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UNIVERSITY OF SAN DIEGO
Philip Y. Hahn School of Nursing
DOCTOR OF NURSING SCIENCE

ORGANIZED NURSING IN THE SILVER STATE:
A HISTORY OF THE NEVADA NURSES' ASSOCIATION

by

Ellen Suzanne Fries, MN, RNC

A dissertation presented to the
FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the
requirements for the degree
DOCTOR OF NURSING SCIENCE

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ABSTRACT

Organized Nursing in the Silver State: A History of the Nevada Nurses' Association

Membership in a professional organization traditionally has been considered one of the characteristics of a person avowed to practice a profession. The purpose of this study was to conduct an historical analysis of the Nevada Nurses' Association (NNA) to determine the influence of national, state, and local societal issues on the evolution of the organization. Data was collected from the Nevada Historical Society in Reno, the NNA state office, the Special Collections at the University of Nevada, Las Vegas, and the Nursing Archives at Boston University. Articles in professional and lay literature also provided information. Organization theory and congruence with goals of the American Nurses' Association (ANA) were used as a framework for the study. Data analysis included sorting, integrating, and synthesizing information obtained from various sources. Findings revealed that a core group of women dealt with low membership and decreased finances as they sought to improve nursing education and protect consumers from inferior care. This study makes a unique contribution to nursing knowledge as it facilitates future progress through enhancing our understanding of past problems.

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ELLEN SUZANNE FRIES

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LIST OF ABBREVIATIONS

A.D.	Associate Degree
AMA	American Medical Association
ANA	American Nurses' Association
ARC	American Red Cross
BOH	Board of Health
BOME	Board of Medical Examiners
BONE	Board of Nurse Examiners
B.S.N.	Bachelor of Science in Nursing
M.S.N.	Master of Science in Nursing
NCND	Nursing Council on National Defense
NLNE	National League of Nursing Education
NNA	Nevada Nurses' Association
NSBON	Nevada State Board of Nursing
NSMS	Nevada State Medical Society
NSRCA	Nevada State Red Cross Association
R.N.	Registered Nurse
RNA	Reno Nurses' Association
SMH	Saint Mary's Hospital
UNLV	University of Nevada, Las Vegas
UNR	University of Nevada, Reno
WCSD	Washoe County School District
WGH	Washoe General Hospital

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Chapter I

Introduction

Membership in a professional organization traditionally has been considered one of the characteristics of a person avowed to practice a profession. Since its inception in 1896, the American Nurses' Association (ANA) and its precedent organization, the Nurses' Associated Alumnae of the United States and Canada, has functioned as a national organization for registered nurses (R.N.'s). State nurses' associations, as constituent members of ANA, provide an opportunity for R.N.'s to be involved in discussion and decision-making related to issues of concern at local, state, and national levels. The growth and development of nursing practice, education, and research ideally is facilitated when individual nurses participate as members of the professional association.

At the present time, nursing is concerned with many professional issues which range from poor image and lack of consensus regarding basic educational preparation, to decreasing numbers of practicing colleagues who actively participate in the professional organization. Most problems are long standing concerns which have escaped resolution.

Since its debut, the professional organization in nursing

has subscribed to responsibility to serve the needs of nurses as well as the protection of society from incompetent nursing care. Historical research on the evolution of a state nursing association adds to nursing knowledge through an understanding of the interaction between the profession and society in an attempt to find solutions to common problems.

Several nursing authors have identified the importance of conducting historical research related to the establishment of nursing organizations. In 1958, Austin declared that scientific studies about national, state, and local nursing organizations should be conducted to add to the body of nursing knowledge. This is accomplished when (1) previously untapped sources are analyzed, interpreted, documented, and made accessible to the public, and (2) earlier available data are restudied in light of further¹ information revealed.

In 1977, de Tornyay discussed research priorities identified by the ANA Commission on Nursing Research. Two of the suggested areas of study were (1) studies on the history and philosophy of nursing, and (2) studies of the organization of the nursing² profession.

Schlotfeldt suggested that by the year 2000 one of the many changes occurring in nursing will be a renewal of the professional organizations. She envisioned that primary membership would be held in the

ANA which would continue to set educational and practice standards and serve as the voice of the profession³ in governmental issues. If this is the case, then historical studies of state associations (as constituent members of ANA) are needed to identify strengths and limitations of the past in order to facilitate cohesiveness in the future.

Palmer indicated that although the development of national organizations received considerable attention from historians, regional and state associations have not been as well documented.⁴ A focus on difficulties and accomplishments in relation to societal events and influences makes a unique contribution to nursing knowledge.

Lynaugh and Reverby believed that very little information is gained in simply reading about the evolution of an organization unless it is related to larger social issues and interests that influenced the association.⁵ Historical research identifies the meaning of events that occurred within a given time and situation, and leads to greater understanding of current issues confronting nursing.

Nursing is generally considered an art and a science whose members exist to serve the health needs of society. Historical research enhances nursing's artistic and esthetic knowledge base, contributes to the scientific knowledge base of the profession, and adds to the history of society. Knowledge of theories and conceptual

frameworks from a variety of disciplines assists in the interpretation of data and forms the scientific research component of the historian's task. Attempting to understand the experiences and feelings of the people being studied is the artistic element of historical research.⁶

Statement of the Problem

This historical study addressed the evolution of the Nevada Nurses' Association (NNA) and the impact of national, state, and local societal issues on the emergence of this state organization. Although the organization had retained many historical records, until the materials were sorted, categorized, analyzed, interpreted, and compiled into meaningful documentation, they were inaccessible to society and the profession. As a consequence, unresearched data remained a hidden source of knowledge that might enhance the development of nursing as a profession within Nevada.

Writing the history of a state's professional nursing organization required consideration of events and issues relevant to society at large. The unfolding of the association did not occur in isolation. Factors which fostered and impeded the progress of the NNA were examined, and the interaction between the NNA and society was explored.

Purpose of the Study

The purpose of this study was to develop an

historical analysis of a state nursing organization considering the influence of national, state, and local societal issues on the evolution of the NNA.

Historical analysis has been conducted on less than one-fifth of existing state organizations. To the researcher's knowledge, there had not been a comprehensive documentation of the evolution of the NNA, especially in relation to societal influences in Nevada.

Each state organization has distinctive characteristics of progression, but identification of common attributes of growth and development will increase the knowledge base of the profession. Until historical studies are completed on the majority of state associations, this knowledge will remain limited in scope.

Significance of the Study

In 1896, the Nurses' Associated Alumnae of the United States and Canada was formed under the guidance of Isabel Hampton Robb. This organization was established as a conscious effort to unite nurses in their quest for professionalization, and their commitment to assure public safety by promoting nurses' competencies. In 1901, the Canadians were no longer included as part of the organization due to New York state law prohibiting non-citizens as members. Subsequently, in 1911, the name of the organization was changed to the American

7

Nurses' Association.

The purposes of the association were to establish a code of ethics, raise educational standards, promote a positive image of nurses, encourage collegial communication, and protect the public from inferior nursing care. ANA actively pursued registration of nurses, which occurred when states began establishing association membership. Quality of care and protecting the public from uneducated or inadequately trained
8
nurses required organizational supervision.

The first convention of the Associated Alumnae was held in 1898. At this time, Isabel Robb originally proposed the concept of state branches of the organization, primarily because she believed it would expedite the goal of educational advancement. At the convention in 1900, Robb reemphasized her advocacy for state associations in the interest of advancing the profession and as a means
9
to facilitate registration of nurses.

Blau and Scott state that a common factor of all organizations is an assemblage of people established with the objective of attaining identified goals. The unique nature of the organization remains separate from the personalities of charter members. This permits it to endure with the fundamental purpose in spite of
10
constantly changing personnel.

One component of this study of the NNA was identifying the role it played in meeting the goals

first defined by the national association. Exploring how the state association and the national association interacted with and influenced one another offers insight into areas of cooperation as well as conflict. In addition, understanding current issues and problems only occur when there is knowledge about the origin of previous concerns confronting the organization at state and national levels.

Of significance also, is an understanding of those societal influences which have had an impact on the evolution of the NNA in terms of the effect of the association on nursing issues. Factors and events on the national and state level were identified for the role they played in the progression of the profession. Nevada is a unique state because of statewide legalized gambling and legalized prostitution within selected counties. There is 24-hour access to alcohol, prostitution, and gambling, and the existence of a 24 hour lifestyle. These factors impact the financial status of residents and tourists alike, and present potential alterations in mental and physical health. The direction of health care and nursing practice within the state are subsequently effected by these traits. This study contributes to the body of nursing knowledge by identifying and making previously unresearched data available to members of the profession and society. Analysis and documentation of the history of nursing on a state level increases

knowledge and understanding about the growth of the discipline as a whole. This, in turn, may stimulate nurses to greater involvement in professional and social issues.

Methodology

According to Collingwood, history is a scientific method of inquiry by which we seek to discover knowledge about human activities of the past. Such information is valuable because it provides data about past accomplishments and struggles and provides clues for potential achievements of current and future¹¹ generations.

History is a momento of the past and serves as the mechanism for progress. Without knowledge of what has been developed or problems encountered, advancement is hindered.¹²

The knowledge obtained is contingent upon the data that has been kept intact. Records may be incomplete and discerning. Information tends to be biased because it is often documented by people with authority rather¹³ than those in less significant positions. Therefore, it is important to consider absent data in addition to that which has been preserved.

Historical analysis is not meant to rebuild the past but rather interprets it utilizing existing evidence and theoretical frameworks. As a result understanding the reality of the past provides a foundation for comprehending the current paradigm of

14
the discipline examined.

Nowack asserts that historical research as a methodology of scholarly significance for nursing has been slow to gain acceptance. The lack of historical research has been attributed to the dearth of qualified historians (only in the last decade has a critical mass of historical scholars appeared) and to a general misunderstanding about the purpose and relevance of historical research as a scholarly method of inquiry. 15

Nursing history is more than a description of past events, it is the source of present and future professional identity. Guidance can be obtained by gaining knowledge from the trials and triumphs of the forebearers of nursing. Kruman states: "without a past, there is not meaning to the present, nor can we develop a sense of ourselves as individuals and as members of groups." 16

In 1965, Goostray wrote that it was the responsibility of the profession to preserve its background and describe growth and development which identifies nursing's niche in the social history of the United States. 17 According to Abdellah and Levine, nursing history provides a worthwhile viewpoint to investigations of current issues and problems confronting nursing. By analyzing past events and the social context in which they occurred, the profession has access to information that may assist in problem

solving, anticipation of areas of sociocultural change¹⁸
and provision of leadership.

The historical research method seeks to establish¹⁹
truth from examination of factual data. The two
origins of data are generally primary and secondary
sources.

Primary sources provide direct evidence of a
specific experience, such as a person describing an
event in which he/she was a participant. It can also
be the official minutes of a meeting or a diary, or
a videotape or film of an event.

Secondary sources are those that are once removed
from the event, such as people who discuss or write
about an event in which they were not participants.
Secondary sources may have utilized primary sources to
establish facts by a combination of interviews or²⁰
analysis of written material such as diaries.

Several sources of data were identified for
this study. A primary source of information consisted
of unresearched NNA historical data previously kept at
the NNA state office and currently housed at the Nevada
Historical Society in Reno, Nevada. This hitherto
unaccessed historical data, had never been sorted,
categorized, or indexed, and includes committee
records, board of director minutes, and membership
lists.

The initial phase of this project required a
meticulous organization of this material to facilitate

data retrieval for later use. Permission to conduct the study was obtained from the NNA Board of Directors who issued a letter to the Nevada Historical Society granting the researcher access to the files (Appendix One).

The organization of data required almost eighteen months to complete and resulted in 935 files stored in twenty boxes. Following this, each file was read, analyzed, and interpreted.

Other materials relevant to this project were located at the University of Nevada, Las Vegas (UNLV), which has a special collections library containing NNA data primarily related to the Las Vegas district. Two trips were made to UNLV to review the data.

Data housed at the NNA state office located in Reno, Nevada was also examined. Most of the minutes, reports, and newsletters from recent years are still stored at the association office, and were accessible for review. Selected NNA documents found in the ANA collection of the Nursing Archives of Boston University were provided by a colleague.

The University of Nevada, Reno (UNR) has a general library in addition to a medical library and a life and health sciences library, which contains most of the nursing literature. Additional references were obtained from the libraries at the University of California, Davis. These resources, in addition to selected professional and lay publications, formulated the literature review

regarding local, national, and international events, as well as the highlights of nursing history in America.

Data were analyzed to establish plausibility (easy to believe), probability (corroborated data), and certainty (highest level of authenticity) of the evidence. Validity of documents was established through external criticism. Each document was examined for date and authorship. Content was reviewed for references to current social events and for chronological appropriateness.

Reliability was established through internal criticism. Attempts were made to find multiple sources of information for corroboration of data. Document were examined for statements reflecting personal bias of the author and for addition or deletion of data at a later time.

Use of Human Subjects

The research design did not call for the use of human subjects. This study was reviewed by the University of San Diego Committee on the Protection of Human Subjects which granted permission to proceed with the research (Appendix Two).

Research Questions

In conducting this research, one general research question and five subsidiary questions guided examination of the data. Developing broad categories facilitated analysis of data without limiting the focus of the researcher.

General Research Question

What were the factors influencing the evolvement of the NNA?

Subsidiary Questions

1. Who were the people involved with the formation and maintenance of the NNA?

2. What was the interaction between NNA and the cultural, political, and socioeconomic milieu?

3. What were the factors that facilitated or hindered the movement toward professionalization of nursing in Nevada?

4. In what ways have the goals, missions, directions, and visions of the NNA been congruent with or divergent from ANA?

5. What were areas of strength, conflict and weakness within the NNA?

Framework for Analysis

Associations provide the mechanism by which individuals can work together to accomplish mutually defined goals. Purposes of individual associations are described in bylaws or articles of incorporation and remain consistent even though leadership styles and membership numbers fluctuate.

21

McManis and Stewart believe that for an association to address successfully the needs of the membership, an effective method of administration must be structured and organized. As an association evolves and new functions emerge, existing practices must be

reevaluated and adjusted as necessary to accomodate
22
changes.

The application of organization theory to the management of an association requires recognition of the importance of utilization of human resources. Those individuals who become actively involved in achieving the objectives of the association need to be directed by policies, procedures, and lines of
23
authority.

Therefore, one component of the framework for analysis of this investigation was the identification of the presence or absence of an organizational structure during each decade of development. The initial organizing framework was described and subsequent changes delineated.

Classical organization theory was one of several theories which emerged between 1890 and 1940. Because the NNA was recognized by the ANA as an association in 1921 and filed articles of incorporation in 1931, this
24
theory was used as the standard for analysis.

The focus of this theory is on principles of total
25
organization as described by Henri Fayol. Fourteen principles are interpreted as categories of structure,
26
process, and end-result of the organization.

Structure consists of (1) division of labor into specialties, (2) departmentalization or unity of direction, (3) centralization-decentralization, (4) authority and responsibility, and (5) scalar processes

or chain of command. Process principles are (1) equity, (2) discipline, (3) remuneration, (4) adherence to the chain of command, and (5) subordination to the general interest.²⁷

End-result principles describe the desired characteristics of the association which are (1) order, (2) stability, (3) initiative, and (4) esprit de corps. Fayol implied that these characteristics would emerge if proper structure and process took place.²⁸

The second component of the analytical framework was an evaluation of how well the NNA conformed to the original objectives identified for formation of state associations set forth by the Nurses' Associated Alumnae of the United States and Canada. According to Flanagan, these objectives were to (1) influence legislation pertaining to nursing and (2) provide a mechanism for nurses to disseminate opinions about nursing matters at the state level.²⁹

Compliance with the original purposes of the national organization were examined because the state association had to apply for membership at the national level. Those purposes were (1) establish a code of ethics, (2) raise educational standards, (3) promote a positive image of nurses, (4) encourage collegial communication, and (5) protect the public from inferior nursing care.³⁰

As a predominately female profession, the history of nursing is a history of women attempting to make

change and progress in a male dominated world. By organizing as a group on the national level, attempts were made to effect better education, state registration, and improve the image of nurses. In examining the evolution of NNA, it was important to consider the role of women in the creation of this state organization, and try to determine whether or not Nevada culture contributed to the fact that NNA was one of the last states to form an association.

This study made an original contribution to the existing body of nursing knowledge by providing an overview of the development of a state nursing organization. When nurses have a better understanding of the problems of the past, they will have a better understanding of current problems, and with informed intellect prevent the same mistakes from recurring which only hinders the progress of society and the profession.

Abbreviations Used

The original Articles of Incorporation for NNA referred to the organization as the Nevada State Nurses' Association. The name was officially changed to Nevada Nurses' Association in 1971, when the articles were renewed. Newspaper articles, meeting minutes, and other data frequently used the titles interchangeably, however, only NNA was used in this study for clarity and consistency.

The board to regulate nursing practice was known

as the Board of Nurse Examiners from 1923 until 1963, when the name was changed to the Nevada State Board of Nursing. For harmony, BONE will be used exclusively. A complete list of abbreviations has been provided.

Assumptions

The research was premised upon the following assumptions:

1. Nursing exists to serve the needs of society.
2. Historical events and social issues influence the development of organizations and professions.
3. Historical data must be analyzed according to the context of the time frame in which the events transpired.

Limitations

This study was limited to historical information relevant to the evolution of one state nursing organization, the Nevada Nurses' Association. The availability of data for analysis was directly related to what had been preserved in archives and what was accessible to the researcher.

Because the author has been an active member and officer of the NNA, the potential existed for personal bias. Maintaining awareness of this bias and utilization of data based on verified facts decreased the potential for subjective judgments. Analysis did not advocate or reject positions taken or decisions made by the association.

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Chapter II

Review of the Literature

To facilitate greater understanding of the evolution of the NNA, a literature review was conducted examining local, national and international events and issues. Relevant milestones in American nursing and the development of health care services within Nevada were also explored. The time frame consists of territorial days to the present, and data has been organized topically.

Early settlers in Nevada

The first residents of Nevada were approximately twenty-seven tribes of Indians. Spanish pioneers traveled through the region seeking shortcuts from the Southwest to northern California missions. Significant exploration of the territory did not begin until the 1820's when fur trappers entered the area looking for
1
prey.

