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

FROM UNTRAINED NURSES TOWARD PROFESSIONAL PREPARATION
IN MONTANA, 1912-1987

Part I

by

A. Gretchen McNeely, MSN, RNC

A dissertation presented to the
FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING
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requirements for the degree
DOCTOR OF NURSING SCIENCE

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ABSTRACT

Since the American Nurses' Association (ANA) published its first position paper in 1965 and in 1978 reaffirmed its position on the educational preparation for nursing practice at the ANA National Biennium, the Montana Nurses' Association (MNA) has maintained a consistent position that a minimum of the baccalaureate degree in nursing should be required for licensure as a professional nurse. As of the closure of the 1987 session, the MNA had not yet been able to secure legislation for this requirement.

The influence of the Montana Nurses' Association on the legislative process regarding the regulatory efforts of the profession from 1912 to 1987 is explored in this study. The activities and progress of the MNA have been focused on the protection of the public through mandatory licensing/registration of trained nurses and the provision of standards for nursing education and practice. The goal of the baccalaureate degree in nursing as the minimum educational preparation for licensure as a professional nurse has been a sought objective since 1965.

Historical research methods were used to investigate this problem. The data were collected from both primary and secondary sources and the validity and reliability of the

evidence was determined by internal and external criticism. Data were then evaluated to identify those factors operative in society which have impeded or facilitated the objective of the nursing profession to move from its status as an occupation/trade toward a bonafide/acknowledged profession. Synthesis and interpretation of the findings were the final stages of the process in order to make recommendations for action by professional nurses in Montana.

The findings of the study indicated that the progress from untrained nurses toward professional preparation in Montana, 1912-1987, occurred in several phases and was influenced by the Montana Nurses' Association in collaboration with other nursing organizations including the Montana Licensed Practical Nurses' Association, the Montana League for Nursing, the Montana Consortium of Schools of Nursing, and the Montana State Board of Nursing. The members and officers of these groups were able to influence the legislature to provide for the Nurse Practice Act of the state and to revise it periodically.

Dedicated
to
Richard Irving McNeely
A Truly Supportive Husband and Best Friend

PREFACE

With gratitude, I wish to express my deepest appreciation and sincerest thanks to the members of my dissertation committee: to my nursing history professor and the first Chair of my committee, Dr. Irene S. Palmer, Professor of Nursing and Dean Emeritus, Philip Y. Hahn School of Nursing, for the opportunity to work as her doctoral fellow and research assistant in her work on Florence Nightingale and for her continuous encouragement and support throughout the coursework as well as the dissertation; to my academic advisors throughout the coursework, Dr. Mary Ann Hautman, Associate Professor of Nursing, who served as the Chair of my dissertation committee when Dr. Palmer retired, and who taught me Nursing Theory and Clinical Decision-Making, and Dr. Patricia Roth, Associate Professor of Nursing, who taught me Nursing Administration theory, for their words of counsel and advice in course selection and for wonderful feedback on papers and projects throughout the doctoral program; and to Dr. Lorraine Freitas, Associate Professor of Nursing at San Diego State University, who joined my committee upon Dr. Palmer's retirement, to provide expertise in historical methodology, I offer special thanks.

I would also like to offer my sincerest appreciation to the librarians of the Helen K. and James S. Copley Library at the University of San Diego. In addition, I am deeply indebted to the efforts of the archivists and others at numerous facilities in the state of Montana including the Montana Historical Society in Helena, the Mansfield Library at the University of Montana in Missoula, the Renne Library at Montana State University in Bozeman, and the many public and hospital libraries in various towns throughout the state. The assistance of all of these people made the job of data collection not only easier, but a very enjoyable experience as well.

Many of my colleagues in the nursing profession in Montana were extremely helpful and encouraging in my research efforts also. I would especially like to thank the members of the History Committee of the Montana Nurses' Association with whom I have worked for the last five years and who have given me so much support during this endeavor. In addition, those I have taught with at Montana State University have also been extremely encouraging and this collegial support has been very deeply appreciated as well. Special thanks goes to my Dean, Dr. Kathleen Long, who has provided additional support through giving me time to pursue scholarly activities as a part of my faculty role and professional development.

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LIST OF ABBREVIATIONS

ADN	Associate Degree in Nursing
ANA	American Nurses' Association
BSN	Bachelor of Science in Nursing
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MCC	Miles Community College
MCSN	Montana Consortium of Schools of Nursing
MHA	Montana Hospital Association
MHS	Montana Historical Society
MLN	Montana League for Nursing
MLNE	Montana League of Nursing Education
MMA	Montana Medical Association
MN	Master of Nursing
MNA	Montana Nurses' Association
MONE	Montana Organization of Nurse Executives
MSAGN	Montana State Association of Graduate Nurses
MSAGRN	Montana State Association of Graduate and Registered Nurses
MSBEN	Montana State Board of Examiners for Nurses
MSBON	Montana State Board of Nursing
MSGNA	Montana State Graduate Nurses Association
MSNA	Montana State Nurses' Association

MSNSA	Montana Society of Nursing Service Administrators
MSPNA	Montana State Practical Nurses' Association
MSU	Montana State University
MUS	Montana University System
NCLEX-LPN	National Council Licensing Examination for Licensed Practical Nurses
NCLEX-RN	National Council Licensing Examination for Registered Nurses
NLN	National League for Nursing
NLNE	National League of Nursing Education
NMC	Northern Montana College
NPA	Nurse Practice Act
RN	Registered Nurse
SBTPE	State Board Test Pool Examination
SKCC	Salish Kootenai Community College
SNA	State Nurses' Association

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CHAPTER 1

INTRODUCTION

Almost from its inception nursing has been preoccupied with recognition of achieving professional status. Since the early part of the 20th century many scholars have studied the phenomena by which occupations achieve professional status and have proposed criteria for the identification of the professions.¹ Nursing consistently has fallen short of full professional status when measured by most of the criteria of these authors. One of the areas in which nursing does not measure up to the other, older professions such as law, medicine and theology, is its system of educational preparation. In addition to autonomy, social responsibility, and rewards, members of occupations undisputedly accepted as learned or established professions have had extensive academic preparation in institutions of higher education at the post-baccalaureate level. Nursing has been an exception regarding the educational requirements of its practitioners. It also lacks autonomy in its practice and its scope of practice. Although nursing has great societal respect, it has not been accorded suitable rewards and autonomy.

Preparation for nursing has had a varied history.

Because of a lack of understanding or clear definition regarding professional education, archaic notions of layering courses, upward mobility, add-ons, substitutions, and credit for experience have resulted in the variety of courses that are currently offered. Basic systems of preparation range from one-year licensed practical/vocational nursing (LPN/LVN) to three-year diploma apprenticeship training in hospital-based programs and preparation in institutions of higher education at the associate degree (ADN), baccalaureate degree (BSN) and, in the unusual cases of Yale and Case Western Reserve Universities, the master's (MN) and doctoral (ND) levels.² With the exception of the LPN/LVN, all of the current levels prepare students to write the examination for licensing as a registered nurse.

A number of State Nurses' Associations (SNAs) have introduced legislation at the state level which would require the baccalaureate degree as the minimal educational level for entry into professional nursing practice.³ These associations believe that the baccalaureate degree in nursing is essential to assure that professional nurses are prepared adequately to assume the weighty responsibilities they encounter daily in their practices. Such preparation is deemed necessary if nursing is to approach the full professional status as is accorded the established

professions such as law, medicine, and theology. The SNAs believe that with baccalaureate education nursing will participate in the autonomy, financial remuneration, and rightful acknowledgement of a profession which assumes such a tremendous social responsibility, as well as the prestige enjoyed by the traditionally learned professions.

To date, only the North Dakota Nurses' Association (NDNA) has been successful in achieving the requirement of a baccalaureate degree in nursing (BSN) as the minimum level of educational preparation for entry into the profession as a registered nurse in the United States. That state also requires the ADN as the minimum level of educational preparation for licensure as a practical nurse. The legislation which made it possible for the State Board of Nursing to make these statutory stipulations was passed in 1985, but was challenged immediately in the courts by the hospitals which operated the last two diploma programs in the state. After a long court battle which ended in January 1987, the state's Supreme Court upheld the authority of the State Board of Nursing to regulate the educational requirements necessary to write the examinations for registered and practical nurses. Nursing leaders in the state had been able to involve all the state's nursing organizations and educational programs in a concerted effort of working for changes with the board of higher education in planning for all nursing programs to offer articulation and

transfer of credits. It appears that the unification of nurses and their willingness to work with others to make their goals a reality was the basis of their success in the sparsely populated state.⁴ Continued unification of nurses in that state may also be a tremendous asset in opposing the efforts of those who attempt to solve nursing shortages through the introduction of less prepared health care workers such as Registered Care Technologists (RCTs).⁵

Identification and Background of the Problem

The level of educational preparation required for licensure as a professional nurse in the State of Montana has been identified as a major issue by LPNs and all levels of RNs (ADN, diploma and BSN) throughout the state. The issue was raised as opposition to the attempts by the Montana Nurses' Association (MNA) to influence the legislature to raise the level of educational preparation required for the practice of professional nursing. The opposition was organized and came from several groups including the Montana Hospital Association (MHA), the Montana State Licensed Practical Nurses' Association (MSLPNA), and the Concerned Nurses of Montana (CNOM). The Montana Medical Association (MMA) officially held a neutral position on the issue, but individual physicians spoke out on both sides of the debate.⁶

The main points of opposition to this legislation,

especially the problems of geographic and economic access to baccalaureate preparation and the shortage of nurses, particularly in the rural areas, were well-articulated in the recruitment brochure of the CNOM. The members of this organization believed that four systems of educational preparation were desirable in order to offer a choice of geographic locations, and length and cost of programs, as well as to enhance interstate mobility and licensure endorsement, and to assure the public an adequate supply of nurses.⁷

The CNOM had an interesting history. It was founded in 1983 under the leadership of Patricia Barrett of Missoula's Community Hospital. Ms. Barrett had been the President of the MNA from 1982-83. The group apparently organized in response to the appointment of an MNA ad hoc committee which was to make recommendations regarding MNA's goal to "implement the baccalaureate as the basic educational level of entry into practice by 1987." Those nurses in the state (both LPNs and RNs) who opposed MNA's educational goal organized the CNOM as a strategy to publically oppose the goal. They prepared brochures, which were distributed around the state, and were a very vocal group of nurses who were quite successful in getting their perspective on the issue in front of the public, including legislators. The CNOM organization seemed to die after the

failure of House Bill 36 in January 1987.

Since the 1965 publication of the American Nurses' Association's (ANA) first position paper and its subsequent reaffirmation of the educational preparation for nursing practice at the ANA National Convention in 1978, the Montana Nurses' Association (MNA) consistently has maintained that a minimum of a baccalaureate degree in nursing should be required for licensure as a professional nurse. In 1983, through a campaign called Nursing 21, MNA began to lay the groundwork for the introduction of a bill into the 1987 state legislature to meet that goal. The effort was aided through a grant from the ANA which had made money available to states that were attempting to elevate the educational requirements for entry into nursing practice.⁸

House Bill 36, which was introduced into the 1987 Montana State Legislature, would have required that after 1992 the minimum of a baccalaureate degree in nursing would be necessary for licensure as a professional nurse. Registered nurses licensed prior to 1992 would not be obligated to possess this credential. After the three-year MNA Nursing 21 campaign, on January 22, 1987, the final vote of the House of Representative's committee to which HB 36 was assigned (the Committee on Human Services and Aging) was 18-2 in opposition to the bill, largely due to the collective efforts of the CNOM and the individual influence

of one of its LPN members who was also a legislator and a member of the committee. The Montana House of Representatives accepted that negative vote on January 24, 1987, crushing the hopes of the MNA for the 1987 legislative session.⁹

Rationale for the Study

For many years nursing leaders have addressed the importance of nursing history and historical research. Of first importance is that nurses will gain knowledge of the rich legacy of their chosen profession. In addition, it is hoped that they may learn from and avoid the mistakes of the past and thereby profit in order to achieve future progress.¹⁰

A historical perspective gives the scholar a sense of how a current issue developed and what can be done to change things for a better future. By studying the development of the "educational preparation for entry into practice" issue, it was assumed that well-documented new knowledge and new interpretations of prior knowledge would be explicated. In addition, new directions for future efforts by MNA to achieve its goal of a baccalaureate degree in nursing as the minimal educational preparation for the licensure of professional nurses in Montana could be recommended. The findings may also be applicable to other states in the same or similar predicament.

Purpose of the Study

The goal of this study was to explore the influence of the Montana Nurses' Association (MNA) on the legislative process regarding the regulatory efforts of the profession in the state from the formation of the MNA in 1912 through the 1987 legislative session. Other nursing organizations played a role in either being supportive of or were opposed to the goals of the MNA during this process. A description of the activities and progress of the MNA as it strove to protect the public through mandatory licensing/registration of trained nurses is presented. The efforts to initiate improved standards for nursing education and practice including the goal of a baccalaureate degree in nursing as the minimum educational preparation for licensure as a professional nurse are described as well.

Conceptual Framework for the Study

Four attributes of the concept of professionalism have been used to provide a conceptual framework for this study. They are professional education, organizations, legislation and regulation. [See Chapter 2 for a selected literature review related to professionalism and for a discussion of the conceptual framework for this study.]

Delimitations of the Study

The study was delimited to the influence of the

Montana Nurses' Association's leadership through its structure on the legislative process regarding attempts to regulate the profession in that state from 1912 to 1987. That legislative process included the first Nurse Practice Act for the licensing/registration of trained nurses and later revisions to the Nurse Practice Act to improve the standards for nursing education and practice. The study was further delimited to the development of and changes in nursing education in Montana resulting from that legislation.

Definition of Terms

The researcher has given operational definitions to the following terms as they are used in this study.

Untrained nurses: Persons who had received no formal preparation in a school of nursing but were practicing nursing for their livelihood prior to the first licensing/registration law passed in Montana in 1913.

Trained nurses: Persons who had received some type of formal preparation in a school of nursing and were practicing nursing for their livelihood prior to the first licensing/registration law passed by the 1913 legislature in Montana. [Subsequent to that date, trained nurses were usually referred to as graduate or registered nurses until the advent of LPN/LVNs.]

Graduate nurses: Persons who have graduated from

formal training programs in schools of nursing which qualified them to write the examination for licensure as registered nurses, but are as yet unlicensed.

Practical nurses: Persons who had practical experience, rather than formal nursing education, who were hired to care for the sick in Montana prior to the licensing of practical nurses in 1953.

Licensed Practical/Vocational Nurse (LPN/LVN) graduates: Persons who have graduated from one-year nursing programs generally located in hospitals or vocational/technical schools, received a diploma/certificate, and are eligible to write the State Board Examination for licensure as practical nurses. [Includes those who were licensed as practical nurses in Montana from 1953 on.]

Hospital Diploma graduates: Persons who graduated from nursing programs which are generally three-years in length, which are located in hospitals (rather than correspondence schools), received a diploma and are eligible to write the State Board Examination for licensure as registered nurses.

Associate Degree in Nursing (ADN) graduates: Persons who have graduated from two-year nursing programs generally located in community colleges, received the associate degree in nursing, and are eligible to write the State Board Examination for licensure as registered nurses.

Bachelor of Science in Nursing (BSN) degree/

baccalaureate prepared nurse graduates: Persons who have graduated from four-year nursing programs located in colleges and universities, received a baccalaureate degree in nursing, and are eligible to write the State Board Examination for licensure as registered nurses. [Some baccalaureate prepared nurse graduates hold a Bachelor of Arts or a Bachelor of Science degree in a field other than nursing.]

Master of Science in Nursing (MSN) or Master of Nursing (MN) degree/master's prepared nurse graduates: Persons who have graduated from master's level graduate programs in nursing and received a master's degree in nursing. Some master's prepared nurse graduates hold a Master of Arts or Master of Science degree in a field other than nursing.

Doctoral preparation: Nurses who hold undergraduate degrees in nursing and a Master's degree in nursing or a related field and who have earned a Ph.D. in nursing or a related field or a DNSc. (Doctor of Nursing Science degree). [There are no programs for doctoral education in nursing in the state of Montana.]

Registered nurses: Persons who have passed the State Board Examination for registered nurses and who are licensed to practice as registered nurses.

Technical nurses: Persons licensed as LPN/LVNs or RNs who do not possess the baccalaureate or master's degree in

nursing, or who hold degrees in fields other than nursing.

Technical educational preparation: Less than a baccalaureate degree in nursing obtained in either a vocational/technical school, hospital program, or community/junior college.

Professional nurses: Persons who have earned a minimum of a baccalaureate degree in nursing and perform interventions utilizing advanced skills beyond the basic technical level skills (eg. critical thinking, decision making, problem solving skills).

Professional educational preparation: A minimum of a baccalaureate degree in nursing, as the first professional degree, earned in a college or university. [In the cases of Yale and Case Western Reserve Universities, the master's in nursing (MN) and the doctor of nursing (ND) degrees would also be considered the first professional degree.]

Institutions of higher education: Post-secondary schools which provide education beyond the high school diploma. [Includes both private and public vocational/technical schools, community/junior colleges, colleges, and universities.]

Level of entry into practice: The level of educational preparation required by law in order to be eligible to write the State Board Examination which when passed successfully permits one to enter the practice of nursing in that particular state.

Montana Nurses' Association (MNA): The major professional organization for registered nurses in the State of Montana. It is composed of all registered nurses prepared at various educational levels, from those without degrees (diploma prepared) to those prepared at the ADN, BSN, MSN or doctoral levels. Most employers in the state require nurses to maintain membership in this organization. Following the 1982 restructuring of the ANA, from a tri-level organization to a federation of State Nurses' Associations (SNAs) as the central units of membership, membership in the ANA is only possible through membership in the State Nurses' Association.

Legislative process: The process of preparing bills for introduction to the State Legislature for the purpose of enacting new laws.

Regulatory efforts of the profession: A broad term used to describe support for the regulation of the nursing profession by the professional associations (eg. MNA, MLN), legislative efforts to enact state laws regarding nursing (eg. Nurse Practice Acts), the role of the State Board of Nursing which is charged with the regulation of the profession in carrying out the Nurse Practice Acts, and the implementation of standards for nursing education and nursing practice by those respective institutions.

Research Questions

The following questions have been constructed around the conceptual framework for this study: Professionalism. They have not been prioritized but are rather arranged so that they flow from one area of inquiry to another, sometimes in a chronological way and at other times in a logical fashion from one organization to the next. The answers to these questions arose from the interpretation of the data and are summarized in the concluding chapter of this study.

1. What was the social, professional, educational, political, and economic milieu around the turn of the century in the United States (eg. the disenfranchisement and employment/educational opportunities for women, industrial age) that resulted in the establishment of State Nurses' Associations (SNAs)?

2. What was the social, professional, educational, political, and economic environment in the State of Montana in 1912 that resulted in the establishment of the Montana Nurses' Association (MNA)?

3. How did the original organization of the MNA in 1912 facilitate the goal of introducing a bill into the Montana state legislature proposing the licensure/registration of nurses?

4. As a result of the licensing/registration of nurses (first Nurse Practice Act in Montana), how was the

MNA then able to effect changes in the regulation of the nursing profession in Montana?

5. How did the organization of the MNA change from 1912 to 1987 in order to continue efforts to influence the legislative process regarding the regulation of the nursing profession in Montana?

6. Who were the nurses and other persons who played pivotal roles in affecting changes in professional nursing in Montana?

7. What role did the Montana State Board of Examiners for Nurses (MSBEN) play from its formation in 1913 to 1987 in achieving professional regulation of nursing in Montana? To what extent do the current MSBEN functions mirror the original purposes? How does the leadership role of the MSBEN compare with its counterparts in various other states?

8. What factors led to the establishment of the Montana League for Nursing (MLN) in 1953? What functions does it assume? To what extent has its role been successful? How does the MLN interrelate with the MNA and the SBNE in meeting the goals for improved standards of nursing education and practice in the state? To what extent do these organization's functions overlap?

9. What is the Montana Consortium of Schools of Nursing (MCSN) and how did it arise? How has it influenced the level of educational preparation required for entry into practice?

Significance of the Study

The findings of the study are significant in several ways. First, they may affect the future legislative efforts of the MNA. New directions are indicated for various methods for influencing the legislature through this review of the ongoing work of the MNA from its formation in 1912 to 1987 as it strove to influence legislation to improve nursing's professional status. For example, methods which have consistently failed over the years probably should be discarded in favor of those which have reaped positive benefits. New ideas which have not been utilized in the past might be implemented in future legislative attempts.

Second, nursing education in the State of Montana may also be affected. The regulation of nursing education by legislative changes which have been implemented through the rules and regulations of the State Board of Nursing and nursing school curricula have been analyzed and evaluated. Recommendations are offered which may be utilized by the administration and faculties of these schools regarding transfer of credits and articulation between levels of educational preparation to facilitate the implementation of the proposed entry level requirements.

Third, the quality of care given to patients by professional nurses in the State of Montana could be affected as well. Some research has indicated that the levels of skill and quality of care are influenced by the

educational preparation of nurses. Therefore, changes in educational preparation will undoubtedly affect patient care in Montana and the nation in the future.¹¹ Recommendations to assure quality nursing education in this area include new criteria for evaluating student outcomes regarding differentiation of role and scope of practice.

Finally, the findings of the study may indicate a change in the mobility of registered nurses into and out of the state. Currently, there is a shortage of nurses in the state of Montana as is the case in other parts of the country. In fact, the nursing shortage in Montana was identified as the issue of highest priority by the members of the MNA in a survey conducted in the Spring of 1988 and was addressed by the MNA Commission on Nursing Practice through the formation of a Task Force on Nursing Supply to meet one of its five 1988 goals.¹² The shortage is a reality, in part, because nursing salaries are low.

The state is economically depressed and it is difficult to recruit nurses from other states, especially those with families which require two incomes, since other family members are often unable to obtain gainful employment. Many would-be working mothers find it more economically feasible to stay home than to spend a large part of their paychecks on childcare. The opposition has theorized that the recruitment of nurses from other states

may be further curtailed if the MNA is successful in its efforts to influence legislation that would require the baccalaureate degree in nursing for entry into the profession since many nurses moving into the state have been prepared at the diploma or ADN level.

Until most states are successful in implementing similar legislation, Montana's baccalaureate nursing programs may be responsible for educating most of the state's professional nurses. This could be a tremendous burden in such a sparsely populated state with only three baccalaureate programs in place at the present time. Of these, the largest is the tax-supported university program which has endured major budget cuts during the past few years, forcing the closure of one upper division campus and the cutting of another to a half-campus status. The second is a small Catholic college program which graduates approximately 20 to 25 students each year. The third is an RN completion program with only a few graduates each year. Though most of the new graduates in Montana will seek employment inside the state, some will seek employment outside the state where they may hope for a better financial future. Those who stay in the state do not meet all of the demands of the state for nurses and nurses are recruited from out of state. Should the legislation ever be passed and the law enacted, recruitment of baccalaureate prepared nurses may pose a greater difficulty than just recruiting

registered nurses as has been done in the state for years. Already, the nursing programs of the state are not able to meet the demand for new graduates each year.

The proposed entry requirements could also make the Montana baccalaureate prepared nursing graduate an attractive recruit into other states, causing a greater shortage of nurses in Montana. If, on the other hand, Montana did see an in-migration of baccalaureate prepared nurses, thereby exerting a positive influence on health care in the State and decreasing the shortage, this could cost the already economically depressed state more money in that baccalaureate prepared nurses do earn a slightly higher salary in most facilities.¹³ This, of course, was one of the concerns of the opposition to the failed entry legislation. It will be interesting to note the future effects of the successful legislation in the economically depressed state of North Dakota over the next few years and to see how it will be different from other states. Therefore, this study has great significance to the citizens of the State of Montana as well as significant implications for professional nursing, its organizations, and nursing education in other areas of the nation.

Ethical Considerations for Human Subjects

It was deemed necessary to obtain approval from the Committee on Protection of Human Subjects of the University

of San Diego prior to data collection, in the event that the investigator found it desirable to conduct interviews for oral histories during the process of conducting this research. Approval was obtained through an expedited review on December 1, 1988. (See Appendix A.)

Methodology/Design of the Study

Historical methods were used to answer the research questions posed in relation to the development of the entry issue in Montana. These methods involve collecting data from the past in order to shed light on the development of current issues. The data may include written material, artifacts, photographs, oral tradition, and verbal testimony. These are not subject to control as in experimental research. As in other research methodologies, data were collected, analyzed, and interpreted with a written report of the findings to be disseminated to the profession.

Collection of Data

In conducting historical research, data or evidence is classified as either derived from primary or secondary sources. Primary sources generally consist of original documents and records of individuals and organizations which reflect the attitudes and insights of the events witnessed and described by the participants. Such items as letters, diaries, artifacts, programs, and photographs were

considered primary sources of data as well. In addition, data collected and compiled through surveys, such as census reports, were also considered primary data.

Secondary sources of data are often necessary to verify information when primary sources are incomplete or scarce though they represent the perceptions of those not directly involved in particular events.¹⁴ Examples of secondary data included articles and books written about a particular event not witnessed by the author. A number of primary and secondary sources for this study were identified and are listed in the bibliography.

Organization of Data

Data were collected and organized according to the major concept of professionalism and the related sub-concepts of professional organizations, legislation, regulation and education. Data were then subcategorized under areas such as leaders, themes, events, places, and chronological time divisions. Additionally, evidence was organized according to factual, probable, or possible evidence based on the results of the analysis of data using external and internal criticism.

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Analysis of Data

Both external criticism for validity and internal criticism for reliability were utilized in the evaluation of

the evidence. External criticism refers to the examination of the data to determine its validity. Is the data really what it appears to be? If it is a handwritten document, can its authenticity be verified? In perusing the documents of the MNA, it could not be assumed that the data was valid and reliable simply because it was part of a collection of materials from that organization. Therefore, the authenticity of documents was ascertained through various methods. For example, it was necessary to compare handwriting from several documents in order to establish the author's identity.

Once the authenticity of the material had been validated, internal criticism for reliability was carried out. This phase of the process involved determining whether the information in the document was reliable. Was the document written by persons directly involved in the events about which they were written (primary source) or did the writer merely record events which were described by someone else who observed the event first-hand (secondary source)?¹⁵ A number of errors were detected in secondary sources by noting that certain information varied from source to source. These inconsistencies were noted and were clarified when possible.

Synthesis of Data

The synthesis or tying together of data forms a

cohesive picture that answers the research questions. It requires judgment/decision making to select representative data for interpretation without bias. When utilizing historical methods, sampling is difficult because of the possible lack of representativeness. This difficulty is illustrated by Fox. The sampling process in historical research can be conceptualized by noting that the universe of data comprises all of the data which originally existed related to the specific research problem. Of that universe of data, only a certain amount have survived to the present time and are considered the population of data. An even smaller amount of data are those known to the researcher at any point in time and are, therefore, the potential data available for collection, analysis, synthesis, and interpretation.¹⁶

Interpretation of Data

The answers to the research questions formulated around the conceptual framework for the study, professionalism, arose from the interpretation of the data. Care was taken to avoid supplying indirect evidence that was not explicitly provided by the data. For example, trying to determine someone's motives when they have not been stated explicitly by the individual can only be inferred from the data, unless perhaps a diary was kept. Filling in the gaps by reasoning from the facts, however, is a necessary step in

this phase of the research and may be thought of as a suggested relationship between facts.¹⁷ Objectivity was desired; subjectivity was possible because of the researcher's biases, but was consistently guarded against through conscious effort. This final research report is hopefully an unbiased, factual, but interesting narrative in which the "how" takes precedent over the "why" in order to avoid subjectivity, but the "whys" are sometimes included in order to make inferences.

NOTES

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CHAPTER 2

CONCEPTUAL FRAMEWORK: PROFESSIONALISM

What is a profession? Historically, the disciplines of medicine, law, and divinity were referred to as the "learned professions" and some include university teaching in that category as well.¹ In fact, the words "professor" and "profession" come from the same Latin word, profiteri, meaning "to profess." According to the Oxford Universal Dictionary on Historical Principles, the "learned" person is one who has been educated and is characterized by "profound knowledge gained by study."² Therefore, it could be said that a member of a "learned profession" is one who professes to have an education by which he has gained profound knowledge.

According to Urdang, the synonyms for profession include "vocation, calling, occupation, career, pursuit, lifework, metier, trade, craft, art, skill, job, livelihood, living, work, employment, business, forte, field, line, sphere, specialty, office, post, situation, position, and walk of life."³ From this contemporary usage of the word, it is apparent that most occupations, including nursing, could be called "professions." There is some controversy,

however, as to whether nursing has achieved full professional status as defined in a more traditional, scholarly way.

In order to answer the question, "Is nursing a profession?" it is necessary to define and elaborate the concept of profession. This can be accomplished by reviewing some representative literature related to the concept of profession and its attributes, written over a half century by both nurses and those from other disciplines. Nursing can then be evaluated regarding its status as a profession, based on criteria which have been identified as the attributes of the concept, derived from a synthesis and integration of the material of the analyzed literature.

Representative Literature Related to the Concept of Profession and its Attributes

Literature on the concept of profession and its attributes is abundant.⁴ This section will present evaluations of the professional status of nursing as it has been perceived by a variety of scholars over a period of about a half century. These are presented in chronological order by the authors of the criteria, rather than the writers of the books or articles from which they were extracted.

Flexner

In 1936, Dr. Esther Lucile Brown, a social anthropologist, wrote a monograph in which she asked the question, "Is nursing a profession?" It was one of a series in which she looked at the professional status of several groups, including social work, engineering, medicine, and law. She discussed the criteria that Dr. Abraham Flexner, Assistant Secretary, General Education Board of New York City, had presented to a conference two decades earlier in which he had asked the question, "Is social work a profession?" These criteria came to be accepted as the basis for evaluating the status of various occupations as professions. Brown also reiterated that Flexner's opinion in 1915 was that nursing could not qualify as a profession because only public health nurses were able to assume responsibility for their own practice. Flexner did realize, however, that nursing responsibilities required certain knowledge, skills, and decision making and that the status of nursing would be improved when individuals with these abilities were recruited. Brown also pointed out that others did not see nursing as a profession because the apprenticeship training was often poor with limited supervision and little opportunity for learning skills and theory from graduate nurses.

However, Brown stated that nurses themselves apparently felt that their calling was a profession since

the American Nurses' Association (ANA) had prepared a document indicating that nursing could meet all of Flexner's criteria. Brown cited another approach to evaluating the status of nursing as a profession, that of Annie Goodrich, in which she espoused looking at nursing in its evolutionary or developmental process, moving toward professional maturity. In this approach, one could evaluate trends and Brown identified a trend toward an expanded role and scope of practice in six areas:

- 1) administration of hospitals;
- 2) administration in schools of nursing;
- 3) nursing in the community;
- 4) nursing in specialty areas;
- 5) administration of hospital wards; and
- 6) general nursing in hospitals/special duty nursing in homes.

These graduate or registered nurses comprised what Brown referred to as "professional" nurses. Brown further identified those who were untrained or trained to do simple/routine tasks as "practical" nurses. Other indications of nursing's progress toward professional maturity were cited by Brown as growth in group consciousness, public health nursing, collegiate nursing education with higher admission standards, a stronger curriculum, and the closing of poor schools.⁵

Bixler and Bixler

Dr. Genevieve Knight Bixler and her husband, Dr. Roy White Bixler, who were educators rather than nurses,

reviewed the progress of nursing toward professional status over a 14 year period following the publication of their first article on the professional status of nursing in 1945. The evaluation was based on the following seven criteria: A profession

- 1) utilizes as its practice a well defined and well organized body of specialized knowledge which is on the intellectual level of the higher learning;
- 2) constantly enlarges the body of knowledge it uses, and improves its technics of education and service by the use of the scientific method;
- 3) entrusts the education of its practitioners to institutions of higher education;
- 4) applies its body of knowledge in practical services which are vital to human and social welfare;
- 5) functions autonomously in the formulation of professional policy and in the control of professional activity thereby;
- 6) attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as a life work; and
- 7) strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth, and economic security.⁶

These writers found that, beginning around 1949, some progress had been made in the attempt to achieve one criterion, that of identifying nursing's own body of knowledge, but they didn't see as much evidence of it at the time of the 1959 evaluation. They stated that the contributions of the behavioral sciences to nursing were greater than those of the hard sciences. The evidence for progress toward the second criterion was much more abundant. This was demonstrated by the funding available for research and the education of researchers, the conferences related to

research, the support of the national nursing organizations for research, and the availability of more journals to disseminate research findings.

In spite of the growth of collegiate education following World War II, the Bixlers found slow growth in the progress toward the third criterion of placing nursing education into institutions of higher learning. Growth was noted, however, in graduate education to better prepare faculty and administrators. Adequate progress toward the fourth criterion was also seen in that nursing services were improved and nurses enjoyed greater visibility, responsibility, and equality with the other, older professions.

The Bixlers clarified the fifth criterion by stating that autonomous functioning related to:

- 1) schools of nursing being independent, and
- 2) the self-determination of nursing regarding functions, standards, goals, and quality of practice.

Though they found evidence of resistance from other individuals and groups to nurses achieving full professional status, they felt that some of it came from nurses themselves. Progress toward the sixth criterion was deemed adequate in that nursing continued to attract the kind of individuals it had always valued, those of high intellectual and personal characteristics. However, criticism had been directed toward baccalaureate graduates regarding their level of functioning/competence as compared with the diploma

graduates. They felt that this criticism should be a concern to the discipline and be thoroughly examined.

Finally, economic security and collective bargaining were evaluated as part of the seventh criterion, though they admitted that many did not feel that collective bargaining was a professional activity in spite of its growth through the leadership of the ANA. This criterion also included the opportunity for continuing education for professional growth which seemed to be progressing in that there were more scholarships and fellowships available for nurses who wished to participate.⁷

Ginsberg

In her 1960 interview with Dr. Eli Ginsberg, an economics professor at Columbia University and the Chairman of the 1948 Committee on the Function of Nursing, Patricia Horgan, a nursing educator, asked the question, "Is nursing really a profession?" His response that nursing was not a profession was based on the four criteria he cited to define a profession.

In evaluating nursing's professional status, Ginsberg commented that education for a profession has more breadth than that of nursing education. He also felt that there was too much emphasis in collegiate nursing programs on preparing administrators rather than practitioners, and that practitioners educated at the two year and three year levels

should be called "technicians" while those graduates of four year baccalaureate programs should be called "professional" nurses.

Another point Ginsberg made was that to be a profession, leaders need to be involved in the improvement of both theory and practice through research and lively intellectual development. Additionally, he saw nursing as an appendage of medicine (with professional nurses given the opportunity to be junior doctors!) without the independence to redefine and modify its work. In other words, nursing lacked autonomy. Finally, he spoke to the difficulty in commanding professional pay without raising the level of training and skill. On the other hand, he acknowledged the difficulty in attracting well-trained and skilled people to a low-paying position.⁸

Etzioni

According to Etzioni, a sociologist, nursing is a "semi-profession" as are teaching and social work. Goode, another sociologist, includes librarians in this category as well. One must wonder if gender plays a role in the achievement of full professional status since these groups have been traditionally female-dominated. Etzioni's rationale for referring to these groups as "semi-professionals" is that they lack a specialized body of knowledge and have less training, status, legitimacy, and

autonomy than the professions of medicine and law. These attributes of a profession, Etzioni states, were modified from the work of Greenwood in 1962 and Goode in 1957. Simpson and Simpson also call nurses "semi-professionals" because they do not have control over nursing. This they attribute to a lack of the necessary specialized body of knowledge generally thought to be needed in order to be recognized by society as a profession.⁹

Ahad

Ahad did not attempt to evaluate the professional status of nursing, but presented a framework for evaluating a profession, the characteristics of which were extracted from a variety of sources including the works of Flexner, Bixler and Bixler, Merton, and McManus. The major criterion of interest to Ahad was the development of the unique body of knowledge, seen as a weak link in the maturing of the discipline of nursing. Ahad stated that the standards for nursing education and practice were progressing well around the world, but were described as dependent upon the increasing generation and dissemination of the body of knowledge.¹⁰

Moore

Stuart had a somewhat different approach to the evaluation of the professional status of nursing. Instead

of utilizing a traditional list of discrete criteria to evaluate whether or not nursing is a profession, she asked the question, "How professionalized is nursing?" Professionalization was seen as a process by Stuart and she evaluated the nursing profession using Moore's scale of progress toward professionalism as the criteria, rather than a cluster of attributes. Moore's scale begins with the notion of a full-time occupation and ends with the ultimate value of autonomy. Between these extremes, the scale contains the ideas of a calling, occupational organizations, and formal education rather than apprenticeship instruction.

Stuart concluded that nursing has been established as an occupation since the early 19th century, therefore meeting the first criterion on the scale of professionalism. She saw the commitment and self-sacrifice related to the concept of a calling over the monetary rewards in nursing as possibly being detrimental to the attainment of professional status for nursing and, therefore, being questioned and modified by nursing's changing values.

The ANA has been established as the recognized organization of the discipline since 1896. Stuart noted the ANA's limitations related to low membership, internal conflicts, and a lack of unified goals. She saw nursing education as being a very weak area, not only due to the various levels of educational preparation but because of a lack of a minimum university education and a specialized

knowledge base. However, she saw progress in the development of nursing as a science with nurses taking the roles of researchers and theorists. She also saw the area of service orientation as very strong, but stated that there has been limited autonomy by individuals in achieving control over their own practices. Therefore, based on Moore's scale of professionalism, Stuart saw nursing in the early 1980s as a semi-profession which she also referred to as an emerging profession, but not a full-fledged profession.¹¹

Miller

Seventy years after Flexner's presentation of his criteria for a profession in 1915, and forty years after Bixler and Bixler published their first evaluation of the professional status of nursing in 1945, Miller posed the question, "Just what is a professional?" and examined the pertinent characteristics relevant to nursing. Though she remarked that many of the studies regarding the professional status of nursing have been conducted by those from other disciplines, especially sociology, she conceded that nursing needs recognition as a profession from society, as well as nursing having an attitude of professionalism about itself. After remarking that using sociological attributes to evaluate a discipline's professional status is more or less passe in the 1980s and identifying that the current trend is

to evaluate a profession in relation to power, she identified what she referred to as two critical attributes which are basic to the concept of profession and five relational attributes which she describes as essential to a professional nature.

Regarding the first critical attribute, Miller pointed out that a university education for any professional is a given, and that it is in these settings that research and the acquisition of a body of knowledge takes place. In discussing the second critical attribute, she spoke to the fact that competencies of the practitioner need to be derived from the theory which results from the research that forms the basis of the body of knowledge. It can be seen then that these two critical attributes of a university education and research are very much interrelated and involve the three major divisions of the discipline: nursing practice, nursing education, and nursing research.

Miller referred to the last five attributes as relational in that they are characteristics of the individual practitioner and as such are essential to a professional nature. The first of these attributes she saw as a functional element in the rational, logical behavior of the practitioner which is guided by research-based theory. The second attribute was seen as communication both in writing, through journals, and through mentors in a spirit of collaboration. Miller stated that more of this

characteristic is needed to enhance nursing. Service orientation, which comprised the third characteristic, has a rich history in nursing and in the learned professions. Altruism, rather than monetary gain, guides the professional's behavior. Upholding the profession's code of ethics was seen by Miller as imperative in protecting society from incompetence. She saw professionals as those who have internalized the rules which guide their behavior and she saw peers as those who judge professional performance. The fourth characteristic dealt with self-regulation through credentialing by individual licensure. Institutional licensure was viewed as the antithesis of professionalism. Miller stated that the fifth characteristic differentiates a profession from an occupation and that in nursing, it is through the ANA that the fourth characteristic of self-regulation and control are accomplished by defining and setting standards for nursing. Miller appears to be in error on this point in that the State Boards of Nursing are the actual agencies which set standards, define the scope of practice and regulate the profession, rather than the ANA.¹²

Analysis of the Selected Literature

In analyzing this literature, it is obvious that some attributes could fit into more than one category. For example, Ginsberg stated that "recognized intellectual

leadership" was one of the characteristics of a profession.¹³ That criterion could conceivably be included in the areas of nursing education, practice, research, and organizations. However, in the interview, Ginsberg specifically referred to the "recognized intellectual leadership" in the area of research.

There were also areas of overlap within the criteria of some writers. For example, Bixler and Bixler used the terms "utilizes" the body of knowledge in "practice" and "applies" the body of knowledge in "service." These two criteria are basically the same.¹⁴

There were also criteria which were stated in different words by different authors, but were essentially the same criterion. For example, in Moore's criteria, the "quality of applicants" was discussed under organizations, while Bixler and Bixler referred to this as "attracting individuals of intellectual and personal qualities."¹⁵

A smaller group of attributes related to research than to education, practice, or organizations. Also, in spite of the fact that many writers mentioned utilizing, applying, enlarging, or disseminating a body of knowledge, only one, Miller, mentioned generating the body of knowledge, and no one suggested testing the body of knowledge. Ginsberg was the only one to mention that the research should be significant.¹⁶

No one prior to Moore or Miller suggested that professional education should be at the graduate level.¹⁷ Earlier writers only stated that training should be broader or longer.¹⁸ Broader or longer than what? Apparently broader or longer than nursing was at that time. The problem with stating that professional education should take place in institutions of higher education is that ADN, BSN, and MSN programs all take place in collegiate settings since community or junior colleges are considered institutions of higher education! Miller pointed out that medicine, law, and theology have set the standard for professional education at the graduate level with four years of college education prior to three or four years of professional study. Moore suggested that although the baccalaureate degree is considered minimal for a profession, "the well-recognized professions have considerably longer educational requirements."

As early as 1936, Brown noted two levels of nursing: technical/practical and professional. This notion was also articulated by Ginsberg in 1960. Both Brown and Ginsberg noted that it was difficult to attract well-trained, skilled practitioners to low-status and low-salary occupations. It was also stated that practitioners of the well-trained, skilled caliber would help to raise the status of the occupation.¹⁹

Knowledge was perceived as a very powerful weapon that is acquired through increased education and which in turn leads to an increase in status and autonomy. This was especially expressed by Simpson and Simpson, but the high value of education came through loud and clear in each writer's criteria.²⁰

There was a note of concern stated, particularly by Bixler and Bixler, that some nurses do not view themselves as professionals nor their occupation as a profession. In an empirical study carried out by Alexander, this notion was verified to some extent. She also found that for many of the nurses who wanted to be considered professionals, they desired less than the baccalaureate level of education for themselves.²¹

Autonomy was mentioned frequently and in two regards. It was discussed in the context of the individual practitioner's practice as well as that of the professional organization's control of the discipline within the confines of society.

A Synthesized/Integrated Framework Derived From the Literature

When compiling the criteria for evaluating a profession from the six authors cited in the previous section, it is possible to note the similarities and differences, as well as the gaps and overlaps in the six and

a half years to synthesize and integrate all of the criteria into a comprehensive framework for evaluating the professional status of nursing today. This framework, with definitions of the five major dimensions comprise this section.

Professional Organizations/Associations

As the major referent groups for professions, organizations give rise to a group consciousness which concerns itself with the profession's legitimacy in society and represents individual members of the profession in responding to societal interests in the achievement of social ends. As such, organizations have the autonomy and responsibility to set standards for education/continuing education, practice, and a code of ethics for the profession. Additionally, associations control admission to the field through individual licensure, maintain peer review boards, define the scope of practice, and involve themselves in policy formation through political agitation/negotiations.²²

Role of Society

Society provides recognition and a legitimate status to the profession through legislation - the passage of Nurse Practice Acts and the establishment of State Boards of Nursing. While some may view these as governmental

controls, others view them as providing autonomy and self-regulation to a group that has public approval and trust.

In addition, society influences the ethics of a profession, especially through the media and its coverage of current issues. For example, society's views on the issues of quality of life and the rationing of health care affect the nursing profession's actions related to suicide and euthanasia.

Professional Education/Training

Professional education requires a long, broad training period in institutions of higher education with professional orientation at the graduate level. A highly specialized body of knowledge is mastered and superior skills/competencies, derived from the theoretical base, are attained through extensive academic and clinical preparation. This education is constantly being updated and improved by both the institutions and individual practitioners through the utilization of research findings based on the scientific method.

Professional Practice/Service

Professional practice is theory-based upon the specialized body of knowledge mastered during the educational process and constantly updated/improved through continuing education based on research findings. It also provides a service to humanity in which there is a

commitment to one's lifework, altruism over personal gain, and privileged communication in the client/professional relationship. Professional practice affords autonomy, with the corresponding balance of responsibility and accountability.

Professional Research/Theory Development

Significant research is generated, tested, and disseminated by recognized intellectual leadership in the professional community. This research contributes to and enlarges the well-defined, well-organized, specialized body of knowledge based on the intellectual level of the higher learning that is applied and utilized to improve both education and practice.

Evaluation of Nursing Utilizing the Synthesized/Integrated Framework

From these very broad and general definitions of the dimensions of professions derived from the examined literature, it is possible to evaluate the current status of nursing as a profession. Nursing education has made a move from diploma-based training located in hospitals to collegiate education located in institutions of higher education. When Montag first recommended ADN programs, they were to provide education for nursing technicians, not professional nurses.²³ That original intent has been lost with the current ability of ADN graduates to be licensed as

registered nurses just as those who graduate from BSN programs. Their education in community colleges, although institutions of higher education, hardly qualifies as a long, broad training period, nor an extensive academic and clinical preparation. It is a two year period of training in specific skills/techniques required as competencies of registered nurses. It is not a liberal education nor is the education that BSN students receive in the four year programs, according to some authors.²⁴ BSN students are usually required to take particular general education requirements which provide a broader basis for nursing practice (eg. social sciences, natural sciences, ethics), but are not required to have a baccalaureate degree prior to beginning their professional education, such as is the case in the so-called "learned professions" of medicine, law, and divinity. MSN programs generally continue the education of the BSN prepared generalist in providing a specialized education for a particular clinical or functional area of expertise.

Educational programs are constantly being updated with curricular changes related to the findings from research. However, these changes take place slowly due to the time it takes for research findings to be confirmed, disseminated, and implemented through the usual processes of curriculum committees and other academic channels following approval.

Individual nurses generally update their own education periodically through continuing education which is either voluntary or mandated in some states by law.²⁵

Nursing practice is theory-based depending on how much of the specialized body of knowledge was taught and mastered by the students in their basic educational programs. Obviously, BSN students receive a different education than ADN students though the differentiated practice is debated in the literature and research has not completely resolved the issue to date.²⁶ This is part of the dilemma State Nurses' Associations face when attempting to raise the level of educational preparation for entry into practice.²⁷

In the past, nursing has had some difficulty attracting practitioners with a commitment to a lifelong career in the discipline. The so-called "appliance" nurses abounded until rather recent times.²⁸ These were the nurses who sought training for a job which they could work at until they got married and had families. They would then return to nursing on a rather temporary basis when they needed money to buy a new refrigerator, washing mashine or other item they desired. Today, nursing has more career-oriented practitioners, but more women are career-oriented in general than a few decades ago. It appears that although many nurses continue their tradition of altruism, monetary rewards are a concern for most nurses as for other

professionals and for many, the issue of seeking financial security through collective bargaining is no longer seen as being unprofessional. In fact, it seems to be somewhat necessary in that nurses don't regulate their own fees as many other professionals do.²⁹

It appears that the most controversial practice issue related to professionalism is that of individual autonomy.³⁰ Although individual autonomy has been experienced to a greater degree by nurses practicing in the community than those who practice under stricter supervision and control in acute care facilities, nurses still have not achieved the level of autonomy that those in the older professions have enjoyed for many years. In part, this is because nurses generally work for an agency rather than for individual clients as physicians and attorneys do. This also goes back again to the level of educational preparation required for practice because the acquisition of a specialized body of knowledge is the key to autonomy. In addition, continuing education for individual practitioners to keep apprised of the current research findings in order to update their practice is not a requirement in every state, but rather a part of self regulation.³¹

Nursing has certainly been working hard toward achieving professional status through the generation of a specialized body of knowledge and has an increasing number

of doctorally prepared nurse researchers and theorists who are testing, enlarging, and disseminating knowledge through an increasing number of professional journals and research conferences. Through the peer review process, published research has been seen as significant, not only statistically, but in its importance to the discipline by contributing to the unique body of knowledge. The biggest problem in this regard is the utilization of the new findings in practice as well as in education. This is particularly true for those who are practicing with an ADN level of educational preparation in that they are not always required nor do they have time to take research courses in their educational programs which would prepare them to read, understand, critique, and utilize research findings in their practice. Theoretically, this should not be a requirement of a technician, but because all RNs, whether ADN or BSN prepared, are currently treated the same in many agencies, this may in reality be an expectation of ADN graduates. Though BSN graduates have been prepared for this activity, there is often a time-lapse from the conclusion of a research project until the findings are published, so the application of research to practice is a slow process. This problem is not peculiar to nursing, however. Research in all professions seems to be disseminated at a very slow pace.

A number of articles have addressed the role of

society in protecting the public from incompetent health care providers.³² The role of society in providing recognition and a legitimate status to nursing is advancing as the public's image of nursing is improving. Alexander's study was interesting in that the non-nursing public thought that nurses had a higher level of education than they actually have. It has been a slow process in trying to educate the public in general and the legislators in particular to the professional status desired for nursing.

The autonomy of nursing organizations/associations appears to be thriving to a much greater extent than individual autonomy. However, many State Nurses' Associations have still not been able to effect legislation which would require that the baccalaureate in nursing be the minimum level of educational preparation for entry into the practice of nursing. Other State Nurses' Associations are working toward changes in the Nurse Practice Acts to accommodate the expanding role of the nurse to provide for prescriptive authority and receiving third party payments for services provided.³³ Individual licensure has been maintained through the efforts of the professional organizations though there have been those who have advocated institutional licensure.³⁴

It appears that some of the problems regarding the work of the ANA and the State Nurses' Associations have been

related to the lack of a group consciousness required for a profession. With the recent shortage of nurses and the pressure to provide more nurses, some of the nursing organizations appear to be backing down in some of their stated goals due to a lack of group consensus on issues such as the level of educational preparation required for entry into practice. Nursing has had a long history of divisiveness and will continue to experience some of its recurring problems until unity is achieved.

"Is nursing a profession?" From the above evaluation, using the stated definitions of the dimensions or attributes of a profession derived from the literature, one would have to conclude that it is not a profession at the present time. Using the stated criteria, it will not be possible to say that nursing is a profession until the educational preparation for entry into practice is a minimum of a baccalaureate in nursing, and hopefully at some point in the future, is a minimum of a baccalaureate degree prior to the beginning of professional education at the graduate level.

Implications for the Advancement of Nursing Knowledge Related to the Concept of Profession

The concept of profession can be defined in one of several ways: in the historical sense, as the learned professions (eg. medicine, law, divinity); from a contemporary view of the professionalization of practically everyone in American society (eg. Urdang's synonyms); or in

a traditional, scholarly way, either according to a set of discrete criteria (eg. Flexner, Bixler and Bixler, Ginsberg, Etzioni, Ahad), progress along a continuum or scale (eg. Moore, Stuart), or essential and relational attributes (eg. Miller). The concept of profession can be elaborated through a review of the literature describing the various attributes of profession as they are perceived by a variety of scholars from nursing and several other disciplines, predominantly sociology. From an analysis of the literature related to the concept of profession and its dimensions, it is possible to note the areas of overlap as well as the gaps, and to compare them with one another.

From a synthesis and integration of the attributes of profession, comprehensive definitions of each of the characteristics can be formulated and used to evaluate the current professional status of nursing. From an updated evaluation of the professional status of the discipline, nursing leaders can determine (assess) the best course of action (plan) for the future development (implementation) of the group toward the maturity of the profession. The utilization of the components of the nursing process would seem to indicate that the professional status of nursing needs to be evaluated after any new attempts are made to raise the status.

It appears that the greatest area of need at the present time is to work toward the achievement of

professional status in nursing by raising the level of educational preparation for entry into the practice of nursing to at least a minimum of a baccalaureate degree in nursing. Some nursing leaders have been and continue to speak out for a post-baccalaureate level of preparation for entry into the profession.³⁵

Finally, through historical methods, nurse researchers may trace the development of professional maturity in nursing by exploring the work of the State Nurses' Associations, the achievement of various states to require the baccalaureate as a minimum level of educational preparation for entry into practice, the regulation of nursing practice by the organizations/associations of the profession, and the legislative process.

NOTES

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CHAPTER 3

PROFESSIONAL DEVELOPMENT: CONTEXT

Milieu in the United States at the Turn of the Century

Despite the progress, many social ills existed in the eastern United States at the beginning of the 20th century. The industrial revolution had created problems in the large cities which grew in response to the demand for more factory workers being recruited from the rural areas as well as the great influx of foreign immigrants who clustered in slum areas. Women and children, as well as men, were still employed in the factories for long hours and there were immense hazards to everyone's health created in the unsanitary environments of slums and factories due to a lack of safeguards to industrial accidents and illnesses. The social and economic conditions resulting from ignorance, poverty, and overcrowding in the cities were directly responsible for the development of settlement work and public health nursing such as that which was begun by Lillian D. Wald on the lower east side of New York City in 1893.¹ Women still did not have the opportunities for education and employment that were available to men and were still not able to vote.

Context for Professional Development in the United States

Up to the mid-1800s, there was a prevalent notion that education or training for nurses was not required since they were able to pick up the necessary skills by working in the wards. A startling contradiction to this archaic opinion was introduced by Florence Nightingale in 1859 when she advanced the concept that those who nurse required education for the proper exercise of the work and the safety of those being nursed. The question of appropriate educational preparation for the licensing/registration of nurses in the United States has existed since the Civil War. In fact, the problem has been a recurring one in nursing history.² The issue was finally addressed in the last decade of the nineteenth century when it was formally introduced by then President, Linda Richards, at the 2nd annual meeting of The American Society of Superintendents of Training Schools for Nurses (ASSTSN) on February 10, 1895.³ The tremendous variability in the preparation of the so-called trained nurse was the subject of two subsequent papers offered by Miss Mary Agnes Snively and Mrs. Isabel Hunter Robb.⁴

Early in the growth of the new republic, sporadic and isolated attempts were made to instruct women in the care of the sick. Prior to the turn of the century, a number of hospital-based nursing schools had sprung up and were proliferating at a rapid rate. This phenomena resulted from

a need for trained nurses that was identified at the time of the Civil War. Individuals such as Dr. Elizabeth Blackwell and Dorothea Dix were among those who made early attempts to provide some type of formal training for the caregivers to the war's sick and wounded. One hundred women were given a four-week training course at Bellevue Hospital in New York City to prepare them for the work of the war.⁵

The impetus of Florence Nightingale and the school established at St. Thomas' Hospital in London provided an apprenticeship model for the preparation of nurses the world over.⁶ Three schools were begun in the East in 1873 which were to be modeled after the Nightingale school, though there were many differences.⁷ They were the Bellevue Training School in New York, the Connecticut Training School in New Haven, and the Boston Training School. By 1890, there were 35 schools in existence and by the beginning of the 20th century, 432 schools were training over 11,000 students.⁸

With the rapid growth of nursing schools, one can readily appreciate the concern that nursing leaders had for the quality of training that was received by the students. At that time, there were no standards or uniformity related to the curriculum, the qualifications and educational preparation of the instructors, or the length of the training period to protect the public and assure the best

possible care. In fact, the majority of these programs were seen by the hospitals as a means to supply inexpensive care to patients, rather than to provide training for the nurses. The students worked long hours, did many menial tasks such as scrubbing the floors, and had little supervision or instruction. Classes were provided if and when the work permitted, and lectures customarily were given by the medical staff rather than by graduate nurses.⁹

The chaotic state of nurse preparation was described by visionary nurses who called for reform. The nurses of New York formed the first State Nurses' Association in 1901. The major purpose for organizing these associations throughout the country around the turn of the century was to enable nurses to unify in order to introduce bills to the various state legislatures promoting licensing/registration of nurses. During a two-month period in 1903, North Carolina, New Jersey, New York, and Virginia became the first four states to achieve licensure laws. Each of these states required that the applicant possess a diploma from a hospital training school and they were all permissive rather than mandatory licensing laws. All but Virginia required that the training program be at least 2 years in length and both New York and Virginia had all nurse boards. There was no board in New Jersey and a mixed board (3 nurses and 2 physicians) in North Carolina.¹⁰ Protection of the public

from being cared for by persons without training, calling themselves trained nurses, was a major factor.

The preparation of nurses at that time ranged from those who were self-taught to those who were educated at various schools. The provision of education ranged from correspondence courses such as The Chautauqua School of Nursing in Jamestown, New York to formal preparation in schools of nursing associated with prestigious hospitals such as the program at the Johns Hopkins Hospital in Baltimore, Maryland. The program of instruction varied from under one year to at least 3 years. The licensing/registration of nurses was the strategy nursing leaders hoped would help to standardize nursing education, provide skilled practitioners for the public, and protect society from unqualified and incompetent nurses.¹¹

As State Nurses' Associations were formed, legislation for the licensing/registration of nurses was secured, Nurse Practice Acts were written, and governors appointed State Boards of Nurse Examiners to regulate the profession. The functions of these Boards included implementing the new laws which provided for administering licensing examinations, carrying out disciplinary action, and establishing requirements for and approving schools of nursing including the provision of criteria for curriculum, faculty and students, and clinical experiences.¹²

Since those early days, many changes in educational preparation for practice have occurred as a result of efforts to achieve full professional status for nursing. Throughout this long period nursing has attempted to become a bonafide profession as described by scholars studying the roles and functions of professions. Efforts have been made to move nursing education from hospital-based apprenticeship nursing programs into institutions of higher education to provide the extensive academic preparation that is considered necessary for a true professional.¹³

In 1981, only 303 of the 1393 nursing schools in this country were diploma programs centered in service agencies.¹⁴ These figures reflect a dramatic drop in the number of these schools of nursing which peaked to almost 2300 in the 1920s. A number of these programs which emphasize technical skill training still persist at the present time. There were 147 remaining hospital diploma programs which were accredited by the National League for Nursing as of 1989. An additional 12 programs were in the process of closing. Pennsylvania led the states with 34 remaining diploma programs followed by New Jersey with 17, Ohio 15, New York 9, Virginia and Massachusetts each with 8, Illinois 7, Missouri, 6, Iowa and Connecticut each with 5, North Carolina 4, Louisiana, Maryland, Michigan, and Tennessee with 3 each, Alabama, Arkansas, and Texas with 2

each, and California, Delaware, Florida, Georgia, Indiana, Kansas, Nebraska, Rhode Island, South Dakota, West Virginia, and Wisconsin, each with one.¹⁵

During the 1950s, a new form of nursing program arose to meet the increased demand for nurses following World War II. The trend to offer technical education in 2 year community college programs opened the door for Montag's introduction of educational programs for nursing technicians. This situation provided an opportunity to move education for nursing into the 2 year community colleges and to offer an associate degree in nursing (ADN).¹⁶ These programs were designed to prepare a technical worker in nursing, a technician. However, this group of graduates have been legally eligible to write the State Board Examination for registered nurses. An exam to specifically license the technician has never been developed. As hospital diploma graduates have decreased, there has been a corresponding increase in ADN graduates whose course of study has a dependent, other-directed focus and emphasizes technical skill training similar to that provided in hospital diploma programs. According to a 1988 survey of registered nurses by the U.S. Department of Health and Human Services, the number of RNs holding a diploma is less than 50 percent compared with 75 percent in 1977. Those nurses holding the ADN increased from 11 to 28 percent of the RN

population while those holding the BSN increased from 14 to only 22 percent.¹⁷

In response to the efforts of nursing leaders to gain recognition as a profession, many programs have moved into four year colleges and universities and now offer a baccalaureate degree in nursing (BSN). The earliest of these efforts was in 1909 when a hospital nursing program at the University hospital became associated with the University of Minnesota which granted the University's baccalaureate degree in arts or sciences upon completing those requirements. By 1926, 25 colleges and universities offered some type of nursing affiliation. However, the Yale School of Nursing which opened in 1924 was the first to be established as a separate department/school distinct from education or medicine, with its own dean and budget.¹⁸

Though there were early efforts to establish baccalaureate nursing programs and in spite of their continued growth, they still represent a smaller percentage of nursing programs than ADN programs do. In relatively recent times, other programs have been suggested such as the doctor of nursing (ND) degree offered at Case Western Reserve, established under Schlotfeldt's leadership and since closed under subsequent leadership.¹⁹ This program required a baccalaureate degree prior to entrance into the program, making it similar to the requirements for medical,

legal, and theological education. Recent efforts in Colorado have borne fruit and a ND program is scheduled to open at the University of Colorado with funding from the Helene Fuld Trust. Other nursing leaders have also suggested post-baccalaureate education as the entry level preparation for nursing.²⁰

Milieu in Montana at the Turn of the Century

It is evident that Montana was part of the slower developing western part of the nation. On May 26, 1864, Montana became a territory with the Legislative Assembly meeting in its first capital, the gold mining settlement of Bannack. Montana had previously been part of the Idaho Territory created in 1863. The second capital was established in the Alder Gulch gold mining town of Virginia City in 1865 where it remained for 10 years. In 1875, it was moved to the Last Chance Gulch gold mining town of Helena where it has remained to the present time in spite of the War of the Copper Kings, William Andrews Clark, Marcus Daly, and Frederick Augustus Heinze, from 1895 to 1905. These barons feuded over many things from the location of the state capital in Butte to mining methods, copper prices, and labor organizations. The beginning of union organizations in Montana was due primarily to the poor pay and working conditions in the Butte copper mines.

By the turn of the century, Montana was an 11 year old

state, having gained that status in 1889 following 25 years as a territory. The population had grown from 20,595 at the time of the 1870 census to 243,329 in 1900, more than a ten-fold increase. In the state's early history, fur-trading with the Indians, the discovery of gold and copper with the resultant mining, and land for farming and raising stock were the major attractions which increased the population. With the settlements which were established around the trading posts, mining camps, and farming/ranching communities there arose a need for schools, hospitals, churches, and businesses of all types. Therefore, teachers, health care providers, ministers, merchants and members of other occupations and professions were needed to provide services to the residents of these areas.²¹

Context for Professional Development in Montana

Native American women in Montana provided nursing care for their own families and others prior to the arrival of white women in the state.²² On October 17, 1864, four Sisters of Charity of Providence from Montreal, Quebec arrived in St. Ignatius, Montana where they established an Indian boarding school and the first infirmary in the state. They were Sisters Paul Miki, Remi, Mary Edward, and Mary of the Infant Jesus. They also began the first visiting nursing service in Montana as they cared for many of the sick Indians in their huts and tepees. Mother Mary Julian

Tremblay was among other early sisters at this Mission.²³ This religious order eventually opened hospitals in Missoula (St. Patrick, 1873); Fort Benton (St. Clare, 1884); Great Falls (Columbus, 1892); and St. Ignatius (St. Julian's, 1914).

That same year the Sisters of Charity of Leavenworth from Xavier, Kansas made their way to Helena, Montana, which had been a mining camp for about five years. Sisters Mary Liguori Ennis, Julia Voorvoart, Bertha Graney, Mary Buckner, Loretta Foley, and Regina Dempsey arrived on October 10, 1864. One of their first responsibilities was to establish a school, St. Vincent's Academy. They also opened St. John's Hospital in that community in November, 1870. Additional hospitals were built and patients were cared for by this religious order in Deerlodge (St. Joseph's, 1873); Virginia City (St. Mary's, 1875); Butte (St. James, 1881); Anaconda (St. Ann's, 1899); and Billings (St. Vincent's, 1899).²⁴

Probably the first hospital, as such, was that established in response to the need to care for miners in the Sun River area north of Helena during the winter of 1866. Both doctors and citizens of Helena cared for the men who were victims of frostbite and starvation in what was called the Miner's Hospital. The men had left Helena during a January thaw and found themselves in a blizzard with 20

inches of snow and temperatures which dipped to 40 degrees below zero. They were inadequately prepared with clothing and provisions to survive these conditions. At the little hospital, located in a cabin, 10 men were treated during the first eight days. The Miners Hospital Association, formed on January 27, 1866, continued to grow so that after the first year and a half, it was turned over to the county for continued services.²⁵

In addition to the native Americans and the Catholic sisters, the early providers of nursing care in Montana included pioneer women, both trained and untrained in nursing skills. An unnamed negro woman, the slave of a Dr. Brooke, probably Dr. Benjamin C. Brooke, in Helena, was said to give excellent nursing care to many prominent citizens during the early 1870s, including the family of the first territorial governor, Sidney Edgerton.²⁶ In 1874, Miss Katherine Babbage (Carruthers), arrived by steamboat in Fort Benton, Montana. She had received training as a midwife at the Maternity Hospital in Washington, DC and not only practiced midwifery, but cared for the needs of the sick and injured as well.²⁷ Almost a decade later, in 1883, Mrs. Rodney Simmons Barnes, an untrained nurse and the wife of a fur trader, arrived at Fort Benton from Winnipeg, Manitoba, Canada. This mother of 16 children also practiced as a midwife in addition to caring for others. It is not known

where she received her training.²⁸ She was followed in 1895 by Mrs. Elizabeth Rae who had graduated in 1884 from a formal training program in nursing at the Royal Infirmary in Edinburgh, Scotland. Mrs. Rae lived and nursed in the Livingston area and was licensed as a registered nurse in the State of Montana in 1915.²⁹

Mrs. Mary Powell Jenkins, an untrained nurse, cared for the ill and expectant mothers in the Toston, Townsend, and Radersburg areas from 1888 to 1912 when she relocated to Fromberg. She continued nursing there until 1929. Her daughter, Mrs. Alma Jenkins Claus, also a woman with no formal training, nursed in Montana for over forty years as well, working with Dr. Theodore J. Benson in Fromberg.³⁰

Mrs. Thora Firming Phalen, an 1897 graduate of the Minneapolis City and County Hospital, arrived in Montana in 1904 where she worked as a nurse at St. Peter's Hospital in Helena and later at St. Patrick Hospital in Missoula.³¹

Mrs. Ellen M. Robinson, an 1899 graduate of the Boston City Hospital, also made her way to Montana and was still living in the Livingston area in 1934.³²

Hospitals

The earliest hospitals in Montana were established by various orders of Catholic Sisters. The first of these was organized in 1864 in St. Ignatius (Holy Family Hospital) on

the Flathead Indian Reservation by the Sisters of Charity of Providence from Montreal, Quebec. These same Sisters began St. Patrick Hospital, Missoula (1873) and Columbus Hospital, Great Falls (1893). The hospital at St. Ignatius never opened a training school, but both Columbus and St. Patrick Hospitals did. Another order, the Sisters of Charity of Leavenworth, Kansas, opened hospitals in Montana beginning with St. John's Hospital in Helena on October 9, 1870. The other hospitals which were organized by this order were in Deer Lodge (St. Joseph's Hospital, 1873), Virginia City (St. Mary's Hospital, 1875), Butte (St. James Hospital, 1881), Anaconda (St. Ann's Hospital, 1889), and Billings (St. Vincent's Hospital, 1899). Training schools were opened in all of these hospitals except for St. Joseph's in Deer Lodge and St. Mary's in Virginia City.

Other orders of Catholic Sisters opened hospitals across Montana during the early years of the 20th century. They included the Daughters of Jesus from Three Rivers in Quebec, Canada (St. Joseph Hospital, Lewistown, 1908), Sisters of the Presentation of the Blessed Virgin Mary (Holy Rosary Hospital, Miles City, 1909), Sisters of Mercy from Cedar Rapids, Iowa (Kalispell General Hospital, Kalispell, 1910), the Sisters of St. Francis of Penance and Christian Charity from Buffalo, New York (Sacred Heart Hospital, Havre, 1911), and the Sisters of the Religious Hospitaliers of St. Joseph (Hotel Dieu Hospital [later St. Joseph's],

Polson, 1916). Each of these hospitals operated a training school for nurses with the exception of the Hotel Dieu in Polson.

The Methodist-Episcopal Deaconess Hospital system in Montana began with the opening of The Protestant Hospital in Great Falls on June 16, 1898. The name was changed to The Montana Deaconess Hospital on May 27, 1910. Eventually additional Deaconess Hospitals were established, each with a training school, in Glasgow (Frances Mahon Deaconess Hospital, 1911), Bozeman (Bozeman Deaconess Hospital, 1911), Forsyth (Forsyth Deaconess Hospital, 1916), Butte (Butte Deaconess Hospital, 1918), Sidney (Community Memorial Hospital, 1919), Havre (Kennedy Deaconess Hospital, 1926), and Billings (Billings Deaconess Hospital, 1927), though Butte and Forsyth were permanently closed during the depression.³³

The Episcopalian Church in Montana opened St. Peter's Hospital in Helena on June 11, 1896. It also operated a training school for nurses from 1909 to 1933.

The Lutheran Deaconess hospitals in Montana were located in smaller communities such as Choteau (Teton Memorial Hospital), Harlowtown (Wheatland Memorial Hospital), Livingston (Livingston Community Hospital), Red Lodge (Carbon County Memorial Hospital), Scobey (Daniels Memorial Hospital), Hardin (Big Horn County Community

Hospital), Roundup (Roundup Memorial Hospital), and Baker (Fallon County Memorial Hospital until 1957) and did not find it necessary or feasible to establish training schools for nurses in these areas.³⁴

In addition to all of the religious hospitals in Montana, other hospitals were opened and operated by other groups such as the government, the railroads, and private individuals (often physicians). The earliest of these was the Miner's Hospital in Helena (1866) and Murray Hospital in Butte (1867). Murray Hospital operated a training school. The federal government opened two Veteran's Administration (VA) Hospitals in Montana: Fort Harrison, Helena (1922) and the Veteran's Hospital, Miles City (1951). In addition, the Malmstrom Air Force Base, Great Falls, has operated a hospital since 1950. State hospitals include Galen (1910), originally operated for tuberculosis patients, and Warm Springs (1912), for the care of the mentally ill. The Northern Pacific Railroad operated hospitals in Missoula (1884) and Glendive and the Milwaukee Railway opened a hospital in Three Forks (1915). The hospital in Three Forks operated a training school for several years and many nursing programs in the state used the state hospitals at Galen and Warm Springs as clinical sites for student experiences in tuberculosis and psychiatric nursing respectively.

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CHAPTER 4

NURSE TRAINING: EARLY HOSPITAL SCHOOLS

The conceptual framework for this study included four of the attributes of the concept of professionalism. One of those attributes is educational preparation for professional nursing practice. A description of educational preparation for nurses which occurred in hospital training schools in Montana prior to and for a number of years after the formation of the Montana State Graduate Nurses' Association, the passage of the first Nurse Practice Act and the creation of the Montana State Board of Examiners for Nurses is the focus of this chapter. [The current educational preparation for nurses in Montana is described in Chapter 9.]

Pre-1912 Montana Hospital Nurse Training Schools

In her 1937 history of the Montana State Graduate Nurses Association (MSGNA), Ariss attributed its formation in 1912 to the developing professional consciousness among the increasing number of graduates which resulted from the growing number of schools of nursing in the state, the population of which was less than 400,000.¹ Prior to Montana's first Nurse Practice Act in 1913, state approval was not required for the establishment of a training school

for nurses by a hospital. Soon after the law was passed in 1913, the Inspector for Training Schools made visits to each of these hospital programs to determine their fitness for approval. Her reports were shared with the other members of the State Board of Nurse Examiners and the Board made the decision to approve or make recommendations for future approval for each school.²

There were eight training schools for nurses in the state at the time the MSGNA was organized in 1912. They were established at hospitals in the larger communities of Great Falls (Columbus, 1894; Montana Deaconess, 1902), Helena (St. John's, 1905; St. Peter's, 1909), Butte (Murray, 1896; St. James, 1906), Missoula (St. Patrick, 1906), and Bozeman (Deaconess, 1911).³ This chapter contains a brief history of each of these eight schools as well as the training schools which were established in hospitals around the state following the first Nurse Practice Act in 1913. Included in these sketches is information related to the formation of the hospital and the school, the key personalities such as the founders, principals, teachers, and students, curricular information, if available, the MSBON approval status, the NLN accreditation status, and other details which shed light on the progress of educational preparation for nursing practice in the state of Montana.

Columbus Hospital School of Nursing, Great Falls (1894-1968)

The Sisters of Charity of Providence were responsible for the organization and operation of Columbus Hospital in Great Falls. The hospital was named after Christopher Columbus because it was begun in 1892, during the 400th anniversary of his discovery of America. The population of Great Falls was about 10,000 at that time. Mother Mary Julian Tremblay, sister of Dr. Joseph A. Tremblay of Missoula, and four Sisters arrived in Great Falls on September 23, 1892 in response to a request by the Most Rev. J.B. Brondel, the first Roman Catholic Bishop of Montana. Upon their arrival, they found a temporary hospital situated in a crude frame structure. By 1893, the Sisters had supervised the construction of a more permanent building located on 3rd Avenue North at 16th Street and had cared for 99 patients by the end of July. During 1894, 277 patients received care. Sister Joseph Arimathea was the first superior-administrator of the hospital.⁴

Most sources agree that on November 11, 1894, 4 students were admitted as the first class of the training school for nurses. The girls wore long white aprons and bibs over blue dresses, with black shoes and stockings. They worked 12 hours a day, six days a week. This was not unusual during this period of time. Lectures began following the end of their floor duty at 7:30 pm and were

given by four prominent Great Falls physicians: Dr. F.J. Adams, Dr. Alfred G. Ladd, Dr. Albert F. Longeway, and Dr. John Aiken Sweat. These four doctors had started the General Hospital in Great Falls in 1891. In 1894, the year the training school was started, the Sisters of Charity of Providence purchased the General Hospital and combined the two institutions, General and Columbus, and it was known as Columbus Hospital. Therefore, these physicians were available and able to teach the nursing students as was the common practice in those days.

In 1897, Misses Mary Moylan and Kate Kelly became the first graduates of the program.⁵ The class of 1900 had eight students - the Misses Allen, Nellie Young, O'Brien, Lucy Askew, Parish, Elsie Tait, Katharine Kavanaugh, and Malcolm.⁶ Two well-known private duty nurses in Helena for many years were twin sisters who graduated from the program at Columbus Hospital. Miss Emma E. Lindquist (LaMoure) graduated with the class of 1909 and Miss Christina W. Lindquist (Small) graduated with the class of 1910. Both were employed as private duty nurses for a short time in Missoula following their graduations and then in Helena for many years. Private duty was a very common type of nursing practice during that era. Emma was a member of the Missoula County Nurses' Association in 1911 and was a charter member of the MSGNA.⁷

Sister Mary Columba was the first Director of the School of Nursing, a position she held for 17 years. It was typical for the Director of the Training School of a Catholic Hospital to be a sister, not just in Montana but nationally. In 1911, Sister Ignatius of the Sacred Heart took her place. Following the death of Sister Ignatius a year later, Sister Wendelin (Lena Stocklin), a 1910 graduate of the training school at St. Patrick Hospital in Missoula, became the Director from 1912 to 1917 when she was transferred to Providence Hospital, Wallace, Idaho. It was a common practice in those days to place a recent graduate in a leadership position. In January 1914, under Sister Wendelin's administration, the training school met all of the criteria for approval by the newly formed Montana State Board of Examiners for Nurses (MSBEN).⁸

Ariss stated that 10 students from Columbus formed the Red Cross unit that was stationed in Camp Dodge, Iowa, during World War I.⁹ They included Lydia A. Fousek, Mary Gregory, Marguerite Thomson, Minnie Hume, and Mina Andy Aasen.¹⁰

In 1921, the school was reorganized under the direction of Sister Remi and Sister Mary. Four years of high school was a new entrance requirement at that time. Sister Mary Magdalene of Providence came in August of 1923 to assist Sister Remi. Sister Wilhelmina became the new

Director in 1925. When she left to go to St. Catherine's College in St. Paul, Minnesota, Sister Magdalene Durfee of Philipsburg, Montana became her successor, remaining until 1933, when she went to St. Patrick Hospital in Missoula. During her tenure, a new hospital was constructed. This million dollar building was completed and occupied in May 1930. The old hospital was then used as the nurses' residence and training school.¹¹

Sister Germaine Joseph held the position of Director from 1933 until 1937. Under her leadership, the school affiliated with the College of Great Falls in 1936, offering students the opportunity to earn credit toward a baccalaureate degree in nursing.¹² By 1937, the school had graduated 381 students. Sister Frances Maureen Nichols became the next Director, a position she held until 1952. Sister Frances Maureen was born in Appleton, Wisconsin on January 12, 1900. She attended Holy Name College in Spokane and received her nursing education at Sacred Heart Hospital School of Nursing in Havre, Montana from 1930 to 1933. She then attended the University of Washington, Seattle where she received her baccalaureate degree in nursing education. She died in November 1961.¹³

From 1952 until the school became a unit of the Montana State College School of Nursing in the Spring of 1967, there was a succession of 8 directors. They included

three graduates of the Columbus Hospital School of Nursing: Sister Xavier, Mrs. Hazel Uppinghouse (Acting, 1960), who was not a Catholic sister, and Sister Mark, a 1949 graduate who was the last Director of the program. By 1962, 949 students had been graduated.¹⁴ The last class was capped on February 6, 1966 and graduated in 1968, ending a 74 year history of the school of nursing.¹⁵ The School of Nursing at Columbus was accredited by the National League of Nursing Education (NLNE) and later by the National League for Nursing (NLN) from 1949 to 1957 (temporary status) and fully accredited from 1958 to 1968, when it closed its doors.

