

COMMITTEE ON EDUCATION OF NURSES

The following minority report is submitted:

While recognizing that the organization of a high grade nurses' training school in connection with the University Hospital offers many advantages, both to the Hospital and as a public service, it is believed on competent authority that such a school is not essential, a belief supported by the practical experience of such hospitals as that of the Rockefeller Institute.

That the training of nurses is a great public service no one questions. The same may be said of many other vocational enterprises that the University might undertake. Well financed university experiments along this line are now in process at Columbia, Yale and elsewhere, and in our present situation it may be the wiser policy for us to defer the very extensive development necessary for a really constructive contribution in this field of education.

From the standpoint of larger university policies it is of doubtful expediency to add another vocational enterprise to the already overburdened undergraduate and professional activities of this institution.

We have been saying for a long time that the primary function of this University is research and the training of research workers, but during recent years we have unquestionably been slipping backward in this path. Some other great universities which have been founded on the

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same ideals within our memories have had the same history.

What is the reason?

In our own case one of the factors has repeatedly been pointed out both by the previous administration and by the present one, namely the dissipation of our resources (which are not unlimited) over too wide a field. We have shown that we can do many things well. Many of these things can be done equally well or better by our neighbors and rival institutions. But there is one field in which we are free to develop higher efficiency than can reasonably be expected of any other university in the Middle West -- the advancement of learning, productive scholarship.

The decision must be made -- and probably it must be made now -- whether we prefer to do many things well, like our neighbors, or to do one thing preeminently. We cannot do both. The teaching of our own experience and that of other similarly situated universities is clear on this point.

The centrifugal forces are very strong; but the expansion of these collateral departments not only tends to swamp the less aggressive research activities and to clog the administrative machinery, but it distracts public attention from the things which must be kept insistently in the foreground. The pressure for expansion in desirable directions is very great. Specifically this pressure comes strongest from the vocational and professional side, for these things have a powerful popular appeal. But these are just the

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Of course, this is not the popular way to raise money or to increase numbers. But I believe that the curtailment of numbers until endowments have caught up with existing demands is a necessary first step in our program -- and this applies to some departments of graduate work as well as to undergraduate. And in the solicitation of money is it not better policy in the long run to state frankly that we

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I have faith that in our constituency we have enough men endowed both with money and with broad vision to respond to such an appeal provided we have the vision ourselves and the courage to show by our own administration of the resources we now have that we really mean what we say when we affirm that our primary function is the advancement of knowledge and that we know what these words mean.

The financial aspects of the question I am not qualified to discuss. But no arguments of possible financial advantage have been presented which seem to me to outweigh the considerations of general university policy outlined above or the imposition upon teaching and administrative staffs of the additional burdens implicit in the scheme as presented by the majority.

I therefore recommend that no steps be taken at present toward the organization of a nurses' training school. If I stood alone in this matter comment would be inappropriate; but since a significant number of professors in the Graduate School of Medicine hold similar views, the opinion should perhaps be recorded.

Chicago, Dec. 17, 1924.

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My dear President Burton:

Herewith is submitted the report of the Committee on Nursing Education consisting of three items.

(a) A report with proposed budget as prepared by Miss Gray, formerly Dean and Professor of Nursing in Western Reserve University.

(b) The recommendations of the Committee on Nursing Education.

(c) A minority report submitted by C. J. Herrick.

The report of Miss Gray was prepared by her after a careful study of our situation here, and is based on her experience in conducting a University School of Nursing. It will be seen that her estimates as to cost show that the conduct of a University School would be no more expensive than the cost of an ordinary hospital training school, and much less expensive than employing graduate nurses. It seems to be the universal opinion that a University School of Nursing provides the best nursing service for the hospital, especially in a hospital to be used largely for educational purposes. Furthermore, since there seems to be a great need for a University School for Nurses in Chicago, and especially for the type of school which would harmonize with the standards and aims adopted for the Medical School of the University of Chicago, it seemed to the majority of the Committee that the recommendation that the University of Chicago establish a University School of Nursing was inevitable. The only objection raised was the question whether the establishment of such a school in the University might not constitute an added load in the direction of undergraduate instruction and a diversion of interest from graduate research work. This point of view is ably presented for your consideration by Doctor Herrick. The other members of the Committee recognize the force of this argument, but also recognize that the University hospitals must have the best possible nursing service, and believe that the opportunity for service by the organization and maintenance of a first class University School for Nurses outweighed the objections.

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With the recommendations of the Committee is submitted a statement as to the probable cost for conducting a University School for Nursing. The comparative cost of such a school or an ordinary hospital training school not leading to a Bachelor's degree, and the maintenance of nursing service with graduate nurses, is given in Miss Gray's report. It is believed that her figures are maximum. Doctor Seem has had a conference with another expert and it is believed that these figures can be reduced as much as twenty percent by a corresponding reduction of the number of nurses necessary. Such a reduction would not appreciably affect the cost of education, but would reduce the charges against the hospital for nursing service, and would affect the three classes of nursing service proportionately. It might also permit of a somewhat less expensive housing scheme, but this should probably not be curtailed greatly since we must anticipate an increased nursing staff as soon as the original hospital begins to be enlarged.

In using the term "graduate instruction" in this report the Committee understands that it is used in the same sense as in other schools of the University, and that only nurses who meet University requirements for graduate instruction would be eligible for admission to courses in which such instruction is given.

I understand that this Committee was appointed to look into the problems of nursing education in order to submit recommendations to you and that it is not a standing committee. I assume therefore that, with the presentation of the report, this Committee is dissolved unless reassembled at your request.