Between 1843 and 1853, many explorers traveled through the Great Basin continuing the search for an easy route from east to west. During this time, the nation was involved in the "manifest destiny" which led to the addition of land encompassed by the current states of California, Nevada, Utah, Arizona, and New Mexico. The largest influx occurred in 1846 when

travelers headed toward California in search of gold.²

In 1850, the first trading post was established in the Carson Valley town of Genoa, serving as a waystation for California bound travelers. The post closed for the winter, but was reopened the following year with the establishment of the first permanent building in the present State of Nevada.³

During the 1850's, the majority of settlers were Mormons who traveled from Salt Lake City. All but the southern tip of the territory was controlled by Utah. The main purpose of this group was to establish supply stations for those traveling between Utah and California.⁴

Initially, fueled by federal support, the Mormon church sent large numbers of missionaries to the Carson Valley. By 1856, the area was economically, politically, and socially organized in the Mormon tradition. However, within a year the non-Mormon element had weakened control, forcing the withdrawal of Mormons to Utah.⁵

Mining

In 1860, gold and silver were discovered in the mountains near Gold Hill and Virginia City (later known as the Comstock Lode). In search of wealth, hundreds of miners entered the area from California, increasing the amount of disorder and lawlessness in an area without government. The miners tried to establish

rules for social behavior and codes for staking claims to mineral rights, which had proven effective in the California gold rush period.⁶

The 1860 census of the territory reported 6,875 residents. By August 5, 1861, the population was 16,374, excluding emigrants and Indians.⁷

The discovery of the Comstock Lode lead to tremendous economic growth, and inspired miners to explore other parts of the state for mineral deposits. From 1860-1880, Nevada produced \$447,330,536 from mining activities. Lack of specific legislation and the sudden depletion in mineral reserves transferred the mines from independent capitalism to a monopoly almost overnight.⁸

In 1870, the opening of the U.S. Mint in Carson City was important for the miners, for they could now keep the minerals within the state rather than send them to California. This, coupled with another ore strike, stimulated a new mining boom.⁹

Working conditions in the mines were treacherous. The miners worked in constant threat of injury or death. Approximately 300 mining deaths occurred between 1863-1880, and a serious accident occurred almost daily. Initially, miners earned fifty cents a day, yet living expenses were high and housing limited.¹⁰

Mining, as a primary source of revenue for Nevada, began to decline during the 1880's. In 1900, another

great mining boom began with the discovery of silver in the southern Nevada town of Tonopah. This boom and bust pattern was reflective of the mining industry from 11 prestatehood days until the present.

Throughout the twentieth century, mineral deposits were discovered in all parts of the state. The mining and milling processes were enhanced with the spread of water and power systems. Advancements in methods of 12 transportation facilitated the growth of the industry.

The primary minerals produced in Nevada have been gold, silver, and copper. At times, mining interests have dictated political decisions and legislative issues of the state. The mines flourished during wartime periods from the Civil War to the present, generating income for the state while providing 13 materials for defense.

Government

Prior to statehood, Nevada territory legally belonged to the Utah Territory. The Mormon leader, Brigham Young, was appointed territorial governor by President Fillmore. The seat of the government was established in Salt Lake City, and needs of the 14 outlying regions were virtually ignored.

Carson Valley settlers requested help to establish local government, primarily to protect land owners from criminals. After five years of unanswered pleas, the residents prepared a constitution, which stimulated

Utah to send Mormon colonizers to the area.

When the Mormons, under pressure from non-Mormon residents, retreated to Utah in 1857, the Carson Valley residents were again without government. Subsequently, a constitution was developed and a governor elected to help forestall the rising criminal unrest. However, when the gold and silver deposits were discovered in the Comstock, residents quickly became disinterested in
16
politics.

Although Utah attempted to reclaim the citizens of Carson County, on March 2, 1861, President Buchanan signed the bill which formed the Nevada Territory. In 1861 James Nye was appointed by President Lincoln to serve as the first territorial governor. Regulations and ordinances were formulated and a constitution developed
17
in anticipation of statehood.

Statehood for Nevada was important to President Lincoln for two reasons. First, in an attempt to end slavery, Lincoln needed one more Republican state to vote in favor of the Thirteenth Amendment. Secondly, the metals obtained from the Comstock Lode were worth about \$300,000,000, which would provide financial backing to the Unionists fighting the Civil War. As a result, on October 31, 1864, Nevada became
18
the thirty-sixth state in the Union.

The population of Nevada grew by leaps and bounds. In 1861, the territory had 16,374 residents. By 1870,

there were 42,491, and by 1880, the state had a census of 62,266. Mining and railroad interests were powerful forces in Nevada politics during this period. The wealthy few persuaded the elected officials to vote against mining taxes. It was a time when political corruption was prominent, and the needs of the majority
19
ignored.

As the twentieth century began, federal and state politics intertwined, much more than in earlier days. For example, the U.S. Senator from Nevada, Francis Newlands, established the Newlands Reclamation Act of 1902. This act was of direct economic benefit to Nevadans by putting thousands of acres into production and by adding the towns of Fernley and Fallon to the state. Newlands believed that the federal government had an obligation to provide for the welfare of all
20
citizens.

In 1908, Nevada senators were elected by popular vote, four years prior to the ratification of the Seventeenth Amendment to the U.S. Constitution. As the government progressed, laws were established affirming eight-hour days in some occupations, providing workman's compensation, and establishing
21
safety practices for the miners.

In the 1950's, the U.S. Government selected southern Nevada as a site for atomic energy tests. The expanse of desert land provided scientists with the

opportunity to develop atomic science. An area outside of Las Vegas was utilized for a number of above ground tests, and resulted in the establishment of a small town, Mercury, built to house the scientists and
22
workers at the Nevada test site.

When the United States, Russia, and Great Britain signed the 1963 treaty suspending atmospheric testing, all experiments went underground. Much of the 1960's and 1970's consisted of building tunnels to allow for
23
continued testing.

During the 1980's the test site employed thousands of workers, but public demonstrations became common as consumers strove to promote peace and preserve the environment. When the federal government attempted to establish an underground nuclear waste dump in the Yucca Mountains, 100 miles north of Las Vegas, public dissention was influential in forestalling its
24
development, at least temporarily.

Vice

The two areas receiving the most attention in terms of state government regulation were gambling and prostitution, which became highly visible when the miners discovered the Comstock Lode in 1860. These two activities, in addition to mining, eventually played significant roles in the political, economic, and social life of the state. Initially, both were perceived as simply diversions in an otherwise barren environment.

Gambling and prostitution were consistent with the risky nature that played a factor in the evolution of the state. Early settlers risked their lives seeking new opportunities. Miners lived one day at a time going from boom to bust in search of wealth from beneath the ground. Most of the men were without families, those that were married often left their wives behind until they could afford to send for them. ²⁵

A dearth of women in the west during the nineteenth century, the desire for wealth, plus the absence of a judicial system contributed to the growth of both vices. In the early days of the Comstock Lode, ²⁶ men outnumbered women 2400 to 147.

Prostitution in the United States was not confined to the frontier west, and actually began in eastern cities. Although existing since the beginning of humankind, most Americans considered this an urban social problem associated with crime, drug use, and ²⁷ violence.

However, prostitution on the Comstock flourished, with many women from diverse cultural backgrounds working out of large houses, private rooms, saloons, or one room cabins known as "cribs". From 1860 to 1875, the number of prostitutes doubled. Fees for services ranged from \$10 to \$20 per customer. Those women who were owned made only \$1 per customer, the rest going to ²⁸ the owner.

The success of prostitution in the west was based on factors other than the absence of government and women companions. The geographic isolation and lack of diversity within the area gave miners few options for
29
entertainment.

Because of irregular job opportunities for women, lucrative businesses such as prostitution, selling alcohol, and gambling were permitted because they offered economic stability to the society. Although recognized as destructive and disreputable, such vice stabilized the community because the middle and upper class residents could define immorality and criminality and clarify their own identities in terms of what they
30
did not do.

Prostitution was always legal during the nineteenth century. Periodic attempts were made to regulate the location of brothels, but no one tried to eliminate this vice, recognizing the futility of
31
enforcing morality.

While gambling received the most attention from consumers and legislators alike, prostitution was basically ignored for many years. The vice remained a close companion of the mining operations but suffered a minor setback when the Eighteenth Amendment was passed in 1919, prohibiting the sale of liquor. At that time,
32
the majority of prostitutes worked out of saloons.

When World War II began, Clark County (Las Vegas) and Washoe County (Reno), made prostitution illegal.

This was because military installations had been developed close to these two cities, and families of soldiers pressured government officials to shut the brothels, primarily out of concern for the health and morality of the fighting men. However, brothels
33
continued to profit in rural areas.

In 1971, prostitution became legalized in Nevada. The Nevada State Legislature regulated prostitution, not by state law, but rather by passing a local option law. This permitted counties with a population of under 200,000 to license, tax, or prohibit the establishment of brothels within cities and towns. This limited prostitution to rural areas, and severely restricted the activities of the women. Each county has different regulations, yet most continue to socially and geographically isolate the women. The majority are closely monitored by physicians to control the spread of venereal disease. Thirty-four brothels
34
were established in seven Nevada counties.

The first legal restriction on gambling was in 1861, when the territorial governor made running a gambling house a felony, and placing a bet a misdemeanor. He offered \$100 rewards to district attorneys for every gambling conviction acquired, yet it was rare to find such convictions as gambling had become part of the lifestyle and not one of the areas
35
the miners wanted regulated.

When Nevada became a state, gambling laws were repealed and replaced with more lenient statutes. The first attempt to legalize this vice occurred in 1864, but Governor H. G. Blasdel vetoed the bill. Licensing fees were levied against gambling establishments, which generated an income for the state.³⁶

Throughout the years, gambling went through periods of various levels of regulation. When it was deemed illegal, people recognized that the vice did not cease but simply went underground. Not only did the state lose revenue, but cheating, criminal influences, and corruption of political officials were uncontrollable.³⁷

In 1931, gambling was legalized which once again generated economic benefits from licensing fees and gave the government better control over the system. This immediately attracted tourists to the state and stimulated business as new casinos opened, primarily in downtown Reno. The only gambling prohibited was the sale of lottery tickets, which is forbidden by the state constitution.³⁸

Gambling was slow to develop in Las Vegas, and once it did, it became associated with underworld figures. Most notably, in 1947 it was discovered that Bugsy Siegel was the owner of the Flamingo Hotel, and, until his murder, he had kept his criminal ties hidden from licensing officials. This, coupled with

federal government investigations during the 1950's and 1960's which sought to break ties between organized crime and gambling, led to stricter state controls over the industry.

39

Women's Issues

The persistence of prostitution in Nevada can be explained, in part, by an understanding of the issues women faced in the nineteenth and twentieth centuries. As the nation progressed in technology, and urbanization increased, women still had limited occupational opportunities. In general, middle and upper class women, especially those who were married, were not encouraged to work. Only in times of crisis were married women allowed to enter the factories, as long as domestic responsibilities were not neglected.

40

Unemployed single or widowed women or those without family protection were viewed as likely candidates for prostitution. Unlike middle-class residents, working class people did not pass moral judgment on prostitutes, as long as they did not cause embarrassment to the family by becoming publicly known.

41

The geographic isolation of Nevada meant women had limited access to respectable work such as servants, seamstresses, or school teachers. Nursing was not considered respectable as much of the care was given by prostitutes. During the years of the Comstock Lode, less than ten percent of adult women worked, primarily due to the large number of men, myths about female

fragility, harsh mining environments, and the desire to
42
protect women of childbearing age.

As a result, prostitution was often the only
alternative to poverty for women without family
support. Marriage was necessary for the economic and
social survival of women, but not men. As a result,
the common bond between married women and prostitutes
43
was an economic dependence on men.

While the women's suffrage movement was taking
place on a national level, Nevada played a limited role
in promoting equal rights. In 1914, Nevada and Montana
were two of the last western states to give women the
right to vote in state elections. Although attempts had
been made to deal with suffrage as early as 1869, little
had been accomplished. Statewide efforts occurred between
1895 and 1897, but for unknown reasons, the movement halted
from 1897 until 1912. At that time, Anne Martin took
over as president of the Equal Franchise Society, and
began the campaign for equal suffrage in each county in
Nevada. When Governor Tasker Oddie publicly supported
44
the right to vote, legislation soon followed.

The question of why it took so long to obtain
equal rights for Nevada women may be related to general
beliefs and values held at the time of the movement.
Men, in particular, believed that lack of intelligence
combined with lack of physical strength, excluded women
from political activities and employment. Women were
morally superior to men, but needed men for protection

and economic support. As a result, people believed that respectable women would be degraded by suffrage, and as long as a woman could morally control her husband, that was all the political activity she should have.⁴⁵

Legalized gambling offered a new career for Nevada women, as in the late 1930's Harolds Club in Reno hired its first women dealers. This set a precedent, as gambling was considered to be exclusively male in nature. Older men were against the women dealers who, ironically, served as a drawing card for the curious. The women were well trained and initially increased profits.⁴⁶

Many believed that the presence of women dealers encouraged women customers to enter the casinos. It was also suggested that women would be fairer and more honest than men, which was attractive to gamblers. The women were happy to have a job that paid decent wages, and was an alternative to prostitution.⁴⁷

Economics

While mining was the initial source of economic growth in Nevada, agriculture also grew as a resource when miners imported cattle and sheep for the Comstock Lode. Farmers and ranchers worked to meet the food demands of a rapidly growing population. While the mountains were producing silver and gold, the valleys were providing the crops and grazing lands to keep the people working.⁴⁸

The ups and downs of mining predictably led to highs and lows in the economic status of Nevada. When the mines dried up, other industries soon followed. Lack of water limited the amount of agriculture that developed within the state. As a result, this was⁴⁹ never considered a major source of revenue.

Notable projects that influenced the economy in the twentieth century were the building of Boulder Dam in the Las Vegas area, and the commissioning of the Naval Ammunition Depot in Hawthorne. Both projects provided money to the state and employment for residents. The depot made efficient use of a vast desert wasteland, and the dam eventually helped provide⁵⁰ water resources to the southern part of Nevada.

World War II transformed the Pacific Coast into a major military staging area, which had an impact on Nevada economy. Military and civilian employees traveled to Nevada on passes, to take advantage of gambling, alcohol, and brothels. Reno and Las Vegas provided a variety of diversional activities, and even though the red-light districts were legally closed during the war, they were still available. Nevada history had shown that laws prohibiting a particular⁵¹ vice did not mean it no longer existed.

Nevada experienced considerable growth in population as the second half of the twentieth century began. Aproximately 160,000 people resided in the state in 1950, and by 1980 there were more than 800,000

52
residents.

The primary reason for the population increase was the sudden expansion of gambling casinos and related growth in tourism. Something that had once served as simple entertainment for men with time on their hands became a major factor in the economic development of the state. Gambling accounted for more than one-third of the state's total employment. One-half of the state's budget came from gambling taxes and fees. As people entered the state to gamble, state revenue was also generated from taxes on gasoline, alcohol, cigarettes, and room rentals. Revenue originating from gambling provided additional economic benefits to residents of Nevada. Because of gambling, there has not been a need for state income tax or inheritance taxes, and real estate and personal taxes have remained low.

Limited water supply restricts the amount of commercial and industrial development that can occur within Nevada. Absence of an adequate fuel supply and the distance from sources of raw materials for production are also factors confining the types of business expansion.

Labor relations

The first attempt at unionization in Nevada was in 1863, when miners sought \$4 a day wages. Although initial enthusiasm prompted the creation of the Miner's League of Storey County, employers gradually dropped

their membership and settled for \$3.50 daily wages in 1865. The temporary setback was soon offset by new organizations which forced the establishment of \$4 per day for underground workers and restriction against the use of non-union miners. This was effective from 1867⁵⁵ until the decline of the Comstock in the 1880's.

The accomplishments of the Virginia City and Gold Hill miners unions in controlling the camps and keeping wages reasonable were quite significant, inasmuch as labor organizations were just becoming established on a national level. The Comstock operations were considered the model of western mining with efficient equipment, the largest mineral supplies, and well paid, skilled miners. The group also provided care for ill or injured miners, and helped families of those men who⁵⁶ died in mining accidents.

At the start of the twentieth century, the United States was experiencing industrial productivity and expansion. These changes fostered the continuation of business monopolies and the growth of organized labor. In Nevada, monopolies were evident in mining companies, and organized labor took the form of the Industrial Workers of the World (IWW), which became established in⁵⁷ 1905.

When union labor first appeared in Goldfield in 1904, an excellent relationship between management and workers prevailed until the end of 1906. By that time, the IWW was becoming more influential, and the large

number of miners coming in from Colorado initiated a major dispute that eventually eliminated union labor
58
from Goldfield by 1908.

In 1907, a series of labor disputes led the mine operators to ask Governor John Sparks to contact President Roosevelt for federal troops to protect the people from violence at the hands of the laborers. The request was made on November 27, and the troops arrived on December 6. By December 9, the operators lowered wages and began recruiting non-union workers, and reopened the mines in January, 1908. Although President Roosevelt agreed to provide federal assistance, he notified Governor Sparks that Nevada had to develop its own state police force, which was accomplished on January 14. By March 7, federal troops were withdrawn, replaced by state police, and in April the union
59
workers returned to their jobs.

Similar disputes occurred at various mines throughout the state during the first half of the twentieth century. In 1919, labor unions suffered from a series of unsuccessful strikes, but the New Deal policies of the 1930's helped organize labor make a strong return in Nevada. In 1952, a right-to-work law was passed and remains effective, despite repeated
60
attempts by labor to eliminate the law.

Health and Disease in Nevada

During territorial days, health care was not a priority for Nevadans who were generally young and

healthy. Nevada was sparsely populated, and most of the men were more interested in mining than medicine. The most common attitudes about illness were based on superstition, fatalism (what will be, will be), and the belief that sickness and disease are punishments from God for wrong behavior.⁶¹

Outbreaks of smallpox were common and resulted in early health legislation in the form of a statute mandating the distribution of smallpox vaccine. County commissioners were responsible for care of the poor and sick, and a graduate in medicine was appointed by the territorial governor to obtain and disseminate vaccine. On occasion, a scab would be taken to a neighborhood where people would vaccinate members of their family. No one considered the possibility of complicated infections.⁶²

The violence of the frontier took many lives. Those who were handicapped, blind, or mentally ill were cared for by family and neighbors due to the unavailability of institutions.⁶³

Following statehood, Nevadans were primarily concerned with economics, and hospitals were viewed as luxuries. Circa 1875, when the number of elderly and infirmed increased and families could no longer provide adequate care, each county developed a "poor farm", a combination home and hospital. A man and his wife was hired to run the farm on a self-supporting basis. The farms became known as "county hospitals", and were

viewed with trepidation, because people who entered the
64
facilities never came out.

There has been limited documentation of medical
practice in early Nevada. A brief autobiography and
history of medicine in Nevada from 1900-1944 was
written by M. Rollin Walker, M.D. in 1944. The first
published oral history of a physician (Noah Smernoff)
who practiced in Nevada from 1929-1978 was printed in
65
late 1990.

Because nursing was not identified as an
appropriate occupation for respectable women, family
members cared for each other while prostitutes
occasionally cared for sick or injured miners.
However, prostitutes were often victims of venereal
disease, suicide, and infection or death from archaic
methods of birth control and abortion. Many
prostitutes consumed drugs such as morphine and opium in
order to continue with their work. They drank alcohol
with their patrons, and were known to commit
66
infanticide if unable to provide for a child.

There is no record of any hospital facility within
the state prior to the twentieth century with the
exception of St. Mary's hospital in Virginia City. This
was built by the Sisters of Charity in 1875, supported
by fees from the miners. Only emergency surgery was
attempted if the local justice of the peace could
locate a physician. Anyone requiring major surgery had
to endure, and hopefully survive, a trip to San

Francisco. Physicians relied on creativity to handle problems and often held the attitude that fate would
67
determine the outcome.