Murray Hospital School of Nursing, Butte (1896-1933)

Murray Hospital evolved from what started in 1884 as a miner's hospital in a row of cabins on Granite Street in Butte. Originally, Dr. Alva C. Bishop had established it as a place of rest for injured miners. Dr. Henry O. Beeson was his associate in the early days followed a little later by Dr. T.J. Murray and Dr. Robert L. Gillespie. Dr. I.D. Freund joined Dr. Murray in 1888 when Dr. Bishop died. By 1890, the hospital became known as the Murray-Freund Hospital. Dr. Murray eventually became the sole owner and it was renamed Murray Hospital, an impressive four-story brick building where state-of-the-art surgery was performed.¹⁶ The patients were cared for by student nurses

as well as trained nurses who were graduates of the training school there or recruited from other states. It was reported in the Montana Standard, December 6, 1951, that Murray Hospital closed with the opening of the Community Memorial Hospital in Butte, though the Murray Clinic was reportedly enlarged and continued to operate for a period of time.¹⁷

Although sources disagree, it is believed that the School of Nursing was started in 1896. Its first and sole student that year, Mrs. Helena E. Curtis, graduated December 1, 1898 from the 2 1/2 year program. Mrs. Curtis was a widow with a small daughter to support, which she did by working as a practical nurse. A Butte physician had suggested that she enter a school of nursing for formal training. She described her student uniform as a long-sleeved blue dress with white collar, cuffs, and apron.¹⁸

Miss Katherine J. McGregor was the Superintendent of the hospital and training school from 1896 until World War I when she served overseas in the Army Nurse Corp. She was born in Indiana in August 1869 and was graduated from the City Hospital School of Nursing in Indianapolis in 1891. Following the war, she returned to Montana and worked as a nurse at Western Montana College in Dillon until her retirement in 1950. She was honored at the MNA 40th Anniversary Convention in Butte in 1952 for her 54 years of

nursing in Montana. She lived in Butte from the time of her retirement until her death in October 1953.¹⁹

In 1909, the hospital appeared to be a very busy institution, according to the diary of Miss Beatrice Murphy, a night nurse there at that time. In her very humorous manner, Miss Murphy described daily events in the hospital and the personalities of the various nurses, from those with whom she shared night duty to the day nurses she was responsible for awakening in the morning. Though she was not a charter member of the MSGNA in 1912, many of the nurses described in her diary with whom she worked were, including Miss Mollie Donegan, Miss Gussie Ylitalo, Mrs. Isabel Gage, Miss Jennie Currie, Mrs. Lucy Woillard, Miss Alice E. Greenough, Mrs. Trihey, and Miss Emily M. Lockey.²⁰

The State Board of Examiners for Nurses approved the training school at Murray Hospital in January 1914, following a visit of the State Inspector of Training Schools, Miss Lucy Ann Marshall. The training school was closed in 1933, probably as a result of the depression which was responsible for the closing of the training school at the Butte Deaconess Hospital in 1930, leaving only the training school at St. James Hospital open in Butte.²¹

Montana Deaconess Hospital School of Nursing, Great Falls
(1902-1938)

Through his son's illness with pneumonia, the

Methodist pastor in Great Falls, the Rev. Mr. Francis Asbury Riggin, was instrumental in bringing a Protestant hospital to that city, largely through the efforts of the committee chairman, the Rev. Mr. William W. Van Orsdel, affectionately known as "Brother Van." It was named The Protestant Hospital and brought two deaconess nurses to the state in 1896. The hospital's name was changed to the Montana Deaconess Hospital on May 27, 1910.

Miss Anne Deutsche and Miss Belle Sill, nurses who were experienced in social work as well as administration, were sent from the Chicago Training School for Deaconesses for City, Home and Foreign Missions to raise funds and organize the hospital.²² The Chicago Training School was founded by Dr. Lucy Jane (Rider) Meyer, a physician and the wife of the Rev. Mr. Josiah Shelley Meyer, a Methodist minister. Dr. Meyer had graduated from Oberlin College in Ohio and then obtained her degree in medicine from the medical college which was later part of Northwestern University in Evanston, Illinois.

On October 20, 1885, the Meyers rented a house at 19 Park Avenue in Chicago for the purpose of establishing a training center for deaconesses in the Methodist Episcopal Church of America. During the summers of 1886 and 1887, she and her deaconess students worked with the poor sick in the crowded slums of Chicago where they found a great need for

skilled nursing care and hospital beds. In 1888, because of her civic sense and social commitment, Dr. Meyer was able to interest a group of influential Methodists into founding Wesley Hospital in Chicago for the gratuitous medical and surgical treatment of the poor, the first hospital of the Methodist Episcopal Deaconesses of America. A training school for nurses was established at Wesley Hospital in the same year and was where many of the early Deaconess nurses received their training.²³

When the Protestant Hospital of Great Falls finally opened on June 16, 1898, Miss Elizabeth Erholtz (or Eicholds - sources disagree) was the superintendent and Deaconesses Tage, Carlson, Peoples, and Walker were associated with the hospital at that time. Sometime in 1900, Mrs. Mary P. King became the superintendent until February 1901, when Miss Anna White succeeded her and was assisted by Deaconesses Foot, Wilson, Betau, and Morse. She was temporarily replaced by Miss Hayward when she resigned later that year. A Miss Deimer from Chicago arrived September 17, 1901 to be a head nurse. A few days later, both Miss Hayward and Miss Deimer left and in October 1901, the hospital closed due to economic and staffing difficulties.²⁴

Upon the recommendation of Dr. Meyer in Chicago, Methodist Deaconess Edith Augusta Ariss of Toronto, Ontario was offered the position to reopen and administer the

hospital which, as stated, had been forced to close due to financial and staffing problems. From her arrival on June 6, 1902 until her retirement in 1931, Miss Ariss provided outstanding nursing leadership during her 29 years as the Superintendent of the Montana Deaconess Hospital and Training School for Nurses in Great Falls, Montana.

The daughter of a farmer, Edith Augusta Ariss was born in Guelph, Ontario, Canada in 1878. She was the third of six girls in a family of seven children. In 1895, Miss Ariss graduated from the Guelph General Hospital Nurses' Training School in her home town, followed by a two-year program at the Chicago Training School for City, Home, and Foreign Missions. During the five years following her graduation from the Chicago Training School in 1897 until her arrival in Montana in 1902, Miss Ariss worked as a Deaconess at the Fred Victor Rescue Mission in Toronto, Ontario, Canada. When the Montana Deaconess Hospital in Great Falls consulted with Dr. Meyer regarding a superintendent, Miss Ariss was very highly recommended for the position. The hospital was looking for someone with financial as well as administrative abilities and nursing skills and apparently Miss Ariss had demonstrated these qualities in her previous positions.

Miss Ariss was not only able to reverse the financial difficulties of the hospital, but was able to establish a Training School for Nurses during the first year and

gradually opened eight other Deaconess Hospitals across the predominately rural state of Montana during the next 25 years. These hospitals were ably administered by the Deaconess nurses who graduated from the hospital in Great Falls. Later, graduates of other Deaconess Hospital Training Schools served as administrators throughout the state. In 1937, three of the Deaconess Hospital Training Schools at Great Falls, Havre, and Bozeman were consolidated into one school, later joined by the Billings Deaconess Hospital School of Nursing and eventually became what is known today as the Montana State University College of Nursing. Miss Ariss was indeed a visionary leader and effective change agent.²⁵

Miss Ariss was initially assisted by Deaconesses Bertha Wismer of Toronto, Janet Burns of Kansas (or Missouri - the sources disagree), and Harriet P. Fritschle of Pittsburg, Pennsylvania. Following the appointment of a Board of Directors, a training school was organized that first year with Miss Ariss as its first principal. Miss Fritschle and Miss Susie Kent (Rupp), the first two students, received their diplomas in 1905 during graduation ceremonies held at the Presbyterian church. Miss Kent later married and Miss Fritschle became the night supervisor at Women's Hospital in New York City.²⁶

The training school was patterned after those at Johns

Hopkins, Baltimore and St. Luke's, New York. During the early years, demonstration style teaching was done spasmodically by Miss Ariss at the bedside and occasionally, lectures were given by the doctors. These lectures and demonstrations were in anatomy, medicine, surgery, bacteriology, obstetrics, nervous diseases, the ear, and the eye. The course of instruction was arranged by year. During the first year, students gained proficiency in medical nursing, ethics, anatomy, and nursing clinics. The second year was devoted to hygiene, materia medica, obstetrics, urinalysis, and massage. The final year of instruction was given over to dietetics, surgical nursing, bacteriology, and a second course in materia medica. This school had graduated 24 students by the time the MSGNA was organized in 1912.²⁷

In January 1914, the school met the criteria for approval by the State Board of Examiners for Nurses, whose authority to approve schools had been established by law the previous year, March 3, 1913. Miss Gertrude Elgin (or Eglin - sources disagree), an experienced teacher and a 1915 graduate of the program, was that same year appointed as Principal of the school. In 1917, she was succeeded by Miss Donna E. Watts, a 1916 graduate of the school.²⁸

Miss Watts was born January 19, 1888 in Augusta, Illinois where she grew up and was educated. Following

graduation from high school, she attended the Chicago Training School for City, Home, and Foreign Missions graduating in 1911. Her first position was at the Halsted Street Institutional Church in Chicago where she worked at a Girls Club. In 1913, she left her job in Chicago to enter nurse training at the Montana Deaconess Hospital in Great Falls.

Miss Watts' first position after graduation in 1916 was Principal of the Training School at Montana Deaconess in Great Falls. Following her five year tenure there, Miss Watts assisted in opening the Rosebud County Deaconess Hospital in Forsyth, Montana. She then served as the assistant to the Superintendent of the Hospital, Miss Ruth E. Robertson, and Principal of the Training School in Forsyth from 1921 to 1926, when the hospital closed. Miss Watts next assignment took her to Havre, Montana where she assumed the position of Assistant to Miss Robertson, the Superintendent of the Kennedy Deaconess Hospital. In addition, she was named Principal of the Training School there, a position she retained from 1926 until 1931. Upon Miss Robertson's resignation in 1931, Miss Watts was appointed Superintendent of the Hospital, remaining there until 1946, when she retired from active Deaconess service and moved to Spokane, Washington.²⁹

Several new courses were added to the curriculum at

Montana Deaconess in 1917 including Red Cross Nursing, taught by Miss Margaret Hughes, then President of the State Board of Examiners for Nurses, Tuberculosis Nursing, taught by Miss Florence Ames, also a member of the State Board, and finally courses on National Defense and Public Health Nursing. The addition of these courses during World War I reflected a national trend.³⁰ Also in keeping with a nation-wide phenomenon, an alumnae association was formed at the school on December 16, 1914. Miss Ariss was named an honorary member of the association and served as its first President, a position she held for 7 years.³¹

The ten members of the class of 1917 were the first Montana graduates required to write the State Board Examination for Nurses. Each returned from Helena successful. Sixteen graduates of the program served as nurses in World War I including the entire class of 1917. Many of the hospital's doctors were called to duty as well, leaving the nurses with additional workloads at the hospital. It was also during the time of the great influenza epidemic of 1918 resulting in very little time off for the nurses. This fact is an exemplar of the magnificent contributions nurses have made to meet societal needs.³²

Miss Gertrude Jane Buckles, a 1924 graduate, was selected as the Principal in 1925, following a year of teaching in the Training School. She was born May 15, 1886

near LeRoy, Illinois, where she lived until the age of 6 when her family moved to Rockwell, Iowa. She was educated in schools near Rockwell City and Lake City, Iowa. After teaching 10 years in country schools North of Belle Fourche, South Dakota where her family had moved and staked claims in 1910, Miss Buckles decided to go into nursing.

She entered the Training School at Montana Deaconess Hospital in Great Falls in 1921. Following her graduation, she began a five year tenure as the Principal in Great Falls, and was then given the opportunity in 1930 to serve as the Director of Nurses at the Deaconess Hospital in Billings. She was especially known for her ability as an instructor in anatomy and physiology. In 1938, she was named as Administrator of the Hospital, a position she held until 1948. During 1943, she was loaned to the State Hospital at Warm Springs where she taught and supervised on the men's convalescent ward for one year. In 1948, Miss Buckles moved to Spokane, Washington to work at the Nurses Home of the Spokane Deaconess Hospital. She retired in 1954.³³

Deaconess Blanche Mary Fuller came to Montana Deaconess Hospital in Great Falls, January 1, 1933, to assume the position of Superintendent of the Hospital. Miss Fuller was born in Ohio in 1872. She was influenced at a young age by the writings of Lucy Rider Meyer and decided to

attend the Elizabeth Gamble Deaconess Training School in Cincinnati, graduating as a Deaconess in 1905. She served as a pastor's assistant for four years, first at Trinity Church in Cincinnati and then at the Green Street Church in Piqua, Ohio. Miss Blanchard then entered the Christ Hospital Training School for Nurses in Cincinnati, graduating in 1911. Upon graduation, she was retained as the assistant superintendent because of the leadership ability she had demonstrated as a student. She spent the next 16 years in Omaha where she was the Superintendent of the Nebraska Methodist Hospital.

When Miss Fuller came to the Montana Deaconess Hospital in Great Falls, her ambition was to increase the endowment which had been provided by Mr. Samuel Spencer to remodel and enlarge the hospital. With the increased funds, she hoped to provide a college education for the nursing students in the training school. By the time of her retirement in 1938, this dream had been realized.³⁴ In the fall of 1937, this school, which had graduated over 400 students, the largest number of graduates from any nursing school in the state, became a unit of the Consolidated Deaconess School of Nursing, under the leadership of Miss Anna Pearl Sherrick. Miss Sherrick came to Montana to assume a faculty position at Montana Deaconess Hospital Training School for Nurses in 1934 and the position of

Director of the School of Nursing in 1935.³⁵ (See biographical sketch of Miss Sherrick under Montana State University College of Nursing in Chapter 9.)

St. John's Hospital School of Nursing, Helena (1905-1959)

In response to a request by Father Pierre DeSmet, Mother Xavier Ross of the Sisters of Charity of Leavenworth, Kansas, sent a group of five sisters to the five year old mining camp of Last Chance Gulch to open St. Vincent's Academy, a school for girls. Soon after the academy was in operation, another group of sisters arrived to help care for the sick. St. John's Hospital was opened December 9, 1870, with Sister Julia Voorvoart as its first superior. Sisters Mary Loretto Foley and Patricia Bowman cared for the sick and the poor. The hospital was known to be the first to care for psychiatric patients in the state of Montana and did so until 1877 when a state hospital for the mentally ill was opened at Warm Springs, approximately 50 miles from Helena. In 1881, Mother Josephine Cantwell was in charge at St. John's. On July 26, 1889, she left to go to St. Ann's in Anaconda, Montana.

A nurse training school was started in September 1905 with Sister Mary Coletta Roche as its first principal. Sister was a 1903 graduate of St. Joseph's Hospital Training School for Nurses in Denver, Colorado.³⁶ The first applicant enrolled in the program on May 1, 1905. She was

Miss Emma Felsheim, born in Arcadia, Wisconsin on July 20, 1885. Her family had moved to Helena, Montana where she had attended St. Vincent's Academy as a child. Following her high school graduation from St. Mary's Academy in Leavenworth, Kansas, she returned to Helena for training as a nurse. She apparently did not graduate since she entered the Sisters of Charity of Leavenworth community on July 11, 1907, teaching at several elementary schools in Kansas prior to making her vows on January 23, 1911. She was then known as Sister Rose Victor, who later completed her nursing education and eventually earned a MSNE at Catholic University, Washington, DC. In 1947, she returned to Montana to direct the Department of Nursing at Carroll College in Helena. She died at Providence Hospital, Kansas City, Kansas on December 1, 1952.³⁷

Ten students graduated with the class of 1910, following a two-year training program. The students were Misses Margaret Drysdale, Nellie Dugan (Mrs. Glen Cox), Ida Emerick, Evelyn I. McCreanor (Mrs. L.H. Thompson), Bertha Norenberg (Mrs. Hugh Johnston), Margaret Power, Ella K. Ralph, Mabel Rhodes, Cora F. Sime, and Minnie Smith. Half of these students were charter members of the MSGNA in 1912 and six were still living in May 1962.³⁸

The school had some problems when the State Inspector for Training Schools made her first visit in 1913. It was

reported at the January 1914 meeting of the State Board that the school did not meet the criteria for approval at that time. They were requested to revise their standards and improve their teaching program, which they apparently did because they were given approval in 1915.³⁹

In 1934, five Sisters were assigned to St. John's. They were Sisters Mary Damian Harneth, Mary Rita Sullivan, Cornelia Donnelly, Mary Rachel Rausch, and Mary Alexine Hollenback. Sisters Mary Damian and Mary Rita were in the first group of nurses to be licensed by the Montana State Board of Examiners for Nurses in 1913. Sister Mary Rita was named the first Principal of the Training School at St. James Hospital in Butte in 1906.

St. John's Hospital and Training School were closed on October 31, 1935 because of severe earthquake damage and the hospital was temporarily housed in the Children's Home of Montana (later Shodair Hospital, Helena). Some months later, the training school reopened and by 1937, had graduated 125 students. The hospital reopened on December 15, 1939. Sister Mary Alexine Hollenback was the Director of the Training School until its affiliation program with Carroll College in 1943. At that time, the school came under the administration of Sister Cornelia Donnelly, a graduate of the training school at St. Joseph's Hospital in Denver. She been the superior at St. John's prior to

assuming her new position. The school at St. John's was permanently closed in 1959 due to the program at Carroll College meeting the need to provide nursing education. St. John's program was never NLN accredited. The hospital was permanently closed on June 15, 1973.⁴⁰

St. James Hospital School of Nursing, Butte (1906-1970)

The Sisters of Charity of Leavenworth, Kansas were also responsible for the organization and operation of St. James Hospital in Butte. Funds were gathered for the construction of the hospital through the efforts of Father J.J. Dols. The brick building cost \$11,000 and contained 16 private rooms, 2 large wards and housed 45 patients. In 1881, Sisters Mary Ignatia Nealon and Mary Xavier McLaughlin were sent to Butte by Mother Josephine Cantwell of St. John's Hospital in Helena. On October 23, 1881, Sisters Mary Hilaria O'Connor and Mary Serena O'Connor, blood sisters, and Sister Mary Assissium McMahon arrived to care for the sick. The first patient on record was admitted on November 15, 1881, but the first patient to be cared for was Sister Mary Serena who was suffering from typhoid fever.⁴¹ In 1913, Sister Felicitas McCarthy was appointed as Superior of the Hospital, a position she held for 21 years. She died at St. Francis Hospital in Topeka, Kansas on March 26, 1934.⁴²

The training school for nurses was opened in September

1906, with Sister Mary Rita Sullivan as its first principal, a 1903 graduate of the training school for nurses at St. Joseph's Hospital in Denver, Colorado. She was later appointed to the Montana State Board of Nursing around 1933 and served on the Board of Directors of the MSGNA from 1934 to 1939, while associated with St. John's Hospital in Helena.⁴³

At their January 1914 meeting, the Inspector for Training Schools announced that the school had met the criteria for approval by the State Board. By 1937, the school had graduated 125 students.⁴⁴ Sister John Marie (Elizabeth) Pithoud was the Director of the training school when it became affiliated with Carroll College in 1943. In 1965, Mary Edna Earls was the Director of the diploma program at St. James Community Hospital. The school was accredited by the National League for Nursing (NLN) in December 1965, and remained fully accredited until it was permanently closed in 1970 when the Sisters of Charity of Leavenworth decided to close all of their diploma programs.⁴⁵

St. Patrick Hospital School of Nursing, Missoula (1906?-1978)

The Sisters of Charity of Providence were responsible for the organization and operation of the St. Patrick Hospital in Missoula from 1873 to the present time. Father

Palladin, a priest from the Mission at St. Ignatius, purchased a piece of property near the Clark Fork River in Missoula for \$1500 as a site for the sisters to extend their services and carry out their education and health care duties. In the Spring of 1873, Mother Caron, the Superior General from the motherhouse in Montreal, Quebec, who was visiting the Mission at St. Ignatius, sent Mother Mary Edward and two younger nuns, Sisters Mary Victor and Mary Julian Tremblay, to Missoula with Father Palladine to begin the work there. They were met by Father J.B. Brondel of Vancouver Island, the former Bishop of Montana, who helped them envision a school, hospital, and church for the promising settlement of Missoula.⁴⁶ In 1877, a scarlet fever epidemic swept through Missoula. The Sisters at St. Patrick Hospital were kept busy caring for many children in their homes at that time.⁴⁷

It is unclear exactly when the training school was started as there are conflicting dates in the literature. Some sources state that the school was started in 1906 and other sources indicate that it did not begin until 1908. Writing from Mount St. Joseph's in Spokane, Washington, Sr. Eugene de Twoli, in a letter to Mrs. Catherine Flynn in Missoula, dated March 8, 1957, stated that she came to Montana in 1904, but was not named for St. Patrick Hospital until July 1907. Though she was in charge of the nurses

from 1923 to 1929, she noted that Sister Aldric was the first Superintendent of the Nurses. Mrs. Flynn herself noted in a 1957 interview that she had enrolled at St. Patrick Hospital School of Nursing on August 15, 1905, but had to transfer to Columbus Hospital School of Nursing in Great Falls in the spring of 1906, because St. Patrick Hospital had not yet officially established a training school. Part of the reason may have been related to the historic epidemic of Rocky Mountain Spotted Fever in Ravalli County during the spring of 1906. The closest hospital facilities were in Missoula at St. Patrick and the Northern Pacific Beneficial Association (NPBA) Hospitals. During that time, the city swarmed with specialists from all over the country.⁴⁸

Regardless of when the school started (1906 or 1908), it was not approved by the State Board of Examiners for Nurses when the Inspector for Training Schools made her first visit to St. Patrick Hospital in 1913. The school was requested to improve their teaching program and revise their standards.⁴⁹ This school was the last diploma program to close in the state of Montana when in 1978, it became a unit of the Montana State University College of Nursing.⁵⁰ From 1949 to 1959, it had received temporary/provisional accreditation and from 1960 to 1978, was fully accredited by the NLN.

St. Peter's Hospital School of Nursing, Helena (1909-1933)

St. Peter's Hospital was incorporated on June 11, 1896 and the newly constructed building was occupied on December 15, 1897. Mrs. Henrietta Brewer, wife of the Episcopalian missionary bishop of Montana, the Rt. Rev. Leigh Richmond Brewer of Helena, was instrumental in securing the first Superintendent of St. Peter's Hospital. On a trip to New York City, Mrs. Brewer secured the services of a graduate of the Connecticut State Hospital Training School, Miss Georgia C. Young. Following 17 years of service, Miss Young retired in 1906.⁵¹

Miss Thora Firming came to St. Peter's to work in 1904. She was an 1897 graduate of the Ancker Hospital School of Nursing, St. Paul, Minnesota. Born on March 13, 1873 and raised in Oslo with seven brothers and sisters, she came to the United States from Norway in 1894, at the age of 21. Miss Firming was one of the first nurses to serve in the U.S. Army during the Spanish-American War in 1898, and the first woman to hold the rank of first lieutenant. Following the war, Miss Firming returned to St. Paul where she continued to work until 1901 when she went to Seattle at the request of James Hill of the Great Northern Railroad. When she came to Helena in 1904 seeking a drier climate, a typhoid fever epidemic was raging at Hauser Dam.

In 1906, she married Mr. Ambrose Phelan and moved to

Havre, Montana where she served as superintendent of the Chouteau County Poor Farm for 6 years. The Phelans then moved to the Bear Paw mountains where they ranched and raised their family of three children. Because there were no doctors in the area and the nearest hospital was 80 miles south at Fort Benton (St. Clare Hospital), Mrs. Phelan, a "horseback riding nurse," was kept busy delivering babies, giving first aid, and caring for the sick, especially during epidemics of measles, scarlet fever, diphtheria, and smallpox. Mrs. Phelan died in 1958 at the age of 85. She is buried next to her husband in the cemetery at Chinook, Montana, though a spot had been designated for her burial in Arlington Cemetery.⁵²

The training school for nurses at St. Peter's was launched on June 29, 1909 and continued until the fall of 1933. Miss Lydia R. Van Luvanee, a charter member of the MSGNA, was superintendent of the hospital and training school from 1909 to 1920, when she resigned to go to Philadelphia, Pennsylvania.⁵³ When the Inspector for Training Schools made her visit to St. Peter's in 1913, she reported that it did not meet the Board's criteria for approval and in January 1914, the Board requested that the school improve its teaching program and revise its standards.⁵⁴ The graduating class of 1914 included Misses Louise Moreau, Minnie J. Jacobson, and Janet Kellogg among

its 10 students.⁵⁵ In 1921, Miss Harriet Peoples was superintendent. Following the closure of the school in 1933, under the leadership of Mrs. Freda Consigny, Miss Anna Totman Beckwith became the superintendent of the hospital from 1934 to 1940. She then accepted the position of the Executive Secretary of the Montana State Board of Nursing until her retirement in 1968.⁵⁶ [See biographical sketch of Anna Totman Beckwith in Chapter 8.]

Bozeman Deaconess Hospital School of Nursing, Bozeman (1911-1938)

The Bozeman Deaconess Hospital was incorporated in 1911 following the suggestion of Dr. Charles D. Crouch, district superintendent of the Methodist Church, that the businessmen of Bozeman obtain the services of Deaconesses to run the old 30 bed sanatorium built by Dr. Henry W. Foster in 1896. Following Dr. Foster's death in 1902, the hospital was bought by Dr. James Blair, a Massachusetts physician who struggled for 8 years to operate the hospital in the black. Miss Edith Augusta Ariss of the Montana Deaconess Hospital in Great Falls leased the hospital and successfully supervised its operation for six months by sending two of her 1911 graduates, Misses Violet Leach and Amanda Olson to Bozeman for that purpose. They managed the hospital so well that the Bozeman Chamber of Commerce helped raise the funds to purchase the building.⁵⁷

The training school was also started in 1911, with Miss Amanda Olson as its principal.⁵⁸ It was not approved by the State Board of Examiners for Nurses following the site visit of the Inspector of Training Schools in 1913. The school was asked to improve its teaching program and revise its standards for future approval.⁵⁹ On July 1, 1914, Miss Edith R. Ackerman, a 1913 graduate of the Montana Deaconess Hospital in Great Falls, became the superintendent of the hospital and training school, a position she held until the fall of 1929 when she found it necessary to leave deaconess work and become employed as a salaried nurse in order to care for her aging and ailing father.

Miss Ackerman was born February 17, 1887 in Stanton, Nebraska where she attended public schools until her family moved to Belle Fouche in Butte County, South Dakota. It was there that she completed her last three years of high school, graduating in 1905. She then taught in Butte County schools for four years before entering the Chicago Training School for City, Home, and Foreign Missions. She did not complete the program there, but moved to Great Falls, Montana in 1910 to begin her nursing studies in the training school at Montana Deaconess Hospital. She remained there following graduation until her appointment as Superintendent at the Bozeman Deaconess Hospital.⁶⁰

In 1932, Miss Monta Bane, who had just closed the

Deaconess Hospital in Butte, was named Superintendent of the Bozeman Deaconess Hospital, a position she held until 1942. She was the last Deaconess to hold that position as the Methodist Church decided to hire professional administrators to handle those positions in all of their hospitals.⁶¹ Miss Cora F. Meneley served as her assistant from 1932 until her marriage in 1936 to Mr. I.W. Bigelow of Bozeman.⁶² The training school continued until it became a unit of the Consolidated Deaconess School of Nursing in 1937. By that time the school had graduated 94 students.⁶³

Post-1912 Montana Hospital Nurse Training Schools

Following the organization of the MSGNA in 1912 and the formation of the Montana State Board of Examiners for Nurses (MSBEN) in 1913, criteria for training schools were mandated through rules and regulations formulated by the State Board. In addition, the President of the State Board was also the Training School Inspector who visited each school and made recommendations to the Board regarding the school's suitability for approval. As noted in the previous section, about half of the existing schools were not approved following the first visit of the Inspector. The specific reasons for lack of approval are unknown. However, the schools were given recommendations for changes which would insure approval following future inspections.⁶⁴

Thirteen more hospitals, in both large and smaller communities in the state, opened training schools for nurses between 1912 the end of the 1920s when the depression adversely affected both the nation and the state.⁶⁵ Brief histories of these schools are provided in the following section.

Frances Mahon Deaconess Hospital School of Nursing, Glasgow (1912-1930)

Construction was started on the Frances Mahon Memorial Hospital in Glasgow in 1910 and it opened late in 1911 under the management of the Methodist Episcopal Deaconesses.⁶⁶ Miss Permelia A. Clarke, a 1910 graduate of the Montana Deaconess Hospital Training School for Nurses, was named the first superintendent of the hospital, a position she held until around 1918. Miss Clarke was very active in the MSGNA from about 1915 through 1917, serving on several committees. She presented a paper entitled "Civic Relationship of Hospitals" at the 1917 annual convention held in Glacier Park. At that meeting she was also elected as Secretary of the Association. Miss Clarke served on the Montana State Board of Examiners for Nurses from about 1915 through 1917.⁶⁷

Sometime between 1919 and 1929, Deaconess Harriet Grace Linfield, a 1919 graduate of the Bozeman Deaconess Hospital Training School for Nurses, worked at the hospital.

She was also very active in the MSGNA and was appointed to the State Board, serving as its president from 1933 to 1934.⁶⁸

Deaconess Mary Ann Houle, a 1929 graduate of the Bozeman Deaconess Hospital Training School for Nurses, was assigned as a staff nurse to this hospital just as its school was closing in 1930. Miss Houle was born on October 28, 1890, in Green, Illinois where she attended local schools. She then completed the two-year course in missionary work at the Chicago Training School and was commissioned as a deaconess. Miss Houle came to Montana in 1925 and entered the training school for nurses at Bozeman Deaconess Hospital. After passing the State Board Examination, she worked at both Bozeman Deaconess and Montana Deaconess hospitals prior to her assignment as the 2nd floor supervisor at Frances Mahon Deaconess Hospital in Glasgow. She enjoyed bedside nursing and wrote poetry in her spare time. Miss Houle was a charter member of MNA's District #15, holding various offices over the years from vice-president to both secretary and treasurer. Following a brief illness with cancer, Miss Houle died on August 24, 1956. Most of her 31 years as a deaconess were spent in the state of Montana so it is fitting that she was buried in the Glasgow cemetery.⁶⁹

St. Vincent's Hospital School of Nursing, Billings (1913-1973)

The last hospital founded in Montana by the Sisters of Charity of Leavenworth, Kansas, was St. Vincent's in Billings. A Billings priest, the Rev. Clarence Van Clarenbeck, had requested that the Sisters open this hospital in the growing cow town which had reached a population of about 1500. He was apparently encouraged to do so by a pioneer physician, Dr. Henry Chapple, who was elected as mayor of Billings in 1897. Dr. Chapple, a graduate of the Trinity University of Toronto, had arrived in Billings in May 1889, following his graduation from medical school. He took the position of physician and surgeon of the Northern Pacific Railroad and was the city physician for Billings as well as the coroner for Yellowstone County. He was appointed to the State Board of Medical Examiners in 1893 and made Secretary in 1896. By the time the Sisters arrived, Dr. Chapple was suffering from tubercular peritonitis and found it necessary to retire and move to Los Angeles in 1898. He died in Flagstaff, Arizona on January 12, 1900 at the age of 38.⁷⁰

Mother Mary Peter Dwyer of Leavenworth responded to the request of the mayor in 1897 by sending Sisters Mary Anacleta Flynn and Mary Lawrence Ryan, the superior of St. John's Hospital in Helena, to look over the situation. They found there were five patients already in the temporary

hospital on the second floor of the Rademacher Building, waiting for care. Mother Mary Peter then sent Sisters Theodora McDonald and Antoinette Ireton to assist the community in raising the necessary funds to build a hospital. The Sisters began caring for patients in the newly constructed St. Vincent's Hospital on February 2, 1899. The name of the facility was chosen by Bishop J.B. Brondel of the Montana Diocese, though Mother Mary Regis Speak, who succeeded Mother Mary Peter, had planned to call it St. Jude's. Its first superior was Sister Theodora McDonald, who was assisted by five additional sisters.⁷¹

The nurse training school was established under the leadership of Sister Mary Corona Harrington in 1913. She wrote a paper entitled "Qualifications of a Successful Nurse" which was read by Miss Edna Wells (Westre) of Butte at the 1914 annual convention of the MSGNA in Billings. The minutes of that annual meeting indicate that Sister Mary Corona was teaching at the school at St. James Hospital in Butte at that time, so apparently she did not stay at St. Vincent's too long. She was elected as the 2nd Vice President of the Association and was one of a committee of three appointed to go over the State Board Examination papers of Miss Ellen Woolsey, a non-graduate nurse who had taken and failed the examination in January of 1914.⁷² (This incident is discussed in greater detail in Chapter 5.)

The training school received its initial approval by the State Board of Examiners for Nurses in 1916. It became affiliated with Carroll College in 1943.⁷³ St. Vincent's Hospital was expanded with the opening of a new wing on April 29, 1959. The total facility boasted 200 beds to serve the growing city of Billings. The School of Nursing was permanently closed in 1973 when the school became an integrated part of the baccalaureate program at Carroll College.⁷⁴ It had been fully accredited by the NLN from 1967 until its closure.⁷⁵

Milwaukee Railway Hospital School of Nursing, Three Forks
(1915-1921)

During May 1914, land was donated by the Three Forks Land Company and a 40 bed hospital was built by the Milwaukee Railway Hospital Association in Three Forks, Montana. By March 25, 1915, the three-story \$20,000 structure was ready to receive its first patients. Drs. C.L. Hoy and L.P. Goertner were the attending physicians and surgeons when the hospital first opened. Miss Ruth Wilkins, the Superintendent of Nurses and a graduate of St. Luke's Hospital Training School in Minneapolis, Minnesota, was assisted by Miss Alma Vold who was enrolled in the training school at the same time. As was common in those days, Miss Wilkins and Miss Vold lived in the hospital.

The training school closed in 1921 and the Milwaukee

Railway closed the hospital in 1931. In 1940, the building was purchased by Ralph and Margaret Page for use as a convalescent home. It was closed during the 1970s. According to Ruth Myers, the Three Forks Museum Curator, a Mrs. Rose Doty, now deceased, took nurse training at the Milwaukee Hospital and a Mrs. Eloyse Surdal, who is still living in Three Forks, worked at the hospital at one time.⁷⁶

Sidney Deaconess Hospital School of Nursing, Sidney (1916-1927)

The first hospital in Sidney, Montana, was acquired in 1911 by Dr. J.S. Beagle, a physician who arrived in Sidney in 1909. It was known as the Northey House and had only five or six beds. Mrs. Noel Carrico did the nursing. As the space became inadequate, the Meador's two-story frame house was rented. It provided space on the first floor for one ward, two private rooms, an office, and a kitchen. Surgery was performed on the second floor which also housed three private rooms and a bath. Mrs. Carrico was in charge of the nursing staff composed of Miss Marian Woodward (Demmis), Miss Esther Thorsen, Miss Dorothy Dumond, and Mrs. Riddle. A little cottage apart from the hospital housed the nurses.

After Dr. Beagle's cousin, Dr. F.A. Gowdy, arrived in Sidney in 1913, they planned for a new and larger building. Construction began on Sidney Hospital, a 30 bed facility, in

1915 and was completed the following year. Mrs. Carrico was named superintendent and a training school was established. Miss Nettie Ray was the instructor and Dr. Beagle also taught the students as time permitted. This example is typical of the haphazard approach to nursing education that was prevalent not only in Montana but was characteristic of the system of nurse training throughout the nation during that time. The first two graduates were Miss Marian Woodward (Demmis) and Miss Esther Thorsen.⁷⁷

On June 1, 1919, the hospital was purchased for \$36,000 and given over to the management of the Methodist Episcopal Deaconesses. It became known as the Sidney Deaconess Hospital and Miss Monta Bane, a 1919 graduate of the Montana Deaconess Hospital in Great Falls, was named Superintendent. Miss Bane was born in 1886 in Arrowsmith, Illinois and received her primary and secondary education in Anchor, Illinois. She attended the Illinois Wesleyan College in Bloomington, Illinois for two years and received her teaching certificate for elementary education. She taught in McLean County, Illinois until 1913 when she accepted a position in Normal, Illinois at the "Baby Fold," an orphanage which was managed by the Methodist Deaconesses. The next year she entered the Chicago Training School for City, Home, and Foreign Missions. She graduated in 1916 and was consecrated as a Methodist Deaconess.

Miss Bane next went to Great Falls, Montana where she entered the training school for nurses of the Montana Deaconess Hospital. Following graduation, she was assigned as Superintendent of the Sidney Deaconess Hospital, a position she held until 1926 when she went to the Methodist Hospital of Southern California for a course in Administration. Following a short stay at the Methodist Hospital in Marshfield, Oregon, she returned to Montana to assume the position of Superintendent of the Butte Deaconess Hospital, from 1927 until the hospital closed in 1932. She was then appointed Superintendent of the Bozeman Deaconess Hospital until 1942 when the Board of Trustees adopted a policy of employing non-Deaconess administrators. During her time in Montana, she served on the State Board of Nursing for eight years.⁷⁸

Miss Bane was assisted by Miss Cora F. Meneley (Bigelow), a 1915 graduate of the Montana Deaconess Hospital in Great Falls. Miss Meneley was born in 1890 in Rantoul, Illinois where she received her childhood and secondary education. She attended the University of Illinois at Urbana for one year before taking a position doing secretarial work at the Chicago Training School for City, Home, and Foreign Missions.

Miss Meneley entered the Montana Deaconess Hospital Training School for Nurses in Great Falls in 1912 and

graduated in 1915. She remained at her alma mater as the surgical supervisor until 1919 when she was assigned as the Assistant Superintendent at the Sidney Deaconess Hospital. Her duties included working as a bookkeeper, surgical assistant, and supervisor of the operating room. Miss Meneley took a course in Radiologic and Operating Room techniques at the Methodist Hospital of Southern California in 1927 and then worked for several months at the Deaconess Hospital in Marshfield, Oregon. When she returned to Montana in 1928, she was assigned the position of Assistant Superintendent at the Deaconess Hospital in Butte, again working with Miss Bane. Her duties included supervising the operating room and the X-ray department. When the hospital was forced to close during the depression, Miss Meneley went with Miss Bane to assist her at the Bozeman Deaconess Hospital. In this position, she also served as the financial secretary of the hospital. After serving as a Deaconess for 24 years, Miss Meneley married Mr. I.W. Bigelow in 1936.⁷⁹

Two of Miss Bane's classmates from Great Falls, Miss Gladys Blakely (Parcell) and Miss Christine Pannabaker, became instructors in the training school of the Sidney Deaconess Hospital. Dr. Beagle and three of his associates, Dr. H.H. Parsons, Dr. R.A. Morrill, and Dr. A.M. Treat, continued to give lectures to the students as well. The

first pupil entered on August 31, 1919 and the first class had a total of five students. For some unknown reason, Miss Helen Phillips graduated ahead of the rest in 1920 and the Misses Beulah E. Pratt, Elva Bayne, and Leta Sherman finished in 1921, though the 1919 ammendments to the Nurse Practice Act in the State of Montana had just changed the length of nursing programs from two years to three years. Apparently one student did not complete the program. Miss Anna Johnson took the position of Laboratory Technician and Floor Supervisor upon her graduation in 1921 from the training school of the Montana Deaconess Hospital in Great Falls.⁸⁰

In keeping with the 1919 ammendments to the Nurse Practice Act in the State of Montana, applicants to the school were required to have a high school education and be between the ages of 18 and 32. The school was approved by the State Board and offered a three year training program with a six month affiliation at the Montana Deaconess Hospital in Great Falls for special work in the surgical and laboratory departments of the larger facility. The school closed in 1927, but the hospital continued to function as a Deaconess Hospital until 1929, with Miss Josephine E. Stout as the Superintendent.

Miss Stout was born on January 13, 1882 in Bates County, Missouri, about 60 miles south of Kansas City. In

1909, she moved with her family to Florence, Montana, where she graduated from high school. She entered the Bozeman Deaconess Hospital Training School in 1920 and remained on the nursing staff there until 1926, working as a supervisor in surgery and as an X-ray technician. She then attended the Chicago Training School for City, Home and Foreign Missions from 1926 to 1927. She returned to Montana in 1927 to assume the position of Superintendent of the Sidney Deaconess Hospital until 1938 when she was appointed Superintendent of the Montana Deaconess Hospital in Great Falls, a position she held until 1942.⁸¹

Holy Rosary Hospital School of Nursing, Miles City (1916-1960)

In 1909, Mother Mary Joseph of the Presentation Sisters of Aberdeen, South Dakota accepted the invitation of Father J.J. O'Carroll, Pastor of the Sacred Heart Church, to do hospital work in Miles City, Montana. She sent four Sisters who took over the old 35 bed Custer County Hospital on August 15, 1910 and renamed it Holy Rosary Hospital on October 7th, when it was dedicated on the Feast of Our Lady of the Rosary. Sister Anthony was placed in charge. In 1915, a Nurses' Home was built and in 1920, an addition to the hospital increased the bed capacity to 85. It was increased to 200 beds with another addition in 1950.⁸²

The training school at Holy Rosary had graduated 94

students by 1937. In 1943 the school became a unit of the Presentation School of Nursing in Aberdeen, South Dakota, where the central administration for the program was located in South Dakota rather than in Montana. The Presentation School received provisional accreditation during the 1958-59 academic year and was fully accredited by the NLN for the 1959-60 academic year. It closed in 1960. The ADN program at Miles Community College did not begin until 1968. In the interim, an LPN program was administered through the Public School District in conjunction with the Montana State Department of Public Instruction, Vocational Education Division.⁸³

Kalispell General Hospital School of Nursing, Kalispell
(1916-1932)

In 1910, five Sisters of Mercy from Cedar Rapids, Iowa were sent to Kalispell to fulfill a contract made with their order to provide care for the sick in Kalispell General Hospital. They arrived amidst a typhoid fever epidemic in which fourteen of their sixteen patients recovered. A total of 56 patients were cared for the first year. A larger facility was constructed and occupied early in 1912. A training school was operated from 1916 until forced to close during the depression in 1932. The hospital was expanded again in 1948 with the addition of a new wing. It is still in operation today. The town of Kalispell tried from about

1983 to 1985, unsuccessfully, to begin an ADN program in the Flathead Valley Community College located there.⁸⁴

Butte Deaconess Hospital School of Nursing, Butte (1918-1930)

The Butte Deaconess Hospital was opened in 1918 with Miss Myrtle Childerhose, a graduate of the Bozeman Deaconess Hospital, as its Superintendent. Miss Monta Bane, a 1919 graduate of the Montana Deaconess Hospital Training School for Nurses in Great Falls, assumed the position of Superintendent in 1927. She was assisted by Miss Cora F. Meneley (Bigelow), a 1915 graduate of the Montana Deaconess Hospital Training School for Nurses in Great Falls, who arrived in 1928. Both of these deaconesses stayed until the hospital closed in 1932 when the depression made its operation impossible.⁸⁵

St. Joseph's Hospital School of Nursing, Lewistown (1919-1957)

The Daughters of Jesus, a Catholic order from Three Rivers in Quebec, Canada, were responsible for the organization and management of St. Joseph's Hospital in Lewistown, Montana, which opened its doors in 1908. The training school was opened in 1919 with Sister St. Gerard Majella as the Principal. By 1937, it had graduated 48 students. From 1955 until its closure, the school was only temporarily accredited by the NLN. When the diploma school

closed in 1957, the hospital began a one-year program for practical nurses under the direction of the Administrator of the hospital, Sister Therese Monica. The hospital closed the LPN program in 1969.⁸⁶

Forsyth Deaconess Hospital School of Nursing, Forsyth (1921-1926)

Miss Ruth E. Robertson, a 1919 graduate of the training school at the Montana Deaconess Hospital in Great Falls, helped to open the Forsyth Deaconess Hospital and served as its Superintendent from 1921 to 1926 when it was closed. Miss Donna E. Watts, a 1916 graduate of the Montana Deaconess Hospital in Great Falls, served as her assistant and was the Principal of the training school from 1921 to 1926 when it was closed.⁸⁷

Miss Robertson was born in December 1891 in Sun River, Montana to Bryd A. and Jessie Robertson. She graduated from Great Falls High School and attended Graham Hall, an Episcopal Boarding School in Minneapolis, Minnesota. She entered the Montana Deaconess Hospital Training School in 1916 and following graduation in 1919, returned to Minneapolis for a course in anesthesia. After serving for five years as the Superintendent of the Rosebud County Deaconess Hospital in Forsyth, she was assigned the same position at the Kennedy Deaconess Hospital in Havre. She held this position until 1931 when she resigned to move to

Puyallup, Washington.⁸⁸

Sacred Heart Hospital School of Nursing, Havre (1921-1954)

Sacred Heart Hospital was founded in 1911 due to the efforts of several local businessmen in the Havre area. The hospital was staffed by four Sisters of St. Francis of Penance and Christian Charity American Provincial, an order from Buffalo, New York who arrived on September 29, 1911. They were Mother Ludmilla, and Sisters Bonita, Godfrey and Mary Vericunda, the latter originally from Germany. Sister Vericunda was the one of that first group of sisters who provided over 53 years of service to the hospital. Sister Mary Germaine Berlinger was the director of nursing until 1952 when Sister Marilyn took her place. Sister Thoarsilla Dahmen, who was in charge of the operating room, became the Mother Superior of the Hospital from 1952-1954. She was honored by the school in 1983 for 52 years in active nursing service.

The first hospital building was damaged by fire on March 27, 1913. In 1916, an addition was added following a typhoid epidemic. The influenza epidemic raged through Havre in 1918. By 1931, plans were made for a new wing and the old hospital was completely remodeled.⁸⁹

The training school associated with the hospital admitted its first students in 1921 with Sister Mary Germaine Berlinger as the Principal. The program received

State Board approval in June 1922. The 1925 graduates included the Misses Madge Wise, Julia Grant, Lillian Carlisle, Lillian Urban, and Clara Schnitzmeier. Miss Schnitzmeier became Sister William and later worked as a nurse anesthetist at Sacred Heart. By 1937, the school had graduated 54 students. One of the instructors, Mrs. Doris Lawson, a graduate of the Rhode Island School of Nursing in Providence, served with her husband, Dr. Chester Lawson, as missionaries in China during World War II. The school closed with the graduation of students in 1954. By this time it had graduated some 290 students. This program was never accredited by the NLN. Also, the LPN program at Northern Montana College in Havre had begun in 1951 and had graduated several classes by this time.⁹⁰

St. Ann's Hospital School of Nursing, Anaconda (1924-1935)

Dr. Oliver F. Leiser, the first trained medical doctor to practice in Anaconda, arrived at the copper smelter camp in October 1883. He built a two-story brick hospital with his brother-in-law and partner in practice, Dr. Irvin M. Rockefeller. The building was completed in 1889. At the urging of Marcus Daly, one of the "Copper Kings" and the owner of the Anaconda Copper Mining Company, the doctors sold it to the Sisters of Charity of Leavenworth for around \$20,000. On the Feast Day of Saint Ann, July 26, 1889, Mother Josephine Cantwell, who had been Superior of St.

John's in Helena, arrived with four sisters to open St. Ann's Hospital. They were Sisters Mary Irene McGrath, who was designated Superior, Cornelia O'Hara, Mary Thomas Dowling, and Generosa Joran. Sister Mary Irene remained as Superior until 1898 when her poor health required her to rest for a while in Las Vegas, New Mexico. She returned for a short time before being named Superior of St. James Hospital in Butte.⁹¹

Mother Josephine (Bridgett) Cantwell was born on February 2, 1827 in County Tipperary, Ireland. During the potato famine, she moved with her family to the United States where they settled in Cincinnati, Ohio. She entered the Sisters of Charity of Nashville at the age of 24, and professed her vows on April 29, 1856. She was one of the pioneer sisters to leave Nashville for Leavenworth, Kansas on November 11, 1858. She died February 7, 1898.⁹²

In 1898, a wing larger than the original hospital was added to St. Ann's and another addition was completed in 1929. The old building was renovated and a new three-story wing was added in 1955, made possible by a gift of \$1,380,000 from the Anaconda Copper Mining Company. Bishop Gilmore of Helena was present for the dedication on May 1. By 1965, St. Ann's was a modern 86-bed hospital.⁹³

The last hospital training school opened by the Sisters of Charity of Leavenworth in Montana was the school

at St. Ann's Hospital in Anaconda. It was founded in September 1924 under the management of Sister Mary Raphael Brosman, the Superintendent of the Hospital. Sisters Mary Lucia Whelan, Mary Bonita Johnson, and Mary Cosmos Kennedy were among the nurses who spent many years at St. Ann's. In addition, Sister Hilaria O'Connor was the "faithful night nurse" for many years.⁹⁴

In 1934, the year before the school closed, Sisters Mary Ambrose Dorrian, Mary Kostka Cody, Mary Leonarda, and Mary Perpetua Quigley were connected with the hospital. The school closed in 1935 because of the close proximity of this program to the one in Butte, which made it financially and academically unfeasible to continue to operate. This school graduated a total of 18 students.⁹⁵

Kennedy Deaconess Hospital School of Nursing, Havre (1926-1939)

The Kennedy Deaconess Hospital of Havre was dedicated on Sunday, October 24, 1926 by Bishop H. Lester Smith of the Montana Conference of the Methodist Episcopal Church. As early as August 21, 1909, a committee had been formed to look into the feasibility of a Deaconess Hospital in Havre. The institution was officially named on January 5, 1918 for Mr. Meade Kennedy, the elected President of the first hospital Board. Though sufficient pledges had been obtained to fund the hospital, crop failures resulted in families

being unable to keep their commitments and therefore, construction was temporarily halted. Miss Ruth E. Robertson was named Superintendent of the newly completed hospital.⁹⁶

The training school was also organized in 1926 with Miss Donna E. Watts as Principal. The first class of students was composed of Miss Agnes M. Wilder, Miss Clara Smith, and Miss Eunice Hamlin. These three students had begun their training at the Rosebud County Deaconess Hospital in Forsyth, but the hospital had closed after they had completed only two years of training. While waiting for the Kennedy Hospital to open, they had taken their six month affiliation at Montana Deaconess Hospital in Great Falls. They were the first graduating class from Kennedy in 1927. Miss Edna Heim had started her training in Forsyth in 1925 and finished in Havre in 1928, being the sole member of her class. The following year saw the first class to take all of their training at Havre. The six members of the class of 1929 were the Misses Laura Anderson (Beatty), Ethel Smyth (Inman), Ann Gleisner (Clark), Alma Goldberg (Sticka), Myrtle Bergeson, and Evelyn Wilkinson.

During 1929, Miss Robertson resigned her position as Superintendent of the Hospital and was succeeded by Miss Watts. In 1934, Miss Harriet Grace Linfield was named Principal of the training school. Miss Lela Diefenbaugh was the anesthetist and laboratory technician and Miss Edith R.

Ackerman was the surgical supervisor. Miss Linfield and Miss Ackerman resigned in 1935, and Miss Agnes Wilder was named the Principal of the training school. In 1937, ten students were graduated bringing the total for the school to 50 graduates. The student uniform was a blue and white gingham dress with a starched white apron. The students received black stripes on their white caps when they received their diplomas.

In 1939, because of inadequate living quarters for the nurses, the Montana State Board of Examiners for Nurses was unable to approve the school for the first time in 13 years. It was closed following the 1939 graduation. All of the students were transferred to Montana Deaconess Hospital in Great Falls and their credits for college course work were transferred from Northern Montana College in Havre to Montana State College in Bozeman. These courses included 103 quarter credits of chemistry, home economics, bacteriology, zoology, physical education, English, and other humanities/social studies courses. One of these transferred students was Miss Helen Lorrayne Harris (Kiesling) who earned her BSN at Montana State College in 1944 and became the Director of the School for Practical Nurses at Kennedy which opened on June 11, 1951 in cooperation with Northern Montana Community College. A new Nurses' Home had been completed in May 1951. The first class of practical nurses graduated on June 2, 1952. Mrs.

Kiesling was also the founding Director of the ADN program which opened at Northern Montana Community College in 1965.

Thirteen classes had graduated from the three year program between 1926 and 1939, with a total of 76 students. After the program was closed, Miss Watts stayed on as Superintendent of the Hospital and hired graduate nurses to provide care for the patients. This put a strain on the nursing service budget as students had been used to provide service to the hospital during their training period. In fact, a national dilemma existed due to the fact that many schools relied heavily on the use of students to staff their hospitals and placed a higher priority on service than they did on educating the students. The shortage of graduate nurses was later alleviated somewhat by the Practical Nurse students and graduates. In 1946, Miss Watts resigned and Miss Diefenbaugh was named as her successor.⁹⁷

Billings Deaconess Hospital School of Nursing, Billings
(1927-1942)

The Billings Deaconess Hospital, a four-story brick 58 bed facility, was opened to the public on June 25 or 30 (sources disagree), 1927 with Miss Ethel Lane Guilkey, a 1924 graduate of the Montana Deaconess Hospital Training School for Nurses in Great Falls, as Superintendent of Nurses.⁹⁸ Miss Guilkey was born on June 10, 1890 in Columbus, Ohio. In 1910, she graduated from the Chicago

Training School for City, Home, and Foreign Missions and was consecrated as a Deaconess that spring. She worked as a Pastor's assistant in St. Louis for two years and then as an Assistant Cashier at the Spokane Deaconess Hospital in Spokane, Washington.

In 1921, Miss Guilkey entered the training school at the Montana Deaconess Hospital in Great Falls and graduated in 1924. She assisted in several Montana Deaconess Hospitals from 1924 to 1927 when she took the position in Billings. After serving the Billings Deaconess Hospital for 12 years, Miss Guilkey became Superintendent of the Methodist Hospital in Sioux City, Iowa.⁹⁹ Dr. Charles Crouch was the Administrator of the Billings Deaconess Hospital until his retirement in 1930. The bed capacity was increased to 150 with the addition of a new wing which was opened on June 30, 1950.¹⁰⁰

The training school was opened in 1927 with Miss Gertrude Jane Buckles, a 1924 graduate of the Montana Deaconess Hospital Training School in Great Falls, as Principal. Because the training school at the Sidney Deaconess Hospital had just closed, two third year and two second year students were transferred from Sidney to Billings and another student, Alta Henkle Hunter, from Great Falls transferred to Billings as well because her home was there. In addition, nine new students were enrolled for a

total of 14 students the first year. By 1937, the school had graduated 40 students. In 1943, the program became a unit of the Montana State College School of Nursing in Bozeman.¹⁰¹

Some Conclusions about Nurse Training Schools

Prior to the formation of the MSAGN in 1912, all of the nurse training programs in Montana were in private institutions and all of them, with the exception of Murray Hospital in Butte, were housed in either Roman Catholic or Methodist-Episcopal hospitals. These religious facilities in particular were known for an attitude of servitude on the part of the sisters or deaconesses who took vows of poverty and chastity. Though deaconesses were allowed to marry, they were required to leave their deaconess work if they did. Because they were so desperately needed, they were discouraged from dating. These religious-based institutions were also notorious for their "shoestring" budgets and were often in financial jeopardy. That is one of the reasons for so many closures, especially during the Depression era. In addition, many of the schools simply could not continue to meet the increasing demands of the State Board of Nursing, such as those for higher qualified students and faculty, and/or the requirements of the NLN for accreditation. Many of the schools never achieved full NLN accreditation. Some were temporarily or partially accredited which indicated

that they did not meet all of the criteria established by the NLN as national standards for the various levels of nursing education. When practical nursing licensure was achieved in 1953, the LPN programs began to proliferate. Finally, there was a trend toward closure of hospital-based programs and the establishment of nursing education programs within institutions of higher education, especially with the advent of the 1965 Position Paper of the ANA which recommended the baccalaureate degree as the minimum educational preparation for professional nurses.

As was noted throughout the descriptions of the earliest schools, there was a rapid promotion of new graduates to fill key positions as nursing leaders in the state. In some cases, they were made superintendents of hospitals and training schools and became the students' instructors immediately upon graduation. This situation continued for a number of years until higher qualifications were required for nursing faculty and administrators and a cadre of well qualified nurses were available to fill those positions. As was also noted, many of the administrators, faculty, and students were also members and officers of the state as well as district nurses' associations, the MLN, the MCSN and the State Board of Nursing.

Following the formation of the MSAGN in 1912 and the subsequent passage of the first Nurse Practice Act in 1913, the first State Board of Examiners for Nurses in the State

of Montana was appointed by the governor and organized by the members. They elected officers, including a President who also acted as the Inspector of Training Schools, and formulated rules and regulations for schools of nursing as required by the law. When the eight earliest schools were inspected, about half were not approved for various reasons and they were given recommendations to improve their programs for future approval. Following the advent of the accreditation process and especially with the formation of the National League for Nursing, schools came under greater control and scrutiny which mandated their performance and therefore, their existence.

This chapter has focused on educational preparation for nurses in Montana prior to and for a period of time following the beginning efforts of the nurses of the state to gain professional status through the formation of professional nursing organizations, the passage of professional legislation for licensure/registration of trained/graduate nurses, and the provision for regulation of professional nurses through the Montana State Board of Nursing. The next two chapters will describe the efforts of the nurses of the state to organize into professional associations which were then utilized to promote legislation for the first Nurse Practice Act and its subsequent amendments.

NOTES

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³Ariss, 1936, 35; Stanley R. Davison, Mary D. Munger, and Anna P. Sherrick, eds., Nursing in Montana (Great Falls, MT: Tribune Printing, 1962), 55.

⁴Davison, Munger, and Sherrick, 1962, 26, 53; Paul C. Phillips, Medicine in the Making in Montana (Missoula, MT: Montana State University Press, 1962), 178, 364, 367, 422; "Columbus Hospital Observing Seventieth Anniversary Today," Great Falls Tribune, 12 October 1962; "Columbus School of Nursing, Montana's First, Presents Caps to Last Freshman Class Today," Great Falls Tribune, 6 February 1966, 2, 4.

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⁶Davison, Munger, and Sherrick, 1962, 64.

⁷Mrs. Emma E. Lindquist LaMoure of Helena, MT, interview by Anna Pearl Sherrick, 3 January 1957, Helena, MT. Typed notes in Montana Nurses' Association Manuscript Collection #170, Box 8, Folder 4, Montana Historical Society, Helena, MT; Polk City Directory: Missoula, 1911; Ariss, 1936, 28; Davison, Munger, and Sherrick, 1962, 47; "Minutes of the Montana Nurses' Association: 1912-1938" in Montana Nurses' Association Manuscript Collection #170, Box 5, Folder 1, Montana Historical Society, Helena, MT.

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⁹Great Falls Tribune, 6 February 1966, 2; Names of Registered Nurses Holding Certificates Permitting Practice in Montana from January 1, 1934 to December 31, 1934, (Helena, MT: Montana State Board of Examiners for Nurses and Department of Nursing Education, 1934), 5, 8.

¹⁰Ariss, 1936, 48.

¹¹Great Falls Tribune, 12 October 1962 and 6 February 1966, 2, 4; Davison, Munger, and Sherrick, 1962, 99, 101; Mrs. Jane Baldwin Stevenson Hubert of Missoula, MT, interview by author, 28 January 1990, Missoula, MT; Sister Eugene de Twoli, Spokane, WA, to Mrs. Catherine Flynn, Missoula, MT, 8 March 1957, photostat, Montana Nurses' Association Manuscript Collection #170, Box 8, Folder 4, Montana Historical Society, Helena, MT.

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¹³Great Falls Tribune, 6 February 1966, 4; Biographical sketch of Sister Frances Maureen Nicols in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 10, Montana Historical Society, Helena, MT; Ariss, 1936, 35.

¹⁴Davison, Munger, and Sherrick, 1962.

¹⁵Great Falls Tribune, 6 February 1966, 4.

¹⁶Phillips, 1962, 176, 247, 249.

¹⁷Montana Standard, 6 December 1951.

¹⁸"Helena Curtis, Nurse for Fifty Years, Attends City Convention," Bozeman Daily Chronicle, 17 October 1948; Biographical sketch of Helena E. Curtis in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 3, Montana Historical Society, Helena, MT.

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³³Biographical sketch of Gertrude Jane Buckles in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 2, Montana Historical Society, Helena, MT; Ariss, 1937, 4-11.

³⁴Biographical sketch of Blanche Mary Fuller in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 5, Montana Historical Society, Helena, MT; Ariss, 1937, 4-11.

³⁵Ariss, 1937, 4-11; Biographical sketch of Anna Pearl Sherrick in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 14, Montana Historical Society, Helena, MT; Anna Pearl Sherrick, The Montana State University School of Nursing: A Story of Professional Development (Bozeman, MT: Big Sky Books, 1976), 19-47; Ariss, 1936, 35, 38-9.

³⁶Lois Mae Freeman, "A Survey of the Facilities of the Hospitals of the Sisters of Charity of Leavenworth, Kansas, and a Comparison of the Requirements for these Facilities," (A thesis presented to The State Board of Education, Powell County High School, May 1965), 8-9; "History," in Recollections of St. John's Hospital (Helena, MT: St. John's Hospital, 1973), 11-18; Davison, Munger, and Sherrick, 1962, 23; Phillips, 1962, 171-2; Mary Carol Conroy, "The Historical Development of the Health Care Ministry of the Sisters of Charity of Leavenworth" (Ph.D. diss., Kansas State University, 1984), 89-90; Names of Registered Nurses Holding Certificates Permitting Practice in Montana from January 1, 1934 to December 31, 1934 (Helena, MT: Montana State Board of Examiners and Department of Nursing Education, 1934).

³⁷Conroy, 1984, 116, 193-94.

³⁸"Helena Area Nurses Join Nation in Observance of Nurse Week," Independent Record, 27 May 1962, 14.

³⁹Ariss, 1936, 43.

⁴⁰Conroy, 1984, 129.

⁴¹Phillips, 1962, 175-76; Freeman, 1965, 17-19; Davison, Munger, and Sherrick, 1962, 24; Conroy, 1984, 95, 196; Butte Miner, 7 November 1881.

⁴²Conroy, 1984, 95.

43Conroy, 1984, 187; "Minutes of the Montana Nurses' Association: 1912-1938" in Montana Nurses' Association Manuscript Collection #170, Box 5, Folder 1, Montana Historical Society, Helena, MT.

44Ariss, 1936, 35, 43.

45Biographical sketch of Sister John Marie (Elizabeth) Pithoud in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 12, Montana Historical Society, Helena, MT; Conroy, 1984, 243.

46Miss Beaver, "How an Accident began St. Patrick's Hospital," Mission Valley News, 19 January 1983, 10; Missoula Sentinel, 14 March 1952; Phillips, 1962, 164-65, 247; Davison, Munger, and Sherrick, 1962, 25.

47"St. Patrick's Receives Accreditation," The Pulse, (Spring 1960): 6; Mrs. Catherine Lacey Flynn of Missoula, MT, interview by Anna Pearl Sherrick, 3 January 1957, Helena, MT. Typed notes in Montana Nurses' Association Manuscript Collection #170, Box 8, Folder 4, Montana Historical Society, Helena, MT; Sister Eugene de Twoli, Spokane, WA, to Mrs. Catherine Flynn, Missoula, MT, 8 March 1957, photostat, Montana Nurses' Association Manuscript Collection #170, Box 8, Folder 4, Montana Historical Society, Helena, MT.

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49Ariss, 1936, 43.

50Davison, Munger, and Sherrick, 1962, 55.

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52Earl J. Bronson, "Early-Day Montana Nurse, Thora Phelan, Tended Sick in Cuba, Minnesota, Washington," Havre News, 4 February 1966; Mrs. Thora Phalen, "Early Montana Nurse Remembers Havre as Crude Frontier Town," Havre News, 22 April 1966; Biographical sketch of Thora Firming Phelan in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 12, Montana Historical Society, Helena, MT.

53Independent Record, 27 May 1962, 14; Polk City Directory: Helena, 1909-1920.

⁵⁴Ariss, 1936, 43.

⁵⁵Independent Record, 27 May 1962, 14.

⁵⁶Denneen, 1946, 9; Davison, Munger, and Sherrick, 1962, 50.

⁵⁷Davison, Munger, and Sherrick, 1962, 28-29; McCullough, 1969, 87-88; Sherrick, 1976, 10-12.

⁵⁸Ariss, 1936, 35; Ariss, 1937, 4-11; Davison, Munger, and Sherrick, 1962, 55; Sherrick, 1976, 10-12.

⁵⁹Ariss, 1936, 43.

⁶⁰Biographical sketch of Edith R. Ackerman in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 1, Montana Historical Society, Helena, MT; Ariss, 1937, 4-11; McCullough, 1969, 108-113.

⁶¹Biographical sketch of Monta Bane in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 2, Montana Historical Society, Helena, MT.

⁶²Biographical sketch of Cora F. Meneley Bigelow in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 2, Montana Historical Society, Helena, MT.

⁶³Davison, Munger, and Sherrick, 1962, 55; Ariss, 1936, 35.

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⁶⁵Davison, Munger, and Sherrick, 1962, 55.

⁶⁶Davison, Munger, and Sherrick, 1962, 28; Ariss, 1937, 7.

⁶⁷Ariss, 1937, 7; The White Caps, 1937, 45; Doyle, 1929, 1337-38; "Minutes of Montana State Association of Graduate and Registered Nurses, 1912-1938," in the Montana Nurses' Association Manuscript Collection #170, Box 5, Folder 1, Montana Historical Society, Helena, MT.

⁶⁸Biographical sketch of Harriet Grace Linfield in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 9, Montana Historical Society, Helena, MT; Polk

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⁶⁹Biographical sketch of Mary Ann Houle in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 7, Montana Historical Society, Helena, MT.

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⁷³"Central School in Montana," American Journal of Nursing 43 (January 1943): 99; Conroy, 1984, 204.

⁷⁴Conroy, 1984, 101-105.

⁷⁵Freeman, 1965, 26-28; Davison, Munger, and Sherrick, 1962, 96.

⁷⁶"Three Forks Hospital Receives Its First Patients This Week," Three Forks Herald, 25 March 1915; "The Milwaukee Hospital at Three Forks," Rocky Mountain American, 10 September 1925; Personal correspondence from Ruth Myers, Museum Curator, Three Forks, MT on 18 May, 1990.

⁷⁷"History of Medical Profession and Sidney Hospital," Our Jubilee: 1911-1961, Lower Yellowstone Valley, Sidney, Montana, 1961, 25-29; "Sidney Deaconess Hospital of Sidney, Montana," [First Annual Report, 1919-1920] (Sidney, MT: Sidney Deaconess Hospital, 1920), 4-29; Davison, Munger, and Sherrick, 1962, 29.

⁷⁸Biographical sketch of Monta Bane in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 2, Montana Historical Society, Helena, MT.

⁷⁹Biographical sketch of Cora F. Meneley Bigelow in

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⁸¹Biographical sketch of Josephine E. Stout in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 14, Montana Historical Society, Helena, MT.

⁸²Davison, Munger, and Sherrick, 1962, 27; "Brief History of Holy Rosary Hospital and Presentation Sisters," (Miles City, MT: Holy Rosary Hospital, no date), 1-5.

⁸³Ariss, 1936, 35; Davison, Munger, and Sherrick, 1962, 55.

⁸⁴Davison, Munger, and Sherrick, 1962, 26, 55.

⁸⁵Davison, Munger, and Sherrick, 1962, 55.

⁸⁶Ariss, 1936, 35; Davison, Munger, and Sherrick, 1962, 26-27, 55.

⁸⁷Davison, Munger, and Sherrick, 1962, 55.

⁸⁸Biographical sketch of Ruth E. Robertson in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 13, Montana Historical Society, Helena, MT.

⁸⁹"Sacred Heart Hospital - Community Hospital Since 1911," Havre Daily News, 1964; Davison, Munger, and Sherrick, 1962, 27.

⁹⁰"Sacred Heart School of Nursing holds 2nd Reunion," Havre Daily News, 31 July 1983, A10; Ariss, 1937, 35; Davison, Munger, and Sherrick, 1962, 55.

⁹¹Phillips, 1962, 253, 255, 258; Anaconda Standard, 19 June 1929 and 3 May 1955; Montana Standard, 12 January 1934, 5; Freeman, 1965, 20-21; Davison, Munger, and Sherrick, 1962, 24-25; Conroy, 1984, 96.

⁹²Conroy, 1984, 94.

93Freeman, 1965, 20-21.

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97Ariss, 1936, 35; Davison, Munger, and Sherrick, 1962, 55; Daily Havre News, 1964; Ariss, 1937, 9.

98McCullough, 1969, 91-92; Davison, Munger, and Sherrick, 1962, 29.

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CHAPTER 5

PROFESSIONAL ORGANIZATIONS: MONTANA NURSES' ASSOCIATION

Introduction

Educational preparation was the first attribute of the concept of professionalism that was described in this study. [See Chapters 4 and 9 for full descriptions of past and present educational preparation for nurses in Montana.] The second attribute of the conceptual framework for this study, professional organizations, is detailed in this chapter on the Montana Nurses' Association and in Chapter 6 on the Montana League for Nursing and the Montana Consortium of Schools of Nursing.

The first seventy-five years of the Montana Nurses' Association (1912-1987) can be broadly divided into three major phases regarding educational preparation for nursing practice. During the formation of the organization in 1912, the major focus was on preparing a bill for the licensing/registration of trained nurses in order to differentiate between the untrained and the trained nurse. The first Nurse Practice Act, passed in 1913, further differentiated between trained/graduate and licensed/registered nurses. It was a permissive rather than compulsory statute.¹

At the end of World War II, the focus shifted. In

order to alleviate the nursing shortage and to meet the need for trained nurses, the association proposed a plan which would require the formal training/education and licensure of practical nurses. This phase would differentiate between licensed practical nurses (LPNs) and registered nurses (RNs) in terms of role and scope of practice. The attempts by the MSNA and the Legislative Committee began in 1945. Success was finally achieved during the 1953 legislative session when a revised Nurse Practice Act required that registered nurses be licensed and permitted the licensure of practical nurses.²

In 1960, the first two-year educational program for RNs was initiated in Montana. The ANA Position Paper, in which the baccalaureate degree in nursing was established as a goal for minimal educational preparation for entry into professional nursing practice, was published in 1965. From the early 60s until 1987 is seen as a period in which the "entry issue" was debated, both inside and outside the organization. In 1978, the MNA House of Delegates adopted its first resolution related to the debate. It called for the differentiation of two levels of nursing practice, the technical and the professional, with competencies of both the two-year and the four-year nurses identified. House Bill 36, which would have required the baccalaureate degree as the minimal educational preparation for professional

nursing practice in Montana, was introduced into the 1987 legislative session. It failed to pass and become law.³

Therefore, the following phases of educational preparation for nurses in Montana which were influenced by the professional association and described in this chapter are: 1) from untrained to trained/graduate nurses (1894-1912) and from trained/graduate to licensed/registered nurses (1912-1915); 2) training/education and licensing of practical nurses: differentiated role and scope of nursing practice for RNs and LPNs (1945-1953); and 3) educational preparation and licensing for two levels of nursing: differentiated role and scope of practice for technical and professional nurses (1965-1987) - not yet achieved!

Phase One - From Untrained to Trained/Graduate Nurses (1894-1912) and From Trained/Graduate to Licensed/Registered Nurses (1912-1915)

Until 1894, there were no formal training programs for nurses in Montana. The few trained nurses in the state prior to that time were graduates of programs in other parts of the country, especially from the east and midwest. From the review of early nurse training programs in Chapter 4, it has been shown that prior to 1912, there were no overall standards for nursing education in the State of Montana. Each school planned its own curriculum without standardized criteria or requirements from a regulating board. The trained nurses of the state realized that unless they came

together as a group they would never be able to effect the changes they desired to protect the public by differentiating between untrained and trained/graduate nurses. One of the major problems or issues in nursing for which the Montana State Association of Graduate Nurses (MSAGN) sought change was a lack of standardized requirements for the educational preparation of nurses for clinical practice as well as for teachers of nursing students. There were several County Nurses' Associations spread around the large rural state, but there was no statewide organization of nurses to provide the needed support from all parts of the state to promote or influence the desired changes.

Missoula County Nurses' Association

It has been difficult to document the events which led to the formation of the MSAGN since, for various reasons, the earliest records of the District Nurses' Associations of the State of Montana no longer exist. Because those primary sources are no longer available, it is necessary to construct the pre-1912 events from other sources.

On January 3, 1957, during a meeting of the MSNA Committee on the History of Nursing, Mrs. Catherine Agnes (Lucey) Flynn, a 1908 graduate, and Mrs. Emma E. (Lindquist) LaMoure, a 1909 graduate, both from Columbus Hospital School of Nursing, Great Falls, Montana, were interviewed regarding

the formation of the Missoula County Nurses' Association. Both women were private duty nurses in Missoula at that time (1911). They stated that it was the first county association in the state and, as they recalled, first met in January 1911 for the purpose of planning to lobby against legislation which had been proposed in Helena during the 1911 biennial session. It has been reported that a Great Falls physician was responsible for the introduction on January 12, 1911 of Senate Bill (SB) 53 by a Republican Cascade County (Great Falls) State Senator, J.M. Burlingame. SB 53 was "A Bill for an Act requiring the Registration of all Trained Nurses, providing a Board of Registration and Examination, fixing the numbers, duties and qualifications of said Board, and providing for the Registration of Nurses, providing Penalties for Violations of said Act."⁴ (See Appendix B for SB 53 as originally introduced; Appendix C for SB 53 as amended.)