Yours very truly,

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D.B. Phemister, M.D.
122 South Michigan Avenue
Chicago.

March 24, 1925.

Mr. James H. Tufts,
Dean of Faculties,
University of Chicago.

Dear Mr. Tufts:

I am returning herewith the reports dealing with nursing education and nursing, which you recently sent to me.

1. From the point of view of providing nurses, I believe that a training school with a three year course provides adequate care for patients and is the most economical way of meeting the nursing needs of the Hospital. In America nursing education has already developed out of proportion to medical education, as compared with their relative status in most other countries. In this undertaking I believe it is more essential to stress medical than nursing education. A three year training school should be a hospital school and not an undergraduate department of the University.

2. If a University School of Nursing is established, I believe the plan for a five year course as outlined in the report includes about all that could be desired. Such a school would provide adequate nursing for the Hospital, but there is some question whether or not certain of its educational features would not represent wasted effort. Women who have had two years of College work, two years of hospital nursing and one year of public health and administrative training would not be satisfied with private nursing.

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3. As to the increase in the undergraduate body that a University Training School would bring, I believe that it would be considerable of a drawback to the development of graduate schools. One point in favor of employing graduate nurses exclusively is that this would relieve both the preclinical and the clinical staffs of a certain amount of very elementary and irksome teaching which they would be required to do in the Training School.

I recommend that the University exert its chief effort on the side of medical education and that it meet the nursing situation for the present either by the employment of graduate nurses or by the establishment of a three year Training School, as the economic necessities of the case demand.

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President Ernest DeWitt Burton,
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Dear President Burton:

I am returning to you the report of the committee on nursing education. I would suggest that you read only the recommendations of the committee, and Dr. Herrick's minority report. I think that these portions of the report might well be submitted to the University Senate for their consideration, since the matter is one of general University policy.

With reference to Miss Gray's report which forms the bulk of the document, her work was mainly a comparison of the cost of maintaining a training school for nurses with the cost of furnishing nursing service entirely through the employment of graduate nurses. The report shows in brief that a University school of nursing can be maintained at the highest standard of nursing education at a cost considerably less than that involved in employing only graduate nurses.

I have no definite recommendation to make as to the decision to be reached. I feel that if we have any kind of training school, it should be a true University school of the type recommended by the majority of the committee. I have a good deal of sympathy with Dr. Herrick's point of view, but have no way of knowing how far his point of view represents the actual policy of the University.

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My dear President Burton:

Herewith is submitted the report of the Committee on Nursing Education consisting of three items.

(a) A report with proposed budget as prepared by Miss Gray, formerly Dean and Professor of Nursing in Western Reserve University.

(b) The recommendations of the Committee on Nursing Education.

(c) A minority report submitted by C. J. Herrick.

The report of Miss Gray was prepared by her after a careful study of our situation here, and is based on her experience in conducting a University School of Nursing. It will be seen that her estimates as to cost show that the conduct of a University School would be no more expensive than the cost of an ordinary hospital training school, and much less expensive than employing graduate nurses. It seems to be the universal opinion that a University School of Nursing provides the best nursing service for the hospital, especially in a hospital to be used largely for educational purposes. Furthermore, since there seems to be a great need for a University School for Nurses in Chicago, and especially for the type of school which would harmonize with the standards and aims adopted for the Medical School of the University of Chicago, it seemed to the majority of the Committee that the recommendation that the University of Chicago establish a University School of Nursing was inevitable. The only objection raised was the question whether the establishment of such a school in the University might not constitute an added load in the direction of undergraduate instruction and a diversion of interest from graduate research work. This point of view is fully presented for your consideration by Doctor Herrick. The other members of the Committee recognize the force of this argument, but also recognize that the University hospitals must have the best possible nursing service, and believe that the opportunity for service by the organization and maintenance of a first class University School for Nurses outweighed the objections.

President Burton -- 2

With the recommendations of the Committee is submitted a statement as to the probable cost for conducting a University School for Nursing. The comparative cost of such a school or an ordinary hospital training school not leading to a Bachelor's degree, and the maintenance of nursing service with graduate nurses, is given in Miss Gray's report. It is believed that her figures are maximum. Doctor Seem has had a conference with another expert and it is believed that these figures can be reduced as much as twenty per cent by a corresponding reduction of the number of nurses necessary. Such a reduction would not appreciably affect the cost of education, but would reduce the charges against the hospital for nursing service, and would affect the three classes of nursing service proportionately. It might also permit of a somewhat less expensive housing scheme, but this should probably not be curtailed greatly since we must anticipate an increased nursing staff as soon as the original hospital begins to be enlarged.

In using the term "graduate instruction" in this report the Committee understands that it is used in the same sense as in other schools of the University, and that only nurses who meet University requirements for graduate instruction would be eligible for admission to courses in which such instruction is given.

I understand that this Committee was appointed to look into the problems of nursing education in order to submit recommendations to you and that it is not a standing committee. I assume therefore that, with the presentation of the report, this Committee is dissolved unless reassembled at your request.

Yours very truly,

H. G. Liden Wheeler

President E.D. Burton,
The University of Chicago.

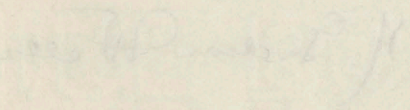
President Burton -- 2

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Yours very truly,



President E. D. Burton,
The University of Chicago.

