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TRENDS IN BASIC DIPLOMA NURSING PROGRAMS  
WITHIN THE PROVINCIAL SYSTEMS OF EDUCATION  
IN CANADA 1964 TO 1974

By Marguerite Letourneau

Thesis presented to the School of  
Graduate Studies of the University  
of Ottawa as partial fulfillment  
of the requirements for the degree  
of Doctor of Philosophy in Education



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## CURRICULUM STUDIORUM

Marguerite Letourneau was born July 20, 1929, in St. Paul, Alberta. She received the Bachelor of Science in Nursing from l'Institut Marguerite d'Youville, University of Montreal, in 1959 and the Master of Science in Nursing from the Catholic University of America, Washington, D.C., in 1963. The title of her thesis was A Study of the Educational Value of a Learning Experience in a Rural Hospital Setting.

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## INTRODUCTION

The year 1974 marked the centennial of diploma nursing education in Canada patterned after the Nightingale System. Hospitals were, for over ninety years, the only institutions offering training programs for nurses. Within these service institutions, education consisted of apprenticeship training. Dissatisfaction with the system caused pressures to be brought to bear: first to improve educational standards, and then to transfer programs to the provincial systems of education. Progress was slow and arduous.

The first venturesome move of a diploma nursing program to an educational institution dates back a decade. Hospital and college diploma nursing programs continue to co-exist, but the situation has recently been substantially altered; the decrease of hospital diploma nursing programs has become proportional to the increase of college nursing programs. The reaction to changes witnessed could either be that of satisfaction in that something is finally happening, or that of asking questions. What has happened? What is happening? Can the future be predicted or influenced?

In an attempt to find answers to select questions, a study was deemed necessary. Much has been committed to literature concerning the flow of events leading to changes observed. To date, however, no attempt has been made to

systematically gather, analyse and interpret data to detect emerging trends on a nation-wide basis.

#### Statement of Purpose

The foregoing demonstrates the need for this study. The purpose, therefore, is to identify emerging trends in basic diploma nursing programs at the post-secondary level within the provincial systems of education in Canada.

#### Statement of Problem

The problem is best stated in the form of a question. What trends emerge in the transfer of basic diploma nursing programs from hospitals to provincial systems of education in Canada? Two sub-questions flow from this all encompassing question.

1. What are the major forces which persistently contribute to bring about or inhibit changes in the system?
2. What are the major characteristics of diploma nursing programs within the provincial system of education?

#### Definition of Terms

For purposes of clarity it was necessary to define the following terms.

Basic Diploma Nursing Programs refers to post-secondary (exclusive of university) programs which comply with minimum requirements thus enabling graduates, after

having been subjected to due examination, to qualify for licensure or registration as a registered nurse. Broadly speaking, they are the programs which replace the hospital diploma programs; they are the parallel of the associate degree nursing programs in the United States. All university basic programs leading to a bachelor's degree in nursing, as well as vocational nursing programs which do not prepare candidates to qualify for licensure or registration as a registered nurse are excluded.

Provincial Systems of Education refers to respective provincial college set-up for further education at a post-secondary level. The nomenclature and general framework of institutions vary between provinces and even within each province. These may include junior college, technical institutes, collèges d'enseignement général et professionnel, more commonly referred to as CEGEP, colleges of applied arts, and colleges of applied arts and technology more generally known as CAAT. The major determining factor with regard to qualification or non qualification of an educational institution for this study is that a basic diploma nursing program be offered therein.

Trend implies movement in a constant direction; a discernible tendency or line of development which is frequently sinuous and not necessarily unalterable. The term is used in its broadest sense. History does not end; it is

always in the making. It is possible to recount events; it is even possible to circumscribe forces which inhibit or promote change. Beyond this it is only possible to look searchingly in the future in an attempt to anticipate events. The process of apprehending the linear direction that subsequent events may follow is referred to as a trend.

#### Assumptions

For purposes of this study three basic assumptions were made:

1. That forces<sup>1</sup> which spearheaded the transfer of basic diploma nursing programs to the provincial systems of education can be identified.
2. That generalizations with regard to the general characteristics of college-centered diploma nursing programs are possible.
3. That trends can serve as useful indicators in pointing to the line of direction that subsequent events will follow.

#### Methodology

Preliminary to this study which is the first of its nature in Canada, literature pertaining to Canadian general education and college nursing education in the United States was perused to identify areas of needed research.

A second step was to prepare and mail form letters to directors of all basic diploma nursing programs in the provincial systems of education as listed in the 1973 Canadian

<sup>1</sup> Power of effective action.

Hospital Directory, and to the executive directors of the ten provincial nurses' associations in Canada. As the need arose, subsequent personal letters were written with a view to obtain necessary information not found in the Canadian Nurses' Association library holdings. Tables were likewise prepared and mailed to appropriate officials to obtain statistical data.

Sources and documents reviewed were the following: college bulletins and other materials pertaining to respective nursing programs, reports of health and education commissions, legislative enactments, research reports, policy statements, press releases, newsletters and annual reports of respective provincial nurses' associations, nursing journals, minutes of meetings, and submissions prepared by the various officials of health and allied fields. A constant effort was made to seek out primary documents.

Within budgetary limits the writer travelled to interview officials in general and nursing education. Arrangements were likewise made to meet with nursing officials who came to Ottawa for meetings. Interviews were considered a necessary adjunct particularly in the verification and clarification of information at hand.

Data were then collated, described, analysed and interpreted on a provincial and then on a national basis.

## Organization of the Report

First, is found an introductory comment followed by a statement of the purpose, the problem, definition of terms, assumptions and method of data collection.

The body of the report is presented in five parts. Part I, consisting of one chapter, presents a brief overview of nursing education in Canada from its inception to the emergence of a new system.

Parts II and III incorporate an analysis of diploma nursing education in six provinces of Canada. Data are presented under six headings: Forces in the transfer of diploma nursing programs to the provincial systems of education; structural organization and general policies governing programs; curriculum; students; faculty and summary.

Part II is concerned with provinces where the transfer of diploma nursing programs to the provincial systems of education is complete. These are discussed in a chronological order, that is in the order in which the complete transfer took place, hence Chapters II, III, and IV deal with the provinces of Saskatchewan, Quebec and Ontario respectively.

Part III encompasses the provinces where the transfer of diploma programs is partial. This part likewise consists of three chapters in which British Columbia, Alberta

and Manitoba are reviewed in a geographical order.

Part IV consists of one chapter which looks at provinces where the transfer of diploma nursing programs to the provincial systems of education is non-existent; these are New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland. In this chapter, an attempt is made to identify forces which point toward change in the diploma nurse system of education.

In Part V is found Chapter IX which presents a comparative analysis of forces, characteristics and trends of diploma nursing programs on a nation-wide basis.

The summary and conclusions are followed by an annotated bibliography and appendices.

PART I  
OVERVIEW OF BASIC DIPLOMA NURSING EDUCATION IN CANADA

## CHAPTER I

### HISTORICAL BACKGROUND

This chapter presents a brief overview of basic diploma nursing education in Canada. It is not only interesting to look back in time to see how events of the past have led us to where we are today, but such historical evidence is necessary to understand emerging trends.

In the past, nurses have been prepared exclusively within the hospital setting. This was an apprenticeship form of education which served a two-pronged purpose: to train personnel, and to provide service for the hospital. Hospital schools of nursing were therefore regarded as another hospital department. They were financed by hospitals, and were hospital-controlled. This arrangement, with its inherent conflicting aims, dates back a century.

In 1874, the Mack's Training School, patterned after the Nightingale system, was established in connection with the General and Marine Hospital at St. Catharines, Ontario<sup>1</sup>. This was the first training program in Canada wherein students committed themselves to serve for a three year period. The hospital authorities in return assumed responsibility for

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<sup>1</sup> History of the Mack Training School for Nurses, Collection of Writings kept at the Canadian Nurses' Association Archives, 1949.

imparting instruction of a practical nature<sup>2</sup>. Similar hospital training schools developed at a rapid pace. In 1909, thirty-five years later, hospital schools of nursing totalled seventy. The original three-year plan, however, had in the intervening time been altered, thus programs were of varying lengths: fifty-seven were of three years; ten were two years, and three required two and one half years<sup>3</sup>.

Under this apprenticeship system of nursing education, conflict between the service needs and the aims of education became progressively acute. The service needs placed increasing demands on nursing students leaving minimal time for education. At no time were the educational aims forgotten. Rather the immediacy of service needs was such that the primary aim of training programs was relegated to a secondary position. Hospital authorities seemed relatively happy with the situation, but nurses were not.

As a result of a general sense of dissatisfaction, nurses, at the national level, banded together to pressure for educational standards and to arrest the further expansion of undesirable training programs. With this purpose in view a Special Committee on Nurses Education was established under

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2 Ibid.

3 Helen MacMurchy, (ed), "Trained Nursing in Canada", The Canadian Nurse, Vol. 5, No. 8, 1909, p. 527.

the chairmanship of Dr. Falconer<sup>4</sup>, President of the University of Toronto. At the Nurses' Convention in 1914, the Committee reported a definite trend toward the exploitation of nursing students. As a result, a recommendation promoting the transfer of training programs to the provincial systems of education was first recorded in Canadian history.

Establish nurse training schools or colleges in connection with the educational system of each province, the 'raison d'être' of which will be the education of the nurse, not as it is under the present system, the lessening of the cost of nursing in the hospitals. The hospitals will be used to supply the practical training. This should be a regular course given under the direct supervision of experienced nurse teachers<sup>5</sup>.

Nurses were the first to voice dissatisfaction with the prevailing system of nursing education in Canada. Nurses, as an organized group, were likewise the first to decry the need for improvement. The suggested plan for change was to place nursing education under the provincial systems of education where it rightly belonged. The subsequent historical events, however, demonstrate a marked gap between the initial insight into the need for change and the actual move toward an improved model for the education of nurses.

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<sup>4</sup> Bella Crosby, (ed), "Report of Special Committee on Nurse Education", The Canadian Nurse, Vol. 10, No. 10, 1914, p. 570-582.

<sup>5</sup> Ibid., p. 571.

In 1929, the Canadian Nurses' Association and the Canadian Medical Association launched a systematic study of nursing education in Canada. In the foreword note of the report, henceforth referred to as the Weir Report, it was stated: "In our own land, it was generally agreed that the training of nurses was unsatisfactory and that something should be done to improve matters"<sup>6</sup>. Having surveyed the entire field of nursing education and identified weaknesses, Weir, sociologist, head of the Department of Education at the University of British Columbia, and director of the study, described "[...] the early design of nursing education in Canada -- a sort of hybrid mixture of the efficient housemaid and glorified bedside mechanic [...]"<sup>7</sup>. In the light of the inadequacies discovered, he proceeded to contend: "In the judgment of the Survey, the modern nurses should be given an adequate liberal, as well as technical education"<sup>8</sup>. The recommendation made in 1914, namely, to transfer diploma nursing programs to the provincial systems of education was forcefully reiterated.

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<sup>6</sup> G.M. Weir, Survey of Nursing Education in Canada, Toronto, University Press, 1932, p. 5.

<sup>7</sup> Ibid., p. 16.

<sup>8</sup> Ibid., p. 393.

The development of training schools for nurses primarily as educational institutions, functioning as an integral part of the general educational system of the Province and financed on the same principle as are normal schools, should be made an immediate objective<sup>9</sup>.

Hospital schools of nursing nonetheless continued to proliferate throughout the nation. By 1930, the number of training schools had risen to 218<sup>10</sup>, and this figure remained relatively constant. In view of the fact that this imposing network of training programs showed no signs of a move to the system of education, nurses, in the following decade, became more aggressive in their activity. They moved from a position of making recommendations to that of action research.

Moved by the recommendations contained in the Weir Report indicating the need for immediate correction of defects in administrative and teaching policies of hospital schools of nursing, in 1932, the Canadian Nurses' Association, henceforth referred to as CNA, organized a National Curriculum Committee with the responsibility of constructing a curriculum guide. This guide, predicated on the belief that nursing education would for some time continue under the administration and control of hospitals, was presented at the 1936 CNA

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9 Ibid., p. 116.

10 Ibid., p. 278.

biennial meeting<sup>11</sup> and then published.

Acting on a resolution passed at a general meeting held in 1946, concrete steps were taken by the CNA to develop a curriculum plan destined to demonstrate whether or not nurses could be prepared adequately in less than three years. The experimental program, substantially financed by the Canadian Red Cross Society, was carried out between 1948 and 1952<sup>12</sup>. This school of nursing better known as the Metropolitan School of Nursing, Windsor, Ontario, being financially independent and free of hospital control "roused a great deal of interest in hospital and nursing circles even beyond Canadian borders"<sup>13</sup>. The possibility of preparing a nurse in a two-year period was adequately demonstrated. The program, however, was unable to continue beyond the experimental phase owing to lack of funds.

In 1952, the Saskatchewan Registered Nurses' Association, concerned with the lack of adequately prepared teaching personnel, the deterioration of the quality of teaching, and the almost total absence of basic sciences in

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<sup>11</sup> Canadian Nurses' Association, A Proposed Curriculum for Schools of Nursing in Canada, Montreal, CNA, 1936, p. 7.

<sup>12</sup> A.R. Lord, Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario, Ottawa, CNA, 1952, p. 7.

<sup>13</sup> Ibid.

nursing curricula was moved to action. A request for financial support to implement a plan of centralized nursing education was submitted to the W.K. Kellogg Foundation. The request was granted and a sum of money was provided on a three year commitment to establish,

[..] at Regina College and the University of Saskatchewan a sixteen weeks' introductory program for basic nursing students. In addition to the financial assistance from the W.K. Kellogg Foundation, funds were made available [..] by the Provincial Government<sup>14</sup>.

In 1953, a plan to assist hospitals offering three year diploma nursing programs to provide for the teaching of the basic sciences was inaugurated. The nature of the plan, better known as the Centralized Teaching Program, was as follows:

[..] a duly authorized sixteen weeks' program of instruction in the basic sciences for nursing students. It is an integral part of the curriculum plan of the hospital school of nursing provided apart from the hospital school at a designated centre permitting centralization of effort and resources not immediately available in the local setting of the participating schools<sup>15</sup>.

Not without considerable difficulty, the Centralized Teaching Program gradually formed an integral part of the basic nursing education programs in Saskatchewan. A question

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<sup>14</sup> Louise M. Schmitt, Basic Nursing Education Study: Report of the Status of Basic Nursing Education Programs in Saskatchewan, Regina, SRNA, 1957, p. 2.

<sup>15</sup> Ibid., p. 6.

remained, however, "How [was] it going to be possible to strengthen the three years during which a student enrolled in the hospital school of nursing?<sup>16</sup>" Schmitt<sup>17</sup>, director of the basic nursing education study conducted in Saskatchewan, felt that the initiation of the Centralized Teaching Program had brought together hospital schools of different traditions, as well as representatives of the University, the health services, the Provincial Government and general education. She concluded that individual schools had taken a new look at respective programs; there was a growing realization that although change would be difficult it was not impossible. In preparation for change, nurses in Saskatchewan continued to seek answers to long asked questions.

Over the years, little was known relative to the cost entailed in educating a nursing student. The Centralized Teaching Program was hardly underway when a study was undertaken in Saskatchewan to determine the costs involved in educating a nurse. In the report of this study, Wilson, Executive Secretary of the SRNA and director of the study, posited:

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<sup>16</sup> Lola Wilson, The Story of the First Three Years, Regina, SRNA, 1957, p. 60.

<sup>17</sup> Schmitt, op. cit., p. 84.

In 1950, probably due in some measure to the fact that the operation of the Saskatchewan Hospital Services Plan, then three years old, were providing new data for comparative studies, there was renewed interest in the problem of the costs of educating nursing students<sup>18</sup>.

However difficult to arrive at precise figures, the study served to confirm the belief that basic nursing education was costly.

Toward the end of the 1950's, nursing education showed no signs of moving either away from the old system or to a new system. Nurses were still pressuring for a change, recommendations continued to multiply, conclusive research had taken place, but the system remained unshaken. At that point in time, a national accreditation program was viewed as a possible valid instrument in upgrading existing diploma nursing programs. First, however, it was deemed advisable to conduct a preliminary survey to determine whether or not schools of nursing were ready for an accreditation program.

In 1960, under the direction of Mussallem, a study sponsored by the CNA was conducted to determine the readiness of schools of nursing with regard to a national voluntary accreditation program<sup>19</sup>. Findings demonstrated that only

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18 Lola Wilson, Cost Study of Basic Nursing Education Programs in Saskatchewan, Regina, SRNA, 1958, p. 1.

19 Helen K. Mussallem, Spotlight on Nursing Education: The Report of the Pilot Project of the Evaluation of Schools of Nursing in Canada, Ottawa, CNA, 1960, p. 18.

sixteen per cent of the schools of nursing surveyed across Canada met the established criteria. Thirty years had elapsed since the release of the Weir Report and, with the exception of an increased awareness of weaknesses in the system, the situation was assessed to be relatively unchanged. In the light of findings, Mussallem recommended that an accreditation program not be implemented, but rather a re-examination of the whole field of nursing education be undertaken<sup>20</sup>. She contended that a school improvement program was an essential prerequisite to the establishment of a national accreditation program.

As programs were reviewed and revised, a new era dawned. Trends pointed to change; a variety of new programs were on the upsurge. Independently of the fact that a Nursing Education Survey Committee Report<sup>21</sup>, released in 1963, recommended that Alberta desist from the trend of establishing two-year programs, the cost-factor being the major argument volunteered in support of this recommendation, a neighboring province was contemplating a two-year hospital experimental program.

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20 Ibid., p. 86.

21 Alberta Department of Health, Report Nursing Education Survey Committee, Province of Alberta, 1961-1963, Edmonton, Queen's Printer, 1963, p. 228.

Based on the belief that nurses could be educated in a shorter period of time than three years, and bolstered by the conclusive experience of the Metropolitan School of Nursing, the Saskatchewan Registered Nurses' Association in 1962 gave full approval to the Regina Grey Nuns' Hospital School of Nursing to conduct a two-year diploma nursing experimental program. Financial approval was granted by the Department of Public Health of Saskatchewan, hence costs incurred were absorbed in the hospital budget. The period of experimentation stretched over a period of four years, namely 1962-1966 after which time a report was presented<sup>22</sup>. The results were adequately conclusive for Saskatchewan to gradually move to a two-year pattern of basic diploma nursing education.

With the revival of two-year programs, Canada witnessed the establishment of independent programs. These, operating under separate boards, were not under the aegis of an educational institution, hence the label independent schools. Subsequent to the Metropolitan School of Nursing, a second independent two-year program was the Nightingale School of Nursing. This school, financed by the Ontario Services Commission and administered by a separate board, admitted its

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22 C.G. Costella and T. Castonguay, The Evaluation of a Two-Year Experimental Nursing Program, Regina, Caston, 1968, 92 p.

first class of students in 1960<sup>23</sup>. In 1964, the Quo Vadis School of Nursing, another independent program geared primarily to mature students, was established in Toronto<sup>24</sup>. The latter was a project of the Catholic Hospital Conference of Ontario. While authority and responsibility for its administration were vested in a Board of Directors, finances were provided by the Ontario Hospital Services Commission, with funds channelled through a hospital budget.

The trend toward placing increasing emphasis on the need to place hospital schools of nursing under the aegis of educational institutions was accelerated in the 1960's. In 1962, the CNA, supported by respective provincial associations, by means of a submission to the Royal Commission on Health Services, recommended that a new type of school of nursing at the post-high school level be established<sup>25</sup>. Again in 1964, Mussallem, having completed a study designed to "examine, describe and analyse formal educational programmes

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23 Nightingale School of Nursing, Nursing Bulletin, Toronto, Nightingale School of Nursing, 1969, p. 1.

24 Catherine D. McLean, A Report on the Establishment of the Quo Vadis School of Nursing and the Selection of the First Class of Student, [Toronto, Quo Vadis School of Nursing], 1964, p. 1.

25 Canadian Nurses' Association, Submission to the Royal Commission on Health Services, Ottawa, CNA, 1962, p. 31.

for nurses and make proposals for needed changes"<sup>26</sup>, reaffirmed previous recommendations.

Immediate plans should be directed towards introducing diploma schools of nursing into the post-high school system of the country.

The development of educational programmes should not follow a set pattern or be standardized. Schools should always have freedom to develop a programme to meet their own objectives and these objectives should be in harmony with health goals of a community<sup>27</sup>.

The report of the Royal Commission on Health Services, better known as the Hall Report, released in 1964, supported the notion that nursing education should be organized in the same manner as other professions, and recommended that an orderly transfer be undertaken<sup>28</sup>. This national commission, ordered by the Government of Canada and charged to inquire into and report upon existing facilities and future needs of health services of the people of Canada, did not hesitate to consider all aspects of nursing education. Statements, beliefs and recommendations contained in the report, bold and forceful, largely influenced diploma nursing education. Contending that nursing education and nursing service should

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<sup>26</sup> Helen K. Mussallem, Royal Commission on Health Services, Nursing Education in Canada, Ottawa, Queen's Printer, 1964, p. 2.

<sup>27</sup> Ibid., p. 137-138.

<sup>28</sup> Canada Commission on Health Services, (Emmett M. Hall, President), Royal Commission on Health Services, Ottawa, Queen's Printer, Vol. I, 1964, p. 64-69.

be divorced, have separate budgets and that programs should be shorter than the traditional three year pattern, the report concluded:

The Commission believes this to be the right approach. The educational system for nursing should be organized and financed like other forms of professional education. An additional reason for the change in nursing education is not only that we shall obtain equally, if not better, qualified personnel in shorter time, but that a substantial part of hospitalized patient-care will no longer depend, as it does now, upon apprentices<sup>29</sup>.

A further recommendation found in the Hall Report, and which was soon to be adopted and implemented in the various provinces, was

That there be established in each province a Nursing Education Planning Committee, advisory to the Minister of Health, to plan and direct the gradual and orderly development of nursing education. The Committee should be representative of the Provincial Nurses Associations, the Hospital Associations, University(ies), the Hospital Insurance Agency, and the Department of Education<sup>30</sup>.

Bolstered by the Hall Report, at a biennial meeting, the Canadian Nurses' Association, a federation of the ten provincial nurses' associations, went on record as upholding the following policy statement:

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29 Ibid., p. 64.

30 Ibid., p. 67.

The education of nurses rightfully belongs within the general system and that schools of nursing now under the control of service agencies should be placed under the control of the appropriate educational authority in each province<sup>31</sup>.

Not unlike the Royal Commission, fully aware of the fact that financial implications would tend to inhibit change, the CNA posited that difficulties would dissolve firstly when the methods used in the financing of general education would be applied to the financing of nursing education, and secondly when "society ceased to expect hospitals to be subsidized by the service of nursing students"<sup>32</sup>. Desirous of initiating a reform in the system, the CNA, in drawing up a blueprint for action in the 1964-66 biennium, gave itself the mission of implementing a recommendation of the Hall Report, namely "To establish appropriate provincial and national committees to promote desirable changes in the pattern of nursing education"<sup>33</sup>.

In 1964, then, a national governmental commission pressed for a gradual break with the long-standing pattern of diploma nursing education, almost simultaneously a national voluntary nurses association gave impetus for change

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<sup>31</sup> Canadian Nurses' Association, On Record, CNA Policy Statements, Ottawa, CNA, 1964, p. 5.

<sup>32</sup> Ibid.

<sup>33</sup> Canadian Nurses' Association, Blueprint for Action 1964-66, Ottawa, CNA, [1964], [no pagination].

and reform in the system. The year 1964 was decisive for diploma nursing education; a trend was thereafter pointing toward a move in a predictable direction.

Mussallem, in 1964, designed a plan for the development of nursing education at the post-secondary level within the general educational system of Canada. In the report, Mussallem made the following statements:

Whether nursing education should be placed within the general educational system can no longer be considered a point of debate. It is possible and it can be done. If the nursing group does not move, it may be done by some other group.

The Canadian Nurses' Association, in cooperation with its provincial counterparts, should take steps to implement the plan presented in study -- or an elaboration of it -- leading to the inclusion of all nursing education within the general educational system of each province<sup>34</sup>.

On the other hand, in the field of general education great strides had been made; so much so that it was stated: "The most dramatic of the recent developments in the field of post-secondary education in Canada, has been the creation of provincial systems of colleges for further education"<sup>35</sup>. The

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<sup>34</sup> Helen K. Mussallem, A Path to Quality: A plan for the Development of Nursing Education Programs within the General Educational System of Canada, Ottawa, CNA, 1964, p. 183-185.

<sup>35</sup> Association of Universities and Colleges of Canada, Undergraduate and Graduate Diploma and Degree Courses at Canadian Universities and Colleges 1969, (Reprint from Universities and Colleges of Canada, 1969), Ottawa, Association of Universities and Colleges of Canada, 1969, p. 6.

setting having gradually been prepared, a counter system thus being established, nursing education could proceed to take its place within the provincial systems of education.

The Ryerson Nursing Program, Toronto, was the first in Canada to be established in an educational institution. The steps taken by the Registered Nurses' Association of Ontario in the development of the program were described as follows:

In July 1962, the Registered Nurses' Association of Ontario initiated the investigation of the possibility of starting a diploma nursing course within the Ryerson Institute of Technology. After preliminary discussions with the Department of Education and the Ryerson Institute, Miss Dorothy Rowles was engaged for the purpose of exploring and, possibly, developing a program in nursing which would fit into the general policies established for courses at the Ryerson Institute. The Executive Committee accepted the report [...] and the first class of students was admitted in September 1964<sup>36</sup>.

A provincial nurses association had pioneered the first diploma nursing program in an educational institution, other programs were soon to blossom across Canada.

In 1964, there were a total of 171 basic diploma nursing programs in Canada<sup>37</sup>; of these only one program was

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<sup>36</sup> Registered Nurses' Association of Ontario, Outline of Activities Related to the Pattern for the Preparation of the Diploma Nurse in Ontario, Toronto, Registered Nurses' Association of Ontario, April 1966, p. 1-2.

<sup>37</sup> Canadian Nurses' Association, Countdown 1967, Ottawa, CNA, 1968, p. 52.

established in an educational institution and two were independent in nature<sup>38</sup>. From 1964 onward, historical evidence indicates a definite trend toward the transfer of diploma nursing programs from hospitals to the provincial systems of education. The following chapters purport to further identify trends by means of an examination and interpretation of events leading to and including the transfer of basic diploma nursing programs to respective provincial systems of education. In order to direct or alter a trend, a clear delineation of its line of direction is a first essential.

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<sup>38</sup> Canadian Hospital Association, Canadian Hospital Directory, Toronto, CHA, 1964, p. 103-106.

PART II

PROVINCES WHERE THE TRANSFER OF BASIC  
DIPLOMA NURSING PROGRAMS FROM HOSPITALS  
TO THE SYSTEMS OF EDUCATION IS COMPLETE

## CHAPTER II

### DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF SASKATCHEWAN

The foregoing chapter demonstrated a definite trend away from hospital-controlled schools of nursing and toward college-centered diploma nursing programs within the provincial systems of education. The province of Saskatchewan made the first breakthrough in this direction.

The historical overview has placed in relief salient events which pointed toward a shift in the pattern of Saskatchewan diploma nursing education, namely a shorter and a more centralized type of program. Events which occurred from 1964 give insight into the forces which brought into being the complete transfer of diploma nursing programs to the system of education.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the Provincial System of Education.

The complete change in the system of diploma nursing education in Saskatchewan was the result of a study on nursing education requested by the Saskatchewan Registered Nurses Association, hereinafter referred to as SRNA, and carried out by the Department of Public Health. Shortly after the release of the Report of the Royal Commission on Health Services in

1964<sup>1</sup>, recommending that each province establish a Nursing Education Committee, officials from the SRNA met with the Minister and urged the establishment of such a committee<sup>2</sup>. The government, responding straightaway, set up by Order-in-Council an Ad Hoc Committee on Nursing Education with the responsibility of examining the process of nursing education in Saskatchewan<sup>3</sup>. This Committee, chaired by Mr. Justice Walter A. Tucker, was composed of the following representatives: three from the SRNA; one from the Department of Public Health; one from the Department of Education; one from the College of Physicians and Surgeons of Saskatchewan; one from the Catholic Hospital Conference of Saskatchewan, and one from the Saskatchewan Hospital Association.

A submission presented in November 1965 to the Ad Hoc Committee, was the medium to which the SRNA resorted to make their views, relative to diploma nursing education, known. The core of the content of this brief was encapsulated in the following recommendations:

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

2 Saskatchewan Department of Public Health, Ad Hoc Committee on Nursing Education, Regina, Printer of the Queen's, 1966, p. 1.

3 Ibid.

That nursing education be dis-associated from hospitals except for clinical experience.

That a two year diploma course for nurses be conducted in regional schools under a Division of the Department of Education.

That public funds [...] continue to be the main source of support for nursing education programs, but these funds should be made available through the Department of Education rather than through the Department of Public Health<sup>4</sup>.

There was a sense of urgency in the Committee's performance to meet a deadline; the pace of activity was augmented by political forces. In view of pending legislature, and at the request of the Minister of Health, the Committee submitted an interim report dated January 11, 1966, stating:

In accordance with your wish to have the views of the Ad Hoc Committee on Nursing Education as to the desirability of legislation before the end of 1965, the Committee has authorized me to make this report to you by letter<sup>5</sup>.

The two following main recommendations contained in the interim report reflected the thinking of the SRNA, and subsequently formed the object of legislation.

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<sup>4</sup> Saskatchewan Registered Nurses' Association, Brief Presented to the Ad Hoc Committee on Nursing Education and to the Minister of Public Health, Regina, SRNA, 1965, p. 1.

<sup>5</sup> Department of Public Health, op. cit., Appendix A, p. 149.

That the Department of Education Act be amended to definitely provide that the education of nurses at the diploma level be under the control of the Department of Education.

That a Nurses' Education Act [...] be passed. This act would establish a Saskatchewan Board of Nursing Education to advise the Minister of Education in carrying out his administration of education of nurses<sup>6</sup>.

The government essentially accepted the recommendations and guidelines of the Ad Hoc Committee Interim Report, and amendments to the Nurses' Education Act<sup>7</sup> and the Department of Education Act<sup>8</sup>, were assented to March 30, 1966, and April 7, 1966 respectively. Legislation, therefore, preceded the final report of the Ad Hoc Committee which was not released till August 1966<sup>9</sup>. Political forces therefore played an important role in the transfer of diploma nursing education from hospitals, under the Department of Health, to the Department of Education.

Between the passage of legislation in nursing education and its concrete implementation, there was but a short span of time. Initially, it was unclear as to exactly where diploma nursing programs would fit in the educational system.

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<sup>6</sup> Ibid., p. 150-151.

<sup>7</sup> An Act Respecting the Education of Nurses, Assented to March 30, 1966.

<sup>8</sup> An Act to Amend the Department of Education Act, Assented to April 7, 1966.

<sup>9</sup> Department of Public Health, op. cit., p. iii.

Saskatchewan had forged ahead in legislating change without having an educational system fully established to absorb programs, but provisional arrangements were made. In this respect, the SRNA School Advisor stated:

As to diploma nursing education in post-secondary level, it presented difficulties to the Department of Education as to where it would fit into the Department's current structured divisions. The Department of Education is considering [...] structure changes within the department. However, until such a time as change occurs, the Department of Education has organized a nursing division which is directly responsible to the Deputy Minister of Education<sup>10</sup>.

The Department of Education, in addition, appointed a nurse as Superintendent of the Nursing Education Division.

In accordance with the dictates of the Nurses' Education Act, a Board of Nursing Education composed of representatives from various associations directly or indirectly concerned with nursing education was constituted and active by July 1966<sup>11</sup>. This was less than four months after the passage of legislation. The trend was to move rapidly to the new system without being oblivious of the problem concerning the lack of educational facilities.

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<sup>10</sup> Linda Long, "Tomorrow's Nursing Education in Saskatchewan", The Canadian Nurse, Vol. 63, 1967, p. 30.

<sup>11</sup> Department of Education, Nursing Division, History of the Nursing Division, (Mimeographed), 1968, p. 1.

Fearful that diploma nursing programs would be developed in single-disciplined institutions, and in an attempt to give direction to a definite trend to transfer diploma nurse education to the educational system, the SRNA restated their position in unmistakable terms: "That diploma nursing for nurses be established in post-secondary institutions for higher education"<sup>12</sup>. The province moved in this direction although time was required to achieve the coveted goal.

In the period of a year, namely 1966-1967, the diploma nursing education set-up in the province had been altered. The situation prior to the enactment of a change by law was thus described by the SRNA:

There are 11 diploma Schools of Nursing with programs varying from 2 to 2½ to 3 years. Of the 11 schools, 4 conduct their total educational program while the remaining 7 share part of theirs (7 months) with the Centralized Teaching Program<sup>13</sup>.

A year later, the situation was the following:

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<sup>12</sup> Saskatchewan Registered Nurses' Association, Brief Presented to the Joint Committee on Higher Education, Regina, SRNA, June 1966, p. 1.

<sup>13</sup> Saskatchewan Registered Nurses' Association, Brief Presented to the Ad Hoc Committee, 1965, p. 6-7.

As a result of the changes in diploma nursing education [...] the Centralized Teaching Program closed in June 1967. The last classes of [...] the seven schools were enrolled in 1966 [...]. The new Central School replacing the seven schools, the school of diploma nursing, S.I.A.A.S., Saskatoon, was organized to enroll its first class in September 1967. The curriculum [...] extends over twenty-two months [...].<sup>14</sup>

The Centralized Teaching Program therefore ceased to operate in 1967. That same year, the development of a new two-year diploma nursing program coincided with the opening of the first Institute of Applied Arts and Sciences in Saskatoon, later known as the Kelsey Institute. Hospital programs fell under the control of the Department of Education while continuing to be financially supported by the Department of Public Health, through respective hospital budgets<sup>15</sup>. The trend was not for hospital schools of nursing to transmute to an educational institution, but rather to gradually phase out by ceasing to admit students. In 1967, only four of the eleven hospital schools admitted students<sup>16</sup>. The reason for their continuance was the absence of a suitable educational institution in which to develop a second nursing

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<sup>14</sup> Saskatchewan Board of Nursing Education, Evaluation of the State of Nursing Education in Saskatchewan, July 1, 1966 - June 30, 1967, Regina, Board of Nursing Education, 1967, p. 6.

<sup>15</sup> Saskatchewan Board of Nursing Education, Evaluation of the State of Nursing Education in Saskatchewan, July 1, 1967 - June 30, 1968, Regina, Board of Nursing Education, 1968, p. 1.

<sup>16</sup> Ibid.

program in the southern part of the province.

There was a long-standing move toward centralization of nursing programs in Saskatchewan. The establishment of two such programs was eventually considered sufficient to maintain an adequate supply of nurses while yet making nursing education readily accessible to students. Until the second Institute of Applied Arts and Science was erected, two hospital Schools of nursing were encouraged to increase their yearly enrolment. In 1969, the Board of Education pressed for the establishment of the southern centralized nursing program by 1972<sup>17</sup>. With the establishment of the Institute of Applied Arts and Sciences in Regina, known as the Wascana Institute, a second diploma nursing program was made operative in 1972, and the last hospital school phased out in 1973<sup>18</sup>. Thus, diploma programs were financially supported and educationally guided by the Department of Continuing Education.

The decision, therefore, to establish diploma nursing education within the educational system was made firm by 1966. With the exception of a delay in the setting up of suitable

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17 Saskatchewan Board of Nursing Education, Evaluation of the State of Nursing Education in the Province of Saskatchewan, Regina, Board of Nursing Education, 1969, p. 1.

18 Saskatchewan Registered Nurses' Association, Annual Report, Regina, SRNA, 1973, p. 2.

institutions of learning at the post-secondary level, the transfer moved in a constant linear direction. Throughout the transitional phase cooperation was manifest on the part of all groups concerned, namely, the Department of Public Health, the Department of Education, the SRNA, and hospital schools.

The organizational structure and policies which regulate these new programs are now examined.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

From the onset, there was acceptance in principle that the Department of Education should establish two central schools of nursing; one located in Saskatoon and the other in Regina. There are therefore only two nursing programs in existence; both are integrated in an Institute of Applied Arts and Sciences. These autonomous multidisciplined institutions initially under the Department of Education are presently under the Department of Continuing Education. The present set-up is best described by the Coordinator, Health Manpower Programs:

In 1972, the Department of Continuing Education was legislated. Up to this time the Department of Education had been responsible for primary, secondary and post-secondary education below the university level. The decision was made to place all post-secondary education within a separate department which was called the Department of Continuing Education [...]. In the organizational structure that was developed for the Department of Continuing Education there was one co-ordinator position in the health field established under the Colleges Branch. The Institutes of Applied Arts and Sciences are autonomous organizations in which the principals are directly responsible to the Deputy Minister of Continuing Education for their total operation.

In the governing of Institutes, policies have been established whereby all new programs, expansions or major changes have to be centrally approved before they are implemented<sup>19</sup>.

Although Institutes of Applied Arts and Sciences are autonomous in nature, the move instigated was that of requiring central approval of programs by the Department of Continuing Education. As noted above, diploma nursing programs are no exception, and therefore require the approval of the Department. Regardless of centralized governmental control of programs, other bodies are actively engaged in the process of policy making.

In the Nurses' Education Act<sup>20</sup>, provisions were made for the establishment of a Board of Nursing Education. This Board to be concerned with all levels of nursing education,

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<sup>19</sup> Letter dated June 20, 1974, from Miss Wilma Matheson, Coordinator, Health Manpower Programs, Department of Continuing Education, Province of Saskatchewan.

<sup>20</sup> An Act Respecting the Education of Nurses, Section 3.

with the exception of the University level, was constituted as follows: an employee of the Department of Public Health appointed by the Minister; a person appointed by the Board of Governors of the University; a person appointed by the council of the SRNA; a person appointed by the Hospital Association; a person appointed by the Catholic Hospital Conference of the Province, and one person appointed by the Minister. The duties of the Board consisted in advising the Minister: making recommendations in matters pertaining to policies, organizational structure and standards of programs for the education of nurses. More recently, commenting with regard to the role of the Board, Matheson stated:

The Board of Nursing Education [...] continues to meet two or three times a year. It still provides an input into programming from the various agencies and authorities that have a legitimate interest in nursing education in this province. The trend in this province is to increase community and or consumer participation in advisory boards and committees to educational programs. So the Board will likely continue indefinitely<sup>21</sup>.

Within a form of structured central control, the trend is for the government to seek advice particularly in the area of programming so as to ascertain that community needs are adequately met. Hospitals, still being the main employers of diploma nurses, are observed to exercise active

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<sup>21</sup> Letter dated August 8, 1974, from Miss Wilma Matheson, Coordinator, Health Manpower Programs, Department of Continuing Education.

participation by means of representation on the Board of Nursing Education.

In the new structural set-up, the trend for the SRNA to approve schools of nursing prevails. The SRNA is granted, by legislation, the authority to approve nursing education programs, this by virtue of the fact that to qualify for registration by examination a candidate "Must have submitted satisfactory evidence of having graduated from a school of nursing approved by the association [...]"<sup>22</sup>. Assessment of programs by the SRNA is performed in close relationship with the Department of Continuing Education.

Schools of Diploma Nursing in the Province of Saskatchewan are jointly visited for purposes of evaluation by a person designated by the Saskatchewan Registered Nurses' Association and a person designated by the Nursing Education Division, Department of Education<sup>23</sup>.

A SRNA Approval Committee composed of two nurse educators, an educator from general education, a nurse employer, a government appointee representing the Department of Continuing Education, and the registrar of the SRNA assumes responsibility for the approval of diploma programs on a

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<sup>22</sup> The Registered Nurses Act and Bylaws of the Saskatchewan Registered Nurses' Association, 1973, p. 18.

<sup>23</sup> Saskatchewan Registered Nurses' Association, Requirements for Approval of Schools of Nursing in Saskatchewan for Admission of Graduate Nurses to the Saskatchewan Nurses' Association, Regina, SRNA, May 1970, p. 17.

biennial basis as well as for the setting of minimum standards<sup>24</sup>. In the development and granting of approval to programs, authorities in education are mindful of these criteria<sup>25</sup>.

Saskatchewan Institutes of Applied Arts and Sciences grant a diploma of Applied Arts to students who have successfully completed a two-year post-secondary diploma nursing program. Respective Institutes therefore issue diplomas to meriting candidates<sup>26</sup>.

Following graduation, the SRNA Council, upon the recommendation of the Board of Examiners, grants registration thus qualifying candidates to practise as registered nurses. In Saskatchewan, however, registration is permissive; a person may practise nursing without being registered, but may not use the title registered nurse or the abbreviations R.N. or Reg. N.<sup>27</sup>

An important item in the management of nursing programs is that of finance. The Department of Public Health no longer assumes responsibility for control nor financing

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<sup>24</sup> Saskatchewan Registered Nurses' Association, Policies, Procedures and Criteria for Approval of Nursing Education Programs in Saskatchewan, Regina, SRNA, 1973, p. 1-6.

<sup>25</sup> Matheson, Letter dated June 20, 1974.

<sup>26</sup> Wascana Institute of Applied Arts and Sciences, Calendar 1974-75, Regina, Wascana Institute, p. 46.

<sup>27</sup> The Registered Nurses Act and Bylaws, p. 18.

of programs. The trend is for the Department of Continuing Education to absorb the major portion of this financial burden. Arrangements are that respective Institutes of Applied Arts and Sciences

[...] prepare and submit a budget (through the Department of Continuing Education) to the Provincial Cabinet. The value of the educational programs and services that are approved by cabinet becomes the operating budget for any fiscal year<sup>28</sup>.

Furthermore, nursing students are now obligated to pay a tuition fee determined by the Institute. The fee structure for both diploma nursing programs is identical, namely, \$245.00 per year or \$122.50 per semester<sup>29,30</sup>.

In the new system, the SRNA has retained the prerogative of prescribing policies, procedures, and criteria<sup>31</sup> which serve as guidelines in curriculum development and approval of nursing programs. Policies or minimum requirements, relatively few in number and stated in broad terms, are discussed under the proximate heading.

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28 Ibid., p. 5.

29 Wascana Institute of Applied Arts and Sciences, Calendar, p. 8.

30 Kelsey Institute of Applied Arts and Sciences, Diploma Nursing Program Brochure, Saskatoon, Kelsey Institute, [1973].

31 SRNA; Policies, Procedures and Criteria for Approval of Nursing Education Programs in Saskatchewan, 1973.

### 3. Curriculum

The Department of Continuing Education has not chosen to dictate or prescribe requirements relative to curriculum development. It is true that in 1971 the Health Sciences Section, Department of Education, prepared guidelines for purposes of curriculum development<sup>32</sup>, but these were stated in broad terms; principles enunciated provided guidance not directives.

The policies issued by the SRNA differ in that although broad and flexible, definite minimal requirements are prescribed. These minimum criteria therefore set a base line above which each program may set its own requirements, but below which no program may drop lest approval be withheld. The loss of approval of a diploma nursing program is regarded as a serious matter. Those students graduating from an unapproved program automatically disqualify for the writing of licensure examinations, the latter being the portal of entry into the nursing profession<sup>33</sup>.

Curriculum design and development is regarded as the prerogative of the faculty<sup>34</sup>, however it must be compatible

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<sup>32</sup> Saskatchewan Department of Education, Guidelines for Curriculum Development in Programs of Diploma Nurse Education in Saskatchewan, Regina, Health Sciences Section, 1971, 18 p.

<sup>33</sup> The Registered Nurses Act and Bylaws, p. 18.

<sup>34</sup> SRNA, Policies, Procedures and Criteria, p. 9.

with the overall focus of the educational institution, nursing standards, and current social trends<sup>35</sup>.

The orientation of Institutes of Applied Arts and Sciences in Saskatchewan is technical and vocational in nature.

They serve a unique function distinct from that of the University. They are practical, applied, and occupation oriented. The programs presently offered are designed to meet training needs in the areas of Vocational Education and the Health Sciences<sup>36</sup>.

In 1971, guidelines prepared and circulated by the Department of Education pointed toward the preparation of a nurse who upon successful completion of the program of studies would be able to function under the supervision of a professional nurse and at a beginning level. Guidelines specified:

The aim of diploma nursing education in Saskatchewan is to provide a program to educate a practitioner who in the beginning is capable of participating in meeting society's health needs of a nursing nature by providing nursing care and assessing care given in situations requiring nursing judgements; and who is a self-directing, adaptable person with an awareness of self-potential and limits. Upon completion of the program it is intended that this practitioner will be capable of functioning with some degree of independence under the supervision of an experienced professional nurse. The beginning practitioner is not prepared, through this educational program, to assume administrative responsibilities<sup>37</sup>.

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35 Ibid., p. 8.

36 Wascana Institute, Calendar, p. 2.

37 Department of Education, Guidelines for Curriculum Development, p. 2.

There is a margin of congruency between the focus of Institutes, the Department of Education, the SRNA and diploma nursing programs. The following demonstrate that the goal of the diploma programs is to prepare and enable nurses to function at the beginning level, and under supervision, in a hospital or other select agency.

The aim of the Diploma Program is to prepare a nurse [...] capable of displaying a degree of autonomy in decision-making under the supervision of an experienced person. This individual will be educated to participate in meeting society's health needs in active treatment centres and or other settings where nursing judgement and nursing care is provided<sup>38</sup>.

The nurse who graduates from the Diploma Nursing Program will be prepared for first level (beginning) positions in nursing in hospital or other health agencies<sup>39</sup>.

With regard to the on-going curriculum design, minimum prescriptions tend to be more directive particularly in the areas of content and hour distribution. Programs shall:

- provide a minimum of 800 hours of theory and 1200 hours of practice.
- include both general and nursing education content. The nursing component being at least 50% of the total.
- include content areas required by the SRNA for purposes of writing registration examinations<sup>40</sup>.

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38 Wascana Institute, Calendar, p. 35.

39 Kelsey Institute, Brochure.

40 SRNA, Policies, Procedures and Criteria, p. 9.

The two diploma nursing programs, intended to be practical, applied and technical in nature, disclose a balance between general and specialized education. Courses in the social, psychological, biological and physiological sciences are interspersed with nursing content in the five required major areas, namely; medical nursing, surgical nursing, obstetric nursing, pediatric nursing and psychiatric nursing<sup>41,42</sup>.

Based on the premise that objectives are clearly defined, and in addition to the 1200 hours of required practice, policies further state that

- The curriculum shall provide students with the quantity and variability of experience necessary for them to achieve the objectives of the program.
- Nursing practice shall be obtained in agencies approved for their function by appropriate bodies.
- Agreements identifying responsibilities and working relationships shall exist between the program and agencies providing the facilities for practice. These agreements should be reviewed periodically<sup>43</sup>.

In accordance with the general focus of diploma nursing in the province, toward the end of respective programs, a course entitled Advanced Nursing is offered. By means of

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41 Wascana Institute, Calendar, p. 33-36.

42 Kelsey Institute, Diploma Nursing Program, (mimeographed), 1973, p. 1-5.

43 SRNA, Policies, Procedures and Criteria, p. 9-10.

this learning experience, consisting of theory and extended clinical experience, opportunities are provided in the " [...] planning, implementing and evaluating of nursing care of a group of patients [...] "<sup>44</sup>. Essentially, the course is designed to assist students " [...] develop skill in providing care to individuals experiencing multiple nursing needs [...] Emphasis [being] on the management of patient care and the nurses' role in promoting continuity of care "<sup>45</sup>.

Despite efforts made to prepare a satisfactory beginning level practitioner in a " [...] 22-month academic program divided into two years "<sup>46</sup>, a trend points to a sense of dissatisfaction with the performance of new graduates. A study conducted and reported in 1971 indicated a discrepancy between the expectations of employers and the actual product of the diploma nursing program. The conclusion drawn by the Department of Education was that skills sought were beyond the basic level and more appropriately belonged to the area

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<sup>44</sup> Wascana Institute, Calendar, p. 36.

<sup>45</sup> Kelsey Institute, Diploma Nursing Program, p. 5.

<sup>46</sup> Kelsey Institute, Diploma Nursing Program Guide, (mimeographed) 1972, p. 3.

of specialties not included in programs<sup>47</sup>. A second inference drawn was that "[..] one could conclude that the educational program does meet its objectives but these do not in all instances coincide with the service needs of the agencies"<sup>48</sup>.

The general policies make no reference to the desired or acceptable approach to curriculum development or preferred teaching methods. The tendency, however, is to be venturesome in areas of newness in curriculum development and teaching. The Wascona Institute developed and implemented a nursing core curriculum<sup>49</sup>. This "core" curriculum is geared to diploma nursing students, psychiatric nursing students and nursing assistants. In the "core", which stretches over the first two terms, the common skills, attitudes, and knowledge required by the three levels of nurses are taught by the same instructors to the total group. A common foundation is therefore established providing the possibility of transferability between programs involved. Another new aspect of this program is that of using the conceptual teaching approach. The Kelsey Institute nursing curriculum, planned exclusively

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<sup>47</sup> Saskatchewan Department of Education, Survey of Performance Characteristics Related to Program Objectives for Diploma Nursing Saskatoon Institute of Applied Arts and Sciences, Regina, Department of Education, 1971, p. 19.

<sup>48</sup> Ibid.

<sup>49</sup> Wascona Institute, Core Curriculum Conceptual Model, (mimeographed) 1972.

for diploma nurses, is developed around three broad areas: nursing, behavioral sciences and humanities, biological and related medical sciences<sup>50</sup>.

Policies relative to the student population, prime users of the curriculum, are reflected below.

#### 4. Students

Admission requirements for nursing students tend to be in line with other students in two-year programs within the Institutes. Programs being at the post-secondary level, a grade XII is required. In addition, to ascertain that candidates will, upon successful completion of the course of study, qualify to write licensure examinations, minimum requirements presented by the SRNA must not pass unnoticed. Requirements are broad and frequently revised. To this effect, the 1973 annual report reads:

Entrance requirements to Saskatchewan schools of nursing were revised. It was agreed there should be a general statement instead of details, and that it should be [...] An Average of 60 per cent [...] Grade XII [...] Candidates must have seven credits at the Grade XII [...] level. Specific requirements will be left to the individual school [...]

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50 Kelsey Institute, Brochure.

51 Saskatchewan Registered Nurses' Association, Annual Report, Regina, SRNA, May 1973, p. 19.

The two diploma programs have the same admission requirements. The seven credits required are in the following: two in English; one in social sciences or social studies; two in Biology and two in Chemistry or Physics; one in Mathematics, and one in an academic elective<sup>52,53</sup>.

Although the Wascana Institute is silent with regard to the admission of mature students, the Kelsey Institute explicitly states that consideration is given to adult applicants who do not have the minimum educational requirements.

With the phasing out of the eleven existing hospital schools and the establishment of only two central diploma nursing programs in Saskatchewan, the student enrolment decreased considerably. Table I presents the total yearly enrolment from 1967 to 1973 inclusive.

In 1969, the total enrolment was 1,222. Of these, 250 students were admitted to the first new diploma nursing program established at the Institute of Applied Arts and Sciences, Saskatoon; the remaining 972 were still in hospital schools which were nonetheless under the control of the Department of Education.

Table I reflects a marked decrease in enrolment in 1969. This change coincides with the phasing out process of

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52 Kelsey Institute, Brochure.

53 Wascana Institute, Calendar, p. 35.

Table I.-  
Total Yearly Enrolment in Saskatchewan Diploma  
Nursing Programs<sup>a</sup>.

| Year | Female | Male | Total |
|------|--------|------|-------|
| 1967 | 1,217  | 5    | 1,222 |
| 1968 | 1,160  | 4    | 1,164 |
| 1969 | 725    | 10   | 735   |
| 1970 | 868    | 1    | 869   |
| 1971 | 852    | 3    | 855   |
| 1972 | 822    | 0    | 822   |
| 1973 | 827    | 6    | 833   |

<sup>a</sup> Source: SRNA Archives, Statistics Prepared by SRNA, June 1974.

nine hospital schools of nursing. In 1969, only two hospital schools of nursing planned to continue admitting students until such a time as a second diploma nursing program could be developed. In its annual report the Board of Nursing Education declared:

Both of these schools [The Regina Grey Nuns' Hospital School of Nursing and The Regina General Hospital] are awaiting news of the establishment of a second central school of diploma nursing education in the southern part of the province to enable them to set a definite date for phase out of their school of nursing<sup>54</sup>.

From 1970 on a constant quota of student enrolment was maintained.

Male student enrolment tends to be minimal; the diploma nursing student population continues to be predominately female.

Table II presents the total number of nursing students graduating on a yearly basis. The nursing program at the Institute of Applied Arts and Sciences being of two years in length, it was only in 1969 that the first class graduated. In a similar manner, all schools of nursing had been under the control of the Department of Education for a period of two years as of 1969. For these reasons, then, 1969 is considered as an appropriate cut off point in the

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<sup>54</sup> Saskatchewan Board of Nursing Education, Evaluation of the State of Nursing Education in the Province of Saskatchewan, 1969, p. 19.

Table II.-

Total Numbers Graduating Yearly in Saskatchewan:  
Success and Failure Rate on Licensure Examinations<sup>a</sup>.

| Year | Number Graduating | Performance on Licensure Examinations |      |         |      |
|------|-------------------|---------------------------------------|------|---------|------|
|      | Total             | Pass                                  | %    | Failure | %    |
| 1969 | 456               | 399                                   | 87.5 | 57      | 12.5 |
| 1970 | 361               | 359                                   | 99   | 2       | 1    |
| 1971 | 340               | 317                                   | 93   | 23      | 7    |
| 1972 | 372               | 334                                   | 91.7 | 38      | 8.3  |
| 1973 | 374               | 349                                   | 93.3 | 25      | 6.7  |

<sup>a</sup> Source: SRNA Archives.

presentation of data with regard to numbers of graduates on a yearly basis, as well as the numbers of successful and non-successful candidates on the licensure examinations.

The decrease observed in numbers graduating from 1970 onward coincides with the decrease in enrolment reflected in Table I. Statistics reveal that graduates are largely successful on licensure examinations.

Licensure examinations are better known as the CNA Testing Service Examinations. The evolution of this testing service is thus described by the Director of the Testing Service:

In March 1970, the Canadian Nurses' Association established the CNA Testing Service. The task of the testing service is to develop and administer a series of examinations that measure knowledge and theory necessary for basic nursing care. The [...] examination is made up of five multiple-choice, objective-type tests in medical, surgical, obstetric, children's and psychiatric nursing<sup>55</sup>.

Since the inception of the CNA Testing Service, prior to which similar examinations were purchased from the National League for Nursing in the United States, and with the exception of French-speaking candidates in Quebec, all provinces have adopted and purchased the five sets of examinations described above<sup>56</sup>.

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<sup>55</sup> Eric G. Parrott, "The CNA Testing Service", Ottawa, Canadian Nurse, Vol. 68, August 1972, p. 27.

<sup>56</sup> Ibid.

In Saskatchewan, a candidate having failed one or more examinations is regarded as non-successful and may not be registered at that time. In accordance with policies, however, a candidate may rewrite at subsequent sittings<sup>57</sup>.

### 5. Faculty

The teacher is the keystone of program development and curriculum design. This study therefore gives consideration to the level of faculty preparation as well as to the faculty-student ratio in existing diploma nursing programs.

Policies relative to faculty preparation in Saskatchewan first and foremost stipulate that "The faculty of the educational program shall meet requirements established by the institution for the positions to which they are appointed [...]"<sup>58</sup>. A second, and perhaps more realistic movement, is to require preparation "[...] beyond the level of the objectives of the educational program in which they are teaching"<sup>59</sup>.

Table III presents the level of faculty preparation from 1967, time of change in the control of diploma programs, to 1974 inclusive. The trend is toward an improved level of

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57 The Registered Nurses Act and Bylaws, p. 18-21.

58 SRNA, Policies, Procedures and Criteria, p. 9.

59 Ibid., p. 8.

Table III.-

Number and Level of Faculty Preparation in Saskatchewan in 1967 as Compared to 1974<sup>a</sup>.

| Level of Preparation              | 1967   |       | 1974   |       |
|-----------------------------------|--------|-------|--------|-------|
|                                   | Number | %     | Number | %     |
| Basic Diploma Nursing Course      | 22     | 18.9  | 7      | 8.4   |
| University Diploma or Certificate | 52     | 44.8  | 7      | 8.4   |
| Bachelor's Degree                 | 38     | 32.7  | 67     | 80.7  |
| Master's Degree                   | 4      | 3.5   | 2      | 2.5   |
| Doctoral Degree                   | 0      | 0.0   | 0      | 0.0   |
| Total                             | 116    | 100.0 | 83     | 100.0 |

<sup>a</sup> Source: SRNA Archives.

preparation. The 1974 statistics reveal that 83.2% of the faculty members held either a bachelor's or master's degree. Conversely, only 36.2% had either a bachelor's or master's degree in 1967; the remaining 63.7% held no degree.