Once Nevada achieved statehood, many legislative issues arose to improve the care of the sick. In 1875, Henry Bergestein, M.D., of Pioche was elected to the Nevada legislature. One of his first acts was to introduce a bill to regulate the practice of medicine within the state. His rationale was to eliminate the growing number of incompetent physicians or "quacks" who professed to practice medicine. The new statute indicated that in order to practice medicine in Nevada, the individual must present an authentic certificate from a recognized college of medicine in the United States, and that the diploma be recorded in the county in which he practiced. The state received \$25 for a license to practice, and local law enforcement
68
officials were to implement the statute.

During 1875, a meeting was held in Virginia City (at that time the largest city in Nevada), in an attempt to organize a state medical society. A few doctors attended the meeting, however, the lack of good roads, large distances required to travel, and diverse population within the state, prevented the organization
69
from becoming established at this time.

Other attempts were made to improve the general welfare. In 1877, a regulation was passed regarding mistreatment of women. A man convicted of wife beating

was tied to a post in the plaza of the courthouse and wore a sign saying "wife beater". Laws were also passed prohibiting selling of diluted milk. Care for the insane was addressed in 1881 when the legislature appropriated funds to build a hospital near Reno to care for nervous and mental cases. People considered insanity a result of the stresses of frontier life. Probably one of the most significant laws during this time was that requiring the recording of births and deaths, which became effective in 1887. Unfortunately, many physicians ignored the law, and unless families kept a written record, it was impossible to maintain
70
an accurate census.

In 1889, a county board of health was established to increase public awareness of hygiene and sanitation. In 1893, the state Board of Health (BOH) was created, composed of practicing physicians appointed by the governor. Unfortunately, the legislature did not appropriate funds to carry out plans devised by the board to improve public health. As a result, the
71
livestock received better care than humans.

In 1899, physicians and influential citizens again attempted to regulate the practice of medicine and asked the state to establish a state Board of Medical Examiners (BOME) to review each applicant for a license to practice medicine in Nevada. The board consisted of five physicians who had been practicing in the state for at least five years. This, coupled with penalties

for illegal practice, helped to improve and consolidate⁷²
control of health care in the frontier community.

In the early 1900's, mining companies continued to provide medical care for workers and their families. Emergency hospitals with doctors on call were built in McGill and Ruth, and a larger hospital was established in East Ely. A forerunner of employer provided health and medical insurance was also established. By paying a monthly fee, employees were provided with hospitalization and surgery as necessary. Family members were not included in the plan, however most physicians treated them without charge. The only surgeries which were sent to Salt Lake City were those⁷³ involving the eyes or the brain.

Nevada experienced the influenza epidemic that moved across the United States during 1918. State officials tried to limit the disease by closing most public buildings and cancelling meetings. Some counties required people to wear gauze face masks in⁷⁴ public.

The first medically related bill to pass in the Nevada legislature in the twentieth century provided for a small hospital on the UNR campus, in order to provide health care for the students. The five rooms were run by a "practical nurse, a good motherly woman", and a local physician was employed to provide medical⁷⁵ care.

Reno was becoming an active city, with the advent

of railroads and a growing population. Between 1900-1905, county and city boards of health were established and attempts were made to ensure pure milk and healthy meat via government inspection. However, inadequate sanitation methods prompted a number of typhoid and pneumonia outbreaks.

76

Physicians expressed an interest in establishing a general hospital in Reno. Families wanted to be close to ill or injured members, doctors wanted to do better work, and businessmen wanted to keep the money within the local area. In 1905, the upper floor of a building on Virginia and Fourth streets in Reno was leased and turned into a hospital. Neighbors objected to the close proximity of the hospital to an old school, and in 1907 a bill was passed prohibiting the building of a hospital within 500 feet of a school building.

77

The Roman Catholic order of the Sisters of St. Dominic (locally referred to as the Dominican Sisters), established a convent in Reno in 1877, and in 1908 they remodeled a parochial school into a small hospital with an operating room. Sisters' Hospital, located on the corner of Walnut and Chestnut Streets, was soon overcrowded and rooms were added on a regular basis.

78

By 1912, Sisters' Hospital became Saint Mary's Hospital (SMH), and consisted of three floors. The first nurses' training school in the state was opened, and after two years the graduates received a diploma. Between 1912-1922, thirty students graduated from the

program run by the sisters.

The hospital grew to fifty beds by 1920, at which time the nursing school and living quarters were eliminated. The decision to close the school was prompted by the failure of the Nevada legislature to pass a nurse registration act, and without the law, nurses could not obtain reciprocal registration with other states. Essentially, Nevada preparation would be worthless. In addition, the national pressures to upgrade nursing education made increasing demands on the staff, so the nursing school was sacrificed for better patient care. In June of 1930, a brand new Saint Mary's Hospital opened its doors in Reno. Equipped with three operating rooms, a laboratory, and fifty-two beds, it was recognized as a standard hospital according to the American College of Surgeons. 80

As the century progressed, so did health care within Nevada. People recognized the source of illness and the need for proper sanitation. Food establishments were subject to strict regulation to prevent the spread of disease. In 1939, state and federal governments combined to offer aid and education to pregnant women. Counties were mandated to provide instruction and care to expectant mothers. The state BOH required a physician as the full-time health officer, as untrained personnel had proven ineffective and inefficient. The salary for the position was

posted at \$4250 plus expenses.

Lack of nurses within the state continued to be a problem. During wartime, physicians volunteered for military service, which left the state with limited reserves. According to a report filed by the American Medical Association (AMA), on March 27, 1943, there were 169 graduate nurses and 175 physicians in Nevada. 82

Summary

From territorial times to the present, Nevada went through considerable growth through trials and tribulations. The discovery of minerals in the mountains led to periods of economic instability and uncertainty.

Mining, in addition to gambling, prostitution, and alcohol consumption, became important components of the state's economy. Generally perceived by society as immoral behaviors, these vices were always part of Nevada lifestyle and attracted much tourism. Although these issues went through various forms of legality and regulation, the majority voice of the residents eventually consolidated the place of these vices in Nevada's social and economic life.

Although geographically isolated from many national and international events, Nevada was influenced in many areas. The Civil War, and every subsequent war that America was involved with, stimulated the Nevada economy because of the minerals

available within the state. Federal assistance programs were fully utilized to provide employment to residents.

In early years, health care for Nevadans was limited, but as progress occurred across the country, it developed within the state. With each war, technology advanced and medical care improved nationwide. Services provided by physicians and nurses changed and expanded.

It was at the start of the twentieth century that nurses in Nevada began to develop their profession and establish the first training school in the state. From these beginnings came the determination to establish a professional organization for Nevada nurses.

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Chapter III

Evolution of NNA

During the nineteenth century, as Nevada was developing from unexplored territory to statehood, the United States was experiencing rapid growth. Many inventions revolutionized industries such as transportation, textiles, communication, and agriculture. Schools, colleges, and universities¹ were established throughout the country.

The 1860's, specifically the Civil War, was a turning point in nursing history. Prior to this, nursing was primarily a function of religious orders and philanthropic agencies such as the Irish Sisters of Mercy and the Philadelphia Lying-In Charity. Americans had heard of the many accomplishments of Florence Nightingale, and the war gave many young women the² opportunity to volunteer their services.

At this time there were no trained nurses in the United States. Most of the care was given by men and women hampered by inadequate supplies and inexperience. The establishment of the Women's Central Association of Relief in New York soon led to the development of the Sanitary Commission, the forerunner of the American Red³ Cross (ARC).

Elizabeth Blackwell, M.D., the first woman physician

in the United States, issued the initial call to women to organize for war service. Within a few short weeks, Bellevue Hospital in New York trained at least one hundred women volunteers to provide effective care to those injured on the battlefields.⁴

Blackwell provided information on nursing and sanitary measures to government officials and to groups in the South. Although she probably should have been selected as head of the nursing forces during the war, due to intense jealousy from male counterparts, she refused official responsibility. In 1861, to provide some organization to the nursing groups, Dorothea Dix was appointed superintendent of nurses.⁵

Although the South did not have as much organizational support for nursing, many women's groups provided people and supplies for the southern effort. Thousands of women responded to the call for help, and many pursued nursing and health care professions after the battle ended.⁶

Women who had worked on the Sanitary Commission returned from the war with a desire to become involved in public service to the sick and poor. A group led by Louisa Schuyler formed the New York State Charities Aid Association with a section known as the Bellevue Hospital Visiting Committee.⁷

This committee, under the guidance of Elizabeth Hobson, visited the municipal hospital and, upon observing deplorable conditions, became determined to

reorganize nursing. After sending Gill Wylie, M.D., to meet with Florence Nightingale, the first nursing school in America was opened in May, 1873. By 1900, 432 schools existed in the United States, and noted nursing leaders emerged such as Linda Richards, Isabel Hampton Robb, and Adelaide Nutting.⁸

Prior to 1887, nursing organizations did not exist anywhere in the world. In 1887, the British Nurses' Association met in England, and in 1892 became incorporated as the royal British Nurses' Association. The St. Barnabas' Guild in Boston, established in 1886, was the first nursing organization to form in the United States, and existed to provide diversional activities for nurses and to maintain religious fortitude.⁹

Individual alumnae associations were formed at some of the nursing schools, but it wasn't until the Chicago World's Fair of 1893 that nurses began addressing the need for a united organization. At that time, the American Society of Superintendents of Training Schools for Nurses was established by American and Canadian nurses interested in developing educational standards for nurses and promoting educational programs within nursing schools. In 1907, legal involvements necessitated the separation of American and Canadian sections, and in 1912 the organization's name was changed to the National League of Nursing Education (NLNE).¹⁰

The Society of Superintendents, under the leadership of Isabel Hampton Robb, was interested in forming an association to which all trained nurses could belong. Alumnae associations were still isolated and independent, and the society recognized that educational, economic, and social improvement of nurses would only occur with group efforts. Thus, in 1896, eighteen superintendents of training schools formed the Nurses Associated Alumnae of the United States and Canada, the forerunner of the ANA. Lead by President Robb, the group sought to obtain rights for nurses¹¹ and improve quality of care for patients.

International concern for nursing and patient care was evident. On July 1, 1899, at the annual Matrons' Conference of Great Britain and Ireland, Ethel Manson Fenwick, a British nurse, suggested the formation of an International Council of Nurses (ICN). Citing the universal need to unite for better nursing education and control of nursing, the organization began in July,¹² 1900.

Another significant event for nursing in the nineteenth century was the membership of the United States in the International Red Cross in 1882. Clara Barton, who had done considerable work in the Civil War, was named the first president of the ARC. This group provided disaster relief during the Spanish-American War, and subsequently worked with the ANA¹³ to provide support to military forces.

There are limited records of medical and nursing practice in Nevada during the nineteenth century. Most nursing care was given by family members, and there were only two or three graduate nurses within the state¹⁴ at the turn of the century.

Money was the primary contribution of Nevada to the Civil War. However, just as the ARC developed as a result of the war, so did the Nevada State Red Cross¹⁵ Association (NSRCA).

In June, 1898, Mrs. H.A. Lemmon (Christian name not identified in available sources), organized the first Red Cross Society of Nevada in Carson City. Mrs. Lemmon had communicated with Clara Barton in Washington and the California State Red Cross to facilitate the organizational process. Societies were quickly established in Wadsworth, Reno, Virginia City, Elko, Austin, and Winnemucca, and on July 5, 1898, delegates from each society met in Reno to form¹⁶ the NSRCA.

Considerable money was raised to provide clothes and supplies for volunteers, many of whom went east to offer assistance. Food and comfort were also given to soldiers in Nevada who had been enlisted as a battalion of infantrymen to be stationed near Carson City. Four hundred and fifteen men were given medical supplies,¹⁷ food, and bedding, compliments of the NSRCA.

In the 1880's, Reno began to grow as political activity moved to this community. In 1880, the

population of the city was 1,302, increasing to 3,563¹⁸
in 1890. By 1910, there were 10,867 residents.

The increase in population included nurses who had received training in other states. Several hospitals had opened within the Reno area, and as yet, Nevada did¹⁹
not have a training school for nurses.

The first reference to the formation of a nurses' association in Nevada appeared on Wednesday, September 11, 1907, in the Nevada State Journal. This Reno newspaper ran a front page article announcing the intent of local nurses to form a "labor union", and suggested lack of compassion on the part of nurses who seemed to be more interested in money than in patient²⁰
welfare.

The article stated that both trained and untrained nurses were uniting as a group for the purpose of improving their lifestyles. The reporter, who was not identified, as bylines did not appear in the newspaper at that time, did not provide any names of nurses to verify the story. It was stated that goals of the nurses were to secure wages of no less than \$5.00 per day, a move towards eight hour shifts, and a limit to the amount of housework to be done by²¹
nurses.

The next day, September 12, 1907, a follow-up article appeared on the third page of the newspaper. Nurses denied that they were forming a labor union and at this time, the NNA was referred to by name.

Jessie Joslyn Nelson was identified as president of the organization and she indicated that the nurses were against any type of union activity. Furthermore, she stated that every state was forming a nurses' organization, and that medical associations were not accused of forming labor unions when they united.²²

Nelson acknowledged that the association could regulate fees for nursing services but did not demand that nurses conform to such fees. She also pointed out that nurses were the only people who gave 24 hour service with little concern for personal health and welfare. Perhaps the labor disputes occurring in the mines of Goldfield at this time contributed to the misinterpretation of the organizational goals.²³

The next article appeared on September 15, 1907 reporting that the nurses had held a second meeting, primarily concerned with adjustment of work hours and wages. Reference was again made to the NNA, indicating that a constitution and bylaws were adopted. Although officers were identified by name, the content of the bylaws and constitution was not disclosed, and copies were not located in archival material.²⁴

A review of subsequent daily Reno newspapers revealed that it was more than two years later before the next article appeared related to a nurses' association. On December 2, 1909, an article mentioned the Reno Nurses' Association (RNA), formed in August, 1908. The purpose of this group was to improve the

professional members and protect consumers by providing²⁵
a series of lectures by physicians in the community.

Twenty members had met the evening before to discuss concerns about women in the community who were practicing nursing without certification of appropriate training. President Elizabeth Cunningham led the list of elected officers, and all local nurses were²⁶ encouraged to join the organization.

Offering lectures by physicians can be traced to three factors. The Nevada State Medical Society (NSMS) became active in 1904, and professional papers related to medical progress were presented at annual meetings. During this period of establishing hospitals within the community, the doctors were aware of their authority and ability to control the competency and efficiency of health care workers. Finally, George McKenzie, M.D., had offered to head a training school for nurses at Sisters' Hospital, and in anticipation of admitting students in 1910, had every local physician committed²⁷ to giving lectures and instruction to students.

A week later, a follow-up article appeared in the December 9, 1909 issue of the newspaper. The article, reporting on the results of the first physician lecture given for the RNA on December 2, focused on the conflict that had developed between the twenty-five to²⁸ thirty members and non-members attending the meeting.

The areas of disagreement centered on three topics. First, officers felt that some of the members and non-

members questioned the need for a nursing association and were attempting to dissolve it as soon as possible. Second, new nurses who had been arriving from the east were obtaining referrals for private duty cases from some members of the association. The members felt the association was entitled to a fee for registry
29
services.

Third, those recently trained nurses (many from the east), felt they had received adequate education prior to arriving in Reno and did not see a need for the association to provide additional instruction. President Cunningham was quoted as saying that many of the new nurses scoffed at the medical practice of local physicians. Ironically, the topic of the lecture given by Raymond St. Clair, M.D., was professional ethics related to doctors, nurses, and
30
patients.

This conflict reflected the opinion of many that the eastern part of the country was considerably advanced over the western frontier. The absence of educational opportunities for nurses within the state may have encouraged feelings of superiority in those nurses who had received training. This is the first evidence provided by Nevada nurses of the still prevailing anti-intellectualism toward the frontier and nursing alike.

President Cunningham, aware of the continuing conflicts among nurses, stated that the association

could not be successful unless nurses put aside individual differences and worked together for the good of the community. The outcome of this situation is unknown, as there were no further articles about the nurses' association during the next eight years.³¹

In 1908, Sisters' Hospital opened in Reno. Only two nurses had been hired for the hospital, consequently the sisters and novices provided the majority of labor to keep the facility functioning. When Father Thomas Whittle arrived in Reno to conduct a retreat for the novices and receive their vows as sisters, he discovered they had inadequate preparation in aspects of religious life. After sharing this news with the bishop and mother superior, the novices were sent to other convents.³²

George McKenzie, M.D., had arrived in Reno from Colorado just as the hospital opened. For the next fifteen years, he dedicated himself to the development and enhancement of the institution. When the novices began to leave, he encouraged the sisters to open a hospital based training school for nurses, which would provide extra help lost by the departing novices. He volunteered to be in charge of the program, including the development of the curriculum, and had every Reno physician committed to providing lectures and instruction to the student nurses. The first class was accepted in the summer of 1910.³³

In 1912, Sisters' Hospital became Saint Mary's

Hospital. The two year nurses' training program was extended to a third year which placed the graduate nurses in the hospital as full time employees with a salary of fifty dollars per month. Early records of the program have been lost, yet it is known that eighteen women graduated in 1912, and an additional thirty received diplomas between 1912 and 1922 when the school closed. Those who did not complete training had³⁴ transferred, eloped, or died.

McKenzie's idea to use student nurses to staff hospitals was not unique. Throughout the United States, a rapid growth of hospital training schools led to poor educational programs and exploitation of student nurses. Almost every hospital opened a school and expected the students to do housekeeping chores as part of nursing duties. The proliferation of such schools and lack of emphasis on instruction, ultimately³⁵ led to a movement to raise educational standards.

M. Rollin Walker, M.D., wrote that nurses had attended the 1911 convention of the NSMS, and physicians hoped that they would soon be working with a graduate nurses' organization. With improving hospital facilities, recognition was given to trained nurses. Doctors were just beginning to acknowledge that the extent of their success was contingent upon the attributes and³⁶ competencies of nurses.

Four years later, graduates of the SMH training school in Reno formed the first alumnae association

which met the first Monday of each month. On March 9, 1915, a business meeting was held at which Emma Springmeyer was elected president; Eva Campbell, vice-president; Ethel Startcha, treasurer; and Ester Meyer, secretary. The purposes of the group were to plan social affairs and develop measures for mutual advancement.³⁷

During the years since 1909, no newspaper articles referred to a state nurses' association, and records have not been located to clarify what happened during this time frame. When minutes of NNA meetings during the 1930's were reviewed, names of women who were graduates of the SMH training school appeared on membership lists. It may be concluded that women from the alumnae association subsequently became active in the state association.

A club to encourage socializing among trained nurses was organized in September, 1915. The name of the group was the Sesrun Club (sesrun is nurses spelled backwards) and the first meeting was held at the home of Elizabeth Reddant. The purpose of the club was strictly to entertain the membership, which was restricted to the estimated 45-50 graduate nurses in the Reno area. There were no further references to this group in succeeding articles or archival data.³⁸

Primary sources related to the NNA were not available for review prior to 1931. Whether records were lost or destroyed is unknown. However, ANA records

stored at the Nursing Archives at Boston University indicate that NNA was organized on November 26, 1917. Application to ANA was made July 8, 1920 and acceptance³⁹ was granted on January 19, 1921.

In December of 1917, the NNA announced that member Nettie Johnston was the first Nevada nurse to be deployed for service in World War I. It was not reported if she volunteered or was recruited. This appeared in a newspaper article announcing elected officers of the organization: Edith Peales, chairman; Mary Evans, vice-chairman; J. P. Donnelly, secretary; and Mary Robinson, treasurer. The group was developing projects to raise funds to support a⁴⁰ "hut" or home for nurses serving in France.