INTRODUCTION

A careful study of the plans submitted brings out three main conditions which effect the number of people required to give adequate nursing care. These conditions are (1) it is a teaching hospital, (2) it will be an active service, caring for acute cases, (3) the units are small, 1 - 2 and 4 beds. Each of these factors adds to the total number of hours work required, and makes any estimate based on the following figures which are usually accepted, fairly conservative.

Day service 1 nurse to 4 male patients

1	"	"	4 female "
1	"	"	2 private "
1	"	"	2 isolated "
1	"	"	4 children

or

In 24 hours an average of

4	hours	care	for	men	and	women
5	"	"	"	children		
6	"	"	"	isolated	cases	
8	"	"	"	private	patients	

Exclusive of the administrative staff which is fairly standardized and comparable to that found in average hospitals, the estimates are based on 85% occupancy. Assuming that the aim is to give the patients high grade care, and recognizing that this depends in large measure on a fairly permanent and contented staff, I have estimated on a 48 hour week for graduate nurses, student nurses, attendants and orderlies, and on salaries slightly above the medium paid in a group of 21 hospitals from which figures were obtained.

INTRODUCTION

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1	"	"	4 female
1	"	"	2 private
1	"	"	2 isolated
1	"	"	4 children

or

In 24 hours an average of

4	"	"	4 hours care for men and women
5	"	"	children
6	"	"	isolated cases
8	"	"	private patients

Exclusive of the administrative staff which is fairly standard-

ized and comparable to that found in average hospitals, the estimates

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measure on a fairly permanent and contented staff, I have estimated on a

48 hour week for graduate nurses, student nurses, attendants and orderlies,

and on salaries slightly above the medium paid in a group of 21 hospitals

from which figures were obtained.

Salaries and Maintenance as estimated

	Salaries	Maintenance	Hours	Vacation
Superintendent	\$3500.00	\$100		one month
Assistant Supt.	150.00	83.33	48	" "
Head Nurse	100.00	75.00	48	" "
Graduate Nurses	90.00	50.00	48	" "
Attendants	50.00	50.00	48	" "
Orderlies	50.00	50.00	48	" "
Clerks	75.00	8.00 one meal	44	two weeks

In the case of attendants and orderlies a higher salary without maintenance might be preferred, but in either case the total cost of service would not be more than \$100.00 per month.

Salaries and Maintenance as estimated

Vacation	Hours	Maintenance	Salaries	
one month		\$100	\$3500.00	Superintendent
" "	48	83.33	150.00	Assistant Supt.
" "	48	75.00	100.00	Head Nurse
" "	48	50.00	90.00	Graduate Nurse
" "	48	50.00	50.00	Attendants
" "	48	50.00	50.00	Orderlies
two weeks	one meal	8.00	75.00	Clerks

In the case of attendants and orderlies a higher salary without maintenance might be preferred, but in either case the total cost of service would not be more than \$100.00 per month.

ALBERT MERRITT BILLINGS HOSPITAL

Suggestions for Nursing Staff.

Administrative

Superintendent of Nurses	1
Assistants - Day	2
Assistants - Night) 2 - 3 P.M.	4
) 2 - 11 P.M.	
Secretary	<u>1</u>
	8

Men's Medical Ward - 32 beds) 16 beds in 4 cubicles
) 16 beds in 1 and 2 bed units

Head Nurse	1
Clerk	1
Nurses) 7 - 7 A.M.	
) 2 - 3 P.M.	11
) 2 - 11 P.M.	

Attendants	1
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Orderlies) 1 - 7 A.M.	
) 1 - 3 P.M.	3
) 1 - 11 P.M.	<u> </u>

17

ALBERT MERRITT BILLINGS HOSPITAL

Suggestions for Nursing Staff.

Administrative

1	Superintendent of Nurses
2	Assistants - Day
4	Assistants - Night (2 - 3 P.M. 2 - 11 P.M.)
<u>1</u>	Secretary
8	

Men's Medical Ward - 32 beds (16 beds in 4 cubicles
(16 beds in 1 and 2 bed units)

1	Head Nurse
1	Clerk
11	Nurses (2 - 3 P.M. 2 - 11 P.M. 7 - 7 A.M.)
1	Attendants
3	Orderlies (1 - 11 P.M. 1 - 3 P.M. 1 - 7 A.M.)
<u>17</u>	

Work Sheet

Basis on which staff for Men's Medical Ward was estimated.

32 beds - 85% occupancy27.2 or 28

Day - 1 nurse to 4 patients (Head nurse not included)

Night - 1 nurse to 14 patients

or

28 patients x 4*hours care required x 7days . . 784 hours required

12 nurses x 48 hours duty . . 576

3 orderlies x 48 hours duty 144

1 attendant x 48 hours duty 48

768 hours available
-16 hours

It is highly probable that all cases will not be equally acute.

* 4 hours care is considered low. In study made, prepared trays were used, and no allowance was made for time spent in preparing them.

Work Sheet

Basis on which staff for Men's Medical Ward was estimated.

32 beds - 85% occupancy 27.2 or 28
 Day - 1 nurse to 4 patients (Head nurse not included)
 Night - 1 nurse to 14 patients

or

32 patients x 48 hours duty . . . 1536	32 patients x 4*hours care required x 7days . . . 784 hours required
3 orderlies x 48 hours duty 144	
1 attendant x 48 hours duty 48	
<u>1628</u> hours available	

It is highly probable that all cases will not be equally acute.

* 4 hours care is considered low. In study made, prepared trays were used, and no allowance was made for time spent in preparing them.

