

Western Region ContinuedUniversity1962

- Manitoba
- a) Minimum academic: Senior Matriculation or 1st Year Arts & Science
 - b) Obligatory subjects: English, Maths, Chemistry, Language, one optional subject among Physics, History, Biology, Music.

1967

- British Columbia
- a) Minimum academic: First year university courses or Grade XII
 - b) Obligatory subjects: English, Chemistry, Maths, Biology and one other course
 - c) Other requirements: 60% overall average, personal suitability, good health.

- Manitoba
- a) Minimum academic: Senior Matriculation or 1st Year Arts & Science
 - b) Obligatory subjects: English, Maths, Chemistry, Language, one optional subject among Physics, History, Biology, Music.

- Alberta
- a) Minimum academic: High School Graduation diploma with B in English, Social Studies, Chemistry, Biology. 60% required

- Saskatchewan
- a) Minimum academic: Grade XII standing in Saskatchewan
 - b) Obligatory subjects: English, Social Studies, Maths (Alg., Geo. & Trig.), Chemistry, Physics, Biology
 - c) Other requirements: Good moral character, 16 years old, normal health.

1972

- British Columbia
- a) Minimum academic: First year university courses
 - b) Obligatory subjects: English, Chemistry, Maths, Biology and one other course.

- Manitoba
- a) Minimum academic: Completion of subjects at 300 level
 - b) Obligatory subjects: English, Maths, Chemistry and 2 electives.

Western Region ContinuedUniversity1972

- Alberta
- a) Minimum academic: Grade XII Senior Matriculation 60% average
 - b) Obligatory subjects: English, Chemistry, another science and two more subjects.
- Saskatchewan
- a) Minimum academic: Grade XII standing in Saskatchewan
 - b) Obligatory subjects: Minimum of 65% average in Literature, Composition, Maths, Chemistry, Physics, Biology
 - c) Other requirements: Good moral character, 16 years of age, either sex, single or otherwise.
- Calgary
- a) CEEB Scholastic Aptitude Test
 - b) High school diploma
 - c) Principal's recommendation
 - d) Senior matriculation with overall average of 60%.

Source: Taken from respective University General Bulletins and Nursing Calendars, 1942-1972.

APPENDIX 7

ABSTRACT OF

Trends in Integrated Basic Degree Nursing Programs in Canada 1942 to 1972¹

The purpose of this study was to identify trends in the development of basic integrated degree nursing programs in Canadian universities.

The central question of this research problem was the following: What are the trends in the development of basic integrated degree nursing programs within Canadian universities situated in various regions and within specific periods? Three sub-questions guided the study: a) What are the factors which contributed to the establishment, development and evolution of the twenty-two basic integrated nursing degree programs within Canadian universities? b) What similarities and differences existed and continue to exist among basic degree programs analyzed according to periods, regions and the following themes: nature of programs, curricula, students and faculty? c) What obstacles and issues confronted basic integrated nursing degree programs on a regional and national basis?

¹ Marie Bonin, doctoral thesis presented to the Faculty of Education of the University of Ottawa, 1976, xxvi-546 p.

Post-basic and basic non-integrated programs were reviewed from 1919 to 1972. The core of this study was, however, primarily concerned with the twenty-two basic degree programs, within the four university regions, from their inception in 1942 to 1972.

The most salient tendency was the lack of a common pattern in basic degree programs within and among regions. The main trends which emerged were the following, the first being that there was a mushrooming of basic programs subsequent to the release of the Royal Commission on Health Services. Similar driving forces spurred the establishment of programs and likewise common restraining forces retarded the development of programs in the four regions and within the three periods. A second trend was the simultaneous movement perceived through the event of the closure of basic non-integrated programs and the concurrent opening of basic degree programs. A third trend is the evolution of the nursing educational units in a manner akin to other major health sciences. The trend is now to diminish the general education requirement without necessarily increasing the professional component. The goals pursued in most basic degree programs tend to be nebulous, this being viewed as a fourth trend. A fifth trend reflects a balance of liberal arts and the professional component in curricula. The sixth trend reveals a continued tendency to experience difficulty in laboratory nursing experience. A seventh trend

has been the individuality and uniqueness reflected in the twenty-two basic degree programs in existence in 1972. The eighth trend is that of a relatively small number of admissions, enrolments and graduations within the first and second periods. Since the second portion of the third period there is a marked increase in admissions and enrolments. A ninth trend is the paucity of faculty prepared at master's and doctoral levels. The number of baccalaureate graduates tends to still fall short of the ratio established in 1964, namely one professional nurse to four technical nurses; this is viewed as the tenth trend.