While admitting that the faculty-student ratio is an important factor in optimum learning, the Board of Nursing Education in 1969, contended that learning is influenced by many factors such as level of student preparation, area within which experience occurs, availability of facilities, teachers level of experience and teaching method utilized<sup>60</sup>. The SRNA is evidently in agreement with this concept. Policies concerning the aspect of student-faculty ratio simply state: "The ratio of faculty to students shall be supported by data that is educationally sound"<sup>61</sup>.

Regardless of the fact that there is no rigid policy, the faculty-student ratio tends to remain constant in the province. Initially, the diploma program at the Institute of Applied Arts and Sciences, Saskatoon, had an overall faculty-student ratio of 1:10.5; the ratio of teachers to students for the clinical experiences was planned not to

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<sup>60</sup> Saskatchewan Board of Nursing Education, Evaluation of the State of Nursing Education in Saskatchewan, 1967-1968, p. 9.

<sup>61</sup> SRNA, Policies, Procedures and Criteria, p. 8.

exceed 1:8<sup>62</sup>. In 1973, the overall ratio and the ratio in the clinical area were comparatively the same: 1:10.03 and 1:10 respectively<sup>63</sup>.

## 6. Summary

The province of Saskatchewan made the first breakthrough in a long-standing trend pointing to the transfer of diploma nursing programs from hospitals to the provincial systems of education in Canada.

Salient events in the evolution and emergence of the new system were: the release of the Royal Commission on Health Services report containing strong recommendations for change; pressure brought to bear on the Department of Public Health by the SRNA; the striking of an Ad Hoc Committee on Nursing Education, by Order-in-Council, with the responsibility of examining the process of nursing education in the province; the submission of an interim report by the Ad Hoc Committee on Nursing Education in which two important recommendations were made in favor of modifications in existing legislation, and finally legislative enactments.

The move toward innovation, largely influenced by political activity, was in a constant direction, rapid,

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<sup>62</sup> Saskatchewan Board of Nursing Education, op. cit., p. 8-9.

<sup>63</sup> SRNA, Archives.

relatively free of resistance, and made firm by 1966. Throughout the transitional phase, cooperation was manifest on the part of all groups concerned: Department of Public Health, Department of Education, SRNA, and Hospital Schools of Nursing.

The implementation of the decision for change presented problems, but provisional arrangements were made, hence there was but a year between the passage of legislation and the transformation of the diploma nursing education scene. While suitable educational institutions at the post-secondary level were being developed, hospital schools of nursing were educationally guided by the Department of Education and financially supported by the Department of Public Health through respective hospital budgets.

The move was to phase out all hospital schools of nursing, and to develop two new central diploma nursing programs within Institutes of Applied Arts and Sciences. As of 1972, these programs were educationally guided and financially supported by the Department of Continuing Education.

The following statements are a summation of the general direction, characteristics, and status of Institutes, diploma nursing programs, students, and faculty in Saskatchewan.

- Institutes of Applied Arts and Sciences are autonomous, multidisciplined, post-secondary educational institutions

under the Department of Continuing Education.

- All programs developed in these autonomous Institutes require central control and approval by the Department of Continuing Education.
- The SRNA retains, by virtue of the Nurses' Act, the prerogative of establishing minimum standards for the approval of diploma nursing programs. Educational and governmental authorities are mindful of these policies in the development and the granting of approval to a program.
- Policies set by the SRNA are generally broad and flexible, thus providing guidance in the maintenance of minimal standards while promoting creativity in curriculum development. One program tends to be particularly innovative in its curriculum design and teaching approach.
- There is congruency between the general focus of Institutes, diploma nursing programs, and the orientation given by the Department of Education and the SRNA. The aim is to prepare and enable graduates to function at the beginning level, under supervision, in a hospital or other select agency.
- Research conducted in 1971 pointed to a degree of dissatisfaction with the performance of new graduates prepared in an educational institution. A discrepancy between the expectations of employers and the actual

product of the program was observed.

- Diploma nursing programs intended to be practical, applied and technical in nature, disclose a balance between general and specialized education.
- Diploma nursing programs, at the post grade XII level, consist of two academic years; namely, twenty-two months.
- Nursing students, similar to other students in Institutes, are required to pay tuition fees.
- Diploma nursing programs culminate in a diploma of applied arts.
- A reduction in total enrolment and graduations coincided with the establishment of the new central diploma nursing programs. Subsequent to a marked downward curve, a stabilization of numbers is observed from 1970 onward. Total enrolment and graduations continue to be lower in the new system.
- Male student enrolment tends to be minimal; the diploma nursing student population continues to be predominately female.
- Graduates are largely successful on licensure examinations, the latter being the portal of entry into the profession for new graduates. Registration, however, is permissive. A nurse may practise without being registered, but may not use the title registered nurse.

- Despite the absence of fixed policies, a faculty-student ratio of 1:10 has prevailed since the inception of the new system.
- Statistics point to a considerable degree of improvement in the level of faculty preparation. Few, however, hold a master degree.

## CHAPTER III

### DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF QUEBEC

The preceding chapter revealed that Saskatchewan made the first break-through in the alteration of a century-old system of nursing education in Canada. Evidence is here presented to show that it was almost simultaneously that similar transformations, in a manner not so tranquil, were taking place in Quebec.

The following recounts events, and elucidates forces that have shaped and brought into existence the new diploma nursing education system in that province.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the Provincial System of Education.

Although this study is primarily concerned with the past decade, changes in diploma nursing education in Quebec can only be fully viewed against the background of 1961.

The incorporation of diploma nursing programs into the provincial system of education was the direct outcome of the Royal Commission of Inquiry on Education in Quebec. Over the years, Quebec experienced mounting dissatisfaction with the type of general education dispensed, the latter falling increasingly short of societal and technical needs. This growing awareness led the Lieutenant-Governor in Council to

establish, in 1961, a Royal Commission of Inquiry on Education with the responsibility to review the whole field of education<sup>1</sup>. Within its broad mandate, the Commission dealt with the education of nurses.

Cognizant of the fact that nursing education formed an integral part of the Royal Commission's mandate, and in an attempt to direct the future of diploma nursing education, the Association of Nurses of the Province of Quebec, hereinafter referred to as ANPQ, made their views known by means of a brief. In this brief, presented in 1962, the ANPQ favoured the transfer of diploma nursing programs to educational institutions within the system of education. Economical reasons were offered in support of this position.

With students contributing less and less service, hospitals are paying the costs of educating nurses from funds designated for the treatment of patients. Hospitals are, in fact, undertaking the responsibility for financing and determining the education of a large body of students, a responsibility which rightly belongs in educational institutions<sup>2</sup>.

While clearly stating their position, the ANPQ nonetheless pressed for a gradual reorganization of the existing

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<sup>1</sup> Commission Royale d'Enquête sur l'Enseignement, Rapport Parent: Rapport de la Commission Royale d'Enquête sur l'Enseignement dans la Province de Québec, Québec, Imprimeur de la Reine, Vol. I, 1963, p. xiv.

<sup>2</sup> The Association of Nurses of the Province of Quebec, Brief to the Royal Commission on Education Province of Quebec, Montreal, ANPQ, 1962, p. 17-18.

system of diploma nurse education. An adequate period of experimentation was first regarded as necessary.

That two or more schools [...] be started as soon as possible with Boards appointed to investigate the educational and clinical facilities available and to develop a suitable pattern for the educational program<sup>3</sup>.

The Royal Commission of Inquiry on Education expeditiously completed its mandate, and by 1966 findings and recommendations were couched in five volumes<sup>4</sup>. In essence, the report recommended a complete structural and pedagogical reorganization of the entire system of education. Reasons offered in support of the need for a radical change in the system of general education were social and technological in nature. The Commission not only contended that the government was prepared to assume a more aggressive role in the field of education, but also indicated that recommendations for change were dictated by technological and social changes:

L'ère technologique où nous entrons va étendre plus loin et plus profondément cet empire de la technique et de la science sur la vie individuelle et la vie sociale<sup>5</sup>.

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3 Ibid., p. 22.

4 Commission Royale d'Enquête, Rapport Parent, Vol. I-V, 1963-1966.

5 Ibid., Vol. I, p. 67.

Aujourd'hui, la révolution scolaire, à la fois conséquence et ressort de l'évolution sociale, se reflète dans les attitudes de la population, la politique des gouvernements et le contenu des programmes d'études<sup>6</sup>.

The Commission further indicated that women in the province had a right and need for greater educational opportunities:

L'éducation de la jeune fille devra dorénavant être envisagée en fonction des besoins de la société de l'avenir. Il faut prévoir que le Québec [...] accordera à la femme un statut en tout égal à celui de l'homme<sup>7</sup>.

In addition, the Commission deplored the fact that technical education, diploma nursing education being within this realm, had tended to develop on the periphery of the system of education.

[...] l'enseignement technique de tous les niveaux s'est développé sous d'autres juridictions que celle qui administrait l'ensemble du système scolaire; divers ministres ont régi ou créé des écoles préparant à certains métiers [...] Une fois engagé dans ces enseignements techniques ou professionnels, un élève peut difficilement en sortir pour revenir vers d'autres sortes d'enseignements, faute d'une coordination suffisante entre ces écoles et l'ensemble du système scolaire<sup>8</sup>.

The interplay of social, technological and political forces greatly hastened the process of change in the general education system of the province of Quebec. Action for

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6 Ibid., p. 77-78.

7 Ibid., p. 87.

8 Ibid., Vol. II, p. 23.

change even preceded the publication of the complete report of the Royal Commission of Inquiry on Education. As early as 1964, two major recommendations found in the first volume of the report, formed the object of legislative enactments, these being:

1. Nous recommandons la nomination d'un ministère de l'éducation dont la fonction sera de promouvoir et de coordonner l'enseignement à tous les degrés, tant dans le secteur privé que dans le secteur public.
2. Nous recommandons la création d'un conseil supérieur de l'éducation dont la fonction sera d'agir auprès du ministère à titre consultatif<sup>9</sup>.

Acting on the above recommendations Bill 60 was assented to March 1964 thus establishing a Ministry of Education with total responsibility for all levels of education<sup>10</sup>, and a Superior Council on Education destined to assist the Ministry in an advisory capacity<sup>11</sup>. Thus, the existing system of general education in Quebec had toppled, and the establishment of a new system was immediately initiated. Campbell best described the strong influence of the Royal Commission of Inquiry on Education:

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9 Ibid., Vol. I, p. 96.

10 S.R., 1964, c. 233, Education Department Act, brought into force by proclamation 13/5/64.

11 S.R., 1964, c. 234, Superior Council of Education Act, brought into force by proclamation 13/5/64.

Royal Commissions are sometimes appointed for 'interesting reasons not mentioned in the terms of reference'. They may [...] provide a government with a device to delay action. Not infrequently [...] the report with its recommendations is received, filed, and forgotten. Not so in the case of the Royal Commission of Inquiry on Education in Quebec. It would be difficult to name any royal commission in the history of Canadian education whose judgements more profoundly altered the structure and process of the entire educational system of a province and with greater speed<sup>12</sup>.

Future legislation based on recommendations of the Royal Commission on Education, was later to designate the type of institutions destined to absorb all programs which were vocational or technical in nature. In the intervening time, however, in the reading of on-going events, nursing leaders were swift to discern implications for nursing education; a complete shift from the preparation of nurses in the hospital setting to that of a college set-up was imminent.

Once again resorting to the medium of a brief, the ANPQ approached the new Ministry of Education in 1965 urging for a gradual break with the long-standing system of diploma nurse education<sup>13</sup>. The major recommendation was that a pilot project be initially implemented and that two types of

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<sup>12</sup> Gordon Campbell, Community Colleges in Canada, Toronto, McGraw-Hill, 1971, p. 54.

<sup>13</sup> L'Association des Infirmières de la Province de Québec, Projet de Réforme de l'Enseignement Infirmier dans la Province de Québec, Mémoire Présenté au Ministère de l'Éducation, Montréal, AIPQ, 1965, p. 17-18.

programs be allowed to co-exist thus providing for an adequate period of experimentation in the transition phase. The trend, however, continued to point to a rapid and radical modification in the entire diploma nurse education system.

In preparation for eventual inevitable changes, at an annual convention, ANPQ representatives explained to the membership some of the activities which had and were taking place.

Pending further legislation by the Provincial Government to implement [...] recommendations and establish a new framework wherein the education of nurses could take place, the Education Committee has attempted to evolve some specific plans relative to the proposed programme for the preparation of nurses<sup>14</sup>.

The chairman of the ANPQ Nursing Education Committee further indicated that action had been spirited for some time.

The members of the committee feel that the variety of meetings which have been held over the past three years have stimulated many of our nurses to try to understand the steps that have been taken and to participate actively in planning for the inevitable changes which will occur in our educational and nursing service structures. Some of the districts organized their programmes this year toward these ends and have generated increased interest in our future development<sup>15</sup>.

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<sup>14</sup> The Association of Nurses of the Province of Quebec, Reports Presented During the Forty-sixth Annual Meeting, Montreal, ANPQ, October 1966, p. 17.

<sup>15</sup> Ibid., p. 17.

Then, in June 1967, amid much controversy, Bill 21<sup>16</sup> established the Institute level recommended in the report of the Royal Commission on Education.

L'Institut [...] défini comme un établissement de caractère polyvalent offrant des enseignements technologiques et professionnels normalement terminaux, et des enseignements pré-universitaires précédant l'entrée dans les facultés [...].<sup>17</sup>

The nomenclature was later changed to General and Vocational Colleges (Collège d'enseignement général et professionnel) generally known and henceforth referred to as CEGEP. The college level being erected, the way was prepared for the introduction of nursing education in the provincial system of education.

While the above legislation was being debated in parliament and subsequently enacted upon, a cooperative effort was in process with a view to develop a new type of diploma nurse program. At the 1967 annual meeting, ANPQ officials explained:

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<sup>16</sup> S.R., 1966/67, c. 71, General and Vocational Colleges Act, Assented to 29th June 1967.

<sup>17</sup> Commission Royale d'Enquête, Rapport Parent, Vol. II, p. 249.

During the past few months much work has been done and many decisions have had to be made with respect to the new programme. Advisory and joint committees of the ANPQ, the Ministry of Education and representatives of the colleges involved have attempted to develop a programme which will permit students selecting the nursing option to acquire a sound general education as well as skill and competence in the practice of nursing<sup>18</sup>.

Consequently, with the 1967 fall intake of students, three diploma nursing programs were introduced into CEGEP and formed an integral part of the provincial education system.

Nursing options were approved at Chicoutimi, at l'Académie de Québec and at Matane. These new programs [were] considered pilot projects and their progress [was to] be followed and evaluated by a Committee appointed for this purpose<sup>19</sup>.

The three programs destined to be a pilot project were soon followed by an avalanche of programs. Another seventeen diploma programs were either transferred or developed in CEGEP during 1968 and, by that year, the number of programs within educational institutions in the province totalled twenty<sup>20</sup>.

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<sup>18</sup> The Association of Nurses of the Province of Quebec, Reports Presented During the Forty-Seventh Annual Meeting, Montreal, ANPQ, 1967, p. 16.

<sup>19</sup> Ibid.

<sup>20</sup> L'Association des Infirmières de la Province de Québec, Etude des Normes de l'Enseignement Infirmier dans le Contexte de l'Enseignement Collégial Présenté à la Direction Générale de l'Enseignement Collégial par le Comité Ad Hoc, Montréal, AIPQ, Décembre 1967, Annexe p. 2.

In addition to the interplay of social-technical and political forces in the transfer of diploma nursing programs to CEGEP, the economic factor exercised resolute pressure in the conversion of the entire system. The Hospital Insurance Commission soon began to equate the process with the cost value. Steps were taken, cooperatively with the government, to separate the costs incurred in providing hospital care and education of hospital personnel. In May 1968, the Ministry of Health and Hospital Insurance Commission made public the intent to alter traditional policies relative to free board and room for nursing students.

A partir de septembre prochain, les frais de logement et de pension fournis antérieurement sans frais aux étudiantes, ne seront plus considérés à titre de frais admissible au budget de l'hôpital. En d'autres termes, les étudiantes devront se loger à leurs frais. Seules les étudiantes qui entreront en septembre prochain dans la deuxième et troisième année de leur cours pourront continuer à bénéficier de ce privilège jusqu'à la fin de leurs études<sup>21</sup>.

The above communiqué further indicated that steps were taken to investigate the possibilities of integrating the remaining hospital programs within various CEGEP.

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<sup>21</sup> Lettre datée du 27 mai 1968 destinée au Directeur Général et signé par Dr. J. Sarto Sirois pour Jean-Paul Marcoux, Ministère de la Santé, Service de l'Assurance Hospitalisation.

Pour ce qui est des écoles actuelles qui seront affectées par l'ouverture de nouveaux CEGEP dans leur région, nous sommes présentement en pourparlers avec les représentants du Ministère de l'Éducation, et nous espérons être en mesure de vous indiquer prochainement si l'ouverture d'un nouveau CEGEP dans votre région affectera votre programme d'enseignement du nursing à votre hôpital<sup>22</sup>.

Owing to lack of facilities in certain areas, a second communiqué dated June 18, 1968, indicated that previous directives issued with regard to room and board for first year students would not necessarily be applicable until further plans could be made. The application of previous decisions was deferred, not altered.

En collaboration avec l'Association des hôpitaux de la province de Québec et l'Association des infirmières de la province de Québec, de même qu'avec le ministère de l'Éducation, nous procéderons au cours des prochains mois à une revue complète de la situation, tenant compte des changements apportés au cours des dernières années tant à l'organisation de la vie hospitalière et au rôle qu'y joue l'étudiante-infirmière qu'à l'organisation de l'enseignement des soins infirmiers.

D'ici à ce que cette étude soit complétée, nous devons considérer que nous traversons une période de transition et en conséquence nous maintiendrons aux élèves qui se sont déjà inscrits ou qui s'inscriront au cours de sciences infirmières pour l'année académique commençant en septembre prochain dans des écoles d'infirmières où il n'y a pas encore de CEGEP, les mêmes privilèges qui avaient été accordés antérieurement aux étudiantes de nos écoles d'infirmières<sup>23</sup>.

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22 Ibid.

23 Lettre datée du 18 juin 1968 destinée au Directeur Général et signée par Dr. J. Sarto Sirois, Ministère de la Santé, Service de l'Assurance Hospitalisation.

The lack of adequate CEGEP within which to establish diploma nursing programs, particularly for the English-speaking nursing student population, resulted in a deterioration of the nurse education situation. Keenly aware of the problem, early in 1970, the ANPQ contacted the Ministry of Education urging for a complete integration of the remaining hospital schools into CEGEP by September<sup>24</sup>. Commenting on the state of affairs, ANPQ further declared:

[...] to maintain the two systems, i.e. traditional and college, any longer than the current academic year would result in an injurious situation to practising nurses, nursing students and to the public of Quebec. It noted also that there are crucial problems in recruiting qualified teaching personnel in the traditional schools, and that nursing students remaining in the traditional schools are requesting the same educational advantages as their counterparts in the colleges<sup>25</sup>.

A communiqué, directed to the Ministry of Education by students of the English-language hospital Schools of nursing, who were adamantly requesting more general education, reinforced the ANPQ's position.

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<sup>24</sup> The Association of Nurses of the Province of Quebec, News and Notes, Montreal, ANPQ, February 1970, p. 1.

<sup>25</sup> Ibid., p. 4.

We believe that, in accord with the educational reform in this province, candidates for nursing have a right to an educational system in which educational objectives are not compromised by service as is frequently the case in the hospital schools of nursing [...]<sup>26</sup>.

Mutations in the system were such that the process which had begun September 1967, ended in the fall of 1970. The last hospital school of nursing, however, did not phase out till 1972. That same year the ANPQ declared:

In 1972, the last Schools of Nursing attached to hospitals closed, ending three-quarters of a century of history. Now a network of 40 nursing options exist throughout 'la belle province'<sup>27</sup>.

Glancing back at the agitated five year period, the ANPQ added: "Such a short period of time constitutes a record for the complete reorganization of an education system"<sup>28</sup>. There are now forty CEGEP within which basic nursing programs are integrated. Two English-language CEGEP have two diploma programs and these are situated on separate campuses. The present number of nursing options, therefore, totals forty-two<sup>29</sup>.

Forces at the root of radical changes in the system of diploma nursing education in Quebec were social, technical,

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26 Ibid.

27 The Association of Nurses of the Province of Quebec, CEGEP Nursing Education After Five Years, Montreal, ANPQ, October 1972, p. 1.

28 Ibid.

29 See Appendix I for complete list of Nursing Options in CEGEP.

political and economic in nature. Although considered the direct outcome of the Royal Commission of Inquiry on Education, it is this social, technical, political and economic conjuncture which directed and shaped the new system.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

The organizational pattern of diploma nursing programs in Quebec is undiversified. The manifold basic diploma nursing programs are, without exception, within the General and Vocational Colleges (Collège d'Enseignement Général et Professionnel) known as CEGEP. These multi-disciplined institutions are under the Ministry of Education<sup>30</sup>, the Minister of Education being the recognized and constituted authority of the latter.

Juridically erected under provisions established in Bill 21<sup>31</sup>, each CEGEP is administered by a Board composed of nineteen members, representative of the various strata of the community.

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<sup>30</sup> General and Vocational Colleges Act, Art. 33.

<sup>31</sup> Ibid., Art. 8.

Les CEGEP sont des institutions régies par un corps public en vertu de la Loi des Collèges d'enseignement général et professionnel (Bill 21). Le conseil d'administration est composé de dix-neuf personnes provenant des groupes socio-économiques du territoire couvert par le CEGEP ainsi que des représentants des parents; des professeurs et des étudiants; le directeur général et le directeur des services pédagogiques sont également membres du conseil d'administration<sup>32</sup>.

The Board, in turn, establishes an academic council "whose principal function [is] to advise it as to the organization and development of instructors and as to the appointment to positions in academic departments"<sup>33</sup>.

The Minister of Education, not only responsible for the direction and administration of the Ministry of Education, is charged with the carrying out of laws respecting education<sup>34</sup>, this to include the academic sphere within CEGEP.

Le Ministère de l'Education se réserve le droit de vérifier les plans d'études, les moyens de contrôle des cours, les questionnaires, la correction des copies d'examens et les autres travaux<sup>35</sup>.

As summarized above, the organizational structure of CEGEP reflects a centralization of authority, scrutiny and

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32 Ministère de l'Education, CEGEP 1970, Québec, Direction Générale de l'Enseignement Collégial, 1970, p. 6.

33 General and Vocational Colleges Act, Art. 17.

34 Ibid., Art. 1.

35 Ministère de l'Education, Cahiers de l'Enseignement Collégial 1973-1974, 01 sciences de la santé, techniques biologiques, Gouvernement du Québec, 1973, p. 0-17.

control by the provincial government, namely, the Ministry of Education.

CEGEP programs are both terminal and continuous. The two-year programs (programmes généraux) are regarded as continuous programs in that they are pre-university while the three-year programs (programmes professionnels) are terminal in nature in view of the fact that they provide the necessary general and technical education to immediately enter into the labor market<sup>36</sup>.

Basic diploma nursing programs offered in CEGEP are consequently terminal. This does not necessarily imply that a nurse holding a diploma may not, at a later date, pursue further education, rather it implies that it is not the normal route to attain a degree. One would therefore be exposed to a number of prerequisites in order to pursue further studies leading to a degree. Diploma nursing programs generally known as "Techniques Infirmières" or "Option Techniques Infirmières" (Nursing Options)<sup>37</sup> are therefore terminal and tend to be technically oriented.

The CEGEP level is at the twelfth, thirteenth and fourteenth year of formal schooling<sup>38</sup>. Chart I serves to

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36 Ministère de l'Education, CEGEP 1970, p.10-11.

37 Ministère de l'Education, Cahiers de l'Enseignement Collégial 1973-1974, p. 246.

38 Commission Royale d'Enquête, Rapport Parent, Vol. II, p. 249.

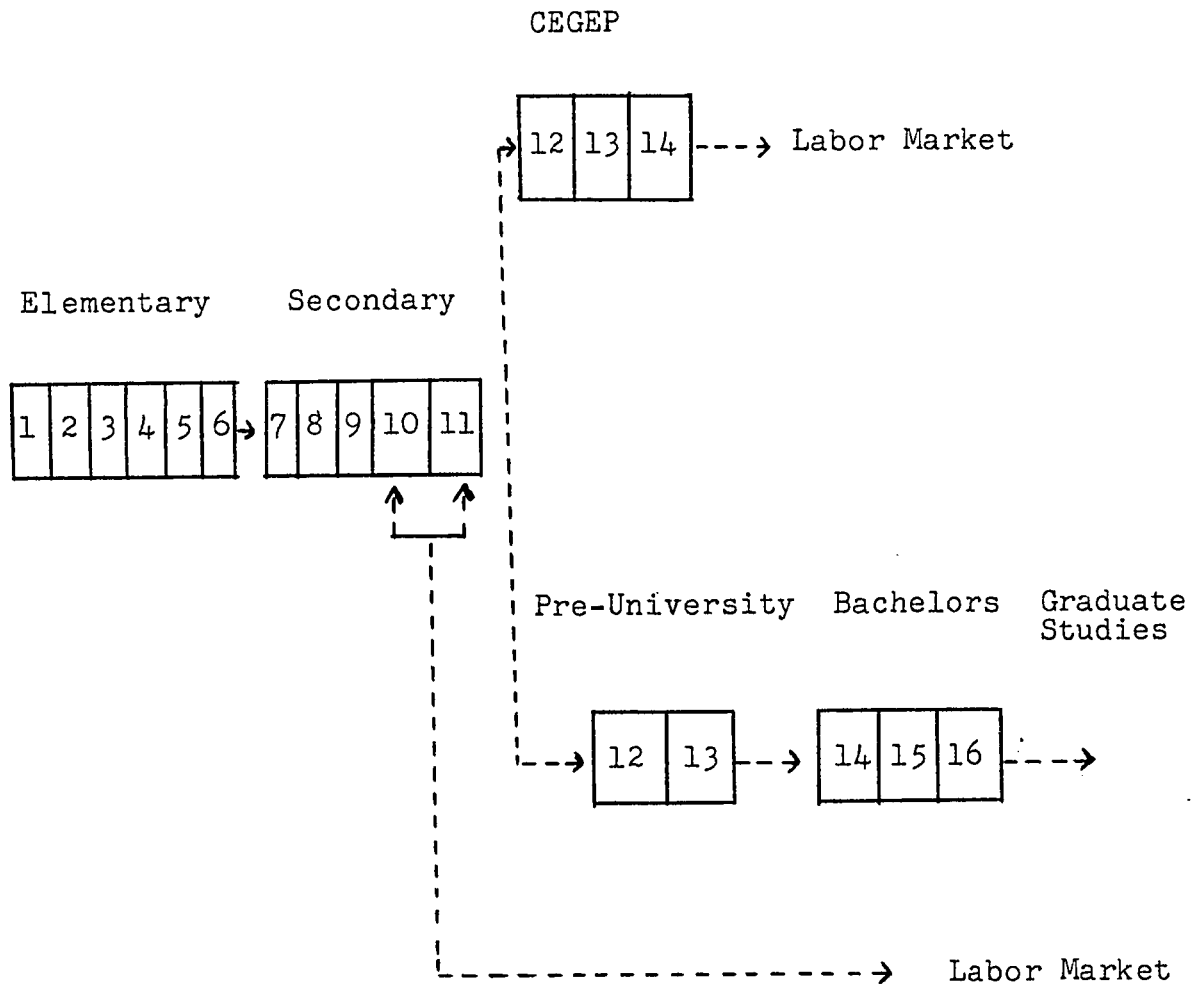


Chart 1.- Educational System in the Province of Quebec<sup>a</sup>.

<sup>a</sup> Source: Commission Royale d'Enquête, Rapport Parent, Vol. II, p. 71 adapted.

make this point more explicit while presenting a picture of the overall educational system in the province. The trend, therefore, is to admit to CEGEP candidates who have successfully completed eleven years of general education or who have the equivalent<sup>39</sup>. This policy applies to nursing students.

As for all other terminal programs offered in CEGEP, nursing options (Option Technique Infirmière) extend over a period of three academic years<sup>40</sup>. A year consists of two sessions of sixteen weeks. The total required number of weeks per year is, therefore, thirty-two. Each session consists of eighty-two teaching days. Provisions for examinations are included in this total number of days<sup>41</sup>.

If considered in terms of years, the shift from hospital schools of nursing to educational institutions has not resulted in shorter programs. A closer examination, however, reveals a significant difference. Eight is the maximum number of months required to cover thirty-two weeks, hence the total program consists of a maximum of twenty-four months. The length of nursing options is therefore that of twenty-four months extended over a three year period.

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39 Ministère de l'Education, CEGEP 1970, p. 10-11.

40 Ibid., p. 5.

41 Ministère de l'Education, Cahiers de l'Enseignement Collégial, p. 121.

The Ministry of Education dictates policies governing all CEGEP programs, inclusive of nursing options, and exercises close scrutiny over same. The pedagogical norms (régime pédagogique) regularly revised, are published by DGEC (Direction Générale de l'Enseignement Collégial), Ministry of Education<sup>42</sup>.

The ANPQ participates, on an advisory basis, in the setting of norms relative to nursing options by means of a representative on the Provincial Nursing Option Coordinating Committee. The latter is constituted as follows:

A committee called 'Provincial Nursing Option Coordinating Committee' was formed by the Department of Education. This committee is composed of a representative of the Department of Education and chairmen of Nursing options. The ANPQ has a representative on this Committee<sup>43</sup>.

Furthermore, the ANPQ contacts the Ministry of Education whenever the norms established or specific nursing options deviate grossly from acceptable nursing or educational standards. The Association holds this right of appeal by virtue of the Professional Code which stipulates that

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<sup>42</sup> Ibid., p. 1-20.

<sup>43</sup> The Association of Nurses of the Province of Quebec, CEGEP Nursing Education After Five Years, p. 10.

The Lieutenant Governor in Council, after consultation with the Board, the Council of Universities, the teaching establishments and the corporation concerned, may by regulation:

- (a) determine which diplomas issued by the teaching establishments he indicates gives access to a permit or a specialist's certificate
- (b) fix terms and conditions of cooperation by the corporation with the authorities of the teaching establishments in the province of Quebec [...] in preparing curricula leading to diplomas giving access to a permit or a specialist's certificate and in preparing examinations or any other means of evaluating the persons pursuing such studies<sup>44</sup>.

Presently, the ANPQ has two persons who are directly concerned with nursing education. These persons, employed on a full-time basis, exercise the role of consultants. The Ministry of Education likewise employs nurse consultants; these assume responsibility for the coordination of health options in CEGEP<sup>45</sup>.

A School of Nursing Committee plays a useful role in the examination of reports of school visits prepared by ANPQ nursing education consultants. To this effect the ANPQ Bylaws stipulate:

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<sup>44</sup> National Assembly of Quebec, Bill 250, Professional Code, Assented to 6th July, 1973, Art. 178.

<sup>45</sup> Interview with Miss P. Crevier, ANPQ Nursing Education Consultant, May 27, 1974.

A School of nursing committee shall be appointed from among members of the Association for the purpose of discussing all matters pertaining to the conduct of certified schools and/or nursing programmes, also the reception of reports of official school visitors. They shall make recommendations to the Executive Council or the Committee of Management<sup>46</sup>.

Although norms relative to nursing options are now prescribed by the Ministry of Education, the ANPQ retains the right to review programs for purposes of registration.

It is, however, primarily through the maintenance of a student register and the granting of registration certificates that the ANPQ now exerts its greatest influence. The Nurses Act stipulates that the Association shall:

- (b) cooperate, in accordance with terms and conditions fixed under [...] the Professional Code, in the elaboration of the curricula leading to a diploma giving access to a permit and in preparation of the examinations or other means of evaluating the persons pursuing such studies.
- (d) organize the keeping of a register of students in nursing and determine the formalities relating to the entry on such register<sup>47</sup>.

The Association, therefore, has by virtue of the Nurses Act, the authority to refuse to enter in the register names of students who do not meet admission requirements or who are enrolled in unacceptable programs. Students graduating from such programs would not qualify for the

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<sup>46</sup> By Laws of the Association of Nurses of the Province of Quebec, 1971, p. 9.

<sup>47</sup> National Assembly of Quebec, Bill 273, Nurses Act, Assented to 6th July 1973, Art. 11.

writing of licensure examinations. In Quebec, this is a serious matter owing to the fact that licensure is mandatory.

Within specified limits, under the Nurses Act<sup>48</sup>, the ANPQ has the authority to grant or revoke registration. Since licensure is mandatory for nurses in the province of Quebec, no person may work for hire as a nurse without holding a registration certificate. The writing and passing of licensure examinations is, for new graduates, the only portal of entrance into the profession.

A graduate of a CEGEP nursing option who holds a diploma, (D.E.C.), and who is duly entered in the student register, may apply to the ANPQ to write examinations with a view to obtain a registration certificate. A diploma is, on evidence of having satisfactorily completed the course of studies, granted by the Ministry of Education<sup>49</sup>. In sum, the procedure is the following: The academic dean of respective CEGEP forwards to DGEC (Direction Générale de l'Enseignement Collégial) a uniform cumulative record (B.C.U.- Bulletin Cumulatif Uniforme) of students having satisfactorily completed the required course of studies. A minimum of 60% is a required pass mark. The Ministry of Education then issues a diploma (D.E.C. - Diplôme d'études collégiales) to

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<sup>48</sup> Ibid., Art. 33-41.

<sup>49</sup> Ministère de l'Education, Cahiers de l'Enseignement Collégial, p. 18.

all meriting candidates.

A distinctively unique characteristic of education offered in a CEGEP is that it is tuition free for all full-time students<sup>50</sup>. In order to be enrolled as a full-time student one must take a minimum of four courses per semester or the equivalent.

The financial burden of CEGEP is borne by the provincial government: more specifically by the Ministry of Education. Respective CEGEP submit a budget to the Minister for approval<sup>51</sup>; the approved budget constitutes the operating cost for the year.

Policies pertaining to curriculum also present unique features; these are discussed under the succeeding heading.

### 3. Curriculum

The Ministry of Education prescribes norms relative to curriculum design and development. Norms are hardly viewed as minimum standards, the specificities being such that an exact observance appears mandatory. The sketching of specific course content is, however, the onus of respective academic staff thus allowing for some degree of internal creativity. Policies issued by the Ministry of

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50 Ministère de l'Education, CEGEP 1970, p. 15.

51 General and Vocational Colleges Act, Art. 25.

## Education state:

Les Cahiers de l'enseignement collégial présentent les plans d'études cadres. Les directeurs des services pédagogiques ont la responsabilité de faire établir par les professeurs un plan d'étude pour chaque cours.

Le plan d'études détaillé doit contenir: les objectifs du cours, une analyse du contenu, des instructions méthodologiques, une bibliographie précise et les modalités d'évaluation de l'apprentissage. Dans cette perspective, il va de soi que des indications sur l'examen final constituent une partie intégrante du plan d'étude détaillé<sup>52</sup>.

The focus of the nursing option curriculum, presented in the form of a description of the role of the nurse, points to a level of preparation which is progressively community-health-centered and less hospital care centered. An excerpt extracted from an English-language nursing option, reflects the aim envisioned by the Ministry.

The nurse is one of a group of workers in the health field whose function it is to prevent disease as well as to assist in the restoration of health. Although much of nursing care is still associated with the care of the sick in hospitals, the nurse in future will be increasingly responsible for working [...] in other community agencies in the promotion of health [...], to function effectively in wider role that is foreseen, the nurse must develop the ability to work independently as well as with others [...]. Nursing requires skills in communication, observation, teaching, management and cooperative planning [...]. Understanding essential to the practice of nursing is promoted through the study of [...] physical and social sciences and humanities, and through the application of the principles of nursing care in a variety of clinical situations<sup>53</sup>.

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<sup>52</sup> Ministère de l'Éducation, Cahiers de l'Enseignement Collégial, p. 16.

<sup>53</sup> Vanier College, Nursing for Men and Women, Montreal, Vanier College, Ste-Croix and Snowdown Campuses.

The teaching of nursing education within the scope of this broader concept of nursing is more of a vision for the future than a reality. There is, however, a definite move in this direction.

The teaching philosophy is slowly leaning toward a broader concept in nursing, including the prevention of illness, health promotion, rehabilitation, combined with curative care as such. We therefore hope to be able to prepare future nurses to efficiently fulfill their role within the health team as Chapter 48 is applied in the various centres of the province<sup>54</sup>.

The interplay of forces will compel nursing options to further adapt to changing needs. Chapter 48, more commonly known as Bill 65<sup>55</sup>, promoting the development of community health centres, gives insight into the direction all types of health education in Quebec will be called upon to take in the future. The trend in Quebec is to lean toward a type of nursing education which is more community and health oriented without overlooking the curative and care aspects which are essential in the maintenance of health. In the new system, diploma nursing education is likewise based on the concept of broader general education<sup>56</sup>.

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<sup>54</sup> The Association of Nurses of the Province of Quebec, Reports Presented During the Fifty-third General Annual Meeting, Montreal, ANPQ, 1973, p. 29-30.

<sup>55</sup> An Act Respecting Health and Social Services, c. 48, Assented to 24th December 1971.

<sup>56</sup> The Association of Nurses of the Province of Quebec, CEGEP Nursing Education After Five Years, p. 12.

Directives relative to curriculum development, issued by the Ministry, include: the required general and specialized courses; course objectives and content; hours and distribution of courses; suggestions regarding suitable teaching methods, and finally provides leads for the development of suitable bibliographies<sup>57</sup>. The nursing option curriculum pattern is, in essence, clearly delineated. Although reorganized, Table IV<sup>58</sup> presents the prescribed framework of the program of study destined to extend over three academic years.

All CEGEP programs leading to a diploma (D.E.C.) must comprise twenty-eight courses<sup>59</sup>. As demonstrated in Table IV, the nursing option program bears no exception to this rule. The total curriculum may be subdivided into the three distinct categories<sup>60</sup>:

1. Twelve compulsory courses in general education; four in languages and literature; four in philosophy or the equivalent, and four in physical education.
2. Twelve courses selected within a specific discipline and supportive subjects. A minimum of six courses must be in the area of concentration. Other courses may be selected within related disciplines.

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57 Ministère de l'Éducation, Cahiers de l'Enseignement Collégial, p. 246-259.

58 Ibid., p. 248-249.

59 Ibid., p. 3.

60 Ibid., p. 21.

Table IV.- Prescribed Nursing Option Program in Quebec by Year, Semester, Hours per Week of Class, Laboratory or Clinical Experience and Study.

| Year                             | Session | Courses                          | Hours per Week |                    |       |    |    |
|----------------------------------|---------|----------------------------------|----------------|--------------------|-------|----|----|
|                                  |         |                                  | Class          | Lab.               | Study |    |    |
| F<br>I<br>R<br>S<br>T            | I       | Physical Education               | 2              | -                  | -     |    |    |
|                                  |         | Language and literature          | 3              | -                  | 3     |    |    |
|                                  |         | Philosophy (initiation)          | 3              | -                  | 3     |    |    |
|                                  |         | Human Biology I                  | 3              | 2                  | 3     |    |    |
|                                  |         | Biochemistry                     | 2              | 2                  | 3     |    |    |
|                                  |         | Psychology (childhood)           | 3              | -                  | 3     |    |    |
|                                  |         | Nursing profession and health    | 3              | 3                  | 3     |    |    |
| Total                            |         |                                  | 17             | 7                  | 18    |    |    |
|                                  | II      | Physical Education               | 2              | -                  | -     |    |    |
|                                  |         | Language and literature          | 3              | -                  | 3     |    |    |
|                                  |         | Philosophy (vision of the world) | 3              | -                  | 3     |    |    |
|                                  |         | Human Biology II                 | 3              | 2                  | 3     |    |    |
|                                  |         | Applied Microbiology             | 2              | 2                  | 3     |    |    |
|                                  |         | Normal nutrition                 | 1              | 0                  | 2     |    |    |
|                                  |         | Psychology (adolescence)         | 3              | -                  | 3     |    |    |
|                                  |         | Nursing Profession and disease   | 3              | 3                  | 3     |    |    |
|                                  |         | Total                            |                |                    | 20    | 7  | 20 |
|                                  |         | S<br>E<br>C<br>O<br>N<br>D       | III            | Physical education | 2     | -  | -  |
| Language and literature          | 3       |                                  |                | 0                  | 3     |    |    |
| Philosophy (the human condition) | 3       |                                  |                | 0                  | 3     |    |    |
| Human relations                  | 1       |                                  |                | 2                  | 3     |    |    |
| Obstetrical nursing              | 6       |                                  |                | 12                 | 6     |    |    |
| Total                            |         |                                  |                | 15                 | 14    | 15 |    |
|                                  | IV      | Physical education               | 2              | -                  | -     |    |    |
|                                  |         | Language and literature          | 3              | -                  | 3     |    |    |
|                                  |         | Philosophy (human conduct)       | 3              | 0                  | 3     |    |    |
|                                  |         | Sociology (initiation)           | 3              | -                  | 3     |    |    |
|                                  |         | Pediatric Nursing                | 6              | 12                 | 6     |    |    |
|                                  |         | Total                            |                |                    | 17    | 12 | 15 |
| T<br>H<br>I<br>R<br>D            | V       | Sociology (Social Problems)      | 3              | 1                  | 3     |    |    |
|                                  |         | Psychiatric Nursing              | 3              | 15                 | 6     |    |    |
|                                  |         | Total                            |                |                    | 6     | 16 | 9  |
|                                  | VI      | Medical Surgical Nursing         | 6              | 18                 | 6     |    |    |
|                                  |         | Total                            |                |                    | 24    | 18 | 6  |

3. Four additional courses selected in disciplines other than the area of concentration.

With regard to the third category, it is noted that the present curriculum load is such that there is an inherent impossibility for a choice of electives. Policies, however, incorporate provisions in anticipation of this eventuality. "Un programme comprend 4 cours complémentaires, sauf dans les programmes de spécialité qui ne le permettent pas présentement"<sup>61</sup>.

A comparative analysis of the nursing theory and experience, and that of general education is depicted in the following figures: 405 hours of nursing theory and 945 hours of clinical experience for a total of 1350 as compared to 1060 hours in the sciences, humanities and general education<sup>62</sup>. Programs, therefore, reveal a balance between general and specialized education.

The nursing option programs reviewed<sup>63</sup> displayed a striking similarity. Programs are not only homogeneous, but they tend to adhere closely to the above stereotyped description. In addition, nursing chairmen spontaneously

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<sup>61</sup> Ibid., p. 12.

<sup>62</sup> The Association of Nurses of the Province of Quebec, Professional Preparation, [Montreal], ANPQ, September 1972.

<sup>63</sup> Twenty-seven (64.3%) of the forty-two CEGEP diploma nursing programs forwarded copies of bulletins, brochures and other pertinent material.

admitted a close adherence to norms established by the Ministry. Excerpts of letters received serve to illustrate this trend.

En réponse à votre lettre du 8 mars dernier, au sujet du programme offert en Techniques Infirmières, je dois vous dire que nous nous en tenons au Cahiers de l'enseignement collégial<sup>64</sup>.

En réponse à votre lettre, voilà notre programme qui est simple; nous nous en tenons au programme dans les Cahiers de l'enseignement collégial<sup>65</sup>.

Faisant suite à votre demande concernant le prospectus, le programme d'études etc [...] du Collège de [...] nous nous en tenons aux Cahiers de l'enseignement collégial<sup>66</sup>.

Notre régime pédagogique est celui que vous trouvez dans le cahier de l'enseignement collégial. La maquette de cours correspond à celle du cahier de l'enseignement collégial<sup>67</sup>.

After seven years of existence, nursing options therefore point to a uniform pattern.

The establishment of a contractual agreement between CEGEP and agencies providing clinical experience to students is compulsory. Policies formulated are the end-product of a

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64 Letter dated March 12, 1974, received from Miss B. Lesage, Nursing Option Department, CEGEP Ste-Foy.

65 Letter dated March 18, 1974, received from Sister M.R. Houde, Chairman, CEGEP Saint-Jean-Vianney.

66 Letter dated June 3, 1974, received from Miss L. Chopodos, Nursing Option Department, CEGEP de la Gaspésie.

67 Letter dated June 18, 1974, received from Miss Lucie Turgeon, Nursing Option Department, CEGEP de Limoilou.

bi-partite agreement between the Ministry of Social Affairs and the Ministry of Education. Effective September 1973, a policy further obligated all CEGEP to disburse a specific sum of money to agencies providing clinical experience; the formula being ninety dollars per student multiplied by the number of clinical experience days divided by the total number of teaching days in the academic year<sup>68</sup>. The direction, therefore, has not only been that of contracting, but also to purchase clinical experience for students.

The dearth of clinical experience facilities presents a problem in the teaching of nursing. The Order of Nurses of Quebec<sup>69</sup> henceforth referred to as ONQ, indicated that the School of Nursing Committee, upon review of reports of nursing programs visited in 1973, observed that 77% of the said reports indicated some deficiency in clinical facilities<sup>70</sup>. A concrete example cited is that of a pediatric unit of thirteen patients for a total of eight students.

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<sup>68</sup> Gouvernement du Québec, Entente Générale Type Proposée par le Ministère des Affaires Sociales et le Ministère de l'Éducation, Gouvernement du Québec, Septembre 1973, p. 8.

<sup>69</sup> In keeping with Article I of the Nurses Act, at the 1973 Annual Meeting, the membership voted in favor of changing the name Association of Registered Nurses of the Province of Quebec to Order of Nurses of Quebec.

<sup>70</sup> L'Ordre des Infirmières et Infirmiers du Québec, Mémoire au Conseil Supérieur de l'Éducation sur l'Option Techniques Infirmières dans le Système Collégial Actuel, Montreal, OIIQ, 1974, p. 52.

The present move is in the direction of an increased coordination of resources so as to stretch optimally clinical experience facilities. In this vein, the English-language nursing options in the city of Montreal jointly employ a clinical coordinator who is responsible for the identification of adequate clinical experience for all students<sup>71</sup>.

#### 4. Students

To gain admission to a CEGEP nursing option, a candidate must hold a secondary V certificate or the equivalent. Candidates, therefore, must have completed eleven years of formal education. Adults are assessed on an individual basis, but must demonstrate comparable preparation<sup>72</sup>.

The yearly enrolment from 1967, at which time nursing students were first admitted to three nursing options in CEGEP, to 1973 is found in Table V. The skewed statistics noted in 1968 coincide with the establishment of seventeen new nursing options in CEGEP<sup>73</sup>. The second sharp increase observed in 1970 is the result of the development of additional CEGEP

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<sup>71</sup> Interview with Miss S. Craig, May 29, 1974, Nursing Option Chairman, Vanier College, Snowdown Campus.

<sup>72</sup> Ministère de l'Education, Cahiers de l'Enseignement Collégial, p. 14-15.

<sup>73</sup> L'Association des Infirmières de la Province de Québec, Statistiques Concernant les Etudiants et les Corps Enseignants des Programmes d'Enseignement Infirmier au Québec 1972, Montréal, AIIPQ, 1973, p. 2.

Table V.-

Total Yearly Enrolment in Quebec CEGEP  
Nursing Option Programs<sup>a</sup>.

| Year | Female | Male | Total |
|------|--------|------|-------|
| 1967 | 184    | 5    | 189   |
| 1968 | 1284   | 23   | 1307  |
| 1969 | 1877   | 33   | 1910  |
| 1970 | 2966   | 129  | 3095  |
| 1971 | 2830   | 161  | 2991  |
| 1972 | 2799   | 200  | 2999  |
| 1973 | 2887   | 176  | 3036  |

<sup>a</sup> Source: Statistiques Extraits des Rapports Annuels, Préparés par José Cadoret, OIIQ, le 18 octobre, 1974.

nursing options, this to include initial enrolment in English speaking CEGEP<sup>74</sup>, and the rapid cessation of admissions in hospital schools of nursing. "For the first time, no students were admitted to hospital schools in 1971 and all students were admitted to Colleges [...]"<sup>75</sup>.

Although the total nursing option enrolment remains predominately female, the trend is toward an increase in male enrolment. In 1969, there were only thirty-three male candidates enrolled in nursing options; in 1973, there were one hundred and seventy-six. This sudden change can only be interpreted against the background of recent legislation. Prior to 1969, only female candidates could obtain a registration certificate in Quebec.

With the passage of Bill 89 late in 1969, amending the Nurses' Act, male students who had been admitted to some schools of nursing were for the first time officially recognized. As a result, seventy-seven young men [...] entered nursing programmes in the fall of 1969 [...]<sup>76</sup>

Bill 89, assented to December 12, 1969, authorized male candidates to be admitted as members in good standing in the

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<sup>74</sup> Association of Nurses of the Province of Quebec, Reports Presented During the Fifty-First General Annual Meeting, Montreal, ANPQ, 1971, p. 19.

<sup>75</sup> Ibid., 1972, p. 19.

<sup>76</sup> The Association of Nurses of the Province of Quebec, Reports Presented During the Fiftieth General Annual Meeting, Montreal, ANPQ, 1970, p. 16.

province of Quebec<sup>77</sup>. A number of young men chose to avail themselves of this newly established privilege.

Candidates whose name are inscribed in the ONQ student register and who have been granted a diploma by the Ministry of Education certifying success in the nursing program may then apply for a registration certificate. In an attempt to determine whether or not candidates have the minimum level of competency, the ONQ, in accordance with the By-Laws<sup>78</sup>, submits them to a licensure examination. The ONQ assumes full responsibility for the preparation and administration of examinations for all French-speaking candidates. The English-speaking candidates are exposed to the examinations prepared by the CNA Testing Service consisting of medical nursing, surgical nursing, obstetrical nursing, nursing of children and psychiatric nursing<sup>79</sup>. Candidates of the same province therefore write different examinations. The Board of Examiners likewise has two distinct sections: an English and a French section<sup>80</sup>. Candidates who fail at a

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77 Bill 89; An Act to Amend the Nurses Act, Assented to 12th of December 1969.

78 By-Laws of the Association of Registered Nurses of Quebec, p. 16-17.

79 The Association of Nurses of the Province of Quebec, Reports Presented during the Fifty-third General Annual Meeting, Montreal, ANPQ, 1973, p. 37-39.

80 Ibid.

first sitting are entitled to re-write at a subsequent sitting, but may not be granted a licensure certificate until all five examinations have been successfully passed.

Nursing candidates were initially admitted in CEGEP in 1967; programs were of three years in length, hence college-centered students first graduated in 1970. That same year, nursing students were no longer being admitted in hospital schools of nursing; all were admitted in nursing options in CEGEP, and all were subjected to a typical program prescribed by the Ministry of Education. The year 1970 is therefore selected as a cut-off point in presenting statistics relative to candidates graduating and writing licensure examinations in Quebec. Table VI reveals that the Province of Quebec graduates large numbers of nurses on a yearly basis. In 1971, a considerable decrease of 465 is noted; the subsequent year an increase of 338 candidates is observed, and finally in 1973 the largest total enrolment is recorded. These statistics may be indicative of a tendency in CEGEP to admit and graduate larger number of candidates. The declining trend observed in the years 1971 to 1972 may, however, have been the result of a period of readjustment in the trend away from hospital schools to CEGEP. Hospital schools of nursing rapidly ceased all admission when CEGEP established nursing options. In 1973, the overall number of nursing

Table VI.-

Total Numbers Graduating Yearly in Quebec Diploma Nursing (Option) Programs: Success and Failure Rate on Licensure Examinations.

| Year | Number Graduating | Performance on Licensure Examinations |      |         |      |
|------|-------------------|---------------------------------------|------|---------|------|
|      | Total             | Pass                                  | %    | Failure | %    |
| 1970 | 2,023             | 1,788                                 | 88.4 | 235     | 11.6 |
| 1971 | 1,558             | 1,226                                 | 78.7 | 332     | 21.3 |
| 1972 | 1,896             | 1,477                                 | 77.9 | 419     | 22.1 |
| 1973 | 2,617             | 2,095                                 | 80.1 | 522     | 19.9 |

Source: Statistiques Préparées par OIIQ, le 15 janvier 1975.

students in the forty-two CEGEP nursing options totalled 8,326<sup>81</sup>.

With the exception of 1971, at which time a failure rate of 11.6% was recorded, the trend in the province has been to maintain a lower but stable rate of success. After 1970, the failure rate increased to 21.3% and remained at approximately that level; in 1973, a slight decrease in the failure rate (2.2%) is nonetheless observed.

#### 5. Faculty

A major problem which existed in the old system of diploma nursing education, and which persists in the new, is the lack of adequately prepared faculty. As early as 1965, pressure was brought to bear in the province to constitute a bachelor's degree the minimum required qualification for all nurse teaching positions<sup>82</sup>.

Statistics reveal that the level of faculty preparation tends to fall greatly short of recommended and acceptable minimum standards. Table VII presents a comparative analysis of the number and level of faculty preparation in 1967 and

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<sup>81</sup> L'Ordre des Infirmières et Infirmiers du Québec, Rapports Annuels Présentés au Cours de la Cinquante-quatrième Assemblée Générale Annuelle, Montréal, OIIQ, 1974, p. 27.

<sup>82</sup> L'Association des Infirmières de la Province de Québec, Projet de Réforme de l'Enseignement Infirmier dans la Province de Québec, Montréal, AIPQ, 1965, p. 60.

Table VII.-

Number and Level of Faculty Preparation in Quebec in 1967 as Compared to 1974<sup>a</sup>.

| Level of Preparation              | 1967   |       | 1974   |       |
|-----------------------------------|--------|-------|--------|-------|
|                                   | Number | %     | Number | %     |
| Basic Diploma Nursing Course      | 326    | 49.1  | 224    | 37.4  |
| University Diploma or Certificate | 185    | 27.8  | 121    | 20.2  |
| Bachelor's Degree                 | 144    | 21.7  | 235    | 39.5  |
| Master's Degree                   | 9      | 1.4   | 17     | 2.8   |
| Doctoral Degree                   | 0      | 0.0   | 0      | 0.0   |
| Total                             | 664    | 100.0 | 598    | 100.0 |

<sup>a</sup> Source: L'Ordre des Infirmières et Infirmiers du Québec, op. cit., p. 29.

1974 respectively. In 1967, a high percentage (76.9%) held no degree. It is noted, however, that this total embraced faculty members employed in hospital schools of nursing<sup>83</sup>. Seven years later, namely in 1974, there were still an imposing number (57.6%) which did not meet the minimum required bachelor's degree. Conversely, only 23.1% held a bachelor's degree or better in 1967, and 42.3% had similar preparation in 1974. Although there is a trend toward improvement in the level of faculty preparation (19.2% increase), the move in a positive linear direction is minimal.

The trend points to a more acceptable level of faculty preparation in the English-language CEGEP nursing options than in their French-speaking counterparts<sup>84</sup>. In 1974, all faculty members within the English-language nursing options held a minimum of a bachelor's degree<sup>85</sup>, although a fair number were noted to have minimal or no experience in the major teaching area. The ONQ tends to be a severe critic on the entire situation; pressures being repeatedly brought to bear on the Ministry of Education to take means to correct the undesirable lingering trend<sup>86</sup>.

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<sup>83</sup> L'Ordre des Infirmières et Infirmiers du Québec, op. cit., p. 29.

<sup>84</sup> Ibid.

<sup>85</sup> Ibid.

<sup>86</sup> Ibid., p. 48-49.

Although the ONQ advocates a faculty-student ratio of 1:6 in the clinical area<sup>87</sup>, the desirable ratio in a given situation is, above all, regarded as contingent on the level of faculty preparation. In this vein, ONQ declared:

We believe that the quality of the teacher's preparation is closely linked to the real and effective participation of the student in his own education. It is also true of the teacher-student ratio, particularly in relation to the value of clinical experience<sup>88</sup>.

In 1974, none of the nursing options in Quebec met the above stipulated norms relative to faculty-student ratio. The highest and the lowest ratios observed were 1:13.0 and 1:8.6 respectively.

Pourtant, les ratios actuels demeurent encore largement au-dessus des normes recommandées dans la majorité des collèges: six (6) collèges ont un ratio plus élevé que 1:13.0 et le plus bas ratio observé est 1:8.6<sup>89</sup>.

In addition to the deficiency in faculty preparation, the ONQ deplors the rapid rate of turnover witnessed among the nursing option chairmen. "The situation [...] is presently very distressing, as every year more than one-third of the chairmen [...] change"<sup>90</sup>. This situation of instability

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87 Ibid.