Woman's Medical Ward

- 31 beds) 16 beds in 4 cubicles
) 15 beds in one and two bed units

Head Nurse 1

Clerk 1

Nurses) 7 - 7 A.M.
) 2 - 3 P.M. 11
) 2 - 11 P.M.

Attendants) 2-7 A.M. 3
) 1-3 P.M.

16

Pediatric Ward - 24 beds) 16 - 4 bed units
) 8 - 2 bed units

Head Nurse 1

Clerk 1

Nurses) 5 - 7 A.M.
) 2 - 3 P.M. 9
) 2 - 11 P.M.

Attendants) 2 - 7 A.M.
) 2 - 3 P.M. 4
) 2 - 11 P.M.

Total 15

Women's Medical Ward - 31 beds (16 beds in 4 cubicles
(15 beds in one and two bed units

1	Head Nurse
1	Clerk
11	Nurses (2 - 11 P.M. 2 - 3 P.M. 7 - 7 A.M.)
3	Attendants (2 - 7 A.M. 1 - 3 P.M.)

16

Pediatric Ward - 24 beds (16 - 4 bed units
(8 - 2 bed units

1	Head Nurse
1	Clerk
9	Nurses (2 - 11 P.M. 2 - 3 P.M. 5 - 7 A.M.)
4	Attendants (2 - 11 P.M. 2 - 3 P.M. 2 - 7 A.M.)

Total 15

Work Sheet

Women's Medical Ward

31 beds - 85% occupancy . . . 26.3 or 26

Day - 1 nurse to - 4 patients

Night - 1 nurse to 13 patients

or

26 patients x 4 hours care x 7 . . 728 hours care required

12 nurses x 48 hours duty . . 576

3 attendants x 48 hours duty 144

 720 hours available

-8

Pediatric Ward

24 beds - 85% occupancy . . 20.4 or 20

Day - 1 nurse to 4 patients

Night - 1 nurse to 10 patients

20 patients x 5*hours care x 7 days 700

10 nurses x 48 hours duty . . 480

4 attendants x 48 hours duty . 192

672
-18

*Estimated that acutely ill children will need 5 hours care. Feeding cases require more.

Work Sheet

Women's Medical Ward

31 beds - 85% occupancy . . . 26.3 or 26

Day - 1 nurse to 4 patients

Night - 1 nurse to 13 patients

or

26 patients x 4 hours care x 7 . . . 728 hours care required

12 nurses x 48 hours duty . . . 576

3 attendants x 48 hours duty 144
720 hours available

-8

Pediatric Ward

24 beds - 85% occupancy . . . 20.4 or 20

Day - 1 nurse to 4 patients

Night - 1 nurse to 10 patients

20 patients x 5*hours care x 7 days . . . 700

10 nurses x 48 hours duty . . . 480

4 attendants x 48 hours duty . 192
672
-18

*Estimated that acutely ill children will need 5 hours care. Feeding

cases require more.

Isolation Ward - 10 (all single rooms)

Head Nurse	1
Nurses)3 - 7 A.M.	
)1 - 3 P.M.	5
)1 - 11 P.M.	
Orderlies	1
Attendants	<u>1</u>
Total	8

Men's Surgical Ward - 33 beds)16 beds in 4 cubicles
)16 beds in 1 & 2 bed units

Head Nurse	1
Clerk	1
Nurses)6 - 7 A.M.	
)2 - 3 P.M.	10
)2 - 11 P.M.	
Attendants	1
Orderlies)1 - 7 A.M.	
)1 - 3 P.M.	3
)1 - 11 P.M.	
Total	<u>16</u>

Isolation Ward - 10 (all single rooms)

Head Nurse	1
Nurses (3 - 7 A.M.)	3
(1 - 3 P.M.)	1
(1 - 11 P.M.)	1
Orderlies	1
Attendants	1
<hr/>	
Total	8

Men's Surgical Ward - 33 beds (16 beds in 4 cubicles)
(16 beds in 1 & 2 bed units)

Head Nurse	1
Clerk	1
Nurses (2 - 7 A.M.)	2
(2 - 3 P.M.)	2
(2 - 11 P.M.)	2
Attendants	1
Orderlies (1 - 7 A.M.)	1
(1 - 3 P.M.)	1
(1 - 11 P.M.)	1
<hr/>	
Total	16

Work Sheet

Isolation Ward

10 beds - 85% occupancy .c.c 8.5 or 9

Day - 1 nurse to 3 patients

Night - 1 nurse to 9 patients

9 patients x 6 hours* care x 7 days 378 hours required

5 nurses x 48 hours duty . . . 240

1 orderly x 48 hours duty . . 48

1 attendant x 48 hours duty. . 48

336 hours available
-42

* Estimated on basis that isolation technique involves time
consuming precautions.

Men's Surgical Ward

33 beds - 85% occupancy . . . 28.05 or 28

Day - 1 nurse to 4.6 patients

Night - 1 nurse to 14 patients

or

48 patients x 4 hours care x 7 days 784 hours required

11 nurses x 48 hour duty . . 528

1 attendant x 48 hours duty 48

3 orderlies x 48 hours duty 144

720 hours available
-64

Work Sheet

Isolation Ward

10 beds - 85% occupancy . . . 8.5 or 9

Day - 1 nurse to 3 patients

Night - 1 nurse to 3 patients

9 patients x 6 hours* care x 7 days 378 hours required

5 nurses x 48 hours duty . . . 240

1 orderly x 48 hours duty . . 48

1 attendant x 48 hours duty. . 48

336 hours available
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33 beds - 85% occupancy . . . 28.05 or 28

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3 orderlies x 48 hours duty 144
720 hours available
-64

[illegible]

Head Nurse	1
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Clerk 1

	18 - 7	A.M.	
Nurses	12 - 3	P.M.	12
	12 - 11	P.M.	