Publicity continued to support the attempts of the NNA to contribute to the war effort. A benefit ball was held in Reno in December, 1917, again to raise funds for the nurses' hut. The goal of the association was to raise \$500 to contribute to the Young Womens Christian Association (YWCA) for establishment of the hut, which would serve as housing for nurses in France. None of the newspaper articles clarified whether or not the fund raising for the hut was limited to Nevada or⁴¹ was part of a nationwide effort.

In addition to providing money for housing in France, Nevada nurses made other contributions to the war effort. Benefits were held to raise money for relief of civilian, military, and Red Cross nurses

caring for soldiers at home and abroad. Sixty Nevadans were supplied to the United States Student Nurse Reserves, who were used to replace trained nurses drawn from American hospitals to serve in France. The Reno chapter of the ARC provided classes in hygiene and home care of the sick to those volunteering as student
42
nurses.

There were no primary records located regarding the NNA for the years between 1917 and 1931. Minimal reference was made to graduate nurses in a few newspaper articles, but the NNA was not addressed by name. This is significant because it was in 1923 that Nevada passed legislation requiring the registration of nurses.

When the American Journal of Nursing was published for the first time in October, 1900, one of the major items of discussion was the need for state registration of nurses. North Carolina became the first state to adopt regulations in 1901, and by 1931, all states had
43
some form of legal registration for nurses.

Between 1915 and 1923, four attempts were made to legislate registration of nurses in Nevada. The first bill was introduced by Assemblyman Whitesides on January 26, 1915. Assembly Bill 22 suggested that the state BOH regulate the examination and licensing of nurses. A department of examination and registration of graduate nurses would be led by a director whose salary would be paid from the state treasury. There were no newspaper

articles or any other data to explain what preceeded the introduction of this bill, or what led to the defeat of the measure. The Nevada legislature did not start keeping minutes of sessions until 1965.⁴⁴

On January 30, 1919, Sadie Hurst, assemblywoman from Washoe County and the first woman elected to the Nevada legislature, introduced the second bill to regulate licensing of nurses. It is not known who or what motivated the development of this bill. Similar to the 1915 draft, it was vetoed by Governor Emmett Boyle in March 1919, at the request of a group of physicians and graduate nurses. This group contended that the interests of the public would not be served by such a bill. The greatest opposition came from nurses who had attended training schools but did not receive diplomas.⁴⁵

The third attempt at registration was introduced on January 27, 1921 by Assemblyman Heward. The bill, almost exactly written as the previous two drafts, proposed a department of examination and registration of graduate nurses within the state BOH. As with the 1915 bill, there was no record of why it was introduced nor the reason for the defeat.⁴⁶

Perhaps some of the stimulation for registration came from supporters of the SMH training school for nurses, which graduated the last class in 1922. The decision to close the school was prompted by the failure of the Nevada legislature to pass a nurse

registration act, and without the law, nurses could not obtain reciprocal registration with other states. Nevada preparation would be worthless, so enrollment decreased. In addition, the national pressures to upgrade nursing education made increasing demands on the staff. As a result, the nursing school was sacrificed for better patient care. From 1922 until 1957, Nevada was once again devoid of any training school for
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nurses.

According to the memoirs of M. Rollin Walker, M.D., around 1922 and 1923 the number of trained nurses in Nevada increased, both from residents who returned home after receiving training elsewhere, and non-residents moving into the state. The lack of trained nurses had led physicians to recruit local woman to serve as practical nurses, which proved to be inadequate. These nurses were without knowledge of essentials of nursing such as asepsis, and learned from on the job experience. There was competition, confusion, and
48
disharmony between trained and practical nurses.

In 1923, the trained nurses organized as a group, and with the backing of the NSMS, petitioned the legislature to establish a state Board of Nurse Examiners (BONE). In February, 1923 Assemblywoman Marguerite Gosse, who became interested in the registration of nurses when she worked with the Red Cross during World War I, introduced the bill that became the first Nurse Practice Act in Nevada. The

bill, approved on March 20, 1923, directed the governor of Nevada to appoint a state BONE to monitor the examination and registration of nurses. The board consisted of three registered graduates, and those nurses who applied for registration prior to July 1, 1923 were registered by endorsement. 49

Specifics of the law allowed the board members, appointed by the governor, to develop lists of accredited training schools and nurses registered under the law. The board was to meet every six months to hold publicly announced examinations. The fee for examination was ten dollars, and the nurses complying with the law would place the initials R.N. after their name. 50

Applicants had to provide evidence of graduation from an accredited school for training nurses, which was defined as a school operated in connection with a hospital with a course of theoretical and practical instruction of not less than twenty-eight months. Applicants were also expected to furnish evidence of good moral character. The board had the power to revoke registration for dishonesty, intemperance, immorality, unprofessional conduct, or any habit rendering a nurse unfit or unsafe to care for the sick. 51

Primary sources describing the role played by the NNA in the implementation of the registration law were not located in NNA data. Walker wrote that a committee from the state nurses' association had presented a

draft of the proposed legislation to the NSMS on October 6, 1922. There is no evidence to indicate that any direct testimony was given either supporting or opposing the bill. It may be speculated that the formation of a separate board to examine the nurses plus the fact that salaries for board members were not specified as coming out of the state treasury helped⁵² pass the bill of 1923.

A photocopy of the 1923 statutes to regulate nursing in Nevada were located among NNA data housed at the Nevada Historical Society. Included were minutes from the first meeting of the board, held on April 16, 1923. The board members appointed by Governor James Scrugham were Emma Springmeyer, Alice Craven, and Mary Evans. The salary for the secretary, Mary Evans, was set at twenty-five dollars per month for three months, then decreasing to ten dollars per month. Although not specifically stated, the higher salary for three months was probably to compensate for the amount of work required to establish the board as a functioning entity. Board members were to receive six dollars per⁵³ day when giving an examination.

An undated, unreferenced, typed, two page historical review of NNA written by Christie Corbett, president of NNA from 1939-1940 stated that these three women were also members of the NNA Board of Directors. Furthermore, Corbett wrote that these women were instrumental in getting the bill passed

albeit in the wake of severe protest from physicians throughout the state. This statement was in direct conflict with that made by Walker, who indicated that nurses and physicians had worked together for⁵⁴ passage of the bill.

Following the passage of the bill, physicians continued to use practical nurses primarily for home care. The registered nurse was compensated with higher wages, and Walker believed that the registration law "did much to increase the efficiency and standing of⁵⁵ the nursing profession in Nevada".

The first accessible primary records of the NNA are located in the NNA collection at the Nevada Historical Society in Reno, Nevada. On March 23, 1931, Articles of Incorporation for the NNA were filed with the Secretary of State, John Koontz. The purposes of the organization included: establish a code of ethics, improve the standards of nursing, establish reciprocity between Nevada nurses and those of other countries and states, establish an office or meeting place, form auxiliary organizations, obtain property for the benefit of the association, and remain a non-profit⁵⁶ organization.

The corporation was established for a term of fifty years, and the eleven board of directors were identified as follows: Edith Alden, Blanch Garnier, Aurora Robinson, Ruth Brownson, Mary E. Evans, Bertha Wilkinson, Lyda Schmidt, Clara E. Ryan, Claire M.

Souchereau, Signe Vendel and Vera Campbell. These were all nurses residing in Reno, several of whom were alumnae⁵⁷ from Saint Mary's Hospital Training School for Nurses.

The state association in 1931 consisted of nurses residing in Washoe County, henceforth known as⁵⁸ District 1 of NNA. Typewritten minutes of NNA meetings were reviewed from 1931-1948. The years 1937 and 1938 are missing from the collection, and minutes during the 1940's are extremely limited and fragmented. Records of NNA activities are incomplete for the 1950's and 1960's, however data becomes more consistent for the 1970's and 1980's.

From 1931 through the mid 1980's, NNA primarily addressed issues related to membership numbers and dues, employment issues, legislation, education, and labor relations. For clarity of presentation, data will be delivered chronologically within these categories.

Membership numbers and dues

The 1931 president of NNA was Edith Alden. Dues were set at \$3.00 per year for new members, \$2.00 for renewal. A total of 42 members belonged to NNA out of a Reno population of 18,529. According to minutes from the BONE, there were 196 licenses issued to nurses between May, 1923 and March, 1930. Based on these figures, 21% of registered nurses belonged to NNA. Attendance at meetings ranged from seven to twenty

members, with the largest number present at the June meeting to hear a talk by Alma Scott, assistant director of ANA.
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Business meetings included discussion of nursing legislation, how to deal with patients who did not pay for care provided, and information from the ANA offices. For example, the nurses were considering an amendment to the registration law setting a time limit to register. A committee met with an attorney, who advised the group to run monthly ads in the local newspaper reminding nurses of the law. This attorney also suggested that nurses have a judge swear out warrants against persons owing money and place attachments on personal property. Records do not indicate whether or not this was implemented.
60

Meetings usually included a social event such as a game of bridge and refreshments. Flowers were often sent to sick members or deceased physicians until the practice was discontinued by membership vote at the December meeting.
61

There is no indication of the frequency of non-payment from patients for services, nor how many nurses were effected by this problem. However, the nation was in a depression at this time, which may account for the nurses' desire to protect economic interests. It may have also been a factor behind the cessation of the practice of sending flowers, as a reason was never identified for this decision.

From 1932 to 1940, certain members continued to hold various offices within NNA. Mary Evans, Edith Alden, Claire Souchereau, Catherine Sutton, and Rosecella Cummings regularly appeared as elected officials. The general membership increased from 78 in 1932 to 209 out of a total of 291 R.N.'s in 1940. This reflected a 71.8% affiliation, however participants at monthly meetings remained low at an average of 12 to 13 members. An annual dance was the primary fundraiser and committees were formed to handle the increasing workload of the
62
growing organization.

Attendance at meetings was low during summer months, which the officers recognized as vacation time. Meetings were announced in social columns of the local newspaper and by posting notices in the hospitals. Many of the meetings were held at Saint Mary's Hospital, or Saint Mary's convent, and many of the Dominican Sisters were made honorary members of the association. This was reflective of the close relationship between the nurses and hospital staff, who supported each other since the days when the training
63
school was in existence.

Dues remained stable until 1940, when they were increased to \$3.00 per person, of which fifty cents went to ANA, \$1.00 to NNA, and \$1.50 to the district. In 1938, the organization divided into two districts: District 1 in Reno, and District 2 in Ely. Annual meetings began to be held 1939, alternating between

Reno and Ely, and officers were elected at this time, when attendance was expected to be greatest. Las Vegas attempted to organize as District 3 in 1940, but it⁶⁴ wasn't fully functioning until 1946.

In 1940 the Nursing Council on National Defense (NCND) was formed as a representative of the six national nursing organizations, the federal nursing services, and other associated health care groups. This group conducted an audit of nursing assets, and identified the role nursing would play in the defense system of World War II. The ARC recruited nurses for the armed services, using state and local agencies for procurement and disbursement. Although 3,000 nurses were needed per month to meet military needs, the quota was rarely met. As a result, the U.S. Cadet Nurse Corps was established in 1942 to help recruit nurses for⁶⁵ service in a national emergency.

In December, 1941, the NNA was contacted by ANA and the NCND to establish a state council on national defense. Funds were also requested to help with the work of the council, and after raising \$42.00, all but \$25.00 was kept at the state level to support the council work. Members from NNA were appointed to the council and worked with the BONE. However, minutes do not identify what the council did to assist with World War II or how many Nevada nurses became part of⁶⁶ the war effort.

Minutes of meetings from 1943 through 1945 were

sketchy, and complete membership numbers were not provided. The few meetings that were recorded showed a decreasing attendance to as few as four members at some events.⁶⁷

A record of the history of NNA was first suggested in 1945, along with a proposal to publish a quarterly newsletter to send to each member. It was also decided to hold the annual meeting in Reno every other year to keep other members throughout the state active in the organization. Annual written committee reports began and concern about regulation of practical nursing was first expressed. It was recorded that a committee was to investigate the number of practical nurses in Nevada, where they were employed, the type of education possessed, and wages. The results of this survey were not located in archival data.⁶⁸

Clark County was finally organized into District 3 of NNA in 1946. During this year, the board of directors became vocal about the unwillingness of members to serve on appointed committees, and the failure of elected directors to attend meetings. Meetings of the NNA board were held in different cities throughout the state, again attempting to get more participation from nurses.⁶⁹

Financial difficulties led to a dues increase to \$5.00 per member, and a registration fee of \$1.00 was charged for the 1946 annual meeting. Suggestions were made to charge assessments of \$1.50 per member of each

district to increase the NNA state treasury. Maida Pringle, chairperson of the membership committee used her vacation time from work to travel within the state attempting to increase membership in the association.⁷⁰

Ironically, one of the charter members of NNA was asked to resign from the board of directors in December of 1946, due to lack of attendance at meetings. Claire Souchereau, a graduate of the training program at Saint Mary's Hospital in Reno, one of the signers of the 1931 Articles of Incorporation, and an active officer and member during the first years of the association, had, for some unknown reason, lost interest in participating. Souchereau's letter of resignation was received by NNA in January, 1947.⁷¹

During this year, increasing membership and funds were two primary concerns of the association. A move was made to better organize the association with a review of bylaws and the formation of a special committee to examine the feasibility of establishing a permanent state headquarters including the employment of an executive secretary on a part time basis. It was suggested that dues be increased to \$25 in 1948 following an assessment of \$10 per member in December of 1947.⁷²

The policy of replacing board members who miss two meetings without explanation became effective in January 1948. Individual specialty sections began to develop including the private duty, public health, and

administrative sections. This was done to address the individual interests of nurses which was beginning to emerge as health care began a transition from generalized care to specializations. Perhaps it was believed that nurses would become more active in the organization if they felt their needs were being⁷³ addressed.

Records of NNA activities during the 1950's and 1960's are incomplete. Four districts were officially established during this period: District 2 (White Pine county in 1963, Eureka and Lincoln counties in 1968); District 4 (Elko county 1959, Humboldt and Lander counties in 1968); District 5 (Churchill, Lyon, Mineral and Pershing counties in 1961) and District 6 (Douglas,⁷⁴ Ormsby and Storey counties in 1969).

Total membership decreased significantly from 188 in 1948 to 81 in 1949. There is no information to explain this drop in members, however this was just prior to a surge in Nevada population and economy, with the development of Las Vegas casinos and the addition of the atomic energy test site. The 1950 census of Reno⁷⁵ was 32,497; Las Vegas was 24,624.

It wasn't until 1955 that membership exceeded 100, at which time associate membership became available. Associate membership provided for nurses who did not expect to be employed for more than thirty days a year in nursing, but it excluded them from voting privileges and holding an elected office. In 1957, membership was

162 (154 active, 8 associate) out of 1,228 registered nurses, accounting for a 13% participation of nurses in the professional organization.⁷⁶

Increasing the membership continued to remain a goal of NNA. From 1955 membership steadily increased to a high of 439 in 1967. Dues were also on the rise, set at \$60 per member in 1971. There were 468 NNA members out of 1,683 registered nurses (27%). It was also in 1971 that new Articles of Incorporation were filed, extending the legal coverage of the association for another fifty years. The name of the association was officially changed from the Nevada State Nurses' Association to the Nevada Nurses' Association, however the latter had been frequently used for several decades.⁷⁷

With increasing development within the state, including educational facilities for nurses, the total number of registered nurses increased during the 1980's. However, a corresponding increase in NNA membership did not occur. In 1984, there were 429 NNA members out of 4,992 R.N.'s (8%). Dues were \$170 per member. In 1985, 387 members out of 6,192 possible participated (6%), and the most recent figures for 1990 show 425 NNA members out of 8,269 R.N.'s (5%).⁷⁸

Employment Issues

Throughout the years, NNA has addressed issues related to the employment of nurses within the state. Some were a result of local concern, others developed

from national input.

At the November 3, 1931 meeting of the NNA, complaints were voiced about the employment of practical nurses instead of graduate nurses at Washoe General Hospital (WGH) in Reno. A committee was appointed to investigate the matter, but subsequent minutes did not reveal the outcome. As noted by Walker, there was a considerable amount of discord between the practical nurses and registered nurses. Also, the nationwide depression was perhaps a concern⁷⁹ as employment was necessary for economic survival.

In January, 1934, NNA sent a letter to the board of directors at WGH in Reno voicing concern that out of state nurses were being solicited for positions in the hospital. Members of NNA and the hospital board met to clarify the issue, at which time it was determined that only a superintendent of nurses was being sought. During this discussion, the question was raised regarding possible competition between WGH and SMH for patients. Washoe personnel assured that this⁸⁰ was not the case.

Controversy between SMH and WGH arose once more in April when nurses felt that salaries paid at WGH were considerably more than those provided to general duty nurses at SMH. Records suggest that most of the NNA members were employed by SMH and a joint meeting between the board of directors for both NNA and WGH led to the adoption of a salary of \$120.00 per month

for both SMH and WGH general duty nurses. It is not known how this group had the authority to make a decision of this nature without official representation from directors of SMH.⁸¹

An interesting note was recorded in the December 4, 1934 minutes of the association. It stated that a notice was to be posted in both Reno hospitals that no graduate nurse be allowed to work with a practical nurse. There was no explanation offered for this, nor⁸² did any additional comments occur in future minutes.

Physicians and nurses alike denounced graduate nurses who worked with chiropractors, citing this behavior as unethical. Nurses were also encouraged to follow the fee schedule assigned to individual patient cases when charging for private duty services. The importance of unification not only for wages but for number of hours of service was a concern of NNA during⁸³ 1935.

The Social Security Act of 1935 was important to the country as a whole. With this act, the aged, unemployed, and disabled were provided with insurance and pensions to make life somewhat easier. Public health issues were also addressed as dependent mothers and children received assistance. NNA member Christi Thompson spoke at the June 2, 1936 meeting and informed members that Nevada had received \$40,000 to improve health conditions of Nevada, especially in the rural area. This was to include supervision of school

children, prenatal care, and home care. It would also increase the number of public health nurses to one per county (34 counties) instead of nine for the state. To qualify, a nurse had to attend a minimum of four months in a specialized course held at selected universities in the county. Nevada did not have a course in the state at that time, so nurses had to go elsewhere.⁸⁴

An incident occurred several years later which involved NNA and the BONE. In 1949, Louise Terrill had been hired to serve as part time executive secretary for NNA and the BONE.⁸⁵

The NNA and BONE had worked together to find someone with adequate experience to serve as a shared executive secretary. Terrill was located through the ANA Counseling and Placement Services, but it is not clear whether or not she was personally interviewed or hired based on her resume, as she resided on the east coast prior to moving to Nevada.⁸⁶ She began her duties in December, 1948, but by August 2, 1949 the BONE had unanimously voted to terminate her services by August 16, 1949.⁸⁷

The BONE felt that Terrill had jeopardized the relationship between the board and many nurses in Nevada. According to field reports submitted by the executive secretary, attempts to register nurses across the state included searching out "imposters" and relying on hearsay from community members. Nurses were complaining about the threatening tactics used by

Terrill, which forced some rural nurses to go into hiding⁸⁸ rather than apply for registration. It is unclear what happened to Louise Terrill upon dismissal by the BONE.