88 The Association of Nurses of the Province of Quebec, CEGEP Nursing Education After Five Years, p. 4.

89 L'Ordre des Infirmières et Infirmiers du Québec, op. cit., p. 48-49.

90 The Association of Nurses of the Province of Quebec, CEGEP Nursing Education After Five Years, p. 15.

can, in part, be explained by the fact that a policy enforced makes the appointment or reappointment of a chairman compulsory on a biennial basis. More explicitly, the appointment of a nursing option chairman has become the joint responsibility of the faculty and administration. Under provisions found in the Decree<sup>91</sup> the faculty of a given CEGEP appoints or elects a chairman, and submits the name of that person to the college administration for approval. The term of office may not exceed two consecutive years, although a chairman may be reappointed.

In sum, distinctive features of the faculty in nursing options are: the high mobility rate among nursing chairmen; the gap between the ideal and actual faculty-student ratio, and the inadequacy of academic qualifications and experience of the teaching staff.

## 6. Summary

The complete transfer of diploma nursing programs to the provincial system of education was the direct outcome of the Royal Commission of Inquiry on Education in Quebec. Social, technical, political and economic forces directed and shaped the new system.

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<sup>91</sup> Décret Tenant Lieu de Convention Collective Entre le Personnel Enseignant (représenté par la C.S.N.) et les Collèges d'Enseignement Général et Professionnel, arrêté en Conseil No. 3812-72, Québec, 15 décembre 1972, p. 28..

The establishment of General and Vocational Colleges, better known as CEGEP, set the scene for change; the initiation of a transfer of diploma nursing programs was almost simultaneous with the development of these colleges. Change was rapid and radical. Initial activity, which nurses viewed as a pilot project, speedily ended in a total transformation. Within a five year period, the long-standing system of hospital diploma nursing education gave way to an entirely new system within educational institutions. This change, initiated in 1967, concluded with the bowing out of the last hospital schools of nursing in 1972.

During the transition phase the Ministry of Education and the Ministry of Social Affairs worked in close cooperation. The ONQ, likewise an active participant in the development of a suitable curriculum pattern, prepared the membership for the acceptance of inevitable changes.

The distinctive features, general direction and status of CEGEP, nursing options, students and faculty are summed in the subsequent statements.

- CEGEP are multidisciplined institutions under the Ministry of Education, the Minister of Education being the recognized and constituted authority.
- The organizational structure of CEGEP reflects centralization, close scrutiny and control by the Minister of Education.

- Diploma nursing programs, known as nursing options, are undiversified being without exception, established within CEGEP.
- CEGEP diploma programs, inclusive of nursing options, are terminal and tend to be technically oriented.
- To gain admission in a nursing option a candidate must hold a Secondary V certificate. Candidates must therefore have successfully completed eleven years of formal schooling.
- Nursing options are three years in length, consisting of a maximum of twenty-four months stretched over three academic years.
- The Ministry of Education prescribes norms relative to curriculum design and articulation. A close adherence to these norms is mandatory.
- The ONQ participates in an advisory capacity in the setting of norms. This is primarily achieved by means of representation on the Provincial Nursing Option Coordinating Committee established by the Ministry of Education. Nursing option chairmen constitute the major portion of this committee.
- Respective curricula, developed according to the prescribed pattern and norms, demonstrate a marked degree of uniformity.
- Curricula reveal an even distribution of general and specialized education.

- CEGEP education is tuition free and for all full-time students. Nursing students are therefore not obligated to pay tuition. The total financial burden is borne by the Ministry of Education.
- The trend is not only to contract, but also to purchase clinical experience for students.
- Although the ONQ, by virtue of Bills 250 and 273, enjoys prerogatives in the setting and maintenance of standards, it is primarily through the student register, the administration of licensure examinations and the granting of licensure certificates that it exercises its greatest influence. Licensure is mandatory in the province; success on licensure examinations being, for new graduates, the only portal of entrance into the profession.
- Licensure examinations consist of five examinations in medical nursing, surgical nursing, obstetrical nursing, pediatric nursing and psychiatric nursing. English-speaking candidates are exposed to the CNA Testing Service Examinations; ONQ assumes full responsibility for the preparation of French examinations. English and French-speaking candidates therefore write different examinations.
- The Ministry of Education grants a diploma (D.E.C.) to candidates who demonstrate successful completion of the prescribed course of studies.

- The aim of nursing options, as articulated by the Ministry of Education, is that of preparing a more community-health oriented and less hospital care centered nurse. This, however, is more of a vision for the future than a reality.
- In 1973, a total of 8,326 nursing students were pursuing a basic diploma nursing course in CEGEP. That same year a total of 3,036 candidates were admitted.
- With the passage of Bill 89 in 1969, male candidates were recognized and eligible for registration. Although the total enrolment in nursing options remains predominately female, male candidates have tended to avail themselves of this newly established prerogative.
- The year 1970 was selected as a cut-off point in presenting statistics relative to candidates graduating and writing licensure examinations in the province. A failure rate of 11.6% was displayed in 1970; this figure rose to 21.3% in 1971 and remained fairly constant in the subsequent years.
- Faculty qualifications tend to persistently fall short of the recommended level of a bachelor's degree; in 1974, only 42.3 held a bachelor's or higher.
- While declaring that the faculty-student ratio is contingent on the level of faculty preparation and experience,

the ONQ upholds a ratio of 1:6. All nursing options tend to fall short of this optimal ratio.

- Nursing options witness a high rate of mobility among nursing chairmen.

## CHAPTER IV

### DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF ONTARIO

Preliminary to Part II, Chapter I illustrated that the province of Ontario pioneered the now well established trend to develop diploma nursing programs in educational institutions. Although the Ryerson Nursing Program<sup>1</sup> marked a first in Canadian nursing history, Ontario was third in line to effect a complete transfer of diploma nursing programs to the provincial system of education, Saskatchewan and Quebec being the forerunners.

The subsequent sketch of a decade of developments, points to forces that ushered in and modelled the new system.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the Provincial System of Education.

The Ryerson Nursing Program, initiated and sponsored by the Registered Nurses Association of Ontario, was established at the Ryerson Polytechnical Institute, Toronto, in 1964<sup>2</sup>. Initially a three year program, it was later organized within the framework of a two-year period. This research

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1 Registered Nurses Association of Ontario, Outline of Activities Related to the Pattern for the Preparation of the Diploma Nurse in Ontario, Toronto, RNAO, 1966, p. 2.

2 Ibid.

oriented program demonstrated the value of college education for nurses. It did not, however, result in an immediate transformation of the system; an evolutionary process was promoted, not a revolutionary one. Allen and Reidy posited:

On the whole, the findings [...] point to the potential value of preparing a nurse in a college-level institution within the general system of education. The question arises as to whether we wish to support a gradual transformation or proceed as rapidly as possible to modify the system of nursing education at the diploma level. There is much to be said for careful and thoughtful planning so that change and development may be smooth, predictable, and in a sense evolutionary [...].<sup>3</sup>

Between the implementation, the systematic evaluation, and the publication of the report relative to the Ryerson Nursing Program, changes crept into the province which foretold of an eventual mutation in the system of diploma nurse education. A first major alteration was the result of political activity whereby the Act to Amend the Department of Education Act was assented to June 1965<sup>4</sup>. By virtue of it, by 1967, twenty Colleges of Applied Arts and Technology, henceforth referred to as CAAT, were established in the province<sup>5</sup>.

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<sup>3</sup> Myora Allen and Mary Reidy, Learning to Nurse: The First Five Years of the Ryerson Nursing Program, Ontario, Registered Nurses' Association of Ontario, 1971, p. 262.

<sup>4</sup> An Act to Amend the Department of Education Act, 13-14 Elizabeth II, c. 28, June 22, 1965.

<sup>5</sup> Ontario Commission on Post-Secondary Education, The Ontario Colleges of Applied Arts and Technology, Toronto, Queen's Printer, 1972, p. 1.

With the establishment of these Colleges, the scene was set for a change in the system of nursing education, but in retrospect it is noted that the transfer of basic diploma nursing programs did not parallel the rapidity with which CAAT developed.

It was only in 1969 that the Humber Diploma Nursing Program<sup>6</sup>, a second in the educational system and a first in CAAT, was established. Till 1973, the Ryerson and Humber programs were the only two diploma nursing programs in the provincial system of education.

Another event, which brought about multiple changes in diploma nursing programs, was the pronouncements made by the Minister of Health in 1965, whereby a ten-year plan leading to a gradual shortening and regionalization of schools of nursing was propounded<sup>7</sup>. Salient features of this projected plan were:

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<sup>6</sup> Humber College of Applied Arts and Technology, Health Sciences Programs 74/75, Toronto, Humber College, 1973, p. 2.

<sup>7</sup> Ontario Minister of Health, Future Pattern of Nursing Education in Ontario, A Summary of Papers Presented at the Series of Nursing Education Conferences 1965. Compiled by Department of Health, Ontario Hospital Services Commission, Ontario Hospital Association, College of Nurses of Ontario, University Schools of Nursing, 1965, p. 29.

1. By 1975, all diploma nursing programs in the province would be two years in length.
2. In the transition phase, schools of nursing would gradually conduct two-plus-one programs. The first two years would be strictly educational in nature; the third would be a year of internship at which time the students would be at the disposal of nursing service.
3. Hospital schools would gradually phase out as regional schools developed. The majority of these schools would likewise conduct a two-plus-one program until 1975.
4. The organization of programs into two years of education followed by a year of internship would favor the gradual conversion to a two-year program while providing adequate personnel to nursing service in the interim period.
5. The eventual two-year program would increase the output of diploma nurses.

The Department of Health, with the reluctant cooperation of the College of Nurses, almost immediately proceeded to implement changes. As indicated by the College of Nurses, economic forces weighed heavily in the Minister's decision to encourage the development of two-plus-one programs.

It is the belief of the Council of Nurses that a school of nursing should be responsible for the student's educational experience, both in the classroom and clinical fields, without obligation to provide nursing service. However, the Council of College of Nurses recognizes that because of the provincial government's fiscal policy there will be a transition period during which the pattern of nursing education in the majority of diploma schools in Ontario will be a two year educational programme followed by a third year of experience in hospital nursing service. It is hoped that the curriculum design of diploma schools of nursing would be such that when provincial government policy permits the third year would no longer be necessary<sup>8</sup>.

Under the Minister's plan, all program revisions were subject to the joint approval of the Ontario Hospital Services Commission and the College of Nurses of Ontario. A set of criteria<sup>9</sup>, published in 1966, served as a basis for the approval of new or reorganized programs. The norm with regard to length of programs purported to be inelastic. In this respect an introductory comment clearly stated:

While a few two-year courses have already been approved, additional two-year courses may not be approved until 1975, which the Minister of Health has set as a target date for further conversions. Meanwhile, the Government will support a course which consists of two fully supported educational years followed by a paid year of clinical experience<sup>10</sup>.

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<sup>8</sup> The Ontario Hospital Services Commission, and The College of Nurses of Ontario, Guide for the Establishment of Regional Schools of Nursing and Change of Existing Programmes, [Toronto], OHSC and College of Nurses, June 1966, p. v.

<sup>9</sup> Ibid., 29 p.

<sup>10</sup> Ibid.; p. 1.

For purposes of clarification, it is here relevant to indicate that by virtue of The Nurses Act<sup>11</sup>, the College of Nurses of Ontario, hereinafter referred to as the College, had since 1962 been the statutory body responsible for inspecting, advising and approving schools of nursing. The approval of the Lieutenant-Governor in Council was required to operate a school of nursing, but approval was based on the recommendation of the Council of the College of Nurses of Ontario. With the application of the Minister's decision, this prerogative granted to the College of Nurses four years hence would no longer be exclusive; it was now a shared responsibility with the Department of Health, through the Ontario Hospital Services Commission.

As directed by the Minister of Health, in 1966, steps were taken toward the gradual elimination of the service component of diploma nursing programs, and a program of regional schools was introduced. These, while being independent of the service institutions, were nonetheless to remain single-purpose institutions outside the educational system. The course of action was much more rapid than projected; two-plus-one programs were soon compressed into two years, and the concept of introducing diploma nursing

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<sup>11</sup> An Act to Amend the Nurses Act, 1961-62, 12-13 Elizabeth II, Ch. 90, 1962, (Last Amendment Bill 69, 22 Elizabeth II, 1973).

programs in CAAT began to permeate the province. Keeping pace with the times, as indicated below, change was rapid.

Indicative of the rapidity of change in the area of R.N. diploma education, in 1965 there were no regional schools; by the end of 1967 there were eight, and ten more are expected within the next five years. In 1965, there were only eight 'two plus one' programs; thus, twenty-seven were created in the ensuing two years. There were three two-year programs in 1965 and this number had doubled by the end of 1967 while four more two-year programs have been approved in principle and will probably be under way in another year or two. Put another way, in 1965 over 80 per cent of the existing schools in Ontario offered the traditional three-year program; but by 1968-1969, three years later, less than 20 per cent are likely to be this type<sup>12</sup>.

In 1966 as well, the entire field of health care services was under review. The Committee on the Healing Arts<sup>13</sup>, established by an order-in-council was to investigate and report upon matters of public interest concerning the health care services. The Committee on the Healing Arts, in turn, commissioned Professor V.V. Murray to undertake a study of nursing and nursing education in Ontario.

Having reviewed the entire field of diploma nursing education, Murray did not hesitate to conclude that programs should be in the system of education. He declared:

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<sup>12</sup> V.V. Murray, Nursing in Ontario: A Study for the Committee on the Healing Arts, Toronto, Queen's Printer, 1970, p. 132.

<sup>13</sup> Ontario Department of Health, Report of the Committee on the Healing Arts, Toronto, Queen's Printer, 1970, p. ix.

[...] most of the advantages probably lie with a system based in the Department of Education. Being completely cut off from the pressures of individual hospitals, it would be much easier to consolidate schools and make use of facilities and staff available in the newly developing community colleges [...].<sup>14</sup>

In turn, the Committee on the Healing Arts, took a definite stand. Based on the premise that "Although the Department of Health might be considered the obvious body to be entrusted with the education of nurses, the Department of Education is even more suitable"<sup>15</sup>, the following recommendations were made public:

That control of diploma level nursing education should pass to the Department of Education [...]

That the expansion of schools of diploma level nursing should take place in the Colleges of Applied Arts and Technology to the extent feasible.

That the financing of new schools of nursing be under the Department of Education, and that financing of hospital, regional and special schools of nursing be removed from the aegis of the Ontario Hospital Services Commission [...]

That the length of training programs for diploma nurses be not longer than two years academic<sup>16</sup>.

Thus by 1970, the destiny of diploma nursing education was made manifest to all those who did not refuse to see the irreversible trend. A government commission had recommended a transfer of diploma programs to the system of

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14 V.V. Murray, op. cit., p. 234.

15 Ontario Department of Health, op. cit., p. 191.

16 Ibid., p. 197-198.

education; the change would not be long in coming. The College and the Registered Nurses' Association of Ontario responded favourably to the recommendations incorporated in the Report on the Healing Arts. The latter restated its long-standing position: "The Association has long been on record as supporting the principle that nursing education should be within the framework of general education"<sup>17</sup>. The College, while supporting an eventual transfer of all programs to the system of education, pressed for a cautious and well planned move.

Council continues to support the principle that nursing education should be within the field of general education. The Colleges of Applied Arts and Technology are seen as an appropriate setting for diploma level programs.

Since all Colleges of Applied Arts and Technology have not reached the same level in development of core courses which would be required, it would seem advisable to assess the readiness of each college and the adjacent community agencies before new programs are established. A continuation of the present pattern of change-over would seem wise<sup>18</sup>.

Late in the year 1970, the Senior Coordinating Committee of the Department of Health and Education issued a controversial report, more familiarly known as the Evan's

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<sup>17</sup> Registered Nurses' Association of Ontario, A Brief Submitted to the Minister of Health of Ontario on the Report of the Committee on the Healing Arts, Toronto, RNAO, 1970, p. 6.

<sup>18</sup> College of Nurses of Ontario, Brief Submitted to the Minister of Health Re: Recommendations of the Report of the Committee on the Healing Arts, [Toronto], College of Nurses, 1970, p. 2.

Report, which recommended that

[...] providing appropriate standards [could] be maintained, all health sciences education (including nursing) should be the responsibility of educational institutions.

Nursing programs [...] carried out in schools of nursing should be phased into community colleges [....]<sup>19</sup>

Once again, action on the part of the Department of Health was accelerating change. Development indicating the support of the concept of the transfer of diploma nursing programs was more widespread and vigorous.

Confronted with the irreversible trend and aware of the need to improve the general education component of diploma nursing programs, authorities were moved to hold discussions on a regional basis regarding the feasibility of developing programs in CAAT<sup>20</sup>. Colleges, on the other hand, being more readily accessible, it was possible for a good number of programs to purchase courses in general education. "Thirty of the 56 diploma programs under the Department of Health purchased courses from colleges in 1971"<sup>21</sup>.

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<sup>19</sup> Ontario Health Sciences Education Advisory Committee, Guidelines for the Development of Health Technology Programs Within the Colleges of Applied Arts and Technology and Health Sciences Complexes in Ontario, Toronto, Department of Health, 1970, p. 6.

<sup>20</sup> College of Nurses of Ontario, A Survey of the Development of Baccalaureate and Diploma Schools of Nursing in Ontario since 1965, Supplement, Toronto, College of Nurses, August 1972, p. 4.

The Catholic Hospital Conference of Ontario less enthusiastically foretold of an imminent change in the system. " [...] there have been no official directives from Government yet [...] there is a tendency on the part of most schools to be ready for 'the move' into general education [...]"<sup>22</sup>. The issue at hand, in the pending move, was the fear engendered at the thought of a possible gradual forfeiture of the 'unique' philosophy upheld by the Catholic hospitals and respective nursing programs.

Fears of and predictions for change proved to be warranted. In 1972, the Ministry of Health made public its new policy with regard to students admitted to diploma nursing programs under its jurisdiction. The threefold policy dealt with room and board, tuition, and internship. Thus

In April, 1972, free room and board was discontinued for students being admitted into diploma programs financed by the Ministry of Health and all students were required to pay an annual tuition fee. The nurse internship year was also deleted in 1972 in all but two schools, where it will be discontinued in 1973<sup>23</sup>.

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22 The Catholic Hospital Conference of Ontario, Fact Finding Committee on Nursing Education Report, Catholic Hospital Conference of Ontario, 1972, p. 12.

23 Ontario Ministry of Health, Annual Report, 1972, Toronto, Ministry of Health, 1972, p. 16.

The series of events leading to and forecasting change culminated with the official announcement of a complete transfer of diploma nursing programs to the system of education. This decision was made known by means of a joint news release issued by the Ministry of Health and the Ontario Ministry of Colleges and Universities on January 12, 1973.

Responsibility for the education of diploma nurses will be transferred from hospital and regional schools of nursing to the colleges of applied arts and technology system, effective September 1, 1973 [...]<sup>24</sup>

The fifty-six schools of nursing under the Ministry of Health were to be absorbed by the twenty-three educational institutions<sup>25</sup>. Directives relative to the transition phase were thus spelled out in the official announcement.

While some aspects of the transfer have been determined by the Provincial Government, much of the transition of the college setting will be planned and implemented by the local advisory groups that are to be established in each college area. These groups will be responsible for working out the curriculum, admission procedures, clinical arrangements with participating hospitals, and a number of other general concerns. Each college area will submit its plans for the scrutiny and approval of the ministries involved and the College of Nurses of Ontario. Sitting on the committees will be representation from all institutions involved in nursing education in each area<sup>26</sup>.

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<sup>24</sup> Ontario Ministry of Colleges and Universities, Joint News Release: Transfer of Diploma Nursing Education to the Colleges of Applied Arts and Technology, Toronto, Ministry of Colleges and Ministry of Health, January 12, 1973, p. 1.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid., p. 2.

The Toronto downtown area having a heavy concentration of schools of nursing experienced difficulty in effecting the change. Aware of the perplexity of the situation, the Ministries appointed a task force with the responsibility of working with the institutions concerned<sup>27</sup>. Regardless of difficulties encountered, the target date was to remain constant.

If planning is not completed by September 1, 1973, the downtown Toronto programs will be transferred directly to the Ministry of Colleges and Universities and an administrative structure developed to assume responsibility for nursing education in the area for an interim period<sup>28</sup>.

Thus, September 1, 1973, the transfer of diploma nursing programs to the educational system was complete. Hospital and regional schools were absorbed in twenty-three educational institutions<sup>29</sup>: twenty-two CAAT and the Ryerson Polytechnical Institute which was the first to initiate a diploma nursing program.

In essence, the Minister of Health directed major events leading to a complete transfer of diploma nursing programs to the provincial system of education. Also important was the enactment of legislation which transformed

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27 Ibid., p. 3.

28 Ibid.

29 See Appendix 2 for a complete list of educational institutions responsible for Diploma Nursing Programs in the Province.

general education, namely the establishment of CAAT throughout the province thus making more accessible educational opportunities for all. The Ryerson Diploma Nursing program, initiated and sponsored by the Registered Nurses' Association of Ontario, introduced a move in a definite direction. Forces underlying these events were primarily political and economic.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

Despite the fact that the transfer of diploma nursing programs in the system of education officially became a reality September 1, 1973, at the time of writing the implementation of this transfer was still in the process of becoming; diploma nursing education was in a state of flux. Regardless of this ongoing period of instability and change, it was possible to consider various aspects of the structural organization of programs and the general policies governing same.

In 1973-1974, hospital and regional schools of nursing, while forming an integral part of twenty-two CAAT and the Ryerson Polytechnical Institute, continued to operate as single-disciplined institutions in the same setting. Each school became a campus administered and responsible to CAAT. Excerpts of letters received from educational

institutions involved serve to exemplify this point.

[...] this is a period of transition for diploma nursing education. There are four camps in the Department of Nursing of [...] College which were four schools of nursing<sup>30</sup>.

As the four Diploma Schools of Nursing transferred [...] in September 1973 [...] I suggest you write to the Directors of the four campuses [...].<sup>31</sup>

Enclosed is a copy of the brochure which was used in 1973 as information for the 5 programs within the Nursing Division of [...] College<sup>32</sup>.

The status of these 'nursing campuses' is therefore subject to further modifications; they will gradually form a more integral part of respective CAAT, hence a review of the organizational structure of these colleges is warranted.

CAAT are composite institutions providing a wide variety of programs of study, short of university level, and applied in nature "oriented toward meeting the unique and dynamic demands of future technologies, occupations, and communities"<sup>33</sup>. The twenty-two CAAT constitute a fairly complex system ultimately responsible to the Minister of

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30 Letter dated March 27, 1974, received from Dorothy Lumbeth, chairman, Department of Nursing, Mohawk, CAAT.

31 Letter dated March 14, 1974, received from P. L. Williams, Vice-President (Academic), Fanshawe College.

32 Letter dated April 11, 1974, received from Heidi Yamashita, Acting Dean, George Brown College.

33 Ontario Commission on Post-Secondary Education, The Ontario Colleges of Applied Arts and Technology, p. 13.

Colleges and Universities<sup>34,35</sup>. Chart 2 presents the main structural features of this system.

As indicated in Chart 2, the president of respective CAAT is immediately responsible to a Board of Governors. The latter is, under the recommendation of the Council of Regents, appointed by the Minister of Colleges and Universities. The Council of Regents, also appointed by the Minister, consists of

[...] a body of 15 persons, established to provide over-all guidance to the board of governors, to recommend approval of the establishment of new programs and new buildings, and to establish salary scales. The latter function is now complicated by a new collective-bargaining process, in which the Applied Arts and Technology Branch plays a supporting role for negotiation purposes<sup>36</sup>.

The Applied Arts and Technology Branch of the Department of Colleges and Universities exercises a two-fold responsibility: financial and academic.

On behalf of the Minister, the branch reviews the college operating and capital budgets submitted [...] by the board of governors. On the academic side, the branch helps co-ordinate the development of college curricula<sup>37</sup>.

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34 Ibid., p. 21.

35 Ontario Department of Education, Colleges of Applied Arts and Technology, Basic Documents, Toronto, Department of Education, June 1967, 20 p.

36 Ontario Commission on Post-Secondary Education, op. cit., p. 21.

37 Ibid., p. 22.

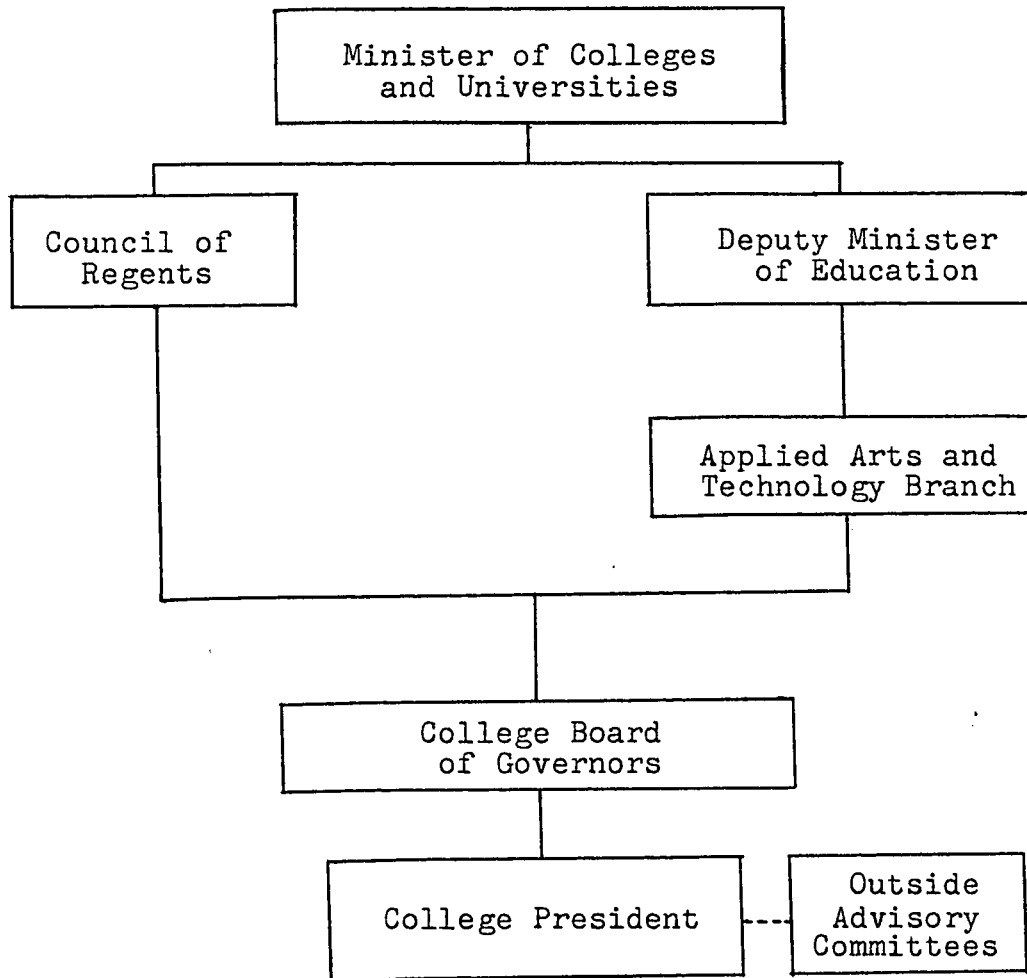


Chart 2.- Ontario Colleges of Applied Arts and Technology Organizational Structure<sup>a</sup>.

<sup>a</sup> Source: Ontario Commission on Post-Secondary Education, op. cit., p. 20.

The function of the outside advisory committees is primarily that of providing communications between the college, industry, business and the various agencies in order to keep in touch with the labor market conditions, and to adapt programs accordingly<sup>38</sup>.

The Ryerson Polytechnical Institute while belonging to this system has, since the passing of the Ryerson Polytechnical Institute Act<sup>39</sup> in 1963, operated as an independent organization. Since the fall of 1971, this Institute has further been authorized to grant degrees of bachelor of technology and bachelor of applied arts<sup>40</sup>. It is to be noted that as of November 1972, the Ryerson Polytechnical Institute has been "admitted to ordinary membership in the Association of Universities and Colleges of Canada"<sup>41</sup>. The Institute, however, continues to have many programs leading to a diploma.

Students, upon successful completion of the prescribed course of studies, are granted a diploma by the respective educational institutions. At the Ryerson Polytechnical

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38 Ibid.

39 An Act respecting Ryerson Polytechnical Institute, 11-12 Elizabeth II, c. 128, 1963.

40 Ryerson Polytechnical Institute, Ryerson Calendar 1973-1974, Toronto, Ryerson Polytechnical Institute, 1973, p.10.

41 Ibid.

Institute

[...] diplomas [...] are awarded to students who successfully complete programs as prescribed by Academic Council. Students in their graduating semester or year are required to make application to graduate at the Student Records Centre<sup>42</sup>.

With respect to CAAT, The Department of Education Act states that:

[...] the Minister, subject to the approval of the Lieutenant-Governor in Council, may make regulations [...] for the granting of [...] diplomas of standing following successful completion of any program of instruction<sup>43</sup>.

As reflected in the following each CAAT has the authority to grant diplomas.

Diplomas [...] are awarded to students who successfully complete a regular program described in this Calendar [...]. The College [...] reserves the right to withhold a [...] diploma from any candidate who has not met [...] obligations to the College<sup>44</sup>.

With the passing of The Department of Education Amendment Act, the Minister was granted authority to require "students to pay registration, tuition and laboratory fees in respect to any program of instruction [...] fixing the

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<sup>42</sup> Ibid., p. 45.

<sup>43</sup> An Act to Amend the Department of Education Act, Article 7.

<sup>44</sup> Canadore CAAT, Calendar 1974-1975, North Bay, Canadore CAAT, p. 28.

amounts [...] of payments [...] <sup>45</sup>. In 1972, the Commission on Post-Secondary Education in Ontario further explained that:

The Ontario Colleges of Applied Arts and Technology are financed primarily by the government of Ontario, for both operating and capital funds. The only offsetting revenues are nominal student fee of \$25 per course or a maximum of \$150 per year <sup>46</sup>.

A review of the information received from the twenty-two CAAT indicates that tuition fees, inclusive of student activity and laboratory fees, vary from college to college. Full-time student fees range between \$250.00 <sup>47</sup> and \$305.00 <sup>48</sup> per year. At the Ryerson Polytechnical Institute, the full-time fee for each term is \$212.00 <sup>49</sup>. Nursing students are therefore required to pay fees determined by respective educational institutions.

Diploma nursing education being in a phase of transition, interim policies with regard to control and approval of programs are found in memoranda issued by the

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<sup>45</sup> An Act to Amend the Department of Education Act, Article 7.

<sup>46</sup> Department of Education, The Ontario Colleges of Applied Arts and Technology, p. 22.

<sup>47</sup> Conestoga CAAT, Nursing (Diploma) Program, Kitchener, Conestoga CAAT, [1974] Pamphlet.

<sup>48</sup> Confederation CAAT, Diploma Nursing Program Monograph, Thunder Bay, Confederation CAAT, [1973].

<sup>49</sup> Ryerson Calendar, p. 39.

College of Nurses<sup>50</sup>, and the Ministry of Colleges and Universities<sup>51</sup>. The present situation is first best reviewed against the background of the recent past, at which time the College assumed responsibility for standard setting.

Since its formation in 1961, the Ontario College of Nurses has had the responsibility and authority, under the Nurses Act and related regulations, to undertake regular inspections of diploma nursing [...] programs throughout the province.

The inspections were carried out by inspectors employed by the College [....] The Nurses Act and The Regulations contained the basis for the inspections, and following the inspections reports would be forwarded to the Council of the College of Nurses as well as to the Director and Board of Governors of the School.

The College of Nurses also had the responsibility to recommend to the Lieutenant-Governor in Council on the establishment of new programs, or cancellation of existing programs which did not meet legislated standards<sup>52</sup>.

With the transfer of all diploma programs from hospital and regional schools to educational institutions, the Council of Regents became the responsible body for the maintenance of standards. The latter soon realizing that

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50 College of Nurses of Ontario, Memorandum Re: Role of the College of Nurses in Evaluation of Nursing Programs, Toronto, College of Nurses, 1973, 2 p.

51 Ontario Ministry of Colleges and Universities, Memorandum to: Colleges of Applied Arts and Technology, Subject: Evaluation of Nursing Programs in Colleges of Applied Arts and Technology, Toronto, Ministry of Colleges and Universities, 1973, 3 p.

52 Ibid., p. 1.

continuity was an essential element during a time of conversion of an old to an entirely new system, recommended that the College continue its evaluation role for a period of time to be determined by the Ministry of Colleges and Universities<sup>53</sup>. Acting on this recommendation, the Ministry issued a fourfold policy statement which is presently enforced in the province. The first statement indicates that the College is to continue its evaluation role for a three year period.

That the Staff of the College of Nurses continue in its evaluation role with diploma nursing [...] programs in the colleges of applied arts and technology, for a three year period, including the academic years of 1973-74, 1974-75, 1975-76, and that this role be reviewed by the Council of Regents at the end of the second year<sup>54</sup>.

A second statement makes provisions for the establishment of a temporary advisory committee.

[...] an Ad Hoc Provincial Advisory Committee on Nursing Education, a Sub-committee of the Curriculum Committee of the Council of Regents be established with membership as determined by the Council of Regents, appointed for a three-year term, with one third to retire each year<sup>55</sup>.

This advisory committee on nursing education has since been established, and is composed of two members of the RNAO; five

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53 Ibid., p. 1-2.

54 Ibid., p. 2.

55 Ibid.

members of the College of Nurses; one member of the Ontario Medical Association; one president of CAAT; one member of the Ontario Association of Registered Nursing Assistants; one member of the Ontario Hospital Association; one member of the Ministry of Education; one member of the Ministry of Health and one member of the Ministry of Colleges and Universities. The latter member in the person of Mr. Milton Orris, also assumes the position of Program Coordinator of the Health Sciences, College Affairs Branch<sup>56</sup>.

The subsequent statements indicate the manner in which the College is expected to carry out its evaluative role.

That the Evaluation Staff of the Colleges of Nurses continue its evaluation role in the same manner as in the recent past, but responsible to the Council of Regents utilizing the criteria as established in the proposed guidelines.

That results of evaluation visits to the College be conveyed to the person directly responsible for the program, to the President of the College, and to the Council of Regents, which may refer them to the Provincial Advisory Committee for its review and recommendations<sup>57</sup>.

The memorandum issued by the College, in turn, sheds light on its evaluation role. Tools to be used in this

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56 Ministry of Colleges and Universities, Members of the Provincial Advisory Committee on Nursing Education, [Toronto], Ministry of Colleges and Universities, April 1974, p. 1-2.

57 Ministry of Colleges and Universities, Memorandum, p. 2.

function are the Critical Elements<sup>58</sup>, and Criteria for the Evaluation of Nursing Education Programs in General Education Settings<sup>59</sup>. The former consists of an elaboration of select regulations concerning schools of nursing embodied in the Nurses Act; the latter, likewise developed by the College, was prepared with a view to assist programs in the transfer to the new system. The College therefore continues to exercise supervision over diploma nursing programs. This role, temporary in nature, is accomplished under the guidance and control of the Council of Regents. Further changes are anticipated in the immediate future. Not only will the Council of Regents likely assume complete responsibility for the control and evaluation of programs, but the Nurses Act is subject to major revisions.

At the time of writing, the Health Disciplines Act<sup>60</sup>, dealing with five major health disciplines, had passed a third reading but with the exception of Section 6, which makes provisions for the immediate establishment of a body

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<sup>58</sup> College of Nurses of Ontario, Critical Elements in Regulation 23 and Schedules 2 and 3; Regulation 24 and Schedules 4 and 5 of the Nurses' Act 1961-62, Toronto, College of Nurses, [1969], 3 p.

<sup>59</sup> College of Nurses of Ontario, Criteria for the Evaluation of Nursing Education Programs in General Education Settings, Toronto, College of Nurses, 1973, 3 p.

<sup>60</sup> The Health Disciplines Act, 23 Elizabeth II, 1974, Sections 169-170.

known as the Health Disciplines Board, it will not come into force until so proclaimed by the Lieutenant-Governor. Under this pending act, Colleges of disciplines concerned will continue as regulatory bodies but will have no authority or control over educational programs. Nursing being one of the major disciplines, the Nurses Act will be rescinded when the said act becomes law<sup>61</sup>. The College, aware of the implications of such legislative action, is preparing regulations for admission to the register rather than for the approval of programs.

In the light of the guiding principles for new legislation and the legal interpretation placed on present legislation, the Council of the College of Nurses is developing regulations outlining requirements for admission to the registers rather than requirements for approval of programs [....]<sup>62</sup>

Under the Health Disciplines Act, the College will continue to be authorized to issue registration certificates.

The Director shall issue a certificate or renewal thereof to any applicant therefore who is qualified under this Part and the regulations and has passed such examinations as the Council may set or approve, and the Director shall refer to the Registration Committee every application for a certificate or renewal thereof [....]<sup>63</sup>

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61 Ibid., Art. 90.

62 College of Nurses, Memorandum, p. 2.

63 The Health Disciplines Act, Art. 80.

Likewise, registration or certification will remain permissive<sup>64</sup> as was the case under the provisions of the Nurses Act<sup>65</sup>.

The examinations approved by the College Council, and administered for purposes of registration, are the CNA Testing Service Examinations. In the past, eligible candidates were exposed to four examinations; medical nursing, surgical nursing, obstetrical nursing and children's nursing. Effective January 1, 1972, candidates were required to write five examinations; psychiatric nursing having been added to the four previously listed<sup>66</sup>. Candidates having successfully passed the five required examinations qualify for registration.

In the new system, the structural organization of educational institutions is fairly straightforward, but the general policies governing diploma nursing programs are in a state of flux, transition and uncertainty. A complete transfer of diploma nursing programs to the provincial system of education was easily ordered on paper, but a year later it is evident that the realization of this major revision is far from complete.

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<sup>64</sup> Ibid., Art. 76.

<sup>65</sup> The Nurses Amendment Act, c. 30, 1973, Section 9.

<sup>66</sup> College of Nurses of Ontario, Requirements for Eligibility for Initial Registration as a Nurse in Ontario, Toronto, Collège of Nurses, 1973, p. 1-2.

### 3. Curriculum

The actual implementation of the decision to transfer the fifty-six diploma nursing programs to educational institutions is still very much in an embryonic stage. This early stage of development is reflected in the various curricula.

Nursing curricula throughout the province are presently undergoing major revisions and changes. The subsequent discussion is therefore an attempt to indicate the direction in which programs are going rather than a presentation of definite curriculum prescriptions.

A new development is that diploma nursing programs have now been integrated in the various college health sciences divisions. The Humber College which was the first CAAT to develop a diploma nursing program in Ontario states:

Health care delivery and allied health education in Ontario are now beginning to focus upon prevention of illness and maintenance of health as well as care of patients in both hospital and community settings. All current and potential allied health workers must therefore be conscious of this distinct focus on health and community involvement as part of their roles in health care delivery. Our new and projected programs in the Health Sciences Division reflect this expanded philosophy of health care [...]<sup>67</sup>

Without overlooking the nursing care component, the focus of basic diploma nursing programs is toward a more global health care outlook. The subsequent quotes serve to

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<sup>67</sup> Humber CAAT, op. cit., p. 2.

further demonstrate this assertion.

The Nursing Education Diploma Program at Algonquin College prepares the graduate to care for people in the community. Preventative health care as well as emphasis on nursing measures once illness has taken place are evident throughout the program. Initial emphasis on prevention of illness and meeting the needs of the healthy individual is supplemented in other areas of the program by stress on meeting the person who is ill<sup>68</sup>.

At the completion of the two year program the graduate in a staff nurse position, should be at his beginning competency in nursing abilities and skills. He should have the ability to observe the total patient, identify needs, minister nursing care and evaluate this care. The nurse, with other members of the health team, should be able to participate in the determination of immediate and continuing health care with patients and their families<sup>69</sup>.

The goal appears to be that of preparing a beginning level practitioner capable of giving total health care. The emphasis, however, still seems to be on the acquisition of necessary skills to care for the ill. Subsequent revisions of curricula may alter or redirect this focus; the linear move appears to be toward the preparation of a more community-health centered nurse.

Presently, required theory and practice are compressed within a two year period. At this stage, however,

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<sup>68</sup> Algonquin CAAT, Nursing Diploma Program Monograph, Ottawa, Algonquin College, 1973.

<sup>69</sup> Northern CAAT, Porcupine Campus, Supplement to Calendar 1973-74, South Porcupine, Northern CAAT, 1973, p. 5.

it is difficult to make any definite statement with regard to the prescribed length of diploma nursing programs in the province. According to the College, all but one program admitted students to a two-year program in 1971<sup>70</sup>. The policies found in the Nurses Act 1961-62 as Amended and the Regulations further state that

The instruction and experience prescribed [...] are provided by [a] school of nursing over at least a two-year period of which no week contains more than thirty-five hours of instruction and experience<sup>71</sup>.

Since these policies still apply in the interim period, it is concluded that programs extend over a two-year period, more precisely twenty-two months. Statements extracted from CAAT calendars shed light on the length of programs. "The program is taught over a period of twenty-two months within a two academic calendar"<sup>72</sup>. "The College year is divided into three trimesters for this program: September-December; January-April; May-July"<sup>73</sup>.

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<sup>70</sup> College of Nurses of Ontario, A Survey of the Development of Baccalaureate and Diploma Schools of Nursing in Ontario since 1965, Supplement, p. 2.

<sup>71</sup> The Nurses Act 1961-62 as amended and the Regulations, Toronto, The College of Nurses of Ontario, 1972, p. 9.

<sup>72</sup> Sir Sanford Fleming CAAT, Calendar 1974-75, Peterborough, Sir Sanford Fleming CAAT, p. 130.

<sup>73</sup> Algonquin CAAT, op. cit.

Currently, there is discussion in the province with regard to the length of programs. This concern is best reflected in a document recently prepared by a group of nurses.

Nurse educators are concerned about the seemingly impossible task of preparing students to function as registered professional nurses in a period of two years under the present circumstances.

.....  
Teachers have so refined the curriculum that the elimination of further content in the respective courses would result in an incomplete and diluted program. Yet students say they have not time to assimilate, apply and retain the principles they are taught. They ask for more time and say they experience dissatisfaction with cramming. Teachers have direct student contact for eleven months of the year, with little or no time to prepare, evaluate and revise the program<sup>74</sup>.

At this time it is almost impossible to predict the direction programs will follow with regard to length. Despite the plea for the extension of the time factor, programs continue to reflect a duration of two years.

Policies governing curriculum development and maintenance, enforced in the interim period, are broad and relatively few in number. Policies above all recommend that the "time-tabled hours of learning experiences for nursing students [be] comparable to those for students in

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<sup>74</sup> Registered Nurses Association of Ontario, Concerns Related to Recent Developments in Nursing Education in Ontario, West Algoma Chapter, 1974, p. 3.

similar programs in the institutions"<sup>75</sup>. A more precise policy is the following:

There is an overall plan for the curriculum that indicates the courses offered, describes the courses and identifies the hours and credits [...] for each course. In the nursing courses the hours of theory and experience are identified<sup>76</sup>.

The Critical Elements<sup>77</sup> which are still in vigor tend to be more directive with regard to minimum required hours of teaching and experience. Instruction must include a minimum of 300 hours of non-nursing courses and 450 hours of nursing. A more recent document issued by the College further stipulated that retroactive to January 1, 1972 a total of 750 hours of theory in medical, surgical, obstetrical, children's and psychiatric nursing was required for all candidates to qualify for the writing of registration examinations<sup>78</sup>. The minimum requirements for clinical experience total 1200 hours. "Experience is interpreted as any nursing laboratory in the school [...] or [...] community which provides learning opportunities specifically related to the

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<sup>75</sup> College of Nurses, Criteria for the Evaluation of Nursing Education Programs in General Education Settings, p. 2.

<sup>76</sup> Ibid., p. 3.

<sup>77</sup> College of Nurses of Ontario, Critical Elements, p. 1.

<sup>78</sup> College of Nurses of Ontario, Requirements for Eligibility for Initial Registration as a Nurse in Ontario, p. 1.

practice of nursing"<sup>79</sup>. The term clinical experience is therefore used in its broadest sense. With regard to the obtaining of clinical experience for students, policies require written agreements. The latter must be developed jointly with agencies providing experience, and must be reviewed annually<sup>80</sup>.

The choice of pedagogical approaches is in effect left at the discretion of respective educational institutions. Criteria enunciated merely state:

Teaching Methods are consistent with statements of philosophy and objectives. There is a plan for evaluation of student learning which is consistent with the policy of the institution<sup>81</sup>.

The trend points not to a future revision of policies, but rather leans toward the granting of considerable leeway to educational institutions in curriculum design and articulation. To this effect, the Commission on Post-Secondary Education in Ontario indicated that respective CAAT function as a "separate institution, free in many ways to pursue policies established by its board of governors and president"<sup>82</sup>.

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79 College of Nurses, Critical Elements, p. 2.

80 College of Nurses, Criteria for the Evaluation of Nursing Education Programs in General Education Settings, p. 2.

81 Ibid., p. 3.

82 Commission on Post-Secondary Education, The Ontario Colleges of Applied Arts and Technology, p. 19.

Nursing programs established within these institutions are bound to be influenced by these policies. The College of Nurses, on the other hand, will tend to busy itself with the development of regulations outlining requirements for admission to the register<sup>83</sup>; educational institutions will, in turn, be mindful of these requirements thus allowing graduates to qualify for registration in the province. An excerpt extracted from a college bulletin further supports this statement.

The nursing program offered at St. Lawrence College is structured with slight differences at each campus. This results from a number of determining factors including pedagogical approach and schedule of availability of clinical resources. In all cases, however, successful completion of program objectives results in graduation with equivalent standing and eligibility for Registration in Ontario<sup>84</sup>.

At this stage it is likewise impossible to describe diploma nursing programs in Ontario. With the sudden integration of fifty-six regional and hospital nursing programs in CAAT, programs continued to offer curricula designed prior to the transfer. Educational institutions described this situation as follows:

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83 College of Nurses, Memorandum, p. 2.

84 St. Lawrence CAAT, Nursing Handbook, Kingston, St. Lawrence CAAT, 1974, p. 1.

In September 1974, the school of nursing of the Hospital for Sick Children, Women's College Hospital and the Wellesley Hospital were integrated into Ryerson Polytechnical Institute. The Programmes in these schools have remained unchanged. The new integrated programme will commence in September 1974 and all new students will be admitted to Ryerson Polytechnical Institute<sup>85</sup>.

In September 1973, the Osler School of Nursing and Quo Vadis School of Nursing became part of our Health Sciences Division and formed two new campuses [...] this Division now offers three different approaches to diploma nursing education, one geared to the mature learner age 30 to 50 [...] one which provides a completely integrated approach to program design in which all professional and support courses are offered together in a closely developed and planned integrated fashion [...] and one which offers a common semester to nursing diploma and nursing assistant students to provide greater career mobility and inter-disciplinary involvement [...].<sup>86</sup>

Although the status of diploma nursing programs was not necessarily altered at the time of a complete transfer, action was nonetheless immediately taken to develop new programs adapted to the various educational settings. The following excerpts of letters<sup>87</sup> selected at random illustrate this trend.

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<sup>85</sup> Letter dated March 27, 1974 received from Mrs Elizabeth Pdonicks, Instructor Supervisor, Ryerson Polytechnical Institute.

<sup>86</sup> Humber CAAT, op. cit., p. 2.

<sup>87</sup> The twenty-three educational institutions within which diploma nursing programs were integrated, willingly provided information concerning the various nursing curricula.

At the present time, our three diploma nurse programs are working on a new curriculum for the three locations to start September, 1975<sup>88</sup>.

As we are in the process of curriculum revision we anticipate that there will be changes in the programme outline<sup>89</sup>.

The Curriculum Committee is working on curriculum planning but until we are certain of our approach we are continuing to follow the program which each of the four schools gave prior to the transfer<sup>90</sup>.

Curricula are therefore in a state of transition; new models are being designed. The trend is toward the development of a common curriculum pattern for the various diploma nursing campuses of a given educational institution. Diploma nursing programs, still isolated in many ways, will henceforth form an integral part of the educational institutions; this, however, is still in the process of becoming.

#### 4. Students

Diploma nursing student admission requirements have tended to undergo major changes since 1964. The change observed coincided with the introduction of nursing programs

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88 Letter dated June 6, 1974, received from Miss Catherine M. Brown, Administrator, Nursing Programs, Georgian CAAT.

89 Letter dated March 15, 1974, received from Miss Lois A. Millar, chairman, The Mack Centre of Nursing Education, Niagara CAAT.

90 Letter dated May 22, 1974, received from Eileen E. Minty, Director, Fanshawe CAAT.

in educational institutions.

In the period extending from 1964 to 1973 inclusive, minimum admission requirements as stipulated by the College of Nurses were "a Secondary School Graduation Diploma [...] including evidence of successful completion of one full year of study in each of two different credit courses in science"<sup>91</sup>. An applicant having reached twenty-one years of age only required a secondary school diploma.

In view of the fact that admission requirements were stated in terms of minimum requirements, schools of nursing enjoyed the privilege of imposing more stringent admission policies. February 1, 1974, by means of a memorandum, the Ministry of Colleges and Universities viewed the above as a maximum requirement and lowered the age of mature students to that of nineteen. It was clearly indicated that more stringent policies with regard to admission requirements would no longer be tolerated.

[...] note that present regulations will not support an admission requirement based on academic qualifications beyond possession of an Ontario Secondary graduation diploma with two credits in science of the Senior Division<sup>92</sup>.

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<sup>91</sup> College of Nurses, The Nurses Act 1961-62, as Amended and the Regulations, p. 10.

<sup>92</sup> Ministry of Colleges and Universities, Memorandum to Colleges of Applied Arts and Technology, Subject: Requirements for Admission Nursing Programs, College Affairs Branch, February 1, 1974, p. 2.

Subsequent to the issuance of this policy, a second memorandum established equal and more liberal admission regulations for all students desirous of pursuing nursing education. The document clearly indicated

[...] that the primary role of an Admissions Officer [was] to assist applicants in being admitted to appropriate programs of instruction, rather than to devise convenient rules and procedures for excluding surplus applicants<sup>93</sup>.

Admission policies promoting an open door policy now tend to compel diploma nursing programs to alter their admission policies. This trend is reflected in the following excerpt:

As a result, the 3 campuses requiring Secondary School Honour Graduation diploma modified their positions and accepted grade 12 graduates on a first come, first serve basis<sup>94</sup>.

The total yearly enrolment in diploma nursing programs within the educational system of the province is presented in Table VIII. Although on a steady and gradual increase, enrolment in college-centered diploma nursing programs was minimal till 1973. This phenomenon is explained by the fact that there was but one diploma program in the system of education from 1964 to 1968, and from 1969 to the fall of

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<sup>93</sup> Ministry of Colleges and Universities, Memorandum to Colleges of Applied Arts and Technology, Subject: Requirements for Admission to CAATS, The Ontario Council of Regents for Colleges of Applied Arts and Technology, April 1, 1974, p. 2.

<sup>94</sup> Letter dated April 11, 1974, received from Miss Heidi Yomashita, Acting Dean, Nightingale Campus, the George Brown CAAT.

Table VIII.-

Total Yearly Enrolment in Ontario College-Centered Diploma Nursing Programs<sup>a</sup>.

| Year | Female    | Male      | Total |
|------|-----------|-----------|-------|
| 1964 | Not Known | Not Known | 21    |
| 1965 | -         | -         | 45    |
| 1966 | -         | -         | 80    |
| 1967 | -         | -         | 95    |
| 1968 | -         | -         | 95    |
| 1969 | -         | -         | 92    |
| 1970 | -         | -         | 161   |
| 1971 | -         | -         | 194   |
| 1972 | -         | -         | 207   |
| 1973 | -         | -         | 8,455 |

<sup>a</sup> Source: Statistics Prepared by the College of Nurses of Ontario, June 1974.

1973 there were only two such programs. The sudden skewed figure of 8,455 coincides with the integration of the fifty-six regional and hospital schools of nursing in the educational system of the province.

The College of Nurses, in supplying statistical information, indicated that the total male enrolment was not known, but that the student population remained predominately female.

Table IX illustrates the total number of candidates graduating on a yearly basis from college-centered diploma nursing programs. Statistics reveal a relatively small number of graduates, but if this total is reviewed against the background of Table VIII, it is noted that the total enrolment was equally minimal. Initially, the Ryerson nursing program was of three years in length. The first class therefore graduated in 1967.

From 1967 to 1973, a period of seven years, a total of 286 nurses graduated from the two diploma nursing programs within the system of education. All of these were eligible for registration pending the writing and successfully passing the required licensure examinations.

Candidates having successfully passed the five required examinations<sup>95</sup> qualify for registration. The Council

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<sup>95</sup> College of Nurses, Requirements for Eligibility for Initial Registration as a Nurse in Ontario, p. 1-2.

Table IX.-

Total Numbers Graduating Yearly in Ontario College-Centered  
Diploma Nursing Programs<sup>a</sup>.

| Year  | Total Graduates |
|-------|-----------------|
| 1967  | 9               |
| 1968  | 23              |
| 1969  | 53              |
| 1970  | 21              |
| 1971  | 35              |
| 1972  | 67              |
| 1973  | 78              |
| Total | 286             |

<sup>a</sup> Source: Statistics Prepared by the College of Nurses.

of the College has, within specified limits, the power to grant registration certificates to new graduates following the writing of qualifying examinations. Those students who fail may rewrite under conditions determined by the council.

Where an applicant for registration as a nurse [...] does not pass one or more of the examinations, she may re-write such additional examinations and, under such conditions as the Council directs<sup>96</sup>.

The College of Nurses, responsible for the issuance of registration certificates, did not deem it advisable to release information concerning results on licensure examinations. In a letter, the Director explained:

Our new policy with regard to examination results is that we notify the candidate only of her results, and then it is her prerogative to choose whether or not to share these with others<sup>97</sup>.

Thus the presentation of data concerning performance on licensure examinations in the province is not possible. The main purpose of registration is to protect the public against unqualified or incompetent practitioners, yet the stringent policies relative to the release of information render public viewing impossible.

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<sup>96</sup> The Nurses Act 1961-62 as Amended and The Regulations, p. 2.

<sup>97</sup> Letter dated June 26, 1974, received from Miss Joan C. Macdonald, Director, College of Nurses of Ontario.

### 5. Faculty

The number and level of faculty preparation in the province is depicted in Table X. In a similar manner as preceding provinces, a comparative analysis of the years 1967 and 1973 is illustrated. Statistics reveal that until 1973, time of complete transfer of regional and hospital schools, few full-time faculty members were in college-centered diploma nursing programs.

Table X shows that, in 1967, none of the faculty members had less than a bachelor's degree. This is in keeping with policies then enforced stipulating that faculty should have more formal preparation than students<sup>98</sup>.

In 1973, faculty members employed in hospital or regional schools automatically became part of the new system within the educational system, hence the total number rose significantly. Of the 949 full-time faculty members employed in the college-centered programs, more than 80% had a bachelor's degree or higher; 15.7% had either a university diploma or certificate, and 3.4% had no additional preparation. The sudden transfer of diploma nursing programs has therefore not altered significantly the level of faculty preparation: 71.4% had a bachelor's in 1967 and 77.1% still had similar preparation in 1973. The trend in the province

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98 College of Nurses, Critical Elements, p. 1.

Table X.-

Number and Level of Faculty Preparation in Ontario College-Centered Diploma Nursing Programs in 1967 as Compared to 1973<sup>a</sup>.

| Level of Preparation              | 1967   |       | 1973   |       |
|-----------------------------------|--------|-------|--------|-------|
|                                   | Number | %     | Number | %     |
| Basic Diploma Nursing Course      | 0      | 0.0   | 32     | 3.4   |
| University Diploma or Certificate | 0      | 0.0   | 149    | 15.7  |
| Bachelor's Degree                 | 5      | 71.4  | 732    | 77.1  |
| Master's Degree                   | 2      | 28.6  | 36     | 3.8   |
| Doctoral Degree                   | 0      | 0.0   | 0      | 0.0   |
| Total                             | 7      | 100.0 | 949    | 100.0 |

<sup>a</sup> Source: Statistics Prepared by the College of Nurses.

points toward the establishment of a bachelor's degree as a minimum requirement. Few faculty members, however, have a master's degree.

Recent policies relative to teacher preparation and experience require a level of preparation which is comparable to other teachers in the parent institution. "The policies for the faculty of the nursing programs are those in effect for faculty throughout the institution"<sup>99</sup>.

While policies advocate a faculty which is qualified and adequate in number to develop and implement the program in accordance with stated objectives, no specific policy is identified with regard to a desirable faculty-student ratio. Statistics reveal that the overall faculty-student ratio in 1967 was that of 1:13.6; in 1973, it was lower, namely 1:8.9<sup>100</sup>. The College stated that the ratio relative to the clinical area was unknown both for 1967 and 1973.

The turnover rate of chairmen of the two diploma nursing programs in the system of education was minimal. In a period of nine years, the initial program changed chairman only once; the second program had two chairmen<sup>101</sup>.