Miss Lucy Ann Marshall was elected president of the county organization and funds were raised to send her to Helena to defeat the legislation, which she was able to accomplish. Little is known of many of the early nursing leaders, but it is known that Miss Marshall was an 1899 graduate of the Butler Hospital Training School in Providence, Rhode Island, and that she lived in Missoula from about 1910 to 1918. It is thought that she was

probably a private duty nurse.⁵

Others present at that first county association meeting included Miss Birdie D. King, Miss Clara E. Brunelle, and Miss Helen M. Cass. Of these six women, Miss Lindquist, Miss Marshall, Miss Brunelle, and Miss Cass were all listed in the minutes of the first state meeting on October 31, 1912, as charter members of the association. At that time (1912), Miss Brunelle was the president of the county association. It is believed that she was also a private duty nurse.⁶

Miss King and Miss Cass, however, were employed as nurses at the Northern Pacific Beneficial Association (NPBA) Hospital in Missoula, one of four institutions owned by the railroad. The other three hospitals were located in St. Paul, Minnesota, Glendive, Montana, and Spokane, Washington and the nurses of these hospitals often transferred from one to another. The NPBA Hospital in Missoula was started in 1884 primarily for the care of the railroad employees. Dr. John J. Buckley, a Missoula physician was named the Chief Surgeon of the Hospital, a position he retained until 1903 when he went into private practice in Missoula. The Superintendent of Nurses was Miss Adda Thomas who was also a charter member of the MSAGN and undoubtedly a member of the county association as well. Miss Cass, a graduate nurse from St. Paul, Minnesota, succeeded Miss Thomas as the

Superintendent of Nurses in 1913, a position which she held until her retirement around 1940. She continued to work at the hospital in the housekeeping department until she died around 1944. During all those years she lived at the hospital as well. As Mrs. Pearl (Johnson) Robbins, MNA President from 1972 to 1976 and a later Superintendent of Nurses who had transferred to Missoula from the NPBA Hospital in St. Paul, Minnesota remarked, "in those days nurses were totally committed to nursing; it was their whole life."⁷

Probably most of the Missoula County nurses who were listed as charter members of the MSAGN were members of the Missoula County Association. [The names of the 105 Charter Members of the Association are listed in Appendix D: 25 from Missoula County; 43 from Silver Bow County; 16 from Gallatin County; and 21 from Lewis and Clark County.]⁸

Montana State Association of Graduate Nurses (MSAGN)
Organizational meeting: Missoula, 1912

Davison, Munger, and Sherrick relate a particular incident which sparked interest in the formation of a state professional organization. The story is told of a rumor which circulated in the fall of 1912 in which an unnamed Great Falls physician planned to have legislation introduced in the January 1913 biennial session which would require that trained nurses meet particular minimum standards of

educational preparation as well as clinical competency. The trained nurses did not object to this part of the legislation, but were opposed to the appointment of medical doctors to the Examining Board which would be created and empowered by law to set and enforce the standards for nurses. Therefore, the Missoula County Nurses' Association invited nurses from other county associations around the state to meet in Dr. Edgar F. Dodds' office, located in the First National Bank Building in Missoula, on Thursday, October 31, 1912 for the purpose of discussing the advisability of forming a State Nurses' Association and beginning work for the registration of nurses in Montana. Dr. Dodds had been a physician and surgeon in Missoula since around 1907 and apparently was a friend of the nurses. One of them was probably his assistant and office nurse.⁹

The minutes of that first meeting have been preserved and describe the events which occurred. An article in The Daily Missoulian also recorded some of the events of that meeting, as well as the names of many who participated. The newspaper reported that the Missoula County Nurses' Association was the largest and most active in the state, taking the initiative in forming the state association. It probably was the most active and did take the initiative, but in the minutes of the association, there was a much larger number of charter members from the Silver Bow County

Association which drew members from the county seat, Butte, a city considerably larger than Missoula.¹⁰

Four County Nurses' Associations were represented at the first state meeting: Missoula, Silver Bow (Butte), Gallatin (Bozeman), and Lewis and Clark (Helena). Miss Lucy Ann Marshall of Missoula was elected as the Chair and Miss Ida R. Palmer as the Secretary pro-tem for the meeting. Miss Palmer was a private duty nurse from Kalispell and one of the sisters of Miss Sophia French Palmer, then editor of the American Journal of Nursing (AJN). Ida had graduated from the Newport Hospital School for Nurses and was President of the Monroe County Registered Nurses' Association in Rochester, New York in September, 1906, when her article, "The Necessity of Organizing County Associations," was published in the AJN.¹¹

Only nine nurses were present as the meeting was called to order at 10:30 a.m. Five nurses represented Missoula County: Misses Marshall and Brunelle as well as Miss Eva M. Kirkle, probably a private duty nurse, Miss Rebecca Lee Goforth, a nurse at the NPBA Hospital, and Miss Jean A. Stephen, Dr. John J. Buckley's assistant and office nurse. Silver Bow County was represented by Miss Mollie Donnigan, a nurse at the Murray Hospital in Butte, and Miss C. Anna Laurie who was elected as the first president of the state association. Miss Ruby M. Bohart represented Gallatin

County and was elected as a councillor from Bozeman. The councillors, members of the council, were the predecessors of what is today known as the Board of Directors. The term "councillors" was also used at that time by the ANA.¹²

The minutes reveal that all of the other members of the Missoula County Association came to portions of the meeting at various times during the day as they were able to take time away from their cases. Many were private duty nurses, at least six of them were nurses at the NPBA Hospital, and some were students and/or worked at St. Patrick Hospital. A few were assistants and office nurses for physicians in Missoula. One of these, Miss Jean Stephen, born in Victoria, B.C. in 1879, had been assisting Dr. John J. Buckley since about 1906. In 1903, Dr. Buckley retired as the Chief Surgeon at the NPBA Hospital, and continued in private practice until his death at the age of 64 on April 13, 1917. Miss Stephen, a 1905 graduate of Tacoma General Hospital, had lived with Dr. Buckley, his wife, Clara, and their family in their home at 302 S. 3rd W. when she first arrived in Missoula, and also when they moved to their new house on the corner of Gerald and Keith (1330 Gerald Ave.) until her untimely death on April 18, 1914 which resulted from complications following an appendectomy and tumor removal at St. Patrick Hospital. The Buckleys had considered the 35 year old nurse as one of their own

family.¹³

The morning meeting consisted of open discussions and the reading of letters from others around the state regarding the issue of forming a state association. The group voted to organize the Montana State Graduate Nurses' Association (MSGNA) and appointed a nominating committee to prepare a slate of officers to be voted on at that meeting. The Nominating Committee was composed of the Misses Brunelle, Palmer, Laurie, and Bohart. Before the noon adjournment, the group had read and discussed the bylaws, articles of incorporation, and constitutions of several state associations as guides for developing their own. This information indicates that the nurses of Montana were in some way networking with nurses from other states within the larger national organization, the American Nurses' Association (ANA). One way was through reading the American Journal of Nursing (AJN) which carried news of the activities of various states.¹⁴

After lunch, the Helena (Lewis and Clark County) nurses arrived and were greeted at the Northern Pacific Railroad depot. According to the newspaper account, Miss Jean Nicholson and Miss Winifred Harvey were the Lewis and Clark representatives. During the afternoon session which opened at 1:30 p.m., the group was able to unanimously vote on a constitution patterned after that of the state nurses'

association of Iowa. The first major objective of the association's constitution was to advance the educational standards of nursing.¹⁵

It was decided to defer work on the bylaws to a committee to prepare for consideration at the next state association meeting to be held in Butte in 1913. The Committee on Bylaws was composed of Miss Brunelle, Chair, and the Misses Gertrude Francis Sloane, Cass, Thomas, and Marshall, all of Missoula, and Mrs. Marie E. Snyder of Butte. Miss Sloane, the daughter of Judge John L. Sloane, had worked in the office of the well-known Dr. William Park Mills, who had performed the first gastroenterostomy at St. Patrick Hospital in 1906. She had also graduated from the Montana State University (now known as the University of Montana) prior to taking nurse training at St. Luke's Hospital in St. Louis, Missouri, demonstrating the value of the members of the group in the importance of education for women in general and for nursing leaders specifically. Little is known of Mrs. Snyder.¹⁶

One of the first actions of the Association was to appoint a legislative committee to prepare a bill which could be introduced to the state legislature in January 1913. That Committee was made up of two Missoula members, Miss Marshall and Miss Brunelle; two Lewis and Clark members, Miss Lydia R. Van Luvanee and Miss Mary C. Platt;

two Silver Bow members, Mrs. Helena E. Curtis and Mrs. Nettie Lester Bennett; and Miss Ruby M. Bohart from Gallatin County. Miss Van Luvanee was the Superintendent of Nurses at St. Peter's Hospital in Helena, a position she held until 1920 when she moved to Philadelphia, Pennsylvania. Mrs. Curtis was a 1898 graduate of Murray Hospital in Butte and was working as a private duty nurse in Butte at that time. Eventually, three of the members of this committee were named to the first State Board of Examiners for Nurses: Miss Marshall, Mrs. Bennett, and Miss Bohart. The Bohart name is well-known in the Gallatin Valley. Miss Bohart's family owned a business in Bozeman for years. Little is known of Miss Platt. Since these appointments were made by the governor, it is apparent that through the political networking of the nurses, probably through their prominent husbands, fathers, friends, and physicians since women were not permitted to vote in Montana until 1914, they were able to influence the governor's choices in this respect.¹⁷

Miss Marshall had read an outline of a sample bill for state registration which the group had considered clause by clause. They voted in favor of several key requirements to be included in the bill. The first was that the Board of Examiners be composed entirely of nurses. It was also to provide for the appointment of a State Inspector of Training Schools and there was to be a compulsory registration

clause. Unfortunately, the bill which was passed on March 3, 1913 by the 13th session of the Montana Legislature, House Bill 124, For the Examination and Registration of Nurses, was for the permissive licensing/registration of trained nurses, but did provide for an all-nurse Board of Examiners and the election of a President of the Board who would also act as the Training School Inspector.¹⁸

During the remainder of the afternoon, Miss Marshall presented a paper on the value of county and state associations to the individual nurse. Unfortunately that paper has not been preserved. The slate of officers presented by the Nominating Committee was unanimously approved and the appointments to the Legislative and Bylaws Committees were made by the newly elected president, Miss C. Anna Laurie of Butte. The mention of the two committees, the Legislative and the Bylaws, indicates the importance of these activities to the organization. The association was working to provide the needed structure for the organization to act in terms of its continued work to influence the legislature to pass the first Nurse Practice Act which would permit nurses to control/regulate their own profession. In addition, the American Journal of Nursing was selected as the official organ of the association. It was determined that the first annual convention of the newly organized association would be held in Butte during October 1913.¹⁹

The first meeting of the professional nurses of the state was not without a social event. A Halloween party given by Dr. and Mrs. John J. Buckley had been planned for the evening and the visiting nurses were the guests of honor. It is apparent that both Dr. Dodds and Dr. Buckley were friends of the Missoula nurses and supporters of the association. According to Mrs. Emma Lindquist LaMoure, most of the nurses worked on private duty cases and were treated quite well by the physicians, generally better than in the hospitals. Many nurses were recruited to Missoula from other parts of the state because there was more work for them there as private duty nurses.²⁰

As one reviews the events of the first meeting of the MSAGN in Missoula, three major goals were established: 1) the need for an organization to provide the strategic planning and organizational development of a statewide nurses' association is clearly visible; 2) the desire to control their own profession by networking with other nurses of the nation and the state and with supportive physicians; and 3) the establishment of some standard requirements for educational preparation and clinical practice.

To summarize the organizational meeting of the state association of nurses in Montana, those present worked on providing some structure to the organization by adopting a Constitution, appointing a committee to work on the Bylaws,

appointing a Nominating Committee to prepare a slate of officers who were elected at the meeting, appointing a Legislative Committee to work on the preparation of a bill for Nurse Registration to introduce into the January 1913 Legislature, and to plan for the first annual convention of the state association to be held in Butte in 1913 - quite an accomplishment for one day!

To accomplish their goals, the nurses were able to gain the support and encouragement of a number of physicians in the city of Missoula: Dr. Dodd, Dr. Buckley, and Dr. Mills, as well as the support of other prominent members of society such as Judge Sloane. It should be noted that there was only one man listed as a charter member of the association, Mr. Lloyd Corson of Silver Bow County. In those days, before women were able to vote, the support they could build from prominent men was important to their success in the passage of legislation and other endeavors.²¹

First Annual Convention: Butte, 1913

When the annual meeting of the association was called to order at 2:00 p.m. on July 21, 1913, Miss Lucy Ann Marshall had assumed the responsibilities of President since she had been elected 1st Vice-President and Miss Laurie had married Mr. J. Spencer Watkins and resigned as President of the Association as well as from her appointment to the State Board of Examiners for Nurses. A number of papers were read

by members of both the nursing and medical professions at the meeting in Butte that afternoon, indicating the networking that was going on with the members of the medical profession. In addition, the nurses planned their Association conventions to coincide with the annual meetings of the Montana Medical Association for a number of years. The nursing papers were presented by Miss Marshall of Missoula, "State Registration and Organization;" Miss Hannah Strom who had recently moved from Chicago to Butte, "The Registered Nurse;" Mrs. Helena E. Curtis of Butte, "The Nurse;" Miss Ellen Lee Magee of Billings, "The Nurse Practical and Theoretical;" and Miss Clara E. Brunelle of Missoula, "Nursing: Its present aspects and future possibilities." Of these, only one exists in its entirety to the present time. It is the original handwritten copy presented to the organization by Mrs. Helena Curtis on the occasion of the organization's 50th anniversary in Billings when Mrs. Curtis was an honored guest. It is a permanent part of the Association's archival collection.²²

Excerpts from the paper given by Miss Strom were quoted in the Butte Montana Standard and Miss Magee and Miss Brunelle's papers were excerpted in The Butte Miner, on July 23, 1913. Those excerpts are presented here as they greatly contribute to an understanding of why the MSAGN was organized in 1912. The Butte Miner, reported the following

words of Miss Brunelle:

While nursing is as old as motherhood, the trained and graduate nurse is a very recent acquisition. How recent the advent of the graduate nurse into the vocational world, we nurses of today can scarcely realize. The first training school in England was founded by Florence Nightingale, 53 years ago. At that time drunkenness and immorality were so common among nurses that no decent woman cared to take up the work or to be called a nurse. Florence Nightingale herself was a trained nurse, but in those days nurses were trained to nurse the poor only, much the same as the Sisters of Charity have done for the Roman Catholic church for centuries past.

Today, nursing is a profession, the members of which number many thousands. Today, a nurse is looked up to and respected as a woman who is earning her living in an honorable and humane profession. A great deal of this we owe to Florence Nightingale, whose greatest work was founding a training school for nurses.

The cry today is "raise your standards," and to do this we still follow through the training schools. There is a lack of good material for the profession and the demand for superintendents and head nurses far exceeds the supply.

If Florence Nightingale, 53 years ago, could have foreseen the progress of the profession, even with all its shortcomings and faults, how delighted she would have been. Let us continue to work on, to build our city, county, state and national organizations. Efficiency, adaptability and faithfulness must be the keynote of our training schools, with broadminded and capable instructors to lead the way. The day is soon coming when the graduates of Montana will be known for their ability.²³

The Butte Miner, recorded Miss Magee's words as follows:

In the field of nursing, distinction is attempted between the trained and practical nurse. Like all trained persons, she has been compelled to acquire a certain amount of theoretical knowledge, which is at once the envy and the scorn of her ignorant competitor who attempts to exalt her own claims and superiority by calling herself "practical," implying, of course, that the woman who has spent a few years in the daily routine of a hospital is an impractical individual, fit only to pose in a more or less attractive uniform for the

purpose of adding distinction to those homes who can afford to pay her exorbitant charges.

As trained nurses ourselves, however, we can afford to smile serenely at these calumnies, for we look back upon our experiences in many sick rooms with many kinds of patients, where we have filled many parts, from dishwasher to father confessor, and feel that we have eminently earned the title of truly "practical" nurses.²⁴

The Montana Standard reported that Miss Hannah Strom praised state registration of nurses and said it was a boon to the public and the profession. She also criticised the "correspondence school nurse." Her words were reported as follows:

It (state registration) will remedy many defects now existing, such as admitting girls many years too young, the uneducated and the undesirable. State registration will, in time, help to eliminate many undesirables and entirely unqualified women who, under the impression that Montana, and especially Butte, is the place for their activity, encroach upon our profession. It is to be regretted that some of this class are upheld by some physicians who do not know who they are. We all know what a handicap she has been to us in private work when a second nurse was needed; how we had to assist her and then hear that criticism, "that trained nurse," which she was not.

In the last 15 years there has been a big improvement in the care of the sick. Fifteen years ago male patients were cared for by male nurses, generally barbers who dressed up in a surgeon's gown and posed as doctors. It did not take long before the citizens of Butte began to see the difference between a nurse and a so-called "handy woman," and the demand for nurses prompted me to write to the training school for nurses to come, so that at the end of the third year we had several excellent nurses here. I like to say this too: that none of these girls went out on the streets, into shops or coiffers in their uniforms.

Now, what is our aim in regard to state registration? It is to educate the people to understand the difference between the woman who has devoted from two to four years in a training school for nurses connected with a general hospital, who has received daily instruction in the art of nursing under competent

teachers, who has learned to observe symptoms of complications and to minister unto them whether that may be to call the physician if it is necessary or to carry out orders left by him for such an emergency - a woman who has studied the different branches of nursing in the different diseases and who has successfully passed the examination in each of these branches and in turn received her diploma, and the woman who has no vocation, often no education, who has picked up a little knowledge here and there (perhaps) during a neighbor's illness, until she feels herself quite competent, and then puts on a nurse's uniform. Now she goes out as a trained nurse, tries to imitate her, and if the patient happens to be very ill, God help him or her. We have often been called in to undo the work of these women, and sometimes too late.

There is another class of nurses that I must not forget to mention, the correspondence school nurses. Imagine, if you can, a girl taking three months of correspondence instruction, and after that time she receives a gorgeously engraved diploma signed by physicians. What kind of physicians? There is graft in everything. It is to differentiate between these two classes of women that state registration came into existence. And the final aim is better care for the sick.²⁵

From the excerpts of those papers, the major reasons for the trained nurses to organize into a state association and to lobby for state registration become quite clear. The trained nurses felt that it was important for the safety of patients and for the quality of nursing care they received to be provided for by law. They knew there was a difference between the care given by a formally trained nurse as compared to that given by an untrained or correspondence school nurse. This was the beginning of the entry issue in Montana. The educational preparation of the nurse was to be mandated by law and these trained nurses were to lobby and support the passage of the first Nurse Practice Act and its

implemetation. The issue in 1987 was much the same in that the practice of nurses who are trained at the technical level, the LPNs, diploma graduates, and ADNs, is quite different from those educated at the professional level, the baccalaureate, master's, and doctorally prepared nurses. As will be seen later in this chapter, the goal of the 1987 bill (House Bill 36) was to admit those differences and license nurses accordingly.²⁶

A number of physicians also addressed the convention. They were Dr. P.H. McCarthy of Butte, "Tuberculosis;" Dr. I.D. Freund of Butte, "The growth of the nursing profession in Butte;" and Dr. Thomas Casey Witherspoon, Chief Surgeon at Murray Hospital in Butte from 1907 to 1930. Though none of these addresses are in existence today, the content of Dr. Witherspoon's speech, "Training and Efficiency," was summarized in the Montana Standard and The Butte Miner. He urged the coordination of the medical and nursing associations, stating that it would "be an aid to better training methods and efficiency."²⁷

Dr. Whitherspoon also supported the view of others at the convention that the State Board of Examiners for Nurses should be appointed by a body of physicians and nurses, rather than by the governor. This question is still raised today: "Who should control nursing?" Throughout its history, the MNA has attempted to influence the legislature

regarding the regulation of the profession through the passage of Nurse Practice Acts, the laws which provide minimum standards for nursing education and practice. The Board of Directors of MNA also recommend to the governor, the names of nursing leaders for appointment to the State Board of Nursing each time a vacancy occurs on the Board. There is a motion in the minutes of the association during the 1914 convention in Billings that started this tradition which has continued to the present time.²⁸

According to the minutes, during the business session of the convention on July 22nd, a name change was made from the Montana State Graduate Nurses' Association to the Montana State Association of Graduate and Registered Nurses. This change recognized the 672 nurses who had received certificates of registration from the newly created Board of Examiners for Nurses. The Butte Miner reported that the name was changed to the Montana State Association of Registered Nurses, which is also what Ariss reported in her history of the association. She mentioned that the word "registered" implied that one was a "graduate" so both terms were not needed. This was not necessarily true in the beginning since non-graduate nurses could write the examination for licensure during the first few years, until 1917. The Butte Daily Post reported on July 23rd that the convention had changed the name of the organization twice

during the meeting in Butte. [See Appendix E for MNA Name Change Documentation.]²⁹

Approximately fifty nurses present at the Butte convention were treated to several social events as well. The Butte Daily Post and The Butte Miner reported that a reception and dance was held at Murray Hospital on the first evening and the medical association was invited as well. These men were prominent physicians on the staff at Murray Hospital in Butte and very supportive of the nurses. On the second evening, the nurses were guests of the Sisters of St. James' Hospital. Sister Domitilla arranged the details of the party including a musical program and dance. Finally, the nurses were treated to a Sightseeing tour of Butte and a dinner in the gardens on the last evening of the convention. Social events have continued to be a part of the annual meetings of the association. However, the nurses and the physicians no longer schedule their conventions for the same city or at the same time.³⁰

Second Annual Convention: Billings, 1914

The second annual meeting of the association convened in the high school auditorium in Billings on Thursday, June 18, 1914 at 10:00 a.m. The mayor, Robert Leavens, welcomed about 30 visiting and 24 local "harbingers of mercy" and presented them with the key to the city. Judge Sloane's daughter, Miss Gertrude Frances Sloane of Missoula, the

President of the MSAGN, responded to the mayor's address prior to the presentation of three papers. First, Dr. E.G. Balsam, a Billings physician, addressed the issue of "The Nurse as an Aid to Prevention of Disease." The Billings Evening Journal stated that Dr. Balsam paid tribute to the rural nurses "who make house to house canvasses of homes in rural districts instructing in the care of the sick and prevention of disease."³¹

The second paper, "The Nurse as an Educator," had been prepared by Miss Lydia Van Leuvanee, Superintendent of St. Peter's Hospital in Helena, and was read by Miss Georgia C. Young, also of Helena. As previously noted, the nurses were continuing to network with prominent men. This is demonstrated by the presence of the mayor as well as the local physician who addressed them that morning. Though mayors continue to be asked to address MNA conventions, they are often women as was recently the case at the 1992 convention in Helena. Seldom are physicians asked to address the association today.³²

When the group reconvened after lunch at 2:00 p.m., a short business meeting began the afternoon proceedings. The first order of business was the reading and approval of the minutes of the previous meeting. This was followed by the reports of the officers. Miss Sloane's Presidential report indicated that the association had been incorporated on June

1, 1914 in Helena and that affiliation with the American Nurses' Association (ANA) had been requested. She also read a letter of congratulations from the Society for State Registration of Trained Nurses of London, England and a note of greetings from the Misses Sara E. Parsons and Genevieve Cook of the ANA.³³

A letter from the Kentucky State Association was also read in which cooperation was requested in petitioning nursing journals to discontinue misleading ads for the training of nurses, especially correspondence schools. The Montana nurses heartily endorsed the support of this request. The business session closed with the reading and acceptance of the secretary and treasurer's reports. The Legislative Committee reported no activity for the year. Several activities of this meeting indicated that the nurses of Montana were networking with and receiving support from nurses at both the national and international level. It is also noteworthy that they shared some of the same concerns as nurses from other states, such as the problem of correspondence school nurses.³⁴

Several more presentations took up the remainder of the afternoon. These included a paper by Sister Mary Corona Harrington, Principal of the training school at St. James Hospital in Butte. In sister's absence, "The Qualifications of a Successful Nurse" was read by Miss Edna Wells, also of

Butte. It was followed by a presentation of Miss Clara E. Brunelle of Missoula. Her paper, "Obligations of the Registered Nurse," preceeded an address by Dr. William A. Walters of Billings. His topic was "What Nurses owe to Pasteur, Koch, and Lister." It was followed by "Nursing of Contagious Diseases," a paper written and presented by Miss Anna Freshley of Bozeman. Miss Edith Augusta Ariss, Superintendent of the Montana Deaconess Hospital in Great Falls, was the last nurse to present a paper. It's title was "The Efficiency of Nursing." Dr. Mott H. Arnold presented the concluding paper of the day, "Prevention of Acute Intestinal Disease of Babies in Summer." Though none of the original papers exist today, it is clear from the titles that two themes emerged at this convention. An emphasis on the prevention and treatment of contagious disease was clear in the presentations of all of the physicians whereas most of the nurse's papers related to professional nursing in terms of requirements, roles, and responsibilities. It can therefore be demonstrated that although the nurses invited the physicians to participate in their annual meetings, thereby networking with them and soliciting their support, their issues were quite different. The concerns of the nurses regarding professional issues demonstrates their value of these particular issues.³⁵

Before the presentation of papers began the following

morning, a notice of appeal was presented to the association and briefly discussed. Miss Ellen Woolsey, a non-graduate nurse who had taken the State Board Examination in January 1914, had failed to make the required grades on the examination. The President of the State Board, Miss Lucy Ann Marshall, presented the facts of the case to those present and then appointed a committee of three to review and grade the applicant's papers. [A full discussion of this case appears in Chapter 8.]³⁶

The paper presentations began with Miss Edna Wells from St. James Hospital in Butte who read her paper on "School Nursing." It was followed by a second presentation on the same topic. Mrs. Iva Cliff Benson of Fromberg read her paper, "School Nursing from the Viewpoint of a Mother." In speaking with Mrs. Benson's daughter, Theodora Benson Smith of Billings, Montana, I learned that Iva had been a school teacher prior to becoming a nurse which is why she was so interested in the area of school nursing, a relatively new field. In fact, only twelve years earlier, in 1902, Miss Lina L. Rogers (Struthers) had become the first United States school nurse in New York City. Miss Mary Margaret Hughes of Helena then presented a paper on "Public Health Nursing." The National Organization for Public Health Nursing had been established just two years earlier on June 12, 1912, with Lillian Wald as its first

president, so this was a very timely topic as well.³⁷

After the noon recess, a variety of papers were presented. The last paper was by Mrs. Harriet O'Day of Billings on "County Organization." The discussion which followed focused on whether non-registered nurses should be accepted into county associations. The issue of accepting non-graduate, or untrained, nurses into the organization had surfaced earlier in the meeting. However, as mentioned previously, the law allowed non-graduates, who could pass the examination, to be registered. The minutes are a little confusing in that there appears to be two different issues here: 1) Should non-graduate, but registered, nurses be allowed to become members? and 2) Should non-registered, but perhaps trained/graduate, nurses be allowed to become members? It must be remembered that the Nurse Practice Act at that time was permissive rather than mandatory so trained nurses were not required to be registered. However, if they chose not to be registered, they could not legally use the title, Registered Nurse. This discussion demonstrated the group's interest in issues which dealt with the membership structure of the organization, a strongly held value of the graduate and registered nurses.³⁸

The following morning, Saturday, June 20, 1914, the President called the business meeting to order at 10:00 a.m. The committee which had been appointed to review the State

Board examination of Miss Woolsey also reported at that time. The hearing on that appeal was scheduled for 2:30 p.m. during the afternoon session. Correspondence from the ANA was also shared in which the application and fee from the MSAGN was acknowledged. The application was to be formally acted upon by the ANA Board of Directors during their October 1914 or January 1915 meeting. ANA's secretary would notify them of the results at that time. This information is indicative again of the networking of the nurses of Montana with those of other states in desiring membership in the national organization for the strength and support it could provide.³⁹

Following the sharing of information from Miss Ida Palmer of Kalispell related to the use of a local lending library to enable nurses to read current nursing books, there was also a discussion about nursing journals. A letter was also read from the editor of the California Nurses' Pacific Coast Journal of Nursing, placing it at the disposal of the Montana nurses for meeting their vital needs. In addition, the Articles of Incorporation, which had been filed in Helena on June 1, 1914, were read. A Missoula attorney, Mr. Murphy, had drawn up the papers and a letter of thanks was sent out to him by the state secretary. Again, the sharing of information with other professionals through nursing journals demonstrates another type of

networking. Also, the structure of the organization was formalized through the filing of the Articles of Incorporation giving the association more credibility at that time.⁴⁰

Finally, the Silver Bow County Association announced that it wished to endorse the findings of the State Board of Examiners for Nurses regarding the suit brought against the Board by two Butte nurses, Mrs. Alise Scollard and Miss Squires. They were denied licensure because of their perceived immoral characters. The Silver Bow nurses promised to provide financial support to the Board if needed. The members from Missoula, Yellowstone, Gallatin, and Lewis and Clark County Associations also pledged support and financial aid. The close connection between the association and the state board at that time was obvious.⁴¹

The afternoon business session began at 2:00 p.m. The 1914-1915 officers were elected and committee appointments were deferred until the counselors were able to forward names from the various counties for potential committee members. For many years, the election of officers was held during the convention. Later, the election took place after the convention and the terms of office began in January as they do today. A motion was made and carried that the Legislative Committee recommend to the governor names of members to fill the two vacancies which would occur on the

State Board of Examiners for Nurses during the next year. This function was later fulfilled by the association's Board of Directors.⁴²

The hearing for Miss Woolsey's appeal took place next and was followed by a discussion of accepting registered nurses, who passed the licensing examination as a non-graduate, that is they did not graduate from a formal nursing program, into the local county associations as active members. No decision was reached at that time. Finally, it was decided to combine the Educational and Publicity committees into a joint committee to bring the case of Mrs. Scollard and Miss Squires before the public. This was to be done by making the Women's Clubs in the state aware of the nature of the evidence in the case and the unanimous support for the State Board of Examiners for Nurses by the Association. Obviously, if this type of information was made public today, a breach of confidentiality would undoubtedly be raised.⁴³

Third Annual Convention: Great Falls, 1915

On Wednesday, May 12, 1915, the annual convention began its program in the Knights of Pythias Hall at the Elk's building in Great Falls, Montana. The meeting was called to order by the Recording Secretary, Mrs. Ethel Remington, wife of Dr. Paul Remington of Missoula, in the absence of the President, Mrs. Mary R. Boyle of Butte. Miss

Edith Augusta Ariss was elected to Chair the convention. The invocation was given by the Rev. E.L. White, pastor of the First Methodist Church of Great Falls. It was followed by an address of welcome on behalf of the Cascade County Medical Society by Dr. C.E.K. Vidal. Miss Lucy Ann Marshall of Missoula, President of the Montana State Examining Board for Nurses briefly responded to his address.⁴⁴

The morning was taken up with the presentation of papers. Following the lunch break, the afternoon session was again called to order by Mrs. Remington at 2:00 p.m. Miss Mary C. Platt of Helena was asked to Chair the afternoon session in the temporary absence of Miss Ariss. Apparently the program was altered somewhat from the printed program and a few announcements followed the first presentation by Miss Florence Ames of Billings on "What Registration means to Montana." Miss Ariss, having arrived late, then discussed the benefits of registration to the training schools.⁴⁵

Miss Margaret Hughes of Helena suggested that Mrs. Nettie Lester Bennett of Butte, read the bill to amend the Nurse Practice Act (Section 11 of Chapter 50 of the 1913 Session Laws) which had been presented to the 1915 session of the legislature. The bill had been proposed to provide an additional level of appeal, in a Court of Law, beyond the appeal to the MSAGN which had been provided for in the NPA

of 1913. It had not passed. A rising vote of thanks was given to Miss Florence Ames of Billings for her tireless work on the Ellen Woolsey, Billings v. the Montana State Board of Examiners and on the State Ex Rel. Marshall v. District Court cases, both involving Miss Ellen Woolsey. [See Chapter 8 for details of this case.] Miss Ames expressed her appreciation and gave credit to the members of the medical profession and others who had assisted her in the work. This is one more indication of the networking that was taking place with supportive physicians.⁴⁶

These brief announcements were followed by a paper on "What a County Organization can do," by Miss Dora Mecklenburg of Billings. This was followed by a discussion regarding the compulsory clause in the bylaws. Apparently it was causing problems for the county associations to enforce. The unresolved question from the 1914 convention which surfaced again was, "Should registered non-graduate nurses be accepted into the society?" A committee made up of the Misses Ariss, Edith Ackerman, Hughes, Marshall, Ames and Florence LaGue of Billings was appointed to consider this question and to report back to the group later in the convention.⁴⁷

The following afternoon, the assembly went into a brief business session. The only business at that time was the report of the committee appointed to study the

compulsory clause in the bylaws. Their opinion was that "county societies are free to modify their membership requirements to meet local conditions." They made two recommendations: 1) that the State Association amend their bylaws at the next meeting; and 2) that a committee be appointed with one delegate from each of the six County Associations to act on the first recommendation by drawing up the necessary amendments to the bylaws. A motion was made, seconded and approved that the Chair appoint such a committee immediately. This was done and Miss Mary Margaret Hughes of Helena was asked to chair that committee.⁴⁸

Discussions followed each of several presentations that afternoon and the group was then dismissed with an invitation to attend the graduation exercises of the Montana Deaconess Hospital Training School to be held at the First Methodist Church that evening. [The graduating class of 1915 was made up of six students: Misses Gertrude Elgin, who became the principal of the training school upon graduation, Anna Mecum, Nellie Craven, Effie Fowler (later Sparrow), Cora Meneley (later Bigelow), and Hala Hahn.] The close tie between membership in the organization and nursing education is apparent.⁴⁹

The meetings on Friday, May 14, 1915 began at 10:00 a.m. and were completely given over to the business of the organization. The morning session was called to order by

Miss Mary C. Platt of Helena, who chaired the meeting. The minutes of the 1914 meeting were read and approved. The next order of business was to hear committee reports. A report of the Legislative Committee was given by Miss Marshall, Chair. She announced that the committee had submitted names of eligible nurses to fill vacancies on the State Examining Board for Nurses to Governor Samuel V. Stewart. This had been requested through a motion at the previous meeting in Billings in 1914. In addition, a bill had been presented to Representative Scott of Yellowstone County to provide an appeal process for the State Association to the district courts. The bill was killed in the Judiciary Committee, revived and sent to the Steering Committee and there, withheld by the Chair. Miss Marshall also reported that she had been notified in January by the House of Representatives that a letter had come from the State Nursing Organization asking that the Nurse Practice Act be amended to provide for the recall of State Board of Examiners for Nurses' members. The reason for this is unknown, but it may have been related to the fact that Miss Marshall and another member of the Board, Miss Ruby M. Bohart, were found to have spent some Board funds illegally. [This situation is discussed in more detail later in this chapter.] Finally, Miss Marshall reported that she had been asked in January by the floor leader of the House to have everything ready for any measures coming before the

legislature.⁵⁰

Following the committee reports, a motion was made that at future meetings, the convention program should be arranged so that the business sessions are held first. The motion was discussed and carried. Greetings from the Misses Katherine DeWitt, Sophia F. Palmer and Kruph of the ANA was shared with the group as well. A resolution from the Montana Medical Association (MMA) was then shared with those present. It was that the MMA had prepared a "post facto" resolution that approved and supported the legislative creation of the State Board of Examiners for Nurses. A motion to elect a delegate to the ANA convention was made, seconded and carried. Miss Margaret M. Hughes was elected and Miss Mary E. Denny was selected as an alternate. The assembly also voted to approve a \$100 allowance to cover the expenses of the trip. The meeting then dismissed for lunch.⁵¹

At 2:00 p.m., the meeting was called to order by the chair and new business was considered. A three-member Credential Committee was appointed to be composed of the Misses Ariss, Murray, and Lucy Askew. Then Miss Florence Ames informed the convention that the State Board of Examiners for Nurses wished to present a communication to those in attendance. Following a motion to do so, Mrs. Nettie Lester Bennett presented the following information:

Last year at the meeting of the Montana State Association of Graduate Nurses, in Billings, the President of the State Board of Examiners for Nurses [Miss Lucy Ann Marshall], appeared on the floor of the house and related our legal entanglements, showing clearly the depleted condition of our treasury and made a strong appeal for the support of this Association morally and financially. A hearty response was given from every County Association represented.

When the question arose of financial help of the State Board in the various county meetings, there arose a feeling that they should know something of how those monies were expended. The various State Board members being represented in the County Associations as active members of those Associations could not but see the justice of this request.

The afore said Board members decided to have legal advice as to the legality of their expenditures. Three of the State Board members sought the advice of Attorney General Kelly, and found that monies had been misappropriated in conducting the Squires-Scollard case. He advised at the next session of the Board, that a resolution be passed and spread on the minutes, that these monies be refunded to the State Board treasury. This was done at our meeting February 25, 1915.

Fearing we might do these members an injustice in the asking for the refund of monies, legal advice was sought in preparing the accounts to be rendered by said Board members. The Secretary [Miss Margaret M. Hughes] was instructed to prepare accounts, asking for the money to be refunded within 30 days. Said Board members have failed to comply with this demand.

After the expiration of 30 days, our counsel further advised that we as Board members present a petition to the Governor, that he might lay the matter before the Attorney General to determine whether these monies have been illegally expended and to take steps to recover them, if such be the case. We, as Board members propose to follow this advice, and do appeal to you as members of the Montana State Association to cooperate and support us in this matter.

We are not contending that these services should have been paid or should not have been paid, but the fact remains, our law makes no provision for the paying of such accounts, and money thus drawn has been illegally spent. Last year this Association pledged us their support most enthusiastically, both morally and financially. Today, we ask only for your moral support. We ask you to pass a resolution sustaining us in the stand we have taken in this matter.

Respectfully Submitted,
Miss Margaret M. Hughes, R.N.
Miss Florence Ames, R.N.
Mrs. George N. Bennett, R.N.⁵²

At this point, Miss Marshall, President of the Board, and one of the Board members who had been asked to return illegally spent funds, stated that this communication was not to be considered "official" according to Attorney General Kelly, but that she wished for the report to be made. Miss Hughes then responded to Miss Marshall's remarks that this was not an "official" communication.

I would like to say that three Board members consulted Attorney General Kelly regarding the expenditure of our finances and he advised that we pass a resolution in our State Board meeting, demanding the refund of money misappropriated, and if no action was then taken in response to said demand, that the three Board members then proceed to carry on the Board business irrespective of the other [two] members. Therefore, I contend this is an official communication.⁵³

Miss Marshall then proceeded to ask the Chair, Miss Platt, what was considered a legal (official) communication. Miss Platt stated that she did not know. A motion was then made, seconded and acted upon that the Chair, Miss Platt, be given the power to appoint a committee to act upon and draw up resolutions on the communication presented by the Board. Miss Marshall, objecting, stated that if the Chair did not know if it was a legal or official communication, how could it be acted upon?⁵⁴

Miss Platt overruled and appointed the following

committee: Sister Mary Corona Harrington, Misses Edith Augusta Ariss, Lydia Van Luvanee, and herself prior to calling for a recess for the committee to meet. Following the recess, Miss Platt read the resolution drawn up by the committee.

Whereas it appears that certain members of the State Board of Examiners for Nurses have presented to said Board, claims for services and expenses for which no authority is to be found in the act creating said Board, and have used their positions upon the said Board to cause to be issued and paid without authority of law, vouchers for the said claims, thus misappropriating and exhausting the fund of the said Board.

Now, therefore, be it resolved that we condemn such acts, and request the Board of Examiners for Nurses to lay the matter of said claims before the Governor, and petition him to ask the Attorney General to take such steps as will compel the return of the monies alleged to have been illegally withdrawn from the said Board, or to compel the removal from office of the offending members [Miss Marshall and Miss Bohart].

Be it further resolved that a copy of these resolutions be furnished the State Board of Examiners for Nurses to be presented to the Governor.

Respectfully Submitted,
The Committee appointed by the
Montana State Association of Graduate Nurses⁵⁵

A motion was made, seconded and carried that the findings of the committee be accepted. This was followed by an announcement of the election results for the 1915-1916 year. A motion was made and carried that the Executive Committee meet to appoint all other committee members prior to leaving Great Falls. Another motion was made that the Association pass a resolution of thanks and that a letter be written to the physicians who had come to the assistance of the Association and the State Board of Examiners for Nurses

in Billings. Those physicians were Dr. Paul Remington of Missoula, husband of the Recording Secretary, Mrs. Ethel Remington; Drs. Fresby and Moone of Butte; Dr. Holgate of Livingston; and Drs. Armstrong and Balsam of Billings.⁵⁶

Summary of Phase One

The first phase of the process from untrained nurses toward professional preparation in Montana began in 1894 with the advent of training schools for nurses and culminated in the implementation of the first Nurse Practice Act of 1913 which which permitted the licensing/registration of trained/graduate nurses. As has been shown, the implementation of the act was not without its difficulties and challenges, but by the time of the annual convention of the MSGNA in May 1915, many of the issues which had been raised were beginning to be resolved. Though the nurses were not successful in amending the act in 1915, the 1917 amendment did provide for the much needed appeal process to the District Courts for those who wished to grieve the decisions of the Montana State Board of Examiners for Nurses.⁵⁷

Phase Two - Training/Education and Licensing of Practical Nurses: Differentiated Role and Scope of Nursing Practice for RNs and LPNs (1945-1953)

Following World War II there was a critical shortage of nurses in Montana as there was in most parts of the

country. A little over thirty years had passed since the nurses of the state had organized and were able to influence the legislature to pass the first Nurse Practice Act. This act had provided for the permissive licensure/registration of trained/graduate nurses in Montana. The Act had also been amended and revised a number of times since enacted in 1913. [See Appendix F for a listing of the amendments to the Nurse Practice Act, 1913-1987.]

It was during the shortages of the post-war era that the Montana State Nurses' Association (MSNA) began to develop a plan to formally train/educate and license practical nurses to help meet the increased demand for nursing services. This then will be addressed as the second phase in the progress from untrained nurses toward professional preparation in Montana, 1912 to 1987.

MSNA's Work Related to the 1945 Legislative Session

In her February 3, 1949 letter to the members of the MSNA, President Jane Baldwin Stevenson, Faculty, St. Patrick Hospital School of Nursing, Missoula, reminded the readers of the work the Association had done toward the training and licensure of practical nurses during 1945. Notice was given by Representative C.J. Williams, a Republican from Yellowstone County (Billings), on January 25, 1945 that House Bill 95 would be introduced into the Twenty-ninth Legislative session. Though the bill passed both the House

and the Senate, it was vetoed by Governor Samuel C. Ford, a Republican, on February 28, 1945. It would have provided for the examination, permissive licensure, and regulation of practical nurses which it referred to as "attendants."⁵⁸

MSNA's Work Related to the 1947 Legislative Session

Because of the failure of House Bill 95, MSNA's Legislative Committee, chaired at that time by Miss Jane Baldwin Stevenson, decided to break the bill into two parts. Their plan was to offer revisions of the 1943 Nurse Practice Act during the 1947 legislature and address the licensure of LPNs in 1949. Though extensive revisions were made to the Nurse Practice Act in 1947, practical nursing licensure was not addressed. This was due to the vocal opposition to the licensing of practical nurses by some registered nurses in the state who felt that their jobs may be jeopardized in some way. Therefore, the MSNA felt that it was best not to attempt legislation for this purpose in 1947, but to wait for a more propitious time. Meanwhile, the first attempt in Montana to formally educate practical nurses was initiated by Montana State College at Warm Springs in June 1947.⁵⁹

[See Chapter 9 for details of the development of educational programs for preparing Practical Nurses.]

The Formation of the Montana State Practical Nurses' Association: Bozeman, 1948

One important outcome of the initial program to

formally educate practical nurses was the organization of the Montana State Practical Nurses' Association (MSPNA), formed through the interest and efforts of the first graduates of the program offered by Montana State College. They met in Bozeman on November 16 and 17, 1948 and elected Mrs. Helen Heck of Bozeman as their first President. Their main objectives were to work toward licensure legislation, a wage scale of three-fourths that of registered nurses, and incorporation of their association.⁶⁰

During the 1940s, the ANA had begun to encourage the state associations to recognize practical nurses and the contributions which they provided and to begin the process of formally educating them as well as amending the Nurse Practice Acts to provide for their licensing. The practical nurses of Montana voted to affiliate with the National Association for Practical Nursing Education and the National Federation of Licensed Practical Nurses (NFLPN) in 1951, prior to the passage of the permissive 1953 Nurse Practice Act which allowed them to be licensed in Montana. It wasn't until 1953 that they actually did affiliate with the national organization and began sending delegates to the national conventions.⁶¹

During the 1950s, the official bulletin of the MSPNA, the Treasure State LPN, was established and began publishing four times a year. In 1956, Ms. Louise Salter of Hamilton

was named the first Executive Secretary, a position she held until 1963. During her tenure, the State Association decided to withdraw from the NFLPN in 1959. The ties were reestablished in the mid-1960s. Also during the 1960s, the State Association grew to over 200 members and provided a membership for their president in the Montana League for Nursing. The organization was divided into district associations in a similar manner to the MNA structure. Ms. Wilma Dolan was appointed as the Executive Secretary in 1963.⁶²

By 1970, the membership had grown to 326, but began a decline which persisted throughout the decade. However, the members became more active in providing Continuing Education (CE) programs and establishing ties and collaborative working relationships with other organizations. Ms. Thelma Logan served as the Executive Secretary until 1976 and was reappointed following the short tenure of Ms. Shirley Ballance of Lewistown. In 1979, the name was changed to the Montana State Licensed Practical Nurses' Association (MSLPNA).⁶³

In 1982, Ms. Charlotte Heath assumed the position of Executive Secretary. The association began serious political activity in the 1980s by sponsoring legislative workshops, making recommendations and supporting legislation. They again withdrew from the national

organization in 1987, due to differences regarding the "entry" issue, and became an independent state organization.⁶⁴

MSNA's Work Related to the 1949 Legislative Session

In 1948, a number of meetings were held with representatives from MSNA and the Montana Hospital Association (MHA), who supported the licensure of practical nurses for obvious reasons. On Sunday, October 16, 1948, the MSNA Legislative Committee took the issue to the House of Delegates at the annual convention in Bozeman where a decision to defer legislation for the training/education and licensing of practical nurses was made. However, when the Montana State Practical Nurses' Association (MSPNA) was formed in Bozeman during their meetings on November 16 and 17, 1948, they announced that they intended to introduce legislation for the purpose of licensure for practical nurses during the upcoming legislative session in January 1949. Therefore, the MSNA Board of Directors voted at their meetings in Missoula on November 19 and 20, 1948, to support the efforts of the MSPNA, if asked to do so.⁶⁵

A joint meeting of the MSNA and the MSPNA was held on December 9, 1949. Those in attendance included Miss Jane Baldwin Stevenson, President of the MSNA; Sister Frances Maureen Nichols, Director of the School of Nursing at Columbus Hospital, Great Falls, and Chair of MSNA's

Legislative Committee; Miss Anna Totman Beckwith, Executive Secretary of the Montana State Board of Nurse Examiners; and Miss Katharine McDonald and Sister Mary Lawrence, the other two members of MSNA's Legislative Committee; Mr. Wesley Wertz, legal counsel for MSNA; and Marvel Muriel Lewis, MSNA's Executive Secretary. Because the MSPNA proposed a separate licensing board with a majority of practical nurses, the MSNA could not agree to support the bill. On December 18, representatives of the two groups met again and agreed to a separate board composed of three practical nurses and three registered nurses. However, the legal counsel for the MSPNA, Mr. Landoe, advised them to hold out for a majority. Therefore, House Bill 115, as it was originally conceived, provided for a board composed of three practical nurses and two registered nurses who would go off the board in 1953, leaving a board of all practical nurses thereafter.⁶⁶

On Sunday, January 16, 1949, a meeting of the presidents and Legislative Committees from the MSNA, the MSPNA, the MMA, and the MHA was held. As a result of this meeting, amendments were made to HB 115 and presented to the House Committee on Public Health and Sanitary Affairs. Therefore, by the time the amended bill was introduced into the legislature in January, it provided for a five member board composed of two practical nurses, two registered

nurses who were on the Montana State Board of Nurse Examiners, and one educator from a degree conferring institution who was considered to be an impartial member. On January 18, 1949 copies of the bill were sent to each of the districts for perusal with the full support and approval of the MSNA.⁶⁷

Shortly after the introduction of HB 115, registered nurses began to arrive at the Capitol in Helena in opposition to the bill. These nurses were, for the most part, not members of the MSNA and had not bothered to contact the association or the Board of Directors to discuss the issue. A public hearing was held on January 31, 1949. Those in attendance who supported the bill included MSNA's Executive Secretary, Miss Lewis; the Montana State Board of Nurse Examiner's Executive Secretary, Miss Beckwith; the President of the MLN, Miss Anne Marie Cassidy; Mr. Richard Lubben for the Montana Hospital Association, and Miss Beatrice Hruska and Mrs. Frances Hixon Macdonald as individual nurses. The opposition included the President of the MMA, Dr. Thomas L. Hawkins of Helena. Though he stated support for the training and licensing of practical nurses, he opposed the formation of a separate board for practical nurses. His position was that practical nurses should be represented on the existing board and that it should license both registered and practical nurses.⁶⁸

As a result, a substitute bill (Sub B 115) was introduced which was not acceptable to the MSPNA, the MSNA, and the MHA for several reasons. First, the title was changed from Practical Nurse to Nursing Attendant which was thought to cause confusion and was not the title being used in most other states. Secondly, only practical nurses with formal nursing education could be licensed. There was no grandfather clause (waiver) for those who had been working as informally trained practical nurses. Third, there was no provision for reciprocity for practical nurses who were trained and licensed in other states. Fourth, Sub B 115 provided some credit on the licensing examination for years of work experience, regardless of the quality of the work. This was considered to be discriminatory and to verify the years of work experience would be prohibitive in terms of time and money. Finally, the bill called for setting a 1:4 ratio of registered to practical nurses working in hospitals. The end result was that these associations (MSPNA, MSNA, and MHA) were successful in killing the substitute bill.⁶⁹

In her February 3, 1949 letter to the members of the MSNA, the President, Miss Jane Baldwin Stevenson, explained why the association was unable to support the substitute bill and why it was supporting the original HB 115. It was a permissive bill which would "protect the public and permit

the professional and practical nurses to work together in planning for better nursing care" particularly for the convalescent, chronic and aged. It contained a waiver clause which would require two physicians or one doctor and one director of nursing to endorse the applicant. This waiver would be in effect until 1951 at which time the applicant would be required to have the formal "short course" in practical nursing education. It also defined the practical nurse in such a way as to limit the scope of practice and require the supervision of a registered nurse or a qualified physician.⁷⁰

The Executive Secretary of the MSNA, Miss Lewis, wrote a letter to the Chair of the Public Health and Sanitary Affairs Committee, Mrs. J.M. Jarussi, on February 17, 1949 in which she stated the reasons the MSNA opposed the SB 115. She said that it "would not accomplish the purposes for which it was introduced." She also protested the fact that the MSNA, as the professional nursing association of the state, was not consulted or notified of the changes nor given the opportunity to present its position on the issue. She also indicated an awareness of the pressure that had been brought by registered nurses and who were non-MSNA members.⁷¹

MSNA's Work Related to the 1951 Legislative Session

On November 27, 1950, a memo was sent from Miss Lewis

to the MSNA District Presidents requesting their support for a licensure bill for practical nurses to be introduced into the 1951 legislative session. This bill was completely supported by the MSPNA and they had provided \$275 for the distribution of information related to the bill. This was followed by a lengthy letter on November 30, 1950 which detailed the ambivalence of the MSNA Board of Directors in the decision to introduce the bill in 1951. They expected continued opposition from registered nurses in some parts of the state and apathy from other areas. There was also concern regarding a lack of unity among the nurses of the state and only weak support from the MSNA districts. Finally, some felt that not enough time had elapsed since the last attempt which was so rigorously opposed by registered nurses in some parts of the state.⁷²

The MSNA Committee on Legislation was chaired by Sister Frances Maureen Nichols of Columbus Hospital in Great Falls and was made up of Miss O'Connor George of Billings, President of the MSNA (1950-1952), Miss Anna Totman Beckwith, the Executive Secretary of the Montana State Board of Nurse Examiners in Helena, Miss Mary V. Hale of Missoula, Miss Mary Florence Delaney of Helena, and Mrs. Helen (Horton) Haegele of Helena. They had recommended to the House of Delegates during the annual convention held in Missoula from October 19-21, 1950, that they make a final

decision regarding the introduction of a bill, following the annual convention of the MSPNA. The MSPNA stated a desire to proceed with the introduction of a bill, even though all of the concerns of the MSNA Board of Directors were shared with them.⁷³

Therefore, in a memo from Miss Lewis to the District Presidents dated December 14, 1950, the districts were asked to support the bill by contacting legislators and determining their attitudes about the bill, planning joint activities with practical nurses, and interesting other citizens and groups in the bill. They were also asked to share with Miss Lewis any reports of opposition to the bill. A February 8, 1951 memo from Miss Lewis to the District Presidents indicated the disappointing news that Senate Bill 52 had been killed on February 7, 1951 by an adverse committee report which resulted from strong opposition which had influenced the members of the Senate Committee. It is obvious that the nurses had underestimated the residual opposition from the 1949 attempt to license practical nurses.⁷⁴

MSNA's Work Related to the 1953 Legislative Session

House Bill 74 was introduced on January 22, 1953. It was sponsored by Representative Bess Reed (Republican) of Missoula County and referred to the Public Health and Sanitary Affairs Committee chaired by Representative Adeline

Arnold (Republican) of Rosebud County (Birney). Miss Agnes R. Pauline, MSNA's Executive Secretary (11/51-4/55), notified the MSNA Board of Directors, Legislative Committee, and District Presidents, as well as the MSPNA Board of Directors of the introduction of the bill in a memo on that same day. With a change in the definition of practical nurses, it was passed by both Houses and signed into law on March 8, 1953 by the newly elected Republican Governor, J. Hugo Aronson. Miss Pauline attributed its passage to the old adage, "In unity there is strength." Miss Pauline was the daughter of Republican State Senator Robert Pauline of Flathead County (Kalispell).⁷⁵

The new Nurse Practice Act provided for an eight member Montana State Board of Nursing to be comprised of five registered professional nurses and three practical nurses. The three practical nurses appointed to the Board by Governor Aronson were Mrs. Louise Salter, Hamilton; Mrs. Myrtle McMillan, Havre; and Mrs. Addis Owens, Bridger. The law was enacted on July 1, 1953 with a waiver clause which would be effective for two years. During those two years, registered nurses throughout Montana assisted practical nurses in preparing for the licensure examination through the courses they developed and taught. Those waived were required to submit written evidence that they were at least 20 years of age, of good moral character, in good health,

had lived in and cared for the sick in Montana for two of the last three years prior to July 1, 1953, were endorsed by either two physicians or one physician and a professional nurse director of nursing of a licensed hospital in the state, and had written and passed the Montana State Board of Nursing licensing examination for practical nurses. After 1955, the law required the applicant for licensure to be a graduate of an approved school for practical nursing.⁷⁶

Summary of Phase Two

During the eight year period from 1945 to 1953, the MSNA Legislative Committee struggled with the problem of the post-war nursing shortage in the state and attempted to provide a solution through the training/education and licensing of practical nurses as had been occurring in other states. As early as 1912, an article entitled "Shall attendants be trained and registered?" appeared in the American Journal of Nursing. This question was followed by another in the October 1917 issue of the AJN, "How and where should attendants be trained?" In 1918, the state of Virginia was the first to license "attendants." By 1945, four states (Alabama, Arkansas, Maine and Tennessee) and the Territory of Hawaii had passed legislation for the licensing of attendants/practical nurses. That was the year that MSNA first attempted to introduce similar legislation and failed.⁷⁷

It is clear that one of the reasons for the failure of the early attempts to train/educate and license practical nurses in the state was the lack of unity on the issue among nurses. It will be recalled that in 1912, the nurses of the state came together as a unified group to influence the legislature to pass the first Nurse Practice Act. In addition, they were supported by a number of physicians. Little opposition was displayed during the 1913 legislative session. However, when the MSNA first began in 1945 to work toward the passage of an amendment to the Nurse Practice Act which would allow for the licensing of practical nurses, the practical nurses of the state were as yet unorganized. It wasn't until 1948 that the first trained/educated practical nurses organized the Montana State Practical Nurses' Association (MSPNA) and began to work toward the goal of licensing. It is apparent that during the legislative sessions of 1949 and 1951, this organization was just beginning to work with the MSNA, MHA, and the MMA to build a collaborative relationship in which a unified group could go forward with a proposal on which they were in agreement.

Another possible reason for the earlier failures was a lack of strong support from all of the MSNA districts. It is most likely that the support increased by the 1953 legislative session in order for Miss Pauline to state that there was strength in unity. It will again be remembered that all of the founding County Associations of the MSAGN in

1913 (Missoula, Silver Bow, Lewis and Clark, and Gallatin) maintained strong support for the passage of the first Nurse Practice Act.

It will be seen that during the third phase of progress toward the professional preparation of nurses, the players have not yet reached consensus regarding the baccalaureate as the minimal educational preparation for professional nursing and that professional nursing preparation and practice must be differentiated from technical nursing preparation and practice. The beginning of this last phase is addressed in the final section of this chapter.

Phase Three - Educational Preparation and Licensing for Two Levels of Nursing: Differentiated Role and Scope of Practice for Technical and Professional Nurses (1965-1987)

Since the American Nurses' Association (ANA) published its first position paper in 1965 and in 1978 reaffirmed its position on the educational preparation for nursing practice at the ANA National Biennium, the Montana Nurses' Association (MNA) has maintained a consistent position that a minimum of the baccalaureate degree in nursing should be required for licensure as a professional nurse. Munger, Shreffler, and Vanderhorst stated that "In 1982, the Montana Nurses' Association committed itself to the goal of introducing into the state legislature in 1987 a bill that would require a minimum of a baccalaureate for licensure as

a professional nurse. The goal was consistent with previous positions taken by the organization in furthering nursing and health care." The previous positions spoken of included a number of activities during the organization's history.⁷⁸

Early Efforts

Early efforts of the MNA somewhat related to the entry issue during the 1960s included the preparation and distribution of a brochure entitled "A Guide for Assigning Responsibilities to Nursing Personnel" (1963). A later revision was entitled "Guidelines for the Utilization of Nursing Personnel" (1968). These brochures were jointly prepared by the MNA and the MSBON. The MSLPNA joined in the effort in the updated 1968 version. The purpose of these brochures was to provide a differentiation in the role and scope of practice between the registered nurse, the licensed practical nurse and auxiliary personnel through definitions, functions and responsibilities.⁷⁹

When the first of these was published in 1963, the state had just one two-year (eight quarter) ADN program in place at Montana State College. It was initiated in 1960 and graduated its first students in 1962. These graduates were seen as being prepared as adequately as the graduates of the hospital diploma programs which had been shortened from three-years to two-and-one-half years during World War II and further reduced to two years in 1958. These

graduates were all prepared to write the licensing examination to be registered nurses. Therefore, their duties and responsibilities were detailed in these brochures in contrast to the graduates of the one-year training programs for practical nurses and the auxiliary personnel who were carefully selected, given short periods of "in-house" training, and were appropriately supervised by both RNs and LPNs.⁸⁰

During the 1970s, MNA's efforts included assisting RNs seeking the baccalaureate to be fully informed of available educational opportunities. A critical incident which occurred in 1975 was the coming back to the state of two native Montana nurses who had acquired doctoral degrees and were prepared to take on the leadership of the two baccalaureate nursing programs in the state. They were Dr. Rose Therese Sullivan, originally from Butte, who became the Chair of the Department of Nursing at Carroll College, Helena, and Dr. Anna M. Shannon, originally from Dillon, Montana, who became the Director of the School of Nursing at Montana State University, Bozeman. Through their cooperation and joint efforts, the Montana Consortium of Schools of Nursing was formed in 1976.⁸¹ [See Chapter 6 for details of this organization and its contribution to the entry issue in Montana.]

In 1977, the Montana State Board of Nursing appointed

a Task Force to study nursing education in the state. The findings of this four-year study were the basis for the changes which were made in the Nurse Practice Act during the 1981 legislative session. The MNA House of Delegates adopted its first "entry" resolution at the 1978 convention in Billings, the same year that the last remaining hospital diploma program closed its doors at St. Patrick Hospital in Missoula. The MNA resolution was to implement the baccalaureate as the minimal educational preparation for professional nurses by 1985. A second category of nursing practice was to be identified. A discussion of competencies of two levels of educational preparation took place at the 1979 convention in Butte.⁸²

The date for implementation was revised from 1985 to 1987 during the 1982 convention in Missoula when the House of Delegates adopted the long-term goal to "Implement the baccalaureate as the basic educational level of entry into practice by 1987." Upon completing her term as President of MNA from 1982-1983, Mrs. Patricia Barrett provided leadership to a new organization known as the "Concerned Nurses of Montana" (CNOM), a group which opposed the educational goals of the MNA. Its start in January 1983 coincided with the appointment of an ad hoc committee to make recommendations regarding the implementation of MNA's goal. Mrs. Mary Florence (Delaney) Munger served as the

chair of this committee. Their recommendation was to appoint a special committee to develop the implementation plan. The Special Committee on Implementation was appointed in June 1983 and elected Mrs. Munger as the chair. The committee met five times that year and its position paper on nursing education was adopted by MNA's Board of Directors in October 1983.⁸³

Miss Elizabeth Ruth Vanderhorst, President of MNA from 1983-1984, attended a special meeting of the ANA's Cabinet on Education in July 1983. Her report of this meeting to the MNA Board of Directors provided the impetus for the allocation of \$5000 to show good faith in the November 1983 submission of MNA's proposal for implementation of the entry goal to ANA. Funding was provided by the ANA from January 1984 to April 1987 to support a variety of activities related to the Nursing 21 campaign. A Steering Committee was appointed by MNA's Board of Directors in January 1984 to oversee the work of the ANA grant.⁸⁴

MNA's Work Related to the 1985 Legislative Session

The Concerned Nurses of Montana (CNOM), the organization formed in 1983 to oppose the efforts of the MNA regarding proposed changes in educational preparation for nursing practice, enlisted the assistance of several legislators to sign and introduce a bill into the 1985 legislative session which would limit the authority of the

Montana State Board of Nursing. By doing so, the CNOM hoped to insure that MNA would not be able to utilize the MSBON to implement its proposed changes in requirements regarding educational preparation for licensure.⁸⁵

House Bill 409, a bill for an act entitled: "An act removing the authority of the Board of Nursing to set qualification requirements by rule for applicants for nursing licenses; amending sections 37-8-405 and 37-8-415, MCA," was introduced on January 23, 1985 by a bipartisan group of seven Representatives led by Stella Jean Hansen (Democrat) from Missoula County. The other Representatives included three from Missoula County: Steve Waldron (Democrat), Harry Fritz (Democrat), and Earl C. Lory (Republican); Bruce T. Simon (Republican) from Yellowstone County (Billings); Rex Manuel (Democrat) from Teton County (Fairfield); and Tom Assay (Republican) from Rosebud County (Forsyth).⁸⁶

The MNA made its membership aware of HB 409 and the bill's potential consequences through a monthly publication entitled Legislative Alert. In it, MNA clarified the impact that HB 409 would have, if passed. For example, licensing requirements would become the responsibility of the legislature. Because it only meets every other year, responses to licensing issues would only be considered every two years, rather than in a timely fashion. Rules related

to such things as licensing fees, licensing of foreign nurses and every other rule established by the MSBON would become the responsibility of the legislature to amend the law to provide needed changes.⁸⁷

On February 11, 1985, the Committee on Human Services and Aging heard HB 409. At that time, Representative Hansen asked to amend the bill because its effects were more far-reaching than she had intended. The amendment was to insert "meets other qualification requirements the board prescribes with the exception of educational requirements for entry." The motion to amend the bill was voted upon by the Committee on February 13, 1985. It did not pass.⁸⁸

The lobbyist representing the MSLPNA and the CNOM made arrangements with the Governor and the Assistant Administrator of the Department of Commerce for a meeting on February 15, 1985 of representatives from the MNA, MSLPNA, MSBON and the CNOM to discuss a memorandum of understanding to establish a proposed two-year Task Force which would advise the MSBON on the issue of proposed changes in educational preparation for nursing practice. The Task Force was to be composed of representatives from these four organizations as well as from the MHA, MMA, the Montana Nursing Home Association (MNHA), the Vocational-Technical Centers (which provided LPN educational programs), and the ADN nursing programs.⁸⁹

The MNA opposed the proposal for several reasons. Among them was the fact that the MNA already had a plan in place to work with representatives from all of the groups involved in this issue. Another reason for opposing this plan was that a Task Force such as the one being proposed had already studied this issue and advised the MSBON from 1977 to 1981. MNA felt that the funding of another Task Force in lieu of the findings of the previous Task Force was not a judicious use of taxpayer's dollars.⁹⁰

Following the February 15th meeting, the proponents of HB 409 withdrew their objections to an adverse committee report. However, before it went to the floor of the House of Representatives for consideration to accept the adverse committee report, Representative Hansen was able to obtain 20 signatures necessary to have a debate and vote on the second reading on the floor of the House. When the bill came up for a second reading on February 17, 1985, Representative Hansen made a motion to have the bill passed until the 50th legislative day (March 7, 1985) which virtually killed the bill because it moved it past the transmittal deadline. On March 7, 1985, the Chief Clerk of the House placed HB 409 on second reading in order to make final disposition of it. Instead, Representative Hansen again moved that the bill be passed to the 62nd day (March 22, 1985), apparently an effort to keep the bill alive for

some reason. MNA representatives were told that this was an effort to try to get them to reconsider being involved in the proposed Task Force. On March 19, 1985, MNA's Legislative Committee sent a letter with a summary of HB 409 to the Board of Directors and to the Districts. On March 22, 1985, Representative Hansen made a motion and the House of Representatives voted to indefinitely postpone the consideration of this bill.⁹¹

Several outcomes surfaced as a result of the legislative debates regarding HB 409. First and foremost was the fact that legislators and the public in general became aware of the conflicts surrounding the proposed changes in nursing educational preparation requirements. It was felt by most that the issue was a "family" fight and should be worked out within the nursing profession. In addition, the legislators saw no real reason at that time to take authority away from the MSBON. A second outcome was that the MSBON did have the authority to change educational requirements by rule, in spite of the opinion of Montana's Attorney General, Mike Greely. Following the legislative session in which this whole issue had been raised, the MSBON asked the Attorney General if the board had the authority to require professional and practical nursing license applicants to hold a specific college degree as a qualification for initial licensure. His response was that

"The Board of Nursing does not have the authority to require applicants for professional or practical nursing licenses to hold a specific college degree as a qualification for initial licensure."⁹²

MNA's Work Related to the 1987 Legislative Session

House Bill 36 was sponsored by Representative Dorothy Bradley (Democrat) from Gallatin County (Bozeman). It was introduced into the legislative session on January 5, 1987. Representative Carolyn Squires (Democrat) from Missoula County and a LPN, served on the House Committee on Human Services and Aging, the committee responsible for hearing the bill on January 15, 1987. Representative Squires was also a member of the CNOM and was personally opposed to the proposed legislation. Her influence on the committee appears to have been quite significant. Though approximately 2/3 of the 200 people who attended the hearing indicated support for the bill, it was defeated by a vote of 18-2 in an executive session on January 22, 1987.⁹³

Summary of Phase Three

Over the years, the MNA has been successful in effecting amendments to the Nurse Practice Act through a commitment to quality and a strong lobby. In addition, the Legislative Committee has been the arm of the association's structure which monitors health care related bills

introduced into the legislature, thus continuing the important function it has performed since the inception of the organization.

It is not clear when the MNA plans to make its next attempt to influence the legislature regarding the entry issue. It is clear that in order to be successful, there will need to be unity on the issue by nurses practicing in all corners of the state and from each level of nursing education. It is apparent that unity has not yet been achieved. In addition, the nurses of the state still need to educate the public and the legislators regarding the differences in the practice of nurses prepared at the various levels. Differentiated practice is still not well understood by the members of the profession, much less the public. Until nurses are able to articulate and demonstrate the differences, MNA may well be wise to postpone further attempts to influence the legislature in this direction.

This chapter has focused on the second attribute of the concept of professionalism: professional organizations. Specifically, it has described the work of the MNA related to the educational preparation of nurses in Montana since 1912.

NOTES

¹Chapter 50, Session Laws of the 13th Legislative Assembly, State of Montana, March 3, 1913.

²Chapter 243, Session Laws of the 33rd Legislative Assembly, State of Montana, March 8, 1953.

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⁴Mrs. Catherine Agnes (Lucey) Flynn and Mrs. Emma E. (Lindquist) LaMoure, interview by Anna Pearl Sherrick, 3 January 1957, Helena, MT. Typed notes in Montana Nurses' Association Manuscript Collection #170, Box 8, Folder 4, Montana Historical Society, Helena, MT; "Senate Bill 53," Senate Journal of the Twelfth Legislature of the State of Montana (Helena, MT: Legislative Council, 1911).

⁵Stanley R. Davison, Mary D. Munger, and Anna Pearl Sherrick, eds., Nursing in Montana (Great Falls, MT: Tribune Printing, 1962), 49.

⁶LaMoure interview, 1957; "Minutes of the Montana State Association of Graduate and Registered Nurses, 1912-1938," in Montana Nurses' Association Manuscript Collection #170, Box 5, Folder 1, Montana Historical Society, Helena, MT; "Nursing News and Announcements: Montana," American Journal of Nursing, 13 (December 1912): 239; "Montana's Nurses in Organization," The Missoulian, 1 November 1912, 12.

⁷Lenora Koelbel, Missoula the Way It Was: A Portrait of an Early Western Town (Missoula, MT: Pictorial Histories Publishing Co., 1972), 62-63; Polk City Directory: Missoula, 1912; Mrs. Pearl (Johnson) Robbins of Missoula, MT,

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⁸E. Augusta Ariss, Historical Sketch of the Montana State Association of Registered Nurses and Related Organizations (Helena, MT: Montana State Association of Registered Nurses, 1936), 28-29; Davison, Munger, and Sherrick, 1962, 47.

⁹Davison, Munger, and Sherrick, 1962, 33; MNA Minutes, 1912; The Missoulian, 1 November 1912, 12.

¹⁰Ariss, 1936, 28-29; Davison, Munger, and Sherrick, 1962, 47; MNA Minutes, 1912; The Missoulian, 1 November 1912, 12.

¹¹MNA Minutes, 1912; Ida R. Palmer, "The Necessity of Organizing County Associations," American Journal of Nursing, 6 (September 1906): 854-857.

¹²MNA Minutes, 1912; The Missoulian, 1 November 1912, 12.

¹³MNA Minutes, 1912; The Missoulian, 1 November 1912, 12; Koelbel, 1972, 62; The Missoulian, 19 April 1914, 7.

¹⁴MNA Minutes, 1912.

¹⁵MNA Minutes, 1912; The Missoulian, 1 November 1912, 12.

¹⁶MNA Minutes, 1912; Butte Daily Post, 21 July 1913; The Missoulian, 6 September 1914, 5.

¹⁷MNA Minutes, 1912; Polk City Directory: Bozeman, 1912; Polk City Directory: Helena, 1912-1920; "Helena Curtis, Nurse for Fifty Years, Attends City Convention," Bozeman Daily Chronicle, 17 October 1948; Biographical sketch of Helena E. Curtis in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 3, Montana Historical Society, Helena, MT; Doris Buck Ward, "The Winning of Woman Suffrage in Montana," (Master's thesis, Montana State University, 1974), 157.

¹⁸MNA Minutes, 1912; Chapter 50, Montana Session Laws, 1913.

¹⁹MNA Minutes, 1912; The Missoulian, 1 November 1912, 12.

²⁰MNA Minutes, 1912; The Missoulian, 1 November 1912, 12; LaMoure interview, 1957.

²¹Ariss, 1936, 28-29; Davison, Munger, and Sherrick, 1962, 47.

²²MNA Minutes, 1913; "Montana Nurses Will Meet Here," Butte Daily Post, 18 July 1913, 10; "Montana Nurses Hold State Meeting," Butte Miner, 22 July 1913, 7; Montana Standard, 22 July 1913; "Addresses Before Trained Nurses," Butte Daily Post, 22 July 1913; "Name of Nurses' Association Changed," Butte Miner, 23 July 1913, 7; "Nurses Elect State Chiefs," Butte Daily Post, 23 July 1913; Helena E. Curtis, "The Nurse," [address to the Annual Convention of the Montana Association of Graduate Nurses in Butte, MT], 21 July 1913, Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 3, Montana Historical Society, Helena, MT.

²³Butte Miner, 23 July 1913, 7.

²⁴Butte Miner, 23 July 1913, 7.

²⁵Montana Standard, 22 July 1913.

²⁶HB 36, 1987.

²⁷MNA Minutes, 1913; Montana Standard, 22 July 1913; Butte Miner, 22 July 1913, 7; Paul C. Phillips, Medicine in the Making in Montana (Missoula, MT: Montana State University Press, 1962), 410, 433-434.

²⁸MNA Minutes, 1913, 1914.

²⁹MNA Minutes, 1913; Butte Miner, 23 July 1913, 7; Butte Daily Post, 23 July 1913.

³⁰MNA Minutes, 1913; Butte Miner, 23 July 1913, 7.

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33MNA Minutes, 1914.

34MNA Minutes, 1914.

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CHAPTER 6

PROFESSIONAL ORGANIZATIONS: OTHERS

Professional organizations comprise one of the attributes of the concept of professionalism which made up the conceptual framework for this study. The Montana Nurses' Association and its influence on another of the attributes, professional education for nurses, was the focus of the previous chapter. This chapter will focus on the other nursing organizations in the state with functions related to nursing education: the Montana League for Nursing (MLN) and the Montana Consortium of Schools of Nursing (MCSN). Descriptions of these two organizations are included for a broader look at the influences on nursing education in Montana.

Montana League for Nursing

The MLN was officially incorporated on November 12, 1953. Its early activities related to its organizational structure and there were no local leagues due to the sparsely populated nature of the state. Most of the early records of the MLN were not saved and, therefore, it was necessary to reconstruct some of the early events from other sources such as the archival materials of the Montana

Nurses' Association (MNA), the AJN, Nursing Outlook, newspaper articles, and other secondary sources.¹

In the 1930's, individual nurses in Montana belonged to a number of national nursing organizations, including the National League of Nursing Education (NLNE). Although the minutes of the annual meeting of the Montana State Association of Graduate Nurses (MSAGN) do not mention the decision to organize a State League of Nursing Education (SLNE), this news was reported in the June 1933 issue of the AJN, though this did not actually occur until 1945. It was also reported that the Executive Secretary of the MSAGN, Miss Edith Lucille Brown, would be attending the meeting of the NLNE to be held in Chicago that year. The NLNE and SLNEs provided a forum for nursing educators to meet with their peers for the purpose of discussing common problems.²

During the 1930s, as nurses began to move into roles other than Private Duty nursing, the first "sections," as they were called, were organized according to the special interests or work areas of nurses, as a part of the MSAGN's structure, patterned after ANA's structure. These sections held separate business meetings and sometimes separate programs during the annual conventions of the MSAGN. The section Chairs provided reports to the convention as a whole. The Education Section of the MSAGN held its first meeting at the 22nd annual convention in Havre on June 7,

1934 when the constitution and bylaws of the section were adopted and officers were elected: Miss Mary Theresa Cherry, Butte, was elected as the Chair, and Miss Harriet Grace Linfield, Missoula, was elected as the Secretary. An announcement in the August 1935 issue of the AJN revealed that the Education Section of the MSAGN had been "fully organized."³

Mary Theresa Cherry was born in Butte, Montana, on August 22, 1899, but received her elementary school education in Stevensville, Montana, where her family had moved. She had several brothers, but no sisters. Mary began high school in Stevensville, but graduated from a Butte high school in 1918. Before beginning her nursing education, Miss Cherry attended the Montana State University in Missoula in 1919 and then went to St. Teresa College in Winona, Minnesota. In 1926, she became a student at the St. James' Hospital School of Nursing, Butte, and graduated in May 1929. Miss Cherry then took a course in Obstetrical Nursing at the De Lee's Lying-In-Hospital, Chicago, a program she completed in 1930.

Returning to Montana and to St. James' Hospital, Butte, Miss Cherry became the Supervisor and Instructor of Obstetrics, a position she held until her untimely death following a three week illness at St. James' Hospital, Butte, on September 24, 1954. She was very devoted to nursing,

frequently attended seminars and workshops to stay current in her field, and both attended and participated in the conventions of the MSAGN and District #2 activities. She was a continuous member of the MSAGN from 1930 to 1954, and was the President of her District in 1950 and 1951.

Miss Cherry was also appointed as a member to the State Board of Nursing by Governor Frank H. Cooney in 1934, and was elected as President of the Board in 1935, a position she retained until 1937. She served as the Chair of the Education Section of the MSAGN from 1934 to around 1936 and again from about 1940 to 1944. She remained active in the Section until her death. At that time, the Board of Directors of the MSAGN voted to establish the Mary Cherry Scholarship for nurses of the state who desired to obtain additional obstetrical education. The suggestion for this memorial fund and generous contributions were made by Dr. Maude Gerdes, an obstetrician, and her office nurse, Miss O'Connor George, President of MSAGN from 1950 to 1952, both of Billings.⁴

Harriet Grace Linfield, another native Montanan, was born in 1880 and attended the Chicago Training School for City, Home and Foreign Missions from 1911 to 1913 to prepare herself for the work of a Methodist-Episcopal Deaconess. She worked at the "Baby Fold," an orphanage in Normal, Illinois and then in the Chicago Slums from 1913 until 1915

when she returned to Montana to work as a bookkeeper at the Bozeman Deaconess Hospital. During that first year in Bozeman, she also did some "field work," soliciting cash gifts, linens and canned fruit for the hospital and actively recruited young women into nursing. She enrolled in the nursing program herself in 1916 and graduated from the Bozeman Deaconess Hospital Training School for Nurses in 1919. From that time until 1929, Miss Linfield worked at both the Butte Deaconess Hospital and the Frances Mahon Deaconess Hospital, Glasgow, and became the Principal of the Training School at her alma mater in Bozeman until October 1929.