Attendants) 1 - 7 A.M.
) 1 - 3 P.M. 3
) 1 - 11 P.M.

Total	<u>17</u>
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Special Surgical Ward - 23 beds (1 and 2 bed units)

Head Nurse 1

Clerk 1

Nurses) 4 - 7 A.M.
) 2 - 3 P.M.
) 2 - 11 P.M.

Attendants) 1 - 7 A.M. 2
) 1 - 3 P.M.

Orderlies) 1 - 7 A.M. 2
) 1 - 3 P.M.

Total 14

Women's Surgical Ward - 33 Bed (16 in 4 cubicles)
(17 in 1 and 2 bed units)

Head Nurse	1
Clerk	1
Nurses (2 - 11 P.M.)	12
Nurses (2 - 3 P.M.)	
(8 - 7 A.M.)	
Attendants (1 - 11 P.M.)	3
Attendants (1 - 3 P.M.)	
(1 - 7 A.M.)	
Total	<u>17</u>

Special Surgical Ward - 33 beds (1 and 2 bed units)

Head Nurse	1
Clerk	1
Nurses (2 - 11 P.M.)	8
Nurses (2 - 3 P.M.)	
(4 - 7 A.M.)	
Attendants (1 - 11 P.M.)	2
Attendants (1 - 3 P.M.)	
Orderlies (1 - 11 P.M.)	2
Orderlies (1 - 7 A.M.)	
Total	<u>14</u>

Work Sheet

Women's Surgical Ward

33 beds - 85% occupancy 28.05

Day - 1 nurse to 3.5 patients

Night - 1 nurse to 14 patients

or

28 patients x 48 care x 7 days 784 hours care re-
quired

12 nurses x 48 hours duty . . . 576

3 attendants x 48 hours duty . 144 720 hours available
60 hours

Special Surgical Ward

23 beds - 85% occupancy 19.55 or 20

Day - 1 nurse to 5 patients

Night - 1 nurse to 10 patients

or

20 patients x 5 hours care x 7 days . . . 700 hours required

8 nurses x 48 hours duty . . . 384

2 attendants x 48 hours duty 96

2 orderlies x 48 hours duty 96 576 hours available
-124*

*Estimated that some patients will have special nurses.

Work Sheet

Women's Surgical Ward

33 beds - 85% occupancy 28.05

Day - 1 nurse to 3.5 patients

Night - 1 nurse to 14 patients

or

28 patients x 48 care x 7 days 784 hours care re-
quired

12 nurses x 48 hours duty 576

3 attendants x 48 hours duty . 144
720 hours available
60 hours

Special Surgical Ward

23 beds - 85% occupancy 19.55 or 20

Day - 1 nurse to 5 patients

Night - 1 nurse to 10 patients

or

20 patients x 5 hours care x 7 days 700 hours required

8 nurses x 48 hours duty 384

2 attendants x 48 hours duty 96

2 orderlies x 48 hours duty 96
576 hours available
-124*

*Estimated that some patients will have special nurses.

Private Patients Ward - 22 single rooms

Head Nurse	1
Clerk	1
Nurses	
) 6 - 7 A.M.	
) 2 - 3 P.M.	10
) 2 - 11 P.M.	
Attendants	
) 1 - 7 A.M.	2
) 1 - 3 P.M.	
Orderlies	
) 1 - 7 A.M.	
) 1 - 3 P.M.	<u>2</u>
	16

Admission Department - single rooms

Emergency and Observation ward and Emergency O. R.

Head Nurse	1
Nurses	
) 4 - 7 A.M.	
) 2 - 3 P.M.	7
) 1 - 11 P.M.	
Attendants	
- 2 - 7 A.M.	2
Orderlies	
) 1 - 7 A.M.	
) 1 - 3 P.M.	<u>2</u>
Total	12

Private Patients Ward - 22 single rooms

Head Nurse	1
Clerk	1
Nurses (2 - 11 P.M. / 2 - 3 P.M. / 6 - 7 A.M.)	
10	
Attendants (1 - 3 P.M. / 1 - 7 A.M.)	
2	
Orderlies (1 - 3 P.M. / 1 - 7 A.M.)	
2	
16	

Admission Department - single rooms

Emergency and Operation ward and Emergency O. R.

Head Nurse	1
Nurses (1 - 11 P.M. / 2 - 3 P.M. / 4 - 7 A.M.)	
7	
Attendants - 2 - 7 A.M.	
2	
Orderlies (1 - 3 P.M. / 1 - 7 A.M.)	
2	
12	Total

Operating Room - 4 operating rooms, service rooms, general surgical
supply rooms, dressing and sterilizing room for
entire building.

Head Nurse		1
Nurses		13
Attendants		3
Orderlies) 2 - 7 A.M.	
) 1 - 3 P.M.	<u>3</u>
Total		20

Out Patient Department) Medical
) Surgical
) Pediatric

Head Nurse	1
Nurses	9
Attendant	1
Orderly	<u>1</u>
Total	12

Operating Room - 4 operating rooms, service rooms, general surgical

supply rooms, dressing and sterilizing room for

entire building.