During the 1950's the organization developed a Committee on Careers. This group of members visited 28 out of 38 Nevada high schools during 1959,⁸⁹ attempting to encourage nursing as a profession. The success of this project was not addressed in available data.

On July 13, 1967, the board of directors developed a job description for an executive director to help manage the office of NNA. In 1968, member Jean Rambo⁹⁰ was appointed to the position on a part time basis.

In 1971, NNA compiled a booklet "Position Descriptions, Responsibilities and Qualifications of Nursing Personnel in Nevada" (PDRQ). The association believed that the profession should define nursing care and qualifications, and promised to assist in implementation of these guidelines and would review and revise the information on a regular basis. The descriptions covered everyone from nursing assistants to directors of nursing service, but did not address⁹¹ faculty positions in schools of nursing.

The NNA established a permanent office at 3660⁹² Baker Lane in Reno in 1976. In 1977, a full time executive director was hired. Pat Gothberg Smith, a non-nurse with a strong political background, took over after several competent NNA members tried to do the job

on a part time basis. For ten years she ran the office and also did lobbying at the legislature when bills addressing health care or nursing were discussed. She contributed a great deal to the efficiency of the organization.

Legislation

From its beginnings, the NNA was interested in legislative issues. During the 1930's and 1940's, the organization periodically reviewed and discussed possible changes to the Nurse Practice Act and examined working relations with the BONE.

At the October 6, 1936 meeting a letter was read from Governor Richard Kirman, soliciting input from the association regarding appointments to the BONE. Prior to this time, NNA had not been consulted when terms of members expired. A review of available data did not reveal what influenced the governor to seek assistance from the NNA. If correspondence had been sent from the association to the governor, it was not recorded in the minutes. The nominations committee took responsibility for bringing names of potential candidates to NNA membership for approval.

The association continued to recommend nurses for appointment to the BONE, and in 1963 an amendment was added to the Nurse Practice Act directing the governor to solicit names for board members from the NNA. It was also at this time that the BONE 's name was changed to

the Nevada State Board of Nursing.

As discussed earlier, NNA minutes of 1944 identified the establishment of a committee to address possible regulation of practical nurses (P.N.'s). The committee was to identify the number of P.N.'s, place of employment, type of education, and wages earned. Results of the survey were not found in archival data. ⁹⁶

The March 1949 issue of the NNA Bulletin (the newsletter of the association, established in 1945) reported that a bill to regulate practical nursing had passed in the legislature on March 23, 1949. Minutes from NNA meetings were not located to identify the role the organization played in this legislation. ⁹⁷

The Practical Nursing Act required licensing of P.N.'s by May 1, 1950. Applicants were required to be a minimum of eighteen years of age, be of good moral character, and be in good physical and mental health. There were no educational requirements, and proof of at least one year of nursing experience was required in the form of written recommendations from at least two physicians licensed to practice in Nevada who could attest to the applicant's competencies. In 1955, the act was amended to require completion of a program of training, however, even in the most current regulations, it is not specified how long the program must be in theory or clinical experience. ⁹⁸

During the 1970's and 1980's, the Legislative

Committee monitored the activities of the Nevada legislature. Amendments to the Nurse Practice Act were introduced primarily by the BONE, however input was always provided by NNA. Most of the changes to the act reflected the expanding role of the nurse that occurred at a nationwide level, including nurse practitioners and clinical nurse specialists. Interest in establishing a baccalaureate degree as the minimum degree to practice as a registered nurse occurred during the 1980's, but legislation has not been
99
implemented at this time.

Education

Although the authors of the 1864 Nevada Constitution wanted to establish a state university for residents, lack of trained faculty and absence of a facility prevented this from happening until 1874. At that time, the University of Nevada was established in Elko, near the Utah border. However, this location soon proved to be inadequate as it was far removed from
100
the majority of the population.

In 1885, the university moved to Reno, and was the only institution of higher education in the state until Nevada Southern University opened in Las Vegas in 1959, changing its name to UNLV in 1968. In 1969, the combined efforts of the state legislature and Howard Hughes funded a medical school at UNR and established the two year community college system within the state. Colleges were built in Reno, Carson City, Las Vegas,

101
and Elko.

Primary support for education has been from private donations by people with an affection for Nevada. Unfortunately, the state has had difficulty obtaining public funding, as evidenced by 1985-86 reports ranking the state 42nd of all states for per capita support of higher education, and 45th in per capita ability to pay. In addition, Nevada was lowest among the thirteen western states for percentage of population completing four years of college.¹⁰²

With the closure of the training school for nurses at Saint Mary's Hospital in 1922, Nevada was without any educational program for nurses. However, it wasn't until the 1950's that interest was expressed in developing a school of nursing. This corresponded to changes in nursing education occurring on the national level.

During this time, associate degree (A.D.) programs were established. The two year programs were viewed as an answer to the nursing shortage, and began appearing in community colleges. Federal Nurse Traineeships provided financial aid for registered nurses pursuing nursing education in areas of administration, supervision, and teaching. Thirty-eight states had at least one school offering the traineeships to nurses.¹⁰³

Nursing education programs offering the Bachelor of Science in Nursing (B.S.N.) and Master's of Science in Nursing (M.S.N.) increased in numbers. At the

same time, diploma and A.D. programs were competing for students. In 1964, the Nurse Training Act was instituted to provide financial aid to students and to build schools for nursing education programs. It was hoped that financially needy students would be able to pursue nursing careers with the assistance of federal
104
loans.

In 1965, the ANA issued the first Position Paper on Education for Nursing, which created disharmony among nurses and nurse educators. The paper recommended that the B.S.N. become the minimum level of preparation to practice professional nursing. The A.D. would become the degree for technical nursing practice. In recommending that all nursing education be placed in educational facilities, the ANA
105
proposed the eventual elimination of diploma programs.

In 1954, NNA participated in a survey conducted by the U.S. Department of Health, Education and Welfare. This survey was the result of a 1953 statewide tour of the President of the University of Nevada, Minard Stout, who had received considerable input from citizens interested in a nursing program. Nevada was the only state without a nursing program, therefore anyone interested in entering the profession was forced
106
to travel to neighboring states.

Members of the various committees included representatives from hospitals, NNA, the BONE, the Public Health Department and the University of

Nevada. Goals of the survey were to identify nursing needs and a method to meet those needs within the state.¹⁰⁷

Recommendations included the establishment of a B.S.N. program in nursing at UNR, a statewide recruitment facilitated by NNA, a cooperative effort between NNA and the university to provide courses and workshops for nurses, and the development of educational programs, policies and job descriptions within all hospitals and health agencies.¹⁰⁸

As a result of this survey, the first B.S.N. program was established in Nevada in 1957 at UNR. The Orvis School of Nursing (OSN) was named after Arthur E. Orvis, the primary benefactor. Orvis had been a patient in a Reno hospital and, upon receiving excellent nursing care, decided to do something in appreciation. He donated \$100,000 for nursing education, which was matched by state funds, and provided the building on the UNR campus. The first Dean of OSN was Doris Yingling, and in 1961 NNA bought nursing pins for each member of the first graduating class.¹⁰⁹

In 1964, a second educational survey was conducted to identify current and 1970 projected needs of nurses and nursing in Nevada. Consumers and employers of nurses had expressed concern for a future nursing shortage, and wanted to examine the possibility of developing additional educational programs. The study, sponsored by the Nevada Public Health Association,

included representatives from all health care agencies, educational facilities, and professional associations
110
including the NSMS and NNA.

The participants identified a need for preparation of nurses at all educational levels, including the addition of an A.D. program, expansion of the B.S.N. program, and the introduction of a M.S.N. program at UNR. Furthermore, increasing the number of qualified nursing faculty and continuing education programs was
111
highly encouraged.

In 1965, an A.D. program in nursing was established at UNLV. This occurred primarily as the result of lobbying activities of NNA members. In 1972, this program was expanded to a second step program culminating in a B.S.N. This allowed R.N.'s who held A.D.'s the opportunity to earn a B.S.N. in a two year course of study, and was an attempt to
112
encourage R.N.'s to return to school. The association provided advisors to the nursing programs and regularly invited students to participate in
113
organizational activities.

Continuing education for nurses has been emphasized since the era of Florence Nightingale. Attending specialized workshops or short-term classes enables nurses to improve knowledge, enhance skills, and deliver better care to consumers. With the advent of expanded roles for nurses in the late 1960's and early 1970's, many states began requiring a minimum

number of continuing education units (CEU's) as
a mandatory requirement for relicensure as a R.N. 114

In the 1970's NNA began to examine criteria for continuing education in the event such a requirement would become necessary for relicensure. A committee developed a point system where members could earn 12 points in 2 years through professional organization membership, participation in workshops, and by providing community service. However, this system was never
115
implemented.

On January 1, 1982, 30 hours of continuing education became mandatory in Nevada for relicensure
116
as a registered nurse. Initially, NNA took responsibility for accrediting continuing education programs through the Committee on Continuing Education Approval and Recognition Program. When it became more practical for the BONE to monitor programs, this committee became a
117
special interest group of NNA.

In addition to the expansion of the A.D. program to a B.S.N degree in 1972 at UNLV, a second A.D. nursing program was established at Western Nevada Community College in Reno in 1971. This college later became Truckee Meadows Community College. Representatives from all nursing programs began meeting together to examine methods to increase articulation between
118
associate and baccalaureate degree programs.

In 1979, the NNA Education committee was formed. It was established to support continuing education for

nurses and to organize methods to deal with entry into practice. Forums to explain the proposed educational requirements for nurses were developed and presented to Nevada nurses.

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Both northern and southern components of the committee worked hard to develop definitions for associate and professional nurses. Two levels of nursing practice were identified. First was the Associate Nurse (A.N. or Level I nurse) who would practice basic nursing under direct supervision of the Registered Nurse (R.N. or Level II nurse), and possess an A.D. in nursing. Upon enactment of the law, practical nurses would be eligible take the examination for the associate nurse, and eventually the practical nurse programs would be eliminated. The R.N. would practice professional nursing and have a B.S.N.

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The Legislative committee began drafting a bill in anticipation of the 1985 and/or 1987 legislative session. In 1985, the board of directors developed a plan of action to educate all nurses about supporting the B.S.N. as the minimum educational level for R.N.'s. A core group of NNA members were educated to present and defend the entry into practice issue throughout the state.

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Although the members of the association continued to expend energy on the entry to practice issue, the political climate revealed that legislation requiring the B.S.N to practice as a R.N. was not forthcoming in

the near future. The failure to implement changes can be related to lack of consensus among nurses, both within Nevada and on a national level, to establish a minimum level of education. Very few states had indicated support for such legislation, and several Nevada legislators did not see the need to make changes at that time. The available data did not reveal exactly where the issue was placed in terms of priority for the future.

Labor Relations

Nursing involvement with collective bargaining on the national level began increasing during the 1960's, specifically in California. However, NNA did not begin active involvement in economic and general welfare issues until the 1970's. In 1972, R.N.'s and L.P.N.'s at Elko General Hospital sought assistance from NNA to deal with grievances with management. Although NNA did provide help, they recognized a need for additional education from the national organization.¹²²

In 1973, ANA representatives came to Nevada to conduct workshops on collective bargaining. In 1974, ANA provided NNA with a grant to continue economic and general welfare workshops throughout the state.¹²³

In 1974, following two years of negotiation with Washoe County School District (WCSD), the school nurses were able to secure NNA as the official bargaining agent for the section. Nurses were first hired by the WCSD in the 1958-59 academic year. In 1972, there were 19

nurses and 1500 teachers employed by the WCSD, and at that time the nurses were represented by the Washoe County Teachers Association, an organization with no¹²⁴ knowledge of nursing needs.

In 1976, nurses at St. Rose de Lima Hospital in southern Nevada did not receive a wage increase, and the Economic and General Welfare Committee of NNA attempted to intervene on behalf of the nurses. An election to determine the agent to represent the nurses was held on June 17 through the National Labor Relations Board (NLRB). NNA was not chosen as the bargaining agent and subsequently received correspondence from nurses employed at St. Rose de Lima, voicing their lack of interest in collective bargaining and NNA. The nurses felt that NNA had interfered without an invitation from a majority of the¹²⁵ nurses employed by the hospital.

Nevada is a right to work state and many public employee organizations cannot be represented through the collective bargaining process or have NNA as the bargaining agent. Examples include employees of the university system and state public health agencies. As a result, there are limits to the amount of work¹²⁶ that can be done in this area by the association.

Economic and General Welfare activities continued as the NNA negotiated for the WCSD nurses in 1984 and¹²⁷ 1985. Although the association kept informed about issues throughout the state, this was the primary

activity regarding collective bargaining.

Summary

Throughout the existence of the NNA, common issues continued to concern members. A desire to increase the numbers and participation of members coupled with a budget that was precariously balanced was frequently debated by the board of directors. Dues for membership steadily increased and were often cited as a possible reason for low membership.

Employment issues arose both within the association and the state at large. Clarification of role responsibilities occurred to facilitate an understanding of the scope of nursing practice in a variety of settings, especially for nurses in rural areas. The medical and nursing associations in Nevada seemed to cooperate for the benefit of consumers.

NNA kept current with legislation having an impact on nursing, and developed committees to provide input to the legislators. The Nurse Practice Act was regularly reviewed. During the 1980's a strong push was made to introduce legislation requiring the B.S.N. as the minimum degree to practice as a registered nurse in Nevada but this has not yet been accomplished.

Efforts were directed to function in the area of collective bargaining. However, the fact that Nevada has laws enforcing the right-to-work, limits this activity for the association.

In 1981, NNA officially celebrated fifty years as an organization. It is now known that the association had beginnings long before 1931.

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Chapter IV

Analysis of Data

The inspection of data related to this study was facilitated by the development of six research questions focusing on the following categories: (1) factors that influenced the evolution of NNA, (2) people involved with the formation and maintenance of NNA, (3) NNA interaction with the cultural, political, and socioeconomic milieu, (4) factors that facilitated or hindered the movement toward professionalization of nursing in Nevada, (5) evidence of congruency between NNA and the national organization (ANA) in goals, missions, directions, and visions, and (6) areas of strength, conflict, and weakness within NNA.

The framework for analysis of the evolution of the NNA consisted of two components. First, the organizational structure was examined according to the classical¹ organization theory developed by Henri Fayol. Fourteen principles are contained within categories of structure, process, and end-result of the organization.²

Structure principles are guidelines for the function of the organization and define methods of distributing tasks and authority. Structure consists of (1) division of labor into specialties, (2) departmentalization or unity of direction, (3)

centralization-decentralization, (4) authority and responsibility, and (5) scalar processes or chain of command.³

Process principles are (1) equity, (2) discipline, which is the method of honoring agreements between the organization and membership, (3) remuneration, (4) adherence to the chain of command, and (5) subordination to the general interest. These reflect actions of those responsible for directing the organization.⁴

End-result principles describe the desired characteristics of the association which are (1) order, (2) stability, (3) initiative, and (4) esprit de corps. Fayol implied that these attributes would emerge if proper structure and process took place.⁵

The second element of the analytical framework was an evaluation of how well the NNA conformed to the original objectives identified for formation of state associations by the Nurses' Associated Alumnae of the United States and Canada in 1898. These goals were to (1) influence legislation pertaining to nursing, and (2) provide a mechanism for nurses to circulate nursing information at a regional level.⁶

The state association, as a constituent member of the ANA, should comply with the purposes of the national organization. Therefore, data were also analyzed for evidence of conforming with goals to (1) establish a code of ethics, (2) raise educational standards, (3) promote a positive image of nurses, (4) encourage

collegial communication, and (5) protect the public
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from inferior nursing care.

Analysis is accomplished by elaborating on data which provide answers to the research questions and demonstrate organizational theory and NNA compliance with goals of the national organization. The six original questions have been reduced to three categories which address the data more concisely. In some cases data could be appropriate to more than one topic, but for clarity, the information is presented within the section of greatest significance.

The categories for analysis are: (1) influential people and factors, (2) professionalization, and (3) interaction with milieu. Congruency with goals of ANA and discussion of strengths and limitations are subsumed in each section.

Influential People and Factors

The dearth of records regarding medical and nursing history in Nevada, particularly during the nineteenth century, reflects the priorities of the residents at that time. People were not concerned with issues of the past or future, but concentrated on practical activities to ensure economic survival.

Lack of people prepared in historical research methodology and lack of knowledge regarding preservation of records explain limited data. However, as the population increased and residents became attentive to health needs, more information became

available to describe the progress of health care institutions and professions within Nevada.

In reviewing available data which recount the evolution of NNA, several people and factors had an impact both on the development of the organization and on nursing within the state. Nevada, consisting of vast desert regions with isolated population centers, traditionally gave more social and political attention to gambling, prostitution, and mining interests than to health care issues.

The turn of the century forced Nevadans to address the need to care for sick and injured residents. Reno developed from a population of 1,302 in 1880, to 10,867⁸ in 1910. As hospitals opened within the city, more physicians and trained nurses began to enter the state. Nevada did not have a training school for nurses at this time, and as non-resident nurses entered the area, they brought knowledge of changes in nursing standards and practice. Many state nurses' associations had been established, and several states had passed registration laws, including New York, North Carolina, California, and Colorado. Nurses migrating into the state sought to bring Nevada in line with the rest of the nation.

In 1907, a Reno newspaper reported the first attempt of nurses to organize an association. Increased wages, eight hour shifts, and limited housework were identified as goals of the members

of the state association. Officers were elected, and a constitution and bylaws were drafted. The women were accused of forming a labor union, which was not surprising because during this year labor disputes⁹ were occurring in several Nevada mining towns.

In reviewing the first attempt to organize a nurses association in Nevada, it was apparent that the nurses had specific purposes to guide their alliance, and utilized organizational principles of structure and process. The decision to initiate change may have been stimulated by two factors. The development of hospitals in Reno and the absence of a training school for nurses no doubt had an impact on supply and demand. Patients who previously went to San Francisco for care, were now staying in town, and the availability of trained nurses was limited.

The implication that nurses were forming a labor union was probably a deliberate attempt to undermine the success of the association. Their initial goals were materialistic instead of altruistic, a direct conflict with traditional views of nursing.

The development of bylaws and a constitution reflects obvious intent to organize on a permanent basis. Electing officers and identifying goals demonstrates provision of authority and unity of direction. Attempts were made to disseminate information about issues of concern to nurses, which was congruent with an original goal identified for

SNA's by the national organization.

The women obviously recognized the opportunity to establish better wages and working conditions in view of the increased demand for nurses. Although it is not known how many graduate nurses were in Reno at this time, nor how many belonged to the organization, the numbers were probably limited.

Two years later, the Reno Nurses' Association emerged as a group existing to improve professional members and protect consumers by sponsoring lectures
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presented by physicians. This group, troubled by the increasing number of local women who were practicing nursing without proper training, were addressing two of the original purposes defined by the national organization.

By obtaining physician assistance, these women gained access to current medical information, helped foster positive nurse-physician relationships, and probably facilitated the establishment of the first nurses' training school at Sister's Hospital in Reno. As the number of hospitals in Reno increased, doctors became aware of their authority and ability to control the competency and efficiency of health care workers. George McKenzie, M.D., was responsible for developing the nurses' training school, and encouraged physicians to participate in the education of students. In the absence of qualified nursing instructors, it seems likely that the physicians enjoyed the opportunity to

train the nurses to function according to their
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philosophies.