Little is known of Miss Linfield's activities from 1929 to 1931 except that she took a two year sabbatical from nursing and worked as the Director of the Missoula YWCA cafeteria. She returned to active Deaconess work in 1933 when she was appointed as the Principal of the Havre Deaconess Hospital Training School for Nurses, a position she held until 1935 when she was forced to take a leave of absence due to illness. She later retired to the Thoburn Terrace Methodist Retirement Home in Alhambra, California where she died in 1966 at the age of 86. During her nursing career in Montana, Miss Linfield was active in the MSAGN from 1919 to 1935, serving as Secretary, on the Board of Directors, numerous committees, and the Education Section. She also served on the State Board of Nursing and was

elected President of the Board from 1933 to 1934.⁵

By the 25th anniversary celebration of the MSAGN held at the annual meeting in Great Falls in June 1937, Sister John Marie (Elizabeth) Pithoud, Director of Nursing at St. Vincent's Hospital in Billings had been elected as the Chair of the Education Section. [The highlights of Sister's nursing career are detailed in Chapter 9 on Nursing Education.] Neither the minutes nor the AJN reports reveal who the secretary was at that time. Apparently Sister John Marie continued as Chair until about 1940 when Miss Mary Theresa Cherry of Butte was again listed as the Chair and Miss Zaida Burns of Billings as the Secretary. Little is known of Miss Burns.⁶

It was reported in the AJN that the Education Section of the MSAGN held an institute on Psychiatric Nursing at the Montana State Hospital at Warm Springs on November 23, 1940 and had arranged for an affiliate course in Psychiatric Nursing to be offered there beginning on September 30, 1940. Five students from Montana Deaconess Hospital, Great Falls, Sacred Heart Hospital, Havre, and St. James' Hospital, Butte, were enrolled in the 13 week program. The MSAGN assisted in the funding of this program. It was reported the following year that the MSAGN would match the funds provided by the State Board of Nurse Examiners to pay the \$930 salary for the instructor of the course. That

instructor was Miss Lala Handorf who interrupted her own graduate program to supervise and instruct the students.⁷ [A detailed account of this program was recorded by Sherrick in her 1976 publication The Montana State University School of Nursing: A Story of Professional Development.]

On March 21 and 22, 1941, the Education Section and the Montana State Board of Examiners for Nurses jointly sponsored a nursing education institute. A group of 82 hospital superintendents, supervisors, head nurses, general staff and private duty nurses as well as nursing school directors and instructors, and public health nurses from around the state attended. The two days of lectures were presented by Miss Henrietta Adams, Director of Nursing Education at the Harborview Division of the University of Washington School of Nursing Education. Topics included "Clinical Nursing," "Faculty Qualifications," and "Affiliations for Public Health and Psychiatric Nursing."⁸

On the recommendation of the Education Section of the MSAGN during the annual meeting in Helena on October 28, 1944, the formation of a State League of Nursing Education (SLNE) was authorized. In June 1945, the group called a special meeting to discuss the new SLNE. Later that month, on June 30th, another meeting was held to complete the plans for the organization and to elect officers: Miss Jane Baldwin Stevenson (Hubert), Missoula, was elected as

President, Miss Anna Totman Beckwith, Helena, as Secretary, and Miss Grace Gresnick as Treasurer. The Constitution also called for a Vice-President and a Board of Directors to be composed of two nurses and one lay member. It should be noted that, unlike the MSAGN, the SLNE had several classes of membership including individual nurses, lay members, honorary members and agencies.⁹

The objectives of the MSLNE as stated in the Constitution were:

1. To consider all questions relating to nursing education, both undergraduate and postgraduate;
2. To assist in bringing about better standards of nursing service in hospitals;
3. To bring about a greater interest in questions of public welfare, and to assist in furthering all matters pertaining to public health, by cooperating with educational, philanthropic and social groups;
4. To encourage more cordial professional relationships; and
5. To cooperate closely with the National League of Nursing Education in the development and maintenance of the highest ideals in nursing education and nursing service, and to develop a sense of responsibility and interest regarding nursing matters among all graduate nurses who are doing any form of executive or educational work.¹⁰

The first year's activities consisted of the perusal of nursing school records and curriculum, examining new methods for testing students, and a membership drive. Their first annual meeting was held in conjunction with the 34th Annual Convention of the MSAGN in Billings in October 1946. They continued to meet at the time of the MSAGN conventions until 1953.¹¹

Jane Baldwin Stevenson was born in Anaconda, Montana, in 1913. Her childhood was spent in Butte and West Yellowstone, though she graduated from Anaconda High School in 1931. Prior to embarking on a career in nursing, Jane attended the Montana State University in Missoula for one year. In 1934, she entered the Sacred Heart Hospital School of Nursing, Spokane, Washington, and received her diploma in 1937. Miss Stevenson then took a position as a nursing instructor at Columbus Hospital School of Nursing, Great Falls, Montana, for the 1937-1938 school year. In the fall of 1938, she continued her own education by enrolling in a two-year program at St. Louis University. She received her BSNE in 1940 and again returned to teaching as an instructor at St. Patrick Hospital School of Nursing, Missoula.

Between 1940 and 1950, Miss Stevenson not only taught nursing but was an Assistant Director and Acting Director at the school. In 1950, she married Howard J. Hubert. They began a family in 1952 and raised three sons. From 1950 to 1978, Mrs. Hubert continued her responsibilities full-time at St. Patrick's, teaching in the Social Science area. Prior to her marriage, Miss Stevenson was very active in the nursing organizations of the state. She served as President of District #1 from 1942 to 1946 and as the MSNA State President from 1948 to 1950. Her tenure as President of the State League was from 1944 to 1948. In 1949, Governor Samuel C. Ford appointed Miss Stevenson to the State Board

of Nurse Examiners. She remained on the Board until 1951. At the present time, she is in relatively good health, very busy with her friends, and is an active member of the Retired Nurses Association which meets monthly in Missoula.¹² [The biography and activities of Anna Totman Beckwith are detailed in Chapter 7 on the Montana State Board of Nursing.]

By the end of the annual meeting on October 16, 1946, Miss O'Connor George of Billings had been elected as the Treasurer of the SLNE, replacing Miss Grace Gresnick. O'Connor "Connie" George was born in White Castle, Louisiana, on July 29, 1902. She attended public schools in Louisiana and Mississippi, and graduated from high school in Baton Rouge, Louisiana, around 1920. Miss George entered the Baptist Memorial Hospital School of Nursing, Memphis, Tennessee, in 1922 and received her diploma in 1925. Her early nursing experiences included several months of private duty followed by one year as a Pediatric Supervisor. She then worked for four years as a Surgical Assistant and Office Nurse for an Eye, Ear, Nose and Throat Specialist.

From 1930 to 1934, Miss George worked as an instructor at All Saints Episcopal Hospital School of Nursing, Fort Worth, Texas, and later became the Director of the Methodist Hospital School there. In 1935, she developed tuberculosis. Her recovery was hastened by surgery and she was able to

accept a position as a Public Health Nurse Trainee with the Mississippi State Board of Health. By the time she had been there for six years, she had advanced to Assistant to the Director of the Public Health Division and received two scholarships to attend Teachers College at Columbia University in New York City for Public Health Nursing and Education.

During World War II, though age prevented Miss George from serving with the military, she was offered the opportunity to work in a physician-nurse partnership with Dr. Maude M. Gerdes, an obstetrician who was formerly associated with the United States Children's Bureau and was then serving as Director of Maternal and Child Health at the Mississippi State Board of Health. Dr. Gerdes had responded to the urgent plea from a classmate in Billings, Montana, to take over his practice to free him for active military duty. The two arrived in Billings late in 1942 when the Emergency Maternity-Infant Care (EMIC) program for wives and children of enlisted service men was administered by the State Boards of Health. Needless to say, business was thriving for Dr. Gerdes and Miss George.

Miss George remained in Montana until Dr. Gerdes' death in 1958. She then returned to Memphis where most of her family lived, and though she retired from active nursing practice, she was kept busy by the demands of caring for ill family members. During her sixteen years in Montana, from

1942 to 1958, Miss George was active in the MSAGN, serving as President of District #5 and as President of the State Nurses' Association from 1950 to 1952. In addition, she served on many state committees including the Functions and Standards for Qualifications of Office Nurses. She was appointed to the State Board of Nurse Examiners by Governor Samuel C. Ford in January 1946 and remained on the Board until July 1957. As noted above, she was also active in the State League and served as its treasurer from 1946 to 1950.¹³

At the annual meeting in Billings on October 13, 1946, Miss Helen M. Murphy, Director of Public Health Nursing, Helena, had spoken on "Social and Health Aspects in the Curriculum" and the members present at this meeting had recommended a two-day institute be presented on this topic the following spring. Forty-five nurses from the schools around the state attended the MSLNE program in Butte on April 26 and 27, 1947. "Social and Health Aspects in the Basic Nursing Program" was presented by Miss Mary Jo Dunn, Senior Nurse Officer of the United States Public Health Service. At the annual convention held in Bozeman on October 17, 1948, Miss Stevenson was elected as the President of the MSAGN and her position as President of the State League was vacated. Miss Anne Marie Cassidy (Keily) of Helena was elected to this position and the Secretary and

Treasurer remained the same.¹⁴

Anne Marie Cassidy was born in Butte, Montana, on October 3, 1914 to Mr. and Mrs. Joseph Cassidy. Anne was their only daughter and had six brothers. She attended St. Mary's Parochial School, Butte, graduating in 1928 and received her diploma from the Girls Central High School, Butte, in 1932. Following graduation, Miss Cassidy entered the School of Nursing at St. James' Hospital, Butte, and received her diploma in January 1936. During the first year after graduation, Anne did both private duty and general duty nursing in the Butte area. She continued her education from 1937 to 1938 at Seattle College and then transferred to the University of Oregon Medical School, Portland, where she received a Certificate in Public Health Nursing in 1939.

Returning to Montana, Anne was employed by the Montana State Board of Health as a Public Health Nurse in both Lewis and Clark and Custer Counties until June 1940. She then accepted a position as a Public Health Nurse with the Metropolitan Life Insurance Company in Butte where she remained until joining the United States Navy Nurse Corps as a Lieutenant Senior Grade in February 1945. After leaving the service in July 1946, Miss Cassidy attended a summer session at Seattle University and in December of that year, Anne became a nurse stewardess aboard the United States Army Transport Service Ship, the "James O'Hara" which carried

troops and Army dependents to and from the United States, China, Japan, and Korea.

Anne again returned to Seattle University where she completed the requirements for her BSNE in September 1947. This degree prepared her for her next position as Coordinator of Clinical Nursing at Carroll College Department of Nursing, Helena. She remained there until 1950 when she was needed at home in Butte to care for her ill mother. Following her mother's death in November 1952, Miss Cassidy returned to active nursing practice at the United States Veterans Administration at Fort Harrison, Helena. She worked as a head nurse and evening, night, and week-end supervisor until February 1954 when she was asked to return to Carroll College as Director and Coordinator of Clinical Nursing. She remained there until 1957 when she returned to school. She received her MSN from the University of Washington in Seattle in 1958 and returned to Carroll College until the program closed in 1960.

In 1959, Anne married Mr. Keily and moved to a ranch in the Avon area near Helena. A Practical Nursing Program located at the Senior High School in Helena was funded through the Manpower Development and Training Act Program and was Directed by Mrs. Keily from 1963 to 1965. She then retired from active nursing. In addition to her involvement in the State League, Miss Cassidy was active in the MSAGN and served on many committees including the Legislative

Committee and held office as a Director. She served another term as President of the MLN from 1955 to 1957. Mrs. Keily continues to live in Avon, Montana, at the present time.¹⁵

Miss Beatrice Hruska (Kaasch) of Helena was elected Secretary during the 1949 convention in Havre. [The biography and activities of Miss Hruska are detailed in Chapter 9 on Nursing Education.] During 1952, the MSLNE sponsored two conferences. A "Work Conference on Evaluation" was presented by Miss Katherine Kelly from the University of Colorado and a "Work Conference on Nursing Team Relations" was conducted by Miss Amelia Leino from the University of Wyoming.¹⁶

In 1953, the six national nursing organizations merged into the American Nurses' Association (ANA) and the National League for Nursing (NLN). The members of the Montana State League for Nursing Education (MSLNE) officially incorporated the Montana League for Nursing (MLN) on November 12, 1953.

Its objectives were:

To foster the development and improvement of hospital, industrial, public health, and other organized nursing services and of nursing education through the coordinated action of nurses, allied professional groups and other citizens to the end that the nursing needs of the people will be met.¹⁷

The theme of MLN's annual meeting in May 1955 was "Effectual Education of Nursing Students." It endorsed the formation of the Western Regional Council at that time. In 1956, the MLN co-sponsored a continuing education workshop

on cancer nursing with the American Cancer Society. In that same year they formed a maternal and child health council which developed parent education programs. The major focus of their work has continued to relate to various types of educational programs for both nurses and the public.¹⁸

The MLN today is a small organization of about 25 dedicated nurses, particularly in the eastern part of the state. They continue to hold regular meetings of the Board of Directors, annual meetings and elections, conduct workshops and other programs, bring in nationally recognized speakers, send representatives to the National League for Nursing annual meetings, publish a quarterly newsletter, New Horizons in Health Care, and are financially solvent.¹⁹

Summary of the Montana League for Nursing

The factors which led to the establishment of the Montana League for Nursing (MLN) in 1953 were: 1) an interest in education for nurses, namely membership in the Education Section of the MNA and the MSLNE; and 2) a desire to have the State League as a constituent of the newly reorganized National League for Nursing (NLN). It assumed the functions of 1) providing continuing education for nurses in practice and education through workshops around the state; and 2) providing health education for the public throughout the state. It is important to note that the MLN has both nurses and non-nurses in its membership and as

officers of the organization, following the same structure as the National League for Nursing. During its inception years as the Education Section of the MSAGN, only nurses were members and officers. In contrast, the MNA has always restricted its membership to professional nurses.

The MLN has been somewhat successful in its functions over the years, though more in its distant past than in its more recent history. In its beginning and "heyday" years, most of the members and officers were the same individuals who were also active in the MNA and many were on the State Board of Nursing. The members and officers were predominately active in nursing education, nursing service administration, members of the State Board of Nursing, and leaders of the Montana Nurses' Association. (See Appendix J for the list of MLN Officers.) In that respect, MLN did interrelate with the MNA and the SBON in meeting the goals for improved standards of nursing education and practice in the state.

The functions of the two organizations have not overlapped as much as the members and officers have overlapped. The efforts of the MLN have always been more related to continuing education of both professionals and the laity than to improving the standards for formal nursing education through legislative efforts and the passage of the Nurse Practice Act and its amendments. In fact, the MLN was not active during the 1987 legislative session in pursuing

the goal of baccalaureate education as minimal preparation for those entering the nursing profession. Nor was it officially opposed, though some members of the MLN were in opposition just as some members of the MNA were opposed.

Montana Consortium of Schools of Nursing

The Montana Consortium of Schools of Nursing (MCSN) is a relatively recent addition to the state's nursing organizations and is composed of the Deans and Directors of all the nursing schools of the state. Their purpose is to dialogue and work together on mutual issues related to nursing education in the state through participation on task forces and other strategies.

Organizational meeting: Bozeman, 1975

On November 1, 1975, a group of eight nursing educators representing five schools of nursing, met at Montana State University (MSU) School of Nursing in Bozeman to organize the Montana Consortium of Schools of Nursing (MCSN). Those present were Dr. Anna M. Shannon and Mrs. Barbara Judith (Edwards) Hauf of MSU School of Nursing, Bozeman; Dr. Rose Therese Sullivan and Mrs. Lillian LaCroix of Carroll College Department of Nursing, Helena; Miss Phyllis M. McDonald and Mrs. Vivian E. Moy of St. Patrick Hospital School of Nursing, Missoula; Mrs. Helen Lorrayne (Harris) Kiesling of Northern Montana College (NMC) School of Nursing, Havre; and Mrs. Mildred "Millie" (Banfield) Hom

of Miles Community College (MCC) School of Nursing, Miles City.

The purposes of the organization were determined as follows:

1. To speak with one voice for nursing and nursing education.
2. To strengthen nurse education in Montana through collaboration and coordination.
3. To promote understanding of education among Montana nurses and to provide an organized system of counseling for them.
4. To promote the WCHEN (Western Council on Higher Education for Nursing) goal of each nurse education program providing continuing education for their graduates and potential enrollees.

The following objectives were also determined:

1. Identify nurse leaders in Montana who have the ability, or the potential ability, to move in the socio-political realm.
2. Identify and work towards solution of some needs of nursing as a profession in Montana.
3. Assist in working toward development of a continuing education network through MNA.
4. Help to control nurse education programs in Montana to avoid duplication, to maintain standards, and to promote Indian student successes.
5. Assist nurses to be more knowledgeable about nursing education and professionalism.

Each of the objectives were stated with the actions needed to meet the objectives. Information derived from the actions was to be submitted to the Chair by December 1, 1975. In addition, it was agreed that the members of the Consortium would consist of the Directors of the five schools or departments of nursing, the MSU School of Nursing Continuing Education Coordinator, and faculty from the five schools as they were able or asked to take part. Officers

were elected with Miss Phyllis M. McDonald, Chair and Mrs. Barbara Hauf, Secretary. The following meeting was planned for January 24, 1976 at Carroll College, Helena. The name of the organization was not decided until the January meeting.²⁰

Helena, January 24, 1976

Dr. Freeman Wright, Deputy Commissioner of Academic Affairs for the Montana University System (MUS), was invited to attend this meeting. The following topics were addressed:

1. Transfer of credit toward ease of mobility for nursing students.
2. Limits on numbers of students admitted to the nursing schools.
3. Feasibility of additional departments or schools of nursing in Montana.
4. Future relationships of MSU and St. Patrick Hospital School of Nursing.
5. Differences in education and performance of nurse graduates.
6. Sharing the Warm Springs educational facilities.

Dr. Wright identified three major areas of consensus in the Commissioner's office related to nursing education: transfer of credits, utilization of clinical facilities, and the number of branches of the MUS that should be involved in nursing education. He was not aware of the problems related to the numbers of students entering the ADN Program at Northern Montana College and suggested that Northern screen applicants with similar admission criteria as those used by Miles Community College. The group did not seem to perceive

the transfer of credits as a problem. Also, Dr. Shannon and Miss McDonald agreed to dialogue regarding the increasing clinical resources in the Missoula area which would result from the closure of the last remaining hospital-based diploma program in the state. St. Patrick Hospital had agreed to phase out its program with the students who were then enrolled and who would graduate in 1978. No new students would be admitted. Clinical experiences for both baccalaureate and graduate students were discussed with the idea that these students would then meet the need for additional nurses in the area.

Finally, the group discussed differences in philosophy, curriculum, and planned outcomes for the various levels of nursing education. It was more difficult to describe and explain the similarities observed in terms of nursing practice by graduates of various levels of nursing education. Dr. Wright was apprised of the cooperation and collaboration of the various schools in sharing the facilities at Warm Springs. Future directions in psychiatric/mental health nursing were also discussed.

Following Dr. Wright's expression of appreciation for the invitation to join them and his departure, the Consortium considered a request by the Montana Commission on Nursing and Nursing Education presented by Miss McDonald. They were asked to respond by May, to the request to develop an educational mobility ladder in Montana. After a

discussion on the current practices in this regard, they agreed to each write a one-page "position statement" which they would discuss at their next meeting. A consensus paper would then be developed to present to the Commission. One final discussion item was related to whether or not to include the practical nurse educators in the Consortium. They decided not to invite them for membership, but for periodic interaction regarding educational concerns.²¹

Butte, March 25-26, 1976

Classroom 3 of the Silver Bow Community Hospital was the site for the Butte meeting. Mrs. La Croix and Mrs. Hom were not able to be at the meeting. However, Mrs. Hom sent an informational item to the group. She noted that Father McGinnis was exploring the idea of starting an ADN nursing program at the College of Great Falls, a small, private Catholic institution.

A discussion regarding the viability of the Montana League for Nursing was held. MLN only had 52 members at that time and was not seen as moving toward the accomplishment of its goals. The Consortium had also come up with a list of nursing leaders in the state to present to MNA as potential presidents for its organization. The group also brainstormed regarding a system of continuing education for the nurses of the state. They made plans to work with the MNA Legislative Committee to introduce a bill in the

1977 legislature which would provide some financial support for the coordination of continuing education for nurses in Montana. The need to communicate these ideas and plans to the Board of Regents was also discussed.

Miss Jo Eleanor Elliott, consultant to the Western Interstate Commission for Higher Education (WICHE), was the guest of the group on the second day of the meetings. She provided input on the task from the Montana Commission on Nursing and Nursing Education regarding the position statement on mobility ladders in nursing education in Montana, stating that they had been found inefficient and expensive elsewhere in the country. With the written thoughts of the group and Ms. Elliott's comments, Miss McDonald was given the responsibility to put all the information together into a single position statement for polishing by the group at the next meeting scheduled for May 2nd in Helena. Dr. Sullivan agreed to share with the group the resolution of the New York State Nurses' Association regarding two levels of basic nursing education. Dr. Shannon also introduced the idea of a grant for funding of improved distribution of nursing care in the state.²²

Helena, May 2, 1976

Only four members were present at this meeting. Miss McDonald, Mrs. Kiesling, Mrs. Hom, and Mrs. Hauf discussed the Position Statement Draft prepared by Miss McDonald.

After some changes were made, the following was sent to Drs. Shannon and Sullivan for review and modification, if necessary:

The Montana Consortium of Schools of Nursing recommends that the Commission on Nursing and Nursing Education encourage the Practical Nurse educators to organize to better enable them to coordinate and collaborate in strengthening practical nurse education and to enable them to more easily relate with the Consortium.

It is further recommended that when the Practical Nurse educators have organized, a representative of their group be appointed to act as liaison with the Consortium. In addition, the Consortium suggests annual or semi-annual combined meetings of the two groups of nurse educators.

Mrs. Hauf brought forward some information on the needs of nurses for continuing education (CE) and the requirements of a system to meet those needs. Potential approaches to develop those systems were described as well. Many CE offerings were available in Montana, but they needed to be coordinated. Due to a lack of time, discussion was delayed until the next meeting. It was decided that minutes of the Consortium meetings would be sent to Mrs. Sara Gertrude "Trudy" (Rugland) Malone, Executive Secretary of the Montana State Board of Nursing, to keep the Board informed of the group's activities.²³

Havre, June 17-18, 1976

In addition to the members of the Consortium, Dr. Jacqueline Taylor and Dr. Ruth Ludeman, MSU faculty, were also present at this meeting. A letter had been received

from the President of MNA, Mrs. Pearl (Johnson) Robbins, stating that the MNA Nominations Committee had received the input from the Consortium too late to include on the ballot, but that they could be nominated at the annual convention in October. Three of those who had been identified as potential candidates for President, Ms. Elsie Toavs, Ms. Marie Brazier, and Miss Elizabeth Ruth Vanderhorst, responded to the honor with letters of thanks to the Consortium. The MNA also had rejected a recommendation from the Consortium that consideration be given to electing a President-Elect. Mrs. Hauf agreed to obtain a job description for the position of the Executive Director of the MNA for the group to study and possibly make some recommendations related to concerns they had expressed related to the leadership responsibilities of that position.

Correspondence had also been received from Dr. Laura O. (Copple) Walker, Chair of the Commission on Nursing and Nursing Education. The position statement on educational mobility for nurses had been received for the May 7th meeting. Dr. Walker suggested that the position statement be shared with the Academic Deans in Montana's University System as well as with Dr. Larry Pettit, the Commissioner of Higher Education. The members of the Consortium also agreed to distribute the document through such vehicles as MNA's newsletter, The Pulse, the Montana State Board of Nursing, Directors of Practical Nursing Schools, the Advisory Board

for Vocational Education, and the Montana Hospital Association (MHA). Dr. Walker also requested that a member of the Consortium become a representative to the Commission. Dr. Anna M. Shannon was selected to do so. Questions related to the position statement were:

1. Will the Consortium look at curricula relative to articulation among levels and schools?
2. Does the statement imply developing curricula together?
3. Will the Consortium work on curricula within the frame of the position statement?
4. Will the Consortium try to evaluate experience?

The recommendation regarding a Consortium of Directors of Practical Nursing Schools received a favorable response from the Commission. The Consortium planned to contact Mrs. Barbara B. Crebo of Helena for action.

Additional correspondence was received from Mrs. Hom with a concern related to the evaluation of nursing programs by the State Board of Nursing. The other members of the Consortium agreed that there was a need for the schools to be evaluated in a more consistent manner. They further agreed that the standards were quite broad and needed to be better defined.

This led to a discussion regarding the potential opening and appropriate funding of a new ADN program at the Flathead Valley Community College in Kalispell. The members were concerned that this was happening without their prior knowledge of the situation. In an effort to be kept more aware of events occurring in nursing education, a joint

meeting with the Board of Nursing was suggested for October. Miss McDonald agreed to contact the President of the State Board, Mrs. Beatrice Kaasch.

Drs. Shannon, Taylor, and Ludeman were asked to begin working on a proposal for a Special Projects Grant to be submitted to the Division of Nursing. The aims of the project were to include:

1. Students were to have learning experiences with differing levels and from different schools;
2. Exposure of students to rural nursing;
3. Students and instructors were to conduct inservice/CE for staff nurses in the agencies; and
4. Students were to have opportunities to perform in staff nurse positions.

The proposal was to be written so that the objectives could be accomplished in phases. The program was to encompass professional role development, leadership, patient/consumer education, evaluation/research, and the development of a generalist. Following the termination of the grant funding period, it was hoped that the Schools of Nursing could assume the costs of its continuation.

The Consortium had also made a commitment to prepare some informational brochures regarding nursing education in the state. Two types of information were to be prepared and distributed:

1. For RNs interested in educational mobility.
2. For high school students, counselors, and others interested in basic nursing education programs.

Drs. Shannon and Sullivan were to work on preparing statements for such things as challenge examinations,

transfer of credits, lower and upper division nursing courses, and part-time study possibilities. Mrs. Hauf was to compile questions and answers related to nursing education, and Miss McDonald and Mrs. Kiesling were to prepare an information sheet for high school counselors.

Another area of grave concern to the members of the Consortium was discussed as well. That related to the difficulty in limiting enrollment in the ADN program at Northern Montana College (NMC). Apparently, the state would not allow the use of admission criteria. Therefore, Mrs. Kiesling was to develop preclinical requirements during the summer to share with the group at the meeting to be held in September. The plan was for the Consortium to recommend to the Board of Regents that these requirements be accepted. Dr. Shannon also suggested that the University and College presidents and other appropriate officials be invited to meet with the Consortium at various times.²⁴

Missoula, September 13-14, 1976

The Conference Room at St. Patrick Hospital School of Nursing was the meeting place for this gathering. In addition to the regular members, Ms. Suzanne Ottoy was also present. Several letters were discussed to begin the meeting. One, received from Mrs. Sara Gertrude (Rugland) Malone, indicated the willingness of the State Board of Nursing to meet with the Consortium in Helena on October

26th. Agenda items for that meeting included the following:

1. Evaluation of Nursing Programs by the Board;
2. Confidentiality of State Board Test results;
3. Communication mechanisms between the State Board and the Consortium; and
4. Development of Nursing Programs without means for long-term financial support.

Mrs. Hauf reported on the progress of providing coordination for the CE projects available for the nurses of the state. She was also asked to coordinate a conference in Bozeman on "Licensing, Credentialing and Manpower" to be held May 13-14, 1977. The focus of this meeting was to be on identifying present and future nursing needs in the state. It was brought about as a result of the report given to the Consortium by Dr. Sullivan who had attended a meeting of the Montana Commission on Nursing and Nursing Education in Dr. Shannon's place. Individuals who were knowledgeable about the analysis and distribution of nurse power would be asked to participate.

Dr. Sullivan also reported to the group that Mrs. Crebo had spoken with the Directors of the Practical Nursing Schools of the state who had shown an interest in developing their own Consortium as well as providing a liason to the Consortium for RN education. They agreed to discuss it further at their meeting in Helena in October.

It was announced that the position statement on educational mobility had been published in The Pulse and distributed as had been agreed upon. It was also decided

that the brochures that were being developed would not be ready for distribution in the fall as had been hoped. Because outcome expectations or competencies for various levels of nursing had been delineated by others, the group felt they would prefer to examine those rather than writing their own. Instead, each member was to write out the expectations of the graduates of her program based upon the program's objectives and determine the competencies common to the various levels and schools in the state. These were to be shared at the following meeting in October at Carroll College, Helena.

Finally, Mrs. Kiesling presented the criteria she had developed for selection of second year nursing students at Northern Montana College (NMC). These were based upon those used by MSU. They were currently being considered by the Board of Regents. A pre-nursing test had also been developed which was used to counsel students regarding entrance into the program.

On the second day of this meeting, Ms. Juanita Tate, Montana's nursing consultant from the Health, Education and Welfare (HEW) Regional Office in Denver, and Ms. Bernice Szukalla, Chief of the HEW Region VIII Manpower Branch, were the guests of the Consortium. The grant proposal for nursing education in underserved rural areas, under development by Drs. Shannon, Taylor, and Ludeman, was discussed. This group would continue to work on the

proposal with the input provided by Ms. Tate and Ms. Szukalla, including information on the review process for grant proposals.

Though the minutes do not reflect this, apparently a brief meeting was held with a newly formed group, the Montana Society of Nursing Service Administrators (MSNBA). It was recorded in the minutes of the next meeting of the Consortium that the meeting was found to be mutually useful and that they had agreed to meet together periodically. The first meeting would be in December 1976 to explore common goals, identify how they might work together, discuss the implementation of the Educational Mobility Position Statement, and to discuss education needs as perceived by the nursing service administrators.²⁵

Helena, October 25-26, 1976

The meeting on October 25th was scheduled for the afternoon only. Two guests from the Boulder River School and Hospital were invited to discuss the possibility of having nursing students in clinical experiences at Boulder and be potential recruits as well. The visitors were Mr. Richard Van Haecke, the Director of Staff Development and Mrs. Margaret Keating, the Director of Nursing. No action was taken at that time.

Dr. Shannon announced that she had prepared a grant proposal with Dr. Carol Lindemann from Oregon, for

interinstitutional research development in Oregon, Montana, and possibly Idaho. The goal of the grant was to improve health care delivery through research.

During the meeting the following morning, the members of the Consortium agreed to work on the proposal for Project CONCERN. Areas needing additional input at that time included: the problem statement, background/setting, objectives, methodology, and evaluation objectives.

Other items of business included the outcome competencies of graduates of various levels of nursing education, preparation for the afternoon meeting with the State Board, and the election of officers for the coming year. Dr. Sullivan was elected Chair and Mrs. Hom, Secretary. Dr. Sullivan agreed to communicate with the Montana Society for Nursing Service Administrators (MSNSA) executive board to determine the date, time, and place of the December meeting.

The afternoon session was the meeting with the State Board of Nursing. The Executive Secretary of the Board, Mrs. Sara Gertrude (Rugland) Malone, reiterated the purpose and function of the Board and related to the group that the Standards for Montana Schools of Professional Nursing were due for revision and elicited the input of the Consortium in that process. The Board also requested collaboration on such issues as credentialling and preparation and CE for nurse practitioners. Both groups recognized the need for

communication and agreed to share information on activities and issues relevant to both groups.²⁶

Helena, February 3-4, 1977

During the morning of February 3, 1977, the MCSN met in the Conference Room in the Department of Nursing at Carroll College to review the expected competencies of graduates from all levels of nursing education. Those present were Miss Phyllis McDonald, Ms. Amy Alice Black, Ms. Suzanne M. Ottoy, Dr. Therese Sullivan, Dr. Anna Shannon, Mrs. Vivian E. Moy, and Mrs. Millie Hom. The discussion centered on the following:

1. What are skills?
2. Should graduates know concepts and principles instead of skills?
3. What is the graduate's responsibility for performing at an expected level in the job situation?

The group agreed that each school would send its expected competencies to Dr. Shannon for photocopy reduction and comparison of the various levels. Each member would then receive copies to utilize the ideas of the others.

The remainder of the morning was spent in discussion of assisting small hospitals with the orientation of new graduates through CE offerings and other strategies. The progress of Project CONCERN was also discussed and plans were made for the afternoon meeting with the MSNSA.

Following the lunch break, Mrs. Barbara Hauf joined the group as well as the following members of the MSNSA: Ms.

Lois DeFord, Shodair Hospital, Helena; Mrs. Margaret Joann (Weber) Dodd, Deaconess Hospital, Billings; Ms. Marilyn Scott, St. Patrick Hospital, Missoula; Sister Rita Janisch; Ms. Ruth Meyer, Helena; and Mrs. Jane "Janie" (Lockwood) Cromwell, St. James, Butte. The discussion centered around common problems to the two groups and ended with an agreement to think about solutions and meet again in Bozeman on May 13-14, 1977.

The minutes of the meeting are very brief and do not reflect the "flavor" of the exchange, but according to a 1982 report of the accomplishments of these two groups' meetings over a five year period, it was described in the following way:

Tremendous anger and hostility was expressed at that first meeting, with those in nursing service accusing the educators of preparing a poor product and the educators telling us that we didn't know how to use the student.

Several meetings were held before we were able to establish that necessary element of trust and begin to listen to each other; nursing educators began to hear what we were saying -- what our expectations were of the new graduate; and the nursing directors began to understand more clearly the constraints of the schools of nursing. We also began to understand the different philosophies and expected outcomes of the various programs.

The two organized groups feel substantial progress has been made in changing nursing education as well as improving utilization of the new graduate.

During the meeting on the morning of February 4th, the members of the Consortium agreed to send a letter of recommendation to Governor Tom Judge related to the vacancy due to occur on the State Board during the summer of 1977.

They would suggest that a nursing educator from a baccalaureate program in the western part of the state be appointed. They also discussed the status of legislation affecting nursing. [The Legislature was in session during February 1977.] Items to be discussed at future meetings included the training programs for Emergency Medical Technicians (EMTs), courses for registered nurses (RNs) at the MSU extended (upper division) campuses, and the identification of additional nursing leaders in the state.²⁷

Bozeman, May 13-14, 1977

The second meeting of the MCSN with the MSNSA took place in the afternoon of May 13, 1977 on the Bozeman campus of MSU. The members of MCSN present outnumbered the members of MSNSA who were present. Miss McDonald, Ms. Ottoy, Mrs. Hom, Dr. Sullivan, and Dr. Shannon were joined by Mrs. Shirley Ann (Douglas) Cudney, Bozeman, and Ms. Katherine Hauck. Sister Rita Janish, Mrs. Dodd, Ms. DeFord, and Mrs. Scott were joined by Ms. Louise Johnston. Dr. Sullivan, Chair of the MCSN, called the meeting to order and led a discussion of the large amount of written materials which had been submitted by the group.

Mrs. Scott presented some materials from St. Patrick Hospital in Missoula and the discussions continued with special emphasis on the basic skills registered nurses need when employed by hospitals. The participants agreed to meet

again on September 22, 1977 and planned to develop consensus on a basic skills list at that meeting.

The following morning, Mrs. Helen Kiesling joined the regular MCSN meeting which began with a motion to send written support for Dr. Sullivan's appointment to the State Board of Nursing to Governor Tom Judge. They also suggested four alternatives.

An agreement was reached by the participants to prepare for the September meeting over the summer in terms of making some decisions regarding the skills lists. They also agreed that project CONCERN be returned to MSU. Finally, they agreed to request that the State Board of Nursing establish a task force to study the Nurse Practice Act "to determine the feasibility of changing the act to provide for licensure at two levels." The members of the Consortium agreed to provide assistance to this task force as needed.

Other items on the agenda included a discussion of the current EMT education programs. Special problems encountered in the nursing education programs in the state were also discussed. These included student conduct, written agency agreements, clinical experiences for students, and the costs of nursing education.²⁸

Billings, September 22-23, 1977

Ms. Lois DeFord, Shodair Children's Hospital, Helena,

chaired the joint meeting of the MSNSA and the MCSN on the afternoon of the 22nd. The members of the Consortium reported on the reaction of faculty to the skills lists and Ms. Nancy Swan, Chair, Academic Affairs Committee, MSU, Billings, reported on the development of skills labs at MSU and a study of both the theoretical and clinical portions of the nursing courses being taught at MSU. Dr. Sullivan agreed to share skills lists developed by Carroll College as well.

Ms. Marilyn Scott, Director of Nursing, St. Patrick Hospital, Missoula, suggested that the profession of nursing in Montana needed to know where it was, where it wanted to be, and how to get there, the problem being that each nursing education program in the state prepared a beginning practitioner at a different educational level: diploma, ADN, and BSN, yet all graduates wrote the same licensing examination. Dr. Shannon suggested that the Board of Nursing might hold a Spring Conference to solicit expectations from both directors and students and rate those expectations, using the skills lists, to determine the appropriateness of each skill to educational program, hospital size, and staff position. Mrs. Janie Cromwell agreed to take this suggestion to the Board of Nursing.

The next morning, September 23rd, a review and general discussion of a document titled "Definition of a Standard for Clinical Nursing Practice" took place. It was agreed

that new graduates will not be proficient, but will have had exposure to theory, procedures, and skills. From this discussion emerged a notion of the importance of new graduate orientation by employers. MSNSA was to take this information to their annual meeting in October, 1977, and ask for specifics related to new graduates. For example, what skills are needed, what don't they know or what can't they do?

There were expressions of concern related to the recruitment of new graduates and Dr. Shannon suggested that a Recruitment Fair be organized. The group decided that this was a good idea and agreed to work on it at their meeting at Carroll College on November 10, 1977. The group was also informed that the Board of Nursing's Task Force was to meet in Helena on November 11th. Finally, concern was expressed regarding the news that Dawson Community College, Glendive, was considering starting an ADN program to meet the recruitment needs of the Glendive/Sidney area. This issue was referred to the Board of Nursing in terms of limited state resources (both financial and clinical) and the recruitment of qualified faculty (minimally prepared at the master's level) and students.²⁹

Helena, November 15, 1977

Dr. Sullivan chaired this meeting held at Carroll College. Dr. Sullivan and Ms. Ottoy distributed skills

lists from both Carroll College and Miles Community College. Discussion revolved around the basic skills needed by new graduates. There was a feeling that more effort needed to go into the recruitment and retention of new graduates, especially by small hospitals. This was followed by the formation of a planning committee made up of the Chair and Secretary of each group, the MCSN (Dr. Sullivan and Ms. Ottoy) and the MSNSA (Mrs. Cromwell and Ms. Johnston). Dr. Shannon was appointed as a member-at-large. They planned to meet in Bozeman on February 20, 1978 and the Recruitment Fair was rescheduled for October 4, 1978, to be held in conjunction with the meetings of the MHA, MMA, and the MNA in Billings. This Fair was to be geared toward educational recruitment as well as employment recruitment.

The next joint meeting was to be held in Bozeman on October 21, 1978. The agenda was to include finalizing a working paper on the Clinical Nurse, Continuing Education for nurses, and skills lists from each school. The Planning Committee was to give a report on the Recruitment Fair, the Task Force was to report on the study of the Nurse Practice Act, and "career mobility" would be discussed.³⁰

Bozeman, February 22-23, 1978

The State Board of Nursing was to hold its Annual Spring Educational Conference on May 5th in Helena and the Recruitment Fair was to be held in October. The Planning

Committee was to meet the following day.

Dr. Sullivan, who had served as a MNA representative to the ANA's meeting on "Entry into Practice," held earlier in the month in Kansas City, provided an informative report to the group. The recommendations were that all nursing education be in institutions of higher education, that professional nursing education be a minimum of the BSN, that technical nursing education be a minimum of the ADN, and that nurse's aides be trained in vocational institutions instead of on-the-job training. She reported that 33 State Nurses' Associations were actively looking at the issue through task forces or changes in Nurse Practice Acts and that current diploma and ADN students/graduates would come under the "grandfather" clause. These recommendations were to be implemented by 1985. The National Student Nurses' Association was also supportive of the BSN as minimal preparation for professional nursing practice. A summary of this report was to appear in The Pulse.

Dr. Shannon reported on the AACN meeting held in Washington, DC, in January 1978. While there, she met with the Montana Congressional representatives regarding priorities in nursing at the federal level. They are traineeships for graduate students, research, special projects, advanced nurse training and capitation.

On the following day, the same reports were shared with the joint group. They also discussed competencies for

beginning practitioners and generally accepted the Clinical Nurse I job description for new graduates. The concept of career mobility and the use of Challenge Exams for the advancement of ADN graduates to BSN were discussed as well. Dr. Shannon described the revised Master's (MN degree) program at MSU with its rural focus and the option of either a thesis or professional paper. This program was to begin in Missoula in the fall of 1978.

The members of both the MSNSA and the MCSN agreed to invite representatives from other areas of nursing service (eg. public health, nursing homes) to attend some of their meetings. A couple of presentations were made in regards to the Recruitment Fair to be held on October 5, 1978 in Helena. The members were reminded of the other meetings to be held around that time as well. A number of handouts related to the "entry issue" in other states were distributed.³¹

Helena, May 10, 1978

At the beginning of this meeting, Mrs. Angeline Bushy was introduced to the group as the new chair of the nursing program at Miles Community College. She would begin serving in this position when Ms. Ottoy retired in June 1978.

Plans for the Recruitment Fair to be held on October 5, 1978, in conjunction with the MNA Convention and the MHA Meeting, were discussed. The objectives were:

1. To provide nursing service agencies with a potential pool of student graduates;
2. To provide a service to the state; and
3. To provide educational benefits to the students.

Baccalaureate nursing students from the upper division campuses of Montana State University School of Nursing and the Department of Nursing at Carroll College as well as the ADN students from Miles Community College and Northern Montana College would be encouraged to attend. In fact, this was a planned clinical experience for students. Nursing Service Administrators around the state were to be informed of the event. Though there were approximately 350 students to recruit from, the MCSN estimated that about 150 students would probably attend. Each school was to prepare an informational packet to include curriculum sheets, the school catalog, a skills list, local area information, and a copy of the NLN booklet "Characteristics of the AD Nursing Program" or "Characteristics of the BS Nursing Program."

Miss Phyllis McDonald reported to the group that the Montana Commission on Nursing Education and Nursing Service would be dissolved as it was no longer a viable group. Dr. Shannon reported on a meeting of the Post Secondary Commission she had attended in Seattle in which the Washington State regional doctoral nursing program was approved to admit students that fall.

Dr. Sullivan, Chair of the MSBON's ad hoc Committee to study Entry into Nursing Practice had suggested needed

changes in the Nurse Practice Act and she provided a copy of the memo which had been sent to the parent committee, the Task Force to study the Nurse Practice Act. In it, eight issues/questions were raised regarding Entry into Practice proposals:

1. Fear related to two types/levels of nurses: professional and technical;
2. The need for two types/levels of nurses;
3. State to state endorsement/reciprocity;
4. Implications for nursing practice and nursing education;
5. Career mobility: level versus type;
6. Faculty development;
7. Building of interprofessional cohesiveness; and
8. Upgrading of LPNs into the higher education system.

Miss McDonald then suggested that the Consortium develop a Position Statement regarding Entry into Nursing Practice. This topic was placed on the agenda for the next meeting to be held in October. The group would discuss whether or not they believed that the basic entry level into professional nursing practice should be a baccalaureate degree and the basic entry level into technical nursing practice should be the associate degree. They also planned to have a report of the Montana State Board of Nursing regarding the Task Force to Study the Nurse Practice Act.³²

Helena, October 23, 1978

Four members of the Consortium were present for this meeting: Dr. Sullivan, Mrs. Kiesling, Mrs. Angeline Bushy, and Dr. Shannon. The major consideration of this meeting

was related to the Entry Issue. Dr. Sullivan reported that the Task Force would be sending "entry" information to all RNs with their license renewal applications. She also reported that the American Hospital Association Lobby was circulating materials which informed their members of ways to fight the proposal to require the baccalaureate for entry into professional nursing practice. She also suggested that Mrs. Bushy consider representing the Associate Degree Programs at the January 29, 1979 meeting of the Task Force.

The group discussed the Recruitment Fair which was held earlier in October and they planned an agenda for their February joint meeting with the Montana Society for Nursing Service Administrators (MSNSA).³³

Helena, December 7, 1978

The members of the Consortium met with the MSBON. The Board provided information to the schools regarding the new State Board Test Pool Examination (SBTPE) to be implemented in 1982. The Consortium shared two concerns related to practical nursing education: 1) the appropriateness of practical nurse education in the acute care setting, and 2) the numbers of practical nurses graduating from Montana schools of practical nursing. In a letter to Dr. Sullivan dated February 26, 1979, Ms. Phyllis McDonald who was in the process of being oriented to the position of Executive Secretary of the MSBON, relayed to the Consortium that the

Board would address these concerns during the review of the schools of practical nursing. The Board also asked that the schools "continue planning together to broaden the scope of clinical resources used for meeting program objectives."³⁴

Helena, February 22, 1979

In addition to the four educators present at the October meeting, eight Nursing Service Administrators attended the February meeting. The Entry into Practice issue was discussed. An open meeting was to be held at the Vocational-Technical Center in Great Falls on May 14, 1979 regarding the issue of levels of entry into nursing practice. On April 9, 1979, the MSBON's Task Force on Entry into Practice would also be hosting an open meeting on the levels of entry into nursing practice. The potential effects of various levels of entry into nursing practice on small rural hospitals was discussed. The consensus of the group was that the major question was "what do we expect from our professional and technical nurses?" A suggestion was made that the nursing process be used to differentiate between the two levels. The agenda for the April meeting was to be devoted to "the differentiation of the professional nurse from the technical nurse."

Dr. Shannon reported on MSU's statewide survey of Registered Nurses to determine interest in the revised Master's program at MSU and also an outreach program for

nurses interested in obtaining the baccalaureate degree. Of the 5057 surveys sent out, 1100 were returned. Three hundred sixty nurses indicated an interest in earning the BSN and 56 desired a Master's degree in Nursing. Since 23 indicated an interest in pursuing the master's on the Billings campus, it was selected as the site of the master's program beginning in the fall of 1979. The plan was for it to rotate eventually to the other MSU upper division campuses. The BSN outreach program was scheduled to begin in the fall of 1980 and continue for three years as it was to be federally funded as a Special Projects Grant.³⁵

Helena, April 10, 1979

The major portion of this meeting was devoted to the Entry Issue. Dr. Sullivan reported that the MSBON's Task Force had met the previous day regarding their scheduled presentation at the Great Falls Vo-Tech Center meeting to be held on May 14, 1979. There was a general feeling that more input was needed from the LPNs and that it would be helpful if they collaborated with the ADN representatives. One of the difficulties related to articulation between the Vo-Tech Centers and the Montana University System (MUS) is that vocational credits cannot be transferred as academic credits. Even the transferrability of credits from one unit of the University system to another is a problem because of the lack of standardized credits for various courses.

It was also announced that Dr. Sullivan along with Miss Elizabeth Ruth Vanderhorst and Mrs. Joanne Dodd would attend the ANA Commission on Nursing Education's Task Force on Entry into Practice in Portland on May 15-16, 1979. Miss Vanderhorst also reported on the poor response of licensed nurses to the mailing regarding the entry issue. Of the 12,000 letters sent out, only 31 nurses responded.³⁶

Butte, October 9, 1979

Following a report by Ms. Louise Johnson, the Director of Nursing Services at the Glasgow Hospital, on the Entry into Practice proposal from the South Carolina Nurses' Association, Dr. Shannon moved that the Committee's Position Statement be approved and presented to the MNA forums to be held at the Convention that week. It read,

The Joint Committee of the Montana Consortium of Schools of Nursing and the Montana Society of Nursing Service Administrators reaffirms the resolution of the Montana Nurses' Association on Entry into Practice which identifies the two levels of nursing practice and that each level be prepared in institutions of higher education.

MNA's 1978 resolution read as follows:

Whereas Nursing Service Administrators recognize their responsibility to continually assess and relate to nursing education the perceived potential and performance of their nursing staff, and

Whereas nursing education is expected to prepare nurses to meet patient needs, and

Whereas currently there are numerous levels of personnel involved with direct patient care which appears to be neither cost effective nor conducive to

quality patient care, and

Whereas we are faced with the public's demand for higher quality, less expensive health care, increasing costs and budget cuts, and with the expanding knowledge needed to care for the increasingly complex and multifaceted patient problems,

Therefore, be it resolved that,

We propose two categories to deliver direct patient care, one level would be the professional nurse prepared at the baccalaureate level,

And be it further resolved that,

The other category would be prepared in institutions of higher learning to perform technical tasks delegated to the individual at the direction and under the supervision of the professional nurse who is accountable for total nursing care.³⁷

Billings, January 30, 1980

Though the Entry Issue was on the agenda, it wasn't discussed at this meeting. Miss Phyllis McDonald attended to present the new State Board Test Pool Examination (SBTPE) to be implemented in July 1982. The annual report of the MSBON was discussed. The standards for schools were to be revised every three years. On-site visits were to be made to the professional schools (ADN/BSN) every two years, to the technical schools (LPN) annually, and other visits as deemed necessary by the Board.

There was a report on MNA's Nurse Manpower proposal and an announcement that Stan Hanson was the new Executive Director of the MNA.³⁸ The next meeting was scheduled for March 27, 1980 in Billings. It is not clear if this meeting

took place or was cancelled. Dr. Sullivan and Dr. Shannon attended a national meeting on Entry into Practice during March 1980 and were to report on it at this meeting of the Consortium. Minutes have not been located to verify that the meeting occurred.³⁹

Correspondence between members indicate that joint meetings of the MCSN and the MSMNA were scheduled for May 18, 1980 (Bozeman); October 7, 1980 (Great Falls); March 23, 1981 (Helena); and November 23, 1981 (Billings). Minutes have not been located to verify if these meetings occurred.⁴⁰

Billings, May 20, 1982

The meeting held at Billings Deaconess Hospital on May 20, 1982 was not well attended by the Consortium members, but eight members of the MSNSA were present for a two hour meeting in the afternoon. Mrs. Joanne Dodd presented a student nurse job description proposal and Dr. Shannon presented the MSU skills list to the group. These were to be presented by students enrolled in a preceptorship program to employers who hired them while they were still students, beginning during the summer of 1982. They were to practice within the law and according to individual hospital policy.

Mrs. Janie Cromwell presented some proposed amendments to the Nurse Practice Act for discussion by the group. The minutes do not reflect the nature of the amendments.

Finally, the group reviewed the work of the Consortium from its origins in 1976 and compiled a total of 23 accomplishments.⁴¹

Bozeman, January 28, 1983

A joint meeting was scheduled. The proposed agenda included a discussion of the pros and cons of the Career Ladder concept and the proposed preceptorship elective to be offered by MSU during the summer of 1983. Apparently the MHA had been putting some pressure on the Consortium to offer this type of program to employ students during the summer between their junior and senior years to help interest them in staying in Montana after graduation. As a result of this meeting, the Consortium prepared a Position Statement on Educational Mobility for Montana nurses. The group also agreed to sponsor a workshop on Montana Laws Influencing the Practice of Nursing along with several other groups including the MSBON, the MNA, the MSLPNA, and the MLN.⁴²

Helena, January 26, 1984

Entry strategies were on the agenda. As a result of this meeting, Dr. Shannon was asked to represent the Consortium at an "entry forum" held in Helena on April 3, 1984.⁴³

Helena, February 1, 1985

A joint meeting was held at Carroll College on February 1, 1985. The agenda included a discussion of the new standards of nursing practice proposed by the MSBON which came from the National Council of State Boards of Nursing. Montana had no minimum standards regarding licensed nurses who were reported for substance abuse. The number of complaints to the Board was increasing. Also, a vacancy would be occurring on the Board that summer and names of potential appointees were to be submitted to the Governor for consideration. It was also reported that there was a proposal by the National Council of State Boards of Nursing which would make it possible for candidates to sit for the NCLEX examination an unlimited number of times.

Barbara Simonsen reported that she would be giving testimony against HB 409 as a representative of the MSNSA. This was the bill which threatened to remove the Board's authority to make rules regarding nursing educational preparation for entry into nursing practice.⁴⁴ [See Chapter 5 for a detailed review of HB 409.]

Activities of the Consortium from 1985 through 1987

The MCSN received an invitation from the MNA Steering Committee on Entry into Practice to send two representatives from the Consortium to a networking meeting of nursing organizations within the state to be held in Helena on

October 31, 1985. Dr. Therese Sullivan and Ms. Laura Lenau, Chair, Department of Nursing, Miles Community College, attended the meeting and Dr. Sullivan provided a copy of the Consortium's 1979 Position Statement and support for MNA's 1978 resolution on Entry into Practice. A second meeting of this networking group was scheduled for April 1986.⁴⁵

The Consortium planned to meet during the summer of 1986 to discuss the proposed Entry into Practice legislation scheduled to be presented to the Legislature in January 1987. In late summer, Dr. Shannon suggested that a joint meeting of the Consortium and the Montana Organization of Nurse Executives (MONE), formerly the MSNSA, be scheduled for September to discuss the changes in nursing education at MSU, both real and rumored, which would result from Montana's "revenue shortfall" and budget cuts at the University. The changes she proposed to discuss were related to the possible closure of one or more upper division campuses of the MSU College of Nursing or the whole program, the implementation of the proposed 2+2 program at NMC, and other possible changes. Dr. Shannon suggested that Dr. Carroll Krause, the Commissioner of Higher Education, also be invited to attend to hear the needs of the educators who would prepare the future nurses of the state at both the professional and technical levels.⁴⁶

In preparation for the hoped for passage of the Entry

into Practice bill in the upcoming legislative session, Dr. Shannon presented a document on "Educational Mobility, Staffing and the Entry Issue: Important Considerations" for the joint meeting of the Consortium and MONE scheduled for late September or early October in conjunction with the annual Conventions of the MHA (September 28-30, 1986 in Billings) or the MNA (October 1-3, 1986 in Helena). The document defined the two levels of nursing which were to go into effect in 1992 if the legislation passed.

Professional Nurse (referred to as BS-RN): Would require the baccalaureate degree for licensure as a Registered Nurse (RN) in 1992 and thereafter.

Technical or Associate Nurse (referred to as AS-LPN): Would require the associate degree for licensure as a Licensed Practical Nurse (LPN) in 1992 and thereafter.

Dr. Shannon suggested two types of educational mobility programs that could be utilized to prepare professional nurses. The first type was for Diploma and AD-RNs who graduated before 1992. This type of program (articulation from RN program to RN program) was currently available at both MSU and Carroll College. The second type was for AS-LPN technical nurses graduating in 1992 and thereafter. This type of program (articulation from a technical nursing program to a professional nursing program) did not currently exist in the state. An additional type of educational mobility for individual articulation was non-programmatic. Any individual, nurse or otherwise, could be

assessed in terms of advanced placement through the use of challenge examinations, credit examinations such as CLEPs, a change of curriculum or career such as second-degree students entering nursing education, or a technical nurse seeking professional nursing education. In other words, it wasn't necessary to provide specific articulation programs in order to have educational mobility.

In terms of staffing, Dr. Shannon proposed some specific considerations. Some staffing goals had been directed toward an all RN staff. More recently, some staffing goals had been directed toward an all BSN and RN staff. With the proposed legislation, the RN pool prepared before 1992 (Diploma, ADN and BSN) would continue to be available and would remain a significant population for 25 years. It would decrease about 10% every five years. The younger nurses in this pool would have a higher proportion of BSNs as compared to Diploma and ADNs. Finally, the population of new professional graduates with a BSN after 1992 would make up about 6% of the total number of RNs in any given five year cohort. Therefore, with the new educational qualifications, staffing patterns should change. The transition could begin prior to 1992 and implementation gradually increased after 1992.⁴⁷

Following the unsuccessful attempt during the 1987 legislature to require the baccalaureate degree as the level

of educational preparation for professional nurses, the Concerned Nurses of Montana (CNOM) volunteered to convene the meeting of the State Nurses' Council (SNC) at the Vo-Tech Center in Helena on May 9, 1987. The SNC had met in Great Falls in November 1986 and was comprised of representatives of many nursing organizations of the state that wished to informally share information and concerns regarding the profession of nursing and the provision of quality nursing care in Montana. The Consortium was invited to send two representatives from their organization to the meetings which met in the spring and in the fall each year.

Concerns shared at the meeting in November 1986 included whether or not the Vo-Tech Centers should come under the Board of Regents and the Entry into Practice issue, especially as it related to LPNs. The general consensus was that nurses at all levels needed more education to do their jobs effectively. It was also suggested that placing the Vo-Tech Centers under the Board of Regents would facilitate the transfer of vocational credits to academic credits in the MUS. Those present also believed that nurses needed each other and should be more cohesive. Finally, they agreed that nurses needed to make their needs known to the Board of Regents, the Governor, and the State Legislators.⁴⁸

Summary of the Montana Consortium of Schools of Nursing

It is apparent from a review of the history of the MCSN from its inception in 1975 through the 1987 legislative session, that the nursing education leaders of the state had a positive influence on the Entry into Practice issue in Montana. Much of their effectiveness arose from the networking which they were involved in with the MSNSA (now MONE), the MNA, the MSBON, and other organizations in the state. Many of their members served on the Board of Nursing and as officers of other nursing organizations of the state. It may be that their lack of effectiveness in the 1987 legislative attempt could be related to the fact that they were never able to get the Consortium for Schools of Practical Nursing active to the point of having joint meetings regarding articulation. Individually, the ADN programs gradually began to work on the articulation of LPNs into the ADN programs and the BSN programs gradually began to work on the articulation of Diploma and ADNs into the BSN programs, but the two groups of educators did not hold formal joint meetings.

Some of the articulation problems within the state have been related to the lack of NLN accreditation of the LPN schools and, for many years, the ADN programs were not accredited either. In addition, the LPN programs were all taught in the Vo-Tech Centers which were vocational schools offering vocational credits rather than academic credits.

The qualifications of the faculty in the vocational schools were not as stringent as the MUS. While most of the Vo-Tech faculty were baccalaureate prepared, the majority of University faculty were prepared at the graduate level. There just was no comparison between the vocational courses and the academic courses taught in the two very different systems. Therefore, for LPNs to have access to the BSN, they really started the program from the beginning just as if they had begun as freshmen straight out of high school. For some of the LPNs, especially those who were a little older, non-traditional students, this was quite an insult to them. When the Entry into Practice legislation was proposed, the LPNs who already felt like it was so difficult for them to become registered nurses through accessing the ADN programs, now felt that educational mobility would be even more unattainable for them.

The biggest foes to the passage of the Entry into Practice legislation were the LPNs and the Concerned Nurses of Montana which was composed of nurses from all levels of nursing education, but especially the Diploma graduates. They, like the LPNs, had experienced more articulation problems in accessing the BSN programs because they normally had taken much of their coursework in hospitals rather than in accredited institutions of higher education. They too had difficulty in transferring non-academic credits into the BSN programs taught in colleges and universities.

Two attributes of the conceptual framework for this study were the focus of this chapter which addressed the development of the MLN and MCSN and their influence on the progression of nursing education in Montana as it moved toward professional preparation for nurses. The next chapter will consider a third attribute of the conceptual framework of professionalism: professional legislation (the Nurse Practice Act and its amendments) from 1913 through 1987.

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²⁵MCSN Minutes, 13-14 September 1976.

²⁶MCSN Minutes, 25-26 October 1976.

²⁷MCSN Minutes, 3-4 February 1977.

²⁸MCSN Minutes, 13-14 May 1977.

²⁹MCSN Minutes, 22-23 September 1977.

³⁰MCSN Minutes, 15 November 1977.

³¹MCSN Minutes, 22-23 February 1978.

³²MCSN Minutes, 10 May 1978.

³³MCSN Minutes, 23 October 1978.

³⁴MCSN Minutes, 7 December 1978.

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³⁹Dr. Therese Sullivan, Helena, to Dr. Anna Shannon, 17 March 1980, Montana Nurses' Association Manuscript Collection #170, Box 7, Folder 3, Montana Historical Society, Helena, MT.

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⁴⁸Linda K. Adkins, Helena, to Montana Nursing Organizations, April 1987.

UNIVERSITY OF SAN DIEGO
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FROM UNTRAINED NURSES TOWARD PROFESSIONAL PREPARATION
IN MONTANA, 1912-1987

Part II

by

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CHAPTER 7

PROFESSIONAL LEGISLATION: NURSE PRACTICE ACT

Introduction

The third attribute or subconcept of professionalism in the conceptual framework for this study was professional legislation, the Nurse Practice Act. Nurse Practice Acts are those laws which regulate the practice of nursing in each state. Like other laws, they are introduced as bills in either house of the state government and follow the same course as any other bill in becoming a law.¹ Nurse Practice Acts are administered by the State Board of Nursing of the respective state. The Montana Nurse Practice Act and its amendments from 1913 to 1987 are reviewed in this chapter. The chapter is divided into three phases which correspond to the phases of progression from untrained nurses toward professional preparation in Montana as described in Chapter 5.

Phase One: Permissive Legislation to Differentiate between Untrained and Trained Nurses and to Differentiate between Trained/Graduate and Licensed/Registered Nurses in Montana, 1913-1953

As reported in Chapter 5, the first district nurses' association in the State of Montana was organized in Missoula County in order to formulate a plan to lobby

against proposed legislation in Helena. Senator J.M. Burlingame, (R) Cascade County (Great Falls), had introduced Senate Bill (SB) 53 to the Twelfth Legislative Session on January 12, 1911.² (See Appendix B for SB 53 as introduced and Appendix C for SB 53 as amended.)

From reading through the Senate Journal of the State of Montana for January 1911, it is very easy to trace the history of SB 53, "A Bill for an Act requiring the Registration of all Trained Nurses, providing a Board of Registration and Examination, fixing the numbers, duties and qualifications of said Board, and providing for the Registration of Nurses, providing Penalties for Violations of said Act."

Following the first and second readings on January 12, 1911, the bill was referred to the Committee on Counties, Towns and Municipal Corporations. On January 23, 1911, the chair of that committee, Senator Edward Donlon, (R) Missoula, recommended passage of the bill. It was adopted and sent to the Printing Committee. The chair of that committee, Senator W.E. Christopher, (R) Sanders County (Thompson Falls), reported on January 26, 1911 that the bill had been printed. It was then referred to the General File Committee. On January 27, 1911, it was recommended by the chair of that committee, Senator (Dr.) I.A. Leighton, (R) a physician from Jefferson County (Boulder), during the

business on the General File, that the bill be amended to include that prospective nursing students present ... "evidence of having attended at least 3 years of high school or its equivalent."

The bill passed as amended and was then sent to the Engrossing Committee. On January 30, 1911, the chair of the Engrossing Committee, Senator Moncune Cockrell, (D) Powell County (Deerlodge), reported that the bill had been correctly engrossed, or copied. Following the third reading, this bill was passed by a vote of 23-3, with two Senators absent and not voting. It was then transmitted to the House of Representatives for concurrence.³

In reading through the House Journal, it is possible to follow the path of the bill from its first and second readings on January 30, 1911 until it was referred to the General File Committee on February 18, 1911. Following the first and second readings, it was referred to the Committee on Sanitary Affairs. On February 8, 1911, Representative E.A. Wheeler, (D) Cascade County (Belt), and the chair of this committee, recommended additional amendments. They included a change in the fees from \$10.00 to \$5.00 and a mechanism for obtaining a temporary certificate to practice nursing.

Representative Wheeler then recommended concurrence with the bill as amended. The report was adopted and

referred to the General File Committee. However, on February 10, 1911, a motion was made by Representative Wheeler that the bill be recommitted to the Committee on Sanitary Affairs. The motion carried and many more amendments were proposed by the committee when they presented their report on February 18, 1911.

Though the report was adopted as amended and referred once again to the General File Committee, the bill was never mentioned again in the Journal for the 12th session. Apparently, the efforts of Montana's first nurse lobbyist, Miss Lucy Ann Marshall, were successful. It is obvious that Miss Marshall had influenced the recommended amendments, but perhaps needed more time to make sure that any other concerns of nurses were explored prior to the passage of a Nurse Practice Act. Therefore, SB 53 never became a law.⁴

The Nurse Practice Act

According to Davison, Munger, and Sherrick, a rumor circulated during the fall of 1912 that a Great Falls physician planned to have a bill introduced in January 1913 which would regulate nursing by the creation of a State Board to be composed solely of physicians. This information led to the formation of the MNA in October 1912 and following the meeting and election of officers, the newly elected President, Miss C. Anna Laurie, appointed the first Legislative Committee. That Committee was made up of the

Misses Lucy Ann Marshall, Chair, and Clara E. Brunelle of Missoula; Lydia R. Van Luvanee and Mary C. Platt of Helena; Mrs. Helena E. Curtis and Mrs. Nettie Lester Bennett of Butte; and Miss Ruby M. Bohart of Bozeman. All of these nurses were charter members of the MSGNA and several were appointed to the first State Board of Examiners for Nurses.⁵ When the bill appeared on Wednesday, January 22, 1913, during the 13th legislative session, it was House Bill (HB) 124, drawn up by the first Legislative Committee of the MNA and introduced by Representative H.M. Stewart, (D) Gallatin County (Bozeman). HB 124 was:

"An Act establishing a State Board of Examiners and Registration for Nurses, providing for the examination and registration of persons who engage in the profession of nursing the sick, fixing the requirements for registration by the State Board, and providing penalties for the violation of this Act."⁶

It was referred to the Committee on Sanitary Affairs.

On Thursday, January 30, 1913, following the Committee Report, the bill was returned to the House where there was a recommendation that it be indefinitely postponed and a substitute for HB 124 was introduced in its place by the Committee on Sanitary Affairs. Substitute House Bill (Sub HB) 124 was a bill for an Act entitled:

"An Act to establish a Board of Examiners for Nurses; providing that the Governor may issue a license or certificate of registration to persons engaged in the profession of nursing the sick, and fixing penalties for any violations of this Act."⁷

After the 1st and 2nd readings of Sub HB 124, by title

only, it was referred to the Committee on Printing. Following the report of the Committee on Printing on Wednesday, February 5, 1913, the bill was placed on General Orders. On Saturday, February 8, 1913, the Committee on Printing recommended its passage as amended and it was then sent to the Committee on Engrossment. The following Thursday, February 13, 1913, the bill was reported to be correctly engrossed. A vote was taken on Friday, February 14, 1913, following the 3rd reading. It passed by a vote of 62-1, with 23 abstentions. It was then transferred to the Senate for concurrence.

On Monday, February 17, 1913, Sub HB 124 was introduced to the Senate and sent to the Committee on Public Morals. Concurrence of the Senate occurred on Wednesday, February 26, 1913 following the 3rd reading. It was then sent to the Committee on Enrollment. On Saturday, March 1, 1913, the Committee on Enrollment reported that it had been correctly enrolled. It was then signed by the Speaker of the House and sent to the Governor's office.⁸

The Montana Nurse Practice Act was passed by both chambers of the Thirteenth Legislative Session, and was signed by Governor Samuel V. Stewart on March 3, 1913. It became Chapter 50 in the Session Laws of the Thirteenth Legislative Assembly. A copy of the entire text of the bill for State Registration was published in the June 1913 issue

of the American Journal of Nursing.⁹ (See Appendix F for Montana's Nurse Practice Act and its amendments.)

1913, Chapter 50 of the Session Laws, 13th Legislative Assembly

"An Act to establish a Board of Examiners for Nurses; Providing that the Governor may issue a License or Certificate of Registration to Persons Engaged in the Profession of Nursing the Sick, and Fixing Penalties for any Violation of this Act."

Be it enacted by the Legislative Assembly of the State of Montana:

Section 1. The Governor of the State of Montana shall have the power, and it shall be his duty, to issue a license or certificate of registration to any person practicing the profession of nursing the sick, upon the recommendation of the Board of Examiners for Nurses, said Board to be appointed as hereinafter provided for.

Section 2. The Governor of the State of Montana shall, within ninety days after the passage and approval of this Act, designate and appoint five persons who shall constitute the Board of Examiners for Nurses. Said Board shall consist of five members, and shall be appointed by the Governor from the membership of the Montana State Association of Graduated Nurses. The first board shall hold office during the following terms:

One member for the period of one year.

Two members for the period of two years.

Two members for the period of three years, and the members and the terms thereof to be designated by the Governor.

Section 3. Subsequent to the organization of State Board of Examiners for Nurses, the Governor of the State of Montana shall fill all vacancies and shall perpetuate said Board by the appointment of members thereof, which members for appointment shall be selected from persons who are registered nurses under the provisions of this Act, and who shall be actual residents of the State of Montana for a period of at least one year immediately preceding the date of appointment and who have actively engaged in the

practice of nursing for five years prior to such appointment, and there shall be at all times at least two members of said Board who shall have had at least two years experience in educational work among nurses, or who have had two or more years experience in the instruction of nurses in training schools.

The terms for which said members shall be appointed shall be for three years, except those first appointed and those to fill unexpired terms.

Section 4. The members of the Board shall immediately after their appointment meet at the City of Helena for the purpose of organizing said Board, and shall elect one of their number President, and shall elect one of their number Secretary, who shall also act as Treasurer of the Board. The Board shall adopt a seal which shall remain in the custody of the Secretary; the Secretary shall keep the records and minutes of the meeting of the Board, and shall record in a suitable book the names of all the nurses and training schools registered under this Act. The President and Secretary of said Board shall hold office for the period of one year, and until their successors are appointed and qualified. The salary of the Secretary shall be settled and fixed by the Board. The other members of the Board shall receive Ten (\$10) Dollars per day while actually engaged in attendance upon the meetings of said Board. This shall be in full for their expenses, same to be paid from the funds in the hands of the Treasurer of the Board, no charge or expense of any kind shall ever become a charge against the State Treasury.

The President shall act as Inspector of Training Schools for Nurses.

Section 5. Said Board shall provide a schedule of the subjects upon which applicants shall be examined to qualify for registration under this Act, which subjects shall include elementary anatomy, physiology, medicine, obstetrics, gynecology, surgery, dietetics, home sanitation and nursing.

Section 6. The President acting as Inspector of Training Schools shall inspect all training schools for nurses in the State of Montana, and shall report to the Board and the Governor such training schools as shall provide courses of instruction in the subjects required by the Board. The Secretary shall enter in the register kept for this purpose the names of all nurses who are entitled to registration under the provisions of this Act. The schools so registered shall be

required to pay to the Secretary of the Board a fee of Twenty-five (\$25) Dollars upon registration.

Section 7. The Board shall adopt rules which may be changed from time to time for the examination of applicants for registration under this Act, and the Board shall meet not less than once each year for the purpose of conducting examinations for applicants for registration. The time and place of meeting of said Board shall be advertised in the public press, and notice shall be given to each training school registered under this Act, to each regularly organized association of nurses within the State, to at least one journal of nursing, and notice shall be mailed to each person who has made application for examination under the Provisions of this Act, at least thirty days prior to said meeting; at such meeting it shall be the duty of the Board to examine all persons who are applicants for registration under this Act, and to recommend to the Governor each duly qualified applicant who shall have successfully passed said examination.

Section 8. Every person to whom a certificate of registration shall have been issued shall, within thirty days thereafter, cause the same to be recorded in the office of the County Clerk of the County in which such person resides, and all such persons shall, when changing the County of their residence within the State, cause said certificate to be recorded in the office of the County Clerk, within thirty days after acquiring residence in said new county, and it is further provided that no County Clerk of this State shall demand or receive any fee or compensation for filing, recording, making certified copy of nurse's certificate, or affixing seal to certificate.

Section 9. All applicants for registration under the provisions of this Act, shall furnish satisfactory evidence that he, or she, is at least twenty-two years of age, of good moral character, and has been graduated from the training school of nurses connected with a general hospital approved by the Board, where a systematic course of at least two years instruction is given, except in the cases hereinafter provided for; and all persons registered under the provisions of this Act shall pay to the Secretary of said Board, a registration fee of Ten (\$10) Dollars.

Section 10. Any person of the required age who has pursued as a business the vocation of nursing for a period of not less than five years prior to the passage

of this Act, and who presents to the Board a certificate that he, or she, is a competent person to give efficient care to the sick, said certificate being signed by one licensed physician in the active practice of the profession of medicine, and two registered nurses provided for by this Act, may register after taking and passing an examination given by the said Board at any time within two years following the passage of this Act. Any person who shall have graduated prior to July 1, 1917, and after January 1, 1890, from a reputable training school for nurses connected with a general hospital which now gives a course of at least two years training, and who shall graduate therefrom, shall be entitled to registration under the provisions of this Act upon payment of the fee therefor, without examination. And any person who shall have graduated from a training school approved by the Board, connected with a special hospital requiring a systematic course of at least two years training, and who at the time of application shall have obtained in a reputable general hospital one year's additional training in subjects not adequately taught in the training school from which they were graduated, and who shall pass an examination by the Board in these additional subjects not adequately taught in the training school from which they were graduated, shall be entitled to registration on the payment of the regular fee, without examination.

The Governor may issue a certificate to any person registered under the law of any State having the requirements equivalent to those of Montana, the Board and the Governor to be the sole judges thereof.

Section 11. Any person who makes application to the Board for examination for registration, having the required qualifications as hereinafter provided for, and who shall not pass said examination, or any person registered in any other state who shall be refused registration by the Board without examination as provided for in this Act, may appeal to the Montana State Association of Graduated Nurses, at the first annual meeting thereafter, and shall abide by the majority vote of said Association after a full hearing thereon.

Section 12. On and after July 1st, 1917, all applicants for certificates of registration under the provisions of this Act, shall pass the examination required by the Board before receiving a certificate of registration.

Section 13. It shall be unlawful hereafter, for any person to practice nursing as a trained, graduated, or registered nurse without a certificate as herein provided for.

Any person who shall assume a title indicating that said person is a registered nurse, or who shall hold himself, or herself, out to be a registered nurse, and who shall not be registered in accordance with the provisions of this Act shall be guilty of a misdemeanor and upon conviction thereof, shall be fined for the first offense, not less than Ten (\$10) Dollars, nor more than One Hundred (\$100) Dollars, and for each subsequent offense, not less than Two Hundred (\$200) Dollars, nor more than Five Hundred (\$500) Dollars.

Section 14. This Act shall not be construed as conferring any authority to practice medicine, or undertake the treatment of disease, in violation of the Medical Practice Act of the State of Montana, or to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to have special training in the profession of nursing, and who does not pretend to be a registered nurse.

Section 15. The Governor may, upon recommendation by the Board, revoke any certificate previously issued to the holder thereof, after a hearing by the full Board on charges made by any licensed physician in the active practice of his profession, or upon charges made by the registered nurse charging dishonesty, gross incompetence, a habit rendering a nurse unsafe or unfit to care for the sick, or any conduct or act derogatory to the morals or standing of the profession of nursing, or any wilful fraud or misrepresentation practiced in securing such certificate.

The person so charged under this Section shall be given at least thirty days' notice in writing of the specific charge against him, or her, and of the time and place of hearing said charge by the Board, at which time and place such person shall be entitled to appear and to be represented by counsel. Upon the revocation of any certificate heretofore issued, the same shall be null and void, and the Secretary shall take the name of the holder thereof from the roll of registered nurses, and shall give notice to each County Clerk within the state where said certificate may have been registered, of the revocation thereof, and it shall be the duty of such County Clerk to note upon such record the fact that such certificate has been revoked and the date of revocation.

Section 16. This Act shall be in full force and effect from and after its passage and approval.

Section 17. All Acts and parts of Acts in conflict herewith are hereby repealed.¹⁰

Subsequent Amendments to the Nurse Practice Act

1917, Chapter 122 of the Session Laws, 15th Legislative Assembly

Following an unsuccessful attempt to amend it in 1915, the 1913 Nurse Practice Act was first amended in 1917. SB 10, which became Chapter 122 of the Session Laws of the Fifteenth Legislative Assembly, amended Section 11 of Chapter 50 of the Session Laws of the Thirteenth Legislative Assembly as follows:

Any person who makes application to the Board for examination for registration, having the required qualifications, as hereinafter provided for, and who shall not pass said examination, or any person registered in any other State, who shall be refused registration by the Board without examination, as provided for in this Act, may appeal to the Montana State Association of Graduate Nurses at the first annual meeting thereafter, and shall abide by the majority vote of said Association after a full hearing thereon.

Provided that any person aggrieved by any decision of the Board of Graduate Nurses, finally determining his or her right to registration, may appeal from such decision to the District Court of the County of the residence of said applicant, within thirty days after receiving notice from the Board of its decision, which appeal shall be taken by filing notice of appeal with the clerk of the proper District Court and by serving copy thereof upon the Secretary of said Board. In case of a jury trial, said jury shall consist of three nurses and three doctors.¹¹

1919, Chapter 117 of the Session Laws, 16th Legislative Assembly

SB 65 was introduced into the Sixteenth Legislative Session which met from January 6 to March 6, 1919. The following summary indicates the amendments to the Nurse Practice Act which were approved on March 5, 1919:

Section 3. Added that Board members were to be members of the Montana State Association of Graduate Nurses.