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<sup>99</sup> College of Nurses, Criteria for the Evaluation of Nursing Education Programs in General Education Settings, p. 2.

<sup>100</sup> Statistics Prepared by the College of Nurses.

<sup>101</sup> Ibid.

## 6. Summary

The province of Ontario pioneered the now well established trend to develop diploma nursing programs in educational institutions. Although the Ryerson nursing program, Toronto, marked a first in Canadian history, Ontario was third in line to effect a complete transfer from hospital and regional schools to the provincial system of education; Saskatchewan and Quebec being the forerunners.

Between the implementation of the Ryerson nursing program in 1964, the systematic evaluation, and the reporting of findings, numerous changes crept into the province, all of which foretold of an eventual mutation in the system of diploma nursing education. The first major alteration was the result of political activity by virtue of which CAAT were established throughout the province, thus increasing the accessibility of educational institutions.

Forces underlying change were primarily political and economical, but in essence it was the Minister of Health who directed events leading to a complete transfer. A first major event which brought about multiple changes was the pronouncements made by the Minister, whereby a ten-year plan leading to a gradual shortening and regionalization of schools of nursing was propounded. The Minister, with the reluctant cooperation of the College of Nurses of Ontario, immediately

set out to implement the said plan. Then, in 1972, policies with regard to free room and board were altered; the year of internship was discontinued, and nursing students were required to pay tuition fees. By this time, the Commission on the Healing Arts had recommended a transfer of diploma nursing programs to CAAT, and schools of nursing were purchasing courses in general education from same.

The above series of events leading to and forecasting change, culminated with the official announcement of a complete transfer of diploma nursing programs to the system of education. This decision was made public by means of a memorandum issued jointly by the Ministry of Health and the Ministry of Colleges and Universities. Although long awaited this official announcement took many by surprise, but regardless of problems encountered, the decision, as planned by the Ministries, was actualized. Effective September 1, 1973, fifty-six hospital and regional schools of nursing were absorbed in twenty-three educational institutions throughout the province. The transfer has officially taken place, but diploma nursing education remains in a state of transition, and to some extent confusion.

During an interim period of three years, 1973-1976, the College of Nurses, responsible to the Council of Regents, continues to exercise its evaluation role with a view to guide and grant approval to programs within educational institutions.

With the future proclamation of the Health Disciplines Act enacted June 28, 1974, the role of the college will be altered considerably. The Act does not grant authority to any professional college to control educational programs. The role of the College of Nurses, therefore, will consist of developing regulations outlining requirements for admission to the register rather than for approval of programs.

Statements which follow are a summation of the general direction, characteristics, and status of educational institutions, diploma nursing programs, students, and faculty in the province.

- Diploma nursing programs are integrated in CAAT and the Ryerson Polytechnical Institute.
- CAAT are composite institutions providing a wide variety of programs, short of university level, applied in nature, oriented toward the meeting of demands of future technologies, occupations and communities.
- The Ryerson Polytechnical Institute, while belonging to the CAAT system, operates as an independent organization.
- Each CAAT is responsible to a Board of Governors, the latter being responsible to and guided by the Council of Regents. Approval of programs also rests with the Council of Regents which is ultimately responsible to the Ministry of Colleges and Universities.

- CAAT presidents enjoy considerable freedom in the implementation of policies established by respective Boards of Governors.
- Outside Advisory Committees perform the useful function of providing communications between the college, industry, business and the various agencies in order to keep in touch with the labor market conditions and to adapt programs accordingly.
- Diplomas are granted by the various educational institutions.
- Diploma nursing programs tend to extend over a two-year period, more precisely twenty-two months. Currently, there is discussion and concern expressed with regard to time-span of programs.
- Nursing students pay tuition fees comparable to other students in the educational institution. Fees vary from institution to institution.
- The development of new nursing curricula is still in an embryonic stage. In general, schools of nursing integrated as separate campuses of an educational institution continued to operate as single-disciplined institutions.
- Nursing programs are presently being revised; new models, adapted to various educational institutions, are being designed.

- Policies governing curriculum development and articulation are few and broad. Trends point to a further decrease in policies, thus granting more freedom to the various educational institutions to implement policies established by Boards of Governors. Presently, interim policies are couched in memoranda.
- The focus of diploma nursing programs leans toward a more global health care concept in the preparation of a beginning level nurse. Programs gradually form integral part of the Health Sciences complex of the educational institution.
- A Nursing Advisory Committee performs the useful function of advising the Council of Regents. A Program Director of Health Sciences likewise directs activities in the field of nursing education.
- With the transfer of all diploma nursing programs to the system of education more stringent admission policies were enforced with regard to maximum admission requirements. An open-door policy being promoted, no program may establish requirements beyond the minimum set by the Ministry.
- The nursing student enrolment was minimal in the province till the complete transfer took place at which time the figure rose to 8,455.

- Graduates of nursing programs are eligible to registration. The College responsible for the administration of licensure examinations, grants registration certificates to successful candidates. Registration in the province is permissive. The College did not deem it appropriate to release results on licensure examinations. A recent policy stipulates that results will henceforth only be released to candidates concerned.
- The majority of faculty members tend to have a bachelor's degree. The sudden transfer of all diploma nursing programs to the system of education did not alter this situation. Few, however, hold a master's degree.
- The recommended level of faculty preparation and experience is that required for teachers assuming similar positions in the parent institution.
- There are no specific policies with regard to the desirable faculty-student ratio. In 1973, the overall ratio was 1:8.9; the ratio for the clinical area was unknown.
- The turnover rate of directors of nursing programs within educational institutions has tended to be minimal.

PART III  
PROVINCES WHERE THE TRANSFER OF  
BASIC DIPLOMA NURSING PROGRAMS FROM HOSPITALS  
TO THE SYSTEMS OF EDUCATION IS PARTIAL

## CHAPTER V

### DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF BRITISH COLUMBIA

The foregoing section dealt with provinces where the transfer of diploma nursing programs from hospitals to the provincial systems of education is complete. Unlike these provinces, the transfer remains partial in British Columbia; hospital-centered and college-oriented diploma nursing programs co-exist.

This chapter elucidates forces at work in the gradual shaping of a new system of diploma nursing education in British Columbia, and looks at the programs which are within the provincial system of education.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the Provincial System of Education.

Forces tend to direct the process of change; conversely, the same forces may serve to impede movement. These conflicting tendencies are manifest in the province of British Columbia.

In 1965, spurred by the trend permeating diploma nursing education in Canada, the need for experimentation in developing different patterns of nursing education was keenly felt by nursing leaders in British Columbia, but the economic factor was the major force which rendered impossible the

immediate realization of this project. Commenting on the need for experimentation the president of the Registered Nurses' Association of British Columbia declared:

We know that experimental programmes will have to be undertaken in this province [...]. Our Association has not the money to undertake an experimental programme on our own. We can encourage the development of different patterns of nursing education<sup>1</sup>.

In addition to the lack of adequate funds, and because of a previous legislative enactment, the President further explained that experimentation was, to a large extent, prohibitive by law.

At present we have no authority to approve a programme of less than three years in a school of nursing unless the school is under the sponsorship of a university. The Committee on Nursing Education is going to have to recommend what we should consider as adequate safeguards for students in any proposed school of nursing<sup>2</sup>.

The Nurses' Act<sup>3</sup> made it a punishable offense for any person to establish or maintain a nursing program without obtaining the approval of the Registered Nurses' Association of British Columbia. By virtue of this same Act, the Registered Nurses' Association of British Columbia, henceforth referred to as

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1 Registered Nurses' Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1965, p. 11.

2 Ibid., p. 15.

3 Registered Nurses Act, RSBC, 1960, c. 335, Section 13.

the RNABC, had no authority to approve a diploma nursing program which proposed a course of study of less than three years.

Confronted with these difficulties, the RNABC set-up a task committee with the responsibility of formulating a comprehensive plan for the future orderly development of nursing education in the province<sup>4</sup>. In announcing the initiation of this activity in favor of change, the RNABC further informed the membership that the executive committee had approved in principle the establishment of a diploma nursing program in an educational institution:

The Committee on Nursing Education, at its October 7, 1965 meeting, recommended to the Executive Committee that the RNABC 'approve in principle the establishment of a diploma program in nursing at the B.C. Institute of Technology provided that a program which meets desirable criteria can be worked out'. This recommendation was endorsed by the Executive Committee<sup>5</sup>.

This decision, however, had been prompted by action initiated by the Department of Education. In 1965, the chairman of a Co-ordinating Committee on Para-Medical Training wrote on the part of the Director of Technical and Vocational Training, Department of Education, "inviting representatives of the RNABC to meet with the Committee to

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<sup>4</sup> Registered Nurses' Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1966, p. 48.

<sup>5</sup> Ibid., p. 49.

'discuss possible developments in the field of nursing education'"<sup>6</sup>. The proposed meeting took place July 28, 1965, and definite plans for the establishment of a program ensued.

The British Columbia Institute of Technology in operation since 1964<sup>7</sup>, was developing a Health Technology Program within which the proposed nursing option would form an integral part. The RNABC reacted favorably to the possibility of developing a nursing program therein, but a committee first assessed the suitability, carefully examining the availability of necessary clinical resources. Having judged the project feasible, and confident that at the subsequent session of legislature necessary amendments would be brought to the Nurses' Act, authorization was granted, and plans for the implementation of a two-year program were pursued<sup>8</sup> and the RNABC announced:

The B.C. Institute of Technology in Burnaby is accepting applicants for enrollment in the first class to commence in September. This will be the first diploma course in B.C. to be conducted by an educational institution, with clinical facilities made available by nearby hospitals<sup>9</sup>.

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<sup>6</sup> Registered Nurses' Association of British Columbia, Report of RNABC/BCIT Joint Committee on Nursing Education, Vancouver, RNABC, 1966, p. 1.

<sup>7</sup> British Columbia Institute of Technology, Calendar 74 75, [Vancouver], Queen's Printer, 1974, p. 6.

<sup>8</sup> RNABC, Report of RNABC/BCIT Joint Committee on Nursing Education, p. 2-4.

<sup>9</sup> Registered Nurses' Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1967, p. 22.

Amendments were in fact brought to the Nurses' Act thus enabling "the first class of students to enter the nursing program under the aegis of the Columbia Institute of Technology in September 1967"<sup>10</sup>.

Pressure originating from a two-fold source initiated a reform in the system: on the one hand, activity introduced by the Department of Education with a view to develop and finance a diploma nursing program in an educational setting favorably influenced the RNABC; on the other, pressure exerted by the latter culminated in a modification of existing legislation, thus allowing for experimentation and change.

In 1967 also, the task committee charged with the responsibility of formulating a comprehensive plan for the development of nursing education in the province published a first report entitled: A Proposed Plan for the Orderly Development of Nursing Education in British Columbia<sup>11</sup>. This report primarily concerned with the development of a realistic plan for the future, first looked at the existing situation. The six hospital diploma nursing schools in existence

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<sup>10</sup> Ibid., April 1968, p. 16.

<sup>11</sup> Registered Nurses' Association of British Columbia, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia: Part One Basic Nursing Education, Vancouver, RNABC, 1967, 20 p.

"produced about 95% of [...] nursing practitioners"<sup>12</sup>. While being appreciative of the role hospital schools were playing, a dim view of the situation was taken, the latter being expressed as follows:

Nursing can no longer be taught by apprenticeship methods; yet the students are part of the hospital service personnel [....] We believe that the method of financing nursing education partly through hospital operating costs and partly through service rendered by students is no longer an adequate or desirable one<sup>13</sup>.

A two-year pattern of diploma program was favored, yet this goal was considered unrealistic in view of the costs involved. Once again, economic forces weighed heavily in the making of recommendations for action. The RNABC declared it

[...] unrealistic to expect the B.C. Hospital Insurance Service the purpose of which is to provide the public with hospital services, to subsidize schools of nursing to the extent that would be necessary to develop high-quality two-year diploma programmes in hospital schools<sup>14</sup>.

With amendments previously made to the Public Schools Act<sup>15</sup>, existing community colleges offered greater possibilities for diversified post-secondary education. There was general consensus that given the possibilities of further

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12 Ibid., p. 2.

13 Ibid.

14 Ibid., p. 14.

15 The Public Schools Act, RSBC, 1960, c. 319, 1963, c. 36.

changes, in addition to the BCIT, the various community colleges would be suitable post-secondary educational institutions within which two-year diploma nursing programs could be established<sup>16</sup>.

A problem which persisted, however, was that of identifying and maintaining adequately prepared personnel. The plan explicitly stated that "the most serious impediment to expansion or improvement of programmes for the preparation of nursing personnel was the shortage of qualified teachers"<sup>17</sup>. While promoting a gradual and orderly transfer of diploma nursing programs<sup>18</sup> the RNABC pressed for an improved level of faculty preparation, this to escape the likelihood of developing a new pattern without really shedding the old.

Although not necessarily as planned, activity leading to the partial change in the pattern of diploma nursing education in the province continued in a linear direction during which the RNABC reviewed programs as they emerged. Commenting on changes occurring, the chairman of the Committee on Nursing Education admitted:

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<sup>16</sup> RNABC, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia, p. 17.

<sup>17</sup> Ibid., p. 24.

<sup>18</sup> Ibid., p. 17.

As new basic programs come into being, the Committee on Nursing Education engages in the review of proposed curricula for the purpose of making recommendations to the Board of Directors [....] Two such proposals are at present before the Committee and the process of review is continuing<sup>19</sup>.

By September 1971, there were three diploma nursing programs in the system of Education. In addition to the BCIT nursing program initiated in 1967, the Vancouver City College, Langara, and the Selkirk College, Castlegar, both opened in 1965, admitted a first class of nursing students in 1971<sup>20</sup>.

The acceleration of activity moved the RNABC, in 1972, to devise a means of coping with the situation, hence a new committee was formed with the responsibility of revising the plan for an orderly development of nursing education published in 1967. In this respect an RNABC official stated:

The recent moves of nursing education into the general post-secondary education stream and the rapid expansion of college facilities has resulted in the establishment of a Planning Committee on Basic Nursing Education. This committee [...] specifically charged with an updating and revision of the Plan for the Orderly Development of Nursing Education, first published in 1967, in the light of recent developments and projected trends<sup>21</sup>.

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19 Registered Nurses' Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1971, p. 27.

20 Registered Nurses' Association of British Columbia, RNABC News, Vancouver, RNABC, August/September 1972, p. 17.

21 Registered Nurses' Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1972, p. 29.

After reviewing the situation, the Planning Committee concluded that external forces, particularly in the field of health, would more certainly direct nursing education than any plan however meticulously developed. The Committee contended: "[...] it does not seem feasible, at a time when there are no firm foundations upon which to base valid prediction"<sup>22</sup>. In support of this position, specific reference was made to a study previously undertaken by the provincial government.

Richard G. Foulkes, appointed through Order-in-Council as a special consultant to the Minister of Health, reviewed the entire field of health care and made recommendations for major changes in the system. The report of this study, published in two volumes<sup>23</sup>, briefly considered basic nursing education. In addition to stressing the need to alter the content of programs so as to emphasize the expanded role of nurses, the report contended that the shortage of prepared instructors for nursing education needed to be rectified, thus reinforcing a belief long-upheld by the RNABC. In addition, financial aspects were considered. Foulkes declared:

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22 Registered Nurses' Association of British Columbia, Registered Nurse Manpower in British Columbia 1973, Vancouver, RNABC, 1973, Preface.

23 Richard G. Foulkes, Health Security for British Columbians, Report to the Minister of Health, Vancouver, Department of Health, Vol. I-II, 1973.

British Columbia is now in the midst of the transfer of basic education diploma programmes from hospitals to community colleges and institute of technology. There are a number of factors in rationalizing this changed emphasis, including the expanded knowledge base, and increased complexity of skills.

The establishment and expansion of basic nursing education programmes is faced with urgent problems; the shortage of qualified faculty, the need to ensure appropriate resources for new programmes and financing problems, especially those concerning equity of access to students<sup>24</sup>.

Although the Foulkes report, notwithstanding certain problems, supported a change in the system, it exercised minimal influence in the process of change.

A more significant event, with probable far-reaching implications for nursing education in the province, was the passing of Bill 81<sup>25</sup>. The latter, known as the Medical Centre of British Columbia Act, was enacted at the 1973 fall session of legislature. This Act, long talked about and much debated, legally established the British Columbia Medical Centre with wide-ranging powers in the entire field of health care and education. Nursing Education was directly involved in that provisions were made for the formation of a provincial council with all encompassing powers to

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<sup>24</sup> Ibid., Vol. I, p. iv-2-10.

<sup>25</sup> Medical Centre of British Columbia Act, Bill 81, 1973, c. 124.

[...] study and evaluate the requirements for various kinds of medical, nursing and para-medical personnel throughout the province. [...] notwithstanding the provision of any other Act, or of the Constitution and by-laws of any other corporation or society [...] coordinate and integrate educational programmes in the health field; and after consultation with the hospital or educational institution concerned, and with the prior approval of the Lieutenant-Governor in Council, to establish policies and direct educational programmes in the health field carried on in hospitals and educational institutions [...] review and make recommendations to the Minister and the Minister of Education respecting proposals for planning, constructing, equipping, renovating, expanding, contracting, or closing training facilities in the health field<sup>26</sup>.

The British Columbia Medical Centre was established with the passage of the Act on the seventh of November and royal assent on the eighth of the same month<sup>27</sup>. A number of committees were almost immediately developed during which time the RNABC pressured for the establishment of a nursing committee. The RNABC thus explained the rapidity with which committees were formed:

The B.C. Medical Centre is spawning committees so rapidly that it's difficult to keep up with them. By the end of November some 26 committees were named and at work on various aspects of the new teaching and referral complex.

They include a new Nursing Task Committee that will act in an advisory capacity to the planning and Building Committee, one of the major advisory committees to the Centre's board of directors<sup>28</sup>.

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<sup>26</sup> Ibid., Section 16.

<sup>27</sup> Registered Nurses' Association of British Columbia, RNABC News, Vancouver, RNABC, Vol. 6, No. 1, 1974, p. 7.

<sup>28</sup> Ibid.

Desirous of total involvement at the level of policy-making, the RNABC relentlessly sought and obtained greater representation on the various British Columbia Medical Centre committees. In the following words, the RNABC informed the membership of action taken and the degree of success achieved:

Originally we were asked to name one representative from the Association to sit on the Professional Advisory Committee to the B.C. Medical Centre Board [...]. After much letter writing and meetings with the Minister of Health and Mr. J.V. Christensen, the chairman of the BCMC board of directors, we were able to obtain more representation on the various committees<sup>29</sup>.

Political and economical forces played a vital role either in enhancing or checking change in the province. The future role of the RNABC with regard to diploma nursing education seems unclear although in reply to the specific question: Who or what body would be responsible for the control of diploma nursing programs? It was indicated that the Nurses' Act had not been rescinded hence the RNABC retained the privilege of approving programs for purposes of registration.

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<sup>29</sup> Ibid., Vol. 6, No. 4, p. 3.

Under the Registered Nurses Act, the responsibility of approval of schools of nursing for purposes of registration, is vested in the R.N.A.B.C. B.C. Medical Centre makes recommendations to the government concerning the initiation of diploma nursing programs in nursing. Programs for registered psychiatric nurses, practical nurses and orderlies fall within the jurisdiction of the Provincial Council under the Act<sup>30</sup>.

The future of the remaining hospital schools of nursing is likewise uncertain since "The Provincial Council has initiated a study to make recommendations regarding the future of hospitals schools of nursing in British Columbia"<sup>31</sup>. Pending further mutations, the transfer of diploma nursing remains partial. Presently, there are eight basic diploma nursing programs in operation; four are in educational institutions, and four are in hospital settings. Other diploma programs are in the planning stage at two colleges, one of these having recently been granted authorization by the Department of Education to start a basic two-year program<sup>32</sup>.

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30 Letter dated October 21, 1974 received from Margaret S. Neylan, Assistant Director, Educational Planning-Nursing, British Columbia Medical Centre.

31 Ibid.

32 RNABC, RNABC News, Vol. 6, No. 1, 1974, p. 19.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

There are four diploma nursing programs in educational institutions: one is established at the British Columbia Institute of Technology, henceforth referred to as BCIT; the three others are integrated in community colleges.

Provisions for the structural set-up of colleges are embodied in The Public Schools Act<sup>33</sup>. A college is, within an area defined for the purpose by the Lieutenant-Governor in Council, established and maintained by one or more Boards of School Trustees responsible to the Minister of Education. The immediate supervision and operation of a college is the responsibility of a Regional Council. Each college therefore has a council composed of: the principal of the college; three members appointed by the Lieutenant-Governor in Council; other members, as designated by the Minister of Education, who are school trustees appointed by respective boards; and members representative of 'non-sectarian' and 'non-political' community interests.

The BCIT operates in a rather unique manner in that it is under the control of the Department of Education through the office of the Director of Technological and Vocational

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<sup>33</sup> The Public Schools Act, 1960, c. 319, 1963, c. 36, 1973, c. 142, Sections 251-256.

Training. An "[...]" advisory council is responsible to the Minister of Education for the development of policy governing the operation of the Institute"<sup>34</sup>. In addition, an advisory committee

[...] composed of appropriate representatives of industry, business and the professions is appointed to advise in respect of the specific needs of the Province [...] on the scope and nature of each training programme<sup>35</sup>.

The BCIT is a multidisciplined post-secondary institution in which the various programs offered are organized around three major technologies: Business Management, Health and Engineering. The diploma nursing program is established within the Health Division<sup>36</sup>.

The community colleges, likewise multidisciplined post-secondary institutions, offer a variety of programs in general and technological education. Advisory committees provide input with regard to program development and program revisions, thus ascertaining that the latter meet the current demands of technology and industry. In addition to the two-year terminal programs offered in colleges, a number

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<sup>34</sup> RNABC, Report of RNABC/BCIT Joint Committee on Nursing Education, Appendix A, p. 1.

<sup>35</sup> Ibid., p. 2.

<sup>36</sup> British Columbia Institute of Technology, Calendar, p. 73-228.

of courses are transferable to the university<sup>37</sup>. In a similar manner as other two-year programs, diploma nursing programs within colleges and BCIT are terminal in nature.

Two-year diploma nursing programs are offered in the community colleges and BCIT. Cariboo College "is two calendar years in length (six semesters)"<sup>38</sup>; BCIT offers a two calendar year program consisting of eight quarters of instruction<sup>39</sup>; the Selkirk College offers a two year program; each year having a fall, winter, and spring semester. It is further specified that the program "may include a four week practicum in the summer months at the end of the first year"<sup>40</sup>. The Vancouver City College is likewise a two academic year program; each year consisting of three semesters of fourteen weeks of instruction<sup>41</sup>. Diploma nursing programs therefore, extend beyond two academic years namely twenty-two months, although they are compressed within a two-year period.

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37 Selkirk College, Calendar 1973-1974, Castlegar, Selkirk College, 1973, p. 5.

38 Cariboo College, Nursing Program, Calendar 1974-1975, Kamloops, Cariboo College, 1974, p. 29.

39 British Columbia Institute of Technology, Calendar, p. 156-158.

40 Selkirk College, Calendar, p. 42-43.

41 Vancouver City College, Progress Report for Initial and Continuing Initial Approval, Submitted to: Registered Nurses' Association of British Columbia, Vancouver City College, Langara Nursing Programme, 1973, p. 41-42.

In the province, the term basic diploma nursing program is widely used, but college-centered programs are more generally referred to as two-year programs while hospital schools are known as three-year programs<sup>42</sup>. The end-product of formal education is basically the same, the time discrepancy being accounted for by the fact that hospital students help defray part of the educational costs through service rendered.

Essentially the time difference between these two types of programmes is one of finances; the college student nurse pays tuition as well as room and board, while the hospital student nurse contributes to the cost of her education, room and board by helping to staff the hospital<sup>43</sup>.

The financing of community colleges is a joint responsibility of the federal-provincial government and the participating school districts<sup>44</sup>. Grants are made to the participating boards by the province; local taxation is levied by participating boards. Based on a pre-established approved budget, monies are directed to respective colleges by the participating boards. Tuition fees likewise help offset operating expenses.

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<sup>42</sup> Registered Nurses' Association of British Columbia, Basic Nursing Education Programs in British Columbia, Vancouver, RNABC, 1974, p. 8-12.

<sup>43</sup> Ibid., p. 34.

<sup>44</sup> The Public Schools Act, Sections 262-268.

The BCIT, under the direct control of the Department of Education, is financially aided by means of a Federal-Provincial Vocational and Technical agreement<sup>45</sup>. In addition, students are required to pay tuition fees.

The tuition fee structure varies from one educational institution to the other: the range being from \$180.00 to \$375.00 per year<sup>46</sup>. Owing to pressure brought to bear on the Department of Health, nursing students now receive a monthly stipend from the Provincial Government. Commenting on this achievement, the RNABC stated:

Our [...] concern centered around the financial support, and although it is quite clear that money was needed to assist students in their basic [...] education programs, the apprentice-type of system was too high a price to pay. We met with the Minister of Health and presented our viewpoint and urged that financial assistance be made available directly to students. Students in the health professions now are receiving financial assistance in the form of a bursary [...].<sup>47</sup>

College-centered nursing students receive a stipend of \$150.00 per month, and hospital nursing students receive \$75.00 per month<sup>48</sup>. In essence, British Columbia is unique in that

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<sup>45</sup> Statistics Canada, A Century of Education in British Columbia: Statistical Perspectives 1871-1971, Ottawa, Statistics Canada, Education Division, 1971, p. 27.

<sup>46</sup> RNABC, Basic Nursing Education Programmes in British Columbia, Insert sheets revised 1974 (no pagination).

<sup>47</sup> RNABC, RNABC News, Vol. 6, No. 4, 1974, p. 3.

<sup>48</sup> RNABC, Basic Nursing Education Programmes in British Columbia, Insert Sheets.

college nursing education costs are, in part, shared by the Department of Education and the Department of Health.

Diploma nursing programs established at BCIT and community colleges are first and foremost subject to the regulations which govern respective institutions. Criteria stipulate: "The nursing program has been reviewed and accepted by the parent institution"<sup>49</sup>. Despite this ruling, the RNABC nonetheless still enjoys the privilege of setting minimum standards which serve in the evaluation and approval of programs.

In accordance with the Nurses' Act<sup>50</sup>, programs require the approval of the RNABC. Fully approved programs are required to be reviewed every two years. New programs submit periodic reports; once a new program has graduated a first class and has been fully evaluated it may be granted full approval. The Committee on Approval of Schools of Nursing makes recommendations, but it is the Board of the RNABC which then grants appropriate approval status to a program<sup>51</sup>. Students graduating from an unapproved program are disqualified for registration.

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<sup>49</sup> Registered Nurses' Association of British Columbia, Criteria for Approval of Schools of Nursing in British Columbia, Vancouver, RNABC, 1973, p. 4.

<sup>50</sup> An Act to Amend the Registered Nurses Act, 1967, c. 156, 1973, c. 148, Section 2.

<sup>51</sup> Registered Nurses' Association of British Columbia, RNABC News, Vancouver, RNABC, February/March, 1973, p. 22.

The RNABC therefore exercises a degree of authority and control over the various programs developed and maintained in the province.

Approval for the purpose of nurse registration is granted by the Registered Nurses' Association of British Columbia to a basic nursing education program which meets certain predetermined standards as stated in the criteria for approval of schools of nursing<sup>52</sup>.

The criteria, broad and flexible in nature, formulated by the RNABC have a threefold purpose: they serve as

1. a guide for those who are considering or have the responsibility for development of a basic nursing education program.
2. a standard against which a faculty may evaluate and improve a nursing program.
3. a tool for approval of a nursing education program by the Committee on Approval of Schools of Nursing and the Board of Directors of the Registered Nurses' Association of British Columbia<sup>53</sup>.

Changes may be anticipated with regard to control and approval of diploma nursing programs in the province. The Medical Centre of British Columbia Act recently passed, makes provisions for a provincial council with the following powers and functions:

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<sup>52</sup> RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 1.

<sup>53</sup> Ibid., p. 2.

[...] study and evaluate the requirements for [...] nursing [...] personnel throughout the province;

[...] co-ordinate and integrate educational programmes in the health field; and after consultation with the hospital or educational institution concerned, and with the prior approval of the Lieutenant-Governor in Council [...] establish policies and direct educational programmes in the health field carried on in hospitals and educational institutions<sup>54</sup>.

In the future the Medical Centre of British Columbia may tend to be more active in the establishment of policies and in the exercise of control over all health and allied educational programs, whether these be in hospital or educational institutions. In view of the fact that MCBC Act suggests no modifications in the present method of granting registration privileges, the RNABC will likely retain the authorization to grant registration certificates and to formulate policies for qualification thereof.

By virtue of the Nurses' Act, a candidate who holds a diploma from an approved program, and who successfully passes the CNA Testing Service Examinations as prescribed by the Board of Examiners is entitled to become a member of the Association<sup>55</sup>. Registration in the province is permissive, not mandatory. A nurse may work for hire, but may not use the title registered nurse without being duly registered.

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<sup>54</sup> Medical Centre of British Columbia Act, Section 2.

<sup>55</sup> An Act to Amend the Registered Nurses Act, Section 13.

To this effect, the Nurses' Act states:

Only those persons whose names are entered in the register as members of the Association are entitled to use the title of 'Registered Nurse' or the abbreviation 'RN' or otherwise to represent themselves to the public as registered nurses<sup>56</sup>.

Upon successful completion of the prescribed course of studies, nursing candidates are granted a diploma by respective educational institutions. The BCIT nursing program leads "to the granting of a Diploma in Technology"<sup>57</sup>. One college program specifies that "Graduates [...] receive a Diploma of Applied Arts"<sup>58</sup>; while the other simply states that a diploma is granted<sup>59,60</sup>. Although all graduates of college-centered diploma nursing programs are awarded a diploma, the nature of the diploma is not necessarily uniform.

### 3. Curriculum

While complying with the exigencies of the particular educational institutions, diploma nursing programs must be in conformity with the standards set by the RNABC. These

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<sup>56</sup> Ibid., Section 16.

<sup>57</sup> RNABC, Report of RNABC/BCIT Joint Committee on Nursing, Appendix B-2.

<sup>58</sup> Selkirk College, Calendar, p. 43.

<sup>59</sup> Vancouver City College, Progress Report for Initial and Continuing Initial Approval, p. 1.

<sup>60</sup> Cariboo College, Nursing Program, p. 31.

minimum requirements are intended to serve as a measure above which programs are encouraged to rise, but below which no program may fall lest the RNABC Board of Directors be obligated to withhold full approval. They therefore serve as a guide to educational institutions in the preparation of safe practitioners, and as a basis for the approval of programs. Prescriptions, then, are

[...] limited to minimum standards which must be met in order to assure that nurses graduating from basic programs will have the necessary preparation to give effective, safe nursing care and be eligible to write the qualifying examinations for nurse registration in British Columbia<sup>61</sup>.

Criteria are evolutionary and broad so as to encourage critical thinking on the part of the faculty, to allow for variations among programs, and to promote experimentation. "Such detailed items as hours of instruction and hours of clinical experience [...] are intentionally omitted"<sup>62</sup>.

The criteria enunciated give no direction with regard to the focus of curricula. These, however, aim at producing practitioners prepared to practice in first level nursing positions<sup>63</sup>. This implies that practitioners are capable of

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<sup>61</sup> RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 3.

<sup>62</sup> Ibid.

<sup>63</sup> RNABC, Basic Nursing Education Programmes in British Columbia, p. 8.

giving nursing care under supervision. The BCIT, viewing nursing as one of the eight health technology programs posits:

The health technologist [works] at a level between the professional and vocational worker, acting as a junior colleague or in immediate support of the professional whose responsibilities in the field of health have to do with prevention, diagnosis and treatment, or research<sup>64</sup>.

Colleges describe the focus of nursing programs in more general terms. Two colleges state that the purpose is to prepare graduates to qualify for registration and to provide the community with nurses who will be able to assist in health care<sup>65,66</sup>. The other stipulates that "Nursing courses focus on the maintenance of health, prevention of illness and the care of the ill person and his family"<sup>67</sup>.

The Health Security Report for British Columbians released in 1973, leaned toward an optimal stretching of the nurse and recommended that nursing programs be reorganized to reflect this expanded role. In the report it was contended that "The content of programs should emphasize the expanded role of the nurse, particularly at the community

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64 British Columbia Institute of Technology, Calendar, p. 13.

65 Vancouver City College, op. cit., p. 38.

66 Cariboo College, op. cit., p. 29.

67 Selkirk College, Nursing Brochure.

level"<sup>68</sup>. The implementation of this recommendation at the basic diploma nursing level would undoubtedly require a refocusing of curricular aims and objectives. In a similar manner as other provinces previously discussed, trends point to a more community-centered nurse.

The total curriculum design is regarded as the prerogative and the responsibility of the faculty. The few specificities relative to curriculum articulation are:

There is total curriculum design which implements the stated beliefs and purposes of the program and defines overall objectives.

At least 50% of the content of the curriculum is nursing.

Theory and practice are concurrent in the nursing courses.

Each course has clearly defined objectives upon which all planned learning experiences are selected and assessed.

Provides adequate learning experiences with persons of all age groups with major nursing problems in medical nursing, surgical nursing, nursing of children, obstetric nursing and psychiatric nursing<sup>69</sup>.

Written contractual agreements with agencies which either provide facilities for observational experiences or clinical practice for students are required. Agreements are to be jointly developed by the educational institutions and

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<sup>68</sup> Foulkes, Health Security for British Columbians, p. 11-4-5.

<sup>69</sup> RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 8.

the agency; they are likewise to be reviewed periodically<sup>70</sup>. With regard to clinical resources, the RNABC promotes greater co-ordination and planning on a regional basis so as to ensure optimal learning experiences for all nursing students. The RNABC further contends that

[...] there is a lack of regional planning for the utilization of clinical learning resources. Systematic assessment of clinical learning resources together with assessment of resources needed by the educational programs has not been done. Utilization of clinical resources becomes a problem when different nursing programs are attempting to use the same resources without regional planning and consultation. The outcome of this situation is competition for specific resources which tends to limit enrollment and lessen the effectiveness of student learning<sup>71</sup>.

There are no specific criteria enunciated with regard to preferred or acceptable teaching methods. Provisions, however, must be made for regular evaluation of the curriculum and of student progress in relation to objectives<sup>72</sup>.

The information concerning the content, sequence, and distribution of the four curricula reviewed is characterized by its brevity, but a number of generalizations are possible.

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70 Ibid., p. 5.

71 RNABC, Registered Nurses Manpower in British Columbia, 1973, p. 21.

72 RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 8.

A first general observation is that the choice, sequence and distribution of general education, nursing and supportive sciences vary from program to program; it is impossible to draw a stereotyped pattern. While the two academic years of one program are divided in eight quarters<sup>73</sup>, the other programs consist of six semesters<sup>74,75,76</sup>. All three programs offer a possibility of electives; one of these offers a range of selected electives<sup>77</sup>. The total hours per week of nursing content and experience increase progressively throughout the two-year period, and the number of hours varies between programs: a total of sixteen hours in the first quarter to thirty in the last quarter in one program<sup>78</sup>; a total of twelve hours in the first semester and fifty-one in the last semester in another<sup>79</sup>, and finally, a total of ten hours in the first semester and thirty-nine in the last semester<sup>80</sup>. Conversely, more hours are devoted to general

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73 British Columbia Institute of Technology, op. cit., p. 157-158.

74 Vancouver City College, op. cit., p. 41-42.

75 Selkirk College, Calendar, p. 43-44.

76 Cariboo College, op. cit., p. 29.

77 British Columbia Institute of Technology, op. cit.

78 Ibid.

79 Vancouver City College, op. cit., p. 41-42.

80 Selkirk College, Calendar, p. 43-44.

education and supportive sciences particularly in the first year. All programs offer a course and clinical experience in the five major nursing areas as stipulated in the minimum requirements. The distribution of these, however, does vary between programs.

Diploma nursing curricula tend to follow the pattern of respective educational institutions while being mindful of the minimum requirements established for approval of programs, this to ascertain that graduates will qualify for registration. Although a program may be established without the approval of the RNABC, the explicit approval of the latter is compulsory lest graduates fail to qualify for registration<sup>81</sup>.

#### 4. Students

The minimum requirements for admission to a diploma nursing program is a "British Columbia Grade XII graduation or the equivalent. Two sciences numbered 11 or 12 are required; and Mathematics 11 and a science 12 are recommended"<sup>82</sup>. In accordance with the general policies within a given institution, exceptions may be made for mature students provided

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<sup>81</sup> Interview with Mrs Helen Grice, Registrar, RNABC, October 24, 1974.

<sup>82</sup> RNABC, Basic Nursing Education Programs in British Columbia, p.10.

the RNABC is satisfied that candidates meet necessary admission qualification. The Act stipulates:

In order to be admitted to an approved school of nursing an applicant for admission shall satisfy the Board of Directors that he meets the qualifications for admission prescribed by the Board of Directors<sup>83</sup>.

Since admission requirements are stipulated in terms of minimum standards, schools have the privilege of setting additional requirements, hence they may vary from school to school<sup>84</sup>.

In 1967, a first class was admitted in a diploma nursing program under the aegis of an educational institution. Table XI illustrates the total yearly enrolment from 1967 to 1973 inclusive.

Enrolment in the college-centered programs is minimal in comparison with the number of admissions in hospital-centered programs. A total of 595 nursing students were admitted in hospital programs in 1967; that same year sixty-two students were admitted in programs established in educational institutions. Five years later, in 1972, figures were as follows: 430 students in hospital schools and 174 in

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83 An Act to Amend the Registered Nurses Act, Section 27.

84 RNABC, Basic Nursing Education Programs in British Columbia, p. 10.

Table XI.-

Total Yearly Enrolment in British Columbia College-Centered  
Diploma Nursing Programs<sup>a</sup>.

| Year | Female | Male | Total |
|------|--------|------|-------|
| 1967 | 60     | 2    | 62    |
| 1968 | 96     | 3    | 99    |
| 1969 | 104    | 6    | 110   |
| 1970 | 87     | 4    | 91    |
| 1971 | 194    | 12   | 206   |
| 1972 | 164    | 10   | 174   |
| 1973 | 257    | 9    | 266   |

<sup>a</sup> Source: RNABC Files, prepared by the Registrar, November 1974.

college programs<sup>85</sup>. In British Columbia, the trend is to admit more students in hospital programs than in similar college-centered programs.

Although the enrolment has remained relatively low in college-centered diploma nursing programs, more eligible candidates were reported than the number which could comfortably be admitted<sup>86</sup>. The RNABC deploring the fact that these programs were failing to indicate an increased enrolment explained: This state of affairs

[...] can be attributed to the transitional phase from hospital-based to college-centered programs. As new programs are started enrolments are [...] curtailed to allow for program development and adjustment<sup>87</sup>.

In addition, both mature and male students "who traditionally have not been a source of candidates, are desiring entrance into [college] nursing programs"<sup>88</sup>.

Statistics found in Table XI indicate a gradual increase in enrolment. The decrease or variation noted after 1970 is explained thus: "Variations in enrolment after 1970 due to alternate semester intakes by one school which results

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<sup>85</sup> RNABC, Registered Nurse Manpower in British Columbia, 1973, p. 20.

<sup>86</sup> Ibid., p. 21.

<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

in 2 classes being admitted one year and 1 class admitted the next year"<sup>89</sup>.

College-centered programs being of two years in length, the first class graduated in 1969. By virtue of the Nurses Act,

Any person who satisfies the Board of Directors of the Association that he [...] is a graduate of a school of nursing in the Province that has been approved by the Board of Directors [and] has passed the examination prescribed by the Board of Examiners under the Act [...] is entitled to become a member of the Association<sup>90</sup>.

Graduates of an approved basic diploma nursing program in the province may therefore apply for registration. In the same manner as other provinces, candidates are submitted to a series of examinations destined to measure minimum safety. Candidates failing one or more of the five examinations disqualify for registration. At a subsequent sitting they are obligated to rewrite all five examinations<sup>91</sup>.

Table XII indicates the yearly success and failure rate on licensure examinations. From 1969 to 1972 inclusive, candidates writing examinations graduated from the BCIT nursing program. Statistics reveal that after 1969 all

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<sup>89</sup> RNABC Files, prepared by Registrar.

<sup>90</sup> An Act to Amend the Nurses Act, Section 13.

<sup>91</sup> Registered Nurses Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1974, p. 5.

Table XII.-

Total Numbers Graduating Yearly in British Columbia College-Centered Diploma Nursing Programs: Success and Failure Rate on Licensure Examinations<sup>a</sup>.

| Year | Performance on Licensure Examinations |      |        |         |       |
|------|---------------------------------------|------|--------|---------|-------|
|      | Number Graduating Total               | Pass | %      | Failure | %     |
| 1969 | 44                                    | 39   | 88.6%  | 5       | 21.4% |
| 1970 | 72                                    | 72   | 100 %  | 0       | 0.0   |
| 1971 | 81                                    | 81   | 100 %  | 0       | 0.0   |
| 1972 | 70                                    | 70   | 100 %  | 0       | 0.0   |
| 1973 | 131                                   | 118  | 90.08% | 13      | 9.92% |

<sup>a</sup> Source: RNABC Files.

candidates were successful at a first sitting. In 1973, graduates from a second college-centered program likewise wrote licensure examinations; the recorded failure rate of 9.92% coincided with this change.

### 5. Faculty

The lack of adequately qualified faculty in the province is estimated to be a major factor thwarting change in the nursing education system. "Probably one of the key factors impeding the implementation of new programs in [the] province is the shortage of adequately prepared nurse faculty"<sup>92</sup>. Increasing the supply of qualified faculty would, however, only bring a partial solution to the problem. What is really needed is a change of mentality lest nursing education in the province come out of one system and into another without virtually shedding the old. As declared by the RNABC

Preparing more individuals at the baccalaureate and master's degree level is only part of the solution. Orientating faculty who have been previously involved in traditional programs is also necessary<sup>93</sup>.

In 1972, a review of the overall picture of nurse faculty preparation revealed that 68% of all faculty members

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<sup>92</sup> RNABC, Registered Nurse Manpower in British Columbia, p. 23.

<sup>93</sup> Ibid.

employed in the various levels of nursing education held a baccalaureate degree or higher; 32% had a lesser preparation. The RNABC further explained that

Of nurses holding teaching positions in basic, post basic and continuing education programs 32% had less than the baccalaureate level preparation which is considered to be minimum for such a position<sup>94</sup>.

Criteria<sup>95</sup> enunciated underscore the fact that nurse faculty preparation for college-centered programs should meet the requirements of the parent institution. A minimum, however, of a baccalaureate with preparation and experience in areas of responsibility is considered as acceptable provided there is adequate guidance by persons prepared at a higher level. The reason for this specification is that at the baccalaureate level one does not receive the type of preparation needed to assume teaching positions.

A comparative analysis of the number and level of faculty preparation in the province in 1967 with that of 1973 is embodied in Table XIII. Figures found therein exclude nurse faculty employed in hospital basic diploma nursing programs. Since statistical information relative to 1974 was not available the RNABC chose to forward the 1973 statistics.

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94 Ibid., p. 11.

95 RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 7.

Table XIII.-

Number and Level of Faculty Preparation in College-Centered  
Diploma Nursing Programs in British Columbia in 1967 as  
Compared to 1974<sup>a</sup>.

| Level of Preparation              | 1967   |     | 1973   |     |
|-----------------------------------|--------|-----|--------|-----|
|                                   | Number | %   | Number | %   |
| Basic Diploma Nursing Course      | 0      | 0   | 1      | 2   |
| University Diploma or Certificate | 1      | 17  | 1      | 2   |
| Bachelor's Degree                 | 4      | 66  | 46     | 88  |
| Master's Degree                   | 1      | 17  | 3      | 6   |
| Doctoral Degree                   | 0      | 0   | 1      | 2   |
| Total                             | 6      | 100 | 52     | 100 |

<sup>a</sup> Source: RNABC Files.

There were only six full-time faculty members employed in a college-centered diploma program in 1967. Of these, five (83%) held a baccalaureate degree or higher; one held a lesser preparation. In 1973, the total had increased considerably; of the fifty-two faculty members engaged in a college program, 96% held a baccalaureate or higher while 4% had a lesser preparation. It is noted, however, that few (8%) held a master's or higher.

Owing to the fact that college programs employ part-time faculty members, the RNABC stated that it was impossible to calculate a meaningful faculty-student ratio<sup>96</sup>. In this regard policies state: "The faculty needs to be sufficient in number to: teach the nursing course [...] ensure adequate guidance for students in clinical areas [...] safeguard the nursing care given to patients by students"<sup>97</sup>. Thus, no specific faculty-student ratio is declared preferable. In the opinion of the RNABC, the faculty-student ratio

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96 RNABC Files.

97 RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 7.

[...] cannot be uniformly or dogmatically specified, since adequacy can be judged only on whether the students learn effectively without danger or detriment to quality of care provided to patients. Professional judgment is required to determine the time necessary for faculty members to prepare for, supervise, and evaluate the learning experiences, because of the exigencies of particular situations and the differences in kinds of learning being guided<sup>98</sup>.

A second reason is offered for refraining from stipulating optimal or minimal ratios. Over and above direct student contact hours, a large amount of time is required on the teacher's part to plan, follow-up and coordinate clinical experiences. This adds considerably to the workload of the faculty, hence needs to be considered in estimating an acceptable ratio in a given situation<sup>99</sup>.

With regard to the chairmen turnover, the RNABC indicated that since 1971 two nursing programs had changed chairmen on a yearly basis; the other two programs, one opened in 1967 and the other in 1973, retained the same chairmen<sup>100</sup>.

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<sup>98</sup> RNABC, Criteria for Approval of Schools of Nursing in British Columbia, p. 7.

<sup>99</sup> Ibid., p. 9.

<sup>100</sup> RNABC Files.

## 6. Summary

Political and economical forces played a vital role either in enhancing or checking change in the British Columbia system of diploma nursing education. As early as 1965, the need for experimentation in developing different patterns of nursing education was felt by nursing leaders in the province, but the economic factor and a previous legislative enactment rendered impossible the immediate realization of this vision. In addition to the lack of available funds, by virtue of the Nurses Act, the RNABC responsible for approval of programs had not the authority to grant approval to a curriculum design of less than three years.

Change in the province was in reality initiated by the Department of Education. A first diploma nursing program financed by a Federal-Provincial Vocational and Technical agreement, established at the British Columbia Institute of Technology in 1967, was cooperatively planned by the BCIT and the RNABC. During the planning phase, activity on the part of RNABC prevailed in obtaining a modification in existing legislation thus allowing for experimentation. Community Colleges then proceeded to develop and implement diploma nursing programs.

In an attempt to direct an orderly transformation of the existing system, the RNABC planned and published a plan of action in 1967. Although not necessarily as planned, mutations in the system occurred in a linear direction. Pending further transformations, the transfer of diploma nursing programs from hospitals to the system of education remains partial. Presently, there are four college-centered and four hospital-oriented diploma nursing programs in the province; two additional college programs are in the planning phase.

External forces have tended to direct change independently of any carefully mapped or predetermined plan of action. Two recent events in the field of health foretell of further changes. The first, namely the Health Security for British Columbians report released in 1973, exercised modest influence but nonetheless pressed for a revision of curricula so as to reflect the expanded role of the nurse. The second major force propelled by political activity was the establishment of the British Columbia Medical Centre in 1973, with wide-ranging powers in the entire field of health and education. The BCMC Act makes provisions for a Provincial Council with authority and responsibility for the coordination, integration, policy-making and direction of programs in hospitals and educational institutions. The RNABC thus far exclusively responsible for standard setting and control of

diploma nursing programs will, by means of representation on the various British Columbia Medical Centre committees, continue to influence decision making but its influence will tend to be advisory in nature. In view of the fact that the Nurses' Act has not been rescinded the RNABC likewise retains the privilege of approving programs for purposes of registration.

Statements which follow encapsulate the general direction, characteristics and status of educational institutions, diploma nursing programs, students and faculty in programs within the educational system.

- Diploma nursing programs are established within the Health Division of two types of educational institutions, namely a technical institute and community colleges.
- Under The Public Schools Act a community college is established and maintained by one or more Boards of Trustees responsible to the Minister of Education.
- Colleges, established under one or more Boards of Trustees, are under the immediate supervision and operation of a Regional Council, the college president being a member.
- BCIT operates in a unique manner in that it is under the control of the Department of Education through the office of the Director of Technological and Vocational Training.

- Both types of educational institutions make wide use of advisory committees thus pooling advice from industry, business and professional associations to ascertain that the scope and nature of programs are in keeping with current needs.
- Educational institutions are post-secondary multidisciplined institutions offering a range of courses in general and technical education.
- Diploma nursing programs are terminal in nature, the length being twenty-two months.
- Nursing students pay tuition fees comparable to other students, but they receive a monthly stipend of \$150.00 from the Department of Health.
- Although the Department of Education is responsible for the financing of diploma nursing programs, by means of a monthly stipend granted to students, the Department of Health indirectly shares in the educational costs.
- The RNABC establishes criteria for the approval of schools of nursing for purposes of registration. These are broad and evolutionary in nature. The British Columbia Medical Centre now makes recommendations to the government concerning the initiation of diploma nursing programs.
- Programs aim at preparing a beginning level nurse capable of functioning under supervision. Trends point to a future preparation which will reflect the expanded role

of the nurse.

- The choice, sequence and distribution of general education, nursing and supportive sciences vary from program to program. It is therefore impossible to draw a stereotyped pattern for the province.
- Written contractual agreements jointly developed by the educational institution and the agencies providing clinical experience are required.
- Greater coordination and planning on a regional basis with a view to provide optimal learning experiences for all students is promoted by the RNABC.
- A British Columbia Grade XII or the equivalent is required to gain admission in a program. In accordance with policies of respective educational institutions, special privileges may be granted on an individual basis to mature students.
- The trend to admit a larger number of students in hospital programs prevails in the province. The British Columbia Medical Centre Provincial Council, however, has initiated a study to determine the future of hospital diploma nursing schools.
- College-centered diploma programs tend to attract more male and mature students than that which has traditionally been the case in hospital programs. The student population, however, remains predominately female.

- Respective educational institutions grant diplomas to meriting candidates.
- The Board of Directors of the RNABC grants registration certificates to candidates who graduated from an approved program and who passed the licensure examinations. Registration in the province is permissive.
- Candidates tend to be highly successful on licensure examinations.
- Criteria enunciated promote faculty preparation which meets requirements of the parent institution. A minimum of a baccalaureate with adequate guidance by persons with a higher level of preparation is promoted. While the lack of qualified faculty is estimated to be a major factor thwarting change, the need to effect a change of mentality is regarded as equally important for fear that nursing education come out of one system into another without virtually shedding the old.
- In 1973, 96% of the faculty members held a baccalaureate or higher; of these only 8% held a master's or higher.
- There are no specific policies relative to the faculty-student ratio nor are meaningful statistics available owing to the fact that colleges make wide use of part-time faculty.
- While chairmen turnover tended to be high in two educational institutions, no change of chairmen was recorded in the other two colleges.

## CHAPTER VI

### DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF ALBERTA

In geographical position, Alberta is the second province where the transfer of basic diploma nursing programs from hospitals to the provincial system of education is partial. This province stands out as the stronghold for hospital schools of nursing in Canada, this in spite of the vigorous efforts put forth to effect a transformation in the system. The conflicting forces which persistently swayed events in sinuous directions are reviewed in this chapter.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the System of Education.

Instigated by a nurse educator who firmly believed in the need for a move away from hospital-oriented to college-centered education for nurses, the Mount Royal College developed a diploma nursing program and admitted a first class in 1967<sup>1</sup>. This new program evolved amid much controversy and resistance<sup>2</sup>, but it nonetheless paved the way for

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<sup>1</sup> Margaret E. Steed, An Evaluation of Students and Graduates of College Nursing Programs in the Province of Alberta, Edmonton, Department of Advanced Education, 1974, p.5.

<sup>2</sup> The writer was a member of the initial committee set-up to plan a strategy for the implementation of a diploma nursing program at Mount Royal College in Calgary.

the development of subsequent programs in educational settings. In announcing the establishment of this first program in the province, the Alberta Association of Registered Nurses declared: "The introduction of this type of a program in the Alberta educational field could set a precedent for similar programs to develop in other Junior Colleges"<sup>3</sup>.

As predicted by the Alberta Association of Registered Nurses, henceforth referred to as the AARN, other college nursing programs developed as follows: Red Deer College, Red Deer, and Edmonton General - St. Jean College in 1968; Lethbridge Community College, Lethbridge, 1969; Medicine Hat College, Medicine Hat, 1970, and Grant MacEwan Community College Edmonton, 1972<sup>4</sup>. Although six college diploma nursing programs were established in the province,

It is to be noted that the program Edmonton-General-St. Jean College was discontinued when the Edmonton General Hospital Program was phased into Grant MacEwan Community College, Edmonton, in September 1972<sup>5</sup>.

In addition, the Grand Prairie College at Grande Prairie has recently expressed an interest in establishing a nursing education program and a nurse educator is engaged in a

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<sup>3</sup> Alberta Association of Registered Nurses, News Letter, Edmonton, AARN, Vol. 22, No. 5, 1966, p. 3.

<sup>4</sup> Steed, op. cit., p. 5.

<sup>5</sup> Ibid., p. 6.

feasibility study<sup>6</sup>.

On the other hand, during these years of transition seven hospital schools of nursing were phased out; in 1974, there were still six in operation<sup>7</sup>. Hospital schools continue to educate the majority of nurses in the province. In the fall of 1972, the AARN observed: "the six hospital schools [...] comprise the largest in the province and [...] they graduate two-thirds of the nurse manpower force each year"<sup>8</sup>.

The above description presents an overview of the development and status of diploma nursing programs in the province. The manifold forces which either deterred or fostered movement are now considered.

Prior to 1970, at which time the regulations governing schools of nursing were revised, the minimum requirement with regard to the length of diploma programs was one hundred and fifty-six weeks. Any departure from the prescribed educational and clinical experiences required the approval of the Committee on Nursing Education, Co-ordinating Council of

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6 AARN Provincial Council Minutes, June 6-7, 1974, p. 20.

7 Statistical data prepared by Miss Margaret Steed, Advisor to Schools of Nursing, University of Alberta, June 1974.

8 Alberta Association of Registered Nurses, A Submission to the Commission on Educational Planning, Edmonton, AARN, 1972, p. 6.

the Universities of Alberta<sup>9</sup>. In an attempt to facilitate the development of new and shorter programs the AARN, in 1965, announced that:

A recommendation was brought forward to the Committee on Nursing Education [...] that the Regulations Governing Schools of Nursing in Alberta, currently under revision, include a proviso for the inauguration of experimental and/or shortened programs in nursing education<sup>10</sup>.

In order to encourage change a greater flexibility was required, but the AARN, while prepared to support an experimental program, had no authority to modify existing regulations.

Nursing education in the Province of Alberta has always been rather unique in its set-up. While schools of nursing have been financially dependent on the provincial health care budget, the authority to set and maintain standards, to approve programs and to conduct examinations of candidates for initial registration in the AARN was vested in the Committee on Nursing Education, Co-ordinating Council of the Universities of Alberta<sup>11</sup>. The Registered Nurses' Act empowered the Co-ordinating Council of the Universities of Alberta to prescribe, maintain and control educational

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<sup>9</sup> University of Alberta, Regulations Governing Schools of Nursing in the Province of Alberta, Edmonton, The Co-ordinating Council of the Universities of Alberta, 1965, p.5.

<sup>10</sup> Alberta Association of Registered Nurses, The A.A.R.N. Newsletter, Edmonton, AARN, Vol. 21, No. 1, 1965, p.32.

<sup>11</sup> University of Alberta, op. cit., p. 3.

standards<sup>12</sup>. The AARN, under the provisions of the same Act, had the authority to establish policies with regard to the registration of its members<sup>13</sup>.

Forces emanating from a variety of sources brought pressure to bear to transfer responsibility for the prescription, maintenance and control of standards in nursing education. This trend has frequently been closely related to pressures to transfer diploma nursing programs to the system of education. At one point, issues were compounded by an unsuccessful attempt to establish a central licensure body for nursing organizations in the province.

At the 1969 session of the Legislative Assembly, Bill 119<sup>14</sup> which purported to establish a central licensing body for nursing groups in the province was introduced. This Bill likewise made provisions for the transfer of responsibility for standard setting from the Co-ordinating Council of the Universities of Alberta to a Council on Nursing. The Bill was not well received by nurses, hence the AARN Provincial Council arranged to meet with the Minister of Health to interpret the concerns of nurses, and then assisted

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12 The Registered Nurses' Act, 1966, c. 87, Section 12.