The first lecture resulted in conflict between members and non-members of the association. Newly trained nurses, most arriving from the east, did not see a need for additional education or an association. Local nurses who had graciously referred private duty cases to the new nurses felt they deserved a fee for
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their efforts.

The dissention among members and non-members of the association was probably not unexpected. Nurses who had been in Reno for several years were most likely concerned about the influx of newly trained nurses and the prospect of a training school in Reno. Perhaps anxiety regarding possible unemployment was an issue precipitating the desire to receive fees for referring the newer nurses to private duty cases.

This disagreement was a small reflection of the widely-held belief that the eastern section of the United States was technologically, educationally, and socially more advanced than the western frontier. Once again, the lack of training programs for Nevada nurses may have added to feelings of superiority in those who had received diplomas, and believed they were adequately educated.

The philosophy of greater technological and educational advancement in the east was not totally unfounded. In 1914, Nevada was one of the last states to

give women the right to vote in state elections, preceeding national enfranchisement of women which occurred in 1920 when the Nineteenth Amendment was added to the U.S. Constitution. In addition, a majority of the state was desert and sparsely populated. Although the Nevada Constitution of 1864 mandated public education and led to the establishment of University of Nevada in 1874, professional schools of nursing and medicine did not develop until the 1950's and 1960's. ¹³

The opening of the first training school for nurses in Nevada in 1910 influenced the subsequent development of the NNA. In 1911, the NSMS expressed support for the formation of a graduate nurses' organization, realizing that the success of physicians ¹⁴ depended upon the abilities of nurses.

In 1915, graduates of Saint Mary's Hospital Training School for Nurses formed the first alumnae association in Nevada. Their goals were to develop measures for mutual advancement, and organize social events, and officers were elected to provide direction. Although records of this group were unavailable for review, the 1931 minutes of NNA meetings included names of women who had graduated from St. Mary's including Mary Evans, Emma Springmeyer, Ethel Startcha, and Claire Souchereau. Therefore, it can be concluded that women from the alumnae association subsequently became ¹⁵ active in the NNA.

Legislative concerns are also issues of professionalization. However, the ANA emphasized the need for state registration of nurses as a major goal of the SNA's, therefore it is viewed as a significant factor in the evolution of NNA. Several reasons made it difficult to determine the amount of influence that the NNA had on legislation in Nevada. One is the absence of NNA records for the years 1917 through 1931. Another is the fact that the Nevada legislature did not keep minutes until 1965. Third is the inability to locate people who participated in the association during that time for possible interviews.

Between 1915 and 1921, three attempts were made to legislate registration of nurses in Nevada. Available records and newspaper articles do not identify those who supported or opposed the first and last bills. The bill introduced in 1919 was vetoed by Governor Boyle at the request of a group of physicians and graduate nurses, who felt the public would not benefit by the bill. Some people mistakenly believed that practical nurses would be eliminated, and they were the primary caretakers of people in homes. The greatest opposition came from nurses who had attended training schools but had not graduated.¹⁶ It is likely that many of these nurses felt they would no longer be able to work, and physicians probably believed their patients would suffer due to an inadequate supply of trained and untrained nurses.

Saint Mary's Hospital Training School for Nurses decided to close in 1922, primarily because without a nurse registration act in Nevada, graduates could not get reciprocal licenses in other states. It made the education received in Nevada virtually worthless, at least for those who wanted to relocate.¹⁷

In retrospect, perhaps much of the support for the first three registration bills was provided by staff of the training school. Passage of a bill would have increased enrollment and provided additional workers to care for the sick. Opposition may have come from those who wanted to prevent trained nurses from leaving the state once they received education in Nevada. Resistance to legislation may have also been from those responsible for teaching students who were faced with national pressure to upgrade nursing education. It was easier to eliminate the training program and contribute to hospital staffing rather than improve the instructional program. However, when this school closed, Nevada was left without any nursing program until 1957, when the Orvis School of Nursing was established at UNR.

According to M. Rollin Walker, M.D., the number of trained nurses in Nevada increased between 1922 and 1923, and was related to non-residents moving into the state and the return of residents who had gone elsewhere to receive training. Prior to this, physicians had to rely on local women to serve as practical nurses, but their lack of knowledge and experience proved to be a downfall. There

was dissention between trained and practical nurses, and
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confusion over job descriptions.

In October, 1922, representatives from the state nurses' association discussed with the NSMS a draft of a proposed legislative bill to regulate the practice of nursing. A committee from the NSMS was appointed to confer with the nurses to agree on an appropriate bill to be sent forward to the judicial committee of the medical society. The NSMS went on record supporting a bill to register nurses, and discussed the importance of a state nurses' association to insure an absolute set of qualifications
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for nursing. Just as the NSMS served as a way to

monitor physicians, it was natural to assume that passing legislation to require minimum standards for nurses would result in subsequent monitoring by the nursing association. The issue of registration provided unity of direction and sought to establish authority and responsibility for members of the profession.

The first three BONE members appointed by Governor James Scrugham in 1923 were Emma Springmeyer, Alice Craven, and Mary Evans. Springmeyer and Evans were both graduates of the first class (1912) from
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the SMH Training School for Nurses. Both had been active in the first Nevada alumnae association, so obviously at least two of the nurses persisted in their efforts to improve the image and education of Nevada nurses.

The undated, unreferenced, typed, two page historical review of NNA written by Christie Corbett, President of NNA from 1939-1940, reports that these three women were also members of the NNA board of directors. She indicated that they were instrumental in getting the Nurse Practice Act passed, in spite of opposition from physicians. There is no NNA data to support her statement regarding dual membership on the NNA and BONE. Also, her comment about lack of physician cooperation is in conflict with that written by Walker who wrote that the NSMS had worked with the nurses' association.²¹

The discrepancy between Corbett and Walker regarding the presence or absence of physician support for the bill to register nurses may be attributed to several causes. First, since Corbett did not list references for her historical review, it is possible that she obtained information from nurses who had encountered resistance from physicians in isolated cases. Likewise, physicians may have perceived that they had greater impact on the legislation than may have actually occurred. Walker's book was printed in 1944, yet it is unknown when Corbett composed her paper. Although both were from Reno, they may not have interacted with each other or obtained data from the same sources.

Differences of opinions between nurses and physicians are not uncommon, even when both participate

in the same event. Each discipline views an incident or client from a distinct orientation, and written records often reflect those discrepancies. For example, most, if not all, nurses can recall a situation involving a client in which the attending physician and nurse verbalized or charted conflicting versions of a treatment, crisis response, or life-threatening episode.

Another factor to consider is that the roles of physicians and nurses have traditionally reflected a microcosm of male-female roles in a patriarchal society. Males tend to view themselves as primary decision makers who direct and protect women. Women, and therefore nurses, are generally subservient and encounter resistance when attempting to initiate change or obtain recognition. Most health care issues including reimbursement, fees, and hospital policies have generally been physician-driven. It has only been within recent years that nurses have been able to start taking responsibility for nursing issues within work environments that have catered to the needs of physicians.

Although the absence of primary sources for NNA from 1917-1931 limits the ability to fully explore the role of the association behind registration of nurses in Nevada, the available evidence supports the concept that NNA did become involved in pursuit of legislation. This reflected compliance with the original objective

identified for SNA's (to influence legislation regarding nursing issues), plus was congruent with ANA purposes to raise educational standards, promote a positive image of nurses, and protect the public from inferior nursing care. Less than a month had passed from introduction of the bill to its passage so there was probably more physician support than opposition, as suggested by Corbett, which would imply that collegial communication had occurred.

To further analyze the influence of NNA on the first Nurse Practice Act, a comparison was made among five regional states and Nevada to examine the relationship between the SNA's and the passage of the first bill to regulate nursing within the state. A review was made of issues of the American Journal of Nursing (AJN) from 1900 through 1923, looking for announcements of the establishment of the SNA and the passage of the bill to register nurses in Arizona, Montana, Nevada, New Mexico, Utah, and Wyoming. The text of each bill was examined for similarities and differences.

In all states, passage of the bill occurred within one to three years of application for membership by the SNA to ANA. Nevada's bill was the only one mandating three members for the BONE, all others required five members. Wyoming, Montana, Arizona, and New Mexico legislation directed the governor to appoint members of the BONE from lists of names submitted by the SNA.

Nevada and New Mexico both established the registration acts in 1923, after the other four states
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had been successful. It is not known if those who drafted the Nevada bill consulted the other bills as a reference, nor why the decision was made to leave the SNA out of the process of recommending names to the governor for appointment to the BONE.

Thirteen years later, at a NNA meeting in 1936, a letter was read from Governor Richard Kirman, soliciting recommendations from the association for appointments to the BONE. This was the first time that NNA had been consulted and marked the beginning of recognized nursing input into government appointments. The nominations committee provided the governor with a list of names
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for consideration.

The NNA records for 1937 through 1940 were unavailable for review, so it is unknown whether or not the governor appointed a board member who had been recommended by the association. A review of the available minutes of NNA meetings between 1941 and 1947, which were incomplete or fragmented, revealed five occasions when names were recommended to the governor. However, the names were not recorded in the minutes, nor was there any record of subsequent action on the part of the governor. It is unfortunate that NNA did not give more attention to the importance of the opportunity to recommend nurses for appointment to the BONE. Not only would this have validated the

significance of the association to others, but would have been a way to protect the public from inferior nursing care by ensuring the appointment of qualified personnel.

Governor Kirman probably recognized that the nursing association would be the most knowledgeable about nurses qualified to serve as members of the BONE. No doubt he considered NNA's previous involvement in legislative issues, including the 1923 registration bill and subsequent monitoring of the Nurse Practice Act, when he asked for input. It was a positive move on his part as it not only recognized the contributions of the association, but guaranteed the support of the members for his political career.

The association continued to recommend nurses for appointment to the BONE, and in 1963, an amendment was added to the Nurse Practice Act directing each governor to solicit names from NNA for potential board members. However, in 1977, the amendment was removed from the statutes. This was congruent with the ANA position which stated that the SNA should not have excessive influence on the state agency that is formulated to protect the public. ANA agreed that the governor could consult a list provided by the SNA, but the ultimate²⁵ decision should not be mandated by law. Ironically, this position contradicted one of the original purposes of ANA, which was to protect the public from inferior care. In effect, the association transferred this

responsibility from the nursing association to the BONE. In subsequent years, governors continued to contact NNA for recommendations to the BONE, and in most cases concurred with the endorsements.

Once legislation to register nurses was passed in 1923, the NNA and the newly authorized BONE established a close working relationship which lasted for many years. However, in 1949, when Louise Terrill was hired to serve as part time executive secretary for both NNA and the BONE, it marked the beginning of the
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eventual separation of the two groups.

As discussed in chapter three, Terrill was located through the ANA Counseling and Placement Services, but it is unclear whether or not she was personally interviewed by either NNA or the BONE prior to her hiring. She began her duties in December, 1948, having moved to Reno from Maine, but by August 2, 1949, the BONE unanimously voted to terminate her services as of
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August 16, 1949.

The concerns of the BONE were that Terrill, (1) took unauthorized trips into rural areas, (2) used intimidation to force nurses to become registered, and
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(3) devoted more time to NNA than the BONE. It is probable that Terrill created significant anxiety for the BONE, as the law to regulate practical nursing had been implemented in March, 1949, and the loss of the executive secretary at that time would have increased the workload of the board.

Members of NNA and the BONE may have felt some animosity towards a non-resident who came into the state with all appearances of taking charge of enforcing registration. She may have recognized the insecurities of nurses and it is probable that many nurses in the rural areas were practicing illegally, thinking they would never be questioned. There was lack of clear distinction between the role descriptions of the R.N. and P.N., which also may have caused concern. There may have been professional jealousy from members of NNA and the BONE towards Terrill. Failure to provide her with well defined duties and responsibilities may have also contributed to the problems.

It is probable that Louise Terrill created some interpersonal conflict not only between herself and the nurses in rural areas, but between herself and BONE members. In a letter to Leila Given, associate executive secretary of ANA, dated March 15, 1949, Terrill addressed concerns that a member of the BONE, identified as "Mrs. Harper", had not renewed her membership in NNA. Terrill wrote that the current NNA President, Christie Corbett, had reported that membership in the professional organization was a prerequisite for membership on the BONE.²⁹ Given responded with a letter on March 29, 1949. She pointed out that the Nurse Practice Act did not make membership in the state nurses' association a legal requirement to serve as

member of the BONE. She also clarified that the executive secretary position was as an employee of the board, whereas the secretary-treasurer was one of the governor appointed members of the board.³⁰

Perhaps Louise Terrill, a registered nurse, believed that her eastern background was superior to the nurses of Nevada. It was apparent that she was interested in making sure that people met the requirements of their positions, whether as registered nurses or members of the BONE. There was obviously a misinterpretation of the Nurse Practice Act on the part of NNA President Corbett, who may have wanted NNA representation on the BONE for the benefit of the association. Terrill seemed willing to pressure the BONE member into joining NNA, which probably created a rift between the two groups. The NNA records do not indicate the role of the association in the dismissal of Terrill.

This was the last time that NNA and the BONE shared an employee. NNA members volunteered to handle correspondence and other office matters, yet efficiency and consistency was sometimes lacking. Finally, in 1967 the NNA developed a job description for an executive director to help manage the NNA office. In 1968, member Jean Rambo, from Las Vegas, was appointed to the position on a part-time basis.³¹

Most of the work of NNA was handled in the Reno area, so it was somewhat difficult for a Las Vegas

member to serve as executive director. Reno is 450 miles from Las Vegas, and it required time away from work to address some of the tasks that had to be dealt with in the office. However, records reflect that Rambo handled a great deal of correspondence competently, and contributed to the association on both the district and state level.

Other members of NNA helped out with office work, until it became apparent that the volume of business required a full time person for the position of executive director. The NNA established a permanent office at 3660 Baker Lane in Reno in 1976 (the Nevada Medical Association is also housed in the same building). In 1977, Pat Gothberg Smith, a non-nurse with a strong political background, accepted the position as executive
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director.

Although most state associations have registered nurses in the position of executive director, NNA perceived it was more important to have someone who could lobby effectively when nursing or health related bills were submitted to the Nevada state legislature. In addition, strong office management skills were essential to organizational operations.

Unfortunately, the amount of work increased and in the mid 1980's a part time person was hired to help with office work and production of the SNA newsletter. However, the funds in the NNA treasury were low, primarily as a result of decreasing membership related

to increasing dues, and it was difficult to pay the salaries of two people. Subsequently, the second position was eliminated, and in October, 1986, Smith resigned.

During her ten years with NNA, Pat Smith made many contributions to the organization. She operated the office five days a week, lobbied at the state legislature, organized board meetings, worked with the treasurer to keep finances in order, took responsibility for publishing the newsletter and book of annual reports, and attended ANA meetings as a representative of NNA. She had established a good relationship with many state and local organizations. It was certainly no surprise to the NNA when she left to accept a position that could offer her more money than NNA could provide. The board of directors had been aware of the likelihood that she would leave, as the work was increasing without a corresponding raise in salary.

The board of directors took over the duties of the office until a new person could be hired. Linda Roide, also a non-nurse, was hired as an office manager in 1987, and became executive director in 1990.

NNA records reflect that organizational principles were addressed by providing unity of direction (goals), identification of a chain of command (board of directors), division of work (committees), and authority and responsibility (election of officers and

utilization of those qualified to perform particular tasks). There was also evidence of discipline (eliminating ineffective members), and subordination to general interest by dealing with issues of importance to the profession. Attempts were made to provide order and stability even though esprit de corps was not always present.

Professionalization

Professionalization includes participation in the NNA, involvement with legislative issues, and addressing educational needs and concerns. In order to understand Nevada's relationship to the nation and selected regional states, a comparison was made among the number of R.N.'s per 100,000 population in the USA, Arizona, Montana, Nevada, New Mexico, Utah, and Wyoming, for decades between 1930 and 1980 (see table 1).

The number of R.N.'s per 100,000 population increased nationally and regionally between 1930 and 1940. This can be attributed to both an increase in the number of women seeking a profession to provide employment following the nationwide depression, plus a response to the need to provide care to military personnel involved in World War II. Although the six regional states all were below the national ratio for 1940, Nevada had more R.N.'s than any of the states examined.

TABLE 1
REGISTERED NURSES PER 100,000 POPULATION

	1930	1940	1950	1960	1970	1980
United States....	174	342	250	282	353	560
Arizona.....	216	259	294	305	366	611
Montana.....	168	199	260	468	354	612
Nevada.....	221	264	317	265	246	489
New Mexico.....	114	143	186	222	250	420
Utah.....	122	162	209	373	233	411
Wyoming.....	145	189	233	330	379	495

Source: ANA Facts About Nursing, 1931-1986. (Kansas City: American Nurses' Association).

Nevada consistently approximates or betters the national R.N. to population ratio, and is comparable to regional states with similar geographic and population composition. The increase in R.N.'s in Nevada in 1950 may be related to both the growth of Las Vegas and the establishment of the atomic test site in southern Nevada. The state did not have a professional nursing program until 1957, with additional programs developing during the 1960's and 1970's. The 1980 figures reflect the increasing number of graduates from the programs as well as an increasing growth in population responding to new mining strikes and industrial development in Reno and Las Vegas.

Additional analysis was made among the same six states to determine the percentage of R.N.'s involved in the respective SNA's. Data could not be located regarding SNA membership in 1930 and 1940 for states other than Nevada. Nevada statistics were available as a result of this research project. In 1930, Nevada had 201 total R.N.'s and 78 members in NNA, for a 38.8% membership. In 1940, there were 291 R.N.'s with 209 belonging to NNA for a 71.8% membership rate. Table 2 provides data for the six states in 1950 and 1960.

TABLE 2
REGISTERED NURSE MEMBERSHIP IN STATE NURSES'
ASSOCIATION, 1950 AND 1960

	1950			1960		
	Total RN's	SNA Members	%	Total RN's	SNA Members	%
Arizona....	3,865	823	21.3	3,972	1,438	36.2
Montana....	3,396	848	25.0	3,162	768	24.3
Nevada.....	819	90	11.0	755	196	24.6
New Mexico.	1,837	578	31.5	2,109	852	40.4
Utah.....	2,470	485	19.6	3,325	595	17.9
Wyoming....	994	448	45.1	1,089	455	41.8

Source: ANA Facts About Nursing, 1951-1971. (Kansas City: American Nurses' Association.

Nevada had considerably fewer R.N.'s and members in the SNA in 1950 than the other five states. However, this was also prior to the establishment of a school for educating registered nurses, and conflict had occurred within the association during the 1940's. For example, a charter member had been asked to resign after 25 years of service, plus the problems caused by Louise Terrill had caused many nurses to resent both the BONE and NNA.

The SNA membership in Nevada more than doubled by 1960, even though there were fewer R.N's within the state. This could have been a response to the interest in developing educational programs that followed the first survey completed within the state. In addition, more people had moved into the state, and it is likely than some members transferred membership from other states.