Section 4. The Board was authorized to employ a Secretary, who was not a member of the Board, and who would also be the Training School Inspector. The Board was also to elect a Treasurer. The Secretary's salary was to be set by the Board, not to exceed \$2400 per year. The members of the Board were to be paid an additional \$10.00 a day for time lost in traveling to Board meetings as well as for other expenses incurred due to attending Board meetings.

Section 5. The number of subjects to be included in the licensing examination were increased to include hygiene and bacteriology, materia medica, medical and contagious diseases, pediatrics, and nursing ethics.

Section 6. The training schools were to be charged a \$5 annual renewal fee following the initial fee of \$25 for a certificate of registration.

Section 8. Repealed.

Section 9. The length of a graduate nurse's training program was increased from two to three years and credit for previous training and study was granted. In addition, schools were allowed to admit students under the age of 19 if they were high school graduates and at least 18 years of age.

Section 10. Removed all waivers from registration requirements. Also removed authority from the Governor to judge the applicant's qualifications for certificate of registration without examination. This authority was given solely to the Board.

Section 11. Revised the 1917 amendment to this section to read "three nurses registered under the

provisions of this Act, and three reputable physicians in active practice."

Section 12. Required applicant's to be residents of Montana and to pass the Board examination. Those registered in other states were required to provide credentials for registration which were equivalent to those of Montana.

Section 13. Expanded to include "trained graduates" as well as "registered nurses."

Section 15. Since Section 8 was deleted, the portion of this section which referred to the report to the County Clerk (the last half of the last paragraph), was also deleted.¹²

1925, Chapter 123 of the Session Laws, 19th Legislative Assembly

The Codes of Montana were revised in 1921 which resulted in Section 9 becoming Section 3210, related to the qualifications of applicants for registration of nurse's certificates. Also, Chapter 228 of Part 3 of the Political Code of the Revised Codes of Montana of 1921 required a new section to be added. It was known as Section 3211A which provided for the "Annual Renewal of Certificates of Registration of Nurses and Affixing the Fee Thereof." HB 141 was introduced into the Nineteenth Legislative Session and the following amendments to the Nurse Practice Act were approved on March 10, 1925:

Section 3210. Changed the minimum age for registration from 22 to 21 years of age, and restricted training schools from admitting students under the age of 18. Also raised the registration fee from \$10 to \$15.

Section 3211A. Instituted an annual renewal fee of \$1, due in June of each year.¹³

1929, Chapter 129 of the Session Laws, 21st Legislative Assembly

HB 173 was introduced into the 21st Legislative Session and approved on March 13, 1929 with the following amendments to the Nurse Practice Act:

Section 3207. The history of nursing was added to the subjects to be included in the examination for licensure.

Section 3210. Training schools were not to admit students with less than two years of high school credits, signed by the Principal of an accredited high school.

Section 3211. Reciprocity with other states was allowed, the Board being the sole judge in determining equivalent requirements.

Section 3211A. The date for the fee payment for annual license renewal was changed from June to December.¹⁴

1933, Chapter 29 of the Session Laws, 23rd Legislative Assembly

HB 91 was introduced into the Twenty-third Legislative Session and approved on February 22, 1933 with the following amendment to the Nurse Practice Act:

Section 3210. Graduation from an accredited high school with high school credits certified by the Principal was required for school of nursing applicants.¹⁵

1943, Chapter 22 of the Session Laws, 28th Legislative Assembly

In 1935, the Codes of Montana were again revised. HB

41 was introduced into the Twenty-eighth Legislative Session and was approved on February 5, 1943 with the following amendments to the Nurse Practice Act:

Section 3206. There was no longer a need for the Board members to elect a Treasurer as all funds from the Board were to be deposited with the State Treasurer who held the Board's money in a separate fund.

Section 3209. Authorized the Board to adopt rules and regulations to carry out the provisions of the Act.

Section 3210. Provided for the issuing of temporary certificates of registration to out-of-state nurses during and for six months after the termination of World War II. The fee was \$1 which could be credited toward the \$15 registration fee if the nurse chose regular registration following the war.

Section 3211.1. Exempted registered nurses in the armed forces from paying the regular \$1 renewal fee during and for six months after the termination of World War II.

Section 3215. Required the creation of a \$5000 Reserve Fund acquired from the collection of registration and annual renewal fees. Also authorized the expenditure of excess Board funds "to promote nursing education, to elevate the standard of nursing service in the State of Montana, to promote the general welfare of the profession, and to purchase such equipment and materials as may be necessarily incident thereto."¹⁶

Phase Two: Legislation to Differentiate between Registered Nurses (Mandatory) and Licensed Practical Nurses (Permissive) in Montana, 1945-1967

Introduction

Due to the severe shortage of nurses during the post World War II era, there was an increased interest in providing a "short course" of training for practical nurses and in licensing them. Montana's first attempt and

continuing efforts to train/educate "practical nurses" is described in Chapter 10. Its first of several attempts to license them is discussed here.

1945, House Bill 95, 29th Legislative Assembly

Notice was given by Representative C.J. Williams, (R) Yellowstone County (Billings), on January 25, 1945 that a bill to amend the Nurse Practice Act would be forthcoming. The MSNA had influenced the introduction of HB 95 into the legislature on January 26, 1945 by the State Boards and Office Committee. The bill would have required mandatory licensure for all who nurse for hire (both RNs and LPNs). It was referred to the Committee on State Boards and Offices and was returned to them from the Printing Committee on January 31, 1945. The Committee was chaired by Representative Fred H. Padbury, (R) Lewis and Clark County (Helena). The bill was passed in the House on February 10, 1945 by a vote of 66 to 9, with 15 absent and not voting. The nine who were opposed were almost evenly split (4 republicans and 5 democrats).¹⁷

The Senate amended and passed the bill on February 24, 1945 by a vote of 78 to 2, with 10 absent and not voting. Those opposed were one democrat and one republican. It was sent back to the House for concurrence, was passed as amended and sent to Governor Samuel C. Ford on February 28, 1945 for his signature. Instead he vetoed it. This was

apparently not a partisan issue, but one of location since a number of registered nurses from several areas of the state appeared in Helena and voiced their opposition to the bill.¹⁸ Two other unsuccessful attempts to provide for the licensure of practical nurses (1949 and 1951) are described in Chapter 5.

1947, Chapter 253 of the Session Laws, 30th Legislative Assembly

The Montana Codes were again revised in 1947. SB 70 was introduced into the Thirtieth Legislative Session and its approval on March 10, 1947 produced a new and revised Nurse Practice Act which repealed Sections 3203 through 3216, RCM 1935 and created Sections 66-1201 through 66-1220, RCM 1947. This new law contained the following:

Section 66-1201. Purpose. In order to safeguard life and health, any person practicing or offering to practice nursing as a trained, graduate, or registered nurse in this state for compensation or personal profit shall, hereafter, be required to submit evidence that he or she is qualified to practice, and shall be licensed as hereinafter provided. After July 1, 1947, it shall be unlawful for any person to practice as a trained, graduate, or registered nurse unless such a person has been duly licensed and registered under the provisions of this act.

Section 66-1202. Definitions. This act may be cited as the Montana Nurse Practice Act.

As used in this act, "board" means the Montana State Board of Nurse Examiners hereby created.

Section 66-1203. Board of Nurse Examiners. There is hereby created an administrative board and agency to be named and known as the Montana State Board of Nurse Examiners which shall possess and exercise all the powers and perform and discharge all the duties provided

herein, in the public interest. The board created hereby shall succeed to and receive from the board functioning prior to the passage of this act all its records, books, papers, accounts, monies and unfinished business and shall complete the business of said predecessor board in accordance with the provisions of this act. Said predecessor board shall deliver to the board created hereby all of said records and funds on July 1st, 1947, whereupon the existing Montana State Board of Examiners for Nurses, and all authority vested by law in such existing board shall wholly cease and terminate.

The board shall have a seal which shall be used to authenticate its acts as such board. Said seal shall have the name of the board inscribed thereon, together with such design as the board may authorize.

a. Creation of Board; Succession and Appointment of Members; Term of Office, and Removal From Office.

The Montana State Board of Nurse Examiners created hereby shall consist of five (5) members. The five (5) persons who are the members of the Montana State Board of Examiners for Nurses holding office thereon under the provisions of Sections 3203-3216, Revised Codes of Montana, 1935, as amended by Chapter 22, laws of the twenty-eighth legislative assembly of Montana, 1943, shall be and they are hereby appointed members of the Montana State Board of Nurse Examiners, effective July 1st, 1947, for initial terms thereon which terms shall be, in the case of each member, equal to the time each member would have continued to serve in her respective appointment except for this act, and until the respective successors of such members have been appointed by the governor and qualify.

On expiration of each such initial term, successively the governor shall appoint the members of the Montana State Board of Nurse Examiners, each to hold office for a term of three (3) years and until a successor is appointed and qualifies. The governor may appoint from a list of members of the Montana State Nurses' Association, submitted by such association which list shall contain names of persons in number at least twice the number of appointments to be made.

A vacancy occurring on the board may be filled for the unexpired term by appointment to be made by the governor from like nominations submitted by the Montana State Nurses' Association in the manner aforesaid.

On or before April 1st of each year and at any other time when there is a vacancy, the Montana State Nurses' Association shall submit to the governor a list of its members suitable for appointment, in number not less than twice the number of vacancies to be filled.

The governor may remove any member from the board for neglect of any duty required by law, or for incompetency, or unprofessional, or dishonorable conduct, in written and verified charges delivered to the accused at least twenty (20) days prior to hearing thereon, but no removal may be had until after the expiration of said twenty (20) day period and then only charges, written notice of which hearing shall be delivered to the accused at least ten (10) days before the hearing. Any order of removal shall be subject to judicial review on the law and the facts by any appropriate method.

b. Qualifications of Members of Board.

Each member of the board shall be a citizen of the United States and a resident of this state for at least one full year prior to appointment; shall have successfully completed at least an approved four (4) year high school course of study evidenced by proper certification of credits; shall have graduated from an accredited school of nursing; shall be licensed as a registered nurse in this state; shall have had at least five (5) years experience in nursing following graduation, with at least two (2) years executive or teaching experience in nursing education and shall have been actively engaged in the practice of nursing within two (2) years of appointment.

Each member of the board shall file with the secretary of state, the constitutional oath of office before beginning his or her term of office.

c. Duties and Powers.

The board shall meet annually, in the month of July, and shall elect from its members a president and a recording secretary, and also shall appoint and employ an executive secretary as hereinafter provided who shall not be a member of the board. The board shall hold any other meetings during the year as may be deemed necessary by its president, or by any two members to transact its business. Such meetings may be called on unanimous consent, or if otherwise called, shall be held on five (5) days notice. A majority of the board including one (1) officer shall constitute a quorum at any meeting.

The board is authorized to adopt and, from time to time, revise such rules and regulations not inconsistent with the law, as may be necessary to enable it to carry into effect the provisions of this act, including examination of any applicant for registration or certification. The board shall prescribe curricula and standards for schools and courses preparing persons for licensure under this act. It shall provide for surveys of such schools and courses at such times as it may deem

necessary. It shall accredit such schools and courses as meet the requirements of this act and of the board. It shall evaluate and approve courses for affiliation. It shall examine, license and renew the license of duly qualified applicants. It shall conduct hearings upon charges calling for discipline of a licensee or revocation of a license; and it must on its own motion conduct a hearing upon any application on at least ten (10) days written notice. The board shall have power to issue subpoenas, and compel the attendance of witnesses and administer oaths to persons giving testimony at hearings. It shall cause the prosecution of all persons violating this act and have power to incur such necessary expenses therefor. It shall keep a record of all its proceedings and make a complete and informative annual review to the governor.

The board shall have the power to adopt such forms for use by applicants and others, including license, certificate and identity forms, and other appropriate forms as shall be convenient for the proper administration of this act. The board shall keep, separately, permanent and complete registers of all registered nurses, and schools of nursing wherein shall be faithfully recorded all pertinent data as to each registered nurse, or school of nursing. The board shall also keep, separately, a list of inactive registered nurses together with their last known address and shall endeavor to keep such list and data up to date from year to year.

The board, in the adoption of rules and regulations, shall keep abreast of standards contemporaneous with advances in the knowledge of the science and art of nursing, within the limits thereof.

In the exercise of its powers and discharge of its duties, the board's actions shall be subject to judicial review and correction as hereinafter provided.

The board shall appoint and employ a qualified person to serve as executive secretary to the board, and it shall fix the compensation of such officer and define the duties of such office. It may employ such other persons as may be necessary to carry on the work of the board.

The executive secretary appointed by the board shall be a citizen of the United States, a graduate of a college or university and of an accredited school of nursing, and must be a registered nurse with at least five (5) years experience in teaching and administration in an accredited school of nursing.

d. Compensation.

Each member of the board shall, in addition to necessary hotel, traveling and meal expenses, receive

ten dollars (\$10.00) per day for each day actually engaged in the discharge of duties as such members, not to exceed thirty (30) days in any calendar year, including all the time spent in actual attendance at any meeting of the board and travel to and from such meeting and a reasonable number of days for the preparation of examination questions and grading papers, in addition to the time actually spent in conducting examinations.

Section 66-1204. Registered Nurses, Qualifications, Licensure.

a. Qualifications of Applicants.

An applicant for a license to practice as a registered nurse shall submit to the board written evidence, verified by oath, that said applicant:

- 1) Is twenty (20) years of age, or over;
- 2) Is of good moral character;
- 3) Is in good physical and mental health;
- 4) Has completed at least an approved four year high school course of study or the equivalent thereof, as determined by the board, and shall meet such other preliminary qualification requirements as the board may prescribe;

5) Has completed a course of study in an accredited school of nursing and holds a diploma therefrom.

b. License.

1) By examination.

The applicant shall be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral or practical examination, or both such examinations. Upon successfully passing such examination, the board shall issue, under its seal, to the applicant a license to practice nursing as a registered nurse.

2) Without examination.

The board may issue a license to practice nursing as a registered nurse without examination, to an applicant who has been duly licensed or registered as a registered nurse by examination under the laws of another state, territory or foreign country, if in the opinion of the board, the applicant meets the qualifications required of registered nurses in this state.

c. Fee.

The applicant applying for a license to practice as a registered nurse shall pay a fee of fifteen dollars (\$15.00) to the board.

d. Title and Abbreviation.

Any person who holds a license to practice as a registered professional nurse in this state shall have the right to use the title "Registered Nurse" and the

abbreviation "R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs, or figures to indicate or to intimate that the person using the same is a registered professional nurse.

e. Nurses Registered Under Previous Law.

Any person holding a license or certificate of registration to practice nursing in Montana as a registered nurse authorized by any prior board and issued by the governor which license is valid and for which all fees have been fully paid on July 1st, 1947, shall thereafter be deemed to be licensed as a registered nurse under the provisions of this act.

Section 66-1205. Renewal of License; Temporary Certificates; War Period Exemptions.

The license of every person, licensed under the provisions of this act shall be annually renewed, except as hereinafter provided. On or before December 1st of each year, the board shall mail an application for renewal of license to every person whose license was renewed or to whom a license was issued during the current year. The applicant shall fill in the application blank and return it to the board with a renewal fee of two dollars (\$2.00) before January 1st, next. Upon receipt of the application fee, the board shall verify the accuracy of the application and issue to the applicant a certificate of renewal for the current year beginning January 1st and expiring December 31st, following. Such certificate of renewal shall render the nurse thereof a legal practitioner for the period stated on the certificate of renewal, and shall be attached by the licensee to his or her license.

Any licensee who allows his or her license to lapse by failing to renew the license as and within the time provided above, may be reinstated by the board on satisfactory explanation for such failure to renew his or her license and on payment of a further fee of two

Any person practicing professional nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of this act.

A person licensed under the provisions of this act desiring to retire from practice temporarily, shall send a written notice to the board. Upon receipt of such notice the board shall place the name of such person upon the non-practicing or inactive list. While remaining on such list the person shall not be subject to the payment of any renewal fees and shall not practice nursing in the state. When the person desires to resume practice, application for renewal of license

and payment of renewal fee for the current year shall be made to the board.

The board shall have the power, within its discretion, to issue temporary certificates as registered nurses to persons registered, certificated, or licensed under the laws of any other state having requirements for registration or licensing substantially equivalent to Montana, upon payment of a temporary certificate fee of five dollars (\$5.00), such temporary certificate to entitle the holder thereof to practice for the length of time and as specified by the temporary certificate for a period not longer than six (6) months; to renew such temporary certificates as registered nurses for a second consecutive period of not longer than six (6) months, upon payment of a second temporary certificate fee of five dollars (\$5.00); to allow the fees so collected up to a maximum of ten dollars (\$10.00) to be applied upon the total fee of fifteen dollars (\$15.00) when and if the person holding a temporary certificate makes application for a license to practice as a registered nurse and to exempt all registered nurses serving in any of the armed forces of the United States, land, sea, air, or any armed services, a part of any thereof, from the annual renewal fee of two dollars (\$2.00) for a period not longer than the duration of war, or until cessation of hostilities, and six (6) months thereafter, as the board may determine.

Section 66-1206. Fund; and Administration and Disbursement of Same.

There is hereby created the fund of the said board of nurse examiners. The state treasurer of the State of Montana shall be custodian of said fund and keep an account of the same. Disbursements from the fund shall be effected by warrants drawn by the state auditor on the fund, pursuant to claims authorized and approved by the State Board of Nurse Examiners and by the State Board of Examiners. All fees received by the State Board of Nurse Examiners and all fines collected under this act shall be paid over by the executive secretary to the state treasurer for the credit of said fund at least twice in each month. The State Board of Nurse Examiners shall keep in said fund for all necessary and proper expenses incurred and to be incurred in the administration of this act the sum of five thousand dollars (\$5000.00). The board may, in its discretion expend all or any part of the monies in said fund in excess of the said sum of five thousand dollars (\$5000.00) designated for administration, to promote nursing education, to elevate the standards of nursing

service in the State of Montana, to promote the general welfare of the profession, and to purchase such equipment, supplies and materials as may be incident thereto.

Section 66-1207. Schools of Nursing.

a. Application for Accreditation.

An institution desiring to conduct a school of nursing shall apply to the board and submit evidence that:

1) It is prepared to give a thirty-six (36) month course of theoretical instruction and practical experience in nursing as prescribed in the curriculum adopted by the board. Such instruction and experience may be secured in one or more institutions approved by the board.

2) It is prepared to meet other standards established by law and by the board pursuant thereto.

b. Survey.

A survey of the institution or institutions with which the school is to be affiliated shall be made by the executive secretary of the board. The executive secretary shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements for an accredited school of nursing are met, it shall approve the school as an accredited school of nursing.

From time to time as deemed necessary by the board, it will be the duty of the board, through its executive secretary, to survey all schools of nursing in the state. Written reports of such surveys shall be submitted by the board. If the board determines that any accredited school of nursing is not maintaining the standards required by the statutes and by the board, notice thereof in writing identifying the defect or defects shall be immediately given to the school. A school which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited schools of nursing.

Section 66-1208. Disciplinary Proceedings.

a. Grounds for Discipline.

The board shall have the power to deny, revoke, or suspend any license to practice professional nursing issued by the board or applied for in accordance with the provisions of this act, or to otherwise discipline a licensee upon proof that the person:

- 1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
- 2) Is guilty of a crime or gross immorality;

- 3) Is unfit or incompetent by reason of negligence, habits or other causes;
- 4) Is habitually intemperate or is addicted to the use of habit forming drugs;
- 5) Is mentally incompetent;
- 6) Is guilty of unprofesional conduct;
- 7) Has wilfully or repeatedly violated any of the provisions of this act.

b. Proceedings.

Upon filing of a sworn complaint with the board, charging a person with having been guilty of any of the actions specified as a ground for disciplinary action, the board shall fix a time and place for a hearing and shall cause a true copy of the charges, together with a notice of the time and place fixed for the hearing, to be personally served on the accused at least ten (10) days prior to the date of hearing. When personal service cannot be affected and such fact is certified on oath by any person duly authorized to make legal service, the executive secretary of the board shall cause to be published, twice in each of two (2) successive weeks, a notice of the hearing in a newspaper published in the county in which the accused last practiced according to the records of the board and shall mail a copy of the charges and of the notice to the accused at his or her last known address. When publication of the notice is necessary the dates of the hearing shall be not less than ten (10) days after the last date of the publication of the notice.

The attendance of witnesses and the production of books, papers and documents at the hearing may be expelled by subpoenas issued by the board, which shall be served in accordance with law. At the hearing the board shall administer oaths as may be necessary for the proper conduct of the hearing. The board shall not be bound by strict rules of procedure or by the technical rules of evidence in the conduct of its proceedings, but the determination must be based upon clear and substantial legal evidence to sustain it, exclusive of hearsay evidence properly excluded on objection.

At the hearing the accused shall have the right to appear either personally or by counsel, or both, to produce witnesses and evidence on his or her own behalf, to cross examine witnesses and to have subpoenas issued by the board. If the accused is found guilty of the charges the board may refuse to issue a license to the applicant or may revoke, or suspend, a license.

Any order or determination of the board in such disciplinary proceedings, or in any other activity of the board shall be subject to judicial review of the district court of the county of residence of the person

affected, by use of review or by action against the board as in the case of other civil actions, setting forth the alleged grounds of error or excess in the exercise of the powers or performance of the duties prescribed herein for the board. Any review proceeding or action against the board shall be commenced within thirty (30) days after issuance of the order or determination in question, or forever barred.

Section 66-1209. Exceptions.

No provision of this law shall be construed as prohibiting gratuitous nursing by friends of a sick or afflicted person or by members of the family for each other, or as prohibiting professional nursing assistance in the case of an emergency; nor shall it be construed as prohibiting the practice of nursing by students enrolled in accredited schools of nursing, nor by graduates of such schools or nurses pending the results of the first licensing examination scheduled by the board following such graduation; nor shall it be construed as prohibiting the practice of professional nursing in this state by any legally qualified nurse of another state whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of one such engagement, not to exceed six (6) months in length, provided such person does not represent or hold himself or herself out as a nurse licensed to practice in this state; nor shall it be construed as prohibiting the practice of any legally qualified professional nurse of another state who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of his or her official duties, nor shall it be in any way construed as prohibiting any person nursing the sick for hire who does not in any way assume or pretend to be a registered nurse, such persons being hereby excluded from the operation of this act.

This act shall not be construed as conferring any authority to practice medicine or surgery, or any of the healing arts licensed to be practiced in the State of Montana, or to undertake the treatment of disease by any of the methods employed in such arts, unless the licensee shall have fully qualified under the applicable law covering such healing art, or arts. Nothing in this act shall be construed to apply to persons of the Christian Science faith in the care of the sick.

Section 66-1210. Violation of Act - Penalties.

It shall be a misdemeanor for any person (including any corporation, association, or individual) to:

a. Sell or fraudulently obtain or furnish any nurse a diploma, license or record or aid or abet therein.

b. Practice professional nursing as defined by this act under cover of any diploma, license or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation.

c. Practice professional nursing as defined by this act unless duly licensed to do so under the provisions of this act.

d. Use in connection with his or her name any designation tending to imply that he or she is a registered nurse unless duly licensed so to practice under provisions of this act.

e. Practice professional nursing during the time his or her license issued under the provisions of this act shall be suspended or revoked.

f. Conduct a school of nursing unless the course has been accredited by the board.

g. Otherwise violate any provisions of this act.

Such misdemeanor shall be punishable by a fine of not less than one hundred dollars (\$100.00) for a first offense. Each subsequent offense shall be punishable by a fine of three hundred dollars (\$300.00) or by imprisonment of not more than six (6) months in the county jail or by both such fine and imprisonment.

The several district courts within their respective jurisdictions are hereby empowered to hear, try and determine charges of misdemeanor and to impose in full the punishment or imprisonment and fines herein prescribed as shall be necessary to prove in any prosecution or hearing under this article only a single act prohibited by or a single holding out or an attempt without proving a general course of conduct, in order to constitute a misdemeanor under this act.

Such misdemeanors shall be prosecuted by or under the direction of the attorney-general in the name of the state provided, however, that nothing in this section that is interpreted to prevent or impede the prosecution of such misdemeanors by the county attorney or any attorney when such proceedings shall have been authorized by the attorney-general.

Section 66-1211. Sections 3203-3216, RCM, 1935, and Chapter 22, Laws of the twenty-eighth legislative assembly of Montana, 1943, and all acts and parts of acts in conflict herewith are herein repealed.

Section 66-1212. This act shall take effect at 12:01 o'clock A.M. on July 1, 1947.¹⁹

1953, Chapter 243 of the Session Laws, 33rd Legislative
Assembly

HB 74 was introduced into the Thirty-third Legislative Session on January 22, 1953. It was approved March 8, 1953, and became effective on July 1, 1953. One newspaper account of the impending passage of HB 74 reported that of the nine bills approved on the day in which the House of Representatives Committee of the Whole had recommended passage of the measure, this bill was the only one which was debated. Representative Bricker, (R) Cascade County, told the House that this bill "was needed in order to raise the health standards of the state." His comments were supported by Representative Wiedman, (R) Lake County, who described the "terrible situation in my county and in most counties of the state" due to the shortage of nurses. He added that he would be "afraid to go home if this bill does not pass. We need this help and this is the only way to get it."²⁰

Two members of the House spoke out in opposition to the bill. Both were Democrats from Silver Bow County. Representative Dwyer attempted to kill the bill, but his motion lost on a voice vote. He termed it "unfair to the registered nurses of the state" and "just another way to get cheap labor." Representative Loughran supported his colleague by adding, "if this bill passes, our nurses will form a union." Of course, forming a union was a common occurrence in Silver Bow County, home of Butte, the mining

capital of the "Treasure State" which was well known for the formation of unions for miners and was heavily Democratic politically.²¹

This bill had special significance because it provided for the licensing of practical nurses for the first time in the state of Montana. The Nurse Practice Act of 1947 was completely revised and repealed. The revised Nurse Practice Act of 1953 renamed the board for the third time. It was now called the Montana State Board of Nursing and had dual functions, powers and duties. Two separate administrations existed under one board, with 5 positions on the board for registered professional nurses and 3 additional positions on the board for licensed practical nurses (for a total of 8 members).

The major points of the act included the fact that licensure was compulsory (mandatory) for registered nurses and permissive for practical nurses. In addition, definitions of the two levels of nursing service providers clearly differentiated the scope of practice. For the first time, three practical nurses were to be appointed as members of the board. These initial appointments were for five years (1), three years (1), and one year (1). Thereafter, all terms on the board were for five years and individuals could be reappointed for a second term. After July 1, 1957, all LPN appointees to the board were required to be

graduates of schools of practical nursing. The board was required to meet annually in July (and more often if needed) and to elect a President and a Secretary each year. There were to be separate rules and regulations regarding the licensing of individual nurses and the approval of schools of nursing for the two levels of nursing service providers.²²

1963, Chapter 195 of the Session Laws, 38th Legislative Assembly

SB 33 was introduced into the Thirty-eighth Legislative Session simply to increase the licensure fees for both RNs and LPNs for initial licensure (\$25) as well as renewal fees (\$5). It was approved on March 7, 1963.²³

1967, Chapter 291 of the Session Laws, 40th Legislative Assembly

HB 219 was introduced into the Fortieth Legislative Session on January 18, 1967. Following several amendments to the bill in the House, it was passed and sent to the Senate for concurrence on February 12, 1967. Concurrence was approved in the Senate on February 24, 1967 following several amendments and it was returned to the House for concurrence. The House concurred with the Senate amendments on February 27, 1967 and the bill gained final approval on March 2, 1967.²⁴

The amended NPA redefined the practice of professional

nursing and the practice of practical nursing. It also reduced the period of practice pending licensure as a registered nurse or as a practical nurse to not more than 3 months. In addition, a new requirement was added for applicants seeking licensure as a practical nurse. Applicants were now required to complete four years of high school or the equivalent as determined by the Department of Public Instruction. The Act also provided for the waiver of certain requirements for licensing practical nurses before July 1, 1970. The waiver included the new requirement of a high school education. Finally, the Act provided a penalty for practicing practical nursing without a license. This really made the licensure of all who nurse for hire, both RNs and LPNs, mandatory for the first time in Montana. It was then, in a sense, a landmark act!²⁵

Phase Three: Legislation to Differentiate between
Professional Nurses and Technical Nurses
in Montana, 1967-1987

Introduction

Following the passage in 1967 of mandatory licensure for all who nurse for hire, the members of the MNA continued to explore the possibility and work toward requiring the baccalaureate degree in nursing as the minimal preparation for entry into professional nursing practice as had been set forth in the 1965 position paper of the ANA. From the 1960s

through the 1987 legislative session, the association worked toward this goal.

1975, Chapter 180 of the Session Laws, 44th Legislative Assembly

HB 509 was introduced into the Forty-fourth Legislative Session to generally revise the NPA by amending several sections as follows:

Section 66-1222. The following terms were defined: board, department, practice of nursing, practice of professional nursing, and practice of practical nursing.

Section 66-1225. Several aspects of the organization of the board were amended. These included the duties and powers of the board, the separation of records responsive to the functions of board, and the fact that the dual administrations were to be exclusive of each other.

Section 66-1226. Reimbursement for actual expenses and the additional payment of \$25 per day would be provided to members of the board as compensation for their work.²⁶

Section 66-1228. Dealt with fees related to licensure by examination and by endorsement without examination for professional nursing applicants.

Section 66-1232. Dealt with the licensure of practical nurses by examination and by endorsement without examination.

Section 66-1239. Was revised to require that the Executive Secretary hold a master's degree with post graduate courses in nursing.

The Executive Secretary at that time was Mrs. Sara Gertrude "Trudy" (Rugland) Malone who was the first Executive Secretary to hold a master's degree. Trudy had earned her Master's in Nursing (MN) degree at MSU in 1964.

HB 509 was approved on March 27, 1975.²⁷

1981, Chapter 248 of the Session Laws, 47th Legislative Assembly

SB 427 was introduced into the Forty-seventh Legislative Session by Senators Steve Brown (D), Helena (Lewis and Clark County), and Matt Hims1 (R), Kalispell (Flathead County), a bipartisan effort. It was an act to reestablish the Board of Nursing, revise some general and membership provisions, including staggered 4 year terms for Board members, revise the definitions of nursing, authorize temporary nursing permits, and provide for late renewal fees. The proposed amended sections were: 2-8-103; 2-15-1610; 37-8-102, 103, 201, 202, 301, 302, 406, 407, 409, 415-417, 431, 441, and 442. The final outcome was for the membership of the Board to be composed of 4 RNs, 3 LPNs, and 2 public members. The bill received final approval on March 21, 1981 and was signed into law by Governor Ted Schwinden on April 2, 1981.²⁸

1983, Chapter 84 of the Session Laws, 48th Legislative Assembly

HB 14 was introduced into the Forty-eighth Legislative Session to generally revise and clarify laws relating to business and labor. Included in this bill was an amendment to Section 37-8-405 of the NPA which refers to the qualifications of the applicants for licensure as a

registered professional nurse. The revision removed the phrase "acting under the professional nursing administration" from the qualification which states that the applicant "meets other qualification requirements the Board prescribes."²⁹

1987, Chapter 282 of the Session Laws, 50th Legislative Assembly

HB 541 was introduced into the Fiftieth Legislative Session to clarify the Board of Nursing Members' terms of appointment (Section 2-15-1844) and educational requirements for nursing specialty areas (Section 37-8-202) and to clarify the Board's authority to define unprofessional conduct (Section 37-8-441) and to clarify their procedures for denial, revocation, or suspension of licensure (Section 37-8-442) of the Montana Code Annotated (MCA).³⁰

Section 2-15-1844. Added that the Governor's appointees must be confirmed by the Senate.

Section 37-8-202. The wording was changed to reflect that applicants seeking specialty status as Nurse Practitioners, Nurse Midwives, and Nurse Anesthetists "must be certified by a specialty area certifying board" rather than by the American Nurses' Association as had been previously required.

Section 37-8-441. Was amended to add the phrase "as defined by rules of the board" to the grounds for the denial, revocation, or suspension of licensure due to unprofessional conduct.

Section 37-8-442. Was rewritten to read "Upon receipt of a written complaint charging a person with violation of 37-8-441 as a ground for disciplinary action or on other information that a licensee may be in

violation of 37-8-441, the board shall investigate, and if it finds reasonable cause to believe that a violation has occurred, it shall initiate proceedings under the Montana Administrative Procedure Act."³¹

Laws Related to the Board of Nursing but not Amendments
to the Nurse Practice Act, 1977-1987

1977, Chapter 562 of the Session Laws, 45th Legislative
Assembly

SB 162 was introduced into the Forty-fifth Legislative Session to provide a mechanism for the periodic legislative review, modification, and reestablishment of agencies which regulate professions, occupations, businesses, industries and other endeavors. The Board of Nursing was listed as one of the agencies which would terminate on July 1, 1981. Any agency terminated under this act could be reestablished, modified, or terminated depending on the results of the legislative review every six years. The bill was approved on May 11, 1977.³²

1981, Chapter 247 of the Session Laws, 47th Legislative
Assembly

SB 424 was introduced into the Forty-seventh Legislative Session to provide for Senate confirmation of the Governor's appointees to a number of Boards, including the Board of Nursing which is covered in Section 2-15-1610. Therefore, every appointee to the Montana State Board of Nursing beginning in 1981, has come under the scrutiny of the Montana Legislature. To date, none have been denied

their appointments.³³

1981, Chapter 83 of the Session Laws, 47th Legislative Assembly

SB 218 was introduced into the Forty-seventh Legislative Session to remove authority over staffing from four boards, including the Board of Nursing. It amended Section 37-8-204 of the NPA which stated the qualifications of the Executive Secretary of the Board. The amendment was to delete the phrase that the Secretary "shall first be approved by the board," which was added when the act was amended in 1975.³⁴

1981, Chapter 345 of the Session Laws, 47th Legislative Assembly

SB 412 was introduced into the Forty-seventh Legislative Session to authorize and require that Licensing Boards within the Department of Professional and Occupational Licensing, including the Board of Nursing, establish fee schedules which cover the costs of administering the programs within their jurisdiction. Sections 37-8-406, 407, 418, and 431 of the NPA were amended by this statute. These fees include those for licensure by examination and reciprocity for professional nurses and for licensure application and renewal for practical nurses.³⁵

1981, Chapter 474 of the Session Laws, 47th Legislative Assembly

SB 463 was introduced into the Forty-seventh Legislative Session to provide for uniform compensation and travel expenses for members of many boards, including the Board of Nursing. It amended Section 37-8-203 of the NPA.³⁶

1987, Chapter 557 of the Session Laws, 50th Legislative Assembly

HB 740 was introduced into the Fiftieth Legislative Session to relieve Justices of the Peace from overly burdensome bookkeeping and other administrative duties in regard to fines, penalties, and forfeitures paid in their courts and to revise the method of distributing such. Section 37-8-432 of the NPA was amended to read "Fees and fines collected by the department under this chapter, except for those collected by a justice's court, shall be deposited in the state special revenue fund for the use of the board, subject to 37-1-101(6)." ³⁷

Summary

This chapter has detailed the progress of professional legislation from the passage of a Nurse Practice Act in 1913 through the amendments to the NPA for a period of 70 years, from 1917 through the 1987 Legislative Session. With the implementation of the NPA in 1913, the Montana State Board of Examiners for Nurses was established. The Board is the

subject of the fourth attribute of the conceptual framework for this study: professional regulation. The role of the Montana State Board of Nursing in professional regulation is discussed in detail in Chapter 8.

NOTES

¹Madeline E. Samson, "From Bill to Law," Nursing Outlook, 16 (December 1968): 24-26; "How a Bill becomes a Law in Montana," in Montana Nurses' Association Manuscript Collection #170, Box 6, Folder 6, Montana Historical Society, Helena, MT.

²"Minutes of the Montana State Association of Graduate and Registered Nurses, 1912-1938," in Montana Nurses' Association Manuscript Collection #170, Box 5, Folder 1, Montana Historical Society, Helena, MT; "Montana's Nurses in Organization," The Missoulian, 1 November 1912; Stanley R. Davison, Mary D. Munger, and Anna Pearl Sherrick, Nursing in Montana (Great Falls, MT: Tribune Printing, 1962), 33.

³"Senate Bill 53," Senate Journal of the Twelfth Legislature of the State of Montana (Helena, MT: Legislative Council, 1911).

⁴"Senate Bill 53," House Journal of the Twelfth Legislature of the State of Montana (Helena, MT: Legislative Council, 1911).

⁵MNA Minutes, 1912; Davison, Munger, and Sherrick, 1962, 33; The Missoulian, 1 November 1912.

⁶"House Bill 124," House Journal of the Thirteenth Legislature of the State of Montana (Helena, MT: Legislative Council, 1913).

⁷"Substitute House Bill 124," House Journal of the Thirteenth Legislature of the State of Montana (Helena, MT: Legislative Council, 1913).

⁸Sub HB 124, 1913.

⁹"Nursing News and Announcements: Montana," American Journal of Nursing, 13 (June 1913): 643-647.

¹⁰Chapter 50, Session Laws of the 13th Legislative Assembly, State of Montana, March 3, 1913.

¹¹Chapter 122, Session Laws of the 15th Legislative Assembly, State of Montana, March 3, 1917.

¹²Chapter 117, Session Laws of the 16th Legislative Assembly, State of Montana, March 5, 1919.

¹³Chapter 123, Session Laws of the 19th Legislative Assembly, State of Montana, March 10, 1925.

¹⁴Chapter 129, Session Laws of the 21st Legislative Assembly, State of Montana, March 13, 1929.

¹⁵Chapter 29, Session Laws of the 23rd Legislative Assembly, State of Montana, February 22, 1933; "Some Highlights of Recent Legislative Campaigns: Montana," American Journal of Nursing, 33 (June 1933): 575.

¹⁶Chapter 22, Session Laws of the 28th Legislative Assembly, State of Montana, February 5, 1943; "Nursing Legislation, State Boards, and the War: Montana," American Journal of Nursing, 43 (May 1943): 504-505.

¹⁷"House Bill 95," House Journal of the Twenty-ninth Legislature of the State of Montana (Helena, MT: Legislative Council, 1945).

¹⁸"House Bill 95," Senate Journal of the Twenty-ninth Legislature of the State of Montana (Helena, MT: Legislative Council, 1945); "News Here and There: Changes in Nurse Practice Acts - Montana," American Journal of Nursing, 45 (July 1945): 580; "Laws Relating to the Practice of Non-Professionals: Bills Which Failed to Pass - Montana," American Journal of Nursing, 45 (December 1945): 1043.

¹⁹Chapter 253, Session Laws of the 30th Legislative Assembly, State of Montana, March 10, 1947; "Nurse Practice Laws Recently Enacted: Montana," American Journal of Nursing, 47 (June 1947): 423; "State Legislation and Nursing, 1947," American Journal of Nursing, 48 (May 1948): 314-316.

²⁰"House Bill 74," House Journal of the Thirty-third Legislature of the State of Montana (Helena, MT: Legislative Council, 1953); "House Members Recommend Montana Nursing License Measure for Passage; Okay Eight Other Bills," Independent Record, 3 February 1953.

²¹Independent Record, 3 February 1953.

22Chapter 243, Session Laws of the 33rd Legislative Assembly, State of Montana, March 8, 1953.

23Chapter 195, Session Laws of the 38th Legislative Assembly, State of Montana, March 7, 1963.

24"House Bill 219," House Journal of the Fortieth Legislature of the State of Montana (Helena, MT: Legislative Council, 1967).

25Chapter 291, Session Laws of the 40th Legislative Assembly, State of Montana, March 2, 1967.

26"House Bill 509," House Journal of the Forty-fourth Legislature of the State of Montana (Helena, MT: Legislative Council, 1975).

27Chapter 180, Session Laws of the 44th Legislative Assembly, State of Montana, March 27, 1975; "State Board of Nursing Adds New Staff Person: Mrs. Gertrude Malone," The Pulse, 1 (Holiday 1964): 10.

28"Senate Bill 427," Senate Journal of the Forty-seventh Legislature of the State of Montana (Helena, MT: Legislative Council, 1981); Chapter 248, Session Laws of the 47th Legislative Assembly, State of Montana, April 2, 1981; Marty Eliason, "Nurse Practice Act goes to the Governor," Legislative Alert, 2 (24 March 1981): 1.

29Chapter 84, Session Laws of the 48th Legislative Assembly, State of Montana, March 15, 1983.

30"House Bill 541," House Journal of the Fiftieth Legislature of the State of Montana (Helena, MT: Legislative Council, 1987).

31Chapter 282, Session Laws of the 50th Legislative Assembly, State of Montana, March 29, 1987.

32Chapter 562, Session Laws of the 45th Legislative Assembly, State of Montana, May 11, 1977.

33Chapter 247, Session Laws of the 47th Legislative Assembly, State of Montana, April 2, 1981.

34Chapter 83, Session Laws of the 47th Legislative Assembly, State of Montana, March 18, 1981.

³⁵Chapter 345, Session Laws of the 47th Legislative Assembly, State of Montana, April 13, 1981.

³⁶Chapter 474, Session Laws of the 47th Legislative Assembly, State of Montana, April 21, 1981.

³⁷Chapter 557, Session Laws of the 50th Legislative Assembly, State of Montana, April 20, 1987.

CHAPTER 8

PROFESSIONAL REGULATION: MONTANA STATE BOARD OF NURSING

Introduction

Professional legislation (the Nurse Practice Act), the third of the four attributes of the conceptual framework for this study, was described in the previous chapter. The fourth attribute of the concept of professionalism, professional regulation, will be the focus of this chapter which details the development and growth of the Montana State Board of Nursing as it relates to the three phases of nursing education from untrained nurses toward professional preparation. Specific events from 1913 to 1987 will be examined as well as the roles and responsibilities of the women who contributed to those events. The State Board of Nursing is the legal body responsible for the regulation of nursing practice and education in Montana. Its major goal is to protect the public.

Phase One: From Untrained to Trained/Graduate and Licensed/Registered Nurses (1913-1953)

The First Montana State Board of Examiners for Nurses

Governor Samuel V. Stewart appointed the first Montana State Board of Examiners for Nurses, an all nurse board, on May 5, 1913. The five members of that first Board were:

Miss Lucy Ann Marshall, Missoula; Miss Mary Margaret Hughes, Helena; Miss Ruby M. Bohart, Bozeman; Miss Florence Ames, Billings; and Miss C. Anna Laurie (Watkins), Butte. Mrs. George N. (Nettie Lester) Bennett, Butte, was appointed to fill the unexpired one-year term of Miss Laurie who resigned following her marriage to Mr. J. Spencer Watkins. Her resignation as the first President of the MNA was read at the July 1913 meeting in Butte. Miss Marshall and Miss Bohart's terms were for three years while Miss Hughes and Miss Ames terms were for two years.¹ (See Appendix K for a listing of the officers and members of the Montana State Board of Nursing, 1913-1987.)

With the exception of Miss Ames, these nurses were all charter members of the Montana State Graduate Nurses Association (MSGNA) which was organized on October 31, 1912. The Yellowstone County Nurses' Association, of which Miss Ames was a member, was not present at the organizational meeting in Missoula. Though not a "charter" member, she was an early and very active member in the association for years.²

Standards for Montana Training Schools for Nurses

Though their appointments were effective beginning June 1, 1913, the first Board met on May 10, 1913. At that time, in accordance with the Nurse Practice Act, they elected officers. Miss Marshall was elected President and

State Inspector of Training Schools and Miss Hughes was elected Secretary. They also began preliminary work on rules governing the Board and the applicants for registration. A second meeting was held on May 28, 1913 for the purpose of adopting bylaws and setting "minimum standards for governing the training schools," and their admissions. Those standards included the following:

1. Training Schools for Nurses must be in connection with a hospital having not less than twenty-five beds and a daily average of not less than 12 patients.
2. The course of instruction shall be not less than two years, during which time the students will not be sent out on private cases; but where the course given is three years, the student may be sent out on private cases in her third year, but neither the student nor the hospital should receive any remuneration therefrom.
3. Students are required to have one year of high school, but if they lack this preparation, the superintendent of the hospital is to give an examination in the elementary subjects prior to accepting them.
4. Twelve lessons are required in Dietetics, with practical demonstrations, and twelve lectures are required in Ethics.
5. A three year course is strongly advised.³

In addition to the work described, Miss Hughes was instructed to write to each county association asking their members to apply for registration.

At the meeting of the Board in January 1914, the President and State Inspector of Training Schools, Miss Lucy Ann Marshall, reported on the status of the nine schools which had been inspected. Four schools were initially

approved. They were the training schools associated with Columbus and Montana Deaconess Hospitals, Great Falls; and Murray and St. James Hospitals, Butte. The other five schools were required to raise their standards and improve their teaching programs prior to approval. They were the training schools associated with St. John's and St. Peter's Hospitals, Helena; St. Patrick Hospital, Missoula; Deaconess Hospital, Bozeman; and the school which had opened at Frances Mahon Deaconess Hospital, Glasgow, in 1912. St. Vincent's Hospital, Billings, began a school in 1913, but was not inspected prior to the meeting.⁴

The First Licensed Registered Nurses

As noted in Table 1, the Health Manpower Source Book reported that there were an estimated 309 active graduate nurses, that is gainfully employed, in the state of Montana in 1910. The precise number of nurses who were practicing in the state at the time the Board was instituted in 1913 is not known. However, 672 trained nurses received registration certificates without examination through a simple application process in 1913.

Miss Lucy Ann Marshall, an 1899 graduate of Butler Hospital in Providence, Rhode Island, was issued the first license as a registered nurse in the state of Montana, probably because she had been so industrious and determined in her efforts to see that the graduate nurses of the state

were organized and in so doing was effective in promoting the passage of the Nurse Practice Act in 1913.⁶

Table 1.--Montana Registered Nurse Supply and
Montana Nurses' Association Membership by Decade, 1910-1990

Year	MT Pop	#Emp	Total#	#/100,000	#MNA Mem	% (MNA)
1910	376,053	* 309		*82	**	**
1920	548,889	* 682		*124		
1930	537,606	* 904		168	363	24.9%
1940	559,456	*1111		199		
1950	591,024	*1534	(3396)	260	848	25.0%
1960	674,767	*3158	(3162)	468	768	24.3%
1970	694,409	*2458	(2483)	354	766	30.8%
1980	786,690	*4814	(6544)	612	1272	19.4%
1990	799,065		(5990)		1450	24.2%

* Estimated # of Active Graduated Nurses (Gainfully Employed)

** MNA not yet organized

Sources: Health Manpower Source Book, Section 2, Nursing Personnel, US Department of HEW, Public Health Service, 1953, p. 16; based on data from the US Department of Commerce, Bureau of the Census; US Census Reports; Facts About Nursing, 1935-1991; The Pulse; American Journal of Nursing; Nursing Outlook; and Montana State Board of Nursing Reports.⁵

Apparently, most of the 105 charter members of the MSAGN and members of the other County Nurses' Associations, such as Cascade and Yellowstone Counties, made up a large

group of the first licensees. Nurses without formal training, who had been practicing in the state for hire, were eligible for registration following successful written and oral examinations. Nurses with formal training were eligible for registration provided they were graduates of reputable schools or were licensed in other states. By 1920, the number of active graduate nurses in Montana, as indicated in Table 1, had reached 682. The number of active graduate nurses increased to 904 by 1930 and to 1111 by 1940. The last year for which this statistic is available is 1980 in which there were 4814 active graduate nurses. Beginning in 1950, the statistics reflect the total number of registered nurses for each decade through 1990, but without an indication of the number that were gainfully employed in the state in 1990. Knowing the total number of nurses licensed in the state in a given census year allows for the calculation of the number of registered nurses per 100,000 population in the state.⁷

The Licensing Examinations

Thirteen candidates sat for Montana's first licensing examination for nurses, given at the Court House in Butte on July 21, 1913. Containing both practical and written portions, it was constructed, scored, and graded by the board, a pattern which continued until 1945 when the State Board Test Pool Examination (SBTPE) of the National League

of Nursing Education was adopted. The practical examination given in the morning consisted of "bed making, making poultices, plasters, and fomentations, the use of the thermometer, and the taking of vital signs."⁸

A copy of the written portion of the examination given in the afternoon was printed in the May 1914 issue of The American Journal of Nursing. (See Appendix L for a copy of the first Montana Nurse Licensing Examination, 1913.) Though the Nurse Practice Act required questions relating to "dietetics," there were none included in this examination. The law did not require three categories that were included: nursing ethics, materia medica, and diseases of children. These subjects were added to the Nurse Practice Act by amendment in 1919. In 1929, the subject of nursing history was added to the Act by amendment as well.⁹

The second examination took place in a classroom at St. Peter's Hospital in Helena during January 2, 1914. Miss Ellen M. Woolsey, one of three non-graduate nurses who took the examination at that time, and failed, proceeded to sue the Board. [This situation is discussed at length, including the outcome, later in this chapter.] It is not known how the other two non-graduates did on the examination. Three graduate (trained) nurses also took the examination at that time and all three of them were successful. One of these, a Miss Brink, stated that in her

experience, "the greatest courtesy had been shown to all applicants, with plenty of time allowed for each subject."¹⁰

In 1926, Minnesota became the first state to use an objective type examination rather than the essay type. By December 1942, the Committee on Nursing Tests of the National League of Nursing Education had been asked to "operate a pool of licensing tests" due to dissatisfaction with constructing and grading the essay exams and the difficulty of state board members in rapidly correcting the exams for the increased number of nurses being licensed for the armed services during the war. By 1944, 23 states participated in the State Board Test Pool Examinations (SBTPE) and over 8500 candidates were tested. Montana began using the State Board Test Pool Examinations (SBTPE) in 1945. A series of examinations, 13 by 1947, were constructed. However, "the decision concerning who should pass or fail" was "the responsibility of the [state] licensing board."¹¹

In 1912, an ANA committee was formed for the purpose of annual meetings of the persons involved in State Boards of Nursing. A Bureau of State Boards of Nurse Examiners was established in 1943 and provided for in the ANA bylaws in 1945. By 1947, a committee made up of representatives of State Boards of Nursing was created and became the parent of the ANA Council of State Boards of Nursing, which was formed

in 1966. A freestanding association of State Boards of Nursing was approved at the 1978 ANA annual convention in Honolulu, Hawaii. In June 1979, the National Council of State Boards of Nursing, Inc., came into existence. The first examination constructed by this organization, the National Council Licensing Examination (NCLEX), was given in July 1982 and continues to be given today. The SBTPE was divided into five subject areas with five separate scores. The NCLEX tests, on the other hand, integrate nursing behaviors in several broad categories and report one score. The last time the SBTPE was given was in February 1982. At that time, all states, except Hawaii, used the same passing score (350), which assisted nurses in interstate mobility.¹²

For years, the Montana State Board of Examiners for Nurses gave annual reports to the MNA regarding the number of licenses issued as renewals and by endorsement as well as the number of new graduates passing the State Board examinations and receiving first-time licenses. This data is still announced but not as a report to the MNA since the Montana State Board of Nursing became a part of the National Council of State Boards of Nursing, Inc., in 1980. Currently, NCLEX examinations are given twice a year, in February and in July, so that new graduates are able to take the licensing examination as soon as possible following graduation. Schools continue to be informed regarding the

pass rates of all the schools in the state. However, they are no longer informed regarding which of their graduates became licensed as a result of the examination. The schools have the responsibility to call the State Board of Nursing and to ask if each member of their graduating class holds a Montana license. That information is available to the public. The identity of those who fail is protected by confidentiality laws.¹³

Challenges to the Board's Authority

The board's authority has been challenged a number of times beginning early in its history. The first case involved the denial of a license due to a failing grade on the written examination and is detailed later in this section. Other cases have challenged various other aspects of the Nurse Practice Act and a couple of these examples are cited in this section or later sections of this chapter. One of these is a case in which a woman falsely claimed to be a registered nurse. The next case involved the denial of licensure by endorsement to a practical nurse who was licensed in another state, but had not graduated from a training program for practical nurses. Finally, the board's authority was challenged in August 1985 when Montana's attorney general issued an opinion that the board did not have the authority to change educational requirements for nursing practice through its administrative rules. These

cases have been selected to serve as examples of challenges to the Montana Nurse Practice Act and the Board's authority because they represent a diversity of challenges related to nursing education and formal preparation for practice. Each case is a matter of public record through journals, newspapers and law cases brought to court.¹⁴

Ellen M. Woolsey

At the 3rd Annual Convention of the Montana State Association of Graduate Nurses which was held in Billings on June 18-20, 1914, Miss Ellen M. Woolsey, a correspondence school graduate who had taken the examination on January 2, 1914, appealed her failing grade of 47 2/3%. (A grade of 70% was required to pass the examination.) During the June 19th morning session, a committee of three was appointed to review the unsuccessful candidate's examination papers. The committee was composed of Miss Lydia R. Van Leuvanee, Chair, Sister Mary Corona Harrington, and Miss Clara E. Brunelle. Both Miss Van Leuvanee and Sister Mary Corona were nurse educators, at St. Peter's Hospital Training School for Nurses in Helena and at St. James Hospital Training School for Nurses in Butte, respectively. Miss Brunelle was from Missoula and a charter member of the organization.

The original examination papers were given to the committee to read and rate without knowledge of the scores given by the examining board. The committee presented their

findings to the association during the afternoon meeting the following day. The report, read by the chair, Miss Van Leuwanee, was as follows:

Madame President,

Your committee, appointed to examine and grade Miss Woolsey's papers, beg to report that they have carefully, conscientiously and leniently marked the same.

The answers to the questions on medical nursing showed that the writer had actual experience in such work, but the surgical and obstetrical papers showed clearly that the writer was trying to quote from textbooks and did not thoroughly understand what she was trying to say. The following are the findings:

Medical nursing	49	1/3%
Obstetrical nursing	39	%
Surgical nursing	40	2/3%
Making a total of	129	%
Divided by 3 subjects gives a total of	43	%

We also wish to state that we have examined the original papers which were placed in our hands by the Examining Board in the same condition as when they left the applicant. They were in a jumbled state generally, poorly written and the composition worse.

Lydia R. Van Leuwanee, Chair¹⁵

Since her attorney, Mr. F.B. Reynolds, was unable to appear with Miss Woolsey before the association's business meeting on the 20th of June, a Billings physician, Dr. Walters, was willing to address the group in her behalf. The whole Association was witness to this grievance process. Dr. Walters basically cross-examined Miss Van Leuwanee, Miss Lucy Marshall, president of the Board, and other members of the convention and stated that other physicians had read the papers and found them acceptable.

Miss Woolsey then spoke in her own behalf, stating that she had always been a poor writer, had been too pressed for time during the examination, and admitted that her papers were a little "irregular." Since the MSAGN upheld the decision of the board, the young lady later took the matter to the District Court of the Thirteenth Judicial District in Yellowstone County in which Judge George W. Pierson ruled in favor of Miss Woolsey. The case was then submitted to the Supreme Court of the State of Montana on January 15, 1915, and was decided in favor of the Board of Nursing on February 16, 1915. Mr. Justice Sanner delivered the opinion of the court. According to Ariss, that ruling came as a direct result of the devotion and determination of Miss Florence Ames, a State Board member from Billings. She had "the courage of her convictions to go into the court room and defy this woman who demanded registration when she did not deserve it. The support this woman [Miss Woolsey] received from the doctors evidenced the lack of knowledge in those days, on their part, of the education of a nurse."¹⁶

Mary C. Baker

Another challenge to the Board's authority came in 1936 when a Mary C. Baker falsely claimed to be a registered nurse. Miss Baker was working as the Superintendent of the Purtell Hospital in Cut Bank, Montana, when the Montana State Board of Examiners for Nurses brought suit against her

for violation of the Montana Nurse Practice Act. The District Court in Cut Bank found her guilty of the charges and fined her \$10. It was noted in the January 1937 issue of the American Journal of Nursing, that during the time this trial was reported in the newspapers, a hunter was fined \$50 for shooting a pheasant out of season! The Nurse Practice Act that was in place in 1936, provided for fines of \$10 to \$100 for a first offense of this kind.¹⁷

The Executive Secretaries of the Montana State Board of Nursing, 1920-1941

A number of nurses have provided leadership on the Montana State Board of Nursing since its creation in 1913. In the early years, before the appointment of an Executive Secretary, the President and Training School Inspector provided the leadership, with the other members serving in other offices such as Secretary or Treasurer of the Board. Other members have contributed in numerous other ways, such as Committee Chairs, and continue to do so on the current board. It was not until the 1919 amendments to the Nurse Practice Act that a provision was made for a paid, non-board member secretary. Since then, there have been only six women to hold that position. The first of these was Miss Frances E. Friedericks.¹⁸

Frances E. Friedericks, 1920 - 1930

Born in Lake Linden, Michigan, in 1878, Miss

Friedericks was one of seven children with four brothers and two sisters. She attended public schools in Lake Linden and trained as a nurse at the Calumet Miner's Hospital in Calumet, Michigan, where she received her diploma in 1910. She took further training at the Peterson's Hospital in Ann Arbor, Michigan, and passed the Michigan State Board Examination in 1913.

Following a year of work in Ann Arbor, she moved with her entire family to Helena, Montana, in 1914, where she did private duty nursing. She joined the MSGNA in 1915. In the fall of 1916, she took a four-month course in Public Health Nursing in Boston. She returned to Montana in 1917, accepting a position as a nurse for the Western Union in Helena. She held this position for over 13 years. During the last 10 years of that job, she also was hired as the paid secretary for the Montana State Board of Nursing, a job she was able to do in her home since there was no office for the Board at that time. It is not apparent from the available data why she received \$99 annually, though the Nurse Practice Act allowed up to \$2400 per year for the Secretary's salary. It may have been because she was employed full-time by the Western Union and worked only a few hours a month for the Board. Later, the position of the Executive Secretary became a full-time job and continues to be so today.

In 1930, Miss Friedericks went back to private duty

nursing, except for a six-month period of time in which she worked at the Florence Crittenton Home in Helena. She continued to be an active member of the MSGNA as the Chair of the Pin Committee, a project of the State Board of Nursing, and served on the Board of Directors from 1930 to 1932. She retired from active nursing practice in 1938 and was still living in Helena in 1966, at 88 years of age.¹⁹

Edith Lucille Brown, 1930 - 1941

The second paid secretary for the State Board was Miss Edith Lucille Brown, later Mrs. Hughes. Born and raised in Cedar Rapids, Iowa, Miss Brown received her early education in Cedar Rapids and graduated from the Iowa Congregational Hospital Training School for Nurses in 1921. Following graduation, she worked as a surgical nurse at that hospital before continuing her education in Public Health at the University of Washington in Seattle. She then took a position as a school nurse in Walla Walla, Washington, for two years and also did private duty nursing for three years. She earned a BS degree from the University of Washington in 1930, just prior to accepting the joint appointment as Executive Secretary of the MSGNA and the Montana State Board of Nursing.

In accordance with the requirements of the Nurse Practice Act, Miss Brown completed surveys of all the nursing schools in the state and as a result, many

improvements were made. They included more efficient teaching methods, standardization of text books, uniform systems of record keeping, the establishment of libraries and student social and health programs. She also developed pre-nursing courses of study for high school students who wished to be well prepared for their nursing education. In addition, Miss Brown did all the lobbying for amendments to the Nurse Practice Act which, among other things, resulted in the requirement of a high school education for entrance into nurse training programs.²⁰

Phase Two: From Licensed/Registered Nurses to
Differentiation of Role and Scope of Practice
of Registered Nurses (RNs) and Licensed
Practical Nurses (LPNs), 1953-1987

Introduction

The Montana State Board of Nursing was drastically changed in 1953 when the NPA was completely revised to provide for the permissive licensure of practical nurses while registered nurses were mandated to be licensed for the first time. For a number of years, both the Montana State Nurses' Association and the practical nurses of the state had worked toward the licensure of practical nurses. Their goal was finally achieved on March 8, 1953 when HB 74 was approved and became Chapter 243 of the Session Laws of the 33rd Legislative Assembly. On July 1, 1953, it became effective.²¹

The Two Administrations of the Montana State Board of Nursing

The board was now comprised of two administrations; one for registered nurses and one for practical nurses. To accomplish this, the NPA called for the board to be made up of eight members; five were registered nurses and three were practical nurses. The first licensed practical nurses (LPNs) to be appointed to the board by Governor J. Hugo Arenson were: Mrs. Louise Salter, Hamilton; Mrs. Myrtle McMillan, Havre; and Mrs. Addis Owens, Bridger.²²

Montana Schools of Nursing for Licensed Practical Nurses

Under the 1953 NPA, schools of practical nursing now needed to be approved by the SBON just as schools which prepared registered nurses had been for forty years. The first approved school for LPN education was the program at Northern Montana Community College (NMCC), Havre, under the direction of Mrs. Helen Lorrayne (Harris) Kiesling, who also served as the first instructor. This was the only program for LPNs in the state until St. Joseph's Hospital in Lewistown opened its program in 1957.²³ (See Appendix N for a listing of the Montana Schools of Nursing for Licensed Practical Nurses, 1947-1987.)

During the 1953-54 academic year, 10 students were admitted to the NMCC program and 8 graduated. By the 1957-58 academic year, the number of admissions had risen to 20

and 13 students graduated that year. A report of the Montana State Board of Nursing in The Pulse indicated that by 1959, 16.8% of the LPNs in the state were graduates of approved schools for practical nurses. At that time, 45.6% had taken some special courses and 37.6% had no formal educational preparation, only work experience.²⁴

The Licensing Examination for Practical Nurses

The first licensing examination for practical nurses was given October 9, 1953 in Billings, Great Falls, and Helena, Montana. A second examination was given in Billings on January 8, 1954 and in Havre and Miles City on January 16, 1954. Beginning in 1955, applicants wishing to take the examination to become LPNs were required to be graduates of approved schools of nursing for practical nurses. However, practical nurses were not required to be licensed until 1967.²⁵

The First Licensed Practical Nurses

There were 164 practical nurses employed in Montana hospitals prior to the change in the NPA which permitted the licensing of practical nurses. During 1953, that number increased to 174. Ninety-nine practical nurses were licensed following examination in October 1953 and one was licensed by endorsement from another state. The numbers increased dramatically during the next year. There were 316

practical nurses employed in Montana hospitals and 356 practical nurses were licensed through the examination process. Two others were licensed by endorsement in 1954. The numbers continued to grow and by 1958, there were 530 license renewals. Ten applicants were licensed by examination and 9 by endorsement.

A report of the Montana State Board of Nursing to the MSNA in 1959 indicated that by March 1959, there were 612 LPNs in the state. Of these, 69.3% were employed in general hospitals. The remainder were employed in nursing homes, private duty and special hospitals. The majority of LPNs were between 25 and 49 years of age and 27.3% were over the age of 50.²⁶

Challenges to the Board's Authority

Practical Nurse

Licensed Practical Nurses (LPNs) have come under the Board's authority since 1953. A quite recent challenge to the Board's authority occurred in 1986. The Supreme Court of the State of Montana reversed the Board's decision to deny licensure by endorsement to a practical nurse who had been licensed in New York after successfully passing the national standardized licensing examination for practical nurses. The Montana Nurse Practice Act in force at that time required that to receive licensure by endorsement, rather than by examination, one needed to be a graduate of

an approved educational program for practical nurses. This particular person had been granted licensure by examination in New York, but had not graduated from an approved school. Instead, he had provided documentation that he had satisfactorily completed education which was equivalent to practical nursing education.

When this applicant was denied licensure in Montana, he requested a formal hearing. The hearing examiner concluded that he had been unjustly denied licensure and was referred back to the Board. The Board did not waver on its original denial and the applicant petitioned for a judicial review in the First Judicial District. The Board's decision was reversed by this lower Court, and when the Board appealed to the Supreme Court, the District Court's judgment was upheld. This is a quite different response than that of the first case cited in which the Board's authority was upheld by the State Supreme Court. It would appear that the Board's authority may be weakening from the earlier strength that it had enjoyed.²⁷

The Executive Secretaries of the Montana State Board of
Nursing, 1941-1980

Anna Totman Beckwith, 1941 - 1968

The third secretary was Miss Anna Totman Beckwith. From her appointment in 1941 to her retirement on July 1, 1968, Miss Beckwith provided outstanding nursing leadership

during her 27 years as the Executive Secretary of the Montana State Board of Nursing. Through her many years of work with the Montana Nurses' Association's Committee on Legislation and her persuasive activity with the Montana legislators and governors, she was best known for her ability to interpret the Nursing Practice Act, not only to members of the profession but to the public as well.

Anna Totman Beckwith was born at St. Patrick Hospital in Missoula, Montana, on March 31, 1903. She was the eldest child and only daughter of Eva Elizabeth Totman and George Henry Beckwith. Anna's childhood was spent in Saint Ignatius, Montana, where her parents owned and operated the Beckwith Mercantile, a family restaurant, grocery, grain and lumber business. When Anna was about 5 or 6 years of age, both she and her brother, Philip, contracted infantile paralysis. Both children carried with them the effects of the illness throughout their lives: Anna with a scoliosis and Philip with a hand deformity. Because of this experience as a youngster, Miss Beckwith worked tirelessly with the Montana Rehabilitation Association during her adult years in Helena, especially for the children crippled from polio.

Anna attended the public schools in Saint Ignatius, graduating from St. Ignatius High School in May, 1921. This education prepared her well for a course of study at the Montana State University at Missoula. She enrolled in

September of 1921 to embark upon a major in biology with a minor in chemistry, graduating with honors upon the completion of a B.A. degree in Arts and Sciences on June 15, 1925.

Since she had contracted polio as a child, her mother was sure that Anna was too frail for the strenuous work required of nurses. But in the autumn of 1925, Miss Beckwith entered the Johns Hopkins Hospital School of Nursing in Baltimore, Maryland, more than 2000 miles from her home. Upon her graduation in 1928, it was noted that she was one of 10 graduates in a class of 70 who held a baccalaureate degree and she was classified as a woman of "superior education and culture." She passed the State Board Examination and received her certificate of licensure as a registered nurse in Maryland, dated June 17, 1929. These capabilities led to her appointment in various capacities at Johns Hopkins Hospital from 1928 to 1934: first, as the head nurse of the Women's Medical Ward, then as an assistant instructor of practical nursing, and finally as the assistant supervisor of their new medical clinic, a position which carried with it teaching responsibilities and follow-up of students. She also was in charge of the building when the supervisor was off duty and during vacation periods. When the hospital received funding for a ward instructor, Miss Beckwith was given that responsibility as well.

In 1934, Miss Beckwith chose to return to her home state and accepted the position of superintendent at St. Peter's Hospital in Helena, Montana, becoming both the Director of Nursing and the Hospital Administrator. St. Peter's Training School for Nurses was begun in 1909 and closed in 1933, just the year before Miss Beckwith's arrival. In 1935, a series of devastating earthquakes destroyed St. John's Catholic Hospital in Helena, placing an added responsibility on St. Peter's. Miss Beckwith effectively coordinated emergency nursing services in the city, managing the crisis and extra patient load until St. John's reopened in 1939. She held her position at St. Peter's until 1941, when she assumed the responsibilities of Executive Secretary of the Montana State Board of Examiners for Nurses. She was the second full-time paid executive, succeeding Miss Edith Lucille Brown who filled the position from 1932 to 1941.

Miss Beckwith was first appointed as a member to the State Board of Examiners by Governor Roy E. Ayres on May 28, 1940. Mrs. Mary D. Munger, former Executive Director of the Montana Nurses' Association, noted that during Miss Beckwith's 28 year tenure with the Board, she not only witnessed, but encouraged the closure of most of Montana's remaining diploma schools of nursing. She additionally sought the development of several practical nursing programs within the vocational educational system of the state and

two associate degree nursing programs in community colleges were established during that time as well. She worked diligently for legislation which provided initial licensure for practical nurses in 1953. According to Dr. Laura O. (Copple) Walker, former Director of the Montana State University College of Nursing and President of the State Board of Nursing, Anna's leadership and direction to the faculties of the schools of nursing and their supportive agencies provided tremendous improvement in both Montana's professional and practical schools of nursing.

Miss Beckwith also provided leadership on a national level as a capable member of the American Nurses' Association (ANA) Blueprint Committee of State Boards of Nursing. In addition to developing test construction policies and objectives for the State Board Test Pool Examinations, the Blueprint Committee prepared the second draft of test items for the examinations following the first draft prepared by the National League for Nursing (NLN) item writers.

At the state level, many nursing organizations were privileged to have Miss Beckwith, not only as a member, but as an officer and active participant on many committees. From 1934 until her retirement and beyond, Miss Beckwith ably served as a distinguished member of the Montana Nurses' Association. She held the office of Treasurer from 1936 to 1938 and worked endlessly on the Legislative and By-Laws

Committees, chairing the latter in 1937 and again in 1952. Anna served on the Red Cross State Committee from 1935 to 1937, the State Nursing Council for War Service in 1942, the Recruitment Council in 1944, and the Professional Counseling and Placement Service Committee in 1945. She was appointed as the Chair of the P and A Committee by the MNA Board of Directors in May, 1945, to study organizational structure during 1945-1946 and was the Secretary of MNA's Educational Administrators, Consultants and Teachers Section (EACT) in 1946. Anna also served on and was a consultant to the Committee on Nursing Practice in 1959. She took responsibility for leadership at the local level by serving as the President of District #4 (Lewis and Clark County). In October, 1962, Miss Beckwith was honored at the Montana Nurses' Association's 50th Anniversary celebration and was presented with a special jeweled pin provided by the American Nurses' Association.

As a member of the Montana League for Nursing, Miss Beckwith held the office of Secretary from 1946 to 1950. In 1962, she served as the Treasurer and at other times was on the Board of Directors. Anna was the President of the Montana Public Health Association in 1951 and again in 1961. She was one of seven who received distinguished service awards in public health from that organization at its annual meeting in Missoula on April 17 and 18, 1962. She served on the Board of Directors of the Montana Tuberculosis

Association for 10 years, and was active in the Montana Rehabilitation Association and the Montana Health Planning Council.

Upon her retirement from the State Board of Nursing in 1968, Miss Beckwith was again honored by the MNA for the many years she had devoted to the nursing profession. She maintained her keen interest in nursing affairs and continued to provide nursing leadership in the state by assuming responsibility for the Director of Nursing Workshops sponsored jointly by the Montana Nurses' Association and the Montana Hospital Association. After a brief stay of several days, she died in Missoula Community Hospital on Sunday, February 5, 1984 at the age of 80.²⁸

Sara Gertrude (Rugland) Malone, 1968 - 1980

The fourth secretary was Mrs. Sara Gertrude "Trudy" Malone, who was first employed by the Board on November 1, 1964, to work with Miss Beckwith as the Assistant Executive Secretary. Her employment was made possible through the increase in licensing fees approved by the 1963 legislature. Her job was to interview and consult with nurses and their employers about the implementation of the Nurse Practice Act by the Board. Upon Miss Beckwith's retirement on July 1, 1968, Mrs. Malone became the Acting Executive Secretary of the Board, later assuming the position permanently.

Trudy was born in Robinson, North Dakota, the eighth

of ten children in a Norwegian family. She graduated from high school in Moorhead, Minnesota where she also attended Concordia College prior to obtaining a diploma in nursing from the Methodist-Kahler School of Nursing at the Mayo Clinic in Rochester, Minnesota. Her first nursing position was with the Northern Pacific Beneficial Association Hospital in Glendive, Montana.

Mrs. Malone also served in the Army Nurse Corps during World War II, in the European Theatre of Operations in France and Belgium. She met her husband, Charles Malone of Boston, Massachusetts, while stationed overseas in the military. They were married following his discharge from the service, but he died in 1950, leaving her to raise a son.

She received a baccalaureate degree in psychology and philosophy from the University of Montana in 1954 and a master's (MN) degree in nursing from Montana State University in June 1964. She also did post-graduate work in Sociology at the International Graduate School at the University of Stockholm in Sweden. She held a variety of positions in nursing in Minnesota, Ohio and Montana including staff positions in the operating room, out-patient services, in-service education, nursing service administration, and private duty nursing.

Before returning to school to work on her master's degree, she was the Director of Nursing at the Northern

Pacific Beneficial Association Hospital in Missoula, Montana. Following her retirement from the State Board of Nursing in 1980, Mrs. Malone served as the President of the MNA prior to settling into her home at Bigfork, Montana, on Flathead Lake. She continues to attend MNA conventions each year and keeps in touch with her friends in nursing as well as spends time with her family. She currently resides in Livingston, Montana, where she lives alone but is close to her son and his family. She particularly enjoys the company of her two grandchildren. During the Centennial celebration of Montana State University during 1993, Mrs. Malone was named one of seven distinguished alumni of the MSU College of Nursing.²⁹

Phase Three: From Differentiation of Role and Scope of
Practice of Registered Nurses (RNs) and Licensed
Practical Nurses (LPNs) toward Differentiation
of Role and Scope of Practice of Professional
Nurses (BSNs) and Technical Nurses (ADNs),
1987

Introduction

In 1987, the MNA was unsuccessful in its attempt to influence the legislature to pass HB 36 which would have required licensure for two levels of nursing practice in Montana. The first level would have required the baccalaureate degree in nursing (BSN) as the minimal educational preparation required for licensure as a professional nurse. The second level would have required

the associate degree in nursing (ADN) as the minimal level of educational preparation for licensure as a technical or associate nurse.³⁰

The Role of the Montana State Board of Nursing in the Entry Issue

In November 1977, the Montana State Board of Nursing appointed a Task Force to Study the Nurse Practice Act. The members of the Task Force represented fifteen different organizations and agencies in the state including the MNA, the MSPNA, the MLN, and the MCSN. From this Task Force, an ad hoc Committee on Entry into Nursing Practice was established to study the entry issue. The board officially remained neutral on the issue.

The ad hoc Committee charged with the study of the entry issue provided information to nurses throughout the state, listened to concerns regarding the issue, conducted surveys of nurses, and reported back to the Task Force the results of their activities. Thirty-one nurses (12 LPNs; 19 RNs) responded to the Informational Statement and Survey sent out with renewal notices by the State Board in the fall of 1978. Only about half of the respondents (6 LPNs; 8 RNs) indicated support for the entry issue at that time. Many of the questions and comments which were returned provided insight into the lack of understanding of the issue by many nurses, both LPNs and RNs.³¹

Challenges to the Board's Authority

House Bill 409

During the 1985 legislative session, HB 409 was initiated by the Concerned Nurses of Montana (CNOM) and was sponsored by Representative Stella Jean Hansen. It was "An Act Removing the Authority of the Board of Nursing to Set Qualification Requirements by Rule for Applicants for Nursing Licenses" and was intended to prevent the Board of Nursing from changing the educational requirements for nursing practice through its rules. The bill was obviously an attempt to defeat the efforts of the Montana Nurses' Association to carry a bill to the 1987 legislature that would mandate the baccalaureate degree in nursing as the minimal educational preparation for professional nursing.³²

HB 409 was defeated; however, Representative Hansen and the CNOM later claimed that the bill had been amended to remove the board's authority only to set educational requirements, rather than all requirements. MNA representatives did remember that Representative Hansen had made a motion to amend the bill. However, the minutes and the report of the Health and Human Services Committee's action on HB 409 indicate that it was not amended and the committee did concur in a "do not pass" motion.³³

The Montana State Board of Nursing then asked the state's Attorney General, Mike Greeley, for an opinion on

the following question:

Does the Board of Nursing have the authority to require professional and practical nursing license applicants to hold a specific college degree as a qualification for initial licensure?

His response was that the board did not have this authority.

The Executive Secretary of the Montana State Board of Nursing, 1980 - 1987

Phyllis M. McDonald, 1980 - 1990

The fifth Executive Secretary was Miss Phyllis M. McDonald. Ms. McDonald was appointed as a member of the Board by Governor J. Hugo Aronson in March, 1957. At that time, she was the Director of the Nursing Program at St. Patrick Hospital in Missoula. When her term expired on July 1, 1959, she was reappointed by Governor Aronson to a second term. In 1961, when Dr. Laura O. (Copple) Walker was elected President of the Board, Ms. McDonald replaced her as the elected Secretary. She continued to serve in that capacity until July 1, 1964.