13 Ibid., Section 5.

14 Bill 119, An Act Respecting the Alberta Council on Nursing, 1969.

the Minister in the redrafting of legislation with a view to establish a Co-ordinating Council on Nursing which would act in an advisory capacity in matters relative to the education of all nursing groups. In the draft, the AARN maintained responsibility for the setting of standards for licensure. The composition of the Co-ordinating Council on Nursing as outlined in the redrafted Bill 80<sup>15</sup> remained a controversial issue and "the Minister indicated that the legislation would not proceed to third reading and the Government would not consider further legislation to establish a Co-ordinating Council"<sup>16</sup>. Bill 80 therefore died at the legislature bringing to an end the debated issue of a central licensing body for nursing in the province, but the question of transferring responsibility for the control of standards in nursing education prevailed.

In November 1971, Dr. R.G. Fast, Director of Instructional Services, Alberta Colleges Commission, released a report recommending the transfer of basic diploma nursing and allied health programs to the Alberta Colleges System.

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<sup>15</sup> Bill 80, An Act Respecting the Alberta Co-ordinating Council on Nursing, 1970.

<sup>16</sup> Alberta Association of Registered Nurses, Newsletter, Edmonton, AARN, Vol. 26, No. 3, 1970, p. 22.

This report, better known as the Fast Report<sup>17</sup>, engendered a second heated debate.

Based on the premise that "[...] responsibility and authority for the education of nurses and other allied health personnel should be an assigned function of an agency whose primary concern is education"<sup>18</sup>, Fast contended: "Yet in this Province the one word which best characterizes the authorities responsible for the various programs is 'fragmentation'"<sup>19</sup>. Referring more specifically to the area of diploma nursing education Fast stated:

Unlike any other province in Canada, the Nurses Act empowers university authorities to approve schools of nursing [...] to prescribe standards and regulations [...] this is a most inappropriate function for a universities body to perform, or for the nursing profession to accept<sup>20</sup>.

In effect the Fast Report promoted a move away from a loose multijurisdictional to a unijurisdictional form of control. This recommendation was offered as a solution to the existing problematic situation which Fast described thus:

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17 G.R. Fast, A Report Recommending the Transfer of all Diploma Nursing and Allied Health Programs to the Alberta College System, Edmonton, Alberta Colleges Commission, 1971, 31 p.

18 Ibid., p. 1.

19 Ibid., p. 5.

20 Ibid.

[...] there is no central authority responsible for the total program. The twelve hospital schools of nursing and four college programs operate in a loose organization which is influenced by a variety of agencies including the Alberta Association of Registered Nurses, the Universities, the Universities' Coordinating Council, the Department of Health, individual hospital boards, and the Alberta Colleges Commission. Strong leadership through a concerned and involved central coordinating body would help to alleviate some of the difficulties encountered currently in the loose confederation.

Any change of this nature would of course have to be brought about by changes in the current legislation<sup>21</sup>.

Recommendations made in favor of an orderly growth and development of nursing and related health programs were:

That the Alberta Colleges System be assigned the responsibility for the education of nurses up to and including the diploma level, and that the Public Colleges Act and the Registered Nurses' Act be so amended as to reflect this assignment which should grant to the Commission the power to make regulations governing the education of nurses and ancillary nursing personnel.

That as the college nursing education programs are established and expanded, hospital-based schools of nursing be phased into college programs.

That college nursing education programs be of two years duration and include a reasonable practicum<sup>22</sup>.

The questions of transfer of responsibility for standards in nursing education, and the transfer of diploma nursing programs to the Alberta Colleges System were therefore interlocked. Recommendations incorporated in the report

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21 Ibid., p. 7.

22 Ibid., p. 23-26.

were not well received, the argument being that there was a lack of adequate consultation. According to the AARN, the Fast Report, presented to the Minister of Health and Social Development and the Minister of Advanced Education, "[...]" was completed without consultation with groups directly involved and responsible for nursing education including the A.A.R.N. and the allied health groups"<sup>23</sup>. The AARN reacted by contacting the Ministers concerned urging that no action be taken until the release of the then anticipated report of the Commission on Educational Planning<sup>24</sup>. Action was in fact deferred pending the release of the latter report.

The Report of the Commission on Educational Planning, A Choice of Futures<sup>25</sup>, familiarly referred to as the Worth Report, was presented to the provincial government June 16, 1972. This Commission had been established in June 1969, under the chairmanship of Dr. Walter Worth, then Vice President of the University of Alberta. The Commission mandated to conduct an exhaustive study in the field of education as well as to set priorities for a comprehensive educational system, turned its attention to nursing education.

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<sup>23</sup> Alberta Association of Registered Nurses, Newsletter, Edmonton, AARN, Vol. 28, No. 4, 1972, p. 1.

<sup>24</sup> Ibid., p. 1-2.

<sup>25</sup> Walter H. Worth, Report of the Commission on Educational Planning, A Choice of Futures, Edmonton, Queen's Printer, 1972, 323 p.

Not only did the Commission note that hospital nursing programs were in the process of transferring to colleges, but it further contended: "This transfer of responsibility in education is appropriate, long overdue and in accord with a number of submissions made [...]"<sup>26</sup>. It was also forecasted that certain economies would "occur by bringing together a number of basically similar health programs that could share a common core of courses in the biological sciences and the social sciences"<sup>27</sup>.

With the dissolution of the Universities Commission and the shifting of coordination and planning responsibilities to the Department of Advanced Education, it appears unnecessary that the Universities Coordinating Council continue to exist in the present form. The one remaining and major responsibility of the Council is the appraisal of academic qualifications of persons applying for membership in professions and occupations governed by legislative acts. This responsibility could be delegated directly to the professional or occupational bodies themselves, subject to the scrutiny of a government-sponsored committee on professional and occupational qualifications<sup>28</sup>.

In response to the Worth Report, through the medium of a brief, the AARN indicated three areas of concern. The first centered on the responsibility for prescribing, maintaining and controlling standards of nursing education.

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26 Ibid., p. 88.

27 Ibid., p. 89.

28 Ibid.; p. 135-136.

The question which arose was: Should the Co-ordinating Council of the Universities of Alberta dissolve, what body would be responsible for the governance of standards? The brief vehiculed an answer to this question.

The A.A.R.N. is now in the process of studying the implications and possibility of such a transfer through future legislation. Not only does the A.A.R.N. feel that it should accept this responsibility, but it could with minimal disruption. A Nursing Education Accreditation Board, having broad representation, could be established to operate in a relatively independent manner<sup>29</sup>.

In asking the question: What body will in fact assume responsibility for standard setting? The AARN was evidently declaring its preparedness to do so.

With regard to the possible transfer of educational programs to the Department of Advanced Education, and the transfer of the remaining hospital based schools of nursing to the College System, the AARN wanted the assurance that the transition would take place "under the direction of responsible authorities and designated staff"<sup>30</sup>. It was further noted that hospital schools were credited with high standards and that

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29 Alberta Association of Registered Nurses, A Submission to the Commission on Educational Planning, p. 4.

30 Ibid., p. 6.

[...] there has been a vigorously expressed reluctance on the part of hospital and education authorities related to these schools to phase their programs until a vehicle is established that will assure a guarantee of a comparable standard of education to meet the needs of the service agencies<sup>31</sup>.

Simultaneous with the preparation and release of the Worth Report, a study relative to occupations and professions in the province was being conducted. While anticipating the completion of the study on professions and occupations, the AARN proceeded to draft an amendment to the Registered Nurses' Act. The objectives pursued in amending the Act were to transfer the authority for nursing education standards for the Universities' Co-ordinating Council to an appropriately structured body within a newly structured regulatory division of the AARN. The prologue to the proposed amended Act read as follows:

In view of the eventual dissolution of the present form of the Universities' Coordinating Council, which is the Standard Setting Body for nursing education for initial credentialing for entry to the profession, the AARN is proposing legislation that will transfer such authority to an appropriately structured body at the AARN. Through the present Registered Nurses' Act, such authority was delegated to the University of Alberta in 1920, where it has remained. For some long time now, the AARN has expressed the desire to assume this responsibility. By the same token, the Universities' Coordinating Council has questioned its appropriateness for this task<sup>32</sup>.

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31 Ibid., p. 6.

32 Alberta Association of Registered Nurses, News-letter, Edmonton, AARN, Vol. 29, No. 10, 1973, p. 1.

It was in April 1972 that the Special Committee of the Legislative Assembly, known as the Committee on Professions and Occupations, was established with the instruction to "conduct a review of the existing Alberta legislation pertaining to i) Regulations of Professions and Occupations; ii) Licensing thereof"<sup>33</sup>. Early in 1974, the Report on Professions and Occupations was released. A number of recommendations found in the report tended to foretell that proposed amendments to the Nurses' Act could be stalled or even altered considerably.

That a self-governing professional association not have control over certification.

That certification of education and competence continue to be handled by some agency external to the association such as the Universities' Coordinating Council or boards of examiners.

That a comprehensive review and evaluation of standards for admission into the various professions be undertaken.

That an advisory body such as a Council for Professions and Occupations be established to review, assess and make recommendations to the designated Minister on all new legislation and amendments to existing legislation relating to professions.

That there be developed for consideration by the Legislature umbrella Acts for clusters or professions and occupations or one umbrella Act to cover professions and occupations<sup>34</sup>.

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<sup>33</sup> Committee of the Legislative Assembly, (Catherine Chichak, Chairman), Report II on Professions and Occupations, Edmonton, Queen's Printer, 1973, p. 2.

<sup>34</sup> Ibid., p. 20-22.

This report has not as yet been presented to the Legislative Assembly, and pending further action the AARN Provincial Council does not intend to press for changes in the Nurses' Act<sup>35</sup>. Although the course of future legislation is uncertain, forces point to definite changes in the field of diploma nursing education.

In the midst of the foregoing feverish activity, the Colleges Amendment Act was passed on May 10, 1973<sup>36</sup>. By virtue of this Act the Alberta Colleges Commission was dissolved thus transferring the authority and functions of the Commission directly to the Minister of Advanced Education. This therefore brought to an end the likelihood of transferring responsibility for standard setting in nursing education from the Co-ordinating Council of the Universities of Alberta to the Alberta Colleges Commission.

Precisely a year after the passage of the Colleges Amendment Act the Minister of Advanced Education and the Minister of Health and Social Development issued the following policy statement:

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<sup>35</sup> Interview with Mrs. H. Sabin, Executive Director, AARN, October 24, 1974.

<sup>36</sup> The Colleges Amendment Act, c. 16, 1973.

The preparation of health manpower is the responsibility of the Department of Advanced Education, which shall liaise with the Department of Health, and Social Development, the Alberta Hospital Services Commission, the Department of Manpower and Labor, and appropriate agencies and associations to ensure that educational training programs for health manpower are adequate to meet the needs of the people of Alberta<sup>37</sup>.

Although the Ministers' position was unclear as to what body would be responsible for the prescription and maintenance of standards it was stipulated that the transfer of programs would "be phased over a period that may vary from a few months to one or two years"<sup>38</sup>. In listing programs and jurisdictions primarily concerned, the Minister included diploma nursing programs. Thus the government had become more aggressive in bringing about a complete change.

Then in July 1974, the Ministers issued a second document entitled Guide to Planning the Transition of Diploma Nursing Education into the Alberta College System. This document stressed the fact that it was not a planning document but rather a guide to be used in subsequent discussions regarding the "[...] implementation of the announced policy for Diploma Nursing Education and to initiate procedures for

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<sup>37</sup> Government of Alberta, The Education and Training of Health Manpower in Alberta, Edmonton, Departments of Advanced Education and Health and Social Development, May 1974, p. 1.

<sup>38</sup> Ibid., p. 3.

planning its transition into the Alberta College System"<sup>39</sup>. Pre-planning meetings were scheduled during the months of July and August 1974 at which time officials of the Department of Advanced Education, the Department of Health and Social Development and the Alberta Hospital Services Commission would meet with representatives of College and Hospital Boards and Administration<sup>40</sup>. Regardless of outward resistance, the Ministers resolved to move in a determined direction indicated that the transfer would be the result of a cooperative effort wherein a Task Force, composed of wide representation from all groups concerned would start from 'zero' in the establishment of a plan of action<sup>41</sup>.

The lack of unity among AARN members is regarded as a counter-force in planning and directing change in a linear direction:

The lack of unity amongst our members is a real concern. We are committed to providing leadership by directing activities of members to accomplish our beliefs of nursing education in an orderly well planned way<sup>42</sup>.

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<sup>39</sup> Government of Alberta, Guide to Planning the Transition of Diploma Nursing Education into the Alberta College System, Edmonton, Departments of Advanced Education and Health and Social Development, 1974, p. 1.

<sup>40</sup> Ibid., p. 6.

<sup>41</sup> Ibid., p. 4.

<sup>42</sup> Letter dated September 30, 1974, received from Mrs. H.M. Sabin, Executive Director, AARN.

Hospital administrators are likewise particularly strong opponents to the transfer of the remaining six hospital schools of nursing to the Alberta Colleges System. Their position etched on paper in April 1973 has not changed.

In the brief presented to the Minister of Health and Social Development and the Minister of Advanced Education in 1973, the Alberta Hospital Association voiced dissatisfaction with forces leading to change in the province, and made a strong plea for the retention of hospital schools. Referring to the Fast Report, the brief contended.

One of the stated major purpose of Dr. Fast's Report was 'to study [...] diploma nursing education in Alberta.' It failed to do this; in common with innumerable other similar 'studies' carried out in Canada and elsewhere, it failed to examine and assess the hospital-based schools of nursing as they now function and relied upon hearsay, out-dated statistics and out-moded customs and curricula. The six major hospitals continuing to operate schools of nursing in Alberta, their boards and executive staff as well as their administrative and educational personnel, were outraged by the report. They felt that it, coupled with other such reports, releases to the news media, and the like, demonstrated an appalling lack of knowledge of the current standards of hospital-based schools of nursing as well as a lack of understanding of the success which they enjoy and the role which they play in maintaining an adequate supply of nursing personnel prepared adequately to staff hospitals and other health care facilities. The hospitals requested that the Alberta Association sponsor a study which would research thoroughly and objectively literature [...] and which would include a careful examination of the present operation of hospital-based schools of nursing in Alberta and an assessment of their current performance<sup>43</sup>.

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<sup>43</sup> Alberta Hospital Association, Brief on Diploma Nursing Education in Alberta, Edmonton, AHA, 1973, p. 1.

The submission, incorporating the results of the study, concluded with the following recommendations:

That the boards of the six hospitals and the faculties of their schools of nursing,

- (a) be encouraged to continue operation of the schools and to maintain enrolment at the highest level compatible with accepted educational standards, and
- (b) be recognized and supported publicly by the government so as to sustain morale among students and faculty and be supported financially in order to maintain standards<sup>44</sup>.

Notwithstanding resistance the transfer of the remaining diploma nursing programs to the Alberta Colleges System appears imminent; a formula adapted to Alberta is presently in the process of development. The decision to transfer responsibility for the prescription, maintenance and control of standards is equally conclusive, but it remains unclear as to what body will be vested with this authority. At a recent AARN Provincial Council meeting, the Chairman of the Universities' Co-ordinating Council reaffirmed the intent of the Co-ordinating Council to continue its role of standard setting until such a time as suitable arrangements had been made. He further pointed out, however, that nursing was "the only profession with this kind of control of standards and the Colleges have questioned the necessity of

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<sup>44</sup> Ibid., p. 40.

having control of any program offered by a College"<sup>45</sup>.

Dr. W. Worth, now Deputy Minister of Advanced Education, likewise assured the AARN that the Universities' Co-ordinating Council "shall be responsible for standards as long as the present legislation remains"<sup>46</sup>. He did, however, add that the present legislation was being studied. At this same meeting with the officials of the Department of Advanced Education, it was clearly indicated that college presidents want the approval mechanisms with their own institutions.

The question of control of standards for nursing education remains unsettled, and uncertainty seems to loom high. In announcing the resignation of the Advisor to Schools of Nursing owing to the precariousness of her present position, Dr. Bechal, President of the Universities' Co-ordinating Council, indicated the urgent need for the Co-ordinating Council and the Committee on Nursing Education to meet for purposes of determining short term goals<sup>47</sup>. Hospitals, on the other hand, are identifying their expectations of a nurse, and the AARN is determining readiness factors for change

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<sup>45</sup> AARN Provincial Council Minutes, June 6-7, 1974, p. 21.

<sup>46</sup> Alberta Association of Registered Nurses, Synopsis of the Meeting of the A.A.R.N. with the Minister of Advanced Education, June 13, 1974, (Mimeographed), p. 2.

<sup>47</sup> AARN Provincial Council Minutes, p. 21.

particularly in the area of adequate facilities to maintain quantity and quality of nurse manpower in the province.

The Hospital Commission is vocal in its support of the Government policy on education and the need for orientation and inservice programs in hospitals. Hospitals are identifying their expectations of an R.N. [...] We are also identifying readiness factors of colleges to assume responsibility of meeting needs in diploma nursing education<sup>48</sup>.

In the past decade various abortive attempts have been made to transfer responsibility for the control of standards in nursing education and to transfer diploma nursing programs to the Alberta Colleges System. Forces exalting change were persistently paralleled by equally strong opposing forces. Resistance continues to be prevalent, but the emergence of a new system is progressively imminent. Regardless of changes anticipated, under the subsequent headings, the situation described is that which presently stands.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

There are five college-centered and six hospital-oriented diploma nursing programs in the province. Although the general policies governing college programs tend to be the same as those regulating hospital schools, the structural

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<sup>48</sup> Letter dated September 30, 1974 received from Mrs. H.M. Sabin, Executive Director, AARN.

organization does vary considerably. Hospital programs, however, do not form the object of this study, and unless specified otherwise the discussion which follows is exclusively concerned with the organization and policies governing the five college programs in existence.

Colleges are multidisciplined institutions within the Alberta College System operating under The Colleges Amendment Act. Each college is administered by a Board of Governors, the members of which are appointed by the Lieutenant Governor in Council<sup>49</sup>. Under respective Boards of Governors, which are directly accountable to the Minister of Advanced Education, colleges operate in a fairly autonomous manner, the college president, appointed by the Board of Governors, being the chief executive of a given institution<sup>50</sup>. Specific duties of respective Boards of Governors are:

[...] determine the general policies with respect to the organization, administration, operation and courses of instruction of the college,

[...] assume the entire responsibility in respect of the expenditures made by it for the operation of the college from the funds provided [...]<sup>51</sup>

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49 The Colleges Amendment Act, Section 31.

50 Ibid., Section 45.

51 Ibid., Section 35.

In the financial arrangements, the Boards of Governors of respective colleges "adopt an annual budget for the college and copies of the annual budget [are] submitted to the Minister for approval"<sup>52</sup>. Each college determines the fee schedule. Exclusive of student association fees, the fee structure ranges from \$87.50<sup>53</sup> to \$115.00<sup>54</sup> per semester. One college, with a minimum fee of one hundred dollars per semester, specifies that nursing students do not pay for the spring session; the latter being of eight weeks in the first year and ten in the second<sup>55</sup>.

Diplomas are granted by respective colleges<sup>56</sup>. Although colleges are not authorized to grant degrees they "may be affiliated with Alberta Universities if the Minister first approves of the affiliation"<sup>57</sup>. Presently, three colleges offer transfer credit courses in addition to programs

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52 Ibid., Section 42.

53 Lethbridge Community College, Calendar 1974-1975, Lethbridge Community College, 1974, p. 15.

54 Mount Royal College, Calendar 1974, Calgary, Mount Royal College, 1974, p. 27.

55 Medicine Hat College, Calendar 1973-1974, Medicine Hat College, 1973, p. 33.

56 Ibid., p. 40.

57 The Colleges Amendment Act, Section 25.

leading to a diploma<sup>58,59,60</sup>, each being affiliated with a specific University of Alberta. All five diploma nursing programs are terminal in nature although nursing students may avail themselves of the privilege of taking transfer credit courses.

The Regulations Governing Schools of Nursing in the Province of Alberta specifically enunciate that the "minimum length of the program shall be 22 months exclusive of holidays"<sup>61</sup>. In addition, it is specified that "any departure from the regulations requires the approval of the Committee on Nursing Education of the Universities' Co-ordinating Council"<sup>62</sup>.

The Universities' Co-ordinating Council consists of the president and vice presidents of each university; two deans and two other members of the academic staff appointed by the general faculties council of respective universities,

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58 Schumacher, Marguerite E., The Theoretical Framework, Diploma Nursing Program, Red Deer, Red Deer College, 1972, p. 11.

59 Medicine Hat College, op. cit., p. 15.

60 Mount Royal College, op. cit., p. 12.

61 The Co-ordinating Council of the Universities of Alberta, Regulations Governing Schools of Nursing in the Province of Alberta, Edmonton, The Co-ordinating Council of the Universities of Alberta, 1970, p. 14.

62 Ibid., p. 9.

and not more than three other members of the academic staff of each universities appointed by the Universities' Co-ordinating Council<sup>63</sup>.

The Universities Act makes no provisions for the establishment or the existence of a Committee on Nursing Education; nor have the terms of reference been well documented. An AARN representative, reporting at a Provincial Council meeting, presented the existing membership as follows:

Chairman of the Committee -- Dr. Moncton (medical)  
Representative of Faculty of Education, University of Alberta  
Director, University School of Nursing, University of Alberta or University of Calgary  
Senior Instructional Representative of Hospital Schools of Nursing  
Representative of Alberta Hospital Association  
Representative of Alberta Association of Registered Nurses  
Deputy Minister of Health and Social Development (ex officio)  
Administrator of Professional Examinations (ex officio)  
Advisor to Schools of Nursing (ex officio)  
Two students representing the Alberta Nursing Students' Association (without voting privileges)  
Representatives of College Schools of Nursing<sup>64</sup>.

Names are submitted by respective associations or institutions, and appointments are approved by the Universities' Co-ordinating Council<sup>65</sup>. It is further reported that the student representation has never been pursued with vigor.

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<sup>63</sup> The Universities Act, 1973, c. 378, Section 58.

<sup>64</sup> AARN Council Minutes, June 6-7, 1974, p. 20-22.

<sup>65</sup> Ibid.

The Committee on Nursing Education of the Universities' Co-ordinating Council is responsible for the control and approval of diploma nursing programs in the province.

The Regulations stipulate that the latter shall

- (a) prescribe minimum standards and make regulations for schools of nursing governing such matters as, in its opinion, require to be regulated for the purpose of securing an effective educational program,
- (b) make those standards and regulations known [...]
- (c) provide for verification, by means of visits or otherwise, that those standards are being met and [...] and observed,
- (d) approve schools of nursing which consistently meet those standards and observe those regulations,
- (e) withdraw such approval from schools that do not consistently meet those standards and observe regulations<sup>66</sup>.

Visits to schools of nursing are made by an Advisor to Schools of Nursing who is employed by the Universities' Co-ordinating Council. Visits are made

[...] for the purpose of consultation or to determine progress in special areas. Such visits would be made following a request from an individual school of nursing or at the request of the Committee on Nursing Education. An annual visit is desirable<sup>67</sup>.

In addition, a survey of all schools of nursing is conducted "at least every five years by persons designated by the

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<sup>66</sup> The Co-ordinating Council of the Universities of Alberta, Regulations Governing Schools of Nursing, p. 3-4.

<sup>67</sup> Ibid., p. 4.

Committee on Nursing Education"<sup>68</sup>.

Initial entry to profession as a registered nurse is determined by The Nurses' Act. The two main requirements are: admission to and graduation from an approved school of nursing; successfully passing the CNA Testing Service Examinations<sup>69</sup>.

In Alberta the qualifying nurse registration examinations "[...]" are known as conjoint examinations since they serve a twofold purpose: to qualify for registration, and to authorize graduation from a school upon completion of the curriculum"<sup>70</sup>. These conjoint examinations are in fact the CNA Testing Service Examinations but are administered by the Board of Examiners in Nursing acting on behalf of the Universities' Co-ordinating Council. Examinations, therefore, include medical nursing, surgical nursing, nursing of children, obstetrical nursing and psychiatric nursing<sup>71</sup>.

The Board of Examiners in Nursing exists by virtue of the Universities' Act which makes provisions for the Universities' Co-ordinating Council to

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68 Ibid.

69 The Registered Nurses' Act, Section 5.

70 The Co-ordinating Council of the Universities of Alberta, Regulations Governing Schools of Nursing, p. 7.

71 Ibid.

[...] establish and appoint a board of examiners with respect to [a] profession [...] and delegate to the board of examiners [...] the Council's powers, duties and functions [...]<sup>72</sup>

The terms of reference for this Board are the responsibility of the Universities' Co-ordinating Council. The latter are not well documented, but the composition of the Board is as follows: representatives from hospital schools, college programs and university nursing programs; representative of the Faculty of Education, University of Alberta; representatives of the AARN; the AARN Executive Director; member of the Professional Examination Branch, Universities' Co-ordinating Council; the Advisor to Schools of Nursing<sup>73</sup>.

Candidates passing at least half of the five examinations are only required to rewrite examinations failed; those failing more than half of the examinations must rewrite all five examinations at a subsequent sitting<sup>74</sup>. Since these are conjoint examinations, unsuccessful candidates do not qualify for registration nor may they receive a diploma from respective colleges. In the past, graduation ceremonies were not permitted until results of examinations

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<sup>72</sup> The Universities Act, Section 61.

<sup>73</sup> Memo received from Mrs. H.M. Sabin, Executive Director, AARN, September 10, 1974.

<sup>74</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 8.

were available and released, however, with the establishment of diploma nursing programs in educational institutions this regulation was modified. In this respect, Steed explained:

The policy of conjoint examinations still stands as written. There has had to be a modification to the original intent in that schools are permitted to have a 'graduation' ceremony but are not permitted to issue the graduation diploma until there is evidence that the graduate has successfully passed the registration examinations<sup>75</sup>.

Based on the recommendations made by the Board of Examiners, the Universities' Co-ordinating Council determines the pass mark for examinations. It is likewise the Universities' Co-ordinating Council which

[...] issues and forwards to the Director of the School of Nursing, a certificate for each successful candidate, which signifies eligibility for graduation from the nursing program. A copy of this certificate is sent to the Alberta Association of Registered Nurses as evidence of qualification for registration<sup>76</sup>.

Upon obtaining an Enabling Certificate from the Board of Examiners declaring that an applicant is eligible for registration the Registrar issues to the applicant a certificate under the Seal of the Association stating that the

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75 Letter dated October 18, 1974, received from Miss Margaret Steed, Associate Professor, Continuing Education, University of Alberta. (Miss Steed recently tendered her resignation as Advisor to Schools of Nursing, the latter position still being vacant).

76 The Co-ordinating Council of the Universities of Alberta, op. cit., p. 7.

applicant is a registered nurse and enrolls the applicant's name in the Alberta Nurses' Register<sup>77</sup>. Under The Nurses' Act registration in Alberta is permissive, hence only those persons who use the title "RN" without being duly registered are punishable by law<sup>78</sup>.

### 3. Curriculum

Curriculum prescriptions for basic diploma nursing programs are contained in The Regulations Governing Schools of Nursing in the Province of Alberta.

The statements of the regulations represent minimum standards which are to be used as a guide for developing and conducting basic nursing education programs in schools of nursing in the province of Alberta<sup>79</sup>.

Regulations, predicated on the belief that hospital schools would continue to exist, are intended to serve as a baseline below which no program may fall, the faculty members of respective nursing programs being encouraged to progress beyond them in curriculum design and articulation.

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<sup>77</sup> Alberta Association of Registered Nurses, Bylaws of the Alberta Association of Registered Nurses, Edmonton, AARN, 1974, p. 18-19.

<sup>78</sup> The Registered Nurses' Act, Section 13.

<sup>79</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 3.

Within these regulations wide flexibility and creativity of curriculum design is possible as the individual school of nursing implements specific ways and means of achieving objectives that are based on principles of sound education<sup>80</sup>.

The basic thrust of diploma nursing programs in the province "[...]" is the preparation of the professional nurse capable of rendering safe and comprehensive nursing care at the general staff level<sup>81</sup>.

Upon completion of a study relative to graduates of college programs in Alberta, the Advisor to Schools of Nursing stated:

The nursing programs in the colleges of Alberta state they are preparing graduates who as nurses can give patient-centered nursing care. Their programs are based in the expectation that the graduates will be able to give patient-centered nursing care in hospital and community health agencies<sup>82</sup>.

The focus of diploma nursing education in the province therefore tends to lean toward the preparation of a curative-centered type of a nurse. AARN officials view this trend with a level of uneasiness, but admit that, at the present time, it is most difficult to give direction with regard to the future health needs of the province. The AARN further contends that modifications in the structure of health care

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80 Ibid.

81 Ibid.

82 Steed, op. cit., p. 84.

delivery system may be anticipated, but since no new model has yet been enunciated "[...]" it is difficult to define the kinds of educational programs that will be necessary to meet future needs"<sup>83</sup>. Conversely, the Alberta Hospital Association, declaring that the new college graduates fail to meet the expectations of employers, argue that "Hospitals and nursing personnel feel they cannot indulge in the luxury, as some educators tend to do, of thinking in terms of potential future needs"<sup>84</sup>.

The nursing faculty, while being encouraged to exercise creativity in curriculum design, must submit to a number of specificities with regard to course content, sequence and distribution. Substantial deviations from prescribed minimum regulations require the explicit authorization of the Committee on Nursing Education, Universities' Co-ordinating Council. A first requirement is that the minimum length of programs must be of twenty-two months. Policies stipulate:

The Committee on Nursing Education must approve any major change in the nursing program related to the areas of instruction, curriculum and course content, and the length of the program<sup>85</sup>.

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<sup>83</sup> Alberta Association of Registered Nurses, A Submission to the Commission on Educational Planning, p. 10.

<sup>84</sup> Alberta Hospital Association, op. cit., p. 15.

<sup>85</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 4.

The overall classroom and clinical instruction planned for students should at no time exceed thirty-five hours per week; general education content should comprise not more than forty per cent or 400 hours, and nursing content must consist of sixty per cent or not less than 800 hours. The minimum hours of classroom and planned supervised observation and practice of nursing must comprise 1,500 hours<sup>86</sup>.

The Regulations further promote the integration of such subject matter as pharmacology, drug therapy, diet therapy, physical and occupational therapy, rehabilitation, community health, disease prevention and control<sup>87</sup>. This trend is reflected in the bulletins since no program indicates that any of the above specific areas constitute the object of a separate course. Regulations further indicate that "the major nursing subjects [...] may be combined, integrated or taught as separate subjects"<sup>88</sup>. A minimum of 300 hours of planned supervised clinical practice in the five patient areas is likewise compulsory<sup>89</sup>. Policies further state:

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86 Ibid., p. 14.

87 Ibid., p. 13.

88 Ibid., p. 14.

89 Ibid., p. 13.

The theory and clinical practice in each course shall be concurrent to enable students to develop skills in meeting the basic needs of individuals. The courses must provide learning experiences in medical, surgical, pediatric, obstetric and psychiatric nursing<sup>90</sup>.

The five diploma nursing programs reviewed demonstrate a close alignment with the above requirements. In the recent evaluative study conducted by the Advisor to Schools of Nursing, this was further confirmed.

All of the programs include contents from the basic sciences, both social and physical, a share of humanities, with a larger portion of the programs devoted to the teaching of nursing, including instruction in the traditional nursing subjects -- medicine, surgery, obstetrics, paediatrics, and psychiatry<sup>91</sup>.

In addition, the five programs offer a choice of electives. Respective bulletins likewise indicate that all programs require one or more compulsory English course with a view to improve the students communication skills. One college states: "two one-semester courses in English were required in the hope that such exposure would help the students to understand people and improve their communication skills"<sup>92</sup>.

The Alberta Hospital Association insists that the student must be "[...] provided with clinical experience

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90 Ibid.

91 Steed, op. cit., p. 68.

92 Schumacher, op. cit., p. 4.

designated to help [...] understand her future role and the function required of a hospital general staff nurse"<sup>93</sup>. The AARN, on the other hand, is of the opinion that greater coordination of clinical facilities is essential to provide adequate experience for all students. "Universities and college nursing programs are experiencing difficulty in securing clinical placements to meet the present and projected learning needs of students"<sup>94</sup>.

Respective curriculum objectives or planned experiences demonstrate that an attempt is made to obtain necessary experiences and to prepare students for their future role as a first level nurse capable of giving patient care. One college states that the diploma graduate will be able to plan nursing care for a group of patients<sup>95</sup>. The other college bulletins reveal that a course in advanced nursing is offered toward the latter part of the program. Course descriptions are as follows:

[...] course planned as a practicum in order to assist the student to make the transition to the role of a graduate nurse<sup>96</sup>.

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93 Alberta Hospital Association, op. cit., p. 21.

94 Alberta Association of Registered Nurses, A Submission to the Commission on Educational Planning, p. 10.

95 Schumacher, op. cit., p. 14.

96 Mount Royal College, op. cit., p. 181.

[...] focus of the course is on perfecting the nursing student's skill in providing care for adult patients in preparation for the assumption of graduate nurse responsibilities<sup>97</sup>.

Learning experiences will include the student's planning, caring for, and evaluating nursing of groups of patients; functioning as a member of the nursing team; and opportunities to meet the needs of patients at different times in the 24 hour continuum<sup>98</sup>.

Guided experience on all tours of duty which should prepare the student for the working situation as it exists for the diploma nurse in a hospital setting<sup>99</sup>.

A mutual written agreement between the educational institution and the agency providing clinical experience is required<sup>100</sup>. Additional directives are enunciated with regard to required educational resources and clinical facilities;

These shall include suitably equipped teaching, faculty, administration, and storage space, a library, and facilities and resources for student observation and practice in hospital and other community agencies<sup>101</sup>.

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97 Lethbridge Junior College, op. cit., p. 109.

98 Medicine Hat College, op. cit., p. 99.

99 Grant MacEwan Community College, Calendar 1973-1974, Edmonton, Grant MacEwan Community College, 1973, p. 43.

100 The Co-ordinating Council of the Universities of Alberta, op. cit., p. 16.

101 Ibid., p. 15.

The Regulations also provide some guidance with regard to teaching approach and teaching methods:

The teaching of nursing should be carried on through the use of a variety of appropriate methods and materials selected with the aim of stimulating and promoting independent thinking. Current methods such as programmed learning, independent study, the use of videotapes, television teaching, and team teaching are to be encouraged<sup>102</sup>.

Although curricula uniformly meet the minimum requirements, they may not be presented in a stereotyped pattern. The organization of course content and teaching approach tend to vary from program to program. One program in the province stands out as being particularly innovative in that, since its inception, it has endeavoured to use the teaching by concept approach<sup>103</sup>. This approach to the teaching of nursing is based on the premise that there are facets of nursing which are applicable to the various clinical areas, hence focus is on concept development. In the learning process, emphasis is on personal discovery of data and reflection rather than on that of presenting factual information.

#### 4. Students

The minimum requirements to gain admission to any basic diploma nursing program in the province are: an Alberta

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<sup>102</sup> Ibid., p. 13.

<sup>103</sup> Schumacher, op. cit., p. 5-6.

High School Diploma with one hundred credits, and a 'C' or higher standing in one grade XII English course, one grade XII Science course, and two added grade XII subjects of the students choice. Applicants who have "achieved academically above the Alberta High School Diploma, but who are lacking a specific subject requirement, can be considered on an individual basis"<sup>104</sup>. Applicants who have attained their twenty-fifth birthday may be admitted under the adult privilege clause.

The first class of twenty-four students was admitted to a college-centered program in 1967. Table XIV presents the subsequent total yearly enrolment in Alberta college diploma nursing programs. In 1968, the increase of 108 students coincided with the establishment of two new college programs in the province. With the exception of a slight unexplained decrease in 1971, the total enrolment increased substantially on a yearly basis.

Alberta hospital schools of nursing, however, continue to admit the larger number of nursing students. In 1973, a total of 1,379 students were admitted in hospital schools as compared to 576 in college-based programs<sup>105</sup>. To implement an immediate transfer of the six existing hospital schools of nursing to colleges, facilities for some 800 students

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<sup>104</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 11.

<sup>105</sup> Advisor to Schools of Nursing, Alberta, June 1974.

Table XIV.-

Total Yearly Enrolment in Alberta College-Centered Diploma Nursing Programs<sup>a</sup>.

| Year | Female | Male | Total |
|------|--------|------|-------|
| 1967 | 24     | --   | 24    |
| 1968 | 132    | --   | 132   |
| 1969 | 271    | 4    | 275   |
| 1970 | 342    | 7    | 349   |
| 1971 | 298    | 6    | 304   |
| 1972 | 463    | 14   | 477   |
| 1973 | 564    | 12   | 576   |

<sup>a</sup> Source: Statistics prepared by the Advisor to Schools of Nursing, Alberta, June 1974.

would be necessary to maintain an adequate supply of nurses in the province. Planning and reorganization therefore become an essential element in the eventuality of a complete transfer<sup>106</sup>.

It has always been possible for male candidates in Alberta to enrol in a diploma nursing program. The Advisor to Schools of Nursing, however, noted that in 1967 "[...] of all students enrolled in hospital diploma schools there were 800 female students and three male students"<sup>107</sup>. College diploma programs therefore tend to attract more male students although the increase is minimal. Table XIV reveals that there were twelve male students enrolled in college programs in 1973; conversely there were only four in 1969.

The yearly success and failure rate of candidates writing licensure examinations in Alberta is found in Table XV. As the Regulations now stand, licensure examinations in the province are known as conjoint examinations in view of the fact that they serve a two-fold purpose: to qualify for nurse registration, and to authorize graduation from a nursing program upon completion of the course.

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<sup>106</sup> Interview with Miss Judy Prowse, President, and Mrs. Helen Sabin, Executive Director, AARN, October 24, 1974.

<sup>107</sup> Steed, op. cit., p. 7.

Table XV.-

Total Number of Candidates Writing Conjoint Examinations in Alberta College-Centered Diploma Nursing Programs: Success and Failure Rate<sup>a</sup>.

| Year | Performance on Conjoint Examinations |      |      |         |      |
|------|--------------------------------------|------|------|---------|------|
|      | Number Writing                       | Pass | %    | Failure | %    |
| 1969 | 19                                   | 11   | 57.9 | 8       | 42.1 |
| 1970 | 65                                   | 59   | 90.8 | 6       | 9.2  |
| 1971 | 110                                  | 104  | 94.6 | 6       | 5.4  |
| 1972 | 110                                  | 86   | 78.1 | 24      | 21.9 |
| 1973 | 144                                  | 98   | 68.7 | 46      | 31.3 |

<sup>a</sup> Source: Advisor to Schools of Nursing, June 1974.

The failure rate tends to be high in the province. Nineteen of the first class of twenty-four students admitted to the first college program in 1967 wrote the conjoint examinations in 1969. Of these, 42.1% failed to meet the score set by the Board of Examiners. A marked improvement is noted in the 1970 and 1971 results, with a subsequent declining trend in the following years. While 68.7% were successful in 1973, there were still 31.3% who failed. Candidates who fail may not receive a diploma from the college nor may they be registered as a nurse.

The pass mark is set by the Universities' Co-ordinating Council on the advice of the Board of Examiners in Nursing. The Universities' Co-ordinating Council issues and forwards to the Director of the school of nursing, a certificate for each successful candidate, which signifies eligibility for graduation from the nursing program. A copy of this certificate is sent to the Alberta Association of Registered Nurses as evidence of qualification for registration<sup>108</sup>.

A candidate who passes at least half of the total subjects written is required to write only the subjects or subject failed. The examinations written are the CNA Testing Service Examinations consisting of the five usual subjects, namely, medical nursing, surgical nursing, pediatric nursing, obstetrical nursing and psychiatric nursing<sup>109</sup>. Candidates

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<sup>108</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 8.

<sup>109</sup> Ibid., p. 7.

failing one or more examinations at a second sitting may not write a third time until evidence is produced that both clinical and theoretical instruction "has been successfully repeated in an approved nursing program, and is submitted to the Administrator of Professional Examinations"<sup>110</sup>.

#### 5. Faculty

Policies relative to faculty preparation, stated in terms of minimum requirements, are a bachelor's degree. While stipulating that the director of a diploma nursing program should hold a master's degree, the minimum qualifications for nurse faculty members are a bachelor's degree with competence in the area of nursing related to the person's teaching responsibilities. Part-time faculty members are likewise required to possess the same academic and professional qualifications<sup>111</sup>.

The AARN, not necessarily satisfied with the minimum required level of preparation, contends that faculty preparation at the master's level is not only desirable but necessary for at least a number of positions. "Baccalaureate

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<sup>110</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 8.

<sup>111</sup> Ibid., p. 10.

level teachers [...] are not prepared to develop curriculum"<sup>112</sup>.

The number and level of faculty preparation in the province for 1974 are found in Table XVI. Although college diploma nursing programs are utilizing part-time faculty members quite extensively, figures exclude the latter.

Statistics relative to the level of college faculty preparation in 1967, year which marks the establishment of a first college-centered diploma nursing program in the province, were not available<sup>113</sup>, hence the impossibility of presenting a comparative analysis of the 1967 and 1974 situation. It was nonetheless noted that the overall number and level of nurse faculty preparation for hospital-oriented and college-based nursing programs in 1967 were as follows: 5.6% had a master's degree; 48.5% had a baccalaureate degree, and 45.9% had either a diploma, university diploma or certificate<sup>114</sup>.

Statistics found in Table XVI therefore reveal a marked improvement in the level of faculty preparation. In 1974, 30% held either a doctoral or master's degree; only 2.5% had less than a bachelor's degree, and 67.5% possessed

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<sup>112</sup> Alberta Association of Registered Nurses, A Submission to the Commission on Educational Planning, p. 8.

<sup>113</sup> Advisor to Schools of Nursing, June 1974.

<sup>114</sup> Alberta Association of Registered Nurses, Brief to the Commission on Educational Planning, Edmonton, AARN, 1970, p. 8.

Table XVI.-

Number and Level of Faculty Preparation in Alberta College-Centered Diploma Nursing Programs in 1974<sup>a</sup>.

| Level of Preparation              | 1974   |       |
|-----------------------------------|--------|-------|
|                                   | Number | %     |
| Basic Diploma Nursing Course      | 0      | 0.0   |
| University Diploma or Certificate | 1      | 2.5   |
| Bachelor's Degree                 | 27     | 67.5  |
| Master's Degree                   | 10     | 25.0  |
| Doctoral Degree                   | 2      | 5.0   |
| Total                             | 40     | 100.0 |

<sup>a</sup> Source: Advisor to Schools of Nursing, June 1974.

the minimum academic requirement.

The AARN is of the opinion that the faculty student ratio, although not exclusively, to a large extent, is

[...] contingent upon the level of clinical knowledge and experience of the instructor, the level of learner, the level of complexity of the needs of the patient [...] the organizational patterns and the attitudes of the staff toward learners in the agency within which such experience is gained<sup>115</sup>.

The regulations likewise allowing for variations based on the level and type of learning experience provided nonetheless advocate an overall ratio of 1:10.

As a general guide for planning an overall ratio of one faculty member to ten students may be used. This figure may be reduced during supervision in the clinical practice area depending on the many variables to be considered. Similarly it may be increased during lectures, group discussion, seminars [...]<sup>116</sup>

Statistics relative to the 1967 faculty-student ratio were not available<sup>117</sup>. In 1974, the overall ratio was 1:10; the ratio in the clinical area ranged from 1:5 and 1:15<sup>118</sup>.

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<sup>115</sup> Alberta Association of Registered Nurses, A Submission to the Commission on Educational Planning, p. 8.

<sup>116</sup> The Co-ordinating Council of the Universities of Alberta, op. cit., p. 11.

<sup>117</sup> Advisor to Schools of Nursing, 1974.

<sup>118</sup> Ibid.

## 6. Summary

In geographical position, Alberta, a stronghold for hospital schools in Canada, is the second province where the transfer of basic diploma nursing programs to the system of education is partial. Hospital-oriented and college-based programs co-exist; six hospital and five college programs for a total of eleven.

Political forces exalting change, persistently paralleled by equally strong opposing forces, were frequently interlocked with pressures to transfer responsibility for the prescription, maintenance and control of standards in nursing education. At one point, issues were further compounded by an unsuccessful attempt to establish a central licensing body for nursing in the province.

Nursing education in the province has always been rather unique in its set-up in that while schools of nursing were financially dependent on the provincial health care budget, authority to set and maintain standards, approve programs and conduct examinations of candidates for initial registration in the AARN was vested in the Committee on Nursing Education, Co-ordinating Council of the Universities of Alberta. The Universities Act and the Registered Nurses' Act so empowered the Co-ordinating Council of the Universities of Alberta; the AARN, on the other hand, had the authority to

establish policies with regard to the registration of its members.

Between 1969 and 1970, there was an abortive attempt to transfer responsibility for the control of standards and to establish a central licensing body for nursing. Bill 119, advocating the establishment of a Council on Nursing with widespread powers in nursing education, and the redrafted Bill 80, recommending a Co-ordinating Council on Nursing with lesser powers, died amid much controversy, at legislature. Then, in 1971, the Fast Report promoted a transfer of diploma nursing programs to the Alberta Colleges Commission. Members of the AARN and the Alberta Hospital Association reacted negatively to these recommendations thus engendering a second heated debate in the province.

The report of the Commission on Educational Planning released in 1972, brought a slightly different focus on the issue; while admitting that a transfer of all diploma nursing programs to the Alberta College System was long overdue, it promoted the dissolution of both the Alberta Colleges Commission and the Co-ordinating Council of the Universities of Alberta specifying that responsibility for the control of standards could more fittingly be assumed by professional associations. Bolstered by these recommendations and pending the release of the report of the Legislative Committee on Professions and Occupations, the AARN proceeded to draft a

revised edition of the Registered Nurses' Act incorporating provisions for standards-setting powers within the Association. The Report on Professions and Occupations released in 1973, differed in opinion alleging that certification for education and competence should continue to be handled by an agency external to the Association such as the Universities' Coordinating Council. Beset by such conflicting opinions, the AARN chose to stall further activity relative to legislative changes.

By virtue of the Colleges Amendment Act passed in May 1973, the Alberta Colleges Commission was dissolved, transferring the authority and functions of the latter to the Minister of Advanced Education. A year later, the Minister issued a policy statement whereby his intent to implement a complete transfer of hospital schools of nursing to the Alberta Colleges System was made known. Notwithstanding resistance, a new system is emerging in the province. Firstly, the transfer of the six remaining hospital schools of nursing is imminent, a formula adapted to the province being in the process of development. Secondly, the decision to transfer responsibility for the prescription, control and maintenance of standards in nursing education is equally conclusive, but it remains unclear as to what body will be vested with this authority.

Statements which follow are a summation of the general direction, characteristics and status of colleges, diploma nursing programs, students and faculty in Alberta.

- The five college-based diploma nursing programs are within the Alberta Colleges System; each college operates in a fairly autonomous manner under a Board of Governors which is directly responsible to the Minister of Advanced Education.
- Colleges are multidisciplined institutions and offer terminal diploma programs. Although colleges are not authorized to grant degrees they may be affiliated with Alberta Universities if the Minister first approves of the affiliation. Presently, three colleges are affiliated with a university and offer transfer credit courses.
- In financial arrangements, the Boards of Governors of respective colleges adopt and submit an annual budget to the Minister of Advanced Education for approval. Students are required to pay tuition fees determined by respective colleges, hence these vary from college to college.
- Authority to set and maintain standards, to approve programs and to conduct examinations of candidates for initial registration in the AARN is vested in the Committee on Nursing Education, Co-ordinating Council of the Universities of Alberta. The Committee on Nursing Education encompasses a wide representation from general

- education and various health groups and agencies.
- An Advisor to Schools of Nursing, employed by the Universities' Co-ordinating Council, visits hospital schools of nursing and college-based diploma nursing programs annually. In addition, a survey of all schools and programs is conducted every five years by persons designated by the Committee on Nursing Education.
  - The minimum admission requirements are: an Alberta High School Diploma with one hundred credits, and a 'C' or higher in four select grade XII courses. Applicants who have attained their twenty-fifth birthday may be admitted under the adult privileges clause.
  - Regulations governing schools of nursing, predicated on the belief that hospital schools would continue to exist, are stated in terms of minimum requirements.
  - The prescribed minimum length of programs is twenty-two months.
  - The focus of diploma nursing programs is the preparation of a first level bedside nurse. The AARN contends that programs should be more future-oriented, but since there is no new model relative to the health care delivery system it is difficult to give guidance or direction in the development of programs.
  - Regulations require that nursing content constitute sixty per cent of the program or not less than 800 hours, the

remaining forty per cent being devoted to general education. The minimum hours of nursing observation and experience must comprise 1,500 hours.

- All programs include content from the basic sciences, humanities, the larger portion of the program being devoted to nursing theory and practice. Programs, however, may not be described in a stereotyped pattern. One innovative program uses the teaching by concept approach.
- Written contractual agreements between colleges and agencies providing experience to students are required. Colleges are experiencing some difficulty in identifying adequate facilities for clinical experience. The AARN promotes greater coordination and cooperative planning to ensure adequate learning experiences for all students.
- Despite the fact that college-based programs reveal a gradual increase in enrolment, hospital schools of nursing continue to graduate the larger number of candidates. In the event of an immediate complete transfer of the remaining six hospital schools, and to maintain an adequate supply of nurses in the province, educational facilities for some 800 students would have to be identified.
- Although college programs attract more male candidates, the nursing student population is predominately female.

- Failure on licensure examinations tends to be high in the province; these examinations are known as conjoint examinations.
- The conjoint examinations serve a twofold purpose: to qualify for registration, and to authorize graduation from a program. No college may issue a diploma prior to receiving an eligibility certificate from the Board of Examiners, Universities' Co-ordinating Council. The AARN, responsible for the issuance of registration certificates, must likewise defer registration until receipt of these certificates. In the province, registration is permissive.
- Statistics reveal that 98.5% of college-based faculty members hold a baccalaureate degree or higher. The AARN contends that the level of faculty preparation calls for improvement; there are still too few with a master's degree.
- While making allowances for variations based on faculty preparation, type and level of student learning experiences, the regulations promote a faculty-student ratio of 1:10. In 1974, the overall faculty-student ratio in colleges ranged from 1:5 to 1:15.

## CHAPTER VII

### DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF MANITOBA

Manitoba is the third province where the transfer of diploma nursing programs from hospitals to the educational system is partial. Although there is but one college-based nursing program with five such programs in hospital settings<sup>1</sup>, forces nonetheless point to an evolutionary trend away from hospital-oriented schools of nursing.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the Provincial System of Education.

An event which directed nursing education in the province was the Report of the Minister of Health's Committee on the Supply of Nurses released in 1966<sup>2</sup>. Late in 1965, the Minister of Health's Committee, chaired by the chairman of the Manitoba Hospital Commission, comprising persons nominated by the Manitoba Medical Association, MARN, Hospitals with Schools of Nursing, Catholic Hospital Conference of Manitoba, Manitoba Hospital Association, University of Manitoba, Department of Education and Department of Health,

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<sup>1</sup> Information obtained from Miss Louise Tod, Executive Director, Manitoba Association of Registered Nurses, December 16, 1974.

<sup>2</sup> The Minister of Health's Committee on the Supply of Nurses, Report of the Minister of Health's Committee on the Supply of Nurses, Manitoba, Department of Health, 1966, p. 1.

was mandated to review all aspects relative to the education and maintenance of an adequate supply of nurses in the province.

While encouraging evolutionary changes in nursing education, the Committee nonetheless promoted a fundamental reorganization in the total program. Modifications suggested had for foundation the following principles of education:

Nursing education is an educational end in itself, not an adjunct to hospital care or any other aspect of nursing service.

Nursing education should be provided on the same basis and should follow the same guidelines as other forms of professional and vocational education<sup>3</sup>.

Based on the acceptance of the principle that education should be divorced from nursing service, a first recommendation of the Committee was that the length of programs be shortened with the transition to a two-year diploma nursing program phased over a period of time, thus minimizing problems in the service areas<sup>4</sup>.

In an attempt to further direct transformations, the two subsequent recommendations offered were related to the establishment of a central school under the aegis of the Department of Education with gradual transition to a unified program.

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3 Ibid., p. 102.

4 Ibid., p. 106.

That a new school for diploma nurses be established by the Department of Education in the Metropolitan Winnipeg Area with provisions for an initial enrolment of up to 200 students in a two-year course.

That following the establishment of the central nursing school there be a gradual transition to a unitary program for the education of diploma nurses in the Metropolitan Area controlled and financed by the Department of Education<sup>5</sup>.

In the Committee's opinion, speed was of the essence in the establishment of a central school, the fall of 1968 being suggested as a possible starting date<sup>6</sup>.

The Committee likewise recognized that once the service component was removed from student time, room and board should no longer be the responsibility of the hospital. "That concurrent with the establishment of a two-year course a realistic charge for board and/or room be levied on students"<sup>7</sup>.

The Manitoba Association of Registered Nurses, responsible for standards and control of nursing programs, responded favourably to the above recommendations relative to diploma nursing education. The following encapsulates the MARN's general outlook with regard to shorter programs, financial arrangements and terminology of the suggested

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5 Ibid., p. 107-108.

6 Ibid.

7 Ibid., p. 111.

central program:

The Association endorses [...] and believes that the preparation of the diploma nurse should be based on a course of approximately two years in length. The Association recognizes that the change-over to these newly organized programs for the preparation of diploma nurses must proceed slowly and in accordance with suitable numbers of directors and teachers sufficiently qualified to plan and implement the new programs. In a program for the education of a diploma nurse in a course of approximately two years in length, the nursing service component is removed from the nursing education program [...]. We would expect to see this reflected in the hospital budgets approved by the Commission for programs of nursing education which continue, for the present, under the aegis of hospitals. The Association is presently planning a program on which to base the implementation of central, or perhaps more suitably named, regional schools<sup>8</sup>.

The concept of a central school of diploma nursing never materialized in the province, rather forces tended to promote the reorganization of hospital-based programs. In 1968, internal changes were already observed.

In the five diploma schools of nursing in Greater Winnipeg, instructional staffs are moving steadily toward the development of educationally based programs which will permit the shortening and the improvement of existing programs<sup>9</sup>.

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<sup>8</sup> Manitoba Association of Registered Nurses, Statements on the Recommendation of the Minister of Health's Committee on the Supply of Nurses, Winnipeg, MARN, 1967, p. 17.

<sup>9</sup> Manitoba Association of Registered Nurses, A Position Paper on Nursing in Manitoba, Winnipeg, MARN, 1968, p. 8.

In 1968 as well, the MARN's position was that of promoting internal changes in hospital schools. The Association contended that in view of the current educational situation, efforts would better be directed to achieving needed changes for improvement in hospital-based programs than to a complete transfer to the system of education<sup>10</sup>. In this vein, MARN contended:

The ultimate aim to establish nursing education within the framework of general education could be achieved by modifying the present programs and at the same time designing a new program to introduce when the appropriate institution is established<sup>11</sup>.

In 1968, the MARN maintained that the move toward shorter programs could, and in fact was proceeding within the framework of hospital schools. Again in 1970, progress in this direction was noted; diploma nursing programs ranged between twenty-four and thirty months in length instead of thirty-six months<sup>12</sup>. The former position of the MARN relative to the value of internal improvement of existing hospital nursing programs in preparation for an eventual transfer was reiterated.

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10 Ibid., p. 2.

11 Ibid., p. 5.

12 Manitoba Association of Registered Nurses, A Position Paper on Nursing in Manitoba, Winnipeg, MARN, 1970, p. 5.

In view of the current situation in Manitoba, it is suggested that emphasis be directed toward redesigning the curriculum within the hospital schools of nursing, which would facilitate the orderly movement of nursing education from the hospital setting into post-secondary institution<sup>13</sup>.

Reviewing trends and subsequent to a previous press release indicating definite plans with a view to the establishment of a college-based diploma nursing program<sup>14</sup>, at the 1970 annual meeting, the MARN president declared:

The trend to revise educational programs in our diploma schools has continued at an accelerated pace this year. Two hospital schools changed over to new programs with the class entering this fall. The three others have all reduced the service spent time of the student and are working toward revisions. For the first time, the Department of Education is involved in nursing education through the development of a program in the Health Science Division of the Red River Community College. Another school has announced its closing. An updating of the Association's position on nursing education recognized these developments, and reiterates our belief that such preparation belongs with general education. As yet, the pattern into which nursing programs should fit is not clear [...]. So far, we, the Nurses of Manitoba have spoken only in generalities. Before we ask others to help us, we should decide what we believe is right<sup>15</sup>.

Despite the uncertainty with regard to the orientation of diploma nursing programs and amid ongoing internal changes

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13 Ibid., p. 7.

14 Public Information Branch, New Nurse Course Set for Institute, Winnipeg, Manitoba Government News Service, 1968.

15 Manitoba Association of Registered Nurses, Bulletin, Winnipeg, MARN, Vol. 4, No. 4, 1970, p. 4.

in existing hospital programs, the first and only college-based program was established in 1970.