Head Nurse	1
Nurses	13
Attendants	3
Orderlies (2 - 7 A.M.)	
(1 - 3 P.M.)	3
Total	20

Out Patient Department
(Medical
(Surgical
(Pediatric)

Head Nurse	1
Nurses	9
Attendant	1
Orderly	1
Total	12

Work Sheet

Operating Rooms

Each O.R.) 1/5 Head Nurse
) 3 Nurses
) 1/2 attendant
 1/4 orderly

Supply Room)
) 1/5 Head Nurse
Dressing Room)
) 1 nurse
Sterilizing Room) 1 attendant
) 1 orderly

Out Patient Department

This is difficult to estimate. Much depends upon the activity of the service and the distribution of work hours, i.e. concentrated in the morning or afternoon only, or spread out over the whole day.

If graduate staff nurses can be used for relief, when not needed in out patient dept. If school is conducted an extra student should be assigned to different wards. The experience should be graded, and at some time during her service, the student should be sent to the out patient department, for the hours during which cases similar to those in the ward in which she is serving are cared for. In other words tie up the service in the pediatric out patient department with the pediatric ward; the medical out patient with the medical ward, etc.

Work Sheet

Operating Rooms

1/5 Head Nurse)
3 Nurses)
Each O.R. 1/2 attendant
1/4 orderly

Supply Room)
1/5 Head Nurse)
Dressing Room)
1 nurse)
Sterilizing Room 1 attendant
1 orderly

Out Patient Department

This is difficult to estimate. Much depends upon the activity of the service and the distribution of work hours, i.e. concentrated in the morning or afternoon only, or spread out over the whole day.

If graduate staff nurses can be used for relief, when not needed in out patient dept. If school is conducted an extra student should be assigned to different wards. The experience should be graded, and at some time during her service, the student should be sent to the out patient department, for the hours during which cases similar to those in the ward in which she is serving are cared for. In other words tie up the service in the pediatric out patient department with the pediatric ward; the medical out patient with the medical ward, etc.

SUMMARY.

Superintendent of Nurses	1
Assistants (Day)	2
Assistants (Night) ^{2 - 3 P.M.} ^{2 - 11 P.M.}	4
Secretary	<u>1</u>
Total	8

Department	No. of beds	Head Nurse	Clerk	Nurses	Attendants	Order- lies	Total
Men's Medical	32	1	1	11	1	3	17
Women's Medical	31	1	1	11	3		16
Pediatric	24	1	1	9	4		15
Isolation	10	1		5	1	1	8
Men's Surgical	33	1	1	10	1	3	16
Women's Surgical	33	1	1	12	3		17
Special Surgical	23	1	1	8	2	2	14
Private Ward	22	1	1	10	2	2	16
Admission Ward	8	1		7	2	2	12
Oper. Dept.		1	13	13	3	3	20
Out-Patient Dept.		1		9	1	1	12
	216	11	7	105	23	17	163

Total number of beds . . . 216

Total number of staff . . . 163 for 85% occupancy.

Total number of staff . . . 163 for 85% occupancy.
 Total number of beds . . . 216

Department	No. of Head Nurses	Clerk	Nurses	Attendants	Orderlies	Total
Out-Patient Dept.	1		2	1	1	13
Oper. Dept.	1	13	13	3	3	30
Admission Ward	1		7	2	2	12
Private Ward	1	1	10	2	2	16
Special Surgical	1	1	80	2	2	14
Women's Surgical	1	1	12	3		17
Men's Surgical	1	1	10	1	3	16
Isolation	1		5	1	1	8
Pediatric	1	1	2	4		15
Women's Medical	1	1	11	3		16
Men's Medical	1	1	11	1	3	17
<hr/>						
	11	7	105	23	17	163

Secretary	1
Assistants (Night) 2 - 11 P.M.	4
Assistants (Day) 2 - 3 P.M.	2
Superintendent of Nurses	1
Total	8

SUMMARY.

Discussion.

If one accepts the student nurse as equal to the graduate nurse, particularly the type of graduate nurse available for general duty, then the balance is in favor of student nurses, but it is only fair to call attention to the fact that there is marked difference of opinion regarding the relative value of these two groups. In "A Study of Budgets for Schools of Nursing" by Elizabeth Greener, the following paragraph occurs: - "A generous estimate of the relative value of the student as compared with the graduate would be that in her first year (exclusive of probation) she might be said to represent seventy-five percent of the graduate's value, in her second year, ninety percent; and in her third year ninety-eight percent or a general average of eighty-eight percent efficiency during her entire training as compared with the graduate." Thus the loss to the hospital is 12% through lack of efficiency. In making this study I have charged the cost of educating preliminary students against the school and have made the number of working hours per week (48) the same for graduates and students, so that the 12% loss through lack of efficiency is the only one to be considered, and this would seem to be offset by the difference in cost. However, many principals of Schools of Nursing do not accept the conclusions reached by Miss Greener, and claim that for a general duty a first year student is not equal to a graduate nurse, a second year student is just about equal to her, and a third year student surpasses her. If we accept this viewpoint then there is no loss in efficiency to be charged against the student.

Discussion.