Following the closure of St. Patrick Hospital in Missoula, in 1978, Ms. McDonald was free to take on the responsibilities of Executive Secretary of the State Board of Nursing which she continued to do until her retirement in March, 1990. Though retired from active nursing practice, Ms. McDonald continues to participate in professional nursing activities, and recently (1990-1992) served as the Secretary of Zeta Upsilon, the Montana statewide chapter of

Sigma Theta Tau International. She resides in Helena, Montana, enjoys traveling and spending time with friends and family.³⁵

Summary

This chapter has focused on the fourth attribute of the conceptual framework for this study: professional regulation (the State Board of Nursing). In Chapter 9, the current status of nursing education in Montana will be summarized. The progress of nursing education from the early nurse training programs of the state, described in Chapter 4, toward professional nursing education in Institutions of Higher Education is covered.

NOTES

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⁹"Nursing News and Announcements: Montana - State Board Examination, August, 1913," American Journal of Nursing, 14 (May 1914): 679-681; Ariss, 1936, 43; Chapter 117, Session Laws of the 16th Legislative Assembly, State of

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¹⁹Biographical sketch of Frances E. Friedericks in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 5, Montana Historical Society, Helena, MT.

²⁰Biographical sketch of Edith L. Brown in Montana Nurses' Association Manuscript Collection #170, Box 1, Folder 2, Montana Historical Society, Helena, MT; The

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CHAPTER 9

NURSING EDUCATION: TECHNICAL AND PROFESSIONAL PREPARATION IN INSTITUTIONS OF HIGHER EDUCATION

Introduction

The conceptual framework for this study included four of the dimensions of the concept of professionalism: professional organizations, legislation, regulation and education. The early nurse training programs in Montana were described in Chapter 4. This chapter provides a description of the current nursing education programs in the state as Montana moves toward professional preparation.

The nursing schools in Montana currently educate nurses at several levels in programs of varying lengths; 3 semesters for Licensed Practical Nurses (LPNs,) 2 years for RNs with an Associate Degree in Nursing (ADNs), and 4 years for RNs with a Bachelor of Science Degree in Nursing (BSNs), with an additional 2 years beyond the BSN for the Master of Nursing (MN) degree. Each of the schools in these various levels is discussed in this chapter in terms of the general curriculum and the leadership of these programs.

Vocational Nursing Programs

Licensed Practical Nurses (LPNs) are currently prepared at the five Vocational-Technical (Vo-Tech) Centers

of the state. These programs are located in Billings, Butte, Great Falls, Helena, and Missoula. Like the other institutions of higher education, the Vocational-Technical Centers in the state of Montana are under the aegis of the Board of Regents and have been since July 1, 1987, following the passage of Senate Bill 39 on April 23, 1987. From July 1, 1969 to July 1, 1987 they were jointly administered by the Vocational Education Division of the State Department of Public Instruction and local Public School Districts. Earlier LPN programs, such as those in Anaconda, Kalispell, and Miles City, came under the Adult Education programs of the Public School Systems. The programs in Bozeman and Havre were operated by Montana State College and Northern Montana College respectively. St. Joseph's Hospital conducted the program in Lewistown. None of these earlier programs exist today.¹

Graduates of the LPN programs are eligible to participate in the career ladder concept available in the various RN programs of the state, especially the ADN programs which allow LPNs to challenge some courses and take transition courses to prepare them for the role of the registered nurse. The multi-entry, multi-exit program recently implemented at Northern Montana College in Havre is one such program, designed to provide full articulation between all levels of nursing education. This career ladder

concept is one in which students move from high school through the baccalaureate by "add-on" courses to previous education and with credit given for "work experience" rather than a planned curriculum of professional education which incorporates research-based theory into theory-based clinical practice at the various levels in the baccalaureate program. In addition, professional nursing education relies heavily on a liberal arts background which is fundamental to the traditionally "learned" professions such as law, medicine, and theology.²

Early Vocational Programs

Montana State College: Warm Springs (1947-52) and Bozeman (1948-1952)

The earliest attempt to provide some type of formal preparation for practical nurses in the state of Montana occurred in June 1947. It was offered by Montana State College to attendants at the Montana State Hospital, Warm Springs, as a means of upgrading the employee's service. The program consisted of four three-month courses, the first three taught at Warm Springs and the last presented to the students at Bozeman Deaconess Hospital. The program was altered to a formal one-year course when it began at Bozeman Deaconess Hospital in cooperation with Montana State College and continued until 1952. However, there was no degree or diploma offered upon completion of this program nor were

graduates licensed by the state since the Nurse Practice Act did not provide for the licensing of practical nurses until 1953.³

Northern Montana College: Havre (1951-80)

The transfer of practical nurse training from Bozeman to Havre was the result of a recommendation by the State Board of Examiners for Nurses who believed that Montana State College should concentrate on its programs for professional nursing education and the Havre unit of the State University system should concentrate on vocational nursing education. The first class of Practical Nursing students was enrolled at Northern Montana College in cooperation with Kennedy Deaconess Hospital in Havre on June 11, 1951 under the direction of Mrs. Robert (Helen Lorrayne Harris) Kiesling, a graduate of the Montana Deaconess Hospital School of Nursing in Great Falls. Mrs. Kiesling received her BSN degree from Montana State College in 1944.⁴

Three students were enrolled in the program and lived in the new Nurses' Home built at the hospital. They graduated on June 2, 1952, helping to alleviate the shortage of graduate nurses at Kennedy during that time. In 1955, 12 students graduated from the program. Their instructor had been Mrs. Kiesling, assisted by the four staff nurses at the hospital, Miss Agnes M. Wilder, Miss Helene Marie Kraut, Mrs. Mildred Estelle, and Mrs. Hazel Brendgard, all alumnae

of the Kennedy Deaconess Hospital School of Nursing. In 1959, Miss Hazel Sorenson was appointed as instructor to succeed Mrs. Mildred Sherry who had followed Mrs. Kiesling. That year admissions to the school numbered 18. By 1962, a total of 81 students had graduated. In 1964, 16 students were enrolled in the program. Mrs. Hazel Brendgard was the Superintendent of Nurses at the Hospital at that time. Northern Montana College closed the program in 1980 to concentrate fully on the ADN Program which was started in 1965.⁵

St. Joseph's Hospital: Lewistown (1957-69)

With the closing of the training school at St. Joseph's Hospital in Lewistown, the Sisters decided to start a one-year program for practical nurse training in 1957 under the direction of Sister Therese Monica. By 1962, this program had graduated 17 students and Sister was the Administrator of the Hospital. The hospital closed the program in 1969 as practical nursing education was preparing to move into the Vocational-Technical Centers of the state.⁶

Public School System (Adult Education): Anaconda (1964-1966), Kalispell (1960s), and Miles City (1960s)

Along with the five programs which continue to operate today, the programs at Anaconda, Kalispell, and Miles City were all funded through the Federal Manpower Development and Training Act of the 1960s and were administered locally

through the Public School Districts in conjunction with the Montana State Department of Public Instruction, Vocational Education Division. These three programs were closed prior to Practical Nursing Education moving into the Vocational-Technical Centers in the early 1970s.⁷

Current Licensed Practical Nursing (LPN) Programs

Vocational-Technical Center: Billings (1962-65; 1966-present)

For many years, Mrs. Florence Harriet (Ward) Bradshaw was associated with the LPN programs in Billings - first as an instructor in 1963 and later as the Area Coordinator for the program, a position she held until her retirement on June 1, 1987.⁸ This program is currently under the leadership of Mrs. Myrna Jane (Fillner) Ridenour, Department Chair of the Licensed Practical Nursing Program at the Billings Vocational-Technical Center. Mrs. Ridenour is a 1976 graduate of the BSN program at Montana State University. The program accepts 25 students each semester (January and August), but has about three times that many applicants. Most students graduate and most pass the State Board Examination for LPNs (NCLEX-LPN). They virtually all have jobs upon graduation, most in the care of the elderly in nursing homes. Starting pay in the Billings area is about \$7 to \$8 per hour. The majority of the students are non-traditional, older students (average age is over 29), many

beginning a second career and some with previous college degrees in other areas. The program is 15 months (three semesters) in length, must be done on a full-time basis (8:00 am to 2:00 pm on week-days), and the total costs are about \$2500 to \$3000.⁹

Vocational-Technical Center: Butte (1967-present)

This program is currently under the leadership of Mrs. Karen Lynn (Paffhausen) Vandaveer, Supervisor of the Licensed Practical Nursing Program at the Butte Vocational-Technical Center. Mrs. Vandaveer received a baccalaureate degree in nursing from Montana State University in 1979. The program utilizes five facilities in the area for student clinical experiences: St. James Community Hospital, Butte, Butte Park Royal Nursing Home, Butte Convelescent Center, the Crest Nursing Home, and Anaconda Community Hospital, Anaconda. These serve a population of 34,000 in the Butte/Silver Bow area. Fifteen students are accepted into the program each year. Ten graduated in February 1990, a fairly typical graduating class size.¹⁰

Vocational-Technical Center: Great Falls (1961-present)

This program is currently under the leadership of Mrs. Carolyn Mae (Barth) Schmidt, a 1959 graduate of Montana State University's BSN program. Mrs. Schmidt sits on the Advisory Council of the MSU College of Nursing.¹¹

Vocational-Technical Center: Helena (1962-65; 1966-present)

The Practical Nursing Program at the Vo-Tech in Helena was a result of the Manpower Development and Training Act of 1961. From 1962 to 1965, Mrs. Anne Marie (Cassidy) Keily was the Director and Instructor of the Helena School of Practical Nursing when it was housed at the Helena Senior High School. This program is currently under the leadership of Ms. Pat Harold.¹²

Vocational-Technical Center: Missoula (1960-present)

A 12-month training program for practical nurses was begun by the Adult Division of the Missoula County High School District in September 1960. It worked in cooperation with the three local hospitals with an aggregate of almost 350 beds: St. Patrick Hospital, the Northern Pacific Beneficial Association Hospital, and Missoula Community Hospital. The Advisory Committee for the program was composed of faculty members from Montana State University and local physicians and nurses. It was chaired by Sociology Professor, Dr. Raymond Gold. This program is currently under the leadership of Mrs. Margaret M. (Taulbee) Wafstet, a 1981 graduate of the Master's program at Montana State University.¹³

Summary of Licensed Practical Nursing Education

It is interesting to note that from a historical perspective, vocational nursing preparation has been

provided in high schools, hospitals, vocational-technical centers, and state colleges. Prior to the passage of the Federal Manpower Development and Training Act of 1961, the initial programs were conducted by state colleges (MSU and NMC). With the federal funding opportunity, these programs were jointly administered by local Public School Districts and the Montana State Department of Public Instruction, Vocational Education Division, and often housed in the local high schools. The movement of licensed practical nursing education into the Vocational-Technical Centers of the state occurred in 1969. Programs such as the one at St. Joseph's Hospital in Lewistown were privately operated by the Catholic sisters.

None of the practical nursing programs in the state, including the five currently operating programs in the Vocational-Technical Centers, have ever been accredited by the National League for Nursing. The reason for this is unclear. It is not known if accreditation has ever been sought by any of these programs. However, this has been a concern of nursing educators at the top of the articulation ladder. When graduates of a non-accredited LPN program articulate into a non-accredited ADN program and then wish to articulate into an NLN accredited BSN program, the issue becomes a very sensitive one. It has only been in the last couple of years that any of the ADN programs in Montana sought and received NLN accreditation. In addition, the

current directors of the five LPN programs are making efforts to meet on a regular basis to discuss the standardization of their curricula in an attempt to make them more equivalent for the purposes of articulation into both the ADN and BSN programs for registered nurses.

The LPN curriculum at the Butte Vo-Tech is typical of the five current programs. The first semester is comprised of some basic prerequisites such as math, computer and communication skills, introductory anatomy/physiology, medical terminology, CPR/first aid, human development, and nutrition. Some basic nursing skills are also taught in addition to the basic needs of the aging adult/elderly. The second semester focuses on theoretical concepts and clinical skills in maternal/child, medical/surgical, and geriatric nursing. The students are also introduced to basic drug administration. The third/last semester continues drug administration with intravenous therapy and provides more advanced skills in medical/surgical and maternal/child nursing. Mental health, community health, and nursing leadership round out the program for a total of 52 semester credits.¹⁴

One of the major difficulties facing the LPN educators is the problem of recruiting qualified faculty to teach in their programs. However, the other nursing programs of the state face this problem as well. As has been noted, many of

the Chairs/Directors of the LPN programs have been graduates of Montana State University at either the baccalaureate or master's level. Other faculty members have received baccalaureate degrees from Carroll College in Helena, MSU in Bozeman, and advanced degrees from other institutions as well. There is currently a trend toward master's preparation for LPN instructors in Montana, though many are minimally prepared at the baccalaureate level. In addition, enrollments in LPN schools in Montana and throughout the country are currently on the upswing.

Collegiate Schools of Nursing

Introduction

The collegiate schools of nursing in Montana currently include three associate degree and three baccalaureate degree programs. Two of these programs prepare nurses exclusively at the baccalaureate level.

Associate Degree Programs

Northern Montana Community College School of Nursing, Havre (1965-present)

The associate degree program in nursing at Northern Montana Community College in Havre was established in 1965, the same year that the ANA announced its position that the baccalaureate degree be the minimum educational preparation for professional nursing education. The founding director was Mrs. Helen Lorrayne (Harris) Kiesling who held that

position until 1983. Ms. Iylla Fauske (1983-1984), Mrs. Dorothy Marguerite (Rohrer) Sowa (1978-1987), Dr. Vivian Marie (Whaley) Evenson (1987-1989), and Dr. Marilyn Peddicord Whitley (1989-1992) served as directors of the program after Mrs. Kiesling's retirement. The current acting director of the Department of Nursing is Mrs. Dorothy Sowa.¹⁵

With the exception of Ms. Fauske and Dr. Whitley, all of these directors earned the MN degree from Montana State University. Many of the faculty have also graduated from MSU with either a BSN or MN degree. The only faculty prepared at the doctoral level were Dr. Whitley and Dr. Evenson. The current State Board of Nursing regulations require the master's degree for nursing faculty, but baccalaureate prepared nurses are permitted to provide clinical supervision as Clinical Resource Nurses (CRNs).

The school received approval from the Montana Board of Regents in July, 1988 to begin a multi-entry, multi-exit program to include the baccalaureate level. It is interesting to note that the career ladder concept of the multi-entry, multi-exit approach to baccalaureate nursing education in Montana was initiated in an associate degree program. The RN/BSN completion portion of the program received NLN accreditation in 1991 and the ADN program was accredited in the spring of 1992, under the leadership of

Dr. Marilyn Peddicord Whitley. None of the other directors had sought NLN accreditation prior to this time.¹⁶

The current ADN program offers a quarter-based curriculum comprised of traditional prerequisites (eg. anatomy/physiology, microbiology, chemistry, human development, english, speech, math, introductory courses in psychology and sociology) and nursing courses taken over at least two years/six quarters. For students wishing part-time study, accommodations can be made to extend the coursework over a longer period of time. LPNs are able to obtain advanced placement through the NLN Mobility Profile I examinations and are required to take a three credit transition course offered during the summer quarter of the first year. The first year is offered on the Havre campus and the second year is offered on either the Great Falls Campus (Columbus Hospital is utilized for clinical experiences) or at the Portland Veterans Administration Medical Center in Oregon.

The BSN program is designed for RNs with ADN degrees. The RN students take three (3) transition courses during the first summer. These include a health assessment course. During the junior year the students take statistics, nutrition, and nursing research in addition to the clinical nursing coursework and transcultural nursing concepts. Finally, students take a second nursing research course in

addition to Community Health Nursing, Gerontological Nursing, Management, and their professional nursing seminar during the senior year.¹⁷

Miles Community College School of Nursing, Miles City (1968-present)

This ADN program, located at Miles Community College in Miles City, Montana, was established in 1968. The founding director was Mrs. Mildred (Banfield) Hom (1968-1977). Ms. Suzanne M. Ottoy (1977-1978), and Dr. Angeline Bushy (1978-1983) served as directors following the retirement of Mrs. Hom. Both Mrs. Hom and Dr. Bushy earned the MN degree at MSU. As in the case of the ADN program at NMC, many of the faculty have earned the BSN or MN degrees at MSU.¹⁸

Since 1983, this program has been under the leadership of Mrs. Laura (Peterson) Lenau, Chair, Division of Nursing and Allied Health Programs. Mrs. Lenau earned her BSN at California State University and her MS at the University of Portland. She has also been a member of the Montana State Board of Nursing since 1988 and currently serves as the President of the Board.¹⁹

Though this program has never been accredited, it recently had a positive site visit by the NLN. It graduates about 25 to 30 students each year. In the last couple of years, the nursing program has begun to offer its curriculum

through the use of a fiber-optic telecommunications network to the communities of Sidney and Glendive, Montana. This equipment was purchased in 1985 through a federally funded grant.²⁰

The current semester-based curriculum requires that students take chemistry prior to admission to the nursing program. During the first year, anatomy/physiology, human development, general psychology and composition are taken with the first two nursing courses. Special math courses designed for medication administration and dosage calculations are required corequisites for the first two nursing courses. The summer between the first and second years is a required semester, with the student completing microbiology along with the third nursing course. The final year includes public speaking, sociology, physical education, information systems, humanities elective, and the last two nursing courses. There are no requirements for a separate nutrition course.²¹

Salish-Kootenai College Department of Nursing, Pablo (1989-present)

The most recent associate degree (ADN) program received initial approval by the Montana State Board of Nursing in May 1989. Its first students were admitted to the Salish-Kootenai College on the Flathead Reservation in Pablo, Montana, in the autumn of that year. The first class

graduated in June 1991 after earning a minimum of 106 quarter credits. Designed as a program for Native American students, it currently serves non-Indian students as well, though preference is given to tribal applicants. The program offers both a two-year (16-18 credits/quarter) and a three-year (8-15 credits/quarter) option, the second being available for students who need remedial work or require more time to allow for flexible schedules.

The curriculum is comprised of the usual prerequisite courses in anatomy and physiology, general and organic chemistry, human development, nutrition, microbiology, introductory sociology and psychology, intermediate algebra, english composition, and speech communication. However, rather than being taken as prerequisites, they are interspersed with nursing courses beginning the first quarter. Only math and chemistry are true prerequisites. The nursing courses include medical terminology, pharmacology, concepts of nursing practice, foundations of nursing care, nursing across the life cycle, nursing care to restore both physical and psychosocial adaptation, and nursing practicums at each level for the clinical application of theoretical concepts. In addition, a few fine arts and humanities electives are required.

In contrast to baccalaureate nursing education, this curriculum lacks a strong biochemistry component, advanced math, technological elective, and nursing research. It is

an integrated curriculum based on concepts, rather than the traditional medical model. There are no separate courses in physical assessment or nursing process. There appear to be some community health and leadership/management concepts taught during the last year. Legal/ethical and transcultural issues are included as well. The curriculum advances from simple to complex health problems on a health/illness continuum. Individuals are looked at within the context of the family and community.²²

LPNs are able to gain advanced standing through satisfactory grades on written and clinical competency exams. They also take a transition course which prepares them for Associate Degree Nursing.²³

The founder and director of the program is Ms. Jacque Dolberry. She received her Master's degree at the University of Arizona in 1982 and joined the faculty at Montana State University College of Nursing in Missoula in 1983 where she taught Obstetric Nursing until 1988. Two other Master's prepared nursing instructors, Mrs. Reeda Owens and Mrs. Charlene Winters, also taught at MSU College of Nursing in Missoula prior to their appointments to the faculty at Salish-Kootenai College. The program remains small with 21 students graduating in June 1992.²⁴

Summary of Associate Degree Nursing Education

Associate degree nursing (ADN) education has a thirty-

year plus history in Montana. These programs have gained popularity in Montana, as in other parts of the country, for several reasons. The major reasons appear to be economic ones. The cost to attend a community college for two years is much less than attending the university for four years. The ability to graduate, take the licensing examination and be gainfully employed as a registered nurse in two years is very attractive to those with limited financial resources. In addition, the wage differential for ADN graduates and BSN graduates is, in many settings, negligible. The opportunity for ADN graduates to progress, be promoted and be valued in the workplace is a reality. Settings such as community health agencies, which for many years only hired BSN graduates, now employ many ADN graduates because they are unable to attract BSN graduates at the lower pay scales they are forced to offer due to many governmental budget cuts.

It has been very heartening to see the ADN programs of the state become interested in NLN accreditation over the last few years. They struggle to recruit qualified faculty just as the rest of the nursing programs in the state do. However, they do not seem to have difficulty recruiting students as there are waiting lists at all of the schools in the state at the present time. This is very much in line with the increased enrollments in other parts of the country. Also, many students are keenly aware of the accreditation status of nursing schools and prefer, of

course, to attend an accredited program.

At the present time there are no formal articulation agreements between the ADN programs and the BSN programs of the state. However, in the process of evaluating coursework for students transferring into MSU for the RN/BSN program, it has been interesting to note that although ADN graduates are often employed in long-term care facilities (eg. convalescent hospitals or nursing homes), the geriatric content in their programs is not as extensive as that found in the BSN program at MSU. Other areas in which ADN graduates are often deficient when admitted to the RN/BSN program are health assessment (particularly in the pediatric and geriatric ends of the lifespan), psychiatric nursing, family-child nursing (generally in health promotion and wellness), advanced medical-surgical nursing (especially in pathophysiology), nursing research, community health, and concepts related to ethical/legal issues and to leadership and management.

With the current legislative budget cuts to higher education in the state of Montana, all programs are being critically reviewed. However, even though there are not enough tax dollars to adequately fund so many programs in a state with less than 800,000 population, every community in Montana has a desire to have educational opportunities for their children at their back door. For years, Kalispell has desired to have an ADN program at Flathead Valley Community

College and the communities around Glendive and Sidney have endeavored to begin a program at Dawson Community College. The citizenry in the Lewistown area are likewise interested in having a nursing education program in their community.²⁵

Baccalaureate Degree Programs

Introduction

There are currently three baccalaureate degree programs in nursing in Montana. The one at Northern Montana College is part of the multi-entry, multi-exit programs and is an RN/BSN completion program only. Generic baccalaureate students are not enrolled in the school. [This program was detailed earlier in this chapter.]

The other two baccalaureate programs are at Montana State University in Bozeman, with upper division campuses located in Billings, Great Falls and Missoula, and at Carroll College in Helena. These two programs are described in this section of this chapter.

Montana State University College of Nursing (1937-present)

The first baccalaureate nursing program in Montana was established in 1937 at Montana State University (MSU) in Bozeman. It currently has four campuses with lower division courses taught on the Bozeman campus and upper division courses currently taught at the Billings, Great Falls, and Missoula campuses. The Butte campus closed in 1987 due to

budgetary constraints imposed by the state legislature.²⁶

The MSU College of Nursing has its roots in the old system of training schools in the Deaconess Hospitals established in Montana beginning just prior to the turn of the century. (See Chapter 4 for the detailed accounts of the establishment of these Deaconess Hospital Training Schools for Nurses.) In 1935, the Administrator of the Montana Deaconess Hospital Training School in Great Falls, Miss Blanche M. Fuller, sought a collegiate affiliation for the students. Miss Anna Pearl Sherrick was the Director of the school at that time, and was asked by Miss Fuller to write a proposal which would consolidate the training schools at the Deaconess Hospitals in Billings, Bozeman, Great Falls, and Havre. All four schools eventually became part of the consolidation which began in the autumn of 1937, with Billings being the last to join in 1943. One of the reasons for the consolidation was to be better able to meet the increasing standards for nursing schools legislated by the Nurse Practice Act and regulated by the State Board of Nursing.²⁷

Each of the units of the Consolidated Deaconess School of Nursing was originally affiliated with a different college. The Havre unit was affiliated with Northern Montana College for only one year. The students were then transferred to other units of the consolidated school. The

faculty of the Great Falls unit were approved as extended faculty of the College of Education at Colorado State University and courses were also available at the Intermountain Union College which was temporarily located in Great Falls, prior to its move to join Rocky Mountain College in Billings. During that first year, Miss Sherrick continued to work with the administration at Montana State College in Bozeman to draw up an agreement which was given final approval in May 1938. She then became the founding director of the consolidated school and served in the capacity of director until June 30, 1965. She maintained a teaching and research position until her retirement in 1970.²⁸

Anna Pearl Sherrick was born on November 26, 1899 in Loraine, Illinois. The youngest of eight children born to Joel D. and Josephine (Harris) Sherrick, she spent her early childhood in Bowen, Illinois, where she graduated from high school in 1918. From 1918 to 1920, she attended Knox College in Galesburg, Illinois, and then dropped out of school for two years due to illness. In 1922, Miss Sherrick enrolled in the Illinois Women's College at Jacksonville. She graduated in 1924 with a baccalaureate degree. From there she enrolled in the University of Michigan at Ann Arbor where she earned a diploma in nursing in 1926.

Miss Sherrick worked as a private duty nurse for six

months before accepting a position as an assistant science instructor at St. Lukes Hospital School of Nursing in Chicago. A short time later, she was discovered to have tuberculosis and she was forced into unemployment for the next three years. She then moved to Colorado where, in 1930, she was able to take on teaching responsibilities and serve as the Superintendent of Nurses at Parkview Hospital in Pueblo. She also began work on her master's degree and graduated from Colorado State Teachers College in 1934. She was now prepared to embark on her nursing education experiences in Montana. Miss Sherrick accepted the position of instructor at the Montana Deaconess Hospital School of Nursing in Great Falls. The following year, she became the Director of Nursing at the hospital, a position she held until 1937 when she took on the responsibilities of the Consolidated Deaconess School of Nursing in Bozeman.²⁹

The consolidated school admitted 194 students into the first class. There were two options: 1) a five-year program leading to a Bachelor of Science degree in Nursing (BSN), or 2) a three-year program resulting in a diploma. This second option continued to be the most popular resulting in 46 graduates in 1940-41 and only one graduate earning the BSN. However, 10 years later there were 47 BSN graduates and only 14 diploma graduates.³⁰

The first graduate of the BSN program was Mrs. Frances

Hixon Macdonald who received the Bachelor of Science degree in Nursing on June 7, 1941. Mrs. Macdonald was born in Gibbon, Nebraska on December 20, 1906. Her family moved to Montana in 1911, where she attended a country school near Whitehall and then graduated from Whitehall High School in 1923. Her nursing education began at the Clara Barton Memorial School of Nursing which was associated with the Hollywood Presbyterian Hospital in California. She graduated in 1926 and then completed a course in administration at the Los Angeles General Hospital in 1927. Mrs. Macdonald worked as a general duty and surgical nurse in California, Hawaii, and Alaska, followed by supervisory work in Oregon and Montana. She received a certificate in Public Health Nursing from the University of Oregon in 1931. This prepared her for her next position as a Public Health Nurse with the Gallatin County Health Department in Bozeman, where she remained until 1937. At that time she was named Assistant Director of the Student Health Service at Montana State College, a position she held until 1940. However, she also managed to complete a course in Maternal and Child Health Supervision at the University of Oregon, where she received a certificate in 1939.

From 1940 to 1942, Mrs. Macdonald served as the Senior Public Health Nurse at the Gallatin County Health Department. Following her graduation from Montana State College, she took a position as the Director of Nursing

Service and Nursing Education at the Montana Deaconess Hospital in Great Falls, which was then a unit of the School of Nursing at Montana State College. From 1945 to 1947, she was an Assistant Professor of Nursing at Montana State College and then left to pursue a position as an extension specialist for rural health services. During her time in Montana, she continued to take coursework in sociology and community organization and also served as the Chair for the Joint Committee on Practical Nurse Licensure from 1950 to 1952. She continued her education by attending Case Western Reserve University in Cleveland to study psychology and sociology from 1954 to 1955. Her next position took her to Oklahoma City where she was the Director of the Visiting Nurse Association from 1955 to 1959. While there, she continued her education, taking statistics and sociology.

She next attended the University of Colorado where she earned the MS degree in Nursing and Public Health Administration in 1960. Her next position took her to Tehran, Iran, where she was the Assistant Director and Instructor at the Iran-Bethel School as a part of the International Cooperation Administration, Mashad, Iran, for one year. Upon her return to the United States in 1961, Mrs. Macdonald became an Associate Professor of Public Health and Public Health Nursing at the University of Nebraska. In 1964, she returned to Montana as an Associate Professor at Montana State University and also held a

position as the primary Field Investigator on a National Institute of Mental Health Grant. In 1965, she was selected by the Associated Women Students at MSU for the Outstanding Alumnae Award. She retired in 1971 and died several years ago in Texas.³¹

The United States Congress established the Cadet Nurse Corps in 1943. Between then and the end of the war in 1945, 1200 cadets were trained in the state of Montana. MSC's modified 30-month cadet program began during the summer of 1943 with 136 students. Another 100 students began the program that fall. Enrollment peaked at 619 students during 1944-45. Of these, only 59 sought the baccalaureate degree.³²

From its beginning in 1937 until 1965, the year of ANA's position statement regarding the baccalaureate as the level of entry into professional nursing, MSC offered several different nursing programs. The first of these was the short course (1 year) in Practical Nursing Education. [This program is discussed under Practical Nursing Education at the beginning of this chapter.] The second was an Associate Degree program of two-years length. This program was established at MSC in 1960, the first of the ADN programs in the state. It prepared the graduate to accept a beginning position as a general duty nurse. However, the NLN called into question the educational soundness of the

program and it was transferred to Northern Montana Community College in Havre.³³ [This program is discussed under Associate Degree Education in an earlier section of this chapter.]

Third was the three-year hospital diploma program. A fourth option was the BSN program which could be completed in either four or five years. Finally, the MN degree program required one to two years beyond the baccalaureate. [This program is discussed at the end of this chapter.] All of the programs at MSU were accredited by the NLN beginning in 1949 and have continued to the present time.

The current four-year baccalaureate program was initiated in 1965, the year that Montana State College achieved University status. Dr. Sherrick retired that year and Dr. Laura O. (Copple) Walker became the new Director, a position she held until 1974 when she decided to retire from administration and return to teaching. Laura Copple was born and received her primary and secondary education in Mound City, Kansas. Following graduation from high school, she obtained a certificate to teach in a country school for one year. In 1935, she enrolled in the University of Kansas Medical Center School of Nursing and graduated in 1939. She worked as a pediatric nurse in Kansas City and St. Louis, Missouri, until 1943 when she enrolled in the George Peabody College for Teachers in Nashville, Tennessee. Because there

was such a great need for nurses during World War II, she temporarily left school to work as a public health nurse in Neosha, Missouri, for the duration of the war. Returning to George Peabody College, she earned the baccalaureate degree in 1948. She worked at the Missouri Division of Public Health until she was offered a position to administer the public health nursing program at Montana State College in 1952.

In 1953, Miss Walker assumed the responsibilities of Acting Director of MSC's nursing program while Miss Sherrick took a year's leave to complete her doctorate at the University of Washington. Miss Copple was named the Assistant Director of the program in 1958 when she completed her master's degree at the University of Chicago. Two years later, she completed a doctoral degree from the University of Chicago. She also married Mr. Oval Walker in 1960. When Dr. Sherrick stepped down as the Director of the program in 1965, Dr. Walker was named the new Director, a position she held until 1974.³⁴ Upon Dr. Walker's retirement, Mrs. Margaret Antoinette "Sue" (Mundt) Barkley, who had been serving as the Education Director at the Warm Springs Campus, assumed the position as Acting Director until a new Director could be appointed.

In 1975, Dr. Anna M. Shannon accepted the offer to serve in this position. She was the Dean of the College of

Nursing at the time the Entry into Practice legislation was introduced in 1987. As noted in Chapter 6, Dean Shannon was active in the formation of the Montana Consortium of Schools of Nursing, an organization which played a major role in support of MNA's goal of requiring the baccalaureate as the minimal educational preparation for entry into professional nursing practice.

Anna M. Shannon, the youngest of three children, was born in Dillon, Montana, in 1929, prior to the Stock Market Crash. Her father was a Baptist minister and her mother was first an English teacher and then an osteopath. Following her parent's marriage in 1922, they moved from Missouri to Montana where her sister, Margaret, was born in 1923 and her brother, Richard, was born in 1926. The family was poor; the children wore used or homemade clothing and the family ate food they had grown in their garden or that parishoners had given her father. When Anna was five, the family moved to Lewistown, Montana.

Influenced by an older cousin who was a nurse, Anna entered nurse's training at the Missouri Baptist Hospital in St. Louis in 1947 and graduated in 1950. She continued working at the hospital in psychiatric nursing until 1953. She earned a baccalaureate degree from the University of Missouri in Columbia in 1955. Her master's was earned at Washington University in St. Louis in 1958. She then taught at the University of Missouri for six years before moving to

San Francisco to enroll in a doctoral program at the University of California in 1964. However, the program did not receive approval to begin until 1966. Anna was in the first class and graduated in 1970 with a DNS degree. Following graduation, she taught at UCSF until accepting the position of Director of the Nursing Program at Montana State University in 1975.

Immediately prior to Anna's coming to MSU, the School of Nursing, which had been a department within the College of Professional Studies, became a free-standing, independent school within the University. This change offered the new Director the opportunity to have direct access to the Academic Vice-President and to sit on the Dean's Council. In addition, the School was given its first operating budget (\$16,000) during Anna's first year; not nearly enough to cover the operating expenses of five campuses. The faculty of the school were almost exclusively prepared at the baccalaureate level (35%) and the master's level (65%) and the majority had graduated from MSU's own nursing programs - very ingrown. The faculty were recruited through ads in local newspapers and were not doing research and publishing. Enrollments were at an all-time high with almost a thousand undergraduate students.³⁵

During her 15 years as Director (later changed to Dean), Anna was able to bring about many changes. For

example, she began to recruit faculty from the national pool rather than locally. This seemed important to be able to maintain NLN accreditation. She began to employ faculty who were clinically competent in specialty areas and some who were doctorally prepared. One of the events that occurred at the University in 1975 which helped in the recruiting effort was a salary sex discrimination suit brought against the University by five women faculty members. One of them was Mrs. Jeanne Rennie Claus of Nursing. The University lost the case and women faculty members began to be paid higher salaries which aided in the recruitment of better prepared faculty.³⁶

Anna also brought Dr. Carol Lindemann to Montana to provide some research workshops for the faculty. In addition, she sent faculty members to conferences to help them develop their faculty roles, including research. In 1978, she revised the master's program to provide a very specialized theory-based rural focus and to facilitate faculty research in rural theory development. Anna wrote a Federal grant to support the change in the graduate program. Also in 1978, the first undergraduate courses in nursing research were taught. Faculty were quickly prepared to teach these undergraduate research courses and when faculty began to participate in research, it was rewarded with merit pay. Dr. Shannon retired on July 1, 1990.³⁷ The current

Dean is Dr. Kathleen Ann Long.

Carroll College Department of Nursing, Helena (1943-present)

The second baccalaureate degree nursing program in Montana was established in 1943 at Carroll College in Helena. It is a small private Catholic institution, known as Mount St. Charles College from its inception in 1909 until 1932 when it was renamed in honor of Bishop Carroll.³⁸

The Sisters of Charity of Leavenworth organized and operated four training schools for nurses in Montana until 1935 when they found it prudent to close the school at St. Ann's in Anaconda. The names of the schools were changed from "training schools" to "schools of nursing" during the 1940s. Until 1943, the Sisters continued to maintain the other three schools located at St. John's Hospital, Helena, St. James Hospital, Butte, and St. Vincent's Hospital, Billings.³⁹

In 1943, because of difficulties obtaining qualified nursing faculty, arrangements were made for a centralized teaching program for the pre-clinical students of these three nursing programs to affiliate for four months with Carroll College for particular courses. At that time, Carroll College was a men's college which prepared its students in pre-medical studies as well as seminary preparation for those studying for the priesthood in the Helena diocese. The nursing students were the first women

to be admitted to the campus. Though finances were centralized, each of the three units maintained its original identity and administered its own program. The total length of the program was 36 months and classes were admitted three times a year in January, June, and September.⁴⁰

An announcement of this program appeared in the January 1943 issue of AJN. It reported that the opening of this central school of nursing was made possible through a Federal grant, that scholarships were available, and that the program had an aggregate bed capacity of 475. When the winter quarter began on January 26, 1943, the Directors of Nursing Service for the three units were Sister Mary Alexine at St. John's, Helena, Sister Eugene Teresa McCarthy at St. Vincent's, Billings, and Sister John Marie Pithoud at St. James, Butte.⁴¹

When Sister John Marie was named Director of St. James in Butte in 1940, she was the first director there to hold a BS degree. She was born Elizabeth Pithoud on April 4, 1902 in Manzanola, Colorado, where she lived until the age of 7. She moved with her family to Fromberg, Montana, in 1909, where she attended the local schools and graduated from high school in 1920. Elizabeth then entered the training school at St. Vincent's Hospital in Billings, graduating in 1923. She remained at St. Vincent's for several months and then moved to Butte to assist in opening a clinic for children

crippled from polio. She had worked with Dr. Louis Allard in Billings which had prepared her for this undertaking. Following a year at the clinic, Elizabeth took a position as a staff nurse in obstetrics at St. James Hospital in Butte, where she taught the students part-time as well. She held this position until October 15, 1928 when she entered the noviate of the Sisters of Charity of Leavenworth, Kansas.

Sometime between 1928 and 1935, Sister John Marie returned to school. She first attended Teachers College in Greeley, Colorado, and then transferred to St. Mary's College in Leavenworth, Kansas, where she earned the BS degree. Sister then returned to Montana where between 1935 and 1950 she was assigned as Director of Nursing first at Billings, then Butte, followed by Helena, and then back to Billings. During these years Sister was very active in the nursing organizations of the state as well. She was a member of the MNA and the MLN, serving twice on the Board of Directors of MNA, and on many committees, both at the state and local levels. She was the President of the Education Section of the MNA from 1938 to 1940.

In 1950, Sister was transferred to St. John's Hospital in Santa Monica, California, where she supervised the obstetric department until 1953 when she was assigned as the Director of Nursing Service at St. Joseph's Hospital in Denver, Colorado. After one year in this position, Sister was again transferred to Montana where she was appointed as

the Administrator of St. James Hospital in Butte. During her four years there, the hospital underwent major remodeling to meet the minimum standards for licensure. In 1958, Sister again left Montana, this time for Cheyenne, Wyoming, where she became the Director of the DePaul Hospital, a position she held until 1963, when she suffered a heart attack. At that time she was transferred to St. Mary's Hospital, Grand Junction, Colorado, where she was able to handle light nursing duties. She sustained a second coronary in 1964, which left her with considerable heart damage, and a stroke in 1966, from which she recovered sufficiently to write, knit, and sew.⁴²

At the end of World War II, there was concern about nursing programs for the future with the United States Cadet Nurse Corps program coming to an end. Therefore, the Superiors and Sister Directors of the Sisters of Charity of Leavenworth Schools of Nursing in Helena, Butte, and Billings, met in September 1945 with the President of Carroll College, Monsignor Emmet J. Riley and Mother Mary Francesca O'Shea, Sister Rose Victor Felsheim, and Sister Cornelia Donnelly to consider the reorganization, consolidation, and centralization of those nursing programs into a collegiate program to be known as the Department of Nursing at Carroll College. Visits were made to other states with collegiate programs, curricula were reviewed,

and committees studied every area of administration and organization of nursing programs. Following these months of investigation into the advantages and disadvantages of this arrangement, Miss Beatrice Hruska (Kaasch) was appointed as the Acting Director of the newly created Department of Nursing Education at Carroll College for the 1946 academic year.⁴³

Miss Hruska was born on January 17, 1912 in Lewistown, Montana. She received her childhood education near Lewistown and then attended St. Matthew's Parochial school in Kalispell for her first two years of high school. She graduated from Fergus County High School in Lewistown in 1931. Following graduation, she attended the St. Joseph Training School for Nurses, Lewistown. She received her diploma in 1934 and did some private duty as well as general duty nursing at St. Joseph's for the first year after graduating. Miss Hruska then continued her education at a private women's college, St. Teresa's, in Winona, Minnesota, transferring to St. Louis University where she received her BSNE in 1940. She then took a position as a nursing instructor at the Lady of Lourdes School of Nursing in Hot Springs, South Dakota for a year.

In 1941, she returned to Montana to teach at St. John's Hospital, Helena until her appointment as the Director of the Department of Nursing at Carroll College in

1946. During this time, she was elected President of the Montana Nurses' Association from 1944-1947. She resigned from her positions in 1947 to attend Yale University School of Public Health. She received her MPH in 1948 and again returned to Montana where she was employed as a health educator for the Montana State Board of Health, Helena, a position she held until her marriage to Alfred Kaasch on April 26, 1951. Mrs. Kaasch took time out to have a family while living in Nebraska from 1951 to 1959. This mother of three daughters returned to active nursing practice when she moved to Billings, Montana, in 1959 and took the position of Assistant Director of Nursing Services at St. Vincent's Hospital. In 1966, she was named Assistant Director of the School of Nursing there.⁴⁴

The curriculum at Carroll College was composed of a pre-clinical period of two semesters which included basic science and liberal arts courses. It was followed by 30 months of theory and clinical experiences in the three participating hospital units. The BSNE degree required 50 to 55 credits distributed over three semesters. Students enrolled in the program were eligible for fellowships by working 24 hours a week at St. John's Hospital. They were housed in Immaculata Hall across the street from the hospital.⁴⁵

Sister Rose Victor Felsheim was named the next

Director of the Carroll College Department of Nursing, a position she retained for the 1947 academic year. Emma Felsheim was born on July 20, 1885 to John and Mary Nickolai Felsheim in Arcadia, Wisconsin. As a child, her family moved to Helena, Montana, and she received her childhood education from the Sisters of Charity of Leavenworth at St. Vincent's Academy, Helena. She attended high school at St. Mary's Academy, Leavenworth, Kansas, under the direction of the same order. She was the first applicant to the training school for nurses established at St. John's Hospital, Helena on May 1, 1905. She left the school to enter the religious life with the Sisters of Charity of Leavenworth on July 11, 1907. On January 23, 1911, she professed her first vows. She held several teaching positions in Kansas elementary schools which were staffed by the Sisters from 1908 to 1915. She was then assigned as Superior of St. Francis Hospital, Topeka, Kansas.

Sister next went to St. Joseph's Hospital in Denver, where she completed her nursing education and became a registered nurse. Her next position was on the nursing staff of Providence Hospital, Kansas City, Kansas, where she later was appointed as the first Superintendent of the hospital's training school. In 1927, she was named Superior of the hospital and in 1928, supervisor of the operating room. From 1932 to 1934, she earned a BSNE at St. Louis University. Following graduation, she was named Head of the

Department of Nursing at St. Mary's College, Leavenworth, Kansas. She later earned a MSNE at Catholic University, Washington, DC. From 1938 to 1950, she was named Director of the Sisters of Charity Hospitals and Schools of Nursing. It was during this time that she spent the 1947 academic year as the Director of the Department of Nursing at Carroll College, Helena. She was again assigned to Providence Hospital, Kansas City, Kansas, in 1950 where she remained until her death on December 1, 1952.⁴⁶

In the fall of 1948, Sister Eugene Teresa McCarthy was appointed as the Director of the Department of Nursing at Carroll College, a position she held until August 1960 when she left Montana to become the Director of St. Joseph's Hospital School of Nursing, Denver, Colorado, her alma mater. Sister was born on July 15, 1911 in Kansas City, Kansas, where she received her childhood education at St. Peter's Parochial school. She attended the Catholic high school there for two years and then transferred to St. Mary's Academy, Leavenworth, Kansas, where she graduated in June 1929. For a few years she worked as a telephone operator but found the work was not challenging enough for her, so in September 1933, she entered the novitiate of the Sisters of Charity of Leavenworth and in 1935, began the course of nursing at St. Joseph's Hospital, Denver. Following her graduation in 1938, she took a position as

supervisor of medical-surgical nursing at St. Mary's Hospital, Grand Junction, Colorado. In 1940, she returned to school earning her BSNE at St. Mary's College, Leavenworth, Kansas, in 1942.

From 1942 to 1946, Sister served as the Director of St. Vincent's Hospital School of Nursing, Billings, Montana. She was the first Director of Nursing at St. Vincent's to hold a baccalaureate degree. In the spring of 1946, she returned to school again to work on her MSNE at St. Louis University, where she received her degree in January 1947. She returned to her position at Billings for one more year. In the summer of 1948, she was appointed to the position of Director of the Department of Nursing at Carroll College. During her years in Montana, Sister was an active member of MNA, serving on the Board of Directors, and was active in the MLN, serving as Vice-President from 1950 to 1952, and President from 1952 to 1954. She was appointed to the State Board of Nursing by Governor John W. Bonner in 1950 and was elected President of the Board in 1951, a position she retained until she left Montana on August 28, 1960.

Following her position at St. Joseph's Hospital, Denver, Sister was transferred to St. John's Hospital, Santa Monica, California, in 1962 where she served as supervisor of medical-surgical nursing. She remained in this position until 1964 when she became an assistant professor at Marillac College Department of Nursing, St. Louis. She

returned to school again to work on her doctorate at St. Louis University and received her Ph.D. in 1968. From 1969 to 1976, Sister served as the Associate Chairman and Professor in the Department of Nursing at California State University, Los Angeles. Her next position was the Director of Hospital Education at St. John's Hospital and Health Center, Santa Monica, California. She was honored at Carroll College in 1977 when she became the first woman to be elected to the Carroll College Hall of Fame.⁴⁷

The next Director of the Department of Nursing at Carroll was Sister Mary Jerome Kelly. She began her work there in the fall of 1960. A native of Butte, Montana, Sister attended parochial schools staffed by Sisters of Charity of Leavenworth during her childhood and high school days. Following graduation she attended St. Mary's College, Leavenworth, Kansas, from 1931 to 1932 when she entered the novitiate. She then studied nursing at Providence Hospital School of Nursing, Kansas City, Kansas, and transferred to St. Joseph's program in Denver where she received her diploma. She was then sent to St. Vincent's Hospital in New York City to study operating room techniques. Sister worked as an operating room supervisor for a number of years in various hospitals staffed by the Sisters of Charity of Leavenworth. Eventually she was assigned to graduate school to earn a MSNE. She was then able to assist St. Joseph's

program in Denver to receive temporary NLN accreditation in 1952 and full accreditation in 1955 prior to taking the position at Carroll College from the fall of 1960 until the supplementary degree program was phased out in 1962-63. Sister was given an assignment elsewhere until she was appointed the Director of St. James Hospital, Butte, in 1965.⁴⁸

At this point the nursing schools at St. James, Butte, and St. Vincent's, Billings, contracted with Carroll College for one year of academic work for their students enrolled in a twenty-seven month diploma program. The students attended school for nine months and had their summers free. They attended classes two days a week and had clinical laboratory in the hospital three days a week with week-ends free.⁴⁹

Sister Mary Carol Conroy served as the next Director of the Department of Nursing, beginning her work there in 1964. The program was phased out in 1969 when the Sisters of Charity of Leavenworth decided to close all of their diploma and supplementary degree programs. Upon the invitation of the President of Carroll College, Sister was asked to return in the fall of 1972 to assist in a federal grant proposal to establish a generic baccalaureate nursing program. That grant was approved and funded in June 1973. The students were admitted in the fall and the first class graduated in 1977.

Sister Mary Carol was born on July 5, 1927 to Mr. and Mrs. William T. Conroy in Kansas City, Missouri. She received her childhood and high school education in institutions staffed by the Sisters of Charity of Leavenworth in Kansas City, Missouri. Following graduation from Bishop Hogan High School in 1945, she entered St. Mary's Hospital School of Radiologic Technology, Kansas City, Missouri. She then moved to Denver where she worked as a radiologic technician at Mercy Hospital followed by several years working for internists in Kansas City, Missouri.

Sister's nursing education began when she entered the thirty-nine month program at St. Joseph's Hospital School of Nursing, Denver. She proceeded to continue her nursing studies at St. Mary College, Leavenworth, Kansas, earning a BSNE in May 1956. In August of that year, she entered the religious community of the Sisters of Charity of Leavenworth, but found it necessary to withdraw and return home in January 1957 following her father's sudden death. For the next two years she worked as a medical-surgical clinical instructor at Providence Hospital School of Nursing, Kansas City, Kansas. She reentered the religious community in February 1960 and made her vows in 1961. She then returned to teach at Providence Hospital until August 1964 when she was transferred to Carroll College. She remained at Carroll until the program closed in June 1969.

Sister was then assigned as a Pediatric instructor during the last year of the program of the School of Nursing at St. James Hospital, Butte, Montana. From June 1970 to June 1971, Sister established a Health Service for students at St. Mary College, Leavenworth, Kansas. At that time, she returned to St. James Hospital, Butte, Montana, as the Director of Nursing Service. She remained there until asked to return to Carroll College in the fall of 1972.

On August 26, 1974, Dr. Marjorie J. Corrigan began her year as the Director of the Department of Nursing at Carroll College, with Sister Mary Carol Conroy serving as the Assistant Director. In January 1975, Sister enrolled in the graduate program at Montana State University College of Nursing, earning her MN degree in August 1976. Her next assignment was as Curriculum Coordinator at the College of St. Teresa, Winona, Minnesota, followed by employment on the Kansas State Board of Nursing as Educational Consultant. She then enrolled as a doctoral student at Kansas State University, earning her Ph.D. in 1984. While writing her dissertation, she returned to St. Mary College as a Project Director for a Special Project Grant from the Department of Health and Human Services Division of Nursing. Following her doctoral work, Sister took a position as the Assistant Director of Testing Services for the National Council of State Boards of Nursing until May 1985. She next assisted the President of the Sisters of Charity of Leavenworth

Health Services Corporation in Special Projects in Leavenworth, Kansas. In June 1986, she became the Director of the MSN Program in the School of Nursing and Health Sciences at Spalding University, Louisville, Kentucky. She currently serves in that institution as the Assistant Dean of the School of Nursing and Health Sciences.⁵⁰

The current Director of the Department of Nursing at Carroll College is Dr. Rose Therese Sullivan. Dr. Sullivan began her work at Carroll in 1975 and was one of the founding members of the Montana Consortium of Schools of Nursing. She is a native of Butte, Montana, where she attended the St. James Hospital School of Nursing. Her baccalaureate degree is from Carroll College and she earned the Master of Nursing at Montana State University. Her doctorate is from the University of Washington. Since returning to Montana in 1975, Dr. Sullivan has been active in the MNA, MLN, MCSN and the Zeta Upsilon chapter of Sigma Theta Tau, not only as a member but she has been elected to numerous offices. She has served as a member and President of the Montana State Board of Nursing and was recently named as one of seven outstanding alumni of Montana State University during its centennial celebration.⁵¹

Summary of Baccalaureate Degree Nursing Education

Baccalaureate nursing education had been available in Montana for 50 years when Representative Dorothy Bradley

introduced HB 36 into the 1987 legislative session. Even though it was readily available, it has often been perceived as inaccessible for several reasons. The major reasons appear to be economic and related to that, feeling "place-bound."⁵²

The cost of a college education continues to increase annually. In addition, students from the small, rural areas of the state find it expensive to relocate to the larger population centers of the state where nursing education is available. As mentioned earlier, many Montanans believe that their children should be able to access education at their doorstep and not need to relocate to other parts of the state. This is especially true for the older, non-traditional students who find it difficult to relocate their families in order to access education. Nursing tends to attract many students in this category.

Again, it is much less expensive to attend school for two years while pursuing ADN education than to attend for four years in pursuit of a BSN. If nursing practice differentiated more in the salaries of ADN and BSN graduates, the students might feel that it was more worthwhile to complete the four year programs. However, BSN graduates currently are not compensated financially, nor particularly valued in nursing service for their additional educational preparation and special expertise. A number of

students feel that once they pass the Boards and are out there earning a living, they can always go back and pursue the BSN at a later date. The fact that there are three RN completion or RN/BSN programs in the state bears this out.

Graduate Nursing Education

Montana State University College of Nursing (1957-present)

Federal Nurse Traineeships were made available in 1956 to fund the graduate education of six MSU faculty members as well as other graduate students. In 1957, the first three students registered for the Master of Nursing degree at Montana State College. They were Mrs. Jeanne Rennie Claus, Mrs. Herva Simpson, and Miss Leona Wohler (Barnes). Since all three were alumnae of the baccalaureate program at Montana State College, they were given the opportunity to spend one quarter taking clinical courses of their choice at Washington State University, Seattle. All three were successful and received their Master of Nursing (MN) degrees in 1959.⁵³

This program was designed to prepare nurses for advanced practice in administration, education, and clinical nursing. The need for the program arose from the fact that in 1937, the faculty of the Consolidated Deaconess School of Nursing had but one Master's prepared member, Miss Anna Pearl Sherrick. This was in keeping with a national trend toward nursing education in collegiate settings and the need

for adequately prepared faculty to teach in these programs. The program received initial accreditation by the NLN in December 1965 and by the summer of 1967, 78 degrees had been awarded.⁵⁴

When Dr. Anna M. Shannon became the Dean of the College of Nursing in 1975, the faculty began to revise the master's program with a rural focus. It began to rotate among the upper division campuses when there was a cadre of qualified applicants interested in the program at any particular time. Beginning in the fall of 1990, students were admitted to all four campus sites and the teleconference system which had been used for intercampus communications in other ways, began to be utilized to teach graduate nursing courses. Currently there are about 35 master's students enrolled in the program. Dr. Julie E. Johnson is the Associate Dean of the College and the Coordinator of the Graduate Program. The Master's degree in Nursing is offered solely at Montana State University.⁵⁵

Summary

This concluding chapter has provided a picture of the current status of nursing education in Montana and serves to demonstrate the progress that has been made toward the goal of professional preparation in Montana. Professional education was one of the four attributes of the conceptual framework for this study of professionalism in Montana.

NOTES

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CHAPTER 10

SUMMARY AND RECOMMENDATIONS

This final chapter contains a summary of the analysis of the data as it relates to each of the nine research questions presented in Chapter 1 and to the four aspects of professionalism as outlined in the conceptual framework. Finally, recommendations are set forth based on the findings of this study. They encompass two categories: the preservation of Montana's nursing archival materials and suggested further research.

Summary

Research Question 1

What was the social, professional, educational, political, and economic milieu around the turn of the century in the United States that resulted in the establishment of State Nurses' Associations (SNAs)?

The milieu in the United States around the turn of the century which resulted in the formation of State Nurses' Associations (SNAs) paralleled the milieu in which many women of that day found themselves - in powerless situations. Women who needed to enter the work force were, for the most part, ill prepared to change the environments

in which they spent many hours a week. Industrialization had brought many families from the rural areas of the country to the more populated centers where women, and often children, worked long, hard hours in factories under less than desirable conditions to try to earn a decent living for themselves and their families. The large influx of immigrants in urban areas brought many to this country who, if they were unable to speak English, lacked basic communication skills. Many women did not have the opportunities for education and employment that men were given, nor did they have the opportunity to vote. It wasn't until 1920 that women were allowed to vote nationally in the United States, though women in most states were able to vote earlier in state and local elections. Montana, for example, had granted woman suffrage in the November, 1914 election.

Nurses, predominately members of the female gender of society, also found themselves in situations where they had little, if any, control over their work environments, long hours, poor working conditions, and meager pay. When the national organization, the American Nurses' Association (ANA), came into existence as the Nurses Associated Alumnae of the United States and Canada in 1897, nursing's leaders envisioned an organization made up of the union of the Alumnae Associations of the various training schools in existence at that time. However, because graduates didn't always stay at the same hospital or even in the same state,

it became necessary to look to another model for organization. Also, there may have been states which did not have Alumnae Associations because they did not yet have their own training schools, such as Nevada, but nonetheless needed to provide licensure for nurses who migrated to those states. The American Medical Society was organized with county associations being the basic component of state associations which made up the national organization. This model seemed appropriate for nursing as well. By joining with others, nurses hoped to be able to make needed and progressive changes in nursing education and practice.

Research Question 2

What was the social, professional, educational, political, and economic environment in the State of Montana in 1912 that resulted in the establishment of the Montana Nurses' Association (MNA)?

A part of the Idaho Territory when it was created in 1863, Montana became a separate territory in 1864 and gained statehood in 1889. By the turn of the century, its legislative assembly was meeting in the site of its third capital, Helena. The state was in the throes of the War of the Copper Kings in which the state's economy was centered. Mining, fur-trading with the Indians, the railroads, ranching and logging were the major attractions which caused the ten-fold increase in population from 20,595 in 1870 to

243,329 in 1900. With the enlarged population came the need for health care providers as well as members of other occupations.

Those who arrived in the state to care for the sick and injured were sometimes trained (graduate) nurses from schools back east, though many who provided care lacked any formal preparation in nursing. Even those who had received training were graduates from a variety of schools with no uniform curriculum. There were no uniform standards for training in terms of application requirements, preclinical preparation, length of either theory or clinical experiences, or graduation requirements.

By 1911, graduate nurses who had either come to Montana from other states or had graduated from one of Montana's eight training schools that were in existence at that time, were beginning to organize into county nurses' associations just as their counterparts were doing throughout many states in this country. Those nurses who had come from states which were already organizing in this way probably brought the desire to organize with them. Montana did not exist in isolation from the rest of the country. Some of the earliest leaders had graduated from training schools in the east, such as Miss Lucy Ann Marshall and Miss Ida Palmer. The schools they graduated from were not necessarily superior to the schools in Montana, but the graduates of eastern schools were undoubtedly influenced by

the national nursing leaders who were advocating the organization of nurses to promote licensure and registration. For example, Miss Palmer's sister, Sophia, was the editor of the American Journal of Nursing and had written many editorials on the need for nurses to organize. Also, some of the early training schools in the state had Alumnae Associations which provided the initial membership in the county associations. Montana Deaconess Hospital Training School in Great Falls, for example, had an Alumnae Association which provided membership in the Cascade County Nurses' Association.

In the political arena, it is interesting to note that the bill which provided for woman suffrage in Montana was passed by the same legislature that passed the first Nurse Practice Act in 1913. This was, of course, during the "Progressive Era" in American history and was a time of social reform in Montana as well as in other parts of the country. Jeanette Rankin, the first woman elected to the United States Congress, was from Montana and was active in politics, especially social reform and women's issues. The political climate was ripe for the nurses of the state to be successful in the passage of the Nurse Practice Act that created the Montana State Board of Examiners for Nurses.

Research Question 3

How did the original organization of the MNA in 1912

facilitate the goal of introducing a bill into the Montana state legislature proposing the licensure/registration of nurses?

The original organization of the MNA in 1912 was based upon the structures which had been useful in other states for the same purpose. For example, after reviewing the Constitution, Bylaws and Articles of Incorporation of several states, the MNA chose to pattern its Constitution after the state of Iowa. Those present on October 31, 1912, chose a Nominating Committee to prepare a slate of officers for a vote that day; selected a Bylaws Committee to work on the details of the organization's structure; appointed a Legislative Committee which was to draft the bill to be presented to the 1913 Legislature; and endorsed the American Journal of Nursing as the official organ of the newly formed association. All of these activities demonstrated the close ties with the national organization, the ANA, and with the other constituent state associations (SNAs).

The Legislative Committee was the key to success in the facilitation of introducing a licensing/registration bill into the 1913 Legislature. The women who served on this committee were well prepared to draft the bill and to assist in the introduction and passage of the legislation. Its membership represented the four county associations which made up the Charter Membership of the organization: two members from Missoula County, two from Silver Bow

County, two from Lewis and Clark County, and one from Gallatin County.

The seven women who comprised the committee included the former Missoula County Association President and successful 1911 lobbyist, Miss Lucy Ann Marshall, who rightfully served as the Chair of the Committee. She also led the discussion of a sample bill which was perused clause by clause during the organizational meeting. In addition, she presented a paper on "The Value of County and State Associations to the Individual Nurse." There is no evidence to support it, but it is possible that she was involved in similar pursuits in Rhode Island prior to moving to Montana. The Rhode Island Nurses' Association began in 1905 and their first Nurse Practice Act and Examining Board came into existence in 1910, about the time that Miss Marshall came to Missoula.

It has been reported that one of the Silver Bow County members, Mrs. Helena E. Curtis, paid for the typing of the bill because the association didn't have any money at that time. She was also responsible for distributing the bill and sent copies with personal letters to the Governor, Lieutenant Governor and every Legislator as well as to the physicians who opposed the bill. Perhaps that personal touch made a difference!

Research Question 4

How was the MNA able to effect changes in the regulation of the nursing profession in Montana as a result of the licensing/registration of nurses?

There were almost immediate results following the passage of the first Nurse Practice Act in 1913. The MNA had stated that its goals in the passage of this bill were to provide an all-nurse Board of Examiners, to require compulsory registration, and to appoint a Training School Inspector. Though the Act was permissive, the Board was composed completely of nurses and did provide the Training School Inspector. The result was that nurses controlled the standards for the practice and education of nurses! Prior to that time, there were no standards for practice or education and anyone who wanted to could call himself/herself a nurse. The public had no idea what they were getting when they hired a nurse.

Within the first year after the formation of the all-nurse Board of Examiners, the rules governing the training schools were adopted and the officers were elected, including the President who served as the Inspector for Training Schools. The existing training schools in the State had been inspected and either approved (4) or given notice to make necessary improvements for future approval (5). Two examinations had been given, in July, 1913 (13 candidates) and January, 1914 (6 candidates), and 672

trained nurses had been registered without taking examinations, including most of the 105 Charter Members of the MNA. In addition, three candidates challenged the Board's decision to refuse to license them, and in each case, the courts upheld the Board's authority.

It is obvious that the passage of the Nurse Practice Act and the formation of the Board of Examiners was effective in providing the desired regulation of standards for nursing practice and education in the State of Montana. This was achieved through the efforts of the early membership of the MNA and their determination to protect the public through the assurance of appropriate training and demonstrated competence of graduate nurses through the examination/licensing/registration process.

Research Question 5

How did the organization of the MNA change from 1912 to 1987 in order to continue efforts to influence the legislative process regarding the regulation of the nursing profession in Montana?

As one reviews the first constitution, bylaws and articles of incorporation of the association which were finalized on April 24, 1914 and then compares these with the amended bylaws of October 1986, in use at the time of the legislative session which defeated the "entry" bill in January 1987, it is clear that a number of structural

changes occurred in the organization over those 75 years. It will be recalled that the name of the association changed a number of times, which is well documented in Appendix E. In 1914, there were 12 districts which had grown from the original four county associations which met in 1912. In 1986 there were 18 constituent district associations which comprised the whole.

The original purposes of the organization included "the advancement of educational standards in the profession" and "the establishment, organization and conduct of training schools for the teaching and training of nurses." The three purposes stated in the 1986 amendments to the bylaws were more general and included "to stimulate and promote the professional development of nurses." The statement of functions of the organization are more specific and include "to promote . . . standards of nursing education" and "to promote the professional development of nurses including the provision of continuing education." Other functions included "to promote legislation and to speak for nurses in regard to legislative action" and "to speak for the nursing profession of the state with . . . government bodies."

Though the Legislative Committee was established as a standing committee from the beginning, no legislative purpose was stated in the original constitution. Also, the 1986 amendments state as a purpose "to advance their [nurses] economic and general welfare." Two additional

functions stated in the 1986 document relate to this last purpose: "to promote and protect the economic and general welfare of nurses" and "to represent nurses in collective bargaining." The economic and general welfare/collective bargaining focus of the current MNA were not included in the purposes or functions of the original organization.

In both 1914 and 1986, membership in the MNA included membership in the constituent district association as well as the national association, the ANA. In the original bylaws, one also needed to be a member of an alumnae association and a registered nurse holding a diploma from the equivalent of a two-year training school associated with a general hospital. The 1986 bylaws did not require membership in an alumnae association, but simply licensure as a registered nurse. In 1914, the Board of Directors consisted of the president, first, second, and third vice-presidents, secretary, treasurer, and five directors for a total of 11 officers. The Board of Directors in 1986 was composed of the president, president-elect, vice-president, secretary, treasurer and six directors for a total of 11 officers. Both in 1914 and in 1986, all officers served for two-year terms with the exception of the president-elect, whose term was for one year prior to serving the two-year term as president. One notable difference is that in the early years, the officers were elected at the annual convention and began their terms immediately. In 1986, the

elections took place after the convention and the terms ran from January 1 to December 31. Also, the first Board of Directors, elected in 1914, began with staggered terms (2 for three years, two for two years, and one for one year) so that there was always continuity on the board. In 1986, the vice-president, treasurer, and 3 directors were elected in the even-numbered years and the secretary and other 3 directors were elected in the odd-numbered years, again providing continuity to the board.

In the 1914 bylaws, the duties of the three vice-presidents were simply to act in the absence of the one above and all officers duties were implied by their titles. The 1986 bylaws specify one additional duty of the vice-president which is to oversee recognition awards. The duties of the other officers have been expanded as well. In addition to the Board of Directors, the 1986 bylaws also provide for an Executive Committee made up of the elected officers and for the employment of an Executive Director, which were not part of the 1914 organization. The original Board of Directors met as necessary to carry out the work of the Association, but was not mandated by the bylaws to meet at particular times. The 1986 bylaws mandates meetings at least twice, before and after the annual convention, and at other times as needed.

The 1914 bylaws provided for six standing committees with a minimum of three members each. The president was to

serve on each committee, including the Nominations Committee. The 1986 bylaws provided for seven standing committees with at least five members. The President was to be an ex-official member of each committee except the Nominations Committee. The only two committees which were part of the original structure that remained in the 1986 bylaws were the Legislative and the Nominations Committees. Interestingly, though a Bylaws Committee was appointed to prepare the 1914 bylaws, that committee was not included in the Standing Committee structure of the organization. It was included in the 1986 bylaws. The original committees on Credentials and Publication and Press were listed as a single standing committee in the 1986 bylaws, the Membership/Public Relations Committee. What was referred to as the Nurses' Relief Fund of the ANA was gone from the 1986 bylaws, but the Finance Committee was listed as a standing committee. The Program Committee was also deleted, but the 1986 bylaws included committees on the History of Nursing and Long Range Planning.

In the original bylaws, the annual meeting was to be held in conjunction with the Montana Medical Association. In the 1986 bylaws, the date and place of annual conventions were determined by the Board of Directors. The 1914 bylaws provided for Sections which represented the various branches of the nursing profession at that time, such as private duty nursing. These sections were created by the board as the

need arose and consisted of a Chair, Vice-Chair, Secretary, and other officers as needed. The bylaws of 1986 provided for Commissions on Continuing Education, Nursing Practice, and Nursing Service Facilitators and a Professional Economic and Employment Council (PEEC). Both the commissions and the council were composed of 7 elected members. PEEC officers could not be in supervisory positions and four of the seven were elected at the annual Collective Bargaining Assembly (CBA). In addition, the 1986 bylaws provided for membership in various Interest Groups, such as the Nurse Practitioners Interest Group.

The changes in the MNA from 1912 to 1987, as in other SNAs, were directly related to the changes that occurred at the national level in the ANA. The states generally lagged a little behind, but were strongly influenced and in some cases, mandated by the ANA, to make the changes which occurred over the years in terms of the structure of the organization. With the exception of unique situations in a particular state, the bylaws of state organizations are required to parallel the national organization. Though the advent of collective bargaining changed the focus of the organization somewhat, standards for nursing practice and education have remained an important interest.

The MNA has always had a legislative committee which stays apprised of the health care issues facing the citizens of the state and keeps a pulse on the political climate in

the state. Just as the first legislative committee was critical to the passage of the first Nurse Practice Act, MNA legislative committees since then have remained a vital force, not only in the facilitation of amendments to the Nurse Practice Act, but have proven to be effective in either supporting or in opposing other legislation which has been of both direct and indirect interest to nurses.

In addition, ad hoc committees, subcommittees, steering committees, task forces, and other similar components of the larger organization or standing committees are typical avenues for certain tasks to be accomplished, and MNA has used those means to accomplish a variety of goals over the years. The appointment of a steering committee, chaired by a well-known nursing leader in the state, was an appropriate strategy for the MNA to utilize in its attempts to facilitate the passage of the "entry" bill in 1987. The ultimate failure of the attempt was not due to the MNA structure or the vehicle it chose to use, but rather was a result of disunity and competing factions within the profession.

Research Question 6

Who were the nurses/other persons who played pivotal roles in affecting changes in professional nursing in Montana? What were the influences upon them? How were their beliefs and values shaped by their personalities and

socio-cultural determinants?

Brief biographical sketches of many nursing leaders in Montana were presented in the various chapters and under the four sub-concepts of the framework of this study. It is unfortunate that information about many important leaders in the state has not been uncovered to date. For example, little is known about Miss Lucy Ann Marshall who certainly played a pivotal role in affecting changes in professional nursing in Montana. Others, for whom more information remains available to the present time, have varied backgrounds and personalities. For the purposes of this summary, a prosopographical approach or collective biographical profile will be utilized with some exemplars presented to demonstrate particular points.

Some of the common characteristics of the nursing leaders of the state are noteworthy. They include such things as gender, marital and socioeconomic status, educational background, and birthplace and date. Nursing has always been a female dominated profession with men comprising a small percentage of the total number of nurses. There have been very few men in leadership positions in Montana over the years. One man was listed as a Charter Member of Silver Bow County Nurses' Association, but virtually nothing is known of Mr. Lloyd Corson. Only one man has served as President of the MNA during its 80 year history. Mr. Roland Arnold of Billings, was the President-

Elect for one year and then served as President from 1984 to 1985. Several men have served as Executive Directors of the MNA, but only Ralph A. George was a nurse. A few men have taught on the nursing faculty of Montana State University over the years, but none have gained tenure. Because the Montana League for Nursing has been open to non-nurse members, a few men have served on the Board of Directors or as Treasurer, including Mr. Lyle Roessler, Mr. Ralph L. Samson, Mr. William Leary, Mr. Roland K. Fisher and Dr. Edward W. Newman, all of Helena, Mr. Roderick Gudgel, and Mr. Robert Zarobsky. None of these men were nurses; most have been associated with the Montana Hospital Association or the State Health Department. Mr. Zarobsky, however, is on the faculty of the Flathead Valley Community College and has tried unsuccessfully for years to facilitate the opening of a two-year ADN program at that school. No men have ever been appointed to the Montana State Board of Nursing.

In the early days, it was much more common for the leadership to be unmarried. This was true for members and officers of the MNA, the SBON, the MLN, and the nursing educators of the various schools. For some, this was a matter of their beliefs and values related to religious service, as in the case of the Catholic Sisters and the Methodist-Episcopal Deaconesses. For others, it was related to their commitment to a professional career, such as the case of Miss Anna Totman Beckwith, the Executive Director of

the State Board of Nursing for 26 years, and Dr. Anna Pearl Sherrick, the Director of the School of Nursing at Montana State College for 28 years.

The socioeconomic status of the nurse leaders of the state is interesting to review as well. There were certainly some nurses who came from privileged homes, such as Miss Gertrude Francis Sloan, daughter of Judge Sloan in Missoula, and Miss Anna Totman Beckwith, daughter of a successful businessman on the Indian reservation in St. Ignatius. Miss Beckwith's mother was a teacher and impressed on her daughter the value of a good education. However, the majority were raised in homes of rather ordinary means. Since Montana has historically been more economically depressed than thriving, many have struggled financially. As Dr. Anna M. Shannon recalled of her childhood in Montana, "My early years were in the depression . . . so our family was poor. But we would have been poor anyway because . . . the pastor is paid out of whatever the Mission Board collects by donations." Her father was a Baptist minister and though both of her parents were well educated, the father was not well paid for his services. Dr. Shannon went on to say, "I didn't know any better . . . I had a good life. Everybody else was poor too."

Another common characteristic was that many of the nursing leaders were either well-educated prior to entering nursing or earned advanced degrees in nursing. To mention

just a couple of examples, Miss Gertrude Francis Sloan, the second President of the MNA, received her baccalaureate degree from the University of Montana prior to her nurse training, as did Miss Beckwith. Mrs. Iva Cliff Benson, the fifth President of the MNA, was a schoolteacher before she pursued her nursing education. Many of the early leaders earned Baccalaureate degrees before it was common for nurses, or women in general, to do so. In more recent years, a growing number have earned advanced degrees, especially those in academe who are now required to hold an earned doctorate to apply for a tenure-track position at the University.

Research Question 7

What role did the State Board of Examiners for Nurses (MSBEN) play from its formation in 1913 to 1987 in achieving professional regulation of nursing in Montana? To what extent do the current MSBON functions mirror the original purposes? How does the leadership role of the MSBON compare with its counterparts in various other states?

The role of the Montana State Board of Examiners for Nurses (MSBEN) as prescribed in the first Nurse Practice Act of 1913 was to protect the public through the establishment of rules and regulations related to the practice of nursing and the education of nurses. The MSBEN was appointed by the Governor to establish criteria for the licensing/

registration of those who engaged in nursing the sick for compensation as a trained, graduate, or registered nurse. They also provided penalties for the violation of this law.

Members of the board, appointed for three years, were required to have at least five years' experience as nurses and two members were also required to have at least two years' experience in nursing education. One of their functions was to construct, administer and grade competency examinations at least once a year, notifying schools and applicants of the time and place of these exams. In addition to academic preparation, the Board was required to determine the moral character of the applicants and had the power to refuse or revoke licensure for dishonesty, incompetence, derogatory acts, habits which rendered the nurse unfit or unsafe to care for patients, and willful fraud or misrepresentation in obtaining licensure. The law made allowance for hearings related to individual's disagreement with the Board's decisions. The Board's authority was challenged within the first year of its existence and many time in the ensuing years.

Another function of the Board was to elect officers, one of which was President. One of the duties of the President was to inspect the training schools and report the findings of the inspection to the Board and the Governor. Schools were either approved or were required to make changes for future approval based on the Board's

recommendations for meeting the established criteria. A Secretary was also elected to provide the required record keeping and correspondence and to serve as the Treasurer and collect the established fees.

Over the years, many of these functions have remained, but some have changed. The Board is still appointed by the Governor and currently serves four year terms. Though the Board is still responsible for the administration of competency examinations twice a year, the members are no longer required to construct or grade the exams. These services are now provided by the National Council of State Boards of Nursing (NCSBN) through the utilization of the NCLEX, a nationally standardized examination. The exam dates are established by the NCSBN and the NCLEX will soon be replaced by Computerized Adaptive Testing (CAT), perhaps as early as November, 1993.

Schools of Nursing continue to be "inspected" through periodic State Board "Site Survey Visits," conducted by the Executive Director of the Board of Nursing and an out of state consultant, rather than by the President. According to the current Executive Director, Ms. Dianne Wickham, these surveys are conducted every three years for Practical Nursing Programs and every four years for Professional Nursing Programs "to insure continued compliance with the law and the standards for nursing programs."

The Board meets four times a year. Much of their

current work continues to be focused on disciplinary action - the suspension and revocation of licenses as well as placing offenders on probation or writing letters of warning, depending on the offense. A recent Montana case which gained national recognition was referred to as "The Hospice Six." This challenge to the Board's authority was perhaps the most difficult the Montana State Board of Nursing has ever dealt with in its 80 year history!

The Board continues to define the scope of practice and in February of 1992, offered Prescriptive Authority for Nurse Specialists to eight Nurse Practitioners (NPs) in the state. One of these NPs was Ms. Donna Mae Snodgrass who served as the President of the Montana State Board of Nursing for eight years. Her term just expired in July 1991. Ms. Snodgrass works as a NP for the Indian Health Service (IHS) in Poplar, Montana.

The nine members of the current Board serve on three committees within the Board's structure: Credentials and Nursing Practice, Nursing Education, and Screening. Some issues the Board continues to work on are related to the demonstration of continued competency and a program for impaired nurses. It is in these two areas that many complaints are brought to the board for disciplinary action.

The leadership role of the Montana State Board of Nursing is comparable to the leadership role of its counterparts in various other states. Each state has a

Nurse Practice Act which is implemented and interpreted by the leadership of the Board of Nursing of that particular state. Obviously, Boards do vary from state to state. For example, some states have separate Boards for Registered Nurses and for Practical Nurses, such as the state of California. In Montana, the Board of Nursing has the responsibility for both practical and registered nurses. The Board of Nursing comes under particular departments within the state government structure. In Montana, that agency is the Department of Commerce. In Michigan, it is the Department of Licensing and Regulation. In California, it is the Department of Consumer Affairs. Overall, however, the major function of all State Boards is to protect the public through insuring that nurses are appropriately educated and competent to practice.

Research Question 8

What factors led to the establishment of the Montana League for Nursing (MLN) in 1953? What functions does it assume? To what extent has its role been successful? How does the MLN interrelate with the MNA and the MSBON in meeting the goals for improved standards of nursing education and practice in the state? To what extent do these organizations' functions overlap?