The government announced the new program in the fall of 1969, hired a supervisor to initiate the program in January 1970. The program outline was approved by the Manitoba Association of Registered Nurses Accrediting Committee in late March [...] and the first class was admitted in September 1970<sup>16</sup>.

The establishment of a college-centered diploma nursing program in Manitoba was therefore the result of action on the part of the Departments of Health and Education and the adjoining cooperative efforts of the MARN. The initial supervisor of the diploma nursing program at Red River Community College declared that there was no historical document with regard to the origin of the program, but consented to present the following facts:

In 1967 a report was made to the Minister of Health and Welfare of Manitoba, by a committee appointed by the Minister, recommending that a registered nursing program be established in the then called Manitoba Institute of Technology. (The name was changed in the late part of 1969). In June 1969 the Manitoba Hospital Services Commission (now Manitoba Health Commission) informed the Board of the Victoria General Hospital, Winnipeg that the funds would not be available to construct a School of Nursing on the grounds of their new location [...]. The hope was expressed that the program of that school would become the nucleolus of a program to be established at the Manitoba Institute of Technology<sup>17</sup>.

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<sup>16</sup> Letter dated October 18, 1974 received from Miss Dorothy Dick, Special Projects Coordinator, Nursing, Red River Community College, Winnipeg, Manitoba.

<sup>17</sup> Ibid.

The phasing out process of the hospital program concerned was the result of joint planning between the hospital and the college.

The Victoria General Hospital School of Nursing admitted its last class in the fall of 1969, graduating them in 1971. They had started a 2 year program in 1968 and graduated 2 classes from the revised course. To safeguard the student's program, Red River Community College employed instructors and placed them at the Victoria General Hospital School for that last year<sup>18</sup>.

Since 1970, pressure to transfer the remaining hospital-oriented diploma nursing programs to the system of education has been minimal. In June 1972, the MARN contended:

We believe our present program, including those of the hospital schools, meet educational objectives well. It may not be necessary to retain the present number of hospital schools. However, any reduction in the number of hospital-based programs should be attempted only after further study and changes implemented on an evolutionary basis<sup>19</sup>.

The MARN likewise declared that more than one diploma program was considered necessary "to provide the healthy stimulation of competition and varied approaches to curriculum based on differing philosophies"<sup>20</sup>.

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18 Ibid.

19 Manitoba Association of Registered Nurses, A Brief Presented to the Task Force on Post-Secondary Education, Winnipeg, MARN, 1972, p. 5.

20 Ibid., p. 6.

Currently, "nursing education continues to be an area of change and concern"<sup>21</sup>, however, there exists no definite plan for concerted action toward a move of diploma nursing programs to the system of education. The trend, pending further developments in the provincial education system, is rather to improve hospital-based programs, the latter being two years in length. MARN, however, recently established a special committee responsible for the preparation of an updated position paper, this with a view to direct the future of nursing education in the province<sup>22</sup>.

The one college-based diploma program is, under the subsequent headings, discussed in conjunction with policies governing nursing programs in the province.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

The Red River Community College is a multidisciplined educational institution controlled by the Manitoba Department of Colleges and University Affairs<sup>23</sup>. Programs offered therein range from less than one to two years in length.

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<sup>21</sup> Manitoba Association of Registered Nurses, Folio of Reports, 59th Annual Meeting, Winnipeg, MARN, 1973, p. 1.

<sup>22</sup> The writer had the privilege of meeting with the Special Committee, December 16, 1974.

<sup>23</sup> Red River Community College, Calendar 1973-74, Winnipeg, Department of Colleges and Universities Affairs, 1973, p. 3.

One-year courses lead to a certificate; two-year courses lead to a diploma<sup>24</sup>.

The diploma nursing program, offered in the Health Science Division, is of two years in length and leads to a College Diploma in Nursing Education.

The course, two school years in length, each of ten months duration, leads to a College Diploma in Nursing Education and eligibility to write nurse registration examination (R.N.'s) in Manitoba. Each school year is divided into two five-month terms with final examinations at the end of each term<sup>25</sup>.

Programs are financed through the Manitoba Department of Colleges and University Affairs, and fees levied on students. In a similar manner as all other students, nursing students pay a tuition fee of \$100.00 for each five month term. Yearly tuition fees therefore total \$200.00<sup>26</sup>.

In order for candidates of a diploma nursing program to qualify for registration by examination, they must graduate from programs approved by an Accrediting Committee<sup>27</sup>. By virtue of the Registered Nurses' Act, the MARN Accrediting Committee has the responsibility of setting policies and

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24 Ibid., p. 38-39.

25 Ibid., p. 128.

26 Ibid.

27 The Registered Nurses' Act, R.S.M., 1970, c. 40, Section 10.

standards for the approval of nursing programs. In addition, according to the Act the MARN "board may prescribe a curriculum of studies and program of training to be followed in any school of nursing in Manitoba"<sup>28</sup>. The Act further stipulates:

No school of nursing shall be approved by the Accrediting Committee unless it provides a program of nursing instruction and practice that conforms with the curriculum and instruction standards prescribed by the Accrediting Committee<sup>29</sup>.

In Manitoba therefore a nursing program requires the approval or accreditation by the Accrediting Committee, the composition of the committee being as follows: the executive officers of the MARN; two members nominated by the Board of Governors of the University of Manitoba; two members nominated by the Manitoba Hospital Association, and two members nominated by the Minister of Health<sup>30</sup>. In 1972, proposals for the revision of the Registered Nurses' Act made provisions for the dissolution of the Accrediting Committee and the establishment of an Advisory Committee with broader representation from general education<sup>31</sup>. The Council,

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28 Ibid., Section 11.

29 Ibid., Section 13.

30 Ibid., Section 12.

31 Manitoba Association of Registered Nurses, Draft Revision of the Registered Nurses' Act, Winnipeg, Prepared by the Legislative Committee and the Association's Legal Counsel, 1972, Section 18.

advisory to the MARN Board, would have been responsible to review and make recommendations on matters pertaining to schools of nursing in the province. Although approved by the membership of the association and placed on the Government's order paper, the draft was never introduced to legislature. Owing to disagreement with principles contained in the draft with regard to licensing and other functions, and a trend in the province to set associations up as voluntary membership organizations with no executive powers, the MARN requested that the drafted Act be removed from the Government order paper<sup>32</sup>.

The Accrediting Committee therefore continues to perform the task of setting policies for the approval of diploma nursing programs in the province; it likewise continues to review programs with a view to grant approval. Policies and Standards for Nursing Programs Leading to Registration, revised in 1971, served as a basis in the granting of approval to nursing programs. All basic nursing programs were reviewed annually by a person designated by MARN and the Accreditation Committee<sup>33</sup>.

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<sup>32</sup> Manitoba Association of Registered Nurses, Folio of Reports, 59th Annual Meeting, 1973, p. 26.

<sup>33</sup> Manitoba Association of Registered Nurses, Policies and Standards for Nursing Programs Leading to Registration in Manitoba, Winnipeg, MARN, 1971, p. 3.

The Accrediting Committee on the basis of this review recommended to the Board of Directors:

- approval of the nursing program, or
- conditional approval, stipulating requirements that must be met and time limit for meeting same, or
- refuse approval of a nursing program.

Appeal, within a stipulated time period, may be made by the nursing program to the Board of Directors of the M.A.R.N.<sup>34</sup>

In 1974, the Policies and Standards for Nursing Programs Leading to Registration were revised. Policies took the form of criteria<sup>35</sup> serving as a guide for program development and as a basis for the granting of approval. These criteria, being in the draft stage, will only be enforced in 1975, hence the policies as stipulated in 1971 still stand. Based on a clearer interpretation of the Nurses Act and in accordance with the proposed criteria, in the future the MARN Accreditation Committee will assume full responsibility for the approval of diploma nursing programs<sup>36</sup>.

Basic requirements for registration of graduates of nursing programs in Manitoba are twofold: successful completion and graduation from an approved program, and passing

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34 Ibid., p. 3-4.

35 Manitoba Association of Registered Nurses, Criteria for Approval of Diploma Schools of Nursing in Manitoba, Winnipeg, MARN, December 1974 [no pagination].

36 The writer attended a meeting of the MARN Accreditation Committee on December 17, 1974, at which time the criteria, still in a draft stage, were reviewed.

the required registration examinations. The CNA Testing Service Examinations consisting of tests in the five major nursing areas constitute the registration examinations<sup>37</sup>. Successful candidates qualify for registration as a member of the MARN. The board of directors issues "to every person admitted to membership in the association a certificate of registration"<sup>38</sup>.

Registration in the province is permissive not mandatory, hence only those persons who are duly registered may hold themselves out as registered nurses<sup>39</sup>. A non-registered nurse may work for hire providing she refrains from using the title registered nurse.

### 3. Curriculum

Policies ordering the one college-based diploma nursing program in the province are the same as those directing the five hospital-oriented programs. These policies are in a stage of revision, but since the criteria<sup>40</sup> were not in circulation at the time of writing they are only referred to

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<sup>37</sup> Manitoba Association of Registered Nurses, A Brief to the Special Committee of the Legislature on Professional Associations, Winnipeg, MARN, 1972, p. 2.

<sup>38</sup> Registered Nurses' Act, Section 16.

<sup>39</sup> Ibid., Sections 18 and 19.

<sup>40</sup> MARN, Criteria for Approval of Schools of Nursing in Manitoba.

in indicating a new trend or direction.

Insight into the present direction of diploma nursing programs in the province is gained by reviewing the policies.

The graduate shall be prepared for staff nursing positions within the health services and shall be skilled in the performance of personalized nursing care<sup>41</sup>.

The Red River Community College calendar is silent with regard to the focus of the diploma nursing program. In the calendar, it is simply stated that the course leads to eligibility to write nurse registration examinations in Manitoba<sup>42</sup>.

A recent province-wide study on health, education and social policy<sup>43</sup> failed to give any direction with regard to the education of personnel to meet the health care needs. The MARN declaring that the White Paper had not differentiated between health and medical care, in the following words further contended that it had likewise failed to promote health and prevention:

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<sup>41</sup> MARN, Policies and Standards for Nursing Programs Leading to Registration in Manitoba, p. 12.

<sup>42</sup> Red River Community College, op. cit., p. 128.

<sup>43</sup> Cabinet Committee on Health, Education and Social Policy, White Paper on Health Policy, Winnipeg, Department of Health, 1972, 50 p.

The development of medical care has been supported by advancement in science and medical technology. As a result, the medical profession, obligated to cure, has directed its services to that end. In a society which, for varied historical reasons has focused largely on illness, a reorientation to a health focus as a primary concern, rather than a cure focus, is difficult and poses many problems. We recognize that cure is essential, but if it means all our resources are directed to this end, we will not direct energy and resources toward promotion of health and prevention of illness<sup>44</sup>.

In addition to expressing concern with regard to the limited reference to nursing found in the White Paper, the MARN maintains that changes in health delivery will make it necessary to review educational programs. "Emphasis will be in changing from the 'illness-treatment' orientation of hospital to the 'prevention-health promotion' approach of the community"<sup>45</sup>. Trends therefore point to a change of focus of programs destined to educate nurses to meet present day needs.

According to the policies, programs of not less than two academic years, should provide a background of general education with emphasis on nursing.

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<sup>44</sup> Manitoba Association of Registered Nurses, MARN News, Winnipeg, MARN, Vol. 1, No. 2, 1973, p. 4.

<sup>45</sup> MARN, Folio of Reports, 59th Annual Meeting, p. 1.

Nursing content shall include fundamentals of nursing, maternal and child care, physical and mental illness, disease prevention and control, and community health as related to health needs of people of all age groups.

The nursing portion of the program shall be not less than one-half and not more than two-thirds of the total program hours. The general education and nursing education courses are to be an integral part of each year of the program. They may be combined, integrated or taught as separated courses<sup>46</sup>.

The Red River Community College diploma nursing program is generally congruous with these educational policies. In the first year more time appears to be devoted to general education; conversely, the second year seems heavily weighed with nursing content and practice<sup>47</sup>. Course descriptions, however, indicate the possibility of an integration of general education<sup>48</sup> throughout the nursing courses.

Policies enforced likewise give guidance with regard to the minimum requirements in the selection of clinical experience for students.

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<sup>46</sup> MARN, Policies and Standards for Nursing Programs, p. 11.

<sup>47</sup> Red River Community College, op. cit., p. 129.

<sup>48</sup> Red River Community College, Diploma Nursing Education Subject Description, (mimeographed material prepared December 1973 for the 1974-1975 calendar).

Learning experience shall be selected in hospitals, and the community by the nursing faculty in cooperation with the community agencies. They shall provide opportunities for applying to patient care the basic principles and understandings gained through the general and nursing content of the curriculum<sup>49</sup>.

In this area the drafted criteria further indicate that "Appropriate written agreements with co-operating agencies shall be developed, maintained and mutually reviewed"<sup>50</sup>.

In addition to demonstrating nine hours of laboratory per week in the first year and fourteen in the second, the Red River Community College states:

The students gain experience by working directly with patients, in a variety of settings within the hospital and health community. The College instructors are responsible for, and directly supervise, all nursing experiences planned for the students<sup>51</sup>.

The choice of teaching methods and material is left to the discretion of the faculty members. Policies merely state that the latter "shall be made with the aim of supplementing and promoting independent thinking and competence in nursing practice"<sup>52</sup>.

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49 MARN, Policies and Standards for Nursing Programs, p. 12.

50 MARN, Criteria for Approval of Schools of Nursing, [p. 5].

51 Red River Community College, op. cit., p. 128.

52 MARN, Policies and Standards for Nursing Programs, p. 12.

#### 4. Students

The minimum requirements to gain admission to a diploma nursing program in the province are as follows:

- completion of Grade XI, University Entrance; or
- completion of Grade XII, University Entrance, General Course, or a combination of the two; or
- a mature student may be enrolled if she (he) is 21 years of age or over and has less than a Grade XI education<sup>53</sup>.

Explicit policies relative to admission requirements enforced in the Red River Community College diploma nursing program are:

A complete Manitoba Grade XII or equivalent with at least one of Chemistry, Physics, Biology or Physical Science at the 300 or 301 level or Anyone not meeting the above requirements and applying as a mature student is requested to obtain Grade XII equivalency on the General Educational Development tests (G.E.D.) administered by the Department of Education. Applicants with Grade XII standing in two or more subjects should contact the College prior to applying to write G.E.D. tests.

A mature student is considered to be one who is at least 20 years of age on or before September 30 in the year of registration.

Each applicant is considered individually by the Admission Committee<sup>54</sup>.

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<sup>53</sup> MARN, A Brief to the Special Committee of the Legislature on Professional Associations, p. 2.

<sup>54</sup> Red River Community College, Diploma Nursing Education, Entrance Requirements, (mimeographed material), 1974.

In view of the fact that there is only one college-based diploma nursing program in the province, the yearly student enrolment has tended to be minimal. In September 1970 the college admitted sixty students; in 1971 the total raised to seventy-one, and the two subsequent years a yearly total of 76 students was admitted<sup>55</sup>.

The program being of two years in length, graduates first wrote registration examinations in 1972. That year, forty-three wrote examinations; thirty-four (81.4%) were successful, the remaining eight (18.6%) failed to meet the required score. In 1973, the failure rate doubled with nineteen (36%) failing out of a total of fifty-three; the remaining thirty-four (64%) were successful<sup>56</sup>.

Policies relative to non-successful candidates are the following:

- subjects failed once; candidate may re-write at next sitting;
- subjects failed twice; candidate has to repeat course of instruction and may then re-write;
- subjects failed three times; individual assessment of candidate by the Board of Examiners<sup>57</sup>.

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55 Statistics Prepared by Miss D. Dick, Special Projects Coordinator, Nursing Education, Red River Community College, September 13, 1974.

56 Ibid.

57 MARN, A Brief to the Special Committee of the Legislature on Professional Associations, p. 2.

The membership of the Board of Examiners consists of: the directors of all nursing education programs; a representative from Community Health Nursing; the registrar and second vice-president of the MARN; the representative to the CNA Testing Services Board, and the representative to the Canadian Nurses' Association Testing Service Blueprint Committee<sup>58</sup>.

The program supervisor of the college-based diploma nursing program indicated that all but one of the 1972 and 1973 graduating class had successfully passed the registration examination either at a first or subsequent writings<sup>59</sup>. Although a number of graduates did fail at a first sitting, they were nonetheless highly successful at subsequent sittings.

#### 5. Faculty

Not unlike other provinces reviewed, Manitoba lacks qualified teaching personnel in schools of nursing. In 1966, the MARN indicated: "In seven diploma schools of nursing there are 152 instructors of whom 47, or 30% have a baccalaureate degree"<sup>60</sup>. It is to be noted that one of these seven schools was at the basic baccalaureate level. Again

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58 Ibid.

59 Statistics Prepared by Miss D. Dick.

60 Manitoba Association of Registered Nurses, Folio of Reports, 52nd Annual Meeting, Winnipeg, MARN, June 1966, p. 35.

in 1970, the MARN noted a definite shortage of qualified instructors in existing schools. "In the hospital schools of nursing, two-thirds have directors holding a master's degree and only one instructor has such qualifications"<sup>61</sup>.

The policies require the minimum of a master's degree for directors of nursing programs, and a bachelor's degree for faculty members.

All teachers of nursing should have a Baccalaureate Degree preferably with preparation in teaching and should demonstrate ability as a practitioner in the areas of nursing related to his/her major teaching responsibilities.

Teachers instructing in areas such as the biological and social sciences, and the humanities should have specific preparation for the particular field<sup>62</sup>.

The college-based diploma nursing program in the province employs twelve faculty members. Of these, ten (83.3%) hold the required minimum of a bachelor's degree; one has no formal education beyond the basic diploma nursing course, and one has a master's degree<sup>63</sup>.

Policies offer no specific direction with regard to minimum faculty-student ratio; these simply state: "The faculty shall be adequate in numbers and qualifications to

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61 MARN, A Position Paper on Nursing in Manitoba, p.8.

62 MARN, Policies and Standards for Nursing Programs, p. 8.

63 Statistics Prepared by Miss D. Dick.

develop and implement the nursing education program in accordance with the stated objectives"<sup>64</sup>. In 1973, the college-based program demonstrated an overall faculty-student ratio of 1:12.5; the ratio in the clinical areas being 1:9 in the first year and 1:11 in the second<sup>65</sup>.

#### 6. Summary

Manitoba, third province where the transfer of diploma nursing programs from hospitals to the educational system is partial, has one college-based and five hospital-oriented programs.

Forces affecting the development of diploma nursing programs in the province were: the Report of the Minister of Health's Committee on the Supply of Nurses; the MARN's response to the Minister's report, and the MARN's position paper on nursing and post-secondary education.

The Report of the Minister of Health's Committee on the Supply of Nurses released in 1966, promoted a fundamental reorganization in the total nursing education program: that education be divorced from nursing service; that all programs be shortened to a two-year period, and that concurrent with the establishment of two-year programs a realistic charge

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<sup>64</sup> MARN, Policies and Standards for Nursing Programs, p. 8.

<sup>65</sup> Statistics Prepared by Miss D. Dick.

for room and board be levied on nursing students; that a new central nursing school be established, controlled and financed by the Department of Education; and that following the establishment of a central school a gradual transition to a unitary program for education of diploma nurses ensue.

The MARN's response to the Minister's report was favourable, but an evolutionary change was encouraged. Internal changes in existing hospital-based programs were promoted indicating that the ultimate aim of establishing nursing education within the framework of general education could better be achieved by modifying hospital programs, while simultaneously designing a new program to be introduced to an appropriate institution when available. Over the years, the MARN maintained the position that efforts should be directed to the redesigning of hospital programs with a view to facilitate the future orderly movement of nursing education from hospitals to suitable post-secondary educational institutions.

The concept of a central school never materialized in the province, but in 1970, as a result of activity initiated by the Departments of Health and Education and the adjoining cooperative efforts of the MARN, a first and only college-based diploma nursing program was established in a community college.

Hospital diploma nursing programs continue to effect internal curriculum changes; all programs are now of two years in length. There is no plan for concerted action toward a move of the remaining hospital programs to the system of education, although a special MARN Committee is charged with the responsibility of reviewing nursing education in the province and making definite recommendations with regard to needed changes.

The following statements are a summation of the general direction, characteristics and status of the community college, diploma nursing program, students and faculty.

- The one college-based diploma nursing program in the province is in a multidisciplined educational institution controlled and financed by the Manitoba Department of Colleges and University Affairs.
- Nursing students, in a similar manner as all other students, pay a tuition fee of \$100.00 for each five month term.
- Programs offered in the college range from less than one to two years in length. The diploma nursing program offered in the Health Science Division is of two years, each year consisting of ten months, and leads to a College Diploma in Nursing Education.
- By virtue of the Registered Nurses' Act, the MARN Accreditation Committee has the authority to establish

policies, review and approve diploma nursing programs in the province. Policies which serve as a basis for the granting of approval are presently in the process of revision; these, in the form of criteria, will be enforced in 1975.

- On a regular basis an objective school visitor is requested to assess nursing programs against pre-established policies and standards. Policies enforced are stated in terms of minimum requirements.
- Graduates of an approved or accredited program may write registration examinations; the latter consist of the CNA Testing Service Examinations. The MARN Board issues a certificate of registration to meriting candidates. Registration in the province is permissive.
- The focus of diploma programs is that of preparing graduates for staff nursing position within health services. A trend points to a more prevention-health promotion approach.
- The existing college program offers a range of courses in general education. The second year is heavily weighted in nursing content and practice.
- Policies relative to sequence and hour distribution are broad and few in number: nursing content should not be less than one half or more than two-thirds of the total hours.

- Admission requirements in the province are: completion of grade XI university entrance or grade XII general; mature students of twenty-one and over to be considered on an individual basis. The college-based program requires a grade XII or equivalent with a choice of a science course; mature students are considered on an individual basis.
- Enrolment in the college-based program is minimal; at the end of 1973, a total of ninety-six candidates had graduated. Although a number of candidates failed registration examinations at a first writing they were highly successful at subsequent writings.
- Lack of adequately prepared faculty is a problem in Manitoba. At the college, ten of the twelve teachers employed held a bachelor's degree in 1974; one had a basic diploma course only, and one had a master's degree.
- Despite the absence of fixed policies, in 1974 the college overall faculty-student ratio was 1:12.5; the ratio in the clinical area being 1:9 in the first year and 1:11 in the second year.

PART IV

PROVINCES WHERE THE TRANSFER OF BASIC  
DIPLOMA NURSING PROGRAMS FROM HOSPITALS  
TO THE SYSTEMS OF EDUCATION IS NON-EXISTENT

## CHAPTER VIII

### DIPLOMA NURSING PROGRAMS IN THE ATLANTIC PROVINCES

The transfer of basic diploma nursing programs from hospitals to the systems of education of the Atlantic Provinces is non-existent although an analysis of recent history discloses emerging trends pointing to eventual changes. This chapter sketches forces foretelling of future transformations; in a similar manner forces which tended to defer innovation are underscored. Trends within each provincial context are reviewed in geographical position.

#### 1. Forces in the Transfer of Diploma Nursing Programs to the New Brunswick System of Education.

The year of 1965 marked the first move toward an alteration of the long-standing pattern of diploma nursing education in New Brunswick, but to this day conflicting forces have rendered impossible the actual transfer of hospital programs to the system of education. In chronological order, a major event exalting change in the province was the publication of the Portrait of Nursing<sup>1</sup> wherein a definite plan of action leading to change was formulated. In essence,

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<sup>1</sup> Katherine MacLaggan, Portrait of Nursing: A Plan for the Education of Nurses in the Province of New Brunswick, Fredericton, New Brunswick Association of Registered Nurses, 1965, XIII - 145 p.

the plan of action promoted the transfer of hospital-centered programs to multi-purpose educational institutions within the provincial system of education<sup>2</sup>. MacLaggan, a nursing leader with vision and author of the Portrait of Nursing, projecting the need for transformations beyond the confines of New Brunswick posited:

Change [...] in Canada as a whole, has been mooted during the past generation [...] but little has been accomplished by way of problem solving. The obstacles have seemed overwhelming, both to opponents and proponents of change. The chief obstacles have to do with the method of change: how nursing education could be incorporated into the general educational system of the country, and whether this could be effected, in the absence of service from students of nursing without undue hardship on the care of patients in the hospitals<sup>3</sup>.

Subsequent to the circulation of the Portrait of Nursing, the New Brunswick Association of Registered Nurses, hereinafter referred to as NBARN, initiated activity toward the implementation of the plan as advocated by MacLaggan. Following the review and endorsement of the plan of action at the 1966 NBARN's Annual Meeting<sup>4</sup> the president, by means of a letter directed to the Minister of Education, in the following words, urged the government of the province to take

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2 Ibid., p. 103.

3 Ibid., p. 1.

4 The New Brunswick Association of Registered Nurses, News Release, Fredericton, NBARN, November 24, 1966.

immediate steps to expedite the said plan:

The New Brunswick Association of Registered Nurses hereby requests that the government of the Province of New Brunswick take immediate steps to implement plans for the education of semi-professional health workers along the lines advocated in Portrait of Nursing [...]<sup>5</sup>

Consequent to this letter of request, the Minister of Education adopted an attitude of silence. A period of a year elapsed without any action or reaction on the part of the Government<sup>6</sup>.

Immediately after the 1967 Annual Meeting at which time the Minister of Health addressed the membership, by means of the news media, the NBARN voiced dissatisfaction, first with the attitude of silence assumed by the Minister of Education and then with the unexpected comments of the Minister of Health implying "that the government was not prepared to adopt a new plan of nursing education on the provincial scale advocated by the N.B.A.R.N. [...]"<sup>7</sup> The decision of the NBARN was to press for a meeting with the Minister of Health. The news release declared:

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<sup>5</sup> Letter addressed to the Honourable W.W. Meldrum, Minister of Education, October 27, 1966, signed by Katherine Wright, President, NBARN.

<sup>6</sup> The New Brunswick Association of Registered Nurses, News Release, Fredericton, NBARN, June 6, 1967.

<sup>7</sup> Ibid.

The N.B.A.R.N. is not satisfied with the disposition of its request for implementation of a new plan for nursing education and has asked to meet the Minister of Health to clarify the government's position<sup>8</sup>.

Regardless of the fact that the existing pattern of diploma nursing education endured, the NBARN was relentless in decrying the need for change. Thus, at the 1968 Annual Meeting, Katherine Wright, president, not only admitted that hopes had failed to materialize but also forcefully restated the Association's position:

Last year, at this time, many of us were hopeful that by now our province would be launched on a course which would bring long-overdue changes to the process of educating nurses at the diploma level. In these hopes we have been disappointed -- but we have no intention of permitting this important matter to be forgotten because of a temporary set-back. There need be no misunderstanding about the position of this Association on this matter<sup>9</sup>.

The position of the NBARN was reaffirmed in the following terms:

Our position is that, over a period of time, this form of apprentice-type training school should be phased out; such schools should be replaced by junior college-type schools where diploma students of nursing receive an education compatible with, and inductive to, the highest possible standard of nursing service<sup>10</sup>.

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<sup>8</sup> Ibid.

<sup>9</sup> Katherine Wright, The Need for Change, Fredericton, NBARN, 1968, p. 4.

<sup>10</sup> Ibid.

A prime reason offered in support of changes promoted was a greater and more economic utilization of qualified personnel and facilities.

We have, in this province, eleven hospital schools of nursing with numbers of students that could fit comfortably into two or three properly constituted schools. Spreading the available teaching talent and complementary facilities among eleven schools, rather than concentrating them in two or three, leads to one, inevitable result: the schools are inadequately staffed<sup>11</sup>.

A new dimension was therefore introduced in that a reduction in the total number of schools of nursing was advocated, and pressure in this direction was manifest in the succeeding years. In 1970, in reporting a study conducted under the auspices of the Department of Health and Welfare, Ottawa, the notion of establishing fewer nursing education centres was reiterated: "the number of diploma schools should be limited so that nursing education could be concentrated in a few centres as part of the post-secondary educational system"<sup>12</sup>. In addition, the report on the Study of Health Facilities in the Province of New Brunswick explicitly declared that the status of nursing students needed to be reviewed and altered.

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<sup>11</sup> Ibid., p. 9.

<sup>12</sup> Llewelyn - Davis Weeks Forestier - Walker and Bar, Study of Health Facilities in the Province of New Brunswick, Ottawa, Department of Health and Welfare, 1970, p. 32.

Diploma students should be students in fact as well as in name. The current practice of estimating student nurses as providing 30 per cent of patient care causes wide-spread dissatisfaction among directors of nursing service<sup>13</sup>.

In the fall of 1970, a Study Committee on Nursing Education consisting of members appointed by the New Brunswick Hospital Association; New Brunswick Medical Society; NBARN; New Brunswick Association of Hospital Administrators, and three members from the public at large appointed by the Minister of Health was established by Order in Council with responsibility to study and make recommendations with regard to the entire field of nurse supply and education<sup>14</sup>. Almost immediately, by means of a brief, the NBARN made its views known to the Study Committee.

The two major recommendations found in the submission presented to the Study Committee on Nursing Education re-echoed the previous position of the NBARN:

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13 Ibid.

14 Study Committee on Nursing Education (Chaiker Abbis, chairman), A Study Committee on Nursing Education, New Brunswick, Department of Health, 1971, 233 p.

That basic nursing education be placed within the educational system of the province in an institution whose primary purpose is education.

That until the above change has been implemented, the present hospital schools be phased into a limited number of independent diploma schools. That these be large enough to be economical and be geographically placed so that optimum use is made of clinical, physical and human resources for offering the program<sup>15</sup>.

The report of the Study Committee on Nursing Education, more familiarly known as the Abbis Report, was released in May 1971. In keeping with recommendations made by the NBARN, the Abbis Report promoted the phasing out of hospital programs and the establishment of four independent two-year programs in the province<sup>16</sup>. The type of independent program exalted was that of the existing pilot independent program in the province, the latter being described as follows:

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<sup>15</sup> New Brunswick Association of Registered Nurses, Submission to Study Committee on Nursing Education, Fredericton, NBARN, 1970, p. 24-25.

<sup>16</sup> Study Committee on Nursing Education, op. cit., p. 196.

September of 1970 saw the initiation of a new diploma program at St. John School of Nursing. This program was established as an educationally-oriented program which would prepare its graduates to become R.N.'s and to provide direct patient care in a variety of settings. The program extends for twenty-two months and students contribute to the cost of their education by paying a tuition fee of one hundred and fifty dollars a year [....]

The [...] School of Nursing receives financial support from the Department of Health. The school submits a budget through its own Board of Trustees and the Board of Commissioners of the Saint John General Hospital. Finances for the school are channeled by the Department of Health through the Saint John General Hospital<sup>17</sup>.

Although the Study Committee was of the opinion that nursing education should be financed through the Department of Education, proposals relative to financial arrangements were that responsibility continue to rest with the Department of Health, this with a view to tap optimally federal cost-sharing funds.

Basically, if nursing schools in New Brunswick were operated and financed through the Department of Education rather than the Department of Health there would be a net loss to the province in federal cost-sharing funds of approximately one-quarter of the total cost of nursing education in the province. Therefore, although logically nursing schools should be operated and financed through the Department of Education the quirks of the federal cost-sharing system make this an extremely costly proposition and one which the province can ill afford<sup>18</sup>.

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17 Ibid., p. 12.

18 Ibid., p. 103-104.

The Abbis Report not only made recommendations relative to all aspects of nursing programs, but also suggested a shift in the nurse registration set-up and the process of standard-setting. Specific recommendations were:

That the registration and disciplining of registered nurses be the responsibility of a Registered Nurse Regulation Board set up under appropriate health legislation [....]

That the process of standard setting, inspection and enforcement with regard to the education of registered nurse be the responsibility of a Committee on Education of Registered Nurses which advises and reports directly to the Minister of Education [....]<sup>19</sup>

In a position paper wherein particular reference was made to the overall content of the Abbis Report, the NBARN thus expressed concern with regard to recommendations made relative to registration and standard-setting: "The NBARN is gravely alarmed at the import of these recommendations and quite surprised that they appear in the Report"<sup>20</sup>, adding "We earnestly recommend that they be rejected"<sup>21</sup>. The NBARN further contended:

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<sup>19</sup> Ibid., p. 200.

<sup>20</sup> New Brunswick Association of Registered Nurses, Position Paper, Fredericton, NBARN, 1971, p. 23.

<sup>21</sup> Ibid.

The Report of the Study Committee mentions as one reason the possibility of conflict of interest between the professional organization and the purposes it serves. Such a possibility may perhaps exist, although NBARN is unaware of it. If it exists it should be removed. But surely it would be possible to remove any possible conflict of interest without removing the entire organization<sup>22</sup>.

These two contentious points appear to have been dropped; no further reference is found in literature. Other recommendations incorporated in the Abbis Report did, however, give direction to the future of diploma nursing education in the province.

That the Abbis Report should have pressured for the establishment of independent schools of nursing in preference to that of transferring programs to the system of education may perhaps be explained by the fact that "It is only since 1972 that the New Brunswick Department of Education has been concerned with the formation of a community college"<sup>23</sup>. The NBARN continues to uphold the principle that basic diploma nursing education belongs to the system of education, but as indicated by the Executive Secretary, a move in this direction now only appears desirable in as much as the community college develops sufficiently to absorb diploma nursing programs and

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22 Ibid., p. 26.

23 Letter dated March 12, 1974, received from Anna A. Christie, Educational Consultant, NBARN.

provide a sound education on a post-secondary level<sup>24</sup>.

In 1972, the New Brunswick Higher Education Commission expressed the belief "that New Brunswick should place a high priority on the expansion of those programmes of post-secondary education that can provide [...] students with a practical alternative to university studies"<sup>25</sup>. To foster the development of technical and other types of post-secondary education, the organization of a community college was recommended:

To meet some of the social and economic needs which are not being met by the universities, the means must be found to develop an alternative stream of post-secondary education -- one that is shorter than the usual university programme, more practical in its orientation and content, and more specific in the skills and processes taught. To provide this alternative stream with the impetus necessary for sound but rapid growth it would appear timely to create a new organization for the further development of technical and other forms of post-secondary education. The Higher Education Commission believes that the most effective organization for New Brunswick would be a New Brunswick Community College [...]<sup>26</sup>

By means of a legislative enactment, the Higher Commission's recommendation that a community college be

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<sup>24</sup> Interview with M. Jean Anderson, Executive Secretary, NBARN, October 24, 1974.

<sup>25</sup> New Brunswick Higher Education Commission, Flexibility for the 70's, [Fredericton] New Brunswick Higher Education Commission, 1972, p. 49.

<sup>26</sup> Ibid.

established in the province was assented to June 7, 1973<sup>27</sup>.

With the proclamation of the said Act in April 1974, the NBARN now contends that

When the community colleges are well-established appropriate measures may then be taken to effect the smooth transfer of nursing education into the community college system. In the meantime, however, it is hoped that the concept of Institutes for Health Services will be more fully explored [....]<sup>28</sup>

The NBARN further declares that

Prior to any transition of nursing education to the community college system, the new diploma programs should be fully independent and well-organized. This includes sufficient well-qualified faculty, the establishment of good relations with personnel of hospitals and health agencies providing resources for clinical experience, and the ability of each school to graduate nurses who are able to function effectively in the diploma nurse role<sup>29</sup>.

As observed in provinces previously discussed, political and economic forces have tended to encourage and inhibit changes in diploma nursing education in New Brunswick. Pending a move in the system of education "the new diploma programs are becoming independent of hospital control in all

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<sup>27</sup> New Brunswick Community College Act, c. 14, assented to June 7, 1973.

<sup>28</sup> New Brunswick Association of Registered Nurses, Submission to the New Brunswick Higher Education Commission on Future Development and Financing for Post-Secondary Education, Fredericton, NBARN, 1973, p. 9.

<sup>29</sup> Ibid.

aspects except that of financing"<sup>30</sup>.

Under the stamp of approval of the Minister of Health, "A plan was formulated for the phasing out of the hospital schools and establishing independent schools of nursing in an orderly fashion"<sup>31</sup>. Presently, there are four independent schools of nursing and one hospital school, all of which are located in the following areas: Bathurst, Edmunston, Moncton, and Saint John<sup>32</sup>. Further projected plans include the phasing out of the last hospital school of nursing in 1976, and the establishment of an additional francophone independent school in 1975<sup>33</sup>.

In order to develop and maintain educationally sound independent programs, the need for added qualified faculty members is regarded as crucial<sup>34</sup>. Statistics, however, reveal that the level of preparation for the forty-five faculty members presently engaged in independent schools is as follows: basic diploma nursing course 8.9%; bachelor's degree

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30 Ibid., p. 8.

31 Ibid., p. 4.

32 Canadian Hospital Association, Canadian Hospital Directory, Toronto, CHA, 1974, p. 237-239.

33 NBARN, Submission to the New Brunswick Higher Education Commission, p. 4-5.

34 Ibid., p. 10.

82.2%; master's degree 8.9%<sup>35</sup>.

With the introduction of a new system of independent schools of diploma nursing, the NBARN Council under provisions in the Nurses Act, continued to set and maintain standards for nursing education<sup>36</sup>. In 1973, criteria were developed for purposes of giving direction and evaluating programs offered in independent schools in the province<sup>37</sup>. The NBARN, likewise responsible for the granting of registration certificates to new graduates, has set the following policies: Candidates must be enrolled in an approved program and complete the syllabus and experiences prescribed by the Association; the length of independent programs must be no less than twenty months; candidates must successfully pass the CNA Testing Service Examinations consisting of medical nursing, surgical nursing, obstetrical nursing and nursing of children. Although psychiatric nursing is not required, candidates are encouraged to write

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<sup>35</sup> Statistical Information Prepared by Anna A. Christie, Educational Consultant, NBARN, October 1974.

<sup>36</sup> An Act to Consolidate and Amend the Registered Nurses Act, 1957, c. 82 as the Amendments to 1968, c. 73, Section 4.

<sup>37</sup> New Brunswick Association of Registered Nurses, Criteria for New Diploma Nursing Programs Operating Outside of Hospital Control, Fredericton, NBARN, 1973, 9 p.

the latter<sup>38</sup>. Registration in the province, however, is permissive<sup>39</sup>.

As in other provinces previously considered, the trend is to require a grade XII for admission to a diploma nursing program; mature students of twenty-five years and over are given special consideration<sup>40</sup>. An interesting development in New Brunswick is the establishment of a Central Application Centre which serves as a clearing house for all applications. Respective schools, however, continue to assess and make all decisions regarding acceptance or non-acceptance of candidates<sup>41</sup>. Nursing students likewise pay tuition fees. "Tuition fees of \$200 annually have been established for diploma nursing schools according to a directive from the Minister of Health [...]"<sup>42</sup>

Although the transfer of diploma nursing programs to the system of education is non-existent, a new system of

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38 The New Brunswick Association of Registered Nurses, Registration Policies: Initial Registration in New Brunswick, Fredericton, NBARN, 1973, p. 1-6.

39 Registered Nurses Act, Section 17.

40 The New Brunswick Association of Registered Nurses, Minimal Academic Qualifications for Admission to a Diploma School of Nursing in New Brunswick for 1975, Fredericton, NBARN, 1974, p. 2.

41 Ibid.

42 NBARN, Submission to the New Brunswick Higher Education Commission, p. 13.

independent programs has emerged in the province. Trends point to an eventual orderly transfer of independent programs to the provincial system of education, but first the community college system must develop sufficiently to absorb these programs.

2. Forces in the Transfer of Diploma Nursing Programs to the Nova Scotia System of Education.

A first event in Nova Scotia which marks a shifting trend in the nursing education system was the release of the Report on Visits to Nursing Education Centers and Controlling Authorities in Canada and the United States with Implications and Recommendations for Nova Scotia<sup>43</sup>. This report, incorporating twenty-seven recommendations, was the product of information gleaned and interpreted by the School Advisor of the Registered Nurses Association of Nova Scotia. Significant recommendations for change were the following:

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<sup>43</sup> M.A. Beswetherick, Report on Visits to Nursing Education Centers and Controlling Authorities in Canada and the United States with Implications and Recommendations for Nova Scotia, Halifax, Registered Nurses Association of Nova Scotia, 1967, 140 p.

That the Minister of Health be asked to establish a Committee on Nursing to study all phases of nursing and nursing education.

That no new schools of nursing be established in hospitals of Nova Scotia.

That planning be initiated to organize a co-ordinated system of nursing education in schools of nursing that are independent of hospital boards and with separate boards of management.

That [...] establish principles for independent two-year accelerated programs for diploma nursing.

That Regional schools of nursing be established in appropriate areas and that existing schools [...] be amalgamated into a unitary school<sup>44</sup>.

It was in 1967 as well that an Advisory Committee on Nursing composed of members of the Nova Scotia Hospital Insurance Commission; diploma schools of nursing; the Registered Nurses Association of Nova Scotia; university Schools of Nursing; nursing assistants; Nova Scotia Hospital Association, and the Department of Public Health<sup>45</sup> was established by the Nova Scotia Hospital Commission with the responsibility of examining and making recommendations on all aspects of nursing education in the province<sup>46</sup>. The final report presented in 1969 contained a total of thirteen recommendations, the following being directly concerned with diploma nursing education:

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<sup>44</sup> Ibid., p. 130-131.

<sup>45</sup> Nova Scotia Committee on Nursing Education, Report Advisory Committee on Nursing Education Submitted to the Nova Scotia Hospital Insurance Commission, Halifax, Hospital Insurance Commission, 1969, p. ii.

<sup>46</sup> Ibid., p. 1.

That diploma programs be two years instead of three and that the suggested date on which the course becomes effective be September 1971.

That the nursing service component be deleted.

That the Minister of Education be requested to agree in principle to authorize the establishment and operation, outside of hospitals, of institutions for diploma nursing programs.

That the Hospital Insurance Commission continue to maintain the current diploma nursing education with the changes recommended [...] until such a time as an adequate supply of diploma nurses are trained under the Minister of Education<sup>47</sup>.

In a similar manner as the 1967 report submitted by the School Advisor of the Registered Nurses Association of Nova Scotia, hereinafter referred to as RNANS, the Advisory Committee on Nursing Education upheld the concept of shorter programs and explicitly promoted the deletion of the service component. The trend was to move rapidly in this direction.

In 1969, the Executive Committee of the RNANS, responsible under provisions of the Nurses Act<sup>48</sup> for the setting of standards and the approval of diploma nursing programs, appointed a "curriculum council whose responsibility was to assess an individual school of nursing's plan for a change of educational program"<sup>49</sup>. The composition and nature of the curriculum council has thus been described by the RNANS:

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47 Ibid., p. 12-17.

48 The Registered Nurses' Association Act, R.S.N.S., 1966, c. 11, Section 1 and 5.

49 Registered Nurses Association of Nova Scotia, Folio of Reports, 61st Annual Meeting, Halifax, RNANS, 1970, p. 38.

[...] composed of nurse educators from the various University and Diploma programs for nursing education in the province. It was set up in February 1969, on recommendation by the Nursing Education Committee, that in order to facilitate the proposed change from a 3-year to a 2-year diploma program in nursing 'a curriculum council or committee be established to assess schools presenting plans for change of existing programs'<sup>50</sup>.

The curriculum council was no sooner set up than it formulated a guide outlining the minimum information required to assess a diploma nursing program and to determine its readiness for change<sup>51</sup>. With the support of the Nova Scotia Hospital Insurance Commission, to a large extent responsible for the financial aspects of hospital programs, the request for change in the length of programs was widespread. Seven hospital schools of nursing were authorized, in the period extending from 1969 to 1970, to begin a two-year program or to effect a change in this direction<sup>52</sup>. Economic forces therefore largely influenced changes in the long-standing three year pattern of diploma nursing education.

While change was in progress, not unlike the Province of New Brunswick and roughly in the same years, the RNANS's role and functions relative to the registration of its members

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<sup>50</sup> Registered Nurses Association of Nova Scotia, Information Sheet, Halifax, RNANS, 1973, p. 3. (Insert in Folio of Reports 1972-1974).

<sup>51</sup> RNANS, Folio of Reports, 1970, p. 38.

<sup>52</sup> Ibid., p. 39-40.

were threatened. In reference to this issue the president stated:

In November of 1969 as an Association we were faced with a proposal from the Nova Scotia Hospital Association that a College of Nurses be established in Nova Scotia for the purpose of registration! The establishment of a College would have meant separating our functions -- all mandatory functions such as registration, approval of school-functions which offered the profession as a whole would be under the College and membership in the College would be mandatory<sup>53</sup>.

In Nova Scotia, as well as in New Brunswick, the issue had no follow-up<sup>54</sup>; there is no evidence of further attempt to revive it. This short-lived event in the province further demonstrates a trend, spurred by political forces, to alter the role of Nurses Associations not only in the registration of members, but also in the setting of standards and the approval of nursing education programs.

Financed through respective hospital budgets and under the guidance of the curriculum council established by the RNANS, hospital schools of nursing rapidly altered the length of their programs; as a result, all programs were two years in length by 1972<sup>55</sup>. Presently, there are seven schools

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53 Ibid., p. 52.

54 Ibid., p. 53.

55 Registered Nurses Association of Nova Scotia, Annual Meeting and Reports, Halifax, RNANS, Vol. 4, No. 3, 1972, (no pagination).

of nursing associated with hospitals, all of which offer two year programs<sup>56</sup>. Since vacation time varies from four to twelve weeks, programs may therefore be said to range from twenty-one to twenty-three months<sup>57</sup>.

Looking at the diploma nursing education situation, the RNANS Executive Secretary stated: "We are not totally unhappy with this set-up although we agree that nursing education should be established in an educational environment"<sup>58</sup>. Further declaring that diploma nursing programs in the province were "for all practical purposes, independent with the exception of the budget"<sup>59</sup>, the Executive Secretary presented the objectives envisioned and changes realized as follows:

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56 Canadian Hospital Association, Canadian Hospital Directory, 1974, p. 237-238.

57 Ibid.

58 Letter dated April 17, 1974, received from Mrs. Frances Moss, Executive Secretary, RNANS.

59 Ibid.

When our two year program began in 1969, the Registered Nurses Association of Nova Scotia and the Hospital Services and Insurance Commission (from whom the money is obtained to operate these diploma programs) agreed on several points- (1) many small schools were phased out (2) faculty and facilities in the remaining schools were updated and strengthened (3) the programs were approved by the Registered Nurses Association and the student nurse service component was eliminated. Students are not responsible in any way for service and their clinical experiences are planned learning experience to meet student needs (4) there is a 'tuition' fee and in several of the programs students enroll in courses such as Sociology and Psychology at the local colleges<sup>60</sup>.

The RNANS's position with regard to future changes in diploma nursing education was thus clearly delineated in a brief presented to the Minister of Health:

That the Government of Nova Scotia be asked to immediately establish a Post-Secondary Education Commission which will be responsible only for the financing of all post-secondary education from post-High School through University.

That nursing education be absorbed into this system of post-secondary education under whichever governmental body the policy so indicates as long as funding will be assured.

That the Association retain the present functions and responsibilities related to nursing and nursing education as set forth in the Registered Nurses' Association Act<sup>61</sup>.

The major area of concern in any suggestions volunteered for change is that of finances. Under the present

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<sup>60</sup> Ibid.

<sup>61</sup> Registered Nurses Association of Nova Scotia, A Brief to the Nova Scotia Council of Health, Halifax, RNANS, 1972, p. 7.

conditions even the possibility of setting up a Health Sciences Division under the Department of Health<sup>62</sup> engenders fears, the reason being that

This would require the Department of Health to allocate a portion of its funds to education, and under the proposed terms of funding by federal government these funds may not be recoverable from federal sources. This could place the education programmes in a very precarious position! The education programme could well find itself the last to receive funds and the first to get a cut back in the budgeting game<sup>63</sup>.

Economic forces therefore weigh heavily in checking a move of diploma nursing programs to the provincial system of education. The financial aspects appear to be a far greater problem than that of identifying suitable educational institutions since the RNANS admits "[...] we have the various technical institutes, and vocational schools and colleges at which various health personnel are presently or could be trained"<sup>64</sup>.

Another area of concern is the level of faculty preparation:

The Association sets the standard for teacher qualification. This is one area which concerns us if nursing education were to come under the sponsorship of the government Department of Education<sup>65</sup>.

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62 Ibid., p. 6.

63 Ibid.

64 Ibid., p. 3.

65 Ibid., p. 2.

Presently there is a total of 171 faculty members engaged in the seven existing hospital schools of nursing; of these, 4.7% hold a basic diploma only; 53.1% have a university diploma or certificate; 50.3% a bachelor's degree; 8.2% a master's degree, and 1.7% a doctor's. The minimum recognized requirement for a teaching position is a bachelor's degree with at least one year of experience following graduation<sup>66</sup>.

The Executive Committee of the RNANS not only approves schools of nursing, but also sets admission requirements. Criteria state that

A School of Nursing to be eligible for approval must require any person enrolled as a student to have obtained a Nova Scotia Grade XII High School Pass Certificate in the University Preparatory Program or equivalent qualifications, the sufficiency of which shall be determined by the Association<sup>67</sup>.

Not unlike New Brunswick, a Central Application Centre was established in 1974 for all diploma schools in the province. Respecting the candidates' first choice, applications are forwarded to respective schools of nursing. Evaluation or assessment of applications is thus the responsibility of schools accepting candidates<sup>68</sup>.

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<sup>66</sup> Statistics Prepared by Mrs. Frances Moss, Executive Secretary, RNANS, October 21, 1974.

<sup>67</sup> Registered Nurses Association of Nova Scotia, Criteria for the Evaluation of Programs in Nursing Education in Nova Scotia, Halifax, RNANS, 1972, p. 7.

<sup>68</sup> Registered Nurses Association of Nova Scotia, By-Laws, Halifax, RNANS, 1973, p. 16.

Following graduation from an approved school of nursing a candidate having passed the CNA Testing Service Examinations consisting of medical nursing, surgical nursing, obstetrical nursing, nursing of children and psychiatric nursing<sup>69</sup>, as determined by the RNANS Board of Examiners, qualifies for registration. In the province, registration is permissive<sup>70</sup>.

The long-standing three-year pattern of diploma nursing education has, in the past decade, been markedly altered and forces point to further transformations. The transfer of diploma nursing programs from hospitals to the system of education, however, remains non-existent. The financial issue is persistently alleged in defense of the want of change; conversely, economical forces are observed to be at the root of modifications noted in the various diploma programs.

### 3. Forces in the Transfer of Diploma Nursing Programs to the Prince Edward Island System of Education.

In the past decade the Association of Nurses of Prince Edward Island, in a manner similar to other provincial associations, critically examined and assessed the existing system

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<sup>69</sup> Registered Nurses Association of Nova Scotia, Annual Meeting and Reports, Halifax, RNANS, Vol. 6, No. 2, 1974, p. 3.

<sup>70</sup> The Registered Nurses' Association Act, Section 12.

of diploma nursing education in the province.

Moved by trends permeating diploma nursing education in Canada, the Association of Nurses of Prince Edward Island, henceforth referred to as ANPEI, approached the Government in 1966 to express their views and concerns with regard to the three existing hospital schools of nursing<sup>71</sup>. Notwithstanding problem areas noted, in order to make optimal use of facilities and available faculty members, the establishment of one diploma nursing program for the province was upheld<sup>72</sup>.

Areas of concern likewise formed the object of the brief submitted to the Government, these being: lack of sufficiently qualified teachers, both for sciences and nursing subjects; excessive nursing service component in the existing system of education<sup>73</sup>, and the financing of programs. Regarding the latter, the major question was "If nursing education moves away from financing under the Hospital Services Commission, where will financial support be found?"<sup>74</sup>

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71 Association of Nurses of Prince Edward Island, Presentation on Nursing Needs for Prince Edward Island: Brief to the Executive Council of the P.E.I. Government, Charlottetown, ANPEI, 1966, 10 p.

72 Ibid., p. 10.

73 Ibid., p. 2.

74 Ibid., p. 10.

Not unlike the provinces of New Brunswick and Nova Scotia, financial forces weighed heavily in prohibiting change in the province.

In 1966 as well, the ANPEI launched a study to examine in greater depth the state of readiness and the feasibility of initiating changes in diploma nursing education on the Island<sup>75</sup>. A first aspect considered was the attitude of educators, health personnel and the public at large with regard to proposed changes. Strong opinions both for and against were elicited in response to the question: "Is the hospital the right place for a school of nursing?"<sup>76</sup> Resistance and opposition was observed to be the dominating position. In this respect Rowe declared:

[...] there is [...] strong opposition to the proposed changes in nursing education because the amount of nursing care presently given by students would be curtailed. On the other hand, it is fairly obvious that at present students of nursing spend many months of the last year of the course in giving service with little or no planned instruction<sup>77</sup>.

According to findings reported, "the only groups who gave really substantial support to the proposed changes were those

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<sup>75</sup> Herald R. Rowe, A Study of Transition in Nursing Education in Prince Edward Island, Charlottetown, ANPEI, 1967, XV - 128 p.

<sup>76</sup> Ibid., p. 36.

<sup>77</sup> Ibid., p. xi.

with little direct contact with nursing, namely community leaders and general educators"<sup>78</sup>. Strongest opposition tended to be evident among those concerned with providing nursing service in the hospital. The report states: "Especially nurses with some responsibility for nursing service sought to justify continuation of the hospital controlled program [...]"<sup>79</sup>

A second major area of concern was the assessment of available teaching personnel, the latter being regarded as crucial in implementing change. Statistics revealed that in 1966, 85% of the faculty members held no degree; 12% had a bachelor's degree, and 3% had a master's degree<sup>80</sup>.

Financial implications were likewise considered and the nursing student was regarded as a liability to the hospital despite the fact that service was given in return for her education<sup>81</sup>. Thus, financial forces again tended to rise to the surface.

Although no immediate changes resulted, the ANPEI were relentless in the pursuit of their objective. In December 1968, by means of a brief, the University Planning

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78 Ibid.

79 Ibid., p. 36.

80 Ibid., p. 13.

81 Ibid., p. 36.

Committee was accosted. A shorter program was promoted with an improved level of education; the place of choice for the establishment of such a program was an educational institution. The principal recommendations vehiculed in the brief were:

That one school of nursing replace the three schools presently in existence in the Province.

That the proposed school of nursing be launched in an educational environment.

That the clinical experience of students of nursing be obtained in the best possible clinical setting and that this experience in nursing for the student be designed as an educational experience<sup>82</sup>.

With regard to the length of the program and the appropriate educational institution, the following recommendation encapsulated the views of the ANPEI:

That as soon as feasible, a diploma programme in nursing education designed within a framework of two years be established at either the proposed university or proposed college of applied arts and technology of Prince Edward Island<sup>83</sup>.

In 1968 an Act of Incorporation was granted by the Province, thus authorizing the establishment of an independent program.

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<sup>82</sup> Association of Nurses of Prince Edward Island, Submission on Future Programmes in Nursing Education for Prince Edward Island to Dr. Edward Sheffield, Chairman, University Planning Committee, Charlottetown, ANPEI, 1968, p. 8.

<sup>83</sup> Ibid., p. 6.

The Prince Edward Island School of Nursing is a new school with its own Act of Incorporation granted by the Province on November 20th, 1968. It replaces the former schools of nursing operated by the Prince County, the Prince Edward Island, and the Charlottetown Hospitals. This school has its own governing body which is representative of the hospitals providing the major clinical experiences and also of the community at large<sup>84</sup>.

The actual establishment of the independent school of nursing occurred a year later, namely in 1969. The length of the new program being three years with a two plus one arrangement. The program was described as follows:

The total program is three years in length [....] In the third year 85% of the time involved bedside nursing under the supervision of a registered nurse. Nursing Clinics, Conference and Seminars are arranged to reinforce the related learning experiences<sup>85</sup>.

Shortly after the initiation of the independent school of nursing, definite action was taken with a view to organize a school within a college. An Ad Hoc Committee composed of ANPEI, nurse educators, representatives from several health disciplines and from education financing met with the President of Holland College to discuss the possibility of transferring the independent diploma nursing program in the said college<sup>86</sup>. According to ANPEI,

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<sup>84</sup> Prince Edward Island School of Nursing, Bulletin, Charlottetown, P.E.I. School of Nursing, [no date].

<sup>85</sup> Ibid.

<sup>86</sup> Association of Nurses of Prince Edward Island, Folio of Reports, Fiftieth Annual Meeting, Charlottetown, ANPEI, 1971, p. 3.

It was not the intent of the group to recommend the organization of a school of nursing at Holland College separate and distinct from the Prince Edward Island School of Nursing. The reason for the consolidation of our three schools of nursing was to eliminate duplication of facilities in such a small region. The beneficial effects of consolidation are now being felt and it would seem to be a necessary step in the development of nursing education in this Province. In any case, it was hoped by the Committee that the existing programme could be transferred to the College and that the necessary expansion of facilities and changes in curriculum design could be made<sup>87</sup>.