Arizona and New Mexico experienced a large increase in SNA membership between 1950 and 1960. Utah also had an increase in members, but this was offset by an increase in the total number of R.N.'s. Wyoming and Montana both remained fairly consistent with minimal change in both total R.N.'s and SNA members.

In 1970, NNA membership doubled as 48.9% of the R.N.'s in the state belonged to the association. Utah also had a significant increase from 17.9% membership in 1960 to 53.9% in 1970. Wyoming and New Mexico both experienced a decline in SNA membership while Arizona and Montana changed slightly (see table 3).

TABLE 3
REGISTERED NURSE MEMBERSHIP IN STATE NURSES'
ASSOCIATION, 1970 AND 1980

	1970			1980		
	Total RN's	SNA Members	%	Total RN's	SNA Members	%
Arizona....	5,862	1,980	33.8	22,732	1,857	8.2
Montana....	2,483	766	30.8	6,544	1,272	19.4
Nevada.....	1,060	518	48.9	4,801	522	10.9
New Mexico.	2,511	728	29.0	6,805	825	12.1
Utah.....	2,347	1,264	53.9	7,974	888	11.1
Wyoming....	1,209	362	29.9	3,166	387	12.2

Source: ANA Facts About Nursing, 1971-1986. (Kansas City: American Nurses' Association).

The number of R.N.'s in Nevada increased by 3,741 between 1970 and 1980, yet the NNA membership was unchanged. As a result, the percentage of R.N.'s participating in the association dropped to 10.9%. Similar drops occurred in all other states. Therefore it can be concluded that as the number of R.N.'s increased, the membership in SNA's decreased. Even in those states where the actual number of members increased between 1970 and 1980, such as Montana, New Mexico, and Wyoming, the percentage of members from available R.N.'s reflected a significant decrease.

Table 4 reflects the most recent statistics regarding SNA membership within the six regional states selected for comparison. With the exception of Montana, all states reflect a continuing increase in the total number of R.N.'s and a decrease in SNA membership. Montana has experienced a decrease in total R.N's with an increase in SNA members, so enjoys a significantly higher membership percentage than the other five states.

TABLE 4
REGISTERED NURSE MEMBERSHIP IN STATE NURSES'
ASSOCIATION, 1990

	Total RN's	SNA Members	%
Arizona.....	31,850	1,300	4.1
Montana.....	5,990	1,450	24.2
Nevada.....	8,269	425	5.1
New Mexico.....	10,000	698	7.0
Utah.....	11,500	800	7.0
Wyoming.....	4,000	358	9.0

Source: Personal communication with SNA and BONE personnel, April 2, 1991.

For the past twenty years, Nevada has experienced SNA membership percentages similar to Arizona, New Mexico, Utah, and Wyoming. One reason for the steady

decrease in membership could be the gradual increase in dues. Lowering dues in order to increase membership was periodically discussed by the NNA board of directors and members, however this never occurred because the funds to operate the organization primarily came from dues.
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Salaries for R.N.'s in Nevada have generally been higher than those of California R.N.'s. In addition, Nevada does not have a state income tax, so there is more available money per pay period. Although many nurses vocalize about the increasing dues, those nurses who have worked in other states, particularly California, are aware of how good wages are in Nevada.

Between 1977 and 1978, a nationwide study regarding nursing associations was conducted by the University of Maryland. One component of this research was to address nursing professional associations and their relationships to 4,456 registered nurses. Survey responses were obtained from people residing in California, Louisiana, Michigan, Missouri, and New York. The purpose was to determine the nurses' perceptions of their organizations and association
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activities.

Findings of the study revealed that between 1949 and 1978, membership in the ANA had dropped from 57% to 20% of all employed registered nurses. Results of the survey indicated that 29% of the respondents belonged to ANA and 26.5% held membership in the state nurses'

association.

The research also suggested that more single women with education beyond the baccalaureate degree belonged to professional organizations. Graduate degrees were held by 27% of association members, and associate degree nurses were least likely to be members of nursing's professional associations.³⁶ Single women with advanced education are more likely to belong because of the exposure to professionalism that occurs in graduate programs and the tendency of single women to be more actively involved in professional activities in the absence of family responsibilities.

Although 26% of the nurses questioned belonged to the state association, only 2.4% regularly attended the meetings. To obtain further information, those study participants who indicated they were not members of any professional organization (40% of 4,456), were asked why they did not join. A major reason for lack of affiliation for 55.9% of the nurses was the high cost of membership dues. Inconvenient meeting times or places were reported by 33%. Other reasons included lack of interest or disagreement with the purposes of the association, and belief that the association did not address the needs of the working nurse.³⁷

Because this study did not include a state that is similar to Nevada's population and geographic composition, caution was used in generalizing results.

However, data previously presented in tables 2, 3, and 4 identifies a corresponding decrease in SNA membership at a regional level in states with similar geography and population. Participation of R.N.'s in the Nevada Nurses' Association has decreased from 27% in 1971 to 5% in 1990, and the reasons for lack of affiliation cited in the study have been voiced by Nevada nurses. 1990 statistics indicate that more than 50% of NNA members have a B.S.N. or graduate degree, and only 40 out of 38 the 425 members are A.D. prepared.

Nevada is a rural state with two areas of concentrated population: Reno and Las Vegas. As a result, these two districts have traditionally held the largest number of members. Annual conventions are held in these cities during alternating years, periodically utilizing a rural location to increase participation. The distance between Reno and Elko, which is near the Utah border, is 289 miles. Tonopah is 207 miles north of Las Vegas, and Hawthorne is 132 miles south of Reno, so nurses have had to travel considerable distances from rural areas to participate in activities in the largest cities. The expense of attending meetings, loss of time and salary from work, plus the bad weather in winter months all contribute to decreased participation.

Membership meetings have usually been held in the evenings during the week, making attendance difficult for nurses working evening or night shifts, and for those who have children. This might have been a

factor in low attendance during the 1930's, especially since many of the married members during that era were spouses of physicians. Single women were more likely to attend as revealed in minutes which frequently included the title Miss or Mrs. before the name of the member.

As the number of single parents with children increased in the past two decades, reflecting changing values of American society, the time and place of meetings continued to be an important consideration. A possible way to increase membership would be the provision of child care services at meeting locations so nurses could meet family and professional needs concurrently.

The information from the Maryland study revealing that non-members of associations did not have an interest in participating or disagreed with the focus of the organization has also been demonstrated in Nevada. Examples were cited of newspaper reports of dissention between nurses in the early 1900's. The attempts to change legislation to require the B.S.N. for R.N's is a current example of disagreement among many members of the health care team.

People who criticize the professional organization for failing to make quick changes in nursing, or for addressing issues that do not effect the working nurse, will always exist. There are those who want the benefits provided by the association, but are unwilling to participate. This is simply a smaller version of the

pluralist character of a democratic society.

Historically, the greatest attendance at meetings occurred when a controversial or sensitive issue was up for discussion, or when an interesting presentation had been arranged. For example, in the 1930's, members turned out to hear officers from the ANA speak, to vote against having an eight hour work day, and to establish
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a Reno chapter of the American Red Cross.

Legislation reflects professionalization and congruence with goals identified by the national organization. Archival data revealed that NNA was always involved in legislative issues and had an influence on the passage of the first Nurse Practice Act. However, NNA had minimal or fragmented interest in becoming involved with legislation related to practical nursing in Nevada.

In 1944 the NNA established a committee to address possible regulation of practical nurses (P.N.'s). A survey was to be conducted to look at the number, education, employers, and wages of P.N.'s in Nevada, but results were not located in available archival
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material.

On March 23, 1949, a Practical Nursing Act was passed by the Nevada legislature. This act to regulate practical nurses, did not require any program in theory or clinical instruction. Proof of experience was to be provided in the form of reference letters from Nevada physicians who could attest to the

competencies of the applicant. The role of NNA in the introduction or passage of this bill was not located in the data reviewed, and the Nevada legislature did not start keeping minutes until 1965.⁴¹

On the national level, practical nurses had very few standards and minimal legislation to direct activities. In some states, anyone who provided assistance in homes or institutions where there was sickness could use the title of P.N. Many did work under the direction of a physician, therefore asking for physician verification of expertise was not unusual.⁴²

In 1955, the Practical Nursing Act was amended to require completion of a program of training. However, even in the most current regulations it is not specified how long the program must be in theory or clinical experience.⁴³

It is not known why more specific regulations have not been introduced into the act. When the entry into practice issue was addressed during the 1980's practical nurses would have been subsumed into the associate nurse category, and ultimately all P.N. programs in Nevada would be eliminated.

When legislation was passed requiring licensing for registered nurses, it was acknowledged that there was conflict and confusion between trained and practical nurses. In the early years of NNA, obvious antagonism existed on the part of some members, enough

to merit issuance of notices forbidding graduate nurses and practical nurses working together. Therefore, it was surprising that the association did not capitalize on the opportunity to exert some control over those nurses who were perhaps threatening the economic security of trained nurses, by setting standards for the educational preparation of the P.N.

During the 1970's and 1980's, the Legislative Committee, with components in the northern and southern parts of the state, monitored the activities of the Nevada legislature. Amendments to the Nurse Practice Act were introduced primarily by the BONE, however input was always provided by NNA. Most of the changes to the act reflected the expanding role of the nurse that occurred at a nationwide level, including nurse practitioners and clinical nurse specialists.⁴⁴

Interest in establishing a baccalaureate degree as the minimum degree to practice as a registered nurse occurred during the 1980's, however legislation was not introduced. Educational standards for nurses is a key component of professionalization that has yet to be realized for Nevada. The absence of any type of professional nursing program in Nevada between 1922 and 1957 may be an indicator for the future.

When the SMH Training School for Nurses closed in 1922, it was primarily as a result of failed attempts to pass legislation to register nurses. As a result, Nevada was left without any type of educational

program for nurses. Residents who were interested in the profession were forced to leave the state for education, with expectations of their return to care for the people of Nevada.

Nevadans did not express interest in developing nursing education programs until the 1950's. This can be related to the lack of public funding for higher education that has historically occurred in Nevada. As the population began to expand, especially in the 1950's when the southern part of the state grew significantly, people realized that more nurses would be needed. It seemed economically advantageous to keep nursing students within the state.

During the 1950's, changes in nursing education were occurring on the national level. A.D. programs were becoming established in community colleges as the answer to the nursing shortage. Federal Nurse Traineeships provided financial aid for registered nurses pursuing nursing education in areas of administration, supervision, and instruction. Thirty-eight states had at least one
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school offering the traineeships to nurses.

B.S.N. and M.S.N. programs were increasing in number while diploma and A.D. programs were competing for students. By the 1960's, more federal funding became available for building schools and establishing programs. ANA published the 1965 Position Paper encouraging the B.S.N. as the minimum education for
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registered nurses.

Nevada began moving towards establishment of a B.S.N. program in 1953, when the president of the University of Nevada, Minard Stout, made a tour of the state and received input from citizens wanting to have a nursing program within the state. In 1954, NNA participated in a survey conducted by the U.S. Department of Health, Education, and Welfare to identify the needs of the only state without some form⁴⁷ of nursing education.

Most states determine health care needs from the census. Nevada, with a large number of tourists and short-term residents arriving to obtain divorces, had to consider this transient population in addition to the long-term citizen. Committees were formed utilizing representatives from various organizations. Mary Williams was from the BONE, Laura Merlino and Amelia Harper from NNA, Christie Corbett from the State Department of Public Health, Sister Seraphine from SMH, Clyde Fox from WGH, and William Wood from UNR, were⁴⁸ among the participants.

Recommendations included the establishment of a degree program in nursing at the university level, a statewide recruitment of students facilitated by NNA, the development and provision of courses and workshops for nurses as a cooperative effort between the university and NNA, and the development of educational programs, policies, and job descriptions within all⁴⁹ hospitals and health agencies.

In the absence of a nursing program within Nevada, the supply of nurses was coming from other states, with the largest number from California. Disadvantages of relying on out-of-state nurses were identified as (1) the inability to plan for future supply and demand, and (2) a higher turnover rate of nurses which would result in increased health care costs and lowered nursing efficiency. In 1953, there were 637 registered nurses in the state for a population of 215,000. The Nevada R.N. to population ratio was 296/100,000 compared to the United States R.N. to population ratio of 249/100,000, which meant Nevada was actually better off than the nation as a whole.

Ratios of patients to staff, professional to non-professional personnel, and projected needs were determined. Input from agency administrators and nurses revealed that a baccalaureate degree program should be established rather than a diploma program, to give graduates the opportunity to pursue advanced education.

Survey results recognized that following passage of the mandatory law requiring licensing of practical nurses (1949), one practical nurse program was established in Las Vegas in 1952. The vocational course provided by the Department of Education included a clinical component, but the length of the program was not identified. This was the only nursing program of any kind within Nevada at this time.

The first B.S.N. program in Nevada was established at UNR in 1957. Arthur E. Orvis had donated \$100,000 in appreciation of nursing care he had received while hospitalized in Reno. The state matched those funds, which provided the building named the Orvis School of Nursing (OSN). The first class graduated in 1961, and NNA bought nursing pins for each graduate. In the 1980's, the association provided scholarships to students enrolled in the program, with special emphasis on R.N.'s returning
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for a B.S.N.

The archival data related to the NNA in the 1950's and 1960's is minimal, and does not provide additional information about the role of the organization in the implementation of recommendations resulting from the survey. Obviously, the association was addressing a goal of ANA by raising educational standards within the state.

It was interesting to note that within three years of passing the law requiring a license to practice as a practical nurse, a vocational program had been established. Yet licensing of registered nurses occurred in 1923 and it was twenty-four years before a program to prepare professional nurses opened in Nevada. Perhaps the people who developed the vocational program believed that preparing P.N.'s quickly and inexpensively would contribute labor to the health care work force to meet increasing demands, yet keep the cost to employers low. The lack of support for

higher education also influenced Nevadans, as they waited to see if there would be a need to supply more nurses for a state that had a large rural population and vast desert area.

At the time the University program was opened, faculty were recruited from out-of-state to supplement the few residents who had advanced degrees. Although statistics were not available identifying nurses with B.S.N.'s and M.S.N.'s in Nevada in the 1950's, the absence of any educational program in the state limited the number of available personnel resources.

In 1964, a second educational survey was conducted to identify current and 1970 projected needs of nurses and nursing in Nevada. Consumers and employers of nurses, concerned about a nursing shortage, wanted to examine the potential for additional educational programs within the state. This study was sponsored by the Nevada Public Health Association, and included representation from agencies, educational institutions,
54
and professional organizations including NNA.

Results of the study revealed a need to develop more nursing programs at all levels, including the addition of A.D. programs, expansion of the B.S.N. program, and the introduction of a M.S.N. program at UNR. Recruitment of additional qualified faculty and enhancement of continuing education offerings were also
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encouraged.

In 1963, Nevada had eight schools for practical

nursing, under the direction of the State Vocational Education Department. The directors and instructors were nurses. The majority of practical nurses worked in hospitals and nursing homes and the largest group was between the ages of 50 and 59. There was still just one school of professional nursing, and no medical school in the state at that time.

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The proliferation of schools for P.N.'s was a response to the increasing population requiring nursing care and the lack of public support for long-term educational programs. Without specific guidelines to dictate the type and duration of clinical and theoretical experiences for P.N. programs, this was a fast, inexpensive way to contribute to the work force. Since a majority of the women were nearing retirement age, many may have sought this opportunity to establish an occupation after raising a family or after the death of a spouse. Some of these women may have been practicing as nurses for many years without the benefit of any formal training, and saw this as a chance to legitimize what they had always done. Until the people of the state began to see a need for professional education within Nevada, they were content to settle for having basic needs met.

In 1965, an A.D. nursing program was established at UNLV, primarily as a result of lobbying activities of NNA members in the south. In 1972, this program was expanded to a second step program culminating in a B.S.N.

This allowed R.N.'s with an A.D. the opportunity to earn the B.S.N in two years. Hopefully it would encourage nurses to return to school for higher education. The NNA provided advisors to the nursing programs and regularly invited students to participate in organizational activities.

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The influence of the association in establishing a second program in Nevada to prepare registered nurses has been documented. Apparently the members recognized the discrepancy in program availability for practical and registered nurses, and felt the time was right to push for additional support. By this time, the two year program leading to an A.D. was gaining momentum across the country, and was a fast way to complement the work force. The involvement of NNA with student nurses was also a method of recruiting future members for the association. By exposing the students to the professional organization and by offering nurse mentors, it was hoped that new graduates would add to the strength and size of NNA.

During the 1970's, the association began to examine criteria for continuing education, in the event that it would become a requirement for relicensure as a registered nurse in Nevada. Again, following national trends and recommendations from the state surveys conducted in 1954 and 1964, NNA began planning for the future. A committee developed a point system whereby members could earn twelve points in two years by

participating in the professional organization,
attending workshops, and by providing community
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service.

This system was never implemented, primarily
because it required considerable monitoring by members
of the association, and was non-specific enough to
allow for considerable variation. The committee had
attempted to develop a system that would benefit both
the organization and nurses. By giving recognition for
membership in NNA, the nurses would be rewarded with a
mechanism to insure relicensure, and the organization
would grow in numbers. Also, encouraging nurses to
attend workshops and provide the community with service
would benefit the individual nurse and the consumer.
It was an attempt to satisfy the needs of everyone in
the most efficient manner.

In the 1970's, additional educational programs
developed in the state. Western Nevada Community
College in Reno (later becoming Truckee Meadows
Community College) opened an A.D. program for residents
in the northern part of the state. A M.S.N. program was
established at UNR's Orvis School of Nursing, as it had
a well established B.S.N. program and available
resources to implement the program. Representatives from
all educational facilities began meeting together to
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increase articulation between A.D. and B.S.N programs.

In 1979, the NNA Education Committee was formed to
support continuing education for nurses and to organize

methods to deal with the entry into practice issue. One of the initial projects of the committee was to hold forums throughout the state to explain the educational requirements for nurses that were being formulated.⁶⁰

The Education Committee had components in the northern and southern regions of Nevada. Tasks were divided between the groups, and resulted in the development of definitions for associate and professional nurses. The Associate Nurse (A.N. or Level I), would practice basic nursing under direct supervision of the Registered Nurse (R.N. or Level II), and hold an A.D. in nursing. Practical nurses would be eligible to take the examination to become an A.N., and eventually the practical nurse programs would be eliminated. The R.N. would have a B.S.N.⁶¹ and would practice professional nursing.

In anticipation of the 1985 and/or 1987 Nevada state legislative session, the NNA Legislative Committee began drafting a bill utilizing these definitions. In 1985, the NNA board of directors developed a plan of action to educate all nurses about supporting the B.S.N. degree as the minimum educational level for R.N.'s. A core group of members, primarily educators from the universities and community colleges, began a series of workshops to present and defend NNA's position on the entry into practice issue.⁶² There was some opposition from A.D. R.N.'s and P.N.'s but NNA had tried to limit that by involving faculty members from

these programs as well as university instructors.

During the 1980's NNA directed all energy toward the entry into practice issue. The educational program to disseminate information throughout the state attempted to show unity by having nurses from all educational backgrounds participating in the process. However, the political climate at the time revealed that passage of a bill mandating a B.S.N. for practice as a registered nurse would not be forthcoming in the near future. The lack of success in implementing change at this time can be attributed to lack of consensus among nurses, both within Nevada and on the national level, to establish a minimum level of education. Very few states had legislated educational requirements, and the Nevada legislators did not see a need to change a system that was obviously working. No group of nurses were able to convince them to change their minds.