As early as the 1930s, individual nurses in Montana belonged to the National League of Nursing Education (NLNE).

The decision to organize a State League of Nursing Education (SLNE) in Montana was reported in the June 1933 issue of the AJN, but did not materialize until 1945. On June 7, 1934, the Education Section of the Montana State Association of Graduate Nurses (MSAGN) met for the first time. A constitution and bylaws were approved and officers were elected. The August 1935 issue of the AJN reported that the Education Section of the MSAGN had been "fully organized." On October 28, 1944, the Education Section of the MSAGN recommended the formation of the Montana State League of Nursing Education. In June 1945, a special meeting was called to begin planning the formation of the organization and on June 30th, those plans were completed and the newly organized State League elected officers. This group continued to meet annually during the MSAGN conventions until 1953. During 1953, the six national nursing organizations merged into the American Nurses' Association (ANA) and the National League for Nursing (NLN). As a result of this new arrangement nationally, the members of the Montana State League of Nursing Education (MSLNE) officially incorporated into the Montana League for Nursing (MLN) on November 12, 1953, which was the constituent state league of the national league.

The functions it assumed were stated as objectives - "to foster the development and improvement of . . . organized nursing services and nursing education" to meet

the nursing needs of society. This was to be done through the coordinated efforts of citizens, nurses, and other health care providers. Because the MLN has provided for non-nurse membership and officers, it has been fairly successful in meeting its stated objectives over the years.

Compared to the MNA, the MLN has never had a very large membership. In 1953, when the MLN was organized, there were about 50 members. According to the MLN Newsletter, New Horizons in Health Care, Spring, 1991, the membership was about 25. The membership of MNA is much larger because nurses working in hospitals and other agencies which have collective bargaining units that are represented by MNA, are required to maintain their membership in ANA/MNA. MLN membership is purely voluntary. The membership of MNA is composed entirely of registered nurses whereas the membership of MLN is made up of interested citizens, nurses, and other health care providers.

Though some of the functions may appear to overlap between the MNA and the MLN, they approach the issues of nursing education and nursing services from different perspectives. Because the MLN arose out of the Education section of the MNA, many of the early leaders were active in both organizations and a number of them were appointees to the SBON. In recent years, the leadership has tended to be quite separate and distinct for each organization, though

most nurse members of the MLN are also members of the MNA. During the 1950s, there was a coordinating council which facilitated some joint projects between the MNA and the MLN such as the Committee on Careers in Nursing. The two organizations seldom sponsored joint projects in the more recent past.

Research Question 9

What is the Montana Consortium of Schools of Nursing (MCSN) and how did it arise? How has it influenced the level of educational preparation required for entry into practice?

The Montana Consortium of Schools of Nursing (MCSN) is a relatively recent addition to the state's nursing organizations and is composed of the Deans and Directors of all the nursing schools for registered nurses of the state. They occasionally meet with the Directors of the LPN programs who have loosely formed their own consortium as well. Their purpose is to dialogue and work together on issues of mutual concern related to nursing education in the state through participation on task forces, ad hoc committees, and other strategies.

The MCSN arose out of a meeting held in Helena, Montana, on September 12, 1975. Representatives from Carroll College Department of Nursing, Montana State University School of Nursing, St. Patrick Hospital School of

Nursing, and Miles City Community College School of Nursing met for the purpose of "exploring present and potential involvement of Montana nurse educators in continuing education for nurses." The group made plans to meet that November in order to organize the Consortium. Eight nurse educators met in Bozeman on November 1, 1975 to determine the purposes and objectives of the organization and to elect officers. From the purposes of the organization, one can see that the MCSN arose from a need to unite the nursing profession in the state, strengthen nursing education and promote an understanding of it by Montana nurses, and to provide continuing education for nurses in Montana after they graduated.

It is particularly interesting to note that the MCSN came into existence following the arrival of Dr. Anna M. Shannon and Dr. R. Therese Sullivan in Montana in 1975, just one month apart, though neither was new to the state. Both were doctorally prepared nurse educators who had taken the helms of the two baccalaureate nursing programs of the state. In recalling the formation of the organization, Dr. Shannon noted, "we knew that we needed to get the people in nursing education together with the people in nursing service." The first step toward accomplishing that goal was to organize the Consortium. The meeting with the nursing service administrators did not occur until the fall of 1976. Dr. Shannon recalled that "the relationships between service

and education in the state were very poor." The meeting was one in which both sides expressed tremendous anger and hostility, "with those in nursing service accusing the educators of preparing a poor product (student) and the educators telling us that we didn't know how to use the student." After that tumultuous beginning, the two groups continued to have regular meetings and now consider their relationship to be very good.

In terms of how the Consortium has influenced the level of educational preparation required for entry into practice, this group of educators was obviously quite diverse in that the members represented both the two year programs and the four year programs. By the 1987 legislative session, the only diploma program to be represented in the Consortium, St. Patrick Hospital, had long since closed its doors (1978). As early as 1985, agendas and minutes of the meetings indicate that the Consortium had an interest in discussing the "entry" issue in preparation for the introduction of a bill into the 1987 legislative session. They had prepared a "Position Statement" on the issue at their October 9, 1979 joint meeting with the Nursing Service Administrators group which was shared with the MNA at its convention in Butte in 1979. The position was reaffirmed and forwarded to Mrs. Mary D. Munger who chaired the MNA Steering Committee on Entry into Practice during the years of preparation for the 1987

legislature. The members of the Consortium at the time of the preparation of the Position Statement in 1979 were Dr. R. Therese Sullivan, Carroll College, Dr. Anna M. Shannon, Montana State University, Mrs. Helen L. (Harris) Kiesling, Northern Montana College, and Mrs. Angeline Bushy, Miles Community College. Their position reaffirmed their support for MNA's resolution which identified two levels of nursing practice: the professional nurse prepared at the baccalaureate level and the technical nurse prepared at the associate degree level in institutions of higher learning and who would perform delegated tasks under the supervision of a professional nurse.

Recommendations

The recommendations based on this study come under two categories. The first set of recommendations relate to the preservation of Montana's nursing archival materials and to further research by Montana nurse historians. The second group of recommendations are focused on the area of professionalization of nursing in the state of Montana in regard to future legislative attempts on behalf of the "entry" issue.

Nursing Archival Preservation

The experiences encountered during the process of data collection for this research project were varied. This study covered a period of time that extended beyond the 75

year history of the MNA in that a description of the context in which the MNA and related organizations (the MLN, the Consortium, and the MSBON) developed was considered essential. In addition, the influence of those organizations and the legislation which was procured on the existing nurse training in the state required extensive data collection from a variety of sources. Therefore, a brief narrative of the State of Montana's development, the existence of health care provision and the development of hospitals and training schools for nurses prior to 1912 were all considered crucial background to the study. Because the study was designed to look at four areas considered critical to the development of professionalism in nursing, these components of the conceptual framework were each researched separately as well as analyzed as an integrated group of concepts.

The data housed in the MNA Collection at the Montana Historical Society (MHS) was an advantageous starting point. The collection had been donated by the MNA, and was sorted, filed, and catalogued by a MHS volunteer, who also happened to be a past Executive Director of the MNA for many years, Mrs. Mary Delaney Munger. Though there are gaps in the data, the MNA Collection contains a fairly complete picture of the Association from 1912 to 1987. Recently, the more current materials were donated and Mrs. Munger is in the process of sorting and filing the newer materials in

preparation for cataloguing. Mrs. Munger is also the Chair of the MNA's Committee on the History of Nursing in the state and has a great desire to maintain accurate and complete data on the organization's history.

Data related to nursing education was much more difficult to locate and collect. This was due, in part, to the fact that there were so many training schools in the state in the early years (25 hospital based diploma programs) and few schools have their history well documented or have easily accessible archival collections. For example, the program at St. Patrick Hospital in Missoula has some archival materials in a couple of old scrapbooks in the hospital's library, but the old Milwaukee Railroad Hospital in Three Forks has virtually no information on its training school or nurses, though a little information is available on the hospitals and physicians through the local museum. On the other hand, the founder of the MSU nursing program, Dr. Anna Pearl Sherrick, wrote a history of the School of Nursing in 1976 which provided a great deal of information on the first baccalaureate and only master's programs in the state. Sister Mary Carol Conroy included information in her doctoral dissertation on the Sisters of Charity of Leavenworth Hospital Training Schools which eventually came together to form the Department of Nursing at Carroll College in Helena, the second baccalaureate program for nurses in the state. However, many of the primary sources

of data for the educational programs were not easily accessible to the researcher.

Public records of legislation including the Nurse Practice Act and all of its amendments for both RNs and LPNs were available as well as the Senate and House Journals so that one could trace the paths of the various bills as they were introduced, amended and eventually failed or were passed and became laws. It took a lot of time and effort to find all of them for analysis, but this was not an impossible task.

The State Board of Nursing has not yet donated their archival materials to the MHS. Finding needed information on the SBON was the most difficult of the four areas. For many years, the board provided brief annual reports to the MNA which were published in the Pulse, the MNA newsletter. The board currently publishes a newsletter, but that has been a recent development.

The recommendation, therefore, related to the preservation of archival materials, is to encourage each of the groups involved (MNA, MLN, MCSN, the schools of nursing, and the SBON) to begin or continue to donate archival materials to the appropriate libraries. These materials can then be sorted, filed, and catalogued to provide rich deposits of data for future researchers.

Suggested Further Research

Suggested additional research projects include the identification of data related to the prominent leaders of the organizations, such as the MNA, the MLN, the MCSN, and the SBON. For example, little is known of Miss Lucy Ann Marshall, the nurse who appeared to do most of the work related to the passage of the first Nurse Practice Act and who served as the first President and Inspector of Training Schools for the SBON. She just seemed to disappear from the official records after the first few years. The first President of the MNA and a member of the first SBON, Miss C. Anna Laurie (Watkins), likewise disappeared after a brief period of time. Biographical sketches of these and other nurse leaders would add important data to the current knowledge of these women and their contributions to Montana's professional nursing.

Oral histories of Montana's current nursing leaders should be recorded and retained for future research. One of the difficulties encountered with oral histories/interviews of nurses who were leaders and have retired is that due to the problems of the normal aging process and the individual's biased perceptions of certain events, these accounts cannot be considered as accurate and factual as some other forms of data. However, data obtained in this manner can be used appropriately to clarify and to validate other sources of data quite successfully.

Other research should include comparisons of various SNAs to provide critical regional knowledge. As the histories of more SNAs are completed, regional studies could compare and contrast the political, social, and economic context of the various states in which the SNAs were established and could characterize the progress toward professionalism within given regions of the country by analyzing the factors which impeded or fostered that progress.

A detailed history of each school of nursing in the state should be completed to add to the current base of knowledge regarding the development of nursing education in the state. The curricula, qualifications of students, faculty, and administrators, state board approval and NLN accreditation status, and other pertinent information should be included. Only brief sketches of the schools of nursing in each of the four levels (LPN, ADN, diploma, and BSN) were included in this study which was an attempt to provide a general overview of nursing education in the State of Montana. Much remains to be done in this area.

Though several histories of the MNA have been published (the third has just been completed), the histories of the MLN, the MCSN, and the SBON have not been completed. Again, only brief sketches of these organizations have been included as a part of the overview of nursing organizations and regulation in the state. Other histories, such as the

development of school nursing, industrial nursing, public health nursing, the Nurse Practitioner and Nurse Midwifery movements, and other specialty areas of nursing in Montana could be written as well for a more comprehensive knowledge of the various aspects of the nursing profession in the state.

Finally, the findings of this study have contributed to the knowledge base regarding the four identified areas of the conceptual framework related to the professionalism of nursing in the state of Montana: nursing education, organizations, legislation and regulation. This knowledge provides a more comprehensive picture of the past and describes the development of the professionalization of nursing in the state of Montana. It is hoped that this additional information will provide direction for the future of the nursing organizations, the schools of nursing, the amendments to the Nurse Practice Act and the regulation of the profession by the SBON.

Future Legislative Efforts Regarding the "Entry" Issue

What has been learned from this study regarding future legislative attempts to require the baccalaureate as the minimum educational preparation for professional nurses in Montana is that in order to succeed, nurses must be united in their efforts, must have a strong lobby to educate legislators regarding the issue, and have well educated

nurse legislators and other advocates prepared to act at the appropriate times during the legislative sessions. In addition, it is crucial that the various nursing organizations of the state be specific regarding their support for the issue and to establish a successful network through which nurses throughout the state can be notified at the appropriate times to garner the support of well informed citizens to call legislators requesting support for the bill. It has also become apparent that nurses themselves need to run for and be elected as state legislators. MNA can and should be supportive of those efforts, regardless of party affiliation.

It was obvious that the MNA did not have the support of all or even a majority of the nurses of the state during the 1987 legislative session. In fact, not only were nurses not united, but very strong opposing factions existed within nursing. Though Mrs. Mary D. Munger, an experienced lobbyist, chaired the Entry Committee, there were just not enough well informed nurses to educate all of the uninformed legislators to the real issues during the legislative session. The strong influence of one LPN legislator, Carolyn Squires, was quite a blow to the Entry backers. From a conversation with a Democratic Representative from Missoula, I learned what a thorough job Ms. Squires did in promoting her views of the nursing issues to her fellow legislators. When I presented the Missoula legislator with

the other side of the issue, she said that no one had ever explained the situation to her from the perspective of the professional nurses. She was totally indoctrinated from the perspective of technical nursing by Ms. Squires.

I am pleased to report that during the 1990 election in Montana, three registered nurses, all with a minimum of a baccalaureate degree in nursing and two with Master's degrees in Nursing were elected to the Legislature; two as Representatives and one as a Senator. Though two were Democrats and one was a Republican, all three were able to work collaboratively on health care issues. The three of them jointly presented a Sigma Theta Tau sponsored symposium on being nurse legislators. Perhaps there is hope for the future!

Finally, if the goal of a minimum of a baccalaureate degree in nursing is achieved in Montana at some point in the state's future, it would be considered just the next step toward professionalism for the discipline of nursing. By using the traditional criteria of a profession, post-baccalaureate education would be an appropriate goal for the professional nurses of the future in Montana.

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APPENDIX B

SENATE BILL 53

(As Introduced January 12, 1911)

"A Bill for an Act requiring the Registration of all Trained Nurses, providing a Board of Registration and Examination, fixing the numbers, duties and qualifications of said Board, and providing for the Registration of Nurses, providing Penalties for Violations of said Act."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. That upon taking effect of this act, the Governor shall designate the State Board of Medical Examiners to act as the Examining Board for Trained Nurses until October, 1912, when the President and one member of the State Board of Medical Examiners, said member to be nominated and appointed by the said Board of Medical Examiners and Three Graduate and Registered Nurses, who have not less than five years experience in their profession and who shall not be connected with any Hospital or Training School, shall constitute the State Board of Examiners of Professional Nurses.

One of the three Graduate and Registered Nurses shall be designated by the Governor, to hold office for two years and one to hold office for three years, one to hold office for five years, and thereafter upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint successors to such person or persons to hold office for three years. All vacancies occurring on this Board shall be filled by the Governor from persons qualified as above stated.

After the passage of this Act, it shall be the duty of said Board to meet on the 1st Tuesday in October, 1911, and each year thereafter on the 1st Tuesday in October, at the State Capital in the City of Helena, Montana, for the purpose of holding examinations to determine the fitness of candidates to practice the profession of nursing and such other times and places as the Board may see fit. Notice of which meetings shall be given to the Public Press at least one month previous to the meeting. Three members of said Board shall constitute a quorum.

The members of the State Board of Examiners and their successors, the State Board of Examiners of Professional Nurses shall make all necessary rules for the examination of

nurses applying for a certification under this act.

Each person so applying for a certificate or examination and certification shall be charged a fee of Ten Dollars (\$10.00), which shall be used to meet the actual expenses of the State Board of Examiners for Professional Nurses. The members of the Examining Board shall be paid by the Secretary the sum of Ten Dollars (\$10.00), each day actually engaged in the service. Said fees and expenses shall be paid from the fees received under the provision of this act, and no part of the same shall be paid out of the State Treasury.

The said Secretary shall report annually to the Governor the receipts and expenditures under the provision of this act and shall be held accountable therefor. The said Board may revoke any such certificate granted by them for sufficient cause, after notice in writing to the holder thereof and a fair hearing thereon. Such notice shall be given by the Secretary to the party complained of at least 30 days before the day of hearing and shall contain a statement of the grounds upon which the complaint is based.

The hearing upon such complaints shall in all cases be conducted in private, except upon the special request of the party complained of. No person shall thereafter practice as a registered nurse under any such revoked certificate. It shall be the duty of the Secretary of said Board to keep a register of all applicants receiving a certificate as Registered Nurse, which book shall at all times be open to the scrutiny of the Public.

Section 2. Any resident of the State of Montana being over 21 years of age, of good moral character, presenting evidence of having attended at least 3 years of High School or its equivalent, and possessing a diploma from a Training School for Nurses, connected with a hospital, public or private, giving a course of at least three years in the hospital and Registered by the Secretary of the State Board of Examiners for Professional Nurses as maintaining in this and other respects proper standards, all of which shall be determined by the said Secretary and who shall have received from the said Secretary a certificate of his or her qualifications to practice as a Registered Nurse, shall be styled and known as a Registered Nurse, and no other person shall assume the title of Graduate Nurse, Trained Nurse, or use the abbreviation R.N., or any other words, letters or figures to indicate that the person using the same, is a registered nurse.

Nothing in this Act shall be considered as conferring any authority to practice medicine or undertake the treatment and cure of disease in violation of the Medical Practice Act of the State of Montana.

Any person from other States, registered by the said

Secretary, as maintaining standards no lower than those provided by this Chapter, shall show to the satisfaction of the said Secretary that he or she is properly and duly registered for the practice of professional nursing, in such States, upon the payment of the usual fee for certificate provided by this Act, shall be entitled to a license to practice professional nursing in this State, without examination, if said Board is satisfied of the qualifications and identification of applicant.

Section 3. This Act shall take effect after its passage; and be it further provided that Professional Nurses, graduates of Training Schools, who are already engaged in the practice of their profession in the State of Montana, and all nurses attending Training Schools, connected with hospitals in the State of Montana, at the time of the passage of this act, shall not be required to show evidence of having attended but two full years training in some recognized Training School, connected with a hospital, public or private, before receiving their certificate of registration.

Section 4. Nothing in this act shall be construed to effect or apply to the gratuitous nursing of the sick by a friend or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a Graduate, Trained or Registered Nurse.

Section 5. Any violation of this act shall be a misdemeanor punishable by a fine of not less than \$50.00. Any person who shall wilfully make any false representation in applying for a license shall be guilty of a misdemeanor and upon conviction be punished by a fine of not less than one hundred dollars (\$100.00), nor more than two hundred dollars (\$200.00).

Section 6. This Act shall be in force and effect from and after its passage and approval.

APPENDIX C

SENATE BILL 53
(As Amended February 18, 1911)

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. That upon taking effect of this act the Governor shall designate a State Board of Examiners of Professional Nurses composed of Five (5) Graduate Nurses, all of whom are in active practice and eligible for registration according to the provisions of this Act, and who have had at least five years experience in the practice of the profession after graduation and none of whom shall be connected with any training school for nurses.

One of the Five (5) Graduate Nurses shall be designated by the Governor to hold office for one year, one to hold office for two years, one to hold office for three years, one to hold office for four years, and one to hold office for five years, and thereafter upon the expiration of the term of office of the person or persons so appointed by the Governor from persons qualified as above stated and recommended as provided in this Act.

After the passage of this Act, it shall be the duty of said Board to meet on the 1st Tuesday in October, 1911, and each year thereafter on the 1st Tuesday in October, at the State Capital in the City of Helena, Montana, for the purpose of holding examinations to determine the fitness of candidates to practice the profession of nursing and at such other times and places as the Board may see fit. Notice of which meetings shall be given to the Public Press at least one month previous to the meeting. Three members of said Board shall constitute a quorum.

The members of the Board shall at their first meeting, and annually thereafter organize by electing from among their number a President and a Secretary, who shall also be the Treasurer. The Treasurer before entering upon the duties of the office shall file with the Secretary of State, a bond payable to the State of Montana, in a sum to be fixed from time to time by the Board, and with sureties approved by the Governor, conditioned for the faithful discharge of the duties of the office. The Board shall adopt rules not inconsistent with this Act to Govern its proceedings. It shall adopt a seal, and the Secretary shall have the care and custody thereof. The Secretary shall keep a record of all proceedings of the Board, including a register of the

names and addresses of all Nurses duly registered under this Act, which shall be open at all reasonable times for public scrutiny. The Board shall cause the prosecution of all persons violating any of the provisions of this Act and may incur necessary expense in that behalf. The Secretary shall receive a salary which shall be fixed by the Board. The Secretary shall receive all fees and money due the Board, and shall pay them out only on the order of the Board duly signed by the President.

The State Board of Examiners of Professional Nurses shall make all necessary rules for the examination of nurses applying for certification under this act.

Each person so applying for a certificate or examination and certification shall be charged a fee of Five Dollars (\$5.00), which shall be used to meet the actual expenses of the State Board of Examiners for Professional Nurses. The members of the Examining Board shall be paid by the Secretary the sum of Five Dollars (\$5.00), each day actually engaged in the service. Said fees and expenses shall be paid from the fees received under the provision of this act, and no part of the same shall be paid out of the State Treasury.

The said Secretary shall report annually to the Governor the receipts and expenditures under the provision of this act and shall be held accountable therefor. The said Board may revoke any such certificate granted by them for sufficient cause, such as gross incompetency, dishonesty, intemperance, neglect of duty, or any act derogatory of the morals or standing of the profession of nursing as may be determined by the Board, after notice in writing to the holder thereof and a fair hearing thereon. Such notice shall be given by the Secretary to the party complained of at least 30 days before the day of hearing and shall contain a statement of the grounds upon which the complaint is based.

The hearing upon such complaints shall in all cases be conducted in private, except upon the special request of the party complained of. No person shall thereafter practice as a registered nurse under any such revoked certificate.

Provide that, pending the regular annual meeting of the Board of Examiners of Trained Nurses, the President of the Examining Board of Trained Nurses may, upon the written recommendations of 2 reputable physicians practicing in the District wherein such applicant for a graduate or registered nurses' certificate desires to practice his or her profession, grant a temporary certificate which shall be valid until the next meeting of the Examining Board of Trained Nurses.

Section 2. Any resident of the State of Montana being over 21 years of age, of good moral character and possessing

a diploma from a Training School for Nurses, connected with a hospital, public or private, giving a course of at least three years in the hospital and Registered by the Secretary of the State Board of Examiners for Professional Nurses as maintaining in this and other respects proper standards, all of which shall be determined by the said Secretary and who shall have received from the said Secretary a certificate of his or her qualifications to practice as a Registered Nurse, shall be styled and known as a Registered Nurse, and no other person shall assume the title of Graduate Nurse, Trained Nurse, or use the abbreviation R.N., or any other words, letters or figures to indicate that the person using the same, is a registered nurse.

Nothing in this Act shall be considered as conferring any authority to practice medicine or undertake the treatment and cure of disease in violation of the Medical Practice Act of the State of Montana.

Any person from other States, registered by the said Secretary, as maintaining standards no lower than those provided by this Chapter, shall show to the satisfaction of the said Secretary that he or she is properly and duly registered for the practice of professional nursing, in such States, upon the payment of the usual fee for certificate provided by this Act, shall be entitled to a license to practice professional nursing in this State, without examination, if said Board is satisfied of the qualifications and identification of applicant.

Section 3. All Professional nurses, Graduates of training schools who have been practicing their profession in the State of Montana for a period of one year immediately preceding the passage of this Act, shall be required to show evidence of having attended but two full years training in some recognized training school, connected with a Hospital, public or private, before receiving their certificate of Registration.

Section 4. Nothing in this act shall be construed to effect or apply to the gratuitous nursing of the sick by a friend or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a Graduate, Trained or Registered Nurse.

Section 5. Any violation of this act shall be a misdemeanor punishable by a fine of not less than \$50.00. Any person who shall wilfully make any false representation in applying for a license shall be guilty of a misdemeanor and upon conviction be punished by a fine of not less than one hundred dollars (\$100.00), nor more than two hundred dollars (\$200.00).

Section 6. This Act shall be in force and effect from and after its passage and approval.

APPENDIX D

MONTANA STATE GRADUATE NURSES' ASSOCIATION
CHARTER MEMBERS, 1912

Missoula County Nurses' Association (25 Members)

Miss Mary E. Blank
Miss Clara E. Brunelle, President in 1912
Miss Helen M. Cass
Miss Edith Maud Davies
Miss Rebecca Lee Goforth
Miss Lorena J. Hills
Miss Mary V. Hughes
Miss Nettie Jennings
Miss Eva M. Kirkle
Miss Emma E. Lindquist (LaMoure)
Miss Lucy Ann Marshall, President in 1911
Miss Marguerite McDougal
Miss Elizabeth "Betty" A. McTaggart
Miss Ida R. Palmer
Miss Marie Carolina Polette
Miss Clara Powell
Miss Martha D. Rose
Miss Ellen Skoog
Miss Gertrude Francis Sloane
Miss Effie Steinborn
Miss Jean A. Stephen
Miss Ellen Sterling
Miss Martha E. Strauss
Miss Adda Thomas
Miss Lena Van Horn

Silver Bow County Nurses' Association (43 Members)

Miss Sara Alexander
Miss Marian Farmer Bell
Mrs. Nettie Lester Bennett
Miss C. Berteleson
Mrs. Mary R. (O'Rourke) Boyle
Miss Catherine Camba
Miss Alethie Capps
Miss Mary Connolly
Mr. Lloyd Corson
Miss Jennie Currie (Curie?)
Mrs. Helena E. Curtis
Miss M. Dixon
Miss Florence Dodds
Sister Domitilla
Miss Mollie Donnigan (Donegan?)
Miss Rebecca Evans (Sukesdorf)
Mrs. Isabelle Gage
Miss Alice E. Greenough
Miss Loretta Hallett
Miss Aileen M. Harrington
Miss Irene Harrington
Miss Emily Jackson
Miss Winifred Kenney
Miss Julia Lahiffe
Miss C. Anna Laurie (Mrs. J. Spencer Watkins)
1st President of MSAGN
Miss Mary Margaret Mahoney
Miss Florence McGue
Mrs. Nell McLeod
Miss Belle Meikleham (King)
Miss Lulu J. Nimmo
Miss Cassie O'Callahan
Miss Nellie A. Olson
Miss Nessie Pritchard
Miss Margaret Ryan
Mrs. E. Snyder
Miss Hannah Strom
Miss Sarah A. Sullivan
Mrs. Mary F. Trihey (Tribey?)
Miss Edna Wells (Westre)
Miss Minta White
Mrs. Lucy (Lucie?) G. Woillard
Miss Gustava (Gussie) Ylitalo
Miss Hazel E. Young

Gallatin County Nurses' Association (16 Members)

Miss Elizabeth Bjorkland (McClure)
Miss Ruby M. Bohart
Miss Grace Carruthers
Miss Anna Fresley
Miss Mary Agnes Kelly
Miss Minnie McAuley
Miss Alice McCune
Miss Lucile McRoberts
Miss Olive Peoples
Miss Ella K. Ralph
Miss Emma Rehsteiner (Parkins)
Miss E. F. Rich
Miss Minnie Shauger
Miss Anna L. Smith (Heiskell)
Miss Wilda E. Smith (Niven)
Miss Betty Stark

Lewis and Clark County Nurses' Association (21 Members)

Miss Georgia L. Allen
Miss Josephine Candinn
Miss Edith Daniels
Miss Nellie M. Deegan
Miss Sadie Durfee
Miss Anna E. Fithian (Higgins)
Miss Marjorie Franklin
Miss Winifred Harvey
Miss Mary Margaret Hughes
Miss Nora N. Kohler
Miss Emily M. Locky
Miss Minnie McBride
Miss Evelyn I. McCreanor
Miss Bertha Norenberg (Johnston)
Miss Jean Nicholson
Miss Lydia A. Nyberg (Ramsey)
Miss Mary E. Petersdorff
Miss Mary C. Platt
Miss Anna Sigveland
Miss Cora E. Sime
Miss Lydia R. VanLuvanee

APPENDIX E

MONTANA NURSES' ASSOCIATION NAME CHANGE DOCUMENTATION

- 1912 (Missoula) - The Montana State Graduate Nurses' Association (see the 10/31/12 minutes of the organization)
The Butte Miner, 7/23/13, states the name originally was The Montana Association of Graduate Nurses.
- 1913 (Butte) - The Montana State Association of Graduate and Registered Nurses (see the 7/22/13 minutes of the organization)
The Butte Miner, 7/23/13, states the name was changed to The Montana State Association of Registered Nurses.
- 1919 (Missoula) - The Montana State Association of Graduate Nurses was Incorporated 5/28/19 (see Ariss, 1936, p. 29).
- 1924 (Billings) - The Montana State Association of Registered Nurses (see the 7/12/24 minutes of the organization).
- 1926 (Kalispell) - The Montana State Association of Graduate Nurses (see the 7/19/26 minutes of the organization). The name was changed back to "Graduate" because "Registered" was found to be illegal.
- 1936 (Butte) - The Montana State Nurses' Association (recommended by the American Nurses' Association for all states).
- 1959 (Livingston) - The Montana Nurses' Association

* Sources: Stanley P. Davison, Mary D. Munger, and Anna Pearl Sherrick, eds., Nursing in Montana (Great Falls, MT: Tribune Printing, 1962), 35; newspaper articles; MNA Minutes of Annual Meetings for each year; and Introduction to Archival Materials for Montana Nurses' Association Manuscript Collection #170, Montana Historical Society, Helena, MT.

APPENDIX F

MONTANA NURSE PRACTICE ACT AND AMENDMENTS, 1913-1987

March 3, 1913, 13th Legislative Assembly -
Chapter 50 (HB 124)

"An Act to Establish a Board of Examiners for Nurses; Providing that the Governor may issue a License or Certificate of Registration to Persons Engaged in the Profession of Nursing the Sick, and Fixing Penalties for any Violation of this Act."

March 3, 1917, 15th Legislative Assembly -
Chapter 122 (SB 10)

"An Act to Amend Section 11 of Chapter 50 of the Session Laws of the Thirteenth Legislative Assembly Relative to the Establishment of a Board of Examiners for Nurses and Providing for the Issuance of a License or Certificate of Registration to Persons Engaged in the Profession of Nursing the Sick."

March 5, 1919, 16th Legislative Assembly -
Chapter 117 (SB 65)

"An Act to Amend Section 3, 4, 5, 6, 9, 10, 11, 12, 13 and 15 of Chapter 50 of the Session Laws of the Thirteenth Legislative Assembly of the State of Montana, the Same being an Act Entitled, 'An Act to Establish a Board of Examiners for Nurses; Providing that the Governor May Issue a License of Certificate of Registration to Persons Engaged in the Profession of Nursing the Sick and Fixing Penalties for Any Violation of The Act,' and to Repeal Section 8 of Said Chapter 50."

1921 - Montana Codes Revised

March 10, 1925, 19th Legislative Assembly -
Chapter 123 (HB 141)

"An Act to Amend Section 3210 of the Revised Codes of Montana of 1921, Relating to the Qualifications of Applicants for Registration for Nurses Certificates and to Amend Chapter 228 of Part 3 of the Political Code of the Revised Codes of Montana of 1921, by Adding Thereto One New

Section to Be Known as Section 3211A Providing for the Annual Renewal of Certificates of Registration of Nurses and Affixing the Fee Therefor."

March 13, 1929, 21st Legislative Assembly -
Chapter 129 (HB 173)

"An Act Providing for Examination and for Registration of Trained Nurses without Examination, Providing Qualifications and Training Requirements, Providing for Registration Fee and for Renewal of Registration Certificate, Amending Sections 3207 and 3210, Revised Codes of Montana, 1921, and Section 3211 and 3211A as Amended and Enacted by Chapter 123 Session Laws of 1925."

February 22, 1933, 23rd Legislative Assembly -
Chapter 29 (HB 91)

"An Act to Amend Section 3210 of the Revised Codes of Montana of 1921, as Amended by Chapter 123 of the Laws of the Nineteenth Legislative Assembly of the State of Montana, and Chapter 129 of the Laws of the Twenty-first Legislative Assembly of the State of Montana, Relating to the Qualifications for Admission to Schools for Nurses."

1935 - Montana Codes Revised

February 5, 1943, 28th Legislative Assembly -
Chapter 22 (HB 41)

"An Act to Amend Sections 3206, 3209, 3210, and 3211.1 of the Revised Codes of Montana of 1935; Relating to the Organization of the State Board of Examiners for Nurses; Granting to the State Board of Examiners for Nurses Authority to Adopt Rules and Regulations; Providing for Issuance of Temporary Certificates to Nurses From Other States Under Certain Conditions During World War II; Exempting Nurses Registered Under the Act and Serving With the Armed Forces From the Payment of the Annual Registration Renewal Fee; and Further Providing How Monies Collected by the State Board of Examiners for Nurses May Be Expended."

1947 - Montana Codes Revised

March 10, 1947, 30th Legislative Assembly -
Chapter 253 (SB 70)

"An Act to Repeal Sections 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211, 3211.1, 3212, 3213, 3214, 3215, and 3216, Revised Codes of Montana, 1935, as Amended by Chapter 22 of the Laws of the Twenty-eighth Legislative

Assembly of Montana, 1943, and to Enact in lieu Thereof, and Hereby, a New and Revised Nurse Practice Act for Montana to Regulate the Practice of Nursing; Provide for the Examination, Licensing and Regulation of Professional, Registered Nurses and Denial, Revocation or Suspension of Licenses; Excluding Practical Nursing From the Operation of This Act; to Establish and Provide for the Montana State Board of Nurse Examiners and to Define the Powers and Duties of Such Board; to Invest Such Board with Powers to Make Rules and Regulations Within the Limits of the Act; to Provide for Survey, Examination and Accreditation of Schools of Nursing; to Provide for Judicial Review of Acts of the Board; to Prescribe Penalties for Violation of the Provisions of This Act; to Provide a Fund for Administration of This Act and for Other Purposes; to Recognize All Registered Nurses Not Lawfully Licensed Under the Provisions of the Montana Codes, Sections and Acts Repealed Hereby, and to Provide for the Orderly Supervision and Transfer of Business From the Existing Montana State Board of Examiners for Nurses to the Board Created Hereby, and to Provide Standing Exceptions From the Operation of This Act, and Exemptions From Certain of the Requirements Thereof in Time of War or Other Emergency."

March 8, 1953, 33rd Legislative Assembly -
Chapter 243 (HB 74)

"An Act to Repeal Sections 66-1201 Through 66-1220, Inclusive, Revised Codes of Montana, 1947, and to Enact in Lieu Thereof, and Hereby, a New and Revised Nursing Practice Act to be Cited as the Montana Nursing Practice Act, to Regulate the Practice of Nursing by Professional Nurses, and the Practice of Nursing by Practical Nurses; to Establish the Montana State Board of Nursing With Dual Functions, Powers and Duties (a) in the Field of Professional Nursing and (b) in the Field of Practical Nursing, and to Provide Separate Administrations by a Board of Five (5) Members in the Field of Professional Nursing and by a Board of Eight (8) Members in the Field of Practical Nursing, Under Board Administrations Separate and Exclusive for Each Classification of Nursing; to Define the Powers and Duties of Such Board as Respects Each Separate Administration; to Endow Such Board With Power to Make Rules and Regulations, Appropriate to Both the Professional Nursing Administration and the Practical Nursing Administration, Within the Limits of the Subject Matter of This Act; to Provide for Licensing of Each Class of Nurses, After Examination or by Endorsement Without Examination; to Fix the Qualifications of Applicants for Licenses in Each Field, and to Authorize the Use of Appropriate Titles and Abbreviations of Titles for Each Class of Nurses; to Provide for Renewal of Licenses; to

Invest the Board With Designated Disciplinary Powers to be Exercised Subject to Due Process of Law; to Provide for the Exemption of Certain Persons From the Operation of the Act Under Designated Circumstances; to Fix Penalties for Violations of the Act; to Provide for Judicial Review the Acts of the Governor and of the Board in Connection With the Operation and Administration of This Act; and to Provide for the Orderly Transition of Business From the Existing Montana State Board of Nurse Examiners, and or Coordination With the Preceding Board in the Transfer of Records and Funds to the Board Created by This Act."

March 7, 1963, 38th Legislative Assembly -
Chapter 195 (SB 33)

"An Act Relating to the Nursing Practice Act, Increasing Fees for License and Renewal of License for Professional Registered Nurses and Licensed Practical Nurses; Amending Sections 66-1228, 66-1234, and 66-1236, Revised Codes of Montana, 1947."

March 2, 1967, 40th Legislative Assembly -
Chapter 291 (HB 219)

"An Act Relating to the Montana Nursing Practice Act; Amending Sections 66-1221, 66-1222, 66-1228, 66-1231, 66-1232, 66-1233, 66-1242 and 66-1243, All Revised Codes of Montana, 1947, Providing Definitions of the Practice of Professional Nursing and the Practice of Practical Nursing; Providing a Reduced Period of Practice Pending Licensure for Registered and Practical Nurses; Providing Qualifications for Applications for Certification of Practical Nurses; Providing for Limited Waiver for Practical Nursing Certificates and Providing Penalty for Practicing Practical Nursing Without a License; Repealing Conflicting Acts."

March 27, 1975, 44th Legislative Assembly -
Chapter 180 (HB 509)

"An Act to Generally Revise the Nursing Practice Act by Amending Sections 66-1222, 66-1225, 66-1226, 66-1228, 66-1232, and 66-1239, Revised Codes of Montana, 1947."

May 11, 1977, 45th Legislative Assembly -
Chapter 562 (SB 162)

"An Act Relating to Legislative Review of Agencies which Regulate a Profession, Occupation, Business, Industry, or Other Endeavor; Providing for Abolishment of Agencies; and Providing for Periodic Legislative Review, Modification, and Reestablishment of Agencies."

1979 - Montana Codes Revised

March 18, 1981, 47th Legislative Assembly -
Chapter 83 (SB 218)

"An Act to Remove Authority over Staffing from the Boards of Medical Examiners, Nursing, Barbers, and Water Well Contractors; Amending Sections 37-3-203, 37-8-204, 37-30-203, and 37-43-201, MCA (Montana Codes Amended)."

April 2, 1981, 47th Legislative Assembly -
Chapter 247 (SB 424)

"An Act to Provide for Senate Confirmation of Members of the Boards of County Printing, Dentistry, Osteopathic Physicians, Podiatry Examiners, Pharmacists, Nursing, Nursing Home Administrators, Optometrists, Chiropractors, Radiologic Technologists, Speech Pathologists and Audiologists, Hearing Aid Dispensers, Psychologists, Veterinarians, Barbers, Cosmetologists, Massage Therapists, Physical Therapy Examiners, Sanitarians, Landscape Architects, Professional Engineers and Land Surveyors, Plumbers, Athletics, and Veterans' Affairs, and the Commission for Human Rights; Amending Sections 2-15-1102, 2-15-1606 Through 2-15-1618, 2-15-1625 Through 2-15-1628, 2-15-1631, 2-15-1652, 2-15-1653, 2-15-1655, 2-15-1661, 2-15-1706, and 2-15-2202, MCA."

April 2, 1981, 47th Legislative Assembly -
Chapter 248 (SB 427)

"An Act to Reestablish the Board of Nursing under Existing Statutory Authority and Rules and to Generally Revise the Laws Relating to Licensure of Nurses; Modifying Board Make-up; Providing for Staggered 4-year Terms for Board Members; Revising Definitions of Nursing; Authorizing Temporary Nursing Permits; Providing for a Late Renewal Fee; Amending Sections 2-8-103, 2-15-1610, 37-8-102, 37-8-103, 37-8-201, 37-8-202, 37-8-301, 37-8-302, 37-8-406, 37-8-407, 37-8-409, 37-8-415 Through 37-8-417, 37-8-431, 37-8-441, and 37-8-442, MCA; and Providing an Immediate Effective Date."

April 13, 1981, 47th Legislative Assembly -
Chapter 345 (SB 412)

"An Act to Authorize and Require Licensing Boards within the Department of Professional and Occupational Licensing to Establish Fee Schedules that set Fees Reasonably Commensurate with the Costs Incurred in Administering the Various Program Areas Within Their Jurisdiction; and Amending Sections 37-3-308, 37-3-313, 37-

4-303, 37-4-306, 37-4-307, 37-4-403, 37-4-404, 37-4-406, 37-5-302, 37-5-307, 37-6-302 Through 37-6-304, 37-7-302, 37-7-303, 37-7-321, 37-8-406, 37-8-407, 37-8-418, 37-8-431, 37-9-304, 37-10-302, 37-11-307 Through 37-11-309, 37-12-302, 37-12-305, 37-12-307, 37-12-323, 37-13-302 Through 37-13-306, 37-14-303, 37-14-305, 37-15-307, 37-16-402, 37-16-405, 37-16-407, 37-17-307, 37-18-307, 37-18-403, 37-18-405, 37-19-301, 37-19-303, 37-19-304, 37-19-306, 37-19-403, 37-30-404, 37-30-423, 37-30-424, 37-31-312, 37-31-322, 37-31-323, 37-32-305, 37-33-302, 37-33-305, 37-33-306, 37-40-303, 37-51-311, 37-67-303, 37-67-315, and 37-68-310, MCA."

April 21, 1981, 47th Legislative Assembly -
Chapter 474 (SB 463)

"An Act to Provide for Uniform Compensation and Travel Expenses for the Boards of County Printing, Veterans' Affairs, Athletics, Medical Examiners, Dentists, Osteopathic Physicians, Podiatry Examiners, Pharmacists, Nursing, Nursing Home Administrators, Optometrists, Physical Therapy Examiners, Chiropractors, Radiologic Technologists, Speech Pathologists and Audiologists, Hearing Aid Dispensers, Psychologists, Veterinarians, Morticians, Barbers, Cosmetologists, Massage Therapists, Sanitarians, Public Accountants, Realty Regulation, Architects, Landscape Architects, Professional Engineers and Surveyors, Plumbers and the State Electrical Board, State Banking Board, and the Commission for Human Rights; Amending Sections 2-15-1102, 2-15-1706, 2-15-2202, 23-3-102, 32-1-201, 37-3-206, 37-4-203, 37-4-204, 37-5-202, 37-6-201, 37-7-202, 37-8-203, 37-9-201, 37-10-203, 37-11-203, 37-12-202, 37-14-201, 37-15-203, 37-16-203, 37-17-201, 37-18-203, 37-19-201, 37-30-202, 37-31-202, 27-33-202, 37-40-202, 37-50-202, 37-51-205, 37-65-202, 37-66-201, 37-67-203, 37-68-202, and 37-69-203, MCA."

March 15, 1983, 48th Legislative Assembly -
Chapter 84 (HB 14)

"An Act to Generally Revise and Clarify Laws Relating to Business and Labor; Amending Sections 30-14-702, 33-25-103, 37-8-405, 39-51-2501, 39-51-3106 and 70-23-609, MCA; and Repealing Sections 37-33-101 Through 37-33-104, 37-33-201 Through 37-33-204, and 37-33-301 Through 37-33-312, MCA."

March 29, 1987, 50th Legislative Assembly -
Chapter 282 (HB 541)

"An Act Clarifying the Terms of Board of Nursing Members; Clarifying Educational Requirements for Nursing Specialty Areas; Clarifying the Board's Authority to Define

Unprofessional Conduct; Clarifying the Board's Procedures for Denial, Revocation, or Suspension of a License; and Amending Sections 2-15-1844, 37-8-202, 37-8-441, and 37-8-442, MCA."

April 20, 1987, 50th Legislative Assembly -
Chapter 557 (HB 740)

"An Act to Relieve Justices of the Peace From Overly Burdensome Bookkeeping and Other Administrative Duties in Regard to Fines, Penalties, and Forfeitures Paid in Their Courts; to Revise the Method of Distributing the Fines, Penalties, and Forfeitures; Amending Sections ..., 37-8-432, ..., MCA; and Providing an Effective Date."

APPENDIX G

MONTANA NURSES' ASSOCIATION ANNUAL CONVENTIONS, 1912-1987

	<u>Year</u>	<u>Location</u>	<u>Dst</u>	<u>Dates</u>	<u>Theme</u>
	1912	Missoula	1	10/31	Organizational Meeting
1st	1913	Butte	2	7/21-23	
2nd	1914	Billings	5	6/18-20	
3rd	1915	Great Falls	6	5/12-14	
4th	1916	Helena	4	6/15-17	
5th	1917	Glacier Pk	8	6/26-27	
6th	1918	Bozeman	3	4/24-25	
7th	1919	Glacier Pk	8	7/15-17	
8th	1920	Butte	2	6/28-29	Public Health Nursing
9th	1921	Billings	5	7/12-13	Tuberculosis Nursing
10th	1922	Great Falls	6	7/12-13	
11th	1923	Missoula	1	6/18-20	Child Welfare
12th	1924	Billings	5	7/12	
13th	1925	Helena	4	6/6	
14th	1926	Kalispell	8	7/19-21	
15th	1927	Missoula	1	7/12-14	
16th	1928	Butte	2	6/2-13	
17th	1929	Great Falls	6	7/23-25	
18th	1930	Helena	4	6/23-24	
19th	1931	Bozeman	3	6/24-25	
20th	1932	Billings	5	5/24-25	
21st	1933	Kalispell	8	9/4-6	
22nd	1934	Havre	7	6/6-7	Communicable Diseases
23rd	1935	Missoula	1	6/11-12	Community Needs and Professional Cooperation
24th	1936	Butte	2	6/2-4	Psychiatric Nursing/ Mental Hygiene
25th	1937	Great Falls	6	6/3-5	Modern Trends in Nursing Education
26th	1938	Helena	4	6/8-10	
27th	1939	Bozeman	3	5/24-27	
28th	1940	Billings	5	9/3-5	
29th	1941	Havre	7	10/7-9	
30th	1942	Missoula	1	6/2-4	
31st	1943	Helena	4	5/4	Business meeting only
32nd	1944	Helena	4	10/27-28	

33rd	1945	Butte	2	10/29-30	Met w/MLNE
34th	1946	Billings	5	10/14-16	
35th	1947	Great Falls	6	10/17-19	
36th	1948	Bozeman	3	10/15-17	
37th	1949	Havre	7	10/6-8	
38th	1950	Missoula	1	10/19-21	
39th	1951	Miles City	10	10/15-17	
40th	1952	Butte	2	10/19-22	
41st	1953	Helena	4	10/19-21	
42nd	1954	Billings	5	10/2-6	
43rd	1955	Great Falls	6	10/12-15	Better Nursing For Our Times
44th	1956	Missoula	1	10/15-18	Mental Hygiene: Are We On The Same Channel?
45th	1957	Butte	2	10/5-8	Nursing Has Changed
46th	1958	Havre	7	10/8-11	Nursing Vistas
47th	1959	Livingston	14	10/7-10	HiFi in Nursing
48th	1960	Helena	4	10/4-7	Focus on Improved Nursing Care
49th	1961	Miles City	10	10/4-7	Assessment for Action in Nursing
Practice					
50th	1962	Billings	5	10/3-5	Respect the Past - Challenge the Future
51st	1963	Great Falls	6	10/1-4	Dimensions of Quality Nursing
52nd	1964	Lewistown	9	10/6-9	Learning to Live with Changes
53rd	1965	Bozeman	3	10/5-8	Break the Barriers
54th	1966	Missoula	1	10/12-14	Nursing Challenged to Change
55th	1967	Butte	2	10/10-13	Who's Afraid of the Future?
56th	1968	Helena	4	10/8-11	Together for Tomorrow
57th	1969	Havre	7	10/29-31	Empathy: Our Pride
58th	1970	Billings	5	10/13-16	Giving Heart to Technology
59th	1971	Great Falls	6	10/12-15	Open a New Door
60th	1972	Missoula	1	10/11-13	Don't Fence Me In
61st	1973	Butte	2	10/10-12	Relatively Speaking: The Patient, the Family, the Nurse
62nd	1974	Helena	4	10/2-4	Peer Review
63rd	1975	Helena	4	10/14-17	Open to Change
64th	1976	Great Falls	6	10/12-15	Building on the Past For the Future

65th	1977	Missoula	1	10/4-7	Qualified to Care: The Year of the Nurse
66th	1978	Billings	5	10/3-6	A Commitment to Competence
67th	1979	Butte	2	10/10-12	Broader Horizons - Yes We Can
68th	1980	Great Falls	6	10/8-10	Involved Nurses Care
69th	1981	Bozeman	3	10/7-9	We Share the Dream
70th	1982	Missoula	1	10/6-8	Nursing Is Now
71st	1983	Butte	2	10/5-7	
72nd	1984	Billings	5	10/3-5	
73rd	1985	Great Falls	6	10/2-4	
74th	1986	Helena	4	10/1-3	Unity Through Diversity
75th	1987	Bozeman	3	10/6-8	Anniversary Celebration

APPENDIX H

MONTANA NURSES' ASSOCIATION OFFICERS, 1912-1987

MSGNA Officers elected in 1912 (Missoula)

President	-	Miss C. Anna Laurie (Watkins), Butte
1st VP	-	Miss Lucy Ann Marshall, Missoula
2nd VP	-	Miss Emma Rehsteiner (Parkins), Bozeman
Secretary	-	Mrs. Mary R. (O'Rourke) Boyle, Butte
Treasurer	-	Miss Mary Margaret Hughes, Helena
Counselors	-	Miss Edith M. Davies, Missoula
		Miss Ruby M. Bohart, Bozeman
		Miss Jean Nicholson, Helena
		Miss Sara Sullivan, Butte
		Miss Ida R. Palmer, Kalispell

MSAGRN Officers elected in 1913 (Butte)

President	-	Miss Gertrude Francis Sloan, Missoula
1st VP	-	Miss Mary Agnes Kelly, Livingston
2nd VP	-	Miss Edith Augusta Ariss, Great Falls
Rec. Sec.	-	Mrs. Mary R. (O'Rourke) Boyle, Butte
Cor. Sec.	-	Mrs. Helena E. Curtis, Butte
Treasurer	-	Miss Mary C. Platt, Helena
Counselors	-	Miss Clara E. Brunelle, Missoula
	-	Mrs. Harriet O'Day, Billings
	-	Mrs. Nettie Lester Bennett, Butte
	-	Miss Hannah Strom, Butte
	-	Miss Bertha "Moss" Nuremberg (Johnston), Helena
	-	Miss Ruby M. Bohart, Bozeman

MSAGRN Officers elected in 1914 (Billings)

President	-	Mrs. Mary R. (O'Rourke) Boyle, Butte
1st VP	-	Miss Mary Agnes Kelly, Livingston
2nd VP	-	Sister Mary Corona Harrington, Butte
Rec. Sec.	-	Mrs. Ethel Remmington, Missoula
Cor. Sec.	-	Mrs. Iva Cliff Benson, Fromberg
Treasurer	-	Miss Mary C. Platt, Helena
Counselors	-	Miss Clara E. Brunelle, Missoula
	-	Mrs. Harriet O'Day, Billings
	-	Mrs. Nettie Lester Bennett, Butte
	-	Miss Hannah Strom, Butte

- Miss Bertha "Moss" Nuremberg (Johnson), Helena
- Miss Edith Augusta Ariss, Great Falls

MSAGRN Officers elected 5/14/1915 (Great Falls)

- President - Miss Edith Augusta Ariss, Great Falls
- 1st VP - Miss Lydia R. Van Luvanee, Helena
- 2nd VP - Sister Mary Corona Harrington, Butte
- Rec. Sec. - Miss Mary E. Denny, Great Falls
- Cor. Sec. - Mrs. Iva Cliff Benson, Fromberg
- Treasurer - Miss O'Brien, Butte
- Counselors - Miss Clara E. Brunelle, Missoula
- Mrs. Harriet O'Day, Billings
- Miss Edith Augusta Ariss, Great Falls
- Miss Lydia R. Van Luvanee, Helena
- Miss Olive Inch, Butte

MSAGRN Officers elected in 6/1916 (Helena)

- President - Mrs. Iva Cliff Benson, Fromberg
- 1st VP - Miss Lydia R. Van Luvanee, Helena
- 2nd VP - Mrs. Mary R. (O'Rourke) Boyle, Butte
- Secretary - Miss Mary E. Denny, Great Falls
- Treasurer - Miss Mary C. Platt, Helena
- Counselors - Miss Edith Augusta Ariss, Great Falls
- Miss Lydia R. Van Luvanee, Helena
- Miss Olive Inch, Butte

MSAGRN Officers elected 6/27/1917 (Glacier Park)

- President - Mrs. Iva Cliff Benson, Fromberg
- 1st VP - Mrs. Mary R. (O'Rourke) Boyle, Butte
- 2nd VP - Miss Lydia R. Van Luvanee, Helena
- 3rd VP - Miss Lucy Askew (Campbell), Great Falls
- Secretary - Miss Permelia A. Clark, Glasgow
- Treasurer - Miss Mary C. Platt, Helena
- Directors - Miss Lydia R. Van Luvanee, Helena
- Miss Olive Inch, Butte
- Miss Cora Meneley (Bigelow), Great Falls
- Mrs. O'Brien, Conrad
- Miss Fern Tillman, Great Falls

MSAGRN Officers elected 4/24/1918 (Bozeman)

- President - Miss Lydia R. Van Luvanee, Helena
- 1st VP - Mrs. E. Stevens, Laurel
- 2nd VP - Miss Olive M. Inch, Butte
- 3rd VP - Miss Edith R. Ackerman, Bozeman
- Secretary - Miss Permelia A. Clark, Glasgow
- Treasurer - Miss Frances E. Friedericks, Helena

Directors - Miss Cora Meneley (Bigelow), Great Falls
 - Mrs. O'Brien, Conrad
 - Miss Fern Tillman, Great Falls
 - Miss Davis, Bozeman
 - Mrs. Maud E. Lally, Butte

MSAGN Officers elected 7/16/1919 (Glacier Park)

President - Miss Florence Ames, Billings
 1st VP - Miss Edith R. Ackerman, Bozeman
 2nd VP - Mrs. Harriet Carrier, Great Falls
 3rd VP - Mrs. Loque, Butte
 Secretary - Miss Margaret Irish, Billings
 Treasurer - Miss Frances E. Friedericks, Helena
 Directors - Miss Cora Meneley (Bigelow), Great Falls
 - Mrs. O'Brien, Butte
 - Miss Fern Tillman, Great Falls
 - Mrs. Maud E. Lally, Butte
 - Miss Mary Margaret Hughes, Helena

MSAGN Officers elected 6/28/1920 (Butte)

President - Miss Edith Augusta Ariss, Great Falls
 1st VP - Miss Frances E. Friedericks, Helena
 2nd VP - Miss Olive M. Inch, Butte
 3rd VP - Miss Ida Hills (Nepper), Butte
 Secretary - Miss Margaret Irish, Billings
 Treasurer - Miss Emeline Gonczy, Great Falls
 Directors - Miss Lulu J. Nimmo, Butte
 - Mrs. Helena E. Curtis, Dillon
 - Miss Mary Zogarts, Helena
 - Miss Monta Bane, Sidney
 - Miss Anna Mecum, Great Falls

MSAGN Officers elected 7/12/21 (Billings)

President - Mrs. Emily Doyert-Heaton, Billings
 1st VP - Mrs. Adele McCray, Bozeman
 2nd VP - Miss Margaret Murphy, Butte
 3rd VP - Miss Johnson, Great Falls
 Secretary - Miss Margaret Irish, Billings
 Treasurer - Miss Dora Mecklenburg, Great Falls
 Directors - Miss Cora I. Meneley (Bigelow), Sidney
 - Miss Hyla Banfield, Great Falls

MSAGN Officers elected 7/13/22 (Great Falls)

President - Mrs. Margaret Irish Sutton, Billings
 1st VP - Miss Clara E. Barrington (Dahl), Great Falls
 2nd VP - Miss Rebecca Evans (Sukesdorf), Butte
 3rd VP - Miss Nettie Penwell, Great Falls

Secretary - Miss Mary Margaret Muckley, Helena
 Treasurer - Miss Madge Webster (Rubens), Great Falls
 Directors - Mrs. Mary Hawthorne, Helena
 - Miss Winifred Kinney, Butte
 - Miss Edna Wells, Deerlodge
 - Mrs. Adele McCray, Bozeman
 - Mrs. Ingeborg Illen, Billings

MSAGN Officers elected 6/19/23 (Missoula)

President - Miss Clara E. Barrington (Dahl), Great Falls
 1st VP - Miss Rebecca Evans (Sukesdorf), Butte
 2nd VP - Miss Nettie Penwell, Great Falls
 3rd VP - Mrs. Anne K. Waring, Billings
 Secretary - Miss Floss L. Kerlee, Helena
 Treasurer - Miss Madge Webster (Rubens), Great Falls
 Directors - Miss Mary Hawthorne, Helena
 - Miss Winifred Kinney, Butte
 - Mrs. Adele McCray, Bozeman
 - Miss Edna Wells, Deerlodge
 - Mrs. Ingeborg Illen, Billings

MSARN Officers elected 7/12/24 (Billings) for 2 years

President - Miss Floss L. Kerlee, Helena
 1st VP - Miss Rebecca Evans (Sukesdorf), Butte
 2nd VP - Miss Nettie Penwell, Great Falls
 3rd VP - Mrs. Anne K. Waring, Billings
 Secretary - Miss Frances R. Vollmer, E. Helena
 - Miss Anderson, Billings
 Treasurer - Mrs. Julia W. O'Connor, Billings
 Directors - Miss Frances E. Friedericks, Helena
 - Mrs. Clara E. (Barrington) Dahl, Great Falls
 - Miss Olson, Butte
 - Miss Helen C. Meade, Kalispell
 - Miss Virginia Croteau, Missoula

MSAGN Officers elected 7/21/26 (Kalispell) for 2 years

President - Mrs. Ida Hills Nepper, Butte
 1st VP - Miss Frances R. Vollmer, E. Helena
 2nd VP - Miss Martha Russell, Kalispell
 3rd VP - Miss Harriet Peoples, Deerlodge
 Secretary - Mrs. Lily Morris, Galen
 Treasurer - Mrs. Julia W. O'Connor, Red Lodge
 Directors - Miss Edith R. Ackerman, Bozeman
 - Miss Birdie D. King, Missoula
 - Miss Lydia Fousk, Galen
 - Miss Bowen, Great Falls
 - Sister Mary Alfonsos, Kalispell

MSAGN Officers elected 6/12/28 (Butte) for 2 years

President - Miss Winifred Kinney, Butte
 1st VP - Miss Anna Iverson, Kalispell
 2nd VP - Miss Lydia Gudmunson, Butte
 3rd VP - Miss Birdie D. King, Missoula
 Secretary - Mrs. Lily Morris, Galen
 Treasurer - Miss Florence Ullman (Swanstrom), Great Falls
 Directors - Mrs. Florence (Florentine?) McGue (LaGue?),
 Butte
 - Sister Mary Corona Harrington, Anaconda
 - Miss Harriet Grace Linfield, Bozeman
 - Mrs. Margaret (O'Hare) Sequin, Missoula
 - Miss Madge Webster (Rubens), Great Falls

MSAGN Officers elected 6/23/30 (Helena) for 2 years

Exec. Sec. - Miss Edith Lucille Brown, Helena
 (8/1/30 - 9/15/42)
 President - Miss Lydia Gudmunson, Butte
 1st VP - Miss Birdie D. King, Missoula
 2nd VP - Mrs. Margaret Farnum, Billings
 3rd VP - Mrs. M. Ross, Helena
 Secretary - Miss Louise Langohr, Bozeman
 Treasurer - Mrs. Florence (Ullman) Swanstrom, Great Falls
 Directors - Miss Monta Bane, Butte
 - Miss Edith Augusta Ariss, Great Falls
 - Miss Mary Mann, Missoula
 - Miss Frances E. Friedericks, Helena
 - Miss Mary Ellen Davidson, Bozeman

MSAGN Officers elected 5/24/32 (Billings) for 2 years

Exec. Sec. - Miss Edith Lucille Brown, Helena
 President - Miss Lydia Gudmunson, Butte (resigned)
 (replaced by Miss Kathryn Cafferty)
 1st VP - Miss Kathryn Cafferty, Billings
 (replaced by Miss Ada Beerstecher)
 2nd VP - Miss L. Barron, Miles City
 3rd VP - Miss Agnes Pauline, Kalispell
 Secretary - Miss Louise Langohr, Bozeman
 Treasurer - Mrs. Florence (Ullman) Swanstrom, Great Falls
 Directors - Miss Edith Augusta Ariss, Great Falls
 - Mrs. Garnet Storms, Kalispell
 - Sister Mary Rita, St. Johns, Helena
 - Mrs. H. E. Armstrong, Billings

MSAGN Officers elected 6/6/34 (Havre) for 2 years

Exec. Sec. - Miss Edith Lucille Brown, Helena
 President - Miss Kathryn Cafferty, Billings

1st VP - Miss Agnes Pauline, Kalispell
 2nd VP - Mrs. Hazel Holcomb Jones, Havre
 3rd VP - Miss Mary Teresa Cherry, Butte
 Secretary - Miss Harriet Grace Linfield, Havre
 Acting Sec. - Miss Claire R. Johnson, Missoula
 Treasurer - Mrs. Florence (Ullman) Swanstrom, Great Falls
 Directors - Miss Edith Augusta Ariss, Great Falls
 - Miss Gertrude Jane Buckles, Billings
 - Miss Mildred Close
 - Sister Mary William, Miles City
 - Mrs. Henrietta Crockett, Helena

MSNA Officers elected 6/3/36 (Butte) for 2 years

Exec. Sec. - Miss Edith Lucille Brown, Helena
 President - Mrs. Florence (Ullman) Swanstrom, Great Falls
 1st VP - Mrs. Margaret (Alsop) Carolus, Butte
 2nd VP - Miss Gertrude Jane Buckles, Billings
 3rd VP - Miss Kathryn Furno, Missoula
 Secretary - Miss Edith Lucille Brown, Helena
 Treasurer - Miss Anna Totman Beckwith, Helena
 Directors - Sister Henrietta, Columbus, Great Falls
 (resigned in 1937; replaced by
 Sister Mary William, Miles City)
 - Mrs. Hazel Holcomb Jones, Havre
 - Miss Edith Augusta Ariss, Great Falls
 - Miss Monta Bane, Bozeman

MSNA Officers elected 6/7/38 (Helena) for 2 years

Exec. Sec. - Miss Edith Lucille Brown, Helena
 President - Mrs. Florence (Ullman) Swanstrom, Great Falls
 1st VP - Mrs. Margaret (Alsop) Carolus, Butte
 2nd VP - Miss Gertrude Jane Buckles, Billings
 Secretary - Mrs. Hazel Holcomb Jones, Havre
 Treasurer - Miss Edna Hoylman, Kalispell
 Directors - Sister Mary Linus, Butte
 - Miss Louise Langohr, Bozeman
 - Miss Edith Augusta Ariss, Great Falls
 - Miss Lydia Fousk, Great Falls
 - Sister Mary Magdalen, Missoula

MSNA Officers elected 9/1940 (Billings)

Exec. Sec. - Miss Edith Lucille Brown, Helena
 President - Miss Margaret Carolus (Alsop), Butte
 1st VP - Mrs. Frances Hixon Macdonald, Bozeman
 Secretary - Mrs. Hazel Holcomb Jones, Havre (resigned)
 Sister Mary Germaine, Havre
 Treasurer - Mrs. Marguerite Hubert, Butte
 Directors - Mrs. Florence (Ullman) Swanstrom, Great Falls

- Sister Mary Linus, Butte
- Sister Frances Maureen, Great Falls

MSNA Officers elected 10/1941 (Havre)

- Exec. Sec. - Miss Edith Lucille Brown, Helena
- President - Miss Margaret Carolus (Alsop), Butte
- Vice-Pres. - Mrs. Frances Hixon Macdonald, Bozeman
- Secretary - Sister Mary Germaine, Havre
- Treasurer - Mrs. Marguerite Hubert, Butte
- Directors - Mrs. Florence (Ullman) Swanstrom, Great Falls

MSNA Officers elected 6/1942 (Missoula)

- Exec. Sec. - Mrs. Margaret (Carolus) Alsop (9/15/42-9/44;
1/48-6/48; 5/51-11/51)
- President - Mrs. Frances Hixon Macdonald, Bozeman
- Vice-Pres. - Mrs. Doris Staples
- Secretary - Sister Mary Germaine, Havre
- Treasurer - Mrs. Marguerite Hubert, Butte
- Directors - Sister Mary Magdalen, Missoula

MSNA Officers elected 5/1943 (Helena)

- Exec. Sec. - Mrs. Margaret (Carolus) Alsop, Helena
- President - Mrs. Frances Hixon Macdonald, Bozeman
- Vice-Pres. - Miss Beatrice Hruska (Kaasch), Helena
- Secretary - Sister Mary Germaine, Havre
- Treasurer - Mrs. Marguerite Hubert, Butte
- Directors - Mrs. Hazel Holcomb Jones, Havre
- Sister Mary Magdalen, Missoula

MSNA Officers elected 10/1944 (Helena)

- Exec. Sec. - Mrs. Margaret Shaw Robertine (10/44-2/45)
- President - Miss Beatrice Hruska (Kaasch), Helena
- Vice-Pres. - Miss Helen M. Murphy, Helena
- Secretary - Sister Mary Germaine, Havre
- Treasurer - Miss Florence Whipple
- Directors - Sister Mary Magdalen, Missoula

MSNA Officers elected 10/1945 (Butte) for 2 years

- Exec. Sec. - Mrs. Anne Larson Zimmerman, Helena
(7/15/45-1/1/48)
- President - Miss Beatrice Hruska (Kaasch), Helena
- 1st VP - Miss Helen M. Murphy, Helena
- 2nd VP - Miss Lala Handorf, Bozeman
- Secretary - Sister Mary Germaine, Havre
- Treasurer - Miss Esther Zwisler, Helena
- Directors - Mrs. Frances Hixon Macdonald, Great Falls

- Sister John Marie Pithoud, Butte
- Sister Mary Magdalen, Missoula
- Mrs. Hazel Holcomb Jones, Havre
- Mrs. Elsie Flinn, Miles City

MSNA Officers elected 10/1946 (Billings)

- Exec. Sec. - Mrs. Anne Zimmerman, Helena
(7/15/45-1/1/48)
- President - Miss Beatrice Hruska (Kaasch), Helena
- 1st VP - Miss Helen M. Murphy, Helena
- 2nd VP - Miss Lala Handorf, Bozeman
- Secretary - Sister Mary Germaine, Havre
- Treasurer - Miss Esther Zwisler, Helena
- Directors - Sister John Marie Pithoud, Butte
Mrs. Elsie Flinn, Miles City
Mrs. Frances Hixon Macdonald, Bozeman
Mrs. Mable Cross, Billings

MSNA Officers elected 10/1947 (Great Falls)

- Exec. Sec. - Mrs. Anne Zimmerman, Helena
- President - Miss Helen M. Murphy, Helena
- 1st VP - Miss Lala Handorf, Bozeman
- 2nd VP - Miss Louise Anderson, Billings
- Secretary - Miss Gina Jacobsen, Glendive
- Treasurer - Miss Esther Zwisler, Helena
- Directors - Sister John Marie Pithoud, Helena
Miss Mary Mann, Missoula
Mrs. Mable Cross, Billings
Mrs. Emily (Dover) Heaton, Great Falls

MSNA Officers elected 10/1948 (Bozeman)

- Exec. Sec. - Miss Marvel Muriel Lewis, Helena
(7/1/48-5/51)
- President - Miss Jane Baldwin Stevenson (Hubert),
Missoula
- 1st VP - Miss Lala Handorf, Bozeman (resigned)
- 2nd VP - Miss Louise Anderson, Billings
- Secretary - Miss Gina Jacobson, Glendive
- Treasurer - Miss Esther Zwisler, Helena
- Directors - Mrs. Irene Fisher Freler, Havre
Miss Mildred M. Rinker, Great Falls
Sister Providence, Great Falls
Sister Mary Bede, Missoula

MSNA Officers elected 10/1949 (Havre)

- Exec. Sec. - Miss Muriel Lewis, Helena
- President - Miss Jane Baldwin Stevenson (Hubert),

Missoula

1st VP	-	Mrs. Hazel Callahan, Butte
2nd VP	-	Sister Providence, Great Falls
Secretary	-	Mrs. Fay Florman Rundlett, Bozeman
Treasurer	-	Miss Edna M. Kuhn, Great Falls
Directors	-	Miss Catherine Coffey, Harlem
	-	Miss Beatrice Hruska (Kaasch), Helena
	-	Miss Patricia Johnson, Miles City
	-	Miss Julia Reid, Billings
	-	Sister Eugene Teresa McCarthy, Helena
	-	Mrs. Fern Symes, Great Falls
	-	Miss Phyllis Niles, Miles City
	-	Mrs. Elsie Lucretia (Larson) Flinn, Miles City
	-	Miss Anne Cassidy (Kieley), Helena

MSNA Officers elected 10/1950 (Missoula)

Exec. Sec.	-	Miss Muriel Lewis, Helena
President	-	Miss O'Connor George, Billings
1st VP	-	Mrs. Hazel Callahan, Butte
2nd VP	-	Sister Providence, Great Falls
Secretary	-	Mrs. Fay Florman Rundlett, Bozeman
Treasurer	-	Miss Edna M. Kuhn, Great Falls
Directors	-	Miss Patricia Johnson, Miles City
	-	Miss Catherine Coffey, Harlem
	-	Mrs. Alice Hale, Butte
	-	Miss Eleanor Gustafson, Glendive

MSNA Officers elected 10/1951 (Miles City)

Exec. Sec.	-	Mrs. Margaret Carolus Alsop, Helena (5/51-11/51)
President	-	Miss O'Connor George, Billings
1st VP	-	Miss Lillian Nyman, Great Falls
2nd VP	-	Sister Providence, Great Falls
Secretary	-	Mrs. Lela Anderson, Livingston
Treasurer	-	Mrs. Helen L. (Horton) Haegele, Helena
Directors	-	Mrs. Alice Hale, Butte
	-	Miss Eleanor Gustafson, Glendive
	-	Mrs. Dorothy Spelman, Anaconda

MSNA Officers elected 10/1952 (Butte)

Exec. Sec.	-	Miss Agnes Pauline, Helena (11/51-4/55)
President	-	Mrs. Elsie Lucretia (Larson) Flinn, Miles City
1st VP	-	Miss Lillian Nyman, Great Falls
2nd VP	-	Mrs. Dorothy Spelman, Anaconda
Secretary	-	Mrs. Lela M. Anderson, Livingston
Treasurer	-	Mrs. Helen L. (Horton) Haegele, Helena

Directors - Mrs. Alice Hale, Butte
 - Mrs. Eleanor Gustafson, Glendive
 - Sister Mary Thomasine, Butte
 - Mrs. Ruth N. Fields, Havre

MSNA Officers elected 10/1953 (Helena)

Exec. Sec. - Miss Agnes Pauline, Helena
 President - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City
 1st VP - Miss Mary Florence Delaney (Munger), Polson
 2nd VP - Mrs. Dorothy Spelman, Anaconda
 Secretary - Miss Mary McRae, Missoula
 Treasurer - Mrs. Helen L. (Horton) Haegele, Helena
 Directors - Sister Mary Thomasine, Butte

MSNA Officers elected 10/1954 (Billings)

Exec. Sec. - Miss Agnes Pauline, Helena
 President - Sister Mary Thomasine, Butte
 1st VP - Miss Mary Florence Delaney (Munger), Polson
 2nd VP - Mrs. Dorothy Spelman, Anaconda
 Secretary - Miss Mary McRae, Missoula
 Treasurer - Mrs. Helen L. (Horton) Haegele, Helena
 Directors - Mrs. Dorothy Evans, Great Falls

MSNA Officers elected 10/1955 (Great Falls)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 (4/55-7/1/71)
 President - Sister Mary Thomasine, Helena
 1st VP - Mrs. Ella C. Stewart McVey, Billings
 2nd VP - Miss Dorothy Spelman, Anaconda
 Secretary - Mrs. Mary E. Clover, Missoula
 Treasurer - Mrs. Christine Mitchell, Helena
 Directors - Mrs. Ethel M. Nelson, Great Falls
 - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City

MSNA Officers elected 10/1956 (Missoula)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Helen L. (Horton) Haegele, Helena
 1st VP - Mrs. Dora Mae Wuest, Billings
 2nd VP - Mrs. Marie McNeilly, Missoula
 Secretary - Mrs. Dorothy Spelman, Anaconda
 Treasurer - Mrs. Christine Mitchell, Helena
 Directors - Miss Helen Cook, Missoula
 - Miss Laura O. Copple (Walker), Bozeman
 - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City

- Mrs. Ethel Nelson, Great Falls
- Mrs. Ruth Parsons, Billings
- Mrs. Blanche Phelan, Miles City

MSNA Officers elected 10/1957 (Butte)

- Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
- President - Mrs. Helen L. (Horton) Haegele, Helena
- 1st VP - Mrs. Dora Mae Wuest, Billings
- 2nd VP - Mrs. Marie McNeilly, Missoula
- Secretary - Mrs. Dorothy Spelman, Anaconda
- Treasurer - Mrs. Christine Mitchell, Helena
- Directors - Mrs. Ethel Nelson, Great Falls
- Mrs. Elsie Lucretia (Larson) Flinn, Miles City

MSNA Officers elected 10/1958 (Havre)

- Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
- President - Mrs. Edna Kuhn, Great Falls
- 1st VP - Mrs. Dora Mae Wuest, Billings
- 2nd VP - Mrs. Marie McNeilly, Missoula
- Secretary - Mrs. Dorothy Spelman, Anaconda
- Treasurer - Mrs. Christine Mitchell, Helena
- Directors - Mrs. Helen Goligoski, Havre
- Mrs. Ethel Nelson, Great Falls
- Mrs. Ruth Fields, Havre

MNA Officers elected 10/1959 (Livingston)

- Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
- President - Mrs. Edna Kuhn, Great Falls
- 1st VP - Mrs. Christine Mitchell, Missoula
- 2nd VP - Mrs. Betty Jo Winship, Livingston
- Secretary - Miss Dorothy Spelman, Anaconda
- Treasurer - Mrs. Evelyn Brown, Cut Bank
- Directors - Mrs. Helen Goligoski, Havre
- Mrs. Hazel Uppinghouse, Great Falls
- Mrs. Jeanne Claus, Bozeman (EACT)
- Mrs. Doris Knuckey, Billings (ON)
- Mrs. Manila Parrott McGuire, Billings (GD)
- Mrs. Marian Slayton, Billing (PD)
- Mrs. Hazel Brendgard, Havre (INSA)
- Miss Elizabeth Havnen, Great Falls (PH)

MNA Officers elected 10/1960 (Helena)

- Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
- President - Mrs. Wava L. Dixon, Helena
- 1st VP - Mrs. Evelyn Brown, Bozeman
- 2nd VP - Mrs. Ruth Williams, Livingston

Secretary - Mrs. Helen Goligoski, Havre
 Treasurer - Mrs. Antoinette Staringer, Helena
 Directors - Sister Mary Therese Monica, Lewistown
 - Mrs. Hazel Uppinghouse, Great Falls
 - Mrs. Irene Rule Callahan, Missoula
 - Mrs. Jeanne Claus, Bozeman (EACT)
 - Mrs. Manila Parrott McGuire, Billings (GD)
 - Mrs. Adeil Wallett, Great Falls (PH)
 - Mrs. Ruth Parsons, Billings (ON)
 - Sister Mary Robert (NSA)
 - Mrs. Margaret Reidy (PD)

MNA Officers elected 10/1961 (Miles City)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Wava L. Dixon, Helena
 1st VP - Mrs. Evelyn Brown, Bozeman
 2nd VP - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City
 Secretary - Mrs. Ruth Hodis, Bozeman
 Treasurer - Mrs. Antoinette Staringer, Helena
 Directors - Mrs. Irene Rule Callahan, Missoula
 - Mrs. Ethel Nelson, Great Falls
 - Mrs. Jeanne Claus, Bozeman (EACT)
 - Mrs. Joyce Propst, Miles City (GD)
 - Mrs. Agnes Casick, Butte (NSA)
 - Mrs. Aileen Stage, Missoula (ON)
 - Mrs. Mable Benson, Missoula (PD)