To this date, a transfer has not taken place. The ANPEI in commenting with regard to the impossibility of effecting a transfer declared:

[...] at the last meeting of the Committee in July 1971, we were advised by Mr. Clarence Hill, Director of Hospital Standards, that the Hospital and Health Services Commission will not approve of the transfer or integration of the existing programme at the present time<sup>88</sup>.

It is difficult to determine whether economical forces were at the root of the lack of further changes, but political forces appear to have been at work. Presently, "the P.E.I. School of Nursing is an independent School not associated with one particular Hospital [but] under the Provincial Department of Health"<sup>89</sup>.

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87 Ibid.

88 Ibid.

89 Letter dated March 12, 1974 received from Miss Eileen McMillan, Assistant Director, Prince Edward Island School of Nursing, Charlottetown, P.E.I.

The existing independent program is therefore financially supported by the Department of Health and completely independent of the educational system. As indicated below no recent concrete action has been taken to effect a further change in this direction.

At the present time, our school is the only school offering a Diploma Nursing program. We are an independent school offering a two year plus one year internship program. When this school was established in 1969, there were plans to have us eventually go into the general education system, possibly under the auspices of the school of technology, Holland College. However, no concrete moves have been made to institute this change, either by Holland College or the Nurses Association. I cannot say when this change would take place<sup>90</sup>.

The entrance requirements of the independent program are a high school diploma with a pass in each subject and an average of 65%<sup>91</sup>. Students are required to pay a tuition fee of \$190.00 in the first year and \$90.00 in the second. During the third year, no tuition fee is levied, rather "She receives a generous allowance from the hospital in which she spends her third year"<sup>92</sup>.

The level of preparation of the twenty-three faculty members engaged in the one existing school is as follows:

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<sup>90</sup> Letter dated September 25, 1974 received from Miss Eileen McMillan, Assistant Director, Prince Edward Island School of Nursing, Charlottetown, P.E.I.

<sup>91</sup> Prince Edward Island School of Nursing, Bulletin.

<sup>92</sup> Ibid.

43.6% merely hold a basic diploma or a university diploma or certificate; 52.1% have a bachelor's degree, and 4.3% a master's degree<sup>93</sup>. Although the level of faculty preparation leaves much to be desired, viewed against the background of 1966 discussed earlier an improvement is noted.

In accordance with the Nurses Act, subject to the approval of the Lieutenant-Governor-in-Council, the Association may make regulations regarding:

- the minimum standards required to be met by any School of Nursing established in the Province relating to qualifications of instructors, content of curriculum, instructional facilities and aids, and adequate criteria of capability;
- the qualifications for admission of candidates for the study of, or practice of nursing;
- the holding and conducting of examination of such candidates; the period of theoretical and clinical education required of students before entry into the practice of nursing [...]<sup>94</sup>

The examinations for admission to practice are likewise determined by the ANPEI<sup>95</sup>, these being the CNA Testing Service Examinations consisting of medical nursing, surgical nursing, obstetric nursing, nursing of children and psychiatric nursing<sup>96</sup>. Registration in the province is mandatory, hence

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<sup>93</sup> Statistics Prepared by Miss Eileen McMillan, Assistant Director, Prince Edward Island School of Nursing, September 25, 1974.

<sup>94</sup> An Act to Amend the Prince Edward Island Nurses Act, Bill 18, 1974, c. 3, Section 8.

<sup>95</sup> Ibid., Section 9.

<sup>96</sup> ANPEI, Folio of Reports, 1971, p. 3-9.

"no person may practice as a nurse before first obtaining a license and being registered as a member in the Register"<sup>97</sup>. The responsibility to grant a license to practice is that of the ANPEI Council, the procedure being as follows:

Reports of [...] examinations shall be sent [by the Examining Board] to the Executive Secretary Registrar; the Council, upon favourable report shall grant a license permitting the holder to practice as a nurse<sup>98</sup>.

The system of diploma nursing education in the province has therefore been altered in the past decade. Although the three existing hospital schools of nursing have merged into one independent school, the transfer of programs to the educational system remains non-existent. In a manner analogous to other provinces the interplay of political and economical forces has simultaneously served to promote and check transformations.

#### 4. Forces in the Transfer of Diploma Nursing Programs to the Newfoundland System of Education.

The transfer of hospital schools of nursing to the system of education is, as in other Atlantic provinces, non-existent in Newfoundland. Although literature reveals that recommendations for change repeatedly came to the fore, thus

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<sup>97</sup> An Act to Amend the Prince Edward Island Nurses Act, Section 6.

<sup>98</sup> Ibid., Section 15.

far minimal changes have taken place in the system of diploma nursing education of the province. In 1964 there were four hospital schools of nursing in existence<sup>99</sup>; presently, the same number of schools exist these being situated in St. John's and Corner Brook<sup>100</sup>.

As early as 1966, Brain, commissioner appointed by Order in Council in 1965 to make a survey of the medical services and hospital facilities in Newfoundland and Labrador<sup>101</sup> briefly turned his attention to nursing and nursing education. Brian contended that the education of the nurse in general was not adequate to meet the needs of the Province. Reasons alleged for this deficiency were:

The secondary schools are not providing sufficient students educationally equipped for the needs of the schools of nursing.

Financial provision for educational programmes in the schools of nursing is inadequate.

There is a lack of post-registration educational facilities at University level in the Province necessary to prepare trained nurses for senior posts in administration and teaching [....]<sup>102</sup>

Recommendations offered as elements of solutions were relative to the Government, the Association of Registered

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99 Canadian Hospital Association, Canadian Hospital Directory, Toronto, CHA, 1964, p. 106.

100 Ibid., 1974, p. 238.

101 Baron Brain, (Commissioner), Royal Commission on Health, St. John's, Government of Newfoundland and Labrador, Vol. I, 1966, 128 p.

102 Ibid., p. 93.

Nurses of Newfoundland, the length and arrangement of diploma nursing programs. In this vein, Brain contended:

The first necessity is that the Government should recognize its responsibility in these matters. The second is that the Association of Registered Nurses should be developed into a Provincial Nursing Council. This body should have control of all schools of nursing, and all personnel and equipment should be paid for out of annual budget provided by the Government [...]<sup>103</sup>

In addition to suggesting that the Association of Registered Nurses of Newfoundland, henceforth referred to as ARNN, assume total responsibility for nursing education and that the Government provide the necessary monies, Brain recommended that the length of programs remain three years, but consist of a different arrangement, namely

[...] that basic nurse training should take three years, the first two consisting of the usual theoretical and practical training followed by a qualifying examination, while the third year should be devoted to practical experience<sup>104</sup>.

As a follow-up to recommendations advanced by an ARNN ad hoc committee brought together in 1969 to investigate the feasibility of transferring diploma nursing education to the general education system<sup>105</sup>, Arpin was invited to assist the ARNN in the identification of short and longer term goals.

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103 Ibid., p. 94.

104 Ibid., p. 96.

105 Kathleen Arpin, Report of Visit to the Association of Registered Nurses of Newfoundland, St. John's, ARNN, 1972, p. 1.

Among the goals enunciated, further reference was made to the establishment of two plus one year diploma nursing programs in three out of the four existing hospital schools of nursing. Arpin posited:

In order to assist schools of nursing to examine the merits of varying lengths of nursing programs, and to assist nursing departments to examine the advantages and disadvantages of any 'Internship' Year, it is recommended that:

- (a) the three schools of nursing in St. John's develop their curriculum plans so that the theory and experience essential for meeting the school objectives is included in the first two years of the program<sup>106</sup>;

Hospital schools of nursing moved in this direction and by 1973, the three St. John's schools were offering three plus one programs while the Corner Brook hospital program consisted of two years only<sup>107</sup>.

In 1973, activity pointing to future changes in the province was accelerated. With the intent of influencing Miller, Commissioner appointed by order in Council in 1972 to conduct an inquiry in all areas relative to nursing education, licensing and regulation of nurses in the province<sup>108</sup>, the ARNN made their views known by means of a brief. Prior

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106 Ibid., p. 6.

107 Canadian Hospital Association, op. cit., 1973, p. 221-222.

108 Leonard A. Miller, (Commissioner) Royal Commission on Nursing Education, St. John's, Government of Newfoundland and Labrador, 1974, 42 p.

to the making of recommendations for change, the ARNN described the existing system of diploma nursing education under the following items: organization, staff, students, curriculum, cost and facilities.

The organization of hospital schools of nursing was thus described:

The present four schools of nursing are associated with hospitals. The three schools in St. John's are under the jurisdiction of hospital boards of governors. The Corner Brook school operates under a board of governors separate from the hospital board<sup>109</sup>.

Faculty members were noted to be unavailable in sufficient numbers and inadequately prepared; persons required to teach the academic subjects, such as psychology or chemistry were particularly difficult to obtain<sup>110</sup>. The existing system of education was regarded as "relatively inexpensive for the student since she [paid] very little for room and board"<sup>111</sup>. On the other hand, it was contended that

Disparities in the schools result in unequal treatment of students because of differences in selection policies, instructor-student ratios and facilities. In addition, hospital schools of nursing are not considered educational institutions, therefore, students do not qualify for centenary scholarships<sup>112</sup>.

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<sup>109</sup> Association of Registered Nurses of Newfoundland, A Brief to the Royal Commission on Nursing, St. John's, ARNN, 1973, p. 9.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

<sup>112</sup> Ibid.

In considering the budgetary arrangement, the ARNN noted advantages and disadvantages in the existing system, these being as follows:

The budget for nursing education is allocated as a separate grant from funds of the relevant hospital. This is financially advantageous to the province due to the federal-provincial shared cost financing. It is advantageous to the student as well, since she pays no tuition and receives a stipend. However, nursing education adds to health costs in general, and as health expenses continue in an upward trend, this is becoming an increasing public problem<sup>113</sup>.

Although the year of internship was noted to allow the student to consolidate learning and develop skill on a ward level, it was observed that "during this third year the student [could] be used for service to the detriment of educational goals"<sup>114</sup>. The ARNN added:

The need for the present length of the internship year is debatable. Other disadvantages of the existing curricula are evident. The percentage of general education content versus nursing content reveals inadequacies and wide discrepancies<sup>115</sup>.

The establishment of a centralized independent diploma nursing school was offered as a possible solution to existing problems. Under such a system the St. John's schools of nursing could amalgamate to constitute one school under

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113 Ibid., p. 10.

114 Ibid., p. 9.

115 Ibid., p. 9-10.

an independent administration with its own board of governors<sup>116</sup>. In final analysis, however, the transfer of programs to the educational system was favoured. Steps in the actualization of this proposition were the following:

That a cost analysis of nursing education in Newfoundland be done.

That [...] programs be moved into the framework of general education within the community, junior or technical college system.

That immediate steps be taken to prepare faculty for the move from the present schools into the general educational system.

That the Association [...] approve the program of schools of nursing within the framework of general education in accordance with standards stated in its By-Laws<sup>117</sup>.

The report of inquiry on nursing education, better known as the Miller Report, was released in 1974. Recommendations were in close alignment with those made by the ARNN, but Miller emphasized that "the most important recommendations were those involving the change to a two-year course and to an educational setting"<sup>118</sup>. In support of these recommendations, Miller affirmed that although there were some opinions to the contrary, the great weight of evidence submitted was in favor of such transformations.

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116 Ibid., p. 10.

117 Ibid., p. 13-14.

118 Miller, op. cit., p. 9.

The Government was therefore urged to agree in principle to the transfer of programs to the system of education<sup>119</sup>, but realizing that the actual transfer might not immediately be possible, an interim alternate was recommended:

If it appears that financial or other valid reasons may delay the physical transfer of diploma schools, then there should be set up an interim central or regional school for the St. John's area, with the planning controlled by the Board of Nursing Education<sup>120</sup>.

The establishment of one program was deemed sufficient for the St. John's area in view of the fact that only 255 students were admitted in the three existing programs in 1973<sup>121</sup>.

The report further recommended that the ARNN continue, under the recommended set-up, to "be responsible for approval of new curriculum and of the eligibility of its graduates for registration"<sup>122</sup>. Presently, the ARNN Council recognizes schools of nursing meeting the following requirements:

[..] operated in conjunction with general hospitals having at least one hundred beds [...]  
[..] provide experience in medical nursing, surgical nursing, obstetrical nursing, paediatric nursing and such other aspects of nursing as the association shall by by-law prescribe<sup>123</sup>.

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119 Ibid., p. 11.

120 Ibid., p. 12.

121 Ibid., p. 24.

122 Ibid.

123 An Act to Incorporate the Association of Registered Nurses of Newfoundland and for other Purposes in Connection Therewith, R.S.N.F., 1970, c. 268, Section 11.

Candidates who have successfully passed the "Grade XI course, or its equivalent, as certified by the Department of Education [...]"<sup>124</sup>, prior to their admission to and graduation from a recognized school of nursing may apply for registration by examination. A license to practise nursing is granted by the ARNN Council upon recommendation of the Board of Examiners, the latter being appointed as follows:

The Lieutenant-Governor in Council shall each year appoint from a panel of names prepared by the council a Board of Examiners consisting of six persons the majority of whom shall be registered nurses<sup>125</sup>.

The CNA Testing Service consisting of examinations in the five major nursing areas constitute the licensure examinations<sup>126</sup>. Registration in the province is mandatory therefore no person may practise as a nurse or hold herself out as a registered nurse until she has obtained a license and is registered as a member of the association<sup>127</sup>.

In the establishment and maintenance of diploma nursing programs the lack of qualified faculty is deplored by the ARNN; a bachelor's degree is considered the preferred

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124 Ibid., Section 13.

125 Ibid., Section 14.

126 Association of Registered Nurses of Newfoundland, Annual Meeting Reports, St. John's, ARNN, 1974, p. 4.

127 An Act to Incorporate the Association of Registered Nurses, Section 18.

preparation<sup>128</sup>, although statistics tend to greatly fall short of this requirement. In 1974, there were a total of sixty-six full-time faculty members engaged in the four existing hospital schools of nursing; of these the greatest number or 42.4% held a basic diploma nursing course only; 15.2% had a university diploma or certificate; 40.9% a bachelor's degree, and 1.5% a master's<sup>129</sup>.

Forces, similar to those observed in the other Atlantic provinces, served to promote and inhibit change; these being primarily economic and to a lesser extent political in nature. Thus far, however, forces have tended to oppose change, but if the rapidity with which transformations occurred in other provinces following the release of reports of studies conducted at the request of the government, the Miller Report may well profoundly alter the system and pattern of diploma nursing education in the province.

#### 5. Summary

The transfer of basic diploma nursing programs from hospitals to the provincial systems of education is non-existent in the Atlantic provinces. In New Brunswick and

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<sup>128</sup> Association of Registered Nurses of Newfoundland, News Bulletin, St. John's, ARNN, December 1970, p. 8.

<sup>129</sup> Statistics Prepared by Mrs. Alice J. Furlong, Assistant Executive Secretary, ARNN, September 23, 1974.

Prince Edward Island, however, the trend has been to transform hospital schools of nursing into independent schools. Under this set-up, schools, although financially supported by the Departments of Health, are independent of hospitals. Economic forces have tended to restrict further activity leading to a complete transfer to the systems of education. The primary factor operative in the suspension of further changes is the present federal health cost-sharing system wherein monies are drawn to cover the costs involved in the preparation and maintenance of an adequate supply of nurses.

Political as well as economical forces were influential either in encouraging or in checking change. Pressures brought to bear by the respective provincial nurses' associations; studies conducted under governmental auspices or the nurses' associations, tended to foster action and reaction. In New Brunswick, the NBARN has been the most vocal and active in promoting a transformation in the long-standing pattern of diploma nursing education. As early as 1965, the Portrait of Nursing, severe critic of the existing system, exalted a transfer of hospital-centered programs to multi-purpose educational institutions within the system of education. Then again in 1971, the Abbis Report strongly advocated the phasing out of hospital schools with the development of independent schools of nursing. Action ensued,

thus there are now four two-year independent diploma schools of nursing and one three-year hospital program, the latter due to phase out in 1976. In 1972, the study in education, Flexibility for 70's, and subsequent legislation whereby a community college was granted legal status, has brought new hopes regarding the future possibility of effecting a further integration of diploma programs within the system of education. At the moment, however, the main reason offered in support of retaining diploma nursing programs in independent schools and under the department of Health is that of tapping optimally federal cost-sharing funds.

The RNANS was also a strong proponent of the need for a change in the system of diploma nursing education in Nova Scotia; however, it is the report of the Advisory Committee on Nursing Education published in 1969 which triggered the rapid movement toward shorter programs. Thus, the present seven hospital schools of nursing are two years in length, these ranging between twenty-one and twenty-three months. Although labelled hospital schools of nursing, with the exception of the budget, programs are viewed as independent. The RNANS is not unhappy with the pattern of diploma nursing education in vigor, although there is agreement that nursing education should be established in an educational environment. Not unlike New Brunswick, economical forces are at the root of the want of further transformations.

In 1966, the province of Prince Edward Island demonstrated strong opposition to change, yet in 1969 owing to persistent pressures brought to bear by the ANPEI, a central independent program was established whereby three hospital schools of nursing amalgamated to constitute one diploma nursing program for the entire province. Plans to initiate a further move to the system of education were curbed by the Health Services Commission in 1971, at which time the latter declared that it was not ready to effect a complete transfer. The one existing program consists of three years with a three plus one arrangement. Students receive a generous allowance from the hospital in which they spend their third year, the latter being comparable to a year of internship.

Although recommendations for change multiplied in the province of Newfoundland, thus far, minimal changes have taken place in the system of nursing education. The Miller Report released in 1974, wherein recommendations formulated by the ARNN are upheld, presages future changes. The report makes strong recommendations for the phasing out of three plus one programs. The four diploma programs are financially dependent on the Department of Health, the monies being channelled through respective hospital budgets. Fully aware that financial aspects may tend to inhibit the immediate transfer of programs to the system of education an interim

recommendation promoting the establishment of a central independent school for the St. John's area was presented by Miller as a temporary alternative. Thus far, forces have tended to oppose change in the province, but if the rapidity with which transformations occurred in other provinces following the release of a study conducted at the request of the government is an indication of future events, the Miller Report may well serve to profoundly alter the system and pattern of diploma nursing education in the province.

With the exception of New Brunswick, the lack of adequate educational facilities does not seem to have been a factor in the lack of change. The inadequacy of prepared faculty members has, however, been a constant area of concern in the Atlantic provinces. New Brunswick has the largest number of faculty members meeting the minimum requirements of a bachelor's degree; 82.2% hold a bachelor's degree and an additional 8.9% have a master's. In 1974 as well, Prince Edward Island had 52.1% holding a bachelor's and 4.3% a master's. Nova Scotia trails close behind with 50.3% holding a bachelor's; 8.2% a master's, and 1.7% a doctorate. Newfoundland has only 40.9% with a bachelor's and an additional 1.5% have a master's, the remaining 57.6% have either a basic diploma, university diploma or certificate only.

Within terms specified in the Acts, the Nurses' Associations of respective provinces set standards and are

responsible for the approval of schools of nursing for purposes of registration. Between 1968 and 1971 this privilege was threatened in the provinces of New Brunswick and Nova Scotia, but the issue has since been quiescent.

In the Atlantic provinces, the CNA Testing Service Examinations are used in an attempt to measure the degree of safety of a practitioner prior to the granting of a license to practice or to enter names in the register of respective associations. With the exception of New Brunswick, candidates are obligated to write and successfully pass the five examinations, namely, medical nursing, surgical nursing, obstetrical nursing, nursing of children and psychiatric nursing. Presently, in New Brunswick, the writing of psychiatric nursing is recommended, but not mandatory. Registration is permissive in the provinces of New Brunswick and Nova Scotia; conversely, it is mandatory in Prince Edward Island and Newfoundland.

The minimum admission requirements to gain entrance to a diploma nursing program are likewise set by respective nurses' associations. The minimum requirement for admission to a school of nursing in New Brunswick, Nova Scotia, and Prince Edward Island is a grade XII; in Newfoundland a grade XI is required. In the provinces of New Brunswick and Nova Scotia a central application centre has been established. All applications are directed to the appropriate centre in

respective provinces; these are then processed and forwarded to the school of choice which assumes responsibility for the selection of students.

The Atlantic provinces have not been immune to trends which permeated diploma nursing education in the past decade; as a result alterations have been brought to the long-standing pattern of diploma nursing education. Trends point to an eventual move to the system of education, the immediate force checking further changes in this direction being economical. Political forces, on the other hand, were at the root of changes observed in these provinces.

PART V

NATIONAL TRENDS IN BASIC DIPLOMA

NURSING PROGRAMS: 1964 - 1974

## CHAPTER IX

### DIPLOMA NURSING PROGRAMS IN CANADA

Threads of the past and present having been identified, it is possible, in this chapter, to present a comparative analysis of trends, forces and characteristics of basic diploma nursing programs, and thus expose the specific pattern of nursing education which emerged in Canada in the past decade.

#### 1. Trends and Forces in the Transfer of Diploma Nursing Programs to the System of Education.

The first major and inescapable trend observed is the evolution of a new system of diploma nursing education. The movement toward the establishment of hospital schools of nursing which stretched over some ninety years suddenly gave way to a new pattern. The move is now away from a hospital-oriented type of education and toward the development of programs within educational institutions, these now forming an integral part of the educational systems of Canada.

Table XVII illustrates the rapidity with which diploma nursing programs developed within respective provincial systems of education, and consequently in Canada as a whole. In 1964, the Registered Nurses' Association of Ontario initiated a first discreet move by establishing a diploma nursing

Table XVII.♦

Number of Basic Diploma Nursing Programs Within the Provincial Systems of Education in Canada, by Province, and by Year of Admission to an Educational Institution: 1964-1974<sup>a</sup>.

| Province | Year |      |      |                |      |      |      |      |      |                 |      |
|----------|------|------|------|----------------|------|------|------|------|------|-----------------|------|
|          | 1964 | 1965 | 1966 | 1967           | 1968 | 1969 | 1970 | 1971 | 1972 | 1973            | 1974 |
| B.C.     | 0    | 0    | 0    | 1              | 1    | 1    | 1    | 3    | 3    | 4               | 4    |
| Alta.    | 0    | 0    | 0    | 1              | 3    | 4    | 5    | 5    | 5    | 5               | 5    |
| Sask.    | 0    | 0    | 0    | 1 <sup>b</sup> | 1    | 1    | 1    | 1    | 2    | 2               | 2    |
| Man.     | 0    | 0    | 0    | 0              | 0    | 0    | 1    | 1    | 1    | 1               | 1    |
| Ont.     | 1    | 1    | 1    | 1              | 1    | 2    | 2    | 2    | 2    | 23 <sup>c</sup> | 23   |
| Que.     | 0    | 0    | 0    | 3              | 20   | 25   | 34   | 36   | 40   | 40              | 42   |
| N.B.     | 0    | 0    | 0    | 0              | 0    | 0    | 0    | 0    | 0    | 0               | 0    |
| N.S.     | 0    | 0    | 0    | 0              | 0    | 0    | 0    | 0    | 0    | 0               | 0    |
| P.E.I.   | 0    | 0    | 0    | 0              | 0    | 0    | 0    | 0    | 0    | 0               | 0    |
| Nfld.    | 0    | 0    | 0    | 0              | 0    | 0    | 0    | 0    | 0    | 0               | 0    |
| Totals   | 1    | 1    | 1    | 7              | 26   | 33   | 44   | 48   | 53   | 75              | 77   |

<sup>a</sup> Source: Adapted from the yearly Canadian Hospital Directory, and information presented in Chapters II - VIII of this study.

<sup>b</sup> Although all hospital programs were under the control of the Department of Education as of 1967, owing to the lack of facilities, only one program was established in an Institute of Applied Arts and Sciences.

<sup>c</sup> Fifty-six regional and hospital schools of nursing were integrated in twenty-three educational institutions.

program at the Ryerson Polytechnical Institute in Toronto. This remained the only program of its nature for the next two years. Then, in 1967, the number rose to seven, these being established within the systems of education of the following provinces: British Columbia, Alberta, Saskatchewan, and Quebec. From then on the move was rapid and in a linear direction, hence by 1974 diploma nursing programs within the systems of education in Canada numbered seventy-seven.

The transfer of basic diploma nursing programs to the systems of education in Canada is therefore no longer a goal to be pursued; it is a reality rapidly in the process of becoming. In 1964, there were a total of 171 basic diploma nursing programs in Canada; of these only one program was established in an educational institution and two were independent in nature. There were therefore a total of 168 hospital controlled programs in existence. Ten years later, this picture had been significantly altered. Table XVIII presents a comparative analysis of hospital-oriented, independent and college-centered diploma nursing programs in Canada in 1974. If analysed against the 1964 statistics, a decrease of 141 hospital programs is noted. In addition, there is an increase of three independent programs, all of which are in the Atlantic provinces. Within educational institutions, there has been a substantial increase of seventy-six programs.

Table XVIII.-

Total Number of Hospital-Oriented, Independent and College-Centered Diploma Nursing Programs in Canada in 1974.<sup>a</sup>

| Province | Number of Programs |             |                  | Total |
|----------|--------------------|-------------|------------------|-------|
|          | Hospital-oriented  | Independent | College-centered |       |
| B.C.     | 4                  | 0           | 4                | 8     |
| Alta.    | 6                  | 0           | 5                | 11    |
| Sask.    | 0                  | 0           | 2                | 2     |
| Man.     | 5                  | 0           | 1                | 6     |
| Ont.     | 0                  | 0           | 23               | 23    |
| Que.     | 0                  | 0           | 42               | 42    |
| N.B.     | 1                  | 4           | 0                | 5     |
| N.S.     | 7                  | 0           | 0                | 7     |
| P.E.I.   | 0                  | 1           | 0                | 1     |
| Nfld.    | 4                  | 0           | 0                | 4     |
| Total    | 27                 | 5           | 77               | 109   |

<sup>a</sup> Source: Information compiled from data presented in Chapters II - VIII of this study.

Another trend noted is the reduction in the total number of diploma nursing programs in the past decade. Table XVIII indicates a total of 109 programs in 1974, hence a decrease of sixty-two programs since 1964.

The total number of existing programs in the provinces of Saskatchewan, Ontario and Quebec will tend to remain relatively constant since, as further indicated in Table XVIII, the transfer from hospital schools to educational institutions is complete. In British Columbia, Alberta and Manitoba the transfer remains partial, hence further mutations may be anticipated. Two new college programs are in the planning stage in British Columbia. In addition, a study has been undertaken to review and determine the future of the remaining four hospital programs. The primary aim of a diploma nursing program ought to be that of contributing to the preparation of a competent and adequate supply of nurses for a province, hence the number of programs should be determined by manpower needs. Since a total of 430 students were admitted to the four British Columbia hospital programs in 1972, a slight increase in enrolment in the four existing college-centered programs and the development of two new programs should prove adequate.

Alberta is the second province in Canada having the larger number of hospital schools of nursing, the first being Nova Scotia with seven hospital-centered programs as

compared to six in Alberta. By virtue of the fact that hospital schools in the latter province tend to admit the larger number of nurses, in 1973, a total of 1,379 students were admitted in hospital schools as compared to 576 in college-based programs; to effect a complete transfer added college-centered programs would be necessary. In addition to the present attempt to develop a sixth program in the northern part of the province, the two Technical Institutes in the province might be considered as suitable educational institutions for the development of added programs. This would not be a new concept since the trend to develop diploma nursing programs within technical institutes is already established in the provinces of British Columbia, Saskatchewan and Ontario.

Manitoba has only one program within a college-setting as compared to five hospital-centered programs. Owing to the dearth of suitable educational institutions in the province, the trend observed in the Atlantic provinces, namely that of developing independent programs, may tend to be the only solution in the interim period.

In the Atlantic provinces, definite changes are noted in diploma nursing programs despite the fact that the transfer from hospital or independent programs to the educational systems remains non-existent. Changes which serve as useful indicators of a future trend are the following: the

establishment of independent programs in New Brunswick and Prince Edward Island; the reduction in number and development of shorter programs in Nova Scotia; the establishment of a two-year program and the rearrangement of existing three-year programs on a two plus one basis in Newfoundland. As indicated in Chapter VIII, financial aspects tend to defy further transformations in the Atlantic provinces, but answers to similar problems were found in the other six Canadian provinces, hence trends may serve to indicate that solutions are in the horizon. Given the latter, and with the present establishment of community colleges in New Brunswick, independent programs may in a foreseeable future tend to migrate to the educational system. The independent program in Prince Edward Island may in turn tend to form an integral part of Holland College, steps in this direction having been undertaken for some time already. In keeping with the trend observed in Canada to reduce the number of hospital programs, and in view of the fact that the yearly enrolment in a number of programs is minimal, Nova Scotia may tend to further reduce the number of diploma programs. In a similar manner, based on the tendency for governmental commissions to culminate in action, the recommendations of the Miller report may tend to materialize rapidly in Newfoundland. Thus, the three two plus one programs situated in St. John's may amalgamate leaving the province with a total of two diploma nursing programs.

Major forces at the root of the trend away from the service-oriented pattern of diploma nursing education and toward an educational-centered type of learning were political and economic; secondary forces were social and technical.

A first determinant in the transfer witnessed was the report of a national study ordered by the Government of Canada whereby a commission was charged to inquire into and report upon existing facilities and future needs of health services of the people of Canada. Within the commission's broad mandate, nursing education was included. The Report, referred to in Chapter I as the Hall Report, released in 1964, largely influenced nursing education in Canada. Statements, beliefs and recommendations contained in the report, bold and forceful, contended that nursing education and nursing service should be divorced, their budgets separated and programs shorter than the traditional three year pattern.

In 1964, then, a national governmental commission pressed for a gradual break with the long-standing pattern of diploma nursing education; almost simultaneously a national voluntary nurses association gave impetus for change and reform in the system. Provincial nurses' associations, likewise disenchanted with the type of service-oriented nursing education, became increasingly vocal in pointing out inadequacies in the system. Provincial associations, however, had not the funds nor the authority to effect changes, hence

they exerted resolute pressures on provincial governments primarily through the media of submissions, reports and recommendations. Within respective provincial contexts, the transfer resulted either from pressures exerted or activity initiated by the Provincial Nurses Association, the Department of Health or the Department of Education. Change was generally the end result of a cooperative effort of all three.

In the provinces where the transfer is complete, namely Saskatchewan, Ontario and Quebec, the flow of events generally tended to be as follows: the striking of a committee or commission by order-in-council with the responsibility of examining the process of nursing education; the requesting and reviewing of submissions; the preparation and release of a report containing recommendations, the latter not infrequently made firm by legislative enactments or by the issuance of governmental policies, and finally the implementation of the said decision through cooperative efforts on the part of all concerned.

Change in Saskatchewan was the direct result of pressures exerted by the SRNA on the Minister of Health, the establishment of an Ad Hoc Committee on Nursing Education by order-in-council, patterned after the recommendation found in the Hall Report, and subsequent legislative enactments. The province of Saskatchewan showed boldness in that it defied a previous belief with regard to the necessity of first

establishing a system wherein nursing education might then be introduced. Changes were legislated before a suitable post-secondary educational institution was available to educate nurses, but the province was rapid to erect such institutions. Thus, the move toward innovation, propelled by political forces, was rapid and relatively free of resistance.

Quebec differed from Saskatchewan in that changes were not the result of action initiated by ONQ nor the Department of Health, but rather were largely the outcome of the study and report of the Royal Commission of Inquiry on Education. Mutations in the long-standing pattern of diploma nursing education may be said to have had for foundation the social and technological revolution which suddenly took place in the province. General education having fallen increasingly short of technological and societal needs, the Royal Commission recommended a global reshaping of the entire system. Legislative enactments therefore made provisions for the establishment of a Ministry of Education and CEGEP wherein diploma nursing education, being technical in nature, thereafter had a niche. With the passage of the latter Act in 1967, a suitable educational system thus being established, the process of transferring diploma nursing programs was initiated. Economic determinants soon accelerated change in that the Hospital Insurance Commission began to equate nursing

education conducted in hospitals against the dollar value destined to meet health care needs. As a result, the Ministry of Health and Hospital Insurance Commission made public their intent to alter a previously held policy with regard to free room and board, and indicated the decision to include tuition fees. Hence, the interplay of social, technical and political forces prompted the transfer of diploma nursing programs to the system of education, but economic forces greatly hastened the process. The Ministry of Education and ONQ actively guided and supervised the process from its inception to its termination.

In Ontario, major determinants which facilitated or culminated in a complete transfer of programs were: first, the legislative enactment and subsequent establishment of CAAT throughout the province; second, the implementation of the Minister of Health's ten year plan, with the reluctant cooperation of the College of Nurses of Ontario, leading to a gradual shortening and regionalization of schools of nursing; third, the study and release of the Report of the Committee on the Healing Arts ordered by the Minister of Health; fourth, the announcement of a change of policy with regard to free room and board for nursing students; and finally, a joint policy statement issued by the Minister of Health and the Minister of Colleges and Universities proclaiming a transfer of the fifty-six existing schools of nursing to the system of

education effective September 1, 1973. Although CAAT were made more readily accessible by 1967, it is the Minister of Health who initiated activity toward change; later, it was the Minister of Health and the Minister of Colleges and Universities who dictated the course of events bringing the process to term.

In those provinces where the transfer of diploma nursing programs to the system of education is partial, the trend toward a move has generally been promoted by the Nurses Association but activity in this direction has been initiated by individual colleges. This has particularly been the case in British Columbia where external forces tended to direct change independently of any carefully mapped plan of the RNABC. In the province, activity toward the development of a first program was initiated by the Department of Education; the project was realized with the cooperative effort of RNABC. Other colleges then continued in this direction. Recent political activity foretells of future major alterations in the system of diploma nursing education. The Medical Centre of British Columbia Act embodying provisions for a Provincial Council with wide ranging powers over health and education will tend to direct diploma nursing programs toward a more central form of control.

While a variety of groups in Alberta continue to come up to conflicting recommendations, the AARN persists in

pressuring for a transfer; colleges, on the other hand, seek and in fact obtain authorization to develop basic diploma nursing programs. In Alberta, the stronghold for hospital schools, nursing education has become a political issue; political forces promoting change, persistently paralleled by equally strong opposing forces, are interlocked with pressures to transfer responsibility for the prescription, maintenance and control of standards in nursing education. A recent stand taken by the Minister of Advanced Education points, although not without resistance, to a future complete alteration of the system of nursing education.

In Manitoba, a governmental committee patterned after the recommendation contained in the Hall Report made recommendations which were in close alignment with recommendations previously formulated by a similar committee in a neighbouring province. Although recommendations in Saskatchewan soon caused the system to topple, this was not the case in Manitoba. Rather, the trend has been to realize internal changes in hospital schools. It was the government which initiated the first and only move to a college setting; this project was achieved cooperatively by the Department of Education, the Department of Health and MARN. Despite an apparent state of quiescence in the province, the MARN contends that ideas enunciated by the governmental committee in 1966 are being revived and political forces point to changes

in a foreseeable future.

Forces promoting change, whether political, economic, social or technical in nature, tend to be well documented; counter forces, are less well documented, but literature reveals that forces which fostered change likewise tend to inhibit innovation. Political and economic forces stand out as being the most powerful; the power obviously rests with the government. Positive and negative pressure has tended to be closely linked with the economic determinant, thus the Department of Health has enjoyed considerable freedom in ordering diploma nursing education in a direction of choice. In the Atlantic provinces, the force most frequently quoted as militating against change is the economic factor. Groups contend that provinces stand to lose financially if a move to the educational systems is effected, but other provinces have found solutions to the same problem; time may be needed to more clearly determine real and unreal forces which militate for or against change.

The trend away from a hospital-oriented type of learning and toward a college-centered pattern of education has therefore permeated the Canadian scene; forces propelling this trend, almost identical in all provinces, are fourfold. Diploma nursing education, in a manner similar to other types of education, increasingly falls within the jurisdiction of provincial governments, hence the trends in and characteristics

of programs across Canada discussed below consist of a blending of trends thus designing a pattern which is unique to our country.

## 2. Structural Organization and General Policies Governing Diploma Nursing Programs.

In Canada, the trend is away from the control of the provincial Departments of Health and toward the control and scrutiny of the Departments of Education; away from the three year pattern and toward a shorter program. With the exception of the province of Quebec, the length of diploma nursing programs is generally of a two year duration although the term two years is variously used. Table XIX presents a comparative analysis of the length of programs in years and in months. Programs range between twenty and twenty-four months. In five provinces, the entire program is compressed within a two year period. Quebec is the only province with a program of three academic years. The length of the program, however, consists of twenty-four months, this being only two months more than that of four other provinces. The one existing college program in Manitoba has the shortest program, namely twenty months. Table XIX further demonstrates that the total years of formal schooling considered a prerequisite to gain entrance in diploma programs in five of the six provinces is twelve years. Here again exception is made for

Table XIX.-

Entrance Requirements, Minimum Length of Formal Schooling and Nursing Education Required by Province to Complete a Course in Diploma Nursing Established in Educational Institutions<sup>a</sup>.

| Provinces | Entrance Requirements | Length of Education    |                       |             |
|-----------|-----------------------|------------------------|-----------------------|-------------|
|           |                       | Formal Schooling Years | Diploma Program Years | Total Years |
| B.C.      | Grade XII             | 12                     | 2                     | 14          |
| Alta.     | Grade XII             | 12                     | 2                     | 14          |
| Sask.     | Grade XII             | 12                     | 2                     | 14          |
| Man.      | Grade XII             | 12                     | 2                     | 14          |
| Ont.      | Grade XII             | 12                     | 2                     | 14          |
| Que.      | Secondary V           | 11                     | 3                     | 14          |

<sup>a</sup> Source: Information compiled from data presented in Chapters II-VIII under "structural organization" and "Curriculum" of this study.

the province of Quebec which requires only eleven years of formal schooling. Regardless of the minor difference in the duration of diploma nursing programs, candidates across Canada require fourteen years of schooling to obtain a diploma in nursing. Although there are no diploma nursing programs within the system of education in the Atlantic provinces, Chapter VIII reveals that with the exception of Newfoundland which requires eleven years, a total of twelve years of formal schooling is compulsory to gain admission in schools of nursing.

Diploma nursing programs within the systems of education in Canada are, without exception, established in multidisciplined institutions at the post-secondary level. These institutions are of two types: technical institutes and junior or community colleges. Table XX presents, by province, the precise nature and nomenclature of the educational institutions within which diploma nursing programs are being developed. As programs move away from hospitals and toward colleges, they automatically come under the Departments of Education and are therefore no longer under the control of the Departments of Health. Table XX further presents a summary of the various Departments of Education responsible for the control and scrutiny of educational institutions within provinces.

Table XX.-

Type and Control of Educational Institutions within which  
Diploma Nursing Programs are Established in Respective  
Provinces<sup>a</sup>.

| Province | Type of Institution                                  | Control                                                                                      |
|----------|------------------------------------------------------|----------------------------------------------------------------------------------------------|
| B.C.     | Community Colleges                                   | Boards of School Trustees<br>Department of Education.                                        |
|          | Technical Institute<br>(BCIT)                        | Department of Education but<br>under the Director of Techni-<br>cal and Vocational Training. |
| Alta.    | Junior Colleges                                      | Department of Advanced<br>Education.                                                         |
| Sask.    | Institutes of<br>Applied Arts and<br>Sciences        | Department of Continuing<br>Education.                                                       |
| Man.     | Community College                                    | Department of Colleges and<br>University Affairs.                                            |
| Ont.     | Colleges of<br>Applied Arts and<br>Technology (CAAT) | Council of Regents, Ministry<br>of Colleges and Universities.                                |
| Que.     | General and Voca-<br>tional Colleges<br>(CEGEP)      | Direction Générale de l'En-<br>seignement Collégial,<br>Ministry of Education.               |

<sup>a</sup> Source: Information compiled from data presented in  
Chapters II-VIII under "Structural Organization"  
of this study.

All diploma nursing programs within the educational systems are controlled, financed and administered by the educational institution in the way that other similar programs are controlled, financed and administered. The institutions are responsible for the funding of programs, but nursing students pay tuition fees which are comparable to that of other college students. The tuition fee structure varies between and even within various provinces. Quebec presents a unique feature in that full time students in CEGEP are not required to pay tuition fees. British Columbia is likewise unique in that nursing students receive a monthly stipend of \$150.00 from the Department of Health. In this province, it is further observed that the yearly tuition fee ranges from \$180.00 in one institution to \$375.00 in another. In Canada, the lowest and highest yearly tuition fees identified were that of \$175.00 in Alberta, and the previously indicated fee of \$375.00 in British Columbia.

Table XXI embodies information with regard to the nature and year of last revision of standards directing diploma nursing programs, as well as the authority designated to set same. The trend is for Departments of Education to become increasingly active in establishing standards and educational requirements. In the provinces of Ontario and Quebec the Ministries of Education now assume responsibility for the prescription of norms relative to the total program.

Table XXI.-

College-Centered Diploma Nursing Program Standard Setting Authority, Nomenclature of Standards and Year of Last Revision by Province<sup>a</sup>.

| Province | Standards                                    | Set by                                                                | Year              |
|----------|----------------------------------------------|-----------------------------------------------------------------------|-------------------|
| B.C.     | Criteria                                     | RNABC                                                                 | 1973              |
| Alta.    | Regulations                                  | Committee on Nursing Education, Universities Co-ordinating Council    | 1970              |
| Sask.    | Policies, Procedures and Criteria            | SRNA Approval Committee                                               | 1973              |
| Man.     | Criteria                                     | MARN Accrediting Committee                                            | 1974 <sup>b</sup> |
| Ont.     | Critical Elements (interim period 1973-1976) | College of Nurses                                                     | 1962              |
|          | Criteria                                     | College of Nurses                                                     | 1973              |
|          | Couched in Memoranda                         | Council of Regents, Ministry of Colleges and Universities             | 1973-1974         |
| Que.     | Sciences de la Santé, Technique Biologique   | Direction Générale de l'Enseignement Collégial, Ministry of Education | 1973              |
|          | Régime Pédagogique                           |                                                                       |                   |

<sup>a</sup> Source: Information compiled from data presented in Chapters II-VIII under "Structural Organization" and "Curriculum" of this study.

<sup>b</sup> Criteria presently in the process of revision will be enforced in 1975.

The ONQ, however, by virtue of the Professional Code, and the Nurses Act, enjoys the prerogative of cooperating in the elaboration of the prescribed curriculum. Despite the fact that the Council of Regents, Ministry of Colleges and Universities of Ontario, in 1973, became the responsible body for the setting and maintenance of standards, the College of Nurses, which previously assumed this responsibility, continues its evaluation role with diploma nursing programs in the colleges of applied arts and technology for an interim three year period. In Alberta, according to provisions made in the Nurses Act, responsibility for the prescription, control and maintenance of standards has always been vested in the Universities' Co-ordinating Council, but this role is progressively questioned. Changes are imminent, but it remains unclear as to what body will be vested with this authority.

The authority to prescribe, control, maintain standards, and the authority to grant approval to diploma nursing programs in respective provinces tends to be vested in the same body. Table XXII indicates the recognized authority, for each of the ten provinces, to grant approval to diploma nursing programs. In the Atlantic provinces, this responsibility is assumed by respective provincial nurses associations. The programs therefore tend to be approved by the nursing body which is simultaneously the

Table XXII.-

Constituted Authority to Grant Approval to Diploma Nursing Programs by Province<sup>a</sup>.

| Province | Constituted Authority                                                                                                                               |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| B.C.     | RNABC Board of Directors.                                                                                                                           |
| Alta.    | Committee on Nursing Education, Universities' Co-ordinating Council.                                                                                |
| Sask.    | SRNA Council<br>Department of Continuing Education.                                                                                                 |
| Man.     | MARN Accrediting Committee.                                                                                                                         |
| Ont.     | College of Nurses of Ontario (for a three year interim period) under the guidance of the Council of Regents, Ministry of Colleges and Universities. |
| Que.     | Direction Générale de l'Enseignement Collégial,<br>Ministry of Education.                                                                           |
|          | ONQ Board of Directors, by virtue of Bills 273 and 250 may participate in the elaboration of the curriculum.                                        |
| N.B.     | NBARN Council.                                                                                                                                      |
| N.S.     | RNANS, Executive Committee.                                                                                                                         |
| P.E.I.   | ANPEI subject to the approval of the Lieutenant-Governor-in-Council.                                                                                |
| Nfld.    | ARNN Council.                                                                                                                                       |

<sup>a</sup> Source: Information compiled from data presented in Chapters II-VIII under "Structural Organization" and "Students" of this study.

legally established body to grant registration certificates to its members. The Department of Continuing Education of Saskatchewan approves all programs established within Institutes of Applied Arts and Sciences, but the SRNA sets standards and approves diploma nursing programs for purposes of registration. With the eventual proclamation of the Health Disciplines Act in Ontario, the Nurses Act will be rescinded, hence the role of the College of Nurses, considerably altered, will consist in developing regulations outlining requirements for registration rather than requirements for approval of programs. Changes may likewise be anticipated in British Columbia where, by virtue of the Medical Centre of British Columbia Act, the Medical Centre now makes recommendations to the government concerning the initiation of diploma nursing programs. The responsibility of approval of schools of nursing for registration purposes, however, still rests with the RNABC. In Manitoba, an Accreditation Committee consisting of wide representation, established under provisions of the Nurses Act, assumes full responsibility for the setting of standards and the granting of approval to diploma nursing programs.

With the transfer of diploma nursing programs to the system of education, the trend in Canada is toward a more centralized form of control of programs by the Department of Education. Conversely, the trend is less for nursing

associations to gain than to lose control over diploma nursing programs; they tend to continue as regulatory bodies while enjoying lesser or no privileges over educational programs.

The trend in Canada is therefore away from a multi-jurisdictional form of approval of diploma nursing programs, and toward a more central form of control by the Departments of Education. Provincial nurses associations, which in the past played a very vital and important role in diploma nursing education, are rapidly becoming mere regulatory bodies. Their role, by means of the granting of registration certificates, is increasingly that of protecting the public against incompetent members; registration being an accepted system whereby the qualified and unqualified are distinguished.

Registration, certification or licensure, all three tending to be variously used, are a provincial responsibility. Presently, there are ten legally constituted bodies, nine provincial associations and one college of nurses, for registration and certification of members. Table XXIII presents, by province, the constituted authorities to set policies relative to licensure examinations and to grant registration certificates to members who qualify. With the exception of Alberta, the other eight provincial nurses associations assume the dual responsibility of setting policies for examinations and the issuance of registration

Table XXIII.-

Nature of Registration, Constituted Authority to Set Policies Regarding Licensure Examinations and to Grant Registration Certificates by Province<sup>a</sup>.

| Province | Licensure Examinations                                             | Registration                  |            |
|----------|--------------------------------------------------------------------|-------------------------------|------------|
|          | Set Policies                                                       | Grant Certificates            | Nature     |
| B.C.     | RNABC Board of Examiners                                           | RNABC Board of Directors      | Permissive |
| Alta.    | Board of Examiners in Nursing, Universities' Co-ordinating Council | AARN Registrar                | Permissive |
| Sask.    | SRNA Board of Examiners                                            | SRNA Council                  | Permissive |
| Man.     | MARN Board of Examiners                                            | MARN Board of Directors       | Permissive |
| Ont.     | College of Nurses Council                                          | Director of College of Nurses | Permissive |
| Que.     | ONQ Boards of Examiners (French and English section)               | ONQ Board of Directors        | Mandatory  |
| N.B.     | NBARN Council                                                      | NBARN Council                 | Permissive |
| N.S.     | RNANS Board of Examiners                                           | RNANS Executive Committee     | Permissive |
| P.E.I.   | ANPEI Examining Board                                              | ANPEI Council                 | Mandatory  |
| Nfld.    | ARNN Board of Examiners                                            | ARNN Council                  | Mandatory  |

<sup>a</sup> Source: Information compiled from data presented in Chapters II-VIII under this study.

certificates. In the province of Ontario, the College of Nurses is likewise legally empowered to perform this dual responsibility. Table XXIII further reveals that with the exception of the provinces of Quebec, Prince Edward Island and Newfoundland, registration is permissive. In seven provinces therefore a person may practise nursing without being registered, but may not use the title registered nurse or any abbreviations thereof. In the remaining three provinces, no person may practise as a nurse or hold herself out as a registered nurse until she has obtained a license to practise and is registered as a member of the association. In the latter provinces, registration is therefore mandatory.

Successful completion of licensure examinations is, for new graduates, the only portal of entry into the profession. In Canada therefore, candidates having successfully completed the prescribed basic course of studies, whether this be a three or two-year program leading to a diploma or even a four-year course leading to a baccalaureate, are subjected to the same licensure examinations. These examinations are better known as the CNA Testing Service Examinations. The evolution of the latter examinations was, as previously quoted in Chapter II, thus described by the Director of the Testing Service:

In March, the Canadian Nurses' Association established the CNA Testing Service. The task of the testing service is to develop and administer a series of examinations that measure knowledge and theory necessary for basic nursing care. The [...] examination is made up of five multiple-choice, objective-type tests in medical, surgical, obstetric, children's and psychiatric nursing.

All provinces have adopted and purchased the CNA Testing Service Examinations. Quebec, however, prepares a similar type of examination for French-speaking candidates; in New Brunswick only four examinations are compulsory, psychiatric nursing being recommended but not obligatory.

### 3. Curriculum

Diploma nursing programs within the educational system present a number of interesting characteristics. First, a review of the various curricula points toward the preparation of a bedside or curative-centered nurse. A statement formulated by CNA in 1967 best describes this focus, namely that the purpose of the program is to educate students who as graduates are prepared to give patient-centered nursing care in beginning staff positions. Although nurses still tend to be prepared more for a curative than a preventative role, there is a noticeable trend toward a more global health-care outlook. In 1966, Saskatchewan, in the following words, had clearly foretold this trend:

The growing emphasis on the preventative aspects of health has encouraged a trend away from hospital-based care where 'sick' people are confined until they are 'better'. Health programs are moving toward community based services which attempt to anticipate sickness before it becomes disabling and which try to take advantage of home and community factors which assist to promote better health<sup>1</sup>.

Canada has not yet arrived at a point where diploma nurses are fully prepared to meet this changing health care concept, but there is a growing awareness of the need to refocus diploma nursing education within the total health care spectrum. The trend leaning toward a type of nursing education which is more community and health oriented without overlooking the curative and care aspects essential in the maintenance of health is reflected in the following statement uttered by the ONQ, and previously quoted in Chapter III:

The teaching philosophy is slowly leaning toward a broader concept in nursing, including the prevention of illness, health promotion, rehabilitation, combined with curative care as such. We therefore hope to be able to prepare future nurses to efficiently fulfill their role within the health team as Chapter 48 is applied in the various centres of the province.

A second characteristic is that curricular prescriptions tend to be broad and flexible in nature. These therefore set a base line above which programs are encouraged to set their own requirements, but below which they may not drop

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<sup>1</sup> Department of Public Health, Ad Hoc Committee on Nursing Education, Regina, Printer to the Queen's, 1966, p. 35.

lest approval by the constituted authority be withheld. Generally, the faculty responsible for curriculum development is not rigidly tied to a specific number of hours, weeks and other such confining factors. Quebec, however, differs considerably from other provinces in that curricular prescriptions tend to be rigid, and as a result programs are uniform and undiversified. A stereotyped and typical program of studies is enforced in the province wherein no allowance is made for a choice of electives.

Criteria established in the various provinces tend to be more directive with regard to required proportion of general and nursing education in the total program. Prescribed hours of theory and learning experiences for respective provinces having diploma nursing programs within the system of education are summarized in Table XXIV. The number of hours described for the province of Quebec are not a presentation of the minimum required, but rather an exact account of the number of hours determined in the typical pattern enforced by the Ministry of Education.

In 1966, the CNA prepared guiding principles for the development of diploma nursing programs within educational institutions. A major principle enunciated, and which appears to have exercised an influence in Canada is the following: the program is planned so as to provide not less than 50% of the total program in the major field of nursing.

Table XXIV.-  
Prescribed Theory and Planned Clinical Experience by  
Province<sup>a</sup>.

| Province | Content in Hours                                                                                      |                           |
|----------|-------------------------------------------------------------------------------------------------------|---------------------------|
|          | Nursing Theory and Learning Experience                                                                | General Education         |
| B.C.     | At least 50% with planned experiences in the five major areas.                                        | Approximately 50%         |
| Alta.    | Not less than 60% or 800 content and experience must comprise 1,500 with 300 in the five major areas. | Not more than 40% or 400. |
| Sask.    | At least 50%. A minimum of 800 hours theory. Minimum of 1,200 experience.                             | Approximately 50%         |
| Man.     | Not less than 1/2 or more than 2/3 of total program.                                                  | 50% or less               |
| Ont.     | 750 with 1,200 experience in the five major areas.                                                    | Minimum of 300.           |
| Que.     | 405 with 945 planned experiences for a total of 1,350.                                                | 1,060 inclusive           |

<sup>a</sup> Source: Data compiled from information presented in Chapters II-VIII (under curriculum) of this study.

Table XXIV indicates the trend for nursing content, in the five major areas, to account for two-thirds to one-half of the total program with the remaining one-third to one-half is devoted to general education. In keeping with this general policy, programs tend to demonstrate a balance between general and nursing education. Both general education and nursing content form an integral part of the two or three year's duration of the program of studies.

Other features observed in the various curricula are: there tend to be variations in programs which are the outcome of broad, flexible and minimum standards; the content and sequence varies between programs, this with the exception of the province of Quebec where programs reveal a striking similarity; provisions are made for a choice of electives, again with the exception of Quebec; the range of courses per semester or quarter is comparable to other two-year programs within a given educational institution; nursing content tends to be organized around the five broad areas, namely medical nursing, surgical nursing, nursing of children, obstetric nursing and psychiatric nursing. The fractionalization of courses observed and described by Mussallem in 1964, wherein as many as sixty-eight courses could constitute a three-year program<sup>2</sup>, no longer prevails in the new system.

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<sup>2</sup> Helen K. Mussallem, Royal Commission on Health Services, Ottawa, Queen's Printer, 1962, p. 61.

In addition to the prescribed minimum hours of nursing content and planned clinical experiences, written contractual agreements with agencies which either provide facilities for observational experiences or clinical practice for students are required in all provinces. Agreements are to be jointly developed by the educational institution and the agency concerned. In Quebec, clinical experience for students is not only contracted, but it is purchased. This may or may not be an indication of a future trend in Canada. There is likewise a trend toward regional assessment and planning of clinical resources, this with a view to stretch optimally clinical facilities which progressively tend to become a rarity with the increasing number of allied health programs offered in colleges. The provinces of British Columbia, Alberta and Quebec expressed particular concern in obtaining adequate learning experiences for all students.

Ideas are frequently voiced, although rarely couched in a document, with regard to a general feeling of dissatisfaction with the product of the new system of diploma nursing education. A few studies, however, have been conducted with a view to verify whether or not these feelings were founded. In Saskatchewan and Quebec, the two senior provinces in the new system, elucidated certain problems. The Department of Education in Saskatchewan conducted the

survey of graduates prepared in the new system of the province. The report of the survey indicated that employers observed that new graduates needed more practice especially in the area of technical skills. The Department of Education, on the other hand, concluded that employers wanted graduates to be skillful in areas beyond the basic level of preparation offered in a diploma nursing program. The Department therefore posited that one could conclude that the educational program did meet its objectives but these did not in all instances coincide with the service needs of the agencies. More recently, the ONQ likewise pointed out and substantiated by research a considerable margin of dissatisfaction. Not only were employers dissatisfied with the product of nursing options, but responses obtained from a sampling of new graduates spoke eloquently in the same direction. The latter indicated a lack of adequate preparation to perform tasks and assume responsibilities confided them immediately following graduation. A weakness regarded as serious by ONQ was the fact that nursing students were rarely if ever exposed to a tour of night duty, yet as new graduates they were expected to be proficient enough to assume such responsibility soon after employment.

The Alberta Hospital Association is likewise a severe critic of nurses educated in less than a two-year period, but it is difficult to determine whether these new graduates are

exclusively the product of diploma nursing programs within the educational system. The term two-year must be qualified since it is not necessarily synonymous with college-centered diploma nursing programs. There is a trend toward a feeling of dissatisfaction with new graduates in their first employment. A question remains: Are the employers' expectations unrealistic for a beginning practitioner, or is the new model inadequate?