There was still dissention between practical nurses and registered nurses, and practical nurses felt there was a move to eliminate their services. Even though provision had been made to include the P.N.'s into the associate degree category, it did not sit well with those who had been working for many years. Some educators were concerned about the elimination of practical nursing programs, and employers were concerned about the increased wages that would be required for educated nurses. This attitude was reflective of longstanding beliefs that nurses did not

require education to do basic tasks.

Probably one of the most significant roadblocks during the 1980's were the legislators. In particular, a very powerful legislator from Las Vegas, the late Marvin Sedway, was actively involved with committees related to health care. He was opposed to the B.S.N proposal and made it known that he would seek support for the defeat of any bill presented to mandate a change in requirements. Many NNA members, especially in Las Vegas, also believed he was influenced by the fact that his wife was a practical nurse. He died in 1990, and it will be interesting to see if nursing legislation becomes any easier to implement in the future, or if someone will take his place in resisting nursing advancements.

Therefore, considering the likelihood of defeat, the NNA voted to table plans to introduce legislation during the 1980's. It was the consensus of the board that introducing a bill and suffering defeat would do more harm than holding back and waiting for a more opportune time to push for legislation. Many felt that once California passed legislation supporting the B.S.N, then it would be easy for Nevada to do the same, as California is frequently used as the barometer of legislative activity for the Nevada state legislators. However, California did not overcome this hurdle and to date the only state to require the B.S.N. for licensure as a professional nurse is North Dakota.

The information obtained from a review of NNA data suggests that consumers had the greatest influence on the establishment of a professional nursing program within Nevada. Perhaps it will be consumers who ultimately influence legislation regarding the entry into practice issue. As a result, it would seem beneficial for nursing to direct attention to educating the public about nursing education at the state and national level.

NNA's attempt to establish professionalization of nursing was consistent with ANA goals and purposes to raise educational standards, protect the public from inferior nursing care, disseminate nursing information, and influence legislation pertaining to nursing. NNA fell short on efforts to influence regulation of practical nursing, and did not actively pursue educational reform until the 1970's and 1980's.

There were efforts to become involved in educational programs in the late 1950's and 1960's, but the question remains as to why NNA did not strive to develop a professional nursing program prior to 1957. It is apparent by reviewing statistics, that a struggle to establish a strong membership has continued to be a problem, and without significant numbers, results will be limited.

Organizational principles pertaining to structure and process were evident, yet it was within this area that the association had difficulty maintaining

end-result principles. Order, stability, initiative and esprit de corps was inconsistent as a result of fluctuating numbers of SNA members and conflict within the membership. However, by examining other states with similar geographic and population distribution as Nevada, it is reassuring to discover that the state approximates several other states who are probably experiencing similar frustrations.

Interaction with Milieu

A common thread reflecting NNA's interaction with the Nevada environment was in the area of employment and labor relations. The NNA membership addressed various issues of employment for Nevada nurses throughout the years. Some issues were discussed briefly, others lasted several months. The fragmented archival data did not always provide rationale for items discussed or decisions made.

At the November 3, 1931 meeting of the association, members complained about the employment of practical nurses instead of graduate nurses at Washoe General Hospital in Reno. A committee was appointed to investigate the matter, but no further information was
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provided.

In the December 4, 1934 minutes, it was recorded that notice was to be posted in both Reno hospitals (Saint Mary's and Washoe), that no graduate nurse was allowed to work with a practical nurse. There was no explanation offered for this, nor any further mention

of it in subsequent minutes.

The conflict between P.N.'s and R.N.'s was not new or unique to Nevada. As discussed earlier, there was considerable discord between the two groups at the time the law requiring registration was enacted in 1923. In the 1930's the nation was beginning to withdraw from the depression, but individuals were still concerned about employment and salaries. R.N.'s received more money than P.N.'s, and may have felt threatened if the P.N.'s were being employed to save institutions money. There may have been concern for quality of care given by women who had no formal nurses training.

Nationwide, as the nonprofessional group increased in numbers, R.N.'s became resentful about the unclear distinction between P.N.'s and R.N.'s and the degree of responsibility and status given to those with less training. The combination of threatened professional identity and economic concerns added to the conflict
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between the two groups.

In 1933, the subject of moving from 12 hour shifts to eight hour shifts was brought to a NNA meeting. A national trend, Nevada nurses were unsure of the change, so discussed the matter at several meetings without reaching a decision. The recording secretary at that time did not identify any of the supporting or opposing views expressed by members. When a vote was taken at the October 3, 1934 meeting, adoption of the

eight hour day was defeated 26 to 18.

In 1911, California had passed a law limiting the number of working hours for women to eight hours a day, but it did not include nurses. In 1915, the law was amended to include student nurses within the eight hour limit. The ANA tried to gain support for the eight hour day in 1932, but was met with resistance from many state organizations.

The issue resurfaced at the November 1935 meeting when Ethel Swope, assistant director of ANA, encouraged Nevada to adopt the eight hour day for private duty nurses. Although Christie Corbett wrote in her brief historical sketch of NNA that the association adopted the eight hour day in 1937, those records are missing from the archival data.

The ANA supported the eight hour work day for nurses as a means to improve quality of patient care and nursing morale. Between 1935 and 1937, twenty-seven states adopted the eight hour work day, including Arizona, California, Idaho, and Montana. By 1940, forty-five states plus the District of Columbia and Hawaii had the eight hour day in place for hospital staff nurses. Although a review of AJN's during the 1930's did not reveal a specific announcement of Nevada's adoption of the shorter work day, it is probable that it did occur during this time.

The resistance to the eight hour day may be attributed to concern for economics as well as staffing. Most nurses were used to the twelve hour shifts, and it was somewhat easier to find two nurses instead of three to split twenty-four hour coverage, especially when there were fewer nurses available. It required working more days to earn a salary equal to that earned during twelve hour shifts, which has been one of the advantages expressed in support of the recent return to twelve hour shifts in many hospitals across the nation.

Another area related to employment issues was significant during 1971. At that time, NNA compiled a booklet "Position Descriptions, Responsibilities, and Qualifications of Nursing Personnel in Nevada" (PDRQ). The association believed that the profession should define nursing care and qualifications, and was committed to helping health care agencies implement the guidelines. Descriptions were provided for nursing assistants through directors of nursing service, but did not include faculty positions in schools of nursing.

The NNA was considering the needs of Nevada nurses by hiring support staff who could help manage the office and offer strength in the area of politics. Even though the executive director position was not filled by a registered nurse after 1976, the political climate for nursing was changing, and nurses were not politically strong. Concentrating on lobbying efforts

was also in response to the 1965 ANA Position Paper supporting the baccalaureate degree as the minimum educational preparation for registered nurses. The NNA recognized that the organization would become involved in efforts to implement legislation in Nevada.

Whether accidental or deliberate, locating the NNA office in the same building as the Nevada Medical Association allowed the two organizations to interact more often. NNA, which generally enjoyed a good relationship with physicians, was now located in close physical proximity to the group which could eventually impact future attempts at nursing legislation.

Nursing involvement with collective bargaining began to increase on the national level during the 1960's, especially in California. However, NNA did not have much involvement until the 1970's, and this was limited because of the right-to-work laws in Nevada. NNA did provide consultation and assisted nurses in resolving their disputes. However, NNA does not have the large involvement in collective bargaining that is a typical component of a majority of SNA's.

The laws not only limit association involvement, but also limit nursing activities related to strikes. Occasionally a conflict will arise, but most are resolved through proper scalar processes. As indicated earlier, Nevada nurses have a larger salary than can be obtained in many other states, and most institutions provide ample benefit packages. As a rule, disputes

concern working conditions or situations which jeopardize safe nursing practice, and once publicized, are usually quickly resolved.

Summary

It is not surprising that Nevada has not resolved the conflict between R.N.'s and P.N.'s and the entry into practice issue. Neither of these concerns have been settled at the national level, and both are related to educational preparation of health care providers.

The infighting among nurses is reflective of struggles of women to obtain recognition, power, and direction in a patriarchal society. The women's movement of the early 1900's sought unity of purpose and advancement of women, yet achievement of the right to vote did not guarantee equality in employment, wages, or access to education.

Nursing is traditionally viewed as an altruistic service which is part of the nature of women. Change in attitudes and image can only occur with acquisition of legitimate power. Because women, and therefore nurses, do not have recognized power, change is slow to develop.

Nursing still adheres to the medical model as evidenced by the use of nursing "diagnoses" and nursing "orders", as well as attention to specialization for nursing practice. Within nursing those with less education see themselves as the workers, and perceive

educated nurses as directors or researchers, uninterested in the needs of those at the bedside. When women receive political and social equality they will begin to have the power to influence legislative reform. Until nurses unite and agree upon educational standards, professionalization at all levels is limited.

Since 1931, the Nevada Nurses' Association has conformed to the goals identified for state associations by the national organization: (1) influencing legislation pertaining to nursing and, (2) providing a mechanism for nurses to disseminate nursing information at the state level. Examples of NNA's impact have been provided through descriptions of influential people and factors, professionalization, and interaction with the milieu.

The association also demonstrated principles of organizational theory by providing management in the form of a board of directors, bylaws, division of labor into specialty committees, and concentrating on needs of the majority of nurses and consumers. The NNA, a group of nurses volunteering their time and energy, recognized limitations and capitalized on strengths to remain functioning as an association dedicated to the advancement of professional nursing in Nevada.

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Chapter V

Summary and Recommendations

Summary

Throughout the years, Nevada has experienced periods of growth and regression, reflective of the nature of a state dependent upon gold and silver to support its economy. With every mineral deposit discovered, the people experienced economic instability and uncertainty.

Coexisting with mining operations, gambling, prostitution, and alcohol consumption became important contributors to the economy. Although generally perceived by society as immoral behaviors, these vices became part of the Nevada lifestyle for tourists and residents alike. Numerous attempts to regulate morality have proven unsuccessful, not only in Nevada, but on the national level as attempts at prohibition were ultimately repealed.

Although geographically isolated from many national and international events, Nevada was ultimately influenced in many areas. The state's minerals provided support to every war since the Civil War. In return, Nevada was the beneficiary of federal assistance programs that provided employment for residents. The development of nuclear testing sites in

the Las Vegas area stimulated growth in the southern part of the state.

In early years, health care for Nevadans was limited but gradually improved as qualified physicians and nurses entered the state. Unable to provide educational programs of its own, Nevada was obligated to look to neighboring states for professional workers until the 1950's.

At the turn of the twentieth century Nevada nurses began to increase in number, and were stimulated to establish an organization to improve standards of nursing education and quality of patient care. After initial attempts to organize failed, persistence on the part of Reno area nurses eventually led to the development of the Nevada Nurses' Association, an official member of the American Nurses' Association since 1920.

Faced with limited numbers of trained nurses residing in a state consisting of vast desert expanses, and remote population centers, NNA addressed issues regarding membership, employment, legislation, education, and labor relations. Although initially strong in numbers, over the years membership has decreased as the number of registered nurses increased in Nevada. From a 21% participation rate in 1930, to a 5% rate in 1990, NNA has managed to function as the professional organization for nurses in Nevada.

Although much of the primary data related to the

evolution of the NNA is missing or fragmented, several conclusions have been made about the association, based on available resources. When the law requiring registration of nurses was passed in 1923, following three unsuccessful attempts, it is certain that members of the association were instrumental in its passage. Physicians were in a position of authority and prestige, and the nurses wisely sought the support of the medical community before proceeding with legislation.

This support ultimately resulted in strengthening the state government's perception of the association. When the BONE was established, two of the three original members were involved with association activities and were graduates from the short-lived St. Mary's Hospital Training School for Nurses which existed in Reno from 1912 through 1922.

A close working relationship existed between NNA and the BONE throughout the years. Communication between the two groups remained open as the association monitored proposed changes in the Nurse Practice Act and recommended names of nurses for the various governors to consider when vacancies arose on the board.

Due to the lack of records, it is difficult to conclude with certainty that NNA was involved with legislation to regulate practical nursing in 1949. A few investigations into practical nursing were

mentioned in some of the membership meeting minutes. The question remains as to why NNA or another nursing group never pushed to have the Nurse Practice Act amended to require an educational program for practical nurses with a specified length of theoretical and clinical preparation. This could have been related to the hostility known to have existed between P.N.'s and R.N.'s in almost all of the states.

The absence of an educational program for registered nurses in Nevada for twenty-four years meant the state was dependent on non-resident nurses to care for the sick. Until 1953, when nurses and consumers voiced their concerns about the lack of educational opportunities within Nevada, NNA had done little in the way of education. Once the needs of the state were determined, the association worked in conjunction with other colleagues to develop associate, baccalaureate, and continuing education programs. NNA then began to actively participate in the identification of needs and implementation of educational programs.

Many state organizations have collective bargaining as a large component of association activities. However, Nevada has laws mandating the right-to-work, which limit the amount and type of participation which NNA can have in relation to employment issues. Consultation and advisement has been the biggest offering of members toward the resolution of conflicts between staff and management.

In reviewing the archival data, the most glaring omission from the records was the failure of NNA to address issues unique to Nevada. Prostitution and the associated health risks, gambling, and alcoholism were not discussed. If they were of concern, they did not appear on those records which have been preserved. These vices contribute considerably to the economic support of Nevada, and perhaps, as most of the citizens, NNA has accepted these behaviors as part of the society.

The only response to one of the Nevada vices was the development of a peer assistance program in the 1980's, to help chemically dependent nurses become rehabilitated. However, this was a function of a larger national concern with substance abuse by health care professionals as it impacted quality of care.

The association has sought to strengthen political ties with the legislators and help nurses become more politically aware by holding joint meetings with elected officials. In the 1970's and 1980's, lobbyists were employed by the association to monitor legislation related to health care.

During the 1980's, the association directed a majority of its time and energy toward the development of a position on the entry into practice issue. With hopes of establishing legislation in either the 1985 or 1987 state legislative session, the members throughout the state united to educate nurses and non-nurses alike

as to the advantages of the B.S.N as a minimum educational preparation for registered nurses. Unfortunately, as a reflection of the lack of unity among nurses nationwide, and failure of the majority of states to implement legislation, this has not yet occurred in Nevada.

The movement of professionalism of nursing in Nevada is hindered by the great distances between cities and towns of Nevada. The largest areas of population are in the Reno and Las Vegas areas. Changes in legislation and education generally occur when similar changes first take place in surrounding states such as California and Utah. When Nevada was one of the last states to give women the right to vote in state elections in 1914, that was a reflection of the way progress would occur in most aspects of Nevada life.

Although low membership and lack of funds has been a consistent problem for the association, not only at the state level but also nationally, there remains a dedication and persistence that imitates the drive of the original founders of NNA. Members of NNA had always believed that the association began in 1931. It can now be stated that the first time the title "NNA" was used to identify a group of nurses was in 1907. The NNA was officially accepted as a member of ANA in 1920.

The majority of Nevadans have accepted gambling and prostitution as a way of life. Virtually all other states reject these vices, with the exception of limited gambling in New Jersey, selected state lotteries, and church affiliated bingo parties. Mining interests and nuclear testing have made a significant impact on Nevada's economy and stimulated technological advances within the state. However, attention to educational needs, and changes in nursing attitudes and practice are still reflective of a primitive frontier state.

Health care costs in Nevada are undergoing scrutiny by the current state legislature, and this will subsequently impact the future of nursing within the state. When the entry into practice issue is resolved at regional and national levels, then changes will begin to appear in Nevada. Nursing, as a predominately female profession, will continue to be controlled and directed by non-nurses who believe that the traditional method of nursing adequately meets the needs of consumers. Hopefully, nurses will continue to pursue professionalization in Nevada and strengthen the NNA in numbers to effect change in attitudes and practice.

Recommendations

The popular notion of historiography is viewed as a compilation of dates and events that mark progress on a continuum. The historian must not only address significant milestones, but should suggest causation

and motivation behind activities, and relate them to a larger sphere of reference.

During the process of completing this project, several problems were encountered. Prior to reading and analyzing the data, the researcher had to sort, categorize, and index the NNA material stored at the Nevada Historical Society in Reno. This took over eighteen months to complete and resulted in 935 files stored in twenty boxes.

During this phase of the study, data was found to be absent, fragmented, or inadequately identified resulting in material that could not be used. It was apparent that people who had run the organization were not aware of the method for recording, retaining, and preserving data for future reference. As a result, an article was written for NNA in March, 1990 describing the importance of dating, labeling, and saving data that would be accessible and useful for future historians.

Efforts were made to locate missing data both through written announcements in the association newsletter and by verbal requests at state and district meetings. These did not result in a significant increase in material to supplement existing records.

Records were not only limited in number but in detail and description of events. For example, some of the association secretaries were very precise notetakers, while others recorded the result of a vote but did not reflect issues discussed nor reasons for

acceptance or rejection of a decision. Some files that were located at UNLV did not provide data that was anticipated based on the information located in the archival index. Likewise, data that was reportedly stored at the Nevada Historical Society did not materialize.

Personal interviews were not conducted as part of this project. Significant people who initiated NNA were few in number to begin with and time has taken its toll. People who were contacted for information offered a variety of reasons why they chose not to participate in the project.

This study has generated ideas for additional research. Many significant leaders of NNA have been identified, such as Jean Rambo, Pat Smith, and Claire Souchereau. The people who established the nursing programs at UNR, UNLV, and the community colleges should also be identified. It would be interesting to develop written or oral histories on some of the individual members, especially those who are still alive and agreeable to interviews. Preserving records and recollections of nursing leaders at the state level will help future generations who are interested in nursing history.

The national and state organizations have traditionally had a low membership. It would be valuable to conduct a detailed investigation into this area, perhaps consulting with other state associations

to see if some commonality exists. If methods to increase participating members could be found, it would be beneficial to the profession as a whole.

A detailed study on the development of nursing education in Nevada may assist with the resolution of the entry into practice issue. Nevada has a limited number of nursing programs, and written histories of each program would be useful for future analyses.

A history of the BONE would also provide valuable information. Because of the relationship between NNA and the BONE over the years, additional data may be found to supplement the contributions made by NNA in legislative issues.

As each state association completes a historical study, additional research can be generated. A comparison of nursing associations in the Western States would yield interesting results such as examining similarities and differences between areas of strength and conflict.

This study makes an original contribution to existing nursing knowledge. With a better understanding of the past, nurses will be able to anticipate future trends and hopefully facilitate the progress of nursing as a profession.

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October 18, 1988

Eric Moody
Curator of Manuscripts
Nevada Historical Society
1650 North Virginia
Reno, Nevada 89503

Dear Mr. Moody:

This letter is to introduce to you Ellen Fries. At our Nevada Nurses' Association Convention last week, we voted by consensus to allow her to sort and categorize our historical material.

We are delighted she is willing and able to take on this immense project for us, and we look forward to finally having all of our historical records in order.

If you have any questions, please feel free to contact me.

Sincerely,

Linda D. Roide
Office Manager

/ldr

cc: Ellen Fries

Ellen - we also have a drawer in the office labeled Archives you may want to go through I haven't had the courage!!

Linda