If one accepts the student nurse as equal to the graduate nurse, particularly the type of graduate nurse available for general duty, then the balance is in favor of student nurses, but it is only fair to call attention to the fact that there is marked difference of opinion regarding the relative value of these two groups. In "A Study of Budgets for Schools of Nursing" by Elizabeth Greener, the following paragraph occurs: - "A generous estimate of the relative value of the student as compared with the graduate would be that in her first year (exclusive of probation) she might be said to represent seventy-five percent of the graduate's value, in her second year, ninety percent; and in her third year ninety-eight percent or a general average of eighty-eight percent efficiency during her entire training as compared with the graduate." Thus the loss to the hospital is 12% through lack of efficiency. In making this study I have charged the cost of educating preliminary students against the school and have made the number of working hours per week (48) the same for graduates and students, so that the 12% loss through lack of efficiency is the only one to be considered, and this would seem to be offset by the difference in cost. However, many principals of Schools of Nursing do not accept the conclusions reached by Miss Greener, and claim that for a general duty a first year student is not equal to a graduate nurse, a second year student is just about equal to her, and a third year student surpasses her. If we accept this viewpoint then there is no loss in efficiency to be charged against the student.

Regardless of the viewpoint accepted the fact remains that many hospitals are busily engaged trying to increase the number of students and decrease the number of graduates employed for floor duty. The arguments in favor of student nurses are that they are younger, more flexible, more easily managed, and more highly motivated, because they are interested in the educational aspects of their work. Their youth, buoyancy, and intellectual hunger are a distinct contribution to the hospital. On the other hand they are constantly charged with many shortcomings that are part and parcel of their youth. Two of the most serious are their lack of appreciation of the value of human life, and the difficulty they experience in instilling patients with confidence in their judgment, two rather large orders for eighteen and nineteen year old girls. The arguments in favor of graduates are that they are older, more mature, are better able to inspire confidence in the patients, should require less instruction, and should be more stable. One readily grants the first three claims, but largely due to the lack of standardization in nursing education, and the equal lack of standardization in our hospitals, it usually happens that graduate nurses have to be taught the methods in vogue in each new hospital to which they go and are handicapped by having to unlearn methods which have become habitual.

Even a limited knowledge of the living and working conditions, in many of our hospitals, for graduate nurses makes one hesitate to criticise their lack of stability, but it is a fact that they are

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establishing a reputation as "floaters" and one superintendent when asked the length of vacation allowed each year naively answered, "They never stay a year". It is highly probable that graduate nurses are controlled, just as all other professional and non-professional workers are, by the satisfactions inherent in their work. These satisfactions should include reasonable working hours, comfortable living conditions, freedom from irksome and unnecessary restrictions and a reasonable salary commensurate with the time spent in preparation.

I submit a study of salaries paid Assistant superintendent, head nurses, graduate nurses on general duty, attendant and orderlies, in twenty-one of the best hospitals in this country. Even a cursory examination makes it evident that the hospital places little money value on the time and effort nurses spend in preparation for their work.

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SALARIES OF ASSISTANT SUPERINTENDENT
21 hospitals

H

Minimum	Maximum	Maintenance	Increase
Hospitals per month	Hospitals per month		Hospitals per month
2 \$150.00	2 \$200.00	complete	6 no plan
2 125.00	3 166.00	"	1 not stated
2 120.00	2 150.00	"	10 satisfactory
2 110.00	1 145.00	"	1 \$10.00 after year's service
<u>8 100.00</u>	2 140.00	"	1 \$8.33 after year's service
3 90.00	2 135.00	"	1 \$5 - \$10. after year's service
2 85.00	<u>7 125.00</u>	"	1 \$5.00 after year's service
	1 110.00	"	
	1 ?	"	

Presbyterian Hospital \$100 - \$200

Illinois Training School \$110 - \$136.

SALARIES OF ASSISTANT SUPERINTENDENT
of Hospitals

H

Minimum		Maximum		Maintenance		Increase	
Hospitals per month		Hospitals per month		Hospitals per month		Hospitals per month	
2	\$150.00	2	\$200.00	complete	6	no plan	
2	125.00	2	166.00	"	1	not stated	
2	120.00	2	150.00	"	10	satisfactory	
2	110.00	1	145.00	"	1	\$10.00 after	
2	100.00	2	140.00	"	1	year's service	
2	90.00	2	135.00	"	1	\$8.33 after	
2	85.00	2	125.00	"	1	\$5 - \$10. after	
		1	110.00	"	1	year's service	
		1	?	"	1	\$5.00 after	
						year's service	

Presbyterian Hospital \$100 - \$200
Illinois Training School \$10 - \$136.

HEAD NURSES
21 Hospitals

Minimum		Maximum		Maintenance	Increase
Hospitals per month		Hospitals per month			Hospitals per month
1	\$110.00	1	\$115.00	"	1 \$5. - \$10. after year's service
1	100.00	1	110.00	"	
2	90.00	5	100.00	"	1 \$8.33 after year's service
5	85.00	1	95.00	"	
1	80.00	1	91.00	"	1 \$5. after year's service
<u>7</u>	<u>75.00</u>	<u>6</u>	<u>90.00</u>	"	1 \$5. after 2 years' service
2	70.00	3	85.00	"	
1	60.00	2	75.00	"	1 \$75. - 3 mo. \$85. - 2nd yr.
none		none			16 no provision

Presbyterian Hospital \$90.00 - \$100.00

Illinois Training School \$90.00 - \$100.00

HEAD NURSES
SI Hospitals

Minimum		Maximum		Maintenance		Increase	
Hospitals per month		Hospitals per month		Hospitals per month		Hospitals per month	
1	\$110.00	1	\$115.00	"	1	\$5. - \$10.	
1	100.00	1	110.00	"		after year's service	
2	90.00	5	100.00	"	1	\$8.33 after year's service	
5	85.00	1	95.00	"	1	\$5. after year's service	
1	80.00	1	91.00	"	1	\$5. after year's service	
7	75.00	6	90.00	"	1	\$5. after 2 years' service	
2	70.00	3	85.00	"	1	\$75. - 3 mo.	
1	60.00	2	75.00	"	1	\$85. - 2nd yr.	
none		none		Is no provision			