#### 4. Students

The student population, and consequently graduates, of diploma nursing programs within the educational system of the country continues to be predominately female. A review of the intake of students, on a three year basis, reveals a constant but minimal increase of male students in all provinces but Saskatchewan which shows a drop in 1970. Table XXV further reveals that Ontario, Quebec and Saskatchewan had the largest total yearly enrolment in 1973. Statistics are self explanatory in view of the fact that the transfer is complete in those three provinces. The marked increase in the 1973 enrolment of Ontario as compared to the 1970 intake is accounted for by the sudden transfer of all existing hospital and regional schools of nursing, hence a total of 8,455 were admitted to programs within the educational system. A large proportion of these students

Table XXV.-

Yearly Enrolment in Diploma Nursing Programs Within the Educational Systems of Canada During the Years 1964, 1967, 1970 and 1973<sup>a</sup>.

| Province           | Year   |                |        |      |        |      |        |      |
|--------------------|--------|----------------|--------|------|--------|------|--------|------|
|                    | 1964   |                | 1967   |      | 1970   |      | 1973   |      |
|                    | Female | Male           | Female | Male | Female | Male | Female | Male |
| B.C.               | 0      | 0              | 60     | 2    | 87     | 4    | 257    | 9    |
| Alta.              | 0      | 0              | 24     | 0    | 342    | 7    | 564    | 12   |
| Sask.              | 0      | 0              | 1,217  | 5    | 868    | 1    | 827    | 6    |
| Man.               | 0      | 0              | 0      | 0    | 60     | 0    | 71     | 5    |
| Ont.               | 21     | - <sup>b</sup> | 95     | -    | 161    | -    | 8,455  | -    |
| Que.               | 0      | 0              | 184    | 5    | 2,966  | 129  | 2,887  | 176  |
| Total in<br>Canada | 21     | 0              | 1,580  | 7    | 4,484  | 141  | 13,061 | 208  |

<sup>a</sup> Source: Data compiled from statistical information obtained from officials of respective provinces as presented in Chapters II-VII (under 'students') of this study.

<sup>b</sup> Information not available at College of Nurses of Ontario Archives.

were in their second year, but they were nonetheless admitted for the first time in a college-centered program.

Table XXVI presents the total numbers of candidates graduating from programs within the educational system by year, by province and consequently in all of Canada. Quebec and Saskatchewan demonstrate the largest total number of graduates; here again statistics are self explanatory in view of the fact that the transfer is complete in both provinces. The transfer is likewise complete in Ontario, but this process having been implemented in 1973, the total number of graduates will only increase appreciably in the subsequent years. The sudden increase of 549 graduates in 1969 is accounted for by the fact that a transfer fully implemented in Saskatchewan in 1967 and diploma nursing programs in the province being of two years in length, candidates who graduated were all in programs under the control of the Department of Education. Statistics in Table XXVI further indicate that from 1967, at which time a first class graduated from a college-centered diploma nursing program, to 1973 inclusive, a total of 11,255 candidates had successfully completed the prescribed course of studies and were eligible for registration by examination.

Table XXVI.-

Total Numbers Graduating Yearly From Diploma Nursing Programs  
Within the Provincial Systems of Education in Canada<sup>a</sup>.

| Numbers Graduating by Province |      |       |       |      |      |       |        |
|--------------------------------|------|-------|-------|------|------|-------|--------|
| Year                           | B.C. | Alta. | Sask. | Man. | Ont. | Que.  | Total  |
| 1967                           | -    | -     | -     | -    | 9    | -     | 9      |
| 1968                           | -    | -     | -     | -    | 23   | -     | 23     |
| 1969                           | 44   | 19    | 456   | -    | 53   | -     | 572    |
| 1970                           | 72   | 65    | 361   | -    | 21   | 2,023 | 2,542  |
| 1971                           | 81   | 110   | 340   | -    | 35   | 1,558 | 2,124  |
| 1972                           | 70   | 110   | 372   | 43   | 67   | 1,896 | 2,558  |
| 1973                           | 131  | 144   | 374   | 53   | 78   | 2,647 | 3,427  |
| Total                          | 398  | 448   | 1,903 | 96   | 286  | 8,124 | 11,255 |

<sup>a</sup> Source: Data compiled from statistical information obtained from officials of respective provinces as presented in Chapter II-VII (under 'Students') of this study.

The yearly success and failure rate on licensure examinations in respective provinces is depicted in Table XXVII. British Columbia and Saskatchewan tend to have the highest overall rate of success on examinations. Alberta, Manitoba and Quebec demonstrate a more elevated rate of failure. Alberta, having a high failure rate in 1969, at which time the first class of college-centered graduates wrote licensure examinations in the province, exhibited a declining trend in the two subsequent years followed by a marked increase since 1972. Manitoba tends to display a high failure rate since 1972, time at which graduates of a college-centered program first wrote licensure examinations; in 1973, the rate of failure is highly skewed. In Quebec, the lowest rate of failure was demonstrated in 1970, cut off point selected in presenting statistics relative to licensure examinations in the province; a constant yearly failure rate of approximately 20% is observed in the subsequent years.

The various provincial officials providing information indicated that although a number of candidates failed at a first sitting, they tended to be highly successful at subsequent sittings.

In accordance with a recent policy in Ontario, results are released only to candidates concerned, hence the College of Nurses did not deem it possible to issue data concerning the performance of graduates on licensure examinations. The

Table XXVII.-

Yearly Success and Failure Rate on Licensure Examinations, by Province, of Candidates Graduating from Diploma Nursing Programs Within the Systems of Education<sup>a</sup>.

| Year | B.C.   |           | Alta.  |           | Sask.  |           | Man.   |           | Que. <sup>b</sup> |           |
|------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|-------------------|-----------|
|      | Pass % | Failure % | Pass % | Failure % | Pass % | Failure % | Pass % | Failure % | Pass %            | Failure % |
| 1967 | -      | -         | -      | -         | -      | -         | -      | -         | -                 | -         |
| 1968 | -      | -         | -      | -         | -      | -         | -      | -         | -                 | -         |
| 1969 | 88.6   | 21.4      | 57.7   | 42.1      | 87.5   | 12.5      | -      | -         | -                 | -         |
| 1970 | 100.0  | 0.0       | 90.8   | 9.2       | 99.0   | 1.0       | -      | -         | 88.4              | 11.6      |
| 1971 | 100.0  | 0.0       | 94.6   | 5.4       | 93.0   | 7.0       | -      | -         | 78.7              | 21.3      |
| 1972 | 100.0  | 0.0       | 78.1   | 21.9      | 91.7   | 8.3       | 81.4   | 18.6      | 77.9              | 22.1      |
| 1973 | 90.08  | 9.92      | 68.7   | 31.3      | 93.3   | 6.7       | 64.0   | 36.0      | 80.1              | 19.9      |

<sup>a</sup> Source: Data compiled from statistical information obtained from officials of respective provinces as presented in Chapters II-VII (under 'students') of this study.

<sup>b</sup> The College of nurses of Ontario, owing to a recent policy, did not deem it advisable to release results regarding licensure examinations, hence the Province of Ontario was intentionally omitted.

only portal of entry into the profession for new graduates is by examination. The main purpose of registration is to protect the public against unqualified or incompetent practitioners, yet policies relative to the release of information for public viewing tend to become more stringent.

#### 5. Faculty

In Canada, there continues to be a shortage of qualified faculty members to staff college-centered diploma nursing programs. There is, however, a trend toward an improved level of preparation although it falls short of the minimum qualification recommended; a bachelor's degree being considered the minimum preparation for teaching positions. Table XXVIII indicates that in 1974, there were still 31.4% of the faculty members employed in such positions who failed to meet this minimum level of preparation required; 64.5% had a bachelor's degree and only 4.1% demonstrated a higher level of preparation. If data are analysed against the 1964 statistics, at which time 75% of the instructors in all schools of nursing across Canada did not possess the minimum of a bachelor's degree<sup>3</sup>, there is a noticeable trend toward gradual improvement.

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<sup>3</sup> Royal Commission on Health Services, Royal Commission on Health Services, Ottawa, Queen's Printer, Vol. I, 1964, p. 62.

Table XXVIII.-

Number and Level of Preparation of Full-Time Faculty Members Engaged in Diploma Nursing Programs Within Educational Institutions by Province, and in Canada for the Academic Year 1973-1974<sup>a</sup>.

| Province            | Number and Level of Preparation                           |      |                      |      |                                   |      |
|---------------------|-----------------------------------------------------------|------|----------------------|------|-----------------------------------|------|
|                     | Basic Diploma,<br>University<br>Diploma or<br>Certificate |      | Bachelor's<br>Degree |      | Master's or<br>Doctoral<br>Degree |      |
|                     | No.                                                       | %    | No.                  | %    | No.                               | %    |
| B.C.                | 2                                                         | 4    | 46                   | 88   | 4                                 | 8    |
| Alta.               | 1                                                         | 2.5  | 27                   | 67.5 | 12                                | 30.0 |
| Sask.               | 14                                                        | 16.8 | 67                   | 80.7 | 2                                 | 2.5  |
| Man.                | 1                                                         | 8.3  | 10                   | 83.3 | 1                                 | 8.3  |
| Ont.                | 181                                                       | 19.1 | 732                  | 77.1 | 36                                | 3.8  |
| Que.                | 345                                                       | 57.6 | 235                  | 39.5 | 17                                | 2.8  |
| Totals in<br>Canada | 544                                                       | 31.4 | 1,117                | 64.5 | 72                                | 4.1  |

<sup>a</sup> Source: Data compiled from statistical information obtained from officials of respective provinces as presented in Chapters II-VII (under 'faculty') of this study.

There are no college-centered diploma nursing programs in the Atlantic provinces, but statistics with regard to the level of faculty preparation in schools of nursing further indicate a lack of faculty preparation which may be a force militating against change. New Brunswick demonstrates the highest level of faculty preparation in the Atlantic provinces, namely 82.2% having a bachelor's degree and another 8.9% with higher preparation. These statistics, not only compare favourably with statistics relative to provinces where the transfer is complete or partial, but are higher than those of the provinces of Saskatchewan which has 84.7% with a bachelor's or higher; Ontario having 80.9% with similar preparation and Quebec which has only 42.3% with equal preparation. Nova Scotia is second with 60.2% possessing a bachelor's or higher; Prince Edward Island trails closely behind with 56.4% having similar preparation and Newfoundland has 42.4% with equal preparation.

A faculty-student ratio has not necessarily been established in the various provinces of Canada. The trend has rather been to establish a ratio based on the following principles: the ratio of teachers to students is influenced by the scope of the programs' objectives; educational resources and facilities; teaching methods used; level of preparation and experience of the faculty members. This study revealed that nursing programs nonetheless strive to

maintain a relatively high ratio of 1:10. In view of the fact that clinical experience generally involves human beings, it is understandable that close supervision of the learner is necessary. This, in turn, demands a high faculty-student ratio.

#### 6. Distinctive National Trends.

Diploma nursing education in each province presented distinctive features; a melding of these features constitutes a national perspective depicting the unique pattern of diploma nursing programs within the system of education. Movements not observed at any one provincial level, but rather instigated on a national plane further actuate or display trends.

Presently, there is a definite move toward a national form of accreditation for all programs within the Health Sciences Division of Colleges across Canada. Diploma nursing programs now forming an integral part of the latter, will therefore in a foreseeable future be subject to review and approval by a national Co-ordinating Council in Accreditation of Health Sciences and Services. In a position paper submitted on behalf of the Association of Canadian Community Colleges to the Health Programs Branch of the Department of Health and Welfare of Canada it was stated:

The Association of Canadian Community Colleges recognizes the need for national activity with reference to the accreditation/approval process for programs offered in Community Colleges and related post-secondary non-degree granting institutions. In order to facilitate this national activity, the Association wishes to go on record as supporting in principal the formation of a National Co-ordinating Council on Accreditation of Health Sciences Education and Services. As the concern of the A.C.C.C. is primarily educational the following comments refer more specifically to accreditation of educational programs. The Association does however recognize the importance of links between the service and educational activity in the health field<sup>4</sup>.

The CNA which, since 1966, has seriously been considering initiating a voluntary system of accreditation under its aegis, at a subsequent mini-conference of A.C.C. Health Educators, through the media of Mussallem, declared that the "Directors have committed themselves to working together with [...] ACCC, and the Canadian Association of University Schools of Nursing to accomplish the task"<sup>5</sup>.

In addition to a form of voluntary accreditation of college-centered diploma nursing programs, the CNA Testing Service Examinations, purchased by the ten provinces and used as a tool in measuring the degree of safety of practitioners prior to the granting of registration certificates,

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<sup>4</sup> Association of Canadian Community Colleges, Position Paper on a National Co-ordinating Council on Accreditation, Willowdale, A.C.C.C., June 4, 1974, p. 3.

<sup>5</sup> Helen K. Mussallem, Notes for a Speech on Approval/Accreditation Procedure Health Education Mini-Conference, November 15-17, 1974, p. 6. (Mimeographed)

are subject to change. The present licensure examinations are based on a medical model; the trend is now toward a more comprehensive type of examination or integrated nursing model. The Director of the Testing Service indicated that by the spring of 1975 this project should be well underway<sup>6</sup>.

A study conducted under the auspices of the Canadian Hospital Association<sup>7</sup> accentuated the trend observed in Saskatchewan, Alberta and Quebec with regard to a certain feeling of dissatisfaction with graduates of shorter programs. Again, however, the term two years must not be confused with college-centered programs which, with the exception of Quebec, tend to be of two calendar years.

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<sup>6</sup> Information obtained by means of a telephone conversation, December 4, 1974.

<sup>7</sup> Canadian Hospital Association, Report of the Committee on Nursing on the Study of the Initial Job Performance of Graduates of two and three year Nursing Education Programs, Toronto, CHA, 1972, 7 p.

## SUMMARY AND CONCLUSIONS

The purpose of this study was to identify trends in basic diploma nursing programs at the post-secondary level within the provincial systems of education.

The problem which formed the object of this study was stated in the form of a question: What trends emerge in the transfer of diploma nursing programs from hospital schools to the systems of education in Canada? Two sub-questions flowed from this all encompassing question:

1. What are the major forces which persistently contributed to bring about or inhibit changes in the system?
2. What are the major characteristics of diploma nursing programs within the provincial systems of education?

A review of the historical background of diploma nursing education in Canada revealed that the first discreet move to the system of education was initiated by the RNAO and implemented at the Ryerson Polytechnical Institute, Toronto, in 1964. Followed by a three-year period of seemingly quiescence, the move away from hospital schools of nursing to the provincial systems of education was in a constant linear direction.

While the trend away from hospital-oriented and toward college-centered programs was noted to have permeated the entire Canadian scene, the degree to which this process

is in effect in the various provinces was found to be: complete, partial and non-existent. In chronological order, the process is complete in the provinces of Saskatchewan, Quebec and Ontario; in geographical order, the process is partial in the provinces of British Columbia, Alberta and Manitoba; in the Atlantic provinces, the process is non-existent.

Saskatchewan made the first breakthrough in implementing a complete transfer of diploma nursing programs to the provincial system of education; the process being in effect by 1967. It was almost simultaneously that Quebec, although in a manner not so tranquil, was undergoing similar changes. In the latter province the process was brought to term in 1970. Although the province of Ontario pioneered the now well established trend to develop diploma nursing programs in educational institutions, thus marking a first in Canadian nursing history, it was only in the fall of 1973 that the process was complete. In the provinces of British Columbia, Alberta and Manitoba, hospital and college-centered programs co-exist. In the Atlantic provinces, there is a definite trend toward shorter and independent diploma nursing programs, but as yet programs within the provincial systems of education are non-existent.

Forces at the root of the move away from hospital settings and toward educational institutions; away from the

control of the Departments of Health and toward the Departments of Education were fourfold: political, economic, social and technical.

If viewed superficially, the process of innovation in the long-standing pattern of diploma nursing education may seem to have been regulated by a series of analogous events, but an analysis of these events reveals that changes were the direct result of economic and political forces, the latter standing out as being the most forceful. The national and provincial nurses associations were undoubtedly the most persistent promoters of a reshaping of the system, but they had not the authority nor the funds to effect changes, hence they exercised resolute pressure on the government. Power obviously rests with the provincial governments. Evidence further reveals that the Departments of Health enjoyed considerable freedom in ordering diploma nursing education in a direction of choice. Changes tended to be initiated when the Departments of Health and respective Hospital Services Commissions began to equate nursing education conducted in hospitals against the dollar value destined to meet health care needs.

Changes in the system of diploma nursing education were likewise the indirect outcome of social and technical forces. This was particularly evident in the province of Quebec where innovation in the system was almost simultaneous

with total revision of the system of general education, this with a view to meet emerging social and technical needs. Diploma nursing education being technical in nature, henceforth had a niche in the general education system. In the other provinces, as colleges and technical institutes developed to meet changing social and manpower needs, suitable educational facilities for diploma nursing education were more readily accessible, hence the transfer could, and in many instances, was initiated by the various colleges.

Forces promoting change are well documented; counterforces tend to be less well documented. Evidence reveals that forces which promoted change likewise tended to inhibit innovation; the economic determinant being particularly conclusive in the Atlantic provinces.

Although federal funds are made available on a cost-sharing basis, Canada is constituted of ten provinces which, in educational matters, are autonomous. The basic assumption made at the onset of this study, namely that it was possible to make generalizations with regard to the major characteristics of diploma nursing programs within the various provincial systems of education, nonetheless proved tenable. Although the province of Quebec tended to demonstrate numerous unique characteristics, and despite the fact that it was yet too early to make definite statements with regard to diploma nursing education in the province of Ontario, the

latter being in the process of a complete transfer, it was possible to elicit a number of characteristics common to all programs in Canada. Following an analysis of diploma nursing programs in the various provincial settings, a comparative analysis of general major characteristics with outstanding variations were presented in the final chapter of this study.

In brief, the general characteristics identified relative to college-centered diploma nursing programs were: programs, established in multidisciplined institutions at the post-secondary level, are increasingly under the control and scrutiny of the departments of education; programs form an integral part of the health sciences complexes of junior or community colleges and technical institutes; these nursing programs are controlled, administered and financed in a manner akin to other similar college programs; nursing students pay tuition fees comparable to other college students; the departments of education are increasingly active in establishing standards and educational requirements; curricular prescriptions tend to be broad and flexible, this with the exception of Quebec where standards tend to be rigid and inflexible; students require a grade twelve to gain admission in a nursing program, the only exception being in the province of Quebec where a secondary V or eleven years of formal schooling is required; the length of programs ranges from twenty to twenty-four months; exception made for Quebec,

programs are compressed within a two year period; the focus of programs tends to be toward the preparation of curative-centered type of a nurse; there is a balance between general and nursing education; the course content in nursing constitutes between one-half to two-thirds of the entire program of studies; contractual agreements are required between the agency providing clinical experience to students and the educational institution; the student population tends to be predominately female; graduates tend to be successful on licensure examinations although not always at a first sitting.

The results of the data analysed in this study provide a basis for drawing conclusions. The evidence justifies the assertion that, lest trends be redirected or altered, there are definite lines of direction that subsequent events will follow in the development of diploma nursing programs within the system of education. A first movement is a continued increasing development of diploma nursing programs within the systems of education and the declining trend in hospital and independent programs. Diploma nursing education, having reached maturity, continues to take its rightful place within the system of education. The trend, then, spells the demise of a century-old system and the continued growth of a new pattern of education. In this new system, the existing overall number of programs continue to decrease. The number of programs required will now largely

be determined by manpower needs of a province rather than by the service needs of respective hospitals. Even in provinces where the transfer is non-existent, there is increased and sustained pressure to transfer programs to the provincial systems of education. The economic determinant which presently stifles innovation is giving way to a revised model of financing diploma nursing education within the provincial systems of education. The patient dollar tends to no longer be regarded as an acceptable source of funding diploma nursing education.

A second trend is the continued development of diploma nursing programs in a manner akin to other similar diploma college programs. The move is progressively away from a multi-jurisdictional type of control and toward a uni-jurisdictional form of control. Colleges tend to exercise considerable academic freedom while being subjected to the scrutiny and control of the authorized Department of Education. Quebec presents a distinctive feature in that the Ministry of Education prescribes definite requirements applicable to all CEGEP. In this province, the degree of academic freedom exercised lies in the articulation of the prescribed course of studies. In the new system, the provincial nurses associations or college of nurses are progressively losing the control previously enjoyed over diploma nursing programs and become exclusively regulatory bodies.

Their role now consists in developing regulations outlining requirements for admission to the registers rather than that of establishing policies for the approval of diploma nursing programs. A form of voluntary national accreditation is progressively viewed as an acceptable means of evaluating diploma nursing programs across Canada.

A third trend is an increased effort to clarify the focus of diploma nursing education. A careful analysis of the changing social and health needs of people in Canada is at the basis of this process of clarification. Presently, there exists a degree of dissatisfaction with the performance of new graduates. The program objectives and expectations of employers demonstrate less fusion than confusion. Efforts to unravel realistic and unrealistic expectations are warranted. Learning is a life long process, yet what degree of expertise can rightly be expected of a new graduate? This remains a nebulous area in diploma nursing education. In view of the definite move toward shorter programs, and in order to direct the trend toward the preparation of a more health-care centered type of a nurse, there is a need to examine manpower demands in the light of the increasing movement toward specialization. What goal can a two-year program realistically pursue? Stated differently, can a generalist capable of meeting all health care needs be prepared in such a short period of time? Or should programs strive for

excellence in the preparation of a more curative-centered nurse while providing the latter with a sufficiently sound foundation thus allowing for further future specialization in an area of choice. Hospitals continue to employ large numbers of nurses, yet studies conducted in a number of provinces demonstrate a degree of disenchantment with the present product of diploma nursing programs. This may point to a need to clearly distinguish between levels of basic nursing education. What level of competency can rightly be expected of diploma nurses as compared to that of a nurse holding a baccalaureate degree?

A fourth trend reflects a balance of general and specialized education. Curricular arrangements demonstrate that the nursing content generally consists of one-half to two-thirds of the overall content. A mounting area of difficulty is that of identifying adequate clinical facilities to provide suitable learning experiences for all students. In order to stretch optimally available clinical facilities, the move has been that of regional planning and coordination.

The CNA Testing Service Examinations now continue to serve as a useful measure in the selection of the qualified and unqualified. The trend is toward a revised type of examination. The present form consisting of five examinations in the major areas of nursing will be altered considerably moving from a medical to an integrated or nursing

model. In further developing these examinations, the question of separate examinations for students graduating from a baccalaureate program and those graduating from a diploma program warrants immediate consideration.

A final trend is the continued penury of qualified faculty members in Canada. Teachers constitute the keystone of any program, yet the level of preparation observed across Canada fails to meet the minimal requirement of a bachelor's degree. A program leading to a baccalaureate degree is a basic course in nursing and therefore does not prepare for teaching positions. Far too few faculty members hold a master's degree or higher.

It is undoubtedly too early to determine the outcome of changes observed in the system of diploma nursing education. The analysis of a decade of development in a linear direction clearly points to a trend. The move away from hospital-oriented schools of nursing and toward college-centered programs at the post-secondary level in the educational system can no longer be viewed as the result of a fad; it is a trend which is rapidly in the process of becoming an accomplished fact. It would therefore be foolhardy to attempt to reverse the trend, rather positive efforts ought to be made to control and influence the process, this with a view to guide the movement in a direction of choice. While continuing to venture in areas of newness the patient can ill

afford to be forgotten; today as yesterday and tomorrow as today the patient stands in need of care by competent practitioners.

This study made no attempt to evaluate or to make a value judgment with regard to yesterday's or today's emerging pattern of diploma nursing education, but suggestions for further research emerge.

First, an evaluative study of college-centered diploma nursing programs in respective provinces and even in all of Canada should be conducted in a near future. Such a study should even precede the development of a voluntary accreditation system in Canada. Criteria of excellence need to be determined and verified; arbitrary rules of measurement ought never be applied in the evaluation of an educative process.

Second, a comparative study of the performance of new graduates from both hospital-oriented and college-centered programs should be conducted in provinces where the transfer is yet incomplete. A study of this nature would provide some valid data upon which to formulate a judgment with regard to the present ill-defined sense of dissatisfaction observed in various provinces.

Thirdly, there is a need for a study to clearly delineate the objectives, goals or focus of diploma nursing education. The time is now to distinguish between the level

of competency for a diploma nurse and that of a nurse holding a baccalaureate degree. The period of preparation for the former is two years as compared to four years for the latter. To direct the trend toward the preparation of a health-care centered nurse answers are necessary lest diploma nursing programs pursue unrealistic goals and achieve little else than frustration on the part of nurses and employers.

Fourth, a study to elucidate reasons which account for the chronic lack of faculty preparation in Canada is not only viewed as timely, but as urgent. There is a further need to determine the type, level and nature of preparation best suited to faculty members teaching in college-centered diploma nursing programs.

Finally, inventiveness and imaginative leadership on the part of nurses associations and nursing educators will be required in the next decade, this with a view to continue to pressure and direct the trend toward quality. In the process of innovation, the patient's right to quality of care must be safeguarded. Since the ultimate purpose of diploma nursing education is to prepare sufficient and competent practitioners, newness must spell soundness.

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Presents a description of the role, duties and  
responsibilities of the MARN in nursing education and the  
registration of its members.

Ministère de l'Education, CEGEP 1970, Québec, Direc-  
tion Générale de l'Enseignement Collégial, 1970, 28 p.

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CEGEP; the organizational structure, financial set-up, and  
the pedagogical regime.

-----, Cahiers de l'Enseignement Collégial 1973-  
1974, 01 Sciences de la Santé, Techniques Biologiques, Gou-  
vernement du Québec, 1973, 323 p.

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at the CEGEP level and outlines the specific course require-  
ments for nursing options.

New Brunswick Association of Registered Nurses,  
Submission to Study Committee on Nursing Education,  
Fredericton, NBARN, 1970, 37 p.

Presents the beliefs and recommendations of the NBARN  
with regard to diploma nursing education in the province.  
An orderly transition to the system of education is promoted.

-----, Criteria for New Diploma Nursing Programs  
Operating Outside of Hospital Control, Fredericton, NBARN,  
1973, 9 p.

Presents an outline of curricular prescriptions for  
independent diploma nursing programs in the province.

-----, Registration Policies: Initial Registration in New Brunswick, Fredericton, NBARN, 1973, 9 p.

Gives information with regard to the prescribed length of diploma nursing programs, and major nursing courses required for candidates to qualify for the writing of licensure examinations.

-----, Submission to the New Brunswick Higher Commission on Future Development and Financing for Post-Secondary Education, Fredericton, NBARN, 1973, 16 p.

Submission wherein the NBARN describes its role in nursing education and makes definite recommendations for the future orderly transition of diploma nursing programs to the community college.

Ontario Department of Education, Colleges of Applied Arts and Technology, Basic Documents, Toronto, Department of Education, 1967, 20 p.

Document wherein basic elements in the development of CAAT are outlined.

Ontario Health Sciences Education Advisory Committee, Guidelines for the Development of Health Technology Programs Within the Colleges of Applied Arts and Technology and Health Sciences Complexes in Ontario, Toronto, Department of Health, 1970, 14 p.

Controversial document wherein the Committee recommends a transfer of diploma nursing programs to the system of education, and presents guidelines for the realization of the plan.

Ontario Ministry of Colleges and Universities, Joint News Release: Transfer of Diploma Nursing Education to the Colleges of Applied Arts and Technology, Toronto, Ministry of Colleges and Universities and Ministry of Health, January 12, 1973, 3 p.

Official announcement of the transfer of diploma nursing programs to the provincial system of education.

-----, Memorandum to: Colleges of Applied Arts and Technology, Subject: Evaluation of Nursing Programs in Colleges of Applied Arts and Technology, Toronto, Ministry of Colleges and Universities, November 6, 1973, 3 p.

Provides interim policies with regard to the control and approval of diploma nursing programs in CAAT.

-----, Memorandum to Colleges of Applied Arts and Technology, Subject: Requirements for Admission to CAATS, Toronto, The Ontario Council of Regents for Colleges of Applied Arts and Technology, 1974, 2 p.

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Ontario Minister of Health, M. Dymond, Future Pattern of Nursing Education in Ontario: A Summary of Papers Presented at the Series of Nursing Education 1965, Toronto, Compiled by: Department of Health, Ontario Hospital Services Commission, Ontario Hospital Association, College of Nurses of Ontario, University Schools of Nursing, 1965, 29 p..

Presents the Minister's ten-year plan leading to a gradual transition of hospital programs to regional schools of nursing offering shorter programs.

Registered Nurses' Association of British Columbia, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia: Part One Basic Nursing Education, Vancouver, RNABC, 1967, 30 p.

A plan for the orderly transition of diploma nursing programs from hospitals to the system of education.

-----, Criteria for Approval of Schools of Nursing in British Columbia, Vancouver, RNABC, 1973, 8 p.

Outlines minimal requirements for the approval of a diploma nursing program as established by the RNABC.

-----, Registered Nurse Manpower in British Columbia, 1973, Vancouver, RNABC, 1973, 28 p.

Document presenting statistical data and information relative to nurse manpower and nursing education needs in the province.

Registered Nurses Association of Nova Scotia, A Brief to the Nova Scotia Council of Health, Halifax, RNANS, 1972, 8 p.

Outlines the role of the RNANS in basic nursing education. Recommends that diploma nursing programs be transferred to educational institutions at the post-secondary level.

-----, Criteria for the Evaluation of Programs in Nursing Education in Nova Scotia, Halifax, RNANS, 1972, 12 p.

Outlines minimal requirements for approval of basic diploma nursing programs.

Saskatchewan Registered Nurses' Association, Brief to the Ad Hoc Committee on Nursing Education and to the Minister of Public Health, Regina, SRNA, 1965, v-38 p.

Brief describing the status of basic nursing education; delineating areas of concern and recommending a transfer of diploma nursing programs to the system of education.

-----, Brief Presented to the Joint Committee on Higher Education, Regina, SRNA, 1966, 26 p.

Outlines the educational programs needed for the education of the diploma nurse. Areas considered are: organization, faculty, students, curriculum and facilities.

-----, Policies, Procedures and Criteria for Approval of Nursing Education Programs in Saskatchewan, Regina, SRNA, 1973, 12 p.

Outlines the requirements established by the SRNA for purposes of granting approval to diploma nursing programs.

The Co-ordinating Council of the Universities of Alberta, Regulations Governing Schools of Nursing in the Province of Alberta, Edmonton, The Co-ordinating Council of the Universities of Alberta, 1970, 18 p.

Outlines the minimum requirements established by the Committee on Nursing Education, Universities' Co-ordinating Council, for the approval of diploma nursing programs in the province.

The Ontario Hospital Services Commission and the College of Nurses of Ontario, Guide for the Establishment of Regional Schools of Nursing and Change of Existing Programmes, Toronto, OHSC and College of Nurses, 1966, 26 p.

Outlines the general policies, procedures and criteria used in the establishment of regional diploma nursing programs.

Vancouver City College, Progress Report for Initial and Continuing Initial Approval, Submitted to: Registered Nurses' Association of British Columbia, Vancouver, Vancouver City College, Langara Nursing Program, 1973, 121 p.

Report containing information with regard to the total diploma nursing program.

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Alberta Association of Registered Nurses, The A.A.R.N. Newsletter, Edmonton, AARN, Vol. 21, No. 1, 1965, 116 p.

Sheds light on the AARN's viewpoint with regard to shorter programs in nursing education.

-----, News Letter, Edmonton, AARN, Vol. 22, No. 5, 1966, 12 p.

Discusses the introduction of a first college-centered diploma nursing program in the system of education. The AARN demonstrates a favourable outlook, and predicts further changes in this direction.

-----, Newsletter, Edmonton, AARN, Vol. 26, No. 3, 1970, 23 p.

Discusses the controversial issue of establishing a Co-ordinating Council on Nursing in the province.

-----, Newsletter, Edmonton, AARN, Vol. 29, No. 10, 1973, 4 p.

Outlines proposed revisions to the Nurses Act whereby the AARN would be legally authorized to assume responsibility for standard setting in nursing education.

-----, AARN Provincial Council Minutes, June 6-7, 1974.

Information with regard to the existing membership of the Committee on Nursing Education.

-----, Synopsis of the Meeting of the A.A.R.N. with the Minister of Advanced Education, June 13, 1974, Edmonton, AARN, 1974, 2 p.

Summary of meeting regarding the future transfer and control of standards of diploma nursing programs in the province.

Association of Nurses of Prince Edward Island, Folio of Reports, Fiftieth Annual Meeting, Charlottetown, ANPEI, 1971, 33 p.

Discusses the possibility of transferring the independent diploma nursing program to a college.

Association of Registered Nurses of Newfoundland, News Bulletin, St. John's, ARNN, December 1970, 19 p.

Presents information with regard to the recommended level of faculty preparation for the province.

-----, Annual Meeting Reports, St. John's, ARNN, 1974, 7 p.

Presents information with regard to licensure examinations adopted in the province.

L'Ordre des Infirmières et Infirmiers du Québec, Rapports Annuels Présentés au Cours de la Cinquante-Quatrième Assemblée Générale Annuelle, Montréal, OIIQ, 1974, 51 p.

Presents information with regard to the student enrolment in CEGEP nursing options.

Manitoba Association of Registered Nurses, Folio of Reports, 52nd Annual Meeting, Winnipeg, MARN, 1966, 52 p.

Indicates the level of faculty preparation and the status of diploma nursing programs in the province.

-----, Bulletin, Winnipeg, MARN, Vol. 4, No. 4, 1970, 4 p.

Explains a trend in the province to improve hospital-centered diploma nursing programs.

-----, MARNews, Winnipeg, MARN, Vol. 1, No. 2, 1973, 12 p.

Describes the focus of diploma nursing programs in the province.

Ontario Ministry of Health, Annual Report, Toronto, Ministry of Health, 1972, 36 p.

Outlines the revised policy relative to free room and board for nursing students in hospital schools.

Registered Nurses' Association of British Columbia, Folio of Annual Reports, Vancouver, RNABC, 1965, 73 p.

Presents forces militating against changes in diploma nursing education.

-----, Folio of Annual Reports, Vancouver, RNABC, 1966, 79 p.

Describes steps taken to ensure an orderly development of diploma nursing education in the province.

-----, RNABC News, Vancouver, RNABC, Vol. 6, No. 1, 1974, 24 p.

Discusses implications of the Medical Centre Act in regards to the future of basic diploma nursing education.

Registered Nurses Association of Nova Scotia, Folio of Reports, 61st Annual Meeting, Halifax, RNANS, 1970, 65 p.

Outlines the RNANS's set-up in the granting of approval to diploma nursing programs. Also discusses the issue of establishing a college of nurses in the province.

-----, Annual Meeting and Reports, Halifax, RNANS, Vol. 4, No. 3, 1972, (no pagination).

Describes changes in the length of diploma nursing programs, and the reduction of the service component.

Saskatchewan Board of Nursing Education, Evaluation of the State of Nursing Education in Saskatchewan, July 1, 1966 - June 30, 1967, Regina, Board of Nursing Education, 1967, 10 p.

A report of the transition and status of diploma nursing education in the province from 1966 to 1967.

-----, Evaluation of the State of Nursing Education in Saskatchewan, July 1, 1967 - June 30, 1968, Regina, Board of Nursing Education, 1968, 13 p.

An annual report describing the transfer of diploma nursing programs to the system of education, and an evaluation of the state of nursing education in the province.

-----, Evaluation of the State of Nursing Education in the Province of Saskatchewan, Regina, Board of Nursing Education, 1969, ii-27 p.

An annual report of diploma nursing education in the province.

The Association of Nurses of the Province of Quebec, Reports Presented During the Forty-Sixth Annual Meeting, Montreal, ANPQ, 1966, 21 p.

Describes steps taken to initiate a transfer of diploma nursing programs to CEGEP.

-----, News and Notes, Montreal, ANPQ, 1970, 6 p.

The ANPQ outlines action taken with a view to hasten the process of transfer of all diploma nursing programs to the system of education.

-----, Reports Presented During the Fifty-Third General Annual Meeting, Montreal, ANPQ, 1973, 51 p.

Discusses the general education component of nursing options as well as the focus of these programs.

## 4. Statutory Material

Alberta, The Registered Nurses' Act, R.S.A., 1966, c. 87.

Presents the legal authority and powers of the Alberta Registered Nurses Association in matters pertaining to the registration of its membership.

-----, Bill 119, An Act Respecting the Alberta Council on Nursing, 1969.

Act promoting a central licensing body in the province.

-----, Bill 80, An Act Respecting the Alberta Co-ordinating Council on Nursing, 1970.

A revision of the above Act; the latter died at legislature.

-----, The Colleges Amendment Act, 1973, c. 16.

Act which dissolves the Alberta Colleges Commission.

-----, The Universities Act, 1973, c. 378.

Act which empowers the Co-ordinating Council of the Universities of Alberta to set standards and approve diploma nursing programs.

Alberta Association of Registered Nurses, Bylaws of the Association of Registered Nurses, Edmonton, AARN, 1974, 29 p.

Describes procedures relative to registration and licensure examinations.

British Columbia, Medical Centre of British Columbia Act, Bill 81, 1973, c. 124.

Act granting legal powers to the British Columbia Medical Centre in matters pertaining to diploma nursing education.

-----, Nurses Act, R.S.B.C., 1960, c. 335, 1967, c. 156, 1973, c. 148.

Act granting legal authority to the Registered Nurses' Association of British Columbia to set standards; approve diploma nursing programs, and grant registration certificates to its membership.

-----, The Public Schools Act, R.S.B.C., 1973, c.142.

Information relative to the structural organization of junior colleges in the province.

Gouvernement du Québec, Entente Générale Type Proposée par le Ministère des Affaires Sociales et le Ministère de l'Éducation, Gouvernement du Québec, 1973, 10 p.

Policies regulating contractual agreements and form of contract to be signed by the agency providing clinical experience to students and the CEGEP purchasing these services.

Manitoba, The Registered Nurses' Act, R.S.M., 1970, c. 40.

Act which gives legal authority to the MARN to establish an Accreditation Committee for purposes of setting standards and approving diploma nursing programs. Also gives authority to the Association to grant registration certificates to its membership.

New Brunswick, An Act to Consolidate and Amend the Registered Nurses Act, 1957, c. 82, as the Amendments to 1968, c. 73.

Grants legal authority to the New Brunswick Association of Registered Nurses to set standards, grant approval to diploma nursing programs and register members.

-----, New Brunswick Community College Act, 1973, c. 14.

Establishes a body corporate known as the New Brunswick Community College, thus providing institutions at the post-secondary level for the transfer of diploma nursing programs.

Newfoundland, An Act to Incorporate the Association of Registered Nurses of Newfoundland and for other purposes in Connection Therewith, R.S.N.F., 1970, c. 268.

Act granting legal authority to the ARNN to set standards, approve diploma nursing programs and grant registration certificates to its members.

Nova Scotia, The Registered Nurses' Association Act, R.S.N.S., 1966, c. 11.

Act giving legal powers to the Registered Nurses Association of Nova Scotia to set standards, approve diploma nursing programs and grant registration certificates to its membership.

Ontario, An Act Respecting Ryerson Polytechnical Institute, 11-12, Elizabeth II, 1963, c. 128.

Information with regard to the structural organization of the Ryerson Institute.

-----, An Act to Amend the Department of Education Act, 13-14, Elizabeth II, 1965, c. 28.

An Act establishing Colleges of Applied Arts and Technology in the province.

-----, An Act to Amend the Nurses Act, 1961-62, 12-13, Elizabeth II, 1963, c. 92, 1973, c. 30.

Grants legal powers to the College of Nurses of Ontario in matters pertaining to diploma nursing education and the registration of members.

-----, The Health Disciplines Act, Bill 22, 23, Elizabeth II, Part IV, 1974.

Umbrella Act for five professional colleges in the province; rescinds the Nurses Act.

Prince Edward Island, An Act to Amend the Prince Edward Island Nurses Act, 1974, c. 3.

Act granting legal powers to the ANPEI to set standards, approve diploma nursing programs and grant registration certificates to members who qualify.

Quebec, S.R., 1964, c. 233, Education Department Act, Brought into Force by Proclamation 13/5/64.

Act establishing the Ministry of Education in the province; the latter issues curricular prescriptions for nursing options.

-----, S.R., 1964, c. 234, Superior Council of Education Act, Brought into Force by Proclamation 13/5/64.

Establishes a Superior Council on Education destined to assist the Ministry in an advisory capacity.

-----, E.R., 1966/67, c. 71, General and Vocational Colleges Act, Assented to 29th June, 1967.

Act establishing CEGEP.

-----, An Act to Amend the Nurses Act, Bill 89, Assented to 12th of December, 1969.

Admits male nurses into the profession.

-----, An Act Respecting Health and Social Services, Bill 65, 1971, c. 48.

Gives insight into the need for a more community-health-centered type of a nurse.

-----, Décret Tenant Lieu de Convention Collective Entre le Personnel Enseignant et les Collèges d'Enseignement Général et Professionnel, Arrêté en Conseil No. 3812-72, 1972, 111 p.

Indicates the manner in which the directors of nursing options must be selected.

-----, Bill 273, Nurses Act, Assented to 6th July, 1973.

Act governing the Association of Nurses of the Province of Quebec. Gives insight into legal powers relative to registration of the membership and the role played by the Association in educational matters.

-----, Bill 250, Professional Code, Assented to 6th July, 1973.

Act which regulates the various professional corporations (inclusive of the nurses association) in the province.

Registered Nurses Association of Nova Scotia, By-Laws of the Registered Nurses Association of Nova Scotia, Halifax, RNANS, 1973, 27 p.

Information relative to the Nursing Education Committee, policies governing diploma nursing programs and approval of same.

Saskatchewan, An Act Respecting the Education of Nurses, Assented to March 30, 1966.

Legally establishes diploma nursing education under the control of the Department of Education.

-----, An Act to Amend the Department of Education Act, Assented to April 7, 1966.

Establishes a Board of Nursing Education in the province with the responsibility to advise the Minister of Education in matters pertaining to diploma nursing education.

-----, The Registered Nurses Act and Bylaws of the Saskatchewan Registered Nurses' Association, 1973, 34 p.

Describes the Association's legal authority over diploma nursing education and the registration of its membership.

The Association of Nurses of the Province of Quebec, By-Laws of the Association of Nurses of the Province of Quebec, Montreal, ANPQ, 1971, 19 p.

Describes the composition and role of the School of Nursing Committee.

## 5. Calendars, Bulletins and Brochures

Algonquin College of Applied Arts and Technology, Nursing Diploma Program Monograph, Ottawa, Algonquin College, 1973.

Information relative to the total diploma nursing program.

British Columbia Institute of Technology, Calendar 74/75, Vancouver, Queen's Printer, 1974, 315 p.

Information with regard to the College and the total diploma nursing program.

Canadore College of Applied Arts and Technology, Calendar, 1974-1975, North Bay, Canadore College, 1974, 265 p.

Presents information re: admission requirements, tuition fees and total curriculum.

Cariboo College, Nursing Program Calendar 1974-1975, Kamloops, Cariboo College, 1974, 29-31 p.

Information specific to the diploma nursing program.

Conestoga College of Applied Arts and Technology, Nursing (Diploma) Program, Kitchener College, 1974 (Pamphlet).

Gives information with regard to the curriculum, admission requirements and tuition fees.

Confederation College of Applied Arts and Technology, Diploma Nursing Program Monograph, Thunder Bay, Confederation College, 1973.

Information relative to the diploma nursing program.

Grant MacEwan Community College, Calendar 1973-1974, Edmonton, Grant MacEwan College, 1973, 64 p.

Information with regard to admission requirements, tuition fees, organization of the College and the total nursing program.

Humber College of Applied Arts and Technology, Health Sciences Program 74/75, Toronto, Humber College, 1974, 8 p.

Information concerning admission requirements, fees and the total curriculum.

Kelsey Institute of Applied Arts and Sciences, Diploma Nursing Program Brochure, Regina, Department of Continuing Education, (no date).

General information with regard to the diploma nursing program offered at the Kelsey Institute.

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Lethbridge, Lethbridge College, 1974, 132 p.

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tuition fees, organization of the College and the total  
curriculum.

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Medecine Hat College, 1973, 123 p.

Information with regard to admission requirements,  
tuition fees, organization of the College and the total  
program.

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Royal College, 1974, 258 p.

Information relative to admission requirements,  
tuition fees, organization of the College and the total  
curriculum.

Northern College of Applied Arts and Technology,  
Supplement to Calendar 1973-74, South Porcupine, Northern  
College, 1974, 16 p.

Information relative to the total program.

Prince Edward Island School of Nursing, Bulletin,  
Charlottetown, School of Nursing, (no date).

Information with regard to admission requirements  
and curriculum.

Red River Community College, Calendar 1973-74,  
Winnipeg, Ministry of Colleges and University Affairs, 1973,  
314 p.

Information relative to the curriculum, admission  
requirements, tuition fees and organization of the college.

-----, Diploma Nursing Education: Entrance Require-  
ments, Winnipeg, Diploma Nursing Programs, 1974, 1 p.

Revised admission requirements.

Schumacher, Marguerite E., The Theoretical Framework,  
Diploma Nursing Program, Red Deer, Red Deer College, 1972, 11 p.

Information with regard to the total program arrangement.

Selkirk College, Calendar 1973-1974, Castlegar,  
Castlegar Campus, 1973, 70 p.

Information with regard to admission requirements,  
tuition fees, College policies and the program arrangement.

Sir Sandford Fleming College of Applied Arts and Technology, Calendar 1974-75, Peterborough, Sir Sandford Fleming College, 1974, 232 p.

Information with regard to tuition fees and the total diploma nursing program.

St. Lawrence College of Applied Arts and Technology, Nursing Handbook, Kingston, St. Lawrence College, 1974, 9 p.

Information with regard to the total diploma nursing program.

The Nightingale School of Nursing, Bulletin, Toronto, Nightingale School, 1969, 8 p.

Information with regard to the historical development of this program.

Vanier College, Nursing for Men and Women, Montreal, Vanier College, Ste. Croix and Snowdon Campuses, (no date).

Presents the focus of diploma nursing programs which prevails in the province of Quebec.

Wascana Institute of Applied Arts and Sciences, Core Curriculum Conceptual Model, Regina, Wascana Institute Diploma Nursing Program, 1972, 3 p.

Information with regard to the approach used in teaching nursing.

-----, Calendar 1974-75, Regina, Wascana Institute, 1974, 70 p.

Information relative to admission requirements, tuition fees, and the organization of the Institute.

## 6. Sources of Statistical Data

Association of Nurses of Newfoundland, Prepared by Mrs. Alice J. Furlong, Assistant Executive Secretary, September 23, 1974.

Data with regard to student enrolment in college-centered diploma nursing programs, numbers graduating, success and failure rate on licensure examinations, number and level of faculty preparation.

Canadian Hospital Association, Canadian Hospital Directory, Toronto, CHA, 1964 - 1974.

Information with regard to hospital-oriented, independent and college-centered diploma nursing programs in Canada on a yearly basis.

Canadian Nurses' Association, Countdown 1967, Ottawa, CNA, 1968, 106 p.

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College of Nurses of Ontario, Prepared by the staff of the College of Nurses, June 1974.

Data relative to: yearly student enrolment, graduation, number and level of faculty preparation of college-centered diploma nursing programs in the province.

New Brunswick Association of Registered Nurses, Prepared by Mrs. Anna A. Christie, Educational Consultant, October 1974.

Data relative to the number and level of faculty preparation in diploma nursing programs in the province.

Order of Nurses of the Province of Quebec, Prepared by José Cadoret and Pauline Crevier, October 1974 and January 1975.

Data relative to: yearly enrolment, graduation, success and failure rate on licensure examinations.

Prince Edward Island School of Nursing, Prepared by Miss Eileen McMillan, Assistant Director, September 25, 1974.

Data relative to the number and level of faculty preparation in the independent diploma nursing program.

Red River Community College, Manitoba, Prepared by Miss D. Dick, Special Projects Co-ordinator, Nursing Education, September 13, 1974.

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Registered Nurses' Association of British Columbia, Prepared by Helen Grice, Registrar, November 1974.

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Registered Nurses Association of Nova Scotia, Prepared by Mrs. Frances Moss, Executive Secretary, October 21, 1974.

Data relative to the number and level of faculty preparation in diploma nursing programs in the province.

Saskatchewan Registered Nurses' Association, Prepared by the SRNA staff, June 1974.

Data relative to yearly enrolment, graduation, success and failure rate on licensure examinations, number and level of faculty preparation in diploma nursing programs under the control of the Department of Education.

University of Alberta, Prepared by Miss Margaret Steed, Advisor to Schools of Nursing, June 1974.

Data relative to: yearly enrolment, graduation, success and failure rate on licensure examinations, and faculty preparation in the college-centered diploma nursing programs in the province.

#### B. SECONDARY SOURCES

Campbell, Gordon, Community Colleges in Canada, Toronto, McGraw-Hill, 1971, xv-346 p.

An overview of the provincial and national development of colleges and the college system in Canada.

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, 1971, ii-60 p.

Outlines changes in basic nursing education in the province, namely, the gradual development of two-year and regional diploma nursing programs, also indicates a trend toward a move of programs to the Colleges of Applied Arts and Sciences.

-----, A Survey of the Development of Baccalaureate and Diploma Nursing Schools of Nursing in Ontario Since 1965, Supplement, Toronto, College of Nurses, 1972, 36 p.

A supplement to the above mentioned survey which serves to present up-to-date information with regard to the development of basic nursing programs in the province.

Crosby, Bella, ed., "Report of Special Committee on Nurse Education", Toronto, Canadian Nurse, Vol. 10, No. 10, 1914, p. 570-582.

Historical information with regard to the efforts of the nursing profession to improve diploma nursing education.

Long, Linda, "Tomorrow's Nursing Education in Saskatchewan", Ottawa, Canadian Nurse, Vol. 63, April 1967, p. 30-33.

Presents historical data with regard to the transfer of diploma nursing programs to the system of education.

MacMurchy, Helen, ed., "Trained Nursing in Canada", Toronto, The Canadian Nurse, Vol. 5, No. 8, 1909, p. 526-527.  
Describes origin, development and status of hospital schools of nursing in Canada.

Parrott, Eric G., "The CNA Testing Service", Ottawa, Canadian Nurse, Vol. 68, No. 8, 1972, p. 27-31.

Explains the type and development of the licensure examinations used in Canada to determine the eligibility of graduates for registration.

Registered Nurses' Association of Ontario, Outline of Activities Related to the Pattern for the Preparation of the Diploma Nurse in Ontario, Toronto, RNAO, 1966, 11 p.

Presents valuable information with regard to the historical development of diploma nursing education in the province.

Registered Nurses' Association of British Columbia, Basic Nursing Programmes in British Columbia, Vancouver, RNABC, 1974, 15 p.

Manual providing up-to-date information with regard to the various diploma nursing programs in the province.

, History of the Mack Training School for Nurses, Collection of Writings kept at the CNA Archives.  
Historical data regarding the first hospital school of nursing in Canada.

APPENDIX 1

LIST OF CEGEP NURSING OPTIONS IN THE  
PROVINCE OF QUEBEC<sup>1</sup>.

Alma, CEGEP Saguenay, Lac St-Jean  
Chicoutimi, CEGEP de Chicoutimi  
Drummondville, CEGEP Bourgchemin  
Gaspé, Collège de la Gaspésie  
Granby, CEGEP de Sherbrooke  
Hauterive, CEGEP Régional de la Côte-Nord  
Hull, CEGEP de Hull  
Joliette, CEGEP de Joliette  
Jonquière, CEGEP de Jonquière  
La Pocatière, CEGEP la Pocatière  
Lauzon, CEGEP de Lévis-Lauzon  
Limoilou, CEGEP de Limoilou  
Matane, CEGEP de Matane  
Montréal, Collège Bois-de-Boulogne  
Montréal, CEGEP Edouard-Montpetit  
Montréal, CEGEP de Saint-Laurent  
Montréal, CEGEP de Maisonneuve  
Montréal, CEGEP Saint-Jean-Vianney  
Montréal, Collège du Vieux Montréal

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<sup>1</sup> Canadian Hospital Association, Canadian Hospital Directory, Toronto, Canadian Hospital Association, 1974, p. 238-239.

Montréal, Dawson College, Lafontaine Campus  
Montreal, Dawson College, Selby Campus  
Montreal, Vanier College, St-Laurent Campus  
Montreal, Vanier College, Snowden Campus  
Québec, Collège de Sainte-Foy  
Québec, CEGEP François-Xavier Garneau  
Rimouski, CEGEP de Rimouski  
Rivière-du-Loup, CEGEP de Rivière-du-Loup  
Rouyn-Noranda, CEGEP de Rouyn-Noranda  
Ste-Anne-de-Bellevue, John Abbott College  
St-Félicien, CEGEP Régional du Saguenay, Lac St-Jean  
Saint-Georges, Séminaire de Saint-Georges  
Saint-Hyacinthe, Collège Régional Bourgchemin  
Saint-Jean, Collège Saint-Jean-sur-Richelieu  
St-Jérôme, CEGEP de St-Jérôme  
Sept-Iles, CEGEP Régional de la Côte-Nord, Campus Mingan  
Shawinigan, CEGEP de Shawinigan  
Sherbrooke, CEGEP de Sherbrooke  
Sorel, CEGEP Bourgchemin, Campus Tracy  
Thetford Mines, Collège de Thetford Mines  
Trois-Rivières, CEGEP de Trois-Rivières  
Valleyfield, Collège de Valleyfield  
Victoriaville, CEGEP de Victoriaville

## APPENDIX 2

### LIST OF COLLEGES (CAAT) OFFERING DIPLOMA NURSING PROGRAMS IN THE PROVINCE OF ONTARIO<sup>1</sup>.

Belleville, Loyalist College  
Hamilton, Mohawk College  
Kingston, St. Lawrence College  
Kitchener, Conestoga College  
London, Fanshawe College  
Mississauga, Sheridan College, School of Nursing  
North Bay, Canadore College  
Orillia, Georgian College  
Oshawa, Durham College  
Ottawa, Algonquin College  
Peterborough, Sir Sandford Fleming College  
Sarnia, Lambion College  
Sault Ste Marie, Sault College  
South Porcupine, Northern College  
Sudbury, Cambrian College  
Thunder Bay, Confederation College  
Toronto, George Brown College  
Toronto, Centennial College

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<sup>1</sup> Canadian Hospital Association, Canadian Hospital Directory, Toronto, Canadian Hospital Association, 1974, p. 238.

Toronto, Humber College

Toronto, Ryerson Polytechnical Institute

Toronto, Seneca College

Welland, Niagara College

Windsor, St. Clair College

## APPENDIX 3

### ABSTRACT OF

#### Trends in Basic Diploma Nursing Programs Within the Provincial Systems of Education in Canada 1964 to 1974<sup>1</sup>.

The purpose of this study was to identify trends in basic diploma nursing programs at the post-secondary level within the provincial systems of education.

The first move to the system of education having been initiated in 1964, this study was primarily concerned with the past decade. Areas of research were: forces at the root of the transfer of programs; structural organization and policies governing programs; curricula; students and faculty. Following an overview of diploma nursing education from its inception in 1874, the report presents an analysis of diploma nursing programs in the various provincial settings. The final chapter consists of a comparative analysis of forces, characteristics of programs and trends on a nation-wide basis.

Findings indicated that the trend away from hospital-oriented and toward college-centered programs has permeated Canadian diploma nursing education. The process was found

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<sup>1</sup> Marguerite Letourneau, doctoral thesis presented to the Faculty of Education of the University of Ottawa, Canada, 1975; xvi-415 p.

to be complete in Saskatchewan, Ontario and Quebec; partial in British Columbia, Alberta and Manitoba; in the Atlantic provinces, it is non-existent but trends point to future changes. Forces at the root of changes were political, economic, social and technical. Forces which tended to promote innovation likewise tended to inhibit change.

Evidence points to lines of direction that subsequent events will tend to follow. A first movement is the continued development of nursing programs within the systems of education. The trend spells the demise of a century-old system and the continued growth of a new pattern. A second trend is the continued development of programs in a manner akin to other similar college programs. The move is toward a uni-jurisdictional form of control, programs being subject to the scrutiny of authorized Departments of Education. Nurses associations will progressively lose control over diploma programs, and become exclusively regulatory bodies. A form of national accreditation will become the accepted body for the evaluation of programs across Canada. Licensure examinations will continue to serve as a useful measure in the selection of qualified members, but the trend is away from the present medical model and toward an integrated or nursing model. A third trend is an increased effort to clarify the focus of programs in the light of existing health needs. The present ill-defined dissatisfaction with

the product of diploma programs will require clarification. A fourth trend reflects a balance between general and nursing education, although finding adequate learning experiences for students is increasingly problematic. A final trend is the continued penury of qualified faculty members.

It is yet too early to determine the outcome of changes which occurred in the past decade, but results clearly demonstrated that the trend toward college-centered programs can no longer be viewed as the result of a fad; rather it was regarded as a process rapidly becoming a fact.

The study made no attempt to evaluate or to make value judgments with regard to the new pattern of diploma nursing education in Canada, but suggestions for further research emerged.