Presbyterian Hospital \$90.00 - \$100.00
Illinois Training School \$90.00 - \$100.00

SALARIES OF GRADUATES

General Duty

21 Hospitals

Hospitals per month		Hospitals per month		Maintenance	Increase
4	not stated	4	not stated		
1	\$50.00 only summer relief			complete	
1	60.00	1	\$65.00	"	Satisfactory service
1	70.00	1	70.00	not stated	not stated
1	70.00	1	75.00	complete	no plan
1	70.00	1	85.00	"	\$5.00 each 6 mos.
1	75.00	1	85.00	"	satisfactory service
1	75.00	1	90.00	"	none
1	75.00	1	90.00	not stated	not stated
1	75.00	1	90.00	complete	\$5.00 per year
1	85.00	1	85.00	"	none
1	80.00 day 85.00 night	1	80.00 day 85.00 night	"	none
1*	85.00	1	100.00	"	\$5.00 per year
1	90.00	1	90.00	meals only	none
2	90.00	2	90.00	meals & laundry	none
1**	100.00	1	100.00	none	none
1	110.00	1	122.00	laundry only	satisfactory service

*Illinois Training School

**Presbyterian Hospital

SALARIES OF GRADUATES

General Duty

21 Hospitals

Maintenance		Hospitals per month		Increase	
		not stated			
1	\$50.00	only summer relief	complete		
1	60.00		"	satisfactory service	
1	70.00		not stated	not stated	
1	70.00		complete	no plan	
1	70.00		"	\$5.00 each 6 mos.	
1	75.00		"	satisfactory service	
1	75.00		"	none	
1	75.00		not stated	not stated	
1	75.00		complete	\$5.00 per year	
1	85.00		"	none	
1	80.00 day	85.00 night	"	none	
1*	85.00		"	\$5.00 per year	
1	90.00		meals only	none	
2	90.00		meals & laundry	none	
1**	100.00		none	none	
1	110.00		laundry only	satisfactory service	

*Illinois Training School

**Presbyterian Hospital

SALARIES OF ATTENDANTS

21 hospitals

Minimum	Maximum	Maintenance	Increase
Hospitals per month per month			
1	\$20.00	\$25.00	complete
	25.00	30.00	"
1	30.00	40.00	?
1	35.00		meals
1	35.00	40.00	"
1	35.00	40.00	one meal
1	35.00	50.00	meals
1	35.00	75.00	complete
1	38.00	34.00	meals
1	40.00	48.00	complete
1	45.00	50.00	meals
1	45.00	55.00	"
1	50.00		none
1	50.00	75.00	"
1 Pres-65.00	75.00	"	\$5.00 per year
byterian			
1 Ill.70.00	75.00	"	every 3 mos.
Tr. Sch.			
1	75.00	100.00	"
			\$3.00 per year
5 no return			

SALARIES OF ATTENDANTS

SI hospitals

Hospitals per month	Minimum	Maximum	Maintenance	Increase
1	\$20.00	\$25.00	complete	
1	25.00	30.00	"	
1	30.00	40.00	?	
1	35.00		meals	
1	35.00	40.00	"	
1	35.00	40.00	one meal	
1	35.00	50.00	meals	none
1	35.00	75.00	complete	every 6 months
1	38.00	34.00	meals	satisfactory service
1	40.00	48.00	complete	
1	45.00	50.00	meals	"
1	45.00	55.00	"	\$5.00 every 6 mos.
1	50.00		none	
1	50.00	75.00	"	every 6 months
1 Pres-65.00		75.00	"	\$5.00 per year
1 Ill-70.00		75.00	"	every 3 mos.
Tr. Sch.				
1	75.00	100.00	"	\$3.00 per year
5 no return				

ADMINISTRATIVE STAFF.

Needed for Graduate Staff or School without University Connection

		Salary	Maintenance	
Superintendent	1	\$3500.00	\$1200.00	
Assistants (Day)	2	3600.00	2000.00	
Assistants (Night)	4	7200.00	4000.00	
Secretary	1	<u>1200.00</u>	<u> </u>	
		15500.00	7200.00	\$22700.00

SUPPLEMENTARY STAFF

Head Nurses

11 a \$100.00 Salary)	
) for 12 months	23100.00
75.00 Main.)	

Attendants

23 a \$50.00 Salary)	
) for 12 months	27600.00
50.00 Main.)	

Orderlies

17 a \$50.00 Salary)	
) for 12 months	20400.00
50.00 Main.)	

Clerks

7 a \$75.00 Salary)	
) for 12 months	6972.00
8.00 Lunch)	
	<u> </u>
	\$100772.00

In the case of attendants and orderlies a higher salary without maintenance might be preferred, but in either case the total cost of service would not be more than \$100.00 per month.

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		15500.00	7200.00
			\$22700.00

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COST OF GRADUATE STAFF

Number of nurses required	105
10% factor of safety	10
Required for vacation relief	<u>9</u>
Total	124
Cost of one graduate Nurse - Salary	\$1,080.00
Maintenance	<u>600.00</u>
	\$1,680.00

Cost of 124 graduate nurses is \$208,320.00

In the Army and Navy - maintenance is estimated at \$600.00 per annum.

The Annual Register of the University of Chicago, page 97, gives \$600.00 as the average cost of rent, board, laundry, textbooks and incidentals for 36 weeks.

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