MNA Officers elected 10/1962 (Billings)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Wava L. Dixon, Helena
 1st VP - Mrs. Irene (Rule) Callahan, Missoula
 2nd VP - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City
 Secretary - Mrs. Ruth Hodis, Bozeman
 Treasurer - Mrs. Antoinette Staringer, Helena
 Directors - Mrs. Hazel Brandgard, Havre
 - Mrs. Ethel Nelson, Great Falls
 - Mrs. Jeanne Claus, Bozeman (EACT)
 - Ms. Joyce Propst, Miles City (GD)
 - Mrs. Marjorie Pemble, Billings (INSA)
 - Ms. Elaine Trejo, Billings (ON)
 - Mrs. Mabel Benson, Missoula (PD)
 - Mrs. Sylvia MacFarlane, Havre (PH)

MNA Officers elected 10/1963 (Great Falls)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Wava L. Dixon, Helena

1st VP - Mrs. Irene (Rule) Callahan, Missoula
 2nd VP - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City
 Secretary - Mrs. Ruth Hodis, Bozeman
 Treasurer - Mrs. Antoinette Staringer, Helena
 Directors - Mrs. Jeanne Claus, Bozeman
 - Mrs. Hazel Brendgard, Havre
 - Mrs. Gudrun Gorseth, Havre (EACT)
 - Miss Patricia Settle, Helena (GD)
 - Mrs. Mabel Benson, Missoula (PD)
 - Mrs. Sylvia MacFarlane, Havre (PH)
 - Mrs. Marjorie Pemble, Billings (INSA)
 - Mrs. Shirley Earley, Great Falls (ON)

MNA Officers elected 10/1964 (Lewistown)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Florence Harriet (Ward) Bradshaw,
 Billings
 1st VP - Mrs. Herva Simpson, Bozeman
 2nd VP - Mrs. Elsie Lucretia (Larson) Flinn,
 Miles City
 Secretary - Mrs. Ruth Hodis, Bozeman
 Treasurer - Ms. Fay Sweeney, Helena
 Directors - Mrs. Irene (Rule) Callahan, Missoula

MNA Officers elected 10/1965 (Bozeman)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Florence Harriet (Ward) Bradshaw,
 Billings
 1st VP - Mrs. Herva Simpson, Bozeman
 2nd VP - Mrs. Mildred (Banfield) Hom, Bozeman
 Secretary - Mrs. Genevieve Burcham, Great Falls
 Treasurer - Ms. Fay Sweeney, Helena
 Directors - Mrs. Eleanor Carlson, Havre
 - Mrs. Irene Rule Callahan, Missoula
 - Sister Clare, Bozeman (EACT)
 - Mrs. Virginia Ingersoll, Kalispell (GD)
 - Mrs. Marjorie Pemble, Billings (NSA)
 - Mrs. Shirley Earley, Great Falls (ON)
 - Mrs. Lillian Dove, Butte (PD);
 - Ms. Bess Clark, Havre (PD)
 - Mrs. Mary Alice Rehbein, Sidney (PH)

MNA Officers elected 10/1966 (Missoula)

Exec. Sec. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Florence Harriet (Ward) Bradshaw,
 Billings
 1st VP - Mrs. Herva Simpson, Bozeman

2nd VP - Mrs. Mildred (Banfield) Hom, Bozeman
 Secretary - Mrs. Genevieve Burcham, Great Falls
 Treasurer - Ms. Evelyn Brown, Helena
 Directors - Miss Karen Gregoine, Great Falls
 - Mrs. Eleanor Carlson, Havre
 - Mrs. Ethel Nelson, Great Falls (EACT)
 - Mrs. Janie Cromwell, Helena (NSA)
 - Mrs. Shirley Earley, Great Falls (ON)
 - Mrs. Virginia Ingersoll, Kalispell (GD)
 - Ms. Bess Clark, Havre (PD)
 - Mrs. Mary Alice Rehbein, Sidney (PH)

MNA Officers elected 10/1967 (Butte)

Exec. Dir. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Florence Harriet (Ward) Bradshaw,
 Billings
 1st VP - Mrs. Herva Simpson, Bozeman
 2nd VP - Ms. Marion Finley, Kalispell
 Secretary - Miss Genevieve Burcham, Great Falls
 Treasurer - Miss Emma Peterson, Lewistown
 Directors - Sister Michael, Lewistown
 - Miss Karen Gregoine, Great Falls
 - Mrs. Ethel Nelson, Great Falls (EACT)
 - Mrs. Janie Cromwell, Helena (NSA)
 - Ms. Marjorie Hansen, Sidney (GD)
 - Ms. Wilma Nicholson, Butte (PD)
 - Mrs. Mary Alice Rehbein, Sidney (PH)

MNA Officers elected 10/1968 (Helena)

Exec. Dir. - Mrs. Helen J. McTavish, Helena
 (Acting - 8/1/68-8/1/69)
 President - Mrs. Herva Simpson, Bozeman
 1st VP -
 2nd VP - Mrs. Marion Finley, Kalispell
 Secretary - Miss Genevieve Burcham, Great Falls
 Treasurer - Miss Emma Peterson, Lewistown
 Directors - Miss Karen Gregoine, Great Falls
 - Miss Wilma Nicholson, Butte

MNA Officers elected Fall 1969 (to hold office in 1970)

Exec. Dir. - Mrs. Mary Florence (Delaney) Munger, Helena
 President - Mrs. Herva Simpson, Bozeman
 1st VP - Mrs. Emma Peterson, Lewistown
 2nd VP - Ms. Virginia Kenyon, Helena
 Secretary - Ms. Doris Eklund, Billings
 Treasurer - Miss Marlene Stellmon, Bozeman
 Directors - Ms. Marion Finley, Kalispell
 - Ms. Peggy Mussehl, Bozeman

- Ms. Genevieve Safransky, Great Falls
- Ms. Thelma Frey, Billings (PD)
- Mrs. Janie Cromwell, Helena (NSA)
- Ms. Phyllis Sherburne, Great Falls
- Mrs. Beatrice (Hruska) Kaasch, Billings (EACT)
- Ms. Marjorie Hansen, Billings (GD)

MNA Officers elected Fall 1970 (to hold office in 1971)

Exec. Dir.	- Mrs. Mary Florence (Delaney) Munger, Helena
President	- Mrs. Emma Peterson, Lewistown
1st VP	- Mrs. Pearl E. (Johnson) Robbins, Missoula
2nd VP	- Ms. Virginia Kenyon, Helena
Secretary	- Ms. Doris Eklund, Billings
Treasurer	- Ms. Mary Honaker, Billings
Directors	- Mrs. Janie Cromwell, Helena
	- Ms. Joanne Dodd, Billings
	- Ms. Phyllis Sherburne, Great Falls
	- Ms. Genevieve Safransky, Great Falls
	- Mrs. Herva Simpson, Bozeman
	- Mrs. Beatrice (Hruska) Kaasch, Billings
	- Ms. Marjorie Hansen, Billings

MNA Officers elected Fall 1971 (to hold office in 1972)

Exec. Dir.	- Mrs. Lucille H. Paddock, Helena
(9/1/71-9/1/73)
President	- Mrs. Emma Peterson, Lewistown
1st VP	- Mrs. Pearl E. (Johnson) Robbins, Missoula
2nd VP	- Ms. Virginia Kenyon, Helena
Secretary	- Ms. Doris Eklund, Billings
Treasurer	- Ms. Mary Honaker, Billings
Directors	- Mrs. Beatrice (Hruska) Kaasch, Billings
	- Ms. Phyllis Sherburne, Great Falls
	- Ms. Anna Green, Ramsey
	- Sister Therese Zimmerman, Billings

MNA Officers elected Fall 1972 (to hold office in 1973)

Exec. Dir.	- Mrs. Lucille H. Paddock, Helena
President	- Mrs. Pearl (Johnson) Robbins, Missoula
1st VP	- Miss Elsie Toavs, Helena
2nd VP	- Ms. Karen Sloan, Havre
Secretary	- Ms. Margaret Vojnovich, Bozeman
Treasurer	- Miss Marlene Stellmon, Helena
Directors	- Miss Maxine Anderson, Missoula
	- Miss Joyce Braaten, Great Falls
	- Miss Cecelia Mooney, Wolf Point
	- Miss Darlene Walsh, Helena

MNA Officers elected Fall 1973 (to hold office in 1974)

Exec. Dir. - Mr. Ralph A. George, Helena
 (10/1/73-12/31/76)
 President - Mrs. Pearl (Johnson) Robbins, Missoula
 1st VP - Miss Elsie Toavs, Helena
 2nd VP - Ms. Karen Sloan, Havre
 Secretary - Ms. Margaret Vojnovich, Bozeman
 Treasurer - Ms. Marlene Stellmon, Helena
 Directors - Ms. Joyce Bratten, Great Falls
 - Ms. Cecelia Mooney, Wolf Point
 - Ms. Darlene Walsh, Helena
 - Ms. Joanne Dodd, Billings
 - Ms. Sylvia McFarlane, Havre
 - Ms. Peggy Mussehl, Bozeman
 - Sr. Rita Janish, Miles City
 - Sr. Marcia Wurtz, Billings

MNA Officers elected Fall 1974 (to hold office in 1975)

Exec. Dir. - Mr. Ralph A. George, Helena
 President - Mrs. Pearl (Johnson) Robbins, Missoula
 1st VP - Ms. Elsie Toavs, Helena
 2nd VP - Ms. Karen Sloan, Havre
 Secretary - Ms. Margaret Vojnovich, Bozeman
 Treasurer - Ms. Marlene Stellmon, Helena
 Directors - Ms. Darlene Walsh, Helena
 - Ms. Joanne Dodd, Billings
 - Ms. Peggy Mussehl, Bozeman
 - Sr. Rita Janish, Miles City
 - Ms. Darlene Walsh, Helena
 - Ms. Dorothy Sowa, Great Falls
 - Ms. Ethel Montgomery
 - Ms. Darlene E. Selby

MNA Officers elected Fall 1975 (to hold office in 1976)

Exec. Dir. - Mr. Ralph A. George, Helena
 President - Mrs. Pearl (Johnson) Robbins, Helena
 1st VP - Miss Elsie Toavs, Helena
 2nd VP - Ms. Marie L. Bunde, Billings
 Secretary - Ms. Margaret Vojnovich, Bozeman
 Treasurer - Ms. Marlene Stellmon, Helena
 Directors - Ms. Darlene Walsh, Helena
 - Ms. Dorothy Sowa, Great Falls
 - Ms. Ethel Montgomery
 - Ms. Darlene E. Selby

MNA Officers elected Fall 1976 (to hold office in 1977)

Exec. Dir. - Mr. Edward F. Mares, Jr., Helena

(6/1/77-11/30/79)

President	-	Ms. Zella Jacobsen, Great Falls
1st VP	-	Ms. Janet H. Hawley, Missoula
2nd VP	-	Ms. Marie L. Bunde, Billings
Secretary	-	Ms. Margaret Vojnovich, Bozeman
Treasurer	-	Mrs. Barbara Gohsman, Billings
Directors	-	Ms. Dorothy Sowa, Great Falls
	-	Ms. Phyllis Kotan, Butte (resigned early '77; Replaced by Ms. Iylla Fauske, Havre)

MNA Officers elected Fall 1977 (to hold office in 1978)

Exec. Dir.	-	Mr. Edward F. Mares, Jr., Helena
President	-	Ms. Zella Jacobsen, Great Falls
1st VP	-	Ms. Janet H. Hawley, Missoula
2nd VP	-	Ms. Marie L. Bunde, Billings
Secretary	-	Ms. Virginia Brooke, Helena
Treasurer	-	Mrs. Barbara Gohsman, Billings
Directors	-	Ms. Iylla Fauske, Havre
	-	Ms. Dorothy Sowa, Great Falls
	-	Ms. Virginia Christian, Missoula

MNA Officers elected Fall 1978 (to hold office in 1979)

Exec. Dir.	-	Mr. Edward F. Mares, Jr., Helena
President	-	Ms. Joanne Dodd, Billings
1st VP	-	Ms. Shirley Thennis, Helena
2nd VP	-	Ms. Marie L. Bunde, Billings
Secretary	-	Ms. Virginia Brooke, Helena
Treasurer	-	Mrs. Barbara Gohsman, Billings
Directors	-	Ms. Iylla Fauske, Havre

MNA Officers elected Fall 1979 (to hold office in 1980)

Exec. Dir.	-	Mr. Stan Hanson, Helena (2/80-4/80)
President	-	Ms. Joanne Dodd, Billings
1st VP	-	Ms. Shirley Thennis, Helena
2nd VP	-	Mrs. Patricia Barrett, Missoula
Secretary	-	Mrs. Sara Gertrude (Rugland) Malone, Helena
Treasurer	-	Mrs. Barbara Gohsman, Billings
Directors	-	Mr. Roland Arnold, Billings
	-	Ms. Janice Silver, Butte
	-	Ms. Patricia O'Brien, Bozeman
	-	Ms. Cass Prinzing, Butte

MNA Officers elected Fall 1980 (to hold office in 1981)

Exec. Dir.	-	Miss Judy F. Olson, Helena (4/80 - 8/31/85)
President	-	Ms. Janet H. Hawley, Missoula
Pres Elect	-	Mrs. Patricia Barrett, Missoula
Vice Pres.	-	Mrs. Margaret Sue (Mundt) Barkley, Bozeman

Secretary - Mrs. Sara Gertrude (Rugland) Malone, Big Fork
 Treasurer - Ms. Sue Nieuwenhuyse, Havre
 Directors - Ms. Pattie Davidson, Great Falls
 - Mrs. Frances Eakman, Billings
 - Ms. Marianne Fisher, Billings

MNA Officers elected fall 1981 (to hold office in 1982)

Exec. Dir. - Miss Judy F. Olson, Helena
 President - Mrs. Patricia Barrett, Missoula
 Pres Elect - Ms. Elizabeth Ruth Vanderhorst, Billings
 Vice Pres. - Mrs. Margaret Sue (Mundt) Barkley, Bozeman
 Secretary - Mrs. Sara Gertrude (Rugland) Malone, Big Fork
 Treasurer - Miss Sue Nieuwenhuyse, Havre
 Directors -

MNA Officers elected Fall 1982 (to hold office in 1983)

Exec. Dir. - Miss Judy F. Olson, Helena
 President - Miss Elizabeth Ruth Vanderhorst, Billings
 Pres Elect - Mr. Roland Arnold, Billings
 Vice-Pres. - Mrs. Margaret Sue (Mundt) Barkley, Bozeman
 Secretary - Mrs. Sara Gertrude (Rugland) Malone, Big Fork
 Treasurer - Miss Sue Nieuwenhuyse, Havre
 Directors -

MNA Officers elected Fall 1983 (for 1984)

Exec. Dir. - Miss Judy F. Olson, Helena
 President - Mr. Roland Arnold, Billings
 Pres Elect - Mrs. Sara Gertrude (Rugland) Malone, Big Fork
 Vice-Pres. - Mrs. Margaret Sue (Mundt) Barkley, Bozeman
 Secretary - Miss Patricia O'Brien, Bozeman
 Treasurer - Miss Sue Nieuwenhuyse, Havre
 Directors - Miss Eleanor Carlson, Glendive
 - Miss JoAnne Green, Butte
 - Miss Barbara Hovis, Butte
 - Miss Ruth Meyer, Helena
 - Miss Sue Kirchmeyer, Missoula
 - Miss Judy Weigand, Bozeman

MNA Officers elected Fall 1984 (for 1985)

Exec. Dir. - Miss Judy F. Olson, Helena (until 8/31/85;
 then Eileen C. Robbins as interim from 9/1/85
 - 12/31/85)
 President - Mrs. S. Gertrude Malone, Big Fork
 Vice-Pres. - Miss Sue Nieuwenhuyse, Havre
 Secretary - Miss Patricia O'Brien, Bozeman
 Treasurer - Miss Pattie Davidson, Great Falls
 Directors - Miss Barbara Hovis, Butte

- Miss Anne Brewer
- Miss Sherilee Lund, Missoula

MNA Officers elected Fall 1985 (for 1986)

- Exec. Dir. - Miss Barbara Booher, Helena
(1/1/86-present)
- President - Mrs. S. Gertrude Malone, Big Fork
- Pres Elect. - Mrs. Peggy Mussehl, Bozeman
- Vice-Pres. - Miss Sue Nieuwenhuyse, Havre
- Secretary - Miss Judy Weigand, Bozeman
- Treasurer - Miss Pattie Davidson, Great Falls
- Directors - Miss Eileen C. Robbins, Helena
- Miss Sue Kirchmeyer, Missoula
- Miss Sue Oshiro

MNA Officers elected Fall 1986 (for 1987)

- Exec. Dir. - Miss Barbara Booher, Helena
- President - Mrs. Peggy Mussehl, Bozeman
- Vice-Pres. - Mrs. Jean Shreffler, St. Ignatius
- Secretary - Miss Judy Weigand, Bozeman
- Treasurer - Miss Patti Davidson, Great Falls
- Directors -

APPENDIX I

MNA EXECUTIVE SECRETARIES/DIRECTORS, 1930-1987

Edith Lucille Brown Hughes (8/1/30-1942)
(See biographical sketch in Chapter 8)

Margaret Carolus Alsop
(9/15/42-9/44; Acting, 1/48-6/48; 5/51-11/51)

Margaret Carolus was born in Bozeman, Montana, on May 24, 1906. She received her high school diploma in 1923 after the completion of two years at the Gallatin County Holy Rosary High School and one year at the Bozeman Business College. While hospitalized in Bozeman Deaconess Hospital at the age of thirteen, Margaret was inspired to become a nurse by Deaconess Mary Ellen Davidson. She attended the Murray Hospital Training School for Nurses in Butte, from 1924 to 1927. Her first position, at the age of 21, was the Assistant to the Director of Nursing Service at Murray Hospital. She continued in the position until 1935. It provided her experiences as a night and obstetric supervisor, a relief anesthetist (taught by the local doctors), and charge nurse of the emergency room.

From 1929 to 1930 Margaret completed courses in Literature at the University extension program in Butte. From 1935 to 1939, she assumed the position of surgical supervisor at Murray. Her resignation in 1939 permitted her to do some additional academic work in surgery at the Mayo Clinic in Rochester, Minnesota. Upon completion of this program in June 1939, she was asked to be the Director of Nursing at Murray Hospital in Butte, a position she held until she enlisted in the United States Army Nurse Corps at Fort Lewis in Tacoma, Washington, on March 12, 1942. Following her overseas duty training, she was promoted to First Lieutenant. At that time she met, and consequently married in July, 1942, Lieutenant Edward Alsop. She was released from the Army Nurse Corps on September 1st of that year.

On September 15, 1942, she was recommended for the newly created full-time salaried position of Executive Secretary of the MSNA by Miss Anna Pearl Sherrick who knew of her familiarity with the State and its nursing problems. Miss Margaret Jacobson was sent from the ANA offices to orient her to the position. Mrs. Alsop had always been an

active member of the MSNA, holding various offices including President from 1940-1942, and serving on many committees. In addition, she was active in and served on many state and local Red Cross Nursing Service committees. She was also named the Chair of the temporary State Nursing Council for War Service at that time.

In September of 1944, she again left the state to be with her husband who was stationed in the United States at that time. He was mustered out of the service in 1945 and they remained in New York for another six months before returning to Montana where Margaret accepted a position as the surgical supervisor at the Bozeman Deaconess Hospital. In 1947, the Alsops moved again to Helena for Edward's job and Margaret became the Health Advisor and Financial Secretary of the Florence Crittendon Home. When Anne Zimmerman resigned as the Executive Secretary of the MSNA in January 1948, Margaret worked as the Acting Executive Secretary until Muriel Lewis assumed the position in June of that year.

It was in that same year that Margaret's son was born and in 1950, a daughter was born. With two young children, Margaret again served as the Acting Executive Secretary of the MSNA from May until November, 1951, when Agnes Pauline accepted the position. She worked for both St. Peter's and St. John's Hospitals in Helena as a relief anesthetist from 1952 to 1954. In 1955, the family moved to Bakersfield, California, where Margaret remained active in nursing in a variety of positions. In 1966, she had been working for two years as a relief nurse in a local hospital two days a week. She was an active member of the California Nurses' Association and served on the Bylaws Committee.

Margaret Shaw Robertine (10/44-2/45)

Mrs. Robertine assumed the position of Executive Secretary in October 1944. She was a graduate of the Colorado Training School for Nurses at Denver General Hospital. She had taught science there as well as at the Sheridan County Memorial Hospital School of Nursing in Wyoming. In addition, she had taken coursework at the University of Minnesota as well as Montana State College in Bozeman.

Anne Larson Zimmerman (7/15/45-12/15/47)

Anne Larson was the first of five children born to Mr. and Mrs. George Larson of the mining town of Marysville, Montana, on September 1, 1914. She received her early childhood education in Marysville and graduated from Helena

High School in 1932. She then entered St. Johns Hospital School of Nursing and earned her diploma in 1935. In Anne's own words:

It was my mother's long illness and my hospitalization with a fractured femur that attracted me to nursing. It was the Great Depression that propelled me into it. . . . Though my parents originally thought that I was too strong willed to succeed in nursing, I loved it.

Anne did private duty nursing in Helena until 1936, when she attended a six-month post-graduate course at Children's Hospital in Philadelphia, Pennsylvania, which prepared her for a position as the Pediatric Supervisor at Murray Hospital in Butte. Anne also married in 1936, but by 1940, found herself with the responsibility of raising her 18-month old daughter, Nancy, as a single parent.

In March 1944, she assumed the position of Pediatric Supervisor at St. James Hospital in Butte, where she remained until she became the Executive Secretary of the MSNA on July 15, 1945, a position she held until December 15, 1947. At that time, she accepted a position with the California Nurses' Association in San Francisco to work on their economic and general welfare program. She was then assigned to a similar one-year position, directing the ANA's economic and general welfare program in New York City from 1951 to 1952. In 1952, she returned to California as the Assistant Executive Secretary of the State Nurses' Association, remaining there until July 1954.

In September 1954, Anne was appointed Executive Secretary of the Illinois Nurses' Association. She had moved with her daughter, Nancy, to Chicago during the summer to get settled prior to the beginning of the school year. She remained with this organization until 1981 and was not only active in Illinois, but nationally in the ANA as well. Her daughter also chose to enter professional nursing and graduated from Loyola University in Illinois. She is a psychiatric clinical nurse specialist.

Anne became an active member of the ANA and MSNA following graduation from St. John's, involving herself at the district level as well as the state and nationally. She served as the Chair of the MSNA Staff Nurses' Section and received national attention for her work with ANA's newly organized Institutional Staff Nurses Section. Katharine J. Densford appointed her to serve on the ANA Membership Committee.

In 1957, Mrs. Zimmerman attended and served as a delegate to the International Council of Nurses (ICN) in Geneva, Switzerland. Anne also served as President of the ANA during the 1976-1978 biennium. In 1980, she received

the ANA Shirley Titus Award for her commitment to helping "nurses act collectively to achieve a decent salary and gain some measure of control over the environment in which they practice." Following her retirement from the Illinois Nurses' Association, she was asked by Dean Julia Lane to teach contemporary health issues to graduate students at the Niehoff School of Nursing at Loyola University, which she did for four years. She is now enjoying her retirement.

Marvel Muriel Lewis (7/1/48-5/51)

Miss Lewis was named the Executive Secretary of the MSNA on July 1, 1948. She was a graduate of Washington University School of Nursing in St. Louis, Missouri, and had worked as the Assistant Superintendent of Nurses at the Homer G. Phillips Hospital in St. Louis as well. In addition, she had done some post-graduate work at Teacher's College, Columbia University in New York, where she had also held the position of Surgical Nursing Supervisor and Assistant Superintendent of Nurses at Yonkers General Hospital. Miss Lewis had also taught nursing arts and medical/surgical nursing at the hospital in Yonkers and done post-graduate work at the University of Chicago as well.

Miss Lewis was in the Navy Nurse Corps from November 1943 until December 1945. She also held the position of Assistant Director of Nurses at St. Luke's Hospital in San Francisco and from April, 1946 until July 1, 1948, she had been the Superintendent of Nurses at the San Antonio Community Hospital in Upland, California.

Agnes R. Pauline (11/5/51-4/13/55)

Agnes Pauline was born to Mr. and Mrs. Robert Pauline in Kalispell, Montana, on October 16, 1898. Her father served as a Republican State Senator from Flathead County for many years. Agnes received her childhood education in Kalispell and graduated from Flathead County High School in 1916. She attended the University of Minnesota School of Nursing, graduating with a baccalaureate degree in Public Health in 1924. Later, she took additional coursework at Teacher's College at Columbia University in New York City.

Upon returning to Montana, Miss Pauline was assigned as the first public health nurse to practice in Pondera County as an employee of the Montana State Board of Health, a position she held for 15 years. She was an active member of the MSNA, serving on many committees and as the Acting President of the Association during 1935.

Miss Pauline also held executive and public relations positions in fields other than nursing. During World War

II, she was employed in a supervisory position in both Montana and Washington by a War Food Administration Agency, the Agricultural Workers Health Association. This organization was concerned with the health and medical care of migrant workers. She had held other positions in Helena as well. She worked for the old Montana Relief Commission and was an attache of at least one Montana legislative session.

On November 5, 1951, she assumed the duties of the Executive Secretary of the MSNA. Several months before her untimely death, Miss Pauline had attended the 1955 ANA Conference for Executive Secretaries held at the Kellogg Center for Continued Education at Michigan State College in East Lansing, Michigan. Topics for the conference were: "Principles of Good Administration," "Principles of Financial Administration," and "The Relationships and Responsibilities of State Nurses' Association Headquarters Personnel to Sections." She had also traveled to Chicago and New York on official business during the months preceeding her death.

Miss Pauline died of an apparent suicide by carbon monoxide poisoning sometime between April 13 and April 19, 1955. She was found dead in the rear seat of her car in the garage of her apartment on North Howie in Helena, by her landlord who entered her apartment at the request of her friends who had become concerned over her whereabouts. Miss Pauline's parents had preceeded her in death, her mother having died just six months earlier in Kalispell. She was survived by her brother, Donald G. Pauline of Waukegan, Illinois, and her cousins, Mr. and Mrs. B.R. Moore of Boulder, Montana. It was said that she was "a very business-like type person who was inclined to be a little tense. She was friendly and well-liked, even though she was not one to smile a great deal."

Mary Florence Delaney Munger (4/55-7/1/71)

Mary Florence Delaney was born September 17, 1923, in Butte, Montana. She received her primary and secondary education in Butte at the Immaculata Conception Parochial School and Girls Central High School, graduating in 1941. In September of that year, Mary began her nursing education at St. James Hospital School of Nursing in Butte, receiving her diploma in 1944. She then completed a course of study in Public Health Nursing at the University of Minnesota in preparation for certification as a public health nurse. Mary returned to Montana in 1945 to take a position as a school nurse with the Helena School District in Lewis and Clark County. She remained in this position until 1950 when she began working as a Lake County Health Nurse with

headquarters in Polson, Montana.

In 1954, Mary married "Chub" Munger and returned to Helena. When Agnes Pauline died in April, 1955, Mary accepted the position of Acting Executive Secretary of the MNA. In August of that year, Mary was offered the permanent position which she held until July 1, 1971. From 1961 to 1963, Mary attended summer sessions at Carroll College in Helena and Montana State College in Bozeman, completing the requirements for the Bachelor of Science Degree in Nursing at MSC in 1964.

Mary had numerous accomplishments during her tenure as the Executive Secretary of the MNA, but most notable were those related to the economic security program (Economic and General Welfare) and legislative victories for the nursing profession. When she resigned in 1971, she went to the University of California at San Francisco to earn a Master of Science Degree in Community Health Nursing, which she completed in 1972. Upon returning to Montana, Mary took a position as a Nursing Consultant with the Bureau of Nursing in the Montana State Department of Health and Environmental Sciences, a position she retained until 1974.

In August 1974, Mary began a new phase of her nursing career as an Assistant Professor in the Department of Nursing at Carroll College in Helena. She remained there on a full-time basis until January 1982. She continues to teach a course on current nursing issues for seniors as an adjunct professor. From 1985 to 1987, Mary accepted the challenge of Project Coordinator for the Entry Into Practice "Nursing 21" campaign. She also served as a lobbyist for MNA during the 1987 legislative session when the "entry issue" was brought to the legislature.

Helen McTavish (Acting 8/1/68-8/1/69)

Helen J. McTavish, a native of Butte, Montana, was appointed Acting Executive Director of MNA for a one-year period in which Mary Munger was granted a leave of absence to work on a special project for ANA's Economic and General Welfare Program. Miss McTavish was a graduate of St. Luke's Hospital School of Nursing in Boise, Idaho and received her Bachelor of Science degree in Nursing from the University of Colorado in 1963. She had been working as the in-service education director at Silver Bow General Hospital in Butte, but was also experienced in OR, OB and newborn nurseries. In addition, she had taught in a Practical Nursing Program. While in Colorado, Helen had served as the President and Vice-President of District 2 in Boulder, as well as on many committees.

Lucille Mae Campbell Paddock (Balfour) (9/1/71-9/1/73)

Lucille Mae (Campbell) Paddock was born in Anaconda, Montana, to Mr. and Mrs. F.L. Campbell. She received her basic nursing education at Montana State College School of Nursing in Bozeman. After becoming a registered nurse in 1944, she worked as a staff nurse and head nurse at the state TB sanitarium in Galen, St. Luke's Community Hospital in Ronan, Barrett Hospital in Dillon, and the Veteran's Administration Hospital at Fort Harrison.

Following the death of her husband in 1965, she returned to Dillon to serve as the Dean of Women at Western Montana College. In 1965, she returned to the Veteran's Hospital at Fort Harrison. She completed the requirements for the Master of Nursing degree at Montana State University in March 1970. She then accepted a position in Sells, Arizona as the Director of Nurses with the United States Public Health Service for one year. In July 1971, she became the Director of Inservice Training at the Boulder River School and Hospital in Boulder, Montana.

At the time that she assumed the position of Executive Director of the MNA (September 1, 1971), her oldest son, Jim, was stationed in Italy with the United States Navy where he lived with his wife and twin daughters. Another son, Bob, lived with his wife in Dillon and her daughter, Carol, lived with her husband in Wisconsin.

Mrs. Paddock was a member of Alpha Tau Delta as well as ANA/MNA. She is now retired and lives in Florence, Oregon.

Ralph A. George (10/1/73-12/76)

Ralph A. George assumed the position of Executive Director of the MNA on October 1, 1973. He had the distinction of being the last nurse and first man to hold this position. Mr. George, a native Californian, was a diploma graduate of the Los Angeles Medical Center School of Nursing. He later earned a baccalaureate degree in nursing from California State University in Los Angeles.

Mr. George was married to a native Minnesotan and they had three elementary school-aged daughters when they arrived in Montana. Prior to his coming to Montana, Mr. George had served for six years as a Field Representative for the California Nurses' Association in Southern California. He had a variety of assignments associated with that job including consulting with the District Nurses' Association in Southern California, working with Professional Performance Committees in agencies with CNA contracts, Conference groups, Clinical groups, and various Ad Hoc Committees of Staff and Membership.

Mr. George had also been employed by the Medical Department of Lockheed Aircraft in Southern California for five years and earlier staff positions were held at two hospitals and for a short period of time, he had worked in an emergency office in a resort area. Upon leaving Montana in December 1976, Mr. George moved with his family back to Southern California to work as an Infection Control Nurse at the Memorial Hospital in Glendale.

Edward F. Mares, Jr. (6/77-11/30/79)

Edward F. Mares, Jr., a native of Great Falls, Montana, was unanimously approved by the Board of Directors to fill the position of Executive Director of the MNA in June 1977. He was the first non-nurse to hold this position. Mr. Mares was born in 1948 and served in the United States Marine Corps before attending the College of Great Falls and graduating with a Bachelor's degree in Business Administration in 1972. From 1973 to 1976, Ed was employed as the Project Director for the Montana Association of Counties, gaining experience in association management including legislative affairs, membership services, and labor relations. He also completed coursework toward a Masters Degree in Public Administration from the University of Montana in Missoula.

Mr. Mares resigned effective November 30, 1979 to assume the position of Personnel Director for a hospital in Port Angeles, Washington.

Stan Hanson (2/80-4/80)

Stan Hanson was born in Baker, Montana, and raised in Malta. A third generation Montanan, Stan married another native of the State, Gwen Hoge of Fort Shaw. They have four children: Dnellida, born in 1961; Kent in 1962; Robert in 1963; and Corey in 1966. In 1980, they made their home 12 miles northeast of Helena, at 5450 Birdseye Road.

Prior to assuming the position of Executive Director of MNA, Stan served as the Regional Representative of the United States Brewers Association, Executive Vice-President of the Lewistown area Chamber of Commerce, and Director of Membership and Advertising Relations at the Montana Chamber of Commerce. Mr. Hanson's education included coursework in Association Management at the University of Colorado and Alcohol Studies at Rutgers University in New Brunswick, New Jersey.

As he assumed his new position in February 1980, his thoughts recorded in the Pulse were:

The objectives of not only your Executive Director but the total staff shall be to move the Montana Nurses' Association forward, to make the Association more visible not only to the nursing professionals but to the general public. The attitude of the staff, MNA members and non-members will dictate our ability to move the MNA forward. The challenge of the '80's will be a positive approach to changing and influencing attitudes.

Judy F. Olson (4/80-8/31/85)

Judy F. Olson started with MNA as an administrative secretary in April 1979. She assumed the position of Executive Director when Mr. Stan Hanson left in April 1980. Judy earned a Bachelor's Degree in Accounting at Carroll College in Helena in May 1985. During her tenure as Director, she demonstrated her expertise as a lobbyist and was well respected by the Legislators.

Eileen Robbins (Interim 9/1/85-1/86)

Eileen Robbins served as the Interim Executive Director from September 1, 1985 until January 1986. She is a Registered Nurse with a Bachelor of Science Degree who had been the Director of Economic and General Welfare Services for the MNA.

Barbara Booher (1/86-present)

A native of the State, Ms. Booher earned a B.A. degree in psychology from the University of Montana in Missoula. Prior to becoming the Executive Director of the MNA, Barbara was a Financial Planner with IDS American Express. She has experience in administration, personnel, and financial management.

Sources: Schorr, Thelma, and Anne Zimmerma, Making Choices, Taking Chances (St. Louis: Mosby, 1988), xi; Montana Nurses' Association Manuscript Collection #170, Box 1 (biographical sketches) and Box 2 (interoffice correspondence); Oral History transcript on Mary Munger in Medicine, Health Care, and Nursing in Montana Oral History Project #OH 1349, Montana Historical Society, Helena, MT; and The Pulse, 1960s to 1990s.

APPENDIX J

MONTANA LEAGUE FOR NURSING OFFICERS, 1934-1992

MSAGN Education Section Officers (Elected 1934)

Chair - Miss Mary Theresa Cherry, Butte
Secretary - Miss Harriet Grace Linfield, Havre

MSAGN Education Section Officers (Elected 1935)

Chair - Miss Mary Theresa Cherry, Butte
Secretary - Miss Harriet Grace Linfield, Missoula

MSAGN Education Section Officers (Elected 1936)

Chair - Miss Mary Theresa Cherry, Butte
Secretary - Miss Harriet Grace Linfield, Missoula

MSAGN Education Section Officers (Elected 1937)

Chair - Sister John Marie (Elizabeth) Pithoud, Billings
Secretary -

MSAGN Education Section Officers (Elected 1938)

Chair - Sister John Marie (Elizabeth) Pithoud, Billings
Secretary -

MSAGN Education Section Officers (Elected 1939)

Chair - Sister John Marie (Elizabeth) Pithoud, Billings
Secretary -

MSAGN Education Section Officers (Elected 1940)

Chair - Miss Mary Theresa Cherry, Butte
Secretary - Miss Zaida Burns, Billings

MSAGN Education Section Officers (Elected 1941)

Chair - Miss Mary Theresa Cherry, Butte
Secretary - Miss Zaida Burns, Billings

MSAGN Education Section Officers (Elected 1942)

Chair - Miss Mary Theresa Cherry, Butte
 Secretary - Miss Zaida Burns, Billings

MSAGN Education Section Officers (Elected 1943)

Chair - Miss Mary Theresa Cherry, Butte
 Secretary - Miss Zaida Burns, Billings

MSAGN Education Section Officers (Elected 1944)

President - Miss Jane Baldwin Stevenson (Hubert), Missoula
 Secretary - Miss Anna Totman Beckwith, Helena
 Treasurer - Miss Grace Gresnick

MSLNE Officers (Elected 6/30/45)

President - Miss Jane Baldwin Stevenson (Hubert), Missoula
 Vice-Pres -
 Secretary - Miss Anna Totman Beckwith, Helena
 Treasurer - Miss Grace Gresnick
 Directors -

MSLNE Officers (Elected 1946)

President - Miss Jane Baldwin Stevenson (Hubert), Missoula
 Vice-Pres -
 Secretary - Miss Anna Totman Beckwith, Helena
 Treasurer - Miss O'Connor George, Billings
 Directors - Sister Mary Norbert
 - Sister Frances Maureen Nichols, Great Falls

MSLNE Officers (Elected 1947)

President - Miss Jane Baldwin Stevenson (Hubert), Missoula
 Vice-Pres -
 Secretary - Miss Anna Totman Beckwith, Helena
 Treasurer - Miss O'Connor George, Billings
 Directors -

MSLNE Officers (Elected 1948)

President - Miss Anne Marie Cassidy (Keily), Helena
 Vice-Pres -
 Secretary - Miss Anna Totman Beckwith, Helena
 Treasurer - Miss O'Connor George, Billings
 Directors -

MSLNE Officers (Elected 10/1949)

President - Miss Anne Marie Cassidy (Keily), Helena
 Vice-Pres - Sister Eugene Teresa McCarthy, Helena
 Secretary - Miss Beatrice Hruska (Kaasch), Helena
 Treasurer - Miss O'Connor George, Billings
 Directors - Sister John Marie (Elizabeth) Pithoud, Billings
 - Miss Daisy Elizabeth Prentice, Helena

MSLNE Officers (Elected 1950)

President - Sister Eugene Teresa McCarthy, Helena
 Vice-Pres -
 Secretary - Miss Beatrice Hruska (Kaasch), Helena
 Treasurer - Miss Patricia Ulrich, Helena
 Directors -

MSLNE Officers (Elected 1951)

President - Sister Eugene Teresa McCarthy, Helena
 Vice-Pres - Miss Anna Pearl Sherrick, Bozeman
 Secretary - Miss Ursula Wolfe, Helena
 Treasurer - Miss Patricia Ulrich, Helena
 Directors - Miss Meral Jane Loewus, Bozeman
 - Miss Daisy Elizabeth Prentice, Helena

MSLNE Officers (Elected 1952)

President - Sister Eugene Teresa McCarthy, Helena
 Vice-Pres -
 Secretary - Miss Lydia Gihring, Great Falls
 Treasurer - Miss Patricia Ulrich, Helena
 Directors -

Montana League for Nursing (MLN) Officers (Elected 5/11/53)

President - Miss Mary Margaret McClafferty, Billings
 Vice-Pres - Miss Gladys Schuerman, Helena
 Secretary - Miss Lydia Gihring, Great Falls
 Treasurer - Dr. Edward W. Neuman, Helena
 Directors - Mrs. Nedra Arts, Warm Springs
 - Sister Marie Ephram, Lewistown
 - Miss Fannie Lode, Billings

Montana League for Nursing (MLN) Officers (Elected 1954)

President - Miss Mary Margaret McClafferty, Butte
 Vice-Pres - Miss Gladys Schuerman, Helena
 Secretary - Mrs. Lucille Ille, Great Falls
 Treasurer - Dr. Edward W. Neuman, Helena
 Directors - Ms. Helen Sommer

Montana League for Nursing (MLN) Officers (Elected 1955)

President - Miss Elizabeth Clark, Great Falls
 Vice-Pres - Miss Gladys Schuerman, Helena
 Secretary - Mrs. Lucille Ille, Great Falls
 Treasurer - Miss Daisy Elizabeth Prentice, Helena
 Directors - Miss Edith Mae Lamb, Great Falls
 - Sister Magdalene of Providence
 - Miss Anne Marie Cassidy (Keily), Helena

Montana League for Nursing (MLN) Officers (Elected 4/20/56)

President - Mrs. Martha Jeffers, Missoula
 Vice-Pres - Miss Frances Davidson, Helena
 Secretary - Mrs. Harriet O. (Schultz) Anderson, Great Falls
 Treasurer - Miss Daisy Elizabeth Prentice, Helena
 Directors - Miss Edith Mae Lamb, Great Falls
 - Miss Anne Marie Cassidy (Keily), Helena

Montana League for Nursing (MLN) Officers (Elected 1957)

President - Miss Frances Davidson, Helena
 Vice-Pres - Miss Rita M. Darragh, Butte
 Secretary - Miss Florence Elder, Missoula
 Treasurer - Miss Daisy Elizabeth Prentice, Helena
 Directors -

Montana League for Nursing (MLN) Officers (Elected 1958)

President - Miss Virginia Felton, Great Falls
 Vice-Pres - Miss Rita M. Darragh, Butte
 Secretary - Sister Jean Patrick, Billings
 Treasurer - Mrs. Mildred Rinker, Great Falls
 Directors - Mrs. Helen L. (Horton) Haegele, Helena
 - Miss Mary Edna Earls, Butte
 - Mr. Lyle Roessler, Helena
 - Mrs. Wilma Dollan, LPN, Missoula

Montana League for Nursing (MLN) Officers (Elected 1959)

President - Miss Virginia Felton, Great Falls
 Vice-Pres - Miss Rita M. Darragh, Butte
 Secretary - Sister Mary Magdalen, Missoula
 Treasurer - Mrs. Mildred Rinker, Great Falls
 Directors - Mrs. Helen L. (Horton) Haegele, Helena
 - Miss Mary Edna Earls, Butte
 - Mr. Lyle Roessler, Helena
 - Mrs. Wilma Dollan, LPN, Missoula

Montana League for Nursing (MLN) Officers (Elected 11/2/60)

President - Miss Rita M. Darragh, Bozeman
 Vice-Pres - Sister Therese Martin, Billings
 Secretary - Mrs. Magdalene R. Lobo, Bozeman
 Treasurer - Mrs. Mildred Rinker, Great Falls
 Directors -

Montana League for Nursing (MLN) Officers (Elected 1961)

President - Miss Rita M. Darragh, Bozeman
 Vice-Pres -
 Secretary - Mrs. Magdalene R. Lobo, Bozeman
 Treasurer - Mrs. Mildred Rinker, Great Falls
 Directors -

Montana League for Nursing (MLN) Officers (Elected 4/1962)

President - Miss Rita M. Darragh, Bozeman
 Vice-Pres - Sister Anne Michelle, Missoula
 Secretary - Mrs. Phyllis Hillard, Bozeman
 Treasurer - Miss Anna Totman Beckwith, Helena
 Directors -

Montana League for Nursing (MLN) Officers (Elected 4/1963)

President - Sister Gabriella, Butte
 Vice-Pres - Sister Anne Michelle, Missoula
 Secretary - Sister Mary Jerome Kelly, Helena
 Treasurer - Miss Anna Totman Beckwith, Helena
 Directors - Sister Rose Theresa, Missoula
 - Miss Helen Murphy, Helena
 - Sister Therese Martin, Billings
 - Miss Rita M. Darragh, Bozeman

Montana League for Nursing (MLN) Officers (Elected 1964)

President - Sister Anne Michelle, Missoula
 Vice-Pres - Mrs. Hazel Sorenson, Butte
 Secretary - Sister Mary Jerome Kelly, Helena
 Treasurer - Mrs. Jane Baldwin (Stevenson) Hubert, Missoula
 Directors -

Montana League for Nursing (MLN) Officers (Elected 4/1965)

President - Sister Anne Michelle, Missoula
 Vice-Pres - Mrs. Hazel Sorenson, Butte
 Secretary - Sister Rose Theresa, Missoula
 Treasurer - Mrs. Jane Baldwin (Stevenson) Hubert, Missoula
 Directors - Miss Anna Pearl Sherrick, Bozeman
 - Mrs. Dorothy Egolf, Bozeman

- Mrs. Ella Catherine Krause, Billings
- Mrs. Doris Flink, Warm Springs

Montana League for Nursing (MLN) Officers (Elected 1966)

President - Mrs. Hazel Sorenson, Butte
 Vice-Pres - Miss Mary Edna Earls, Butte
 Secretary - Sister Rose Theresa, Missoula
 Treasurer - Mrs. Sarah Gertrude (Rugland) Malone, Helena
 Directors -

Montana League for Nursing (MLN) Officers (Elected 1967)

President - Miss Mary Edna Earls, Butte
 Vice-Pres -
 Secretary - Mrs. Amelia Eva, Butte
 Treasurer - Mrs. Sarah Gertrude (Rugland) Malone, Helena
 Directors -

Montana League for Nursing (MLN) Officers (Elected 1968)

President - Miss Mary Edna Earls, Butte
 Vice-Pres -
 Secretary -
 Treasurer - Mr. Ralph L. Samson, Helena
 Directors -

Montana League for Nursing (MLN) Officers (1969-70)

President - Miss Marie Bradley, Butte
 Vice-Pres - Dr. Anna Pearl Sherrick, Bozeman
 Secretary - Mrs. Mercedes Strain, Great Falls
 Treasurer - Mr. Ralph L. Samsom, Helena
 Directors - Mrs. Mildred Flanigan, Bozeman
 - Mrs. Vivian Moy, Missoula
 - Miss Rita M. Darragh, Bozeman
 - Miss Mary Edna Earls, Great Falls
 - Mrs. Betty Daly, Great Falls
 - Mr. William Leary, Helena

Montana League for Nursing (MLN) Officers (1970-1971)

President - Dr. Anna Pearl Sherrick, Bozeman
 Vice-Pres - Mrs. Vivian Moy, Missoula
 Secretary - Mrs. Mercedes Strain, Great Falls
 Treasurer - Mr. Ralph L. Samson, Helena
 Directors - Mrs. Mildred Flanigan, Bozeman
 - Miss Rita M. Darragh, Bozeman
 - Mrs. Darlene Askey, Great Falls
 - Mrs. Betty M. (Mullen) Daly, Great Falls
 - Miss Mary Edna Earls, Great Falls

Montana League for Nursing (MLN) Officers (1971-1972)

President - Dr. Anna Pearl Sherrick, Bozeman
 Vice-Pres - Mrs. Vivian E. Moy, Missoula
 Secretary - Mrs. Barbara B. Crebo, Helena
 Treasurer - Mr. Ralph L. Samson, Helena
 Directors - Mrs. Harriet O. (Schultz) Anderson, Great Falls
 - Mrs. Mildred Flanigan, Bozeman
 - Mr. Roland K. Fisher, Helena
 - Mrs. Darlene Askey, Great Falls
 - Miss Rita M. Darragh, Bozeman
 - Mrs. Betty Daly, Great Falls
 - Miss Mary Edna Earls, Great Falls

Montana League for Nursing (MLN) Officers (1972-1973)

President - Dr. Anna Pearl Sherrick, Bozeman
 (resigned 2/15/72)
 - Mrs. Vivian E. Moy, Missoula (beginning 2/25/72)
 Vice-Pres - Mrs. Vivian E. Moy, Missoula (until 2/25/72)
 - Mrs. Darlene Askey, Great Falls
 (beginning 2/25/72)
 Secretary - Mrs. Barbara B. Crebo, Helena
 Treasurer - Mr. Roland K. Fisher, Helena
 Directors - Dr. Anna Pearl Sherrick, Bozeman
 (beginning 2/25/72)
 - Mrs. Darlene Askey, Great Falls (until 2/25/72)
 - Mrs. Harriet O. (Schultz) Anderson, Great Falls
 - Mrs. Mildred Flanigan, Bozeman
 - Mr. Roderick Gudgel

Montana League for Nursing (MLN) Officers (1973-1974)

President - Mrs. Vivian E. Moy, Missoula
 Vice-Pres - Mrs. Darlene Askey, Great Falls
 Secretary - Mrs. Barbara B. Crebo, Helena
 Treasurer - Mr. Roland K. Fisher, Helena
 Directors - Mrs. Ellen M. Henry, Great Falls
 - Mrs. Edine Marie (Dussault) Loran, Missoula
 - Mrs. Helen Lorrayne (Harris) Kiesling, Havre
 - Mrs. Mary Alice Rehbein, Sidney

Montana League for Nursing (MLN) Officers (1974-1975)

President - Mrs. Vivian E. Moy, Missoula
 Vice-Pres - Mrs. Darlene Askey, Great Falls
 Secretary - Mrs. Barbara B. Crebo, Helena
 Treasurer - Mr. Roland K. Fisher, Helena
 Directors - Mrs. Ellen M. Henry, Great Falls
 - Mrs. Edine Marie (Dussault) Loran, Missoula
 - Mrs. Helen Lorrayne (Harris) Kiesling, Havre

- Mrs. Mary Alice Rehbein, Sidney
- Mrs. Harriet O. (Schultz) Anderson, Great Falls
- Mrs. Florence Harriet (Ward) Bradshaw, Billings
- Mrs. Elizabeth Diegel

Montana League for Nursing (MLN) Officers (1975-1976)

- President - Mrs. Mary Alice Rehbein, Sidney
 Vice-Pres - Mrs. Harriet O. (Schultz) Anderson, Great Falls
 Secretary - Mrs. Johanne Olsen, Sidney
 Treasurer - Mr. Roland K. Fisher, Helena (resigned)
 - Mrs. Darlene Askey, Great Falls
 (resigned by 4/76)
 Directors - Mrs. Florence Harriet (Ward) Bradshaw, Billings
 - Mrs. Vivian E. Moy, Missoula
 - Mrs. Helen Lorrayne (Harris) Kiesling, Havre
 - Mrs. Elizabeth Diegel
 - Mrs. Madeline E. (Nolan) Samson, Helena
 - Mrs. Ellen M. Henry, Great Falls
 - Mrs. H.R. Crisman, Missoula

Montana League for Nursing (MLN) Officers (1976-1977)

- President - Mrs. Mary Alice Rehbein, Sidney
 Vice-Pres - Mrs. Harriet O. (Schultz) Anderson, Great Falls
 Secretary - Mrs. Johanne Olsen, Sidney
 Treasurer - Mrs. Dorothy J. Matthiesen, Great Falls
 Directors - Mrs. Madeline E. (Nolan) Samson, Helena
 - Mrs. Barbara B. Crebo, Helena
 - Mrs. Ellen M. Henry, Great Falls
 - Mrs. Vivian E. Moy, Missoula
 - Mrs. Helen Lorrayne (Harris) Kiesling, Havre
 - Mrs. Edine Marie (Dussault) Loran, Missoula
 - Mrs. H.R. Crisman, Missoula

Montana League for Nursing (MLN) Officers 1977-1978)

- President - Mrs. Mary Alice Rehbein, Sidney
 Vice-Pres - Mrs. Harriet O. (Schultz) Anderson, Great Falls
 Secretary - Mrs. Kathryn (Sullivan) Vaira, Sidney
 Treasurer - Mrs. Dorothy J. Matthiesen, Great Falls
 Directors - Mrs. Madeline E. (Nolan) Samson, Helena
 - Mrs. Beverly Jane (Penn) Johnson, Billings
 - Mrs. Shirley Ann (Douglas) Cudney, Bozeman
 - Mrs. Helen Lorrayne (Harris) Kiesling, Havre
 - Mrs. Barbara B. Crebo, Helena
 - Mrs. Sandra Kinsley, Baker
 - Mrs. Lois Sadorf, Glendive

Montana League for Nursing (MLN) Officers (1978-1979)

President - Mrs. Mary Alice Rehbein, Sidney
 Vice-Pres - Mr. Roland K. Fisher, Helena
 Secretary - Mrs. Kathryn (Sullivan) Vaira, Sidney (resigned)
 - Mrs. Sandra Kinsley, Baker-Plevna
 (acting on 3/22/79)
 Treasurer - Mrs. Dorothy J. Matthiesen, Great Falls
 Directors - Mrs. Madeline E. (Nolan) Samson, Helena
 - Mrs. Beverly Jane (Penn) Johnson, Billings
 - Mrs. Barbara B. Crebo, Helena
 - Mrs. Shirley Ann (Douglas) Cudney, Bozeman
 - Dr. Rose Therese Sullivan, Helena
 - Mrs. Harriet O. (Schultz) Anderson, Great Falls

Montana League for Nursing (MLN) Officers (1979-1980)

President - Mrs. Beverly Jane (Penn) Johnson, Billings
 Vice-Pres - Mrs. Angeline Bushy, Miles City
 Secretary - Miss Phyllis M. McDonald, Helena
 Treasurer - Mrs. Dorothy J. Matthiesen, Great Falls
 Directors - Mrs. Mary Alice Rehbein, Sidney
 - Mrs. Shirley Ann (Douglas) Cudney, Bozeman
 - Dr. Rose Therese Sullivan, Helena
 - Mrs. Vivian E. Moy, Missoula
 - Mrs. Elizabeth Ann (Wheeler) Skov, Fairview
 - Mrs. Harriet O. (Schultz) Anderson, Great Falls

Montana League for Nursing (MLN) Officers (1980-1981)

President - Mrs. Beverly Jane (Penn) Johnson, Billings
 Vice-Pres - Mrs. Angeline Bushy, Miles City
 Secretary - Miss Phyllis M. McDonald, Helena (resigned)
 - Mrs. Mary Alice Rehbein, Sidney
 (completed above term)
 Treasurer - Mrs. Doris Smith, Great Falls
 Directors - Mrs. Mary Alice Rehbein, Sidney
 - Mrs. Vivian E. Moy, Missoula
 - Mrs. Elizabeth Ann (Wheeler) Skov, Fairview

Montana League for Nursing (MLN) Officers (1981-1982)

President - Mrs. Beverly Jane (Penn) Johnson, Billings
 Vice-Pres -
 Secretary -
 Treasurer - Mrs. Doris Smith, Great Falls
 Directors -

Montana League for Nursing (MLN) Officers (1982-1983)

President - Mrs. Beverly Jane (Penn) Johnson, Billings

Vice-Pres -
 Secretary -
 Treasurer - Mrs. Doris Smith, Great Falls
 Directors - Miss Eileen Letz, Billings
 - Miss Lucille Miller, Great Falls
 - Mrs. Dorothy J. Matthiesen, Great Falls

Montana League for Nursing (MLN) Officers (1983-1984)

President - Miss Laura Peterson (Lenau), Miles City
 Vice-Pres - Mrs. Mary Alice Rehbein, Lambert
 Secretary - Mrs. Beverly Jane (Penn) Johnson, Billings
 Treasurer - Mrs. Doris Smith, Great Falls (resigned by 4/83)
 Mrs. Diane Elaine (Jensen) Savage, Sidney
 (completed above term)
 Directors - Mrs. Dorothy J. Matthiesen, Great Falls
 (resigned 4/83)
 - Mrs. Shirley Ann (Douglas) Cudney, Bozeman
 - Miss Eileen Letz, Billings
 - Miss Beth C. Veign, Great Falls
 - Mrs. Elizabeth Ann (Wheeler) Skov, Fairview
 - Mr. Robert Zahrobsky, Kalispell

Montana League for Nursing (MLN) Officers (1984-1985)

President - Miss Laura Peterson (Lenau), Miles City
 Vice-Pres - Mrs. Mary Alice Rehbein, Lambert
 Secretary - Mrs. Beverly Jane (Penn) Johnson, Billings
 Treasurer -
 Directors - Miss Beth C. Veign, Great Falls
 - Mrs. Elizabeth Ann (Wheeler) Skov, Fairview
 - Mr. Robert Zahrobsky, Kalispell

Montana League for Nursing (MLN) Officers (1985-1987)

Information not obtained

APPENDIX K

MONTANA STATE BOARD OF NURSING OFFICERS/MEMBERS, 1913-1987

1st Montana State Board of Examiners for Nurses, 1913-1914 (Appointed in June 1913)

President - Miss Lucy Ann Marshall, Missoula
Sec/Treas - Miss Mary Margaret Hughes, Helena
 - Miss Ruby M. Bohart, Bozeman
 - Miss Florence Ames, Billings
 - Miss C. Anna Laurie (Watkins), Butte
 - Mrs. Nettie (Lester) Bennett, Radersburg
 (Completed Watkin's 1 year term)
* Governor Samuel V. Stewart, Democrat (1/6/13-1/2/21)

Montana State Board of Examiners for Nurses, 1914-1915

President - Miss Lucy Ann Marshall, Missoula
Sec/Treas - Miss Mary Margaret Hughes, Helena
 - Miss Ruby M. Bohart, Bozeman
 - Miss Florence Ames, Billings
 - Mrs. Nettie Lester Bennett, Radersburg

Montana State Board of Examiners for Nurses, 1915-1916

President - Miss Lucy Ann Marshall, Missoula
Sec/Treas - Miss Margaret M. Hughes, Helena
 - Miss Ruby M. Bohart, Bozeman
 - Miss Florence Ames, Billings
 - Mrs. Nettie Lester Bennett, Radersburg

Montana State Board of Examiners for Nurses, 1916-1917

President - Miss Margaret M. Hughes, Helena
Sec/Treas - Miss Lydia A. Van Luvanee, Helena
 - Miss Florence Ames, Billings
 - Mrs. Nettie Lester Bennett, Radersburg
 - Miss Permelia A. Clark, Glasgow

Montana State Board of Examiners for Nurses, 1917-1918

President - Miss Margaret M. Hughes, Helena
Sec/Treas - Miss Florence Ames, Helena
 - Mrs. Nettie Lester Bennett, Radarsburg
 - Mrs. Maud E. Lally, Butte
 - Miss Permelia A. Clark, Glasgow

Montana State Board of Examiners for Nurses, 1918-1919

President - Miss Margaret M. Hughes, Helena
Sec/Treas - Mrs. Maud E. Lally, Butte
 - Mrs. Nettie Lester Bennett, Radarsburg

Montana State Board of Examiners for Nurses, 1919-1920

President - Miss Margaret M. Hughes, Helena
Secretary - Mrs. Maud E. Lally, Butte
Treasurer -

Montana State Board of Examiners for Nurses, 1920-1921

Secretary - Miss Frances E. Friedericks, Helena
 (First non-member, employed secretary)
President - Miss Edith Augusta Ariss, Great Falls
Treasurer -

Montana State Board of Examiners for Nurses, 1921-1922

Secretary - Miss Frances E. Friedericks, Helena
President - Miss Edith August Ariss, Great Falls
Treasurer -
* Governor Joseph M. Dixon, Republican (1/3/21-1/4/25)

Montana State Board of Examiners for Nurses, 1922-1923

Secretary - Miss Frances E. Friedericks, Helena
President - Miss Edith Augusta Ariss, Great Falls
Treasurer -

Montana State Board of Examiners for Nurses, 1923-1924

Secretary - Miss Frances E. Friedericks, Helena
President - Miss Edith Augusta Ariss, Great Falls
Treasurer -

Montana State Board of Examiners for Nurses, 1924-1925

Secretary - Miss Frances E. Friedericks, Helena
President - Miss Edith Augusta Ariss, Great Falls
Treasurer -

Montana State Board of Examiners for Nurses, 1925-1926

Secretary - Miss Frances E. Friedericks, Helena
President - Miss Edith Augusta Ariss, Great Falls
Treasurer -

* Governor John E. Erickson, Democrat (1/5/25-3/13/33)

Montana State Board of Examiners for Nurses, 1926-1927

Secretary - Miss Frances E. Friedericks, Helena
 President - Miss Edith Augusta Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1927-1928

Secretary - Miss Frances E. Friedericks, Helena
 President - Miss Edith Augusta Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1928-1929

Secretary - Miss Frances E. Friedericks, Helena
 President - Miss Edith Augusta Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1929-1930

Secretary - Miss Frances E. Friedericks, Helena
 President - Miss Edith August Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1930-1931

Secretary - Miss Edith Lucille Brown, Helena (8/1/30-1941)
 President - Miss Edith Augusta Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1931-1932

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Edith Augusta Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1932-1933

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Edith Augusta Ariss, Great Falls
 Treasurer -

Montana State Board of Examiners for Nurses, 1933-1934

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Harriet Grace Linfield, Havre
 Treasurer - Sister Mary Wilhelmina, Great Falls
 - Miss Mary Theresa Cherry, Butte
 - Miss Ilene MacCharles, Great Falls
 - Mrs. Ethel M. Dietrick, Helena
 * Governor Frank H. Cooney, Democrat (3/13/33-12/15/35)

Montana State Board of Examiners for Nurses, 1934-1935

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Mary Theresa Cherry, Butte
 Treasurer - Sister Mary Wilhelmina, Great Falls

Montana State Board of Examiners for Nurses, 1935-1936

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Mary Theresa Cherry, Butte
 Treasurer -

Montana State Board of Examiners for Nurses, 1936-1937

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Anna Pearl Sherrick, Bozeman
 Treasurer -
 * Governor Elmer Holt, Democrat (12/16/35-12/30/36)

Montana State Board of Examiners for Nurses, 1937-1938

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Anna Pearl Sherrick, Bozeman
 Treasurer -
 * Governor Roy E. Ayers, Democrat (1/1937-12/1940)

Montana State Board of Examiners for Nurses, 1938-1939

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Anna Pearl Sherrick, Bozeman
 Treasurer -
 - Miss Anna Totman Beckwith, Helena

Montana State Board of Examiners for Nurses, 1939-1940

Secretary - Miss Edith Lucille Brown, Helena
 President - Miss Anna Pearl Sherrick, Bozeman
 Treasurer - Sister Mary Gerard, Lewistown
 - Miss Gertrude Jane Buckles, Billings
 - Miss Anna Totman Beckwith, Helena
 - Sister Mary Linus, Butte

Montana State Board of Examiners for Nurses, 1940-1941

Secretary - Miss Edith Lucille Brown, Helena
 " " - Miss Anna Totman Beckwith, Helena
 President - Miss Anna Pearl Sherrick, Bozeman
 Treasurer - Sister Mary Gerard, Lewistown
 - Mrs. Hazel Jones, Havre
 - Mrs. L.G. McLaughlin, Missoula
 - Miss Gertrude Jane Buckels, Billings

Montana State Board of Examiners for Nurses, 1941-1942

Secretary - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
Treasurer - Sister Mary Gerard, Lewistown
 - Sister Mary Germaine, Havre
* Governor Samuel C. Ford, Republican (1/1941-12/1948)

Montana State Board of Examiners for Nurses, 1942-1943

Secretary - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
Treasurer - Sister Mary Gerard, Lewistown
 - Sister Mary Germaine, Havre

Montana State Board of Examiners for Nurses, 1943-1944

Secretary - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
 - Sister Mary Gerard, Lewistown
 - Sister Mary Germaine, Havre

Montana State Board of Examiners for Nurses, 1944-1945

Secretary - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
 - Sister Mary Gerard, Lewistown
 - Sister Mary Germaine, Havre

Montana State Board of Examiners for Nurses, 1945-1946

Secretary - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
 - Sister Mary Gerard, Lewistown
 - Sister Mary Germaine, Havre

Montana State Board of Examiners for Nurses, 1946-1947

Secretary - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
 - Sister Mary Gerard, Lewistown
 - Sister Mary Germaine, Havre
 - Mrs. Emily (Dover) Heaton, Great Falls
 - Miss O'Connor George, Billings

Montana State Board of Nurse Examiners, 1947-1948

Exec. Sec. - Miss Anna Totman Beckwith, Helena
President - Miss Anna Pearl Sherrick, Bozeman
Secretary - Sister Mary Germaine, Havre
 - Sister Mary Gerard, Lewistown

- Miss O'Connor George, Billings
- Ms. Marjorie Wright, Great Falls

Montana State Board of Nurse Examiners, 1948-1949

- Exec. Sec. - Miss Anna Totman Beckwith, Helena
- President - Miss Anna Pearl Sherrick, Bozeman
- Secretary - Sister Mary Germaine, Havre
- Sister Mary Gerard, Lewistown
- Ms. Marjorie Wright, Great Falls
- Miss Jane Baldwin Stevenson (Hubert), Missoula

Montana State Board of Nurse Examiners, 1949-1950

- Exec. Sec. - Miss Anna Totman Beckwith, Helena
- President - Miss Anna Pearl Sherrick, Bozeman
- Secretary - Sister Mary Germaine, Havre
- Miss O' Connor George, Billings
- Mrs. Jane Baldwin (Stevenson) Hubert, Missoula
- Sister Eugene Teresa McCarthy, Helena
- * Governor John W. Bonner, Democrat (1/1949-12/1952)

Montana State Board of Nurse Examiners, 1950-1951

- Exec. Sec. - Miss Anna Totman Beckwith, Helena
- President - Sister Eugene Teresa McCarthy, Helena
- Secretary - Mrs. Jane Baldwin (Stevenson) Hubert, Missoula
- Miss O'Connor George, Billings
- Sister Frances Maureen, Great Falls
- Miss Meral Jane Loewus, Bozeman
- (Resigned 8/1952)

Montana State Board of Nurse Examiners, 1951-1952

- Exec. Sec. - Miss Anna Totman Beckwith, Helena
- President - Sister Eugene Teresa McCarthy, Helena
- Secretary - Sister Frances Maureen, Missoula
- Miss O'Connor George, Billings
- Miss Hortense Hannifin, Butte
- Miss Lydia Gihring, Great Falls

Montana State Board of Nurse Examiners, 1952-1953

- Exec. Sec. - Miss Anna Totman Beckwith, Helena
- President - Sister Eugene Teresa McCarthy, Helena
- Secretary - Sister Frances Maureen, Missoula
- Miss O'Connor George, Billings
- Miss Hortense Hannifin, Butte
- Miss Lydia Gihring, Great Falls

Montana State Board of Nursing, 1953-1954

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 Secretary -
 - Miss O'Connor George, Billings
 - Miss Hortense Hannifin, Butte
 - Miss Lydia Gihering, Great Falls
 LPNs - Mrs. Louise Salter, Hamilton
 - Mrs. Myrtle McMillan, Havre
 - Mrs. Addis Owens, Bridger
 * Governor J. Hugo Aronson, Republican (1/1953-12/1960)

Montana State Board of Nursing, 1954-1955

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 Secretary -
 - Miss O'Connor George, Billings
 LPNs - Mrs. Addis Owens, Bridger

Montana State Board of Nursing, 1955-1956

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 Secretary - Miss Laura O. Copple (Walker), Bozeman
 - Mrs. Martha Jeffers, Missoula (Resigned 3/57)
 - Miss O'Connor George, Billings
 (Resigned 7/1/57)
 LPNs - Mrs. Addis Owens, Bridger

Montana State Board of Nursing, 1956-1957

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 Secretary - Miss Laura O. Copple (Walker), Bozeman
 - Miss Phyllis M. McDonald, Missoula
 - Mrs. Dorothy Evans, Great Falls
 LPNs - Mrs. Addis Owens, Bridger

Montana State Board of Nursing, 1957-1958

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 Secretary - Miss Laura O. Copple (Walker), Bozeman
 - Miss Phyllis M. McDonald, Missoula
 - Mrs. Dorothy Evans, Great Falls
 - Sister Mary Norbert, Miles City
 LPNs - Miss Shirley Gates (DeZill), Hamilton
 - Mrs. Letha Dawson
 - Mrs. Addis Owens, Bridger

Montana State Board of Nursing, 1958-1959

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 Secretary - Miss Laura O. Copple (Walker), Bozeman
 - Miss Phyllis M. McDonald, Missoula
 - Mrs. Dorothy Evans, Great Falls
 - Mrs. Mabel Hansen, Sidney
 LPNs - Mrs. Addis Owens, Bridger
 - Mrs. Letha Dawson
 - Miss Shirley Gates (DeZill), Hamilton

Montana State Board of Nursing, 1959-1960

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Sister Eugene Teresa McCarthy, Helena
 (Resigned 9/1960)
 Secretary - Dr. Laura O. (Copple) Walker, Bozeman
 - Miss Phyllis M. McDonald, Missoula
 - Mrs. Dorothy Evans, Great Falls
 (Resigned 11/1960)
 - Mrs. Mable Hansen, Sidney
 LPNs - Mrs. Addis Owens, Bridger
 - Mrs. Letha Dawson
 - Mrs. Shirley (Gates) DeZill, Hamilton

Montana State Board of Nursing, 1960-1961

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Dr. Laura O. Copple Walker, Bozeman
 Secretary - Miss Phyllis M. McDonald, Missoula
 - Mrs. Wayne (Mary Ann "Mickey") Schoengarth,
 Glendive
 - Mrs. Helen L. (Horton) Haegele, Helena
 - Sister Therese Martin, Billings
 LPNs - Mrs. Fern Peters, Havre
 - Miss Bernice Butts, Billings
 - Mrs. Shirley (Gates) DeZill, Hamilton

Montana State Board of Nursing, 1961-1962

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Dr. Laura O. (Copple) Walker, Bozeman
 Secretary - Miss Phyllis M. McDonald, Missoula
 - Mrs. Mary Ann Schoengarth, Glendive
 - Mrs. Helen L. (Horton) Haegele, Helena
 - Sister Therese Martin, Billings
 LPNs - Mrs. Fern Peters, Havre
 - Mrs. Shirley (Gates) DeZill, Hamilton
 - Miss Bernice Butts, Billings
 * Governor Donald G. Nutter, Republican (1/1961 - 1/25/62)

Montana State Board of Nursing, 1962-1963

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Dr. Laura O. (Copple) Walker, Bozeman
 Secretary - Miss Phyllis M. McDonald, Missoula
 - Mrs. Mary Ann Schoengarth, Glendive
 - Sister Therese Martin, Billings
 - Mrs. Helen L. (Horton) Haegele, Helena
 LPNs - Mrs. Fern Peters, Havre
 - Mrs. Shirley (Gates) DeZill, Hamilton
 - Miss Bernice Butts, Billings
 * Governor Tim Babcock, Republican (1/25/62-12/1968)

Montana State Board of Nursing, 1963-1964

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Dr. Laura O. (Copple) Walker, Bozeman
 Secretary - Miss Phyllis M. McDonald, Missoula
 - Mrs. Mary Ann Schoengarth, Glendive
 - Sister Therese Martin, Billings
 - Mrs. Helen L. (Horton) Haegele, Helena
 LPNs - Mrs. Fern Peters, Havre

Montana State Board of Nursing, 1964-1965

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Dr. Laura O. (Copple) Walker, Bozeman
 Secretary -
 - Mrs. Mary Ann Schoengarth, Glendive
 - Sister Therese Martin, Billings
 - Mrs. Helen L. (Horton) Haegele, Helena
 LPNs - Mrs. Fern Peters, Havre

Montana State Board of Nursing, 1965-1966

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Dr. Laura O. (Copple) Walker, Bozeman
 Secretary -
 - Miss Rita M. Darragh, Bozeman
 - Sister Therese Martin, Billings
 - Mrs. Helen L. (Horton) Haegele, Helena
 LPNs - Mrs. Fern Peters, Havre

Montana State Board of Nursing, 1966-1967

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 President - Mrs. Helen L. (Horton) Haegele, Helena
 Secretary -
 - Miss Rita M. Darragh, Bozeman
 - Sister Therese Martin, Billings
 LPNs - Mrs. Fern Peters, Havre

Montana State Board of Nursing, 7/1/67 - 7/1/68

Exec. Sec. - Miss Anna Totman Beckwith, Helena
 (Retired 7/1/68)
 President - Mrs. Helen L. (Horton) Haegele, Helena
 Secretary - Mrs. Mary Jane Petterson, Great Falls
 - Mrs. Madeline E. (Nolan) Samson, Helena
 - Miss Rita M. Darragh, Bozeman
 - Sister Mary Vianney (Resigned 8/26/68)
 LPNs - Mrs. Shirley Ballance, Lewistown
 - Mrs. Fern Peters, Havre
 - Mrs. Geneva Harding, Hamilton

Montana State Board of Nursing, 7/1/68 - 7/1/69

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
 President - Mrs. Helen L. (Horton) Haegele, Helena
 Secretary -
 - Miss Rita M. Darragh, Bozeman
 LPNs - Mrs. Shirley Ballance, Lewistown
 - Mrs. Geneva Harding, Hamilton

Montana State Board of Nursing, 7/1/69 - 7/1/70

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
 President - Mrs. Helen L. (Horton) Haegele, Helena
 Secretary -
 - Miss Rita M. Darragh, Bozeman
 LPNs - Mrs. Geneva Harding, Hamilton
 - Mrs. Shirley Ballance, Lewistown

* Governor Forrest H. Anderson, Democrat (1/1969-12/1972)

Montana State Board of Nursing, 7/1/70 - 7/1/71

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
 President - Mrs. Helen L. (Horton) Haegele, Helena
 Secretary -
 - Miss Rita M. Darragh, Bozeman
 LPNs - Mrs. Geneva Harding, Hamilton
 - Mrs. Shirley Ballance, Lewistown

Montana State Board of Nursing, 7/1/71 - 12/31/71

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
 President - Mrs. Helen L. (Horton) Haegele, Helena
 Secretary - Mrs. Ethel Martha (Mittal) Nelson, Great Falls
 - Mrs. Beatrice (Hruska) Kaasch, Billings
 - Miss Rita M. Darragh, Missoula
 - Miss Elizabeth Casper, Hamilton
 LPNs - Mrs. Shirley Ballance, Lewistown

- Mrs. Geneva Harding, Hamilton
- Mrs. Jeanette Mattfelt, Helena

Montana State Board of Nursing, 1972

- Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
- President - Mrs. Helen L. (Horton) Haegele, Helena
- Secretary - Mrs. Ethel Martha (Mittal) Nelson, Great Falls
 - Miss Elizabeth Casper, Hamilton
 - Miss Rita M. Darragh, Missoula
 - Mrs. Beatrice (Hruska) Kaasch, Helena
- LPNs - Mrs. Jeanette Mattfeldt, Helena

Montana State Board of Nursing, 1973

- Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
- President -
- Secretary -
 - Miss Rita M. Darragh, Missoula
 - Mrs. Beatrice (Hruska) Kaasch, Helena
- LPNs -

Montana State Board of Nursing, 1974

- Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
- President -
- Secretary -
 - Miss Rita M. Darragh, Missoula
 - Mrs. Janie B. (Lockwood) Cromwell, Butte
 - Mrs. Beatrice (Hruska) Kaasch, Helena
- LPNs -
- * Governor Thomas L. Judge, Democrat (1/1973-12/1980)

Montana State Board of Nursing, 1975

- Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
- President -
- Secretary -
 - Miss Rita M. Darragh, Missoula
 - Mrs. Janie B. (Lockwood) Cromwell, Butte
 - Mrs. Beatrice (Hruska) Kaasch, Helena
- LPNs -

Montana State Board of Nursing, 1976-77

- Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
- President - Mrs. Beatrice (Hruska) Kaasch, Helena
- Secretary -
 - Mrs. Janie B. (Lockwood) Cromwell, Butte
 - Mrs. Donna J. (Essex) Small, Billings
 - Ms. Marie Larish, Helena

- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
(Appt 3/25/76)
LPNs -

Montana State Board of Nursing, 1977-1978

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
President - Mrs. Beatrice (Hruska) Kaasch, Helena
Secretary - Mrs. Donna J. (Essex) Small, Billings
- Mrs. Janie B. (Lockwood) Cromwell, Butte
- Ms. Marie Larish, Helena
- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
LPNs -

Montana State Board of Nursing, 1978-1979

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
President - Mrs. Janie B. (Lockwood) Cromwell, Helena
Secretary - Mrs. Donna J. (Essex) Small, Billings
- Ms. Marie Larish, Helena
- Dr. Rose Therese Sullivan, Helena
- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
LPNs -

Montana State Board of Nursing, 1979-1980

Exec. Sec. - Mrs. Sara Gertrude (Rugland) Malone, Helena
President - Mrs. Janie B. (Lockwood) Cromwell, Helena
Secretary - Mrs. Donna J. (Essex) Small, Billings
- Dr. Rose Therese Sullivan, Helena
- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
LPNs -

Montana State Board of Nursing, 1980-1981

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Mrs. Janie B. (Lockwood) Cromwell, Helena
Secretary - Mrs. Donna J. (Essex) Small, Billings
- Dr. Rose Therese Sullivan, Helena
- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
LPNs -

Montana State Board of Nursing, 1981-1982

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Mrs. Janie B. (Lockwood) Cromwell, Helena
Secretary - Mrs. Donna J. (Essex) Small, Billings
- Dr. Rose Therese Sullivan, Helena
- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
LPNs -

* Governor Ted Schwinden, Democrat (1/1981-12/1988)
(First year Governor's appointees were required to be confirmed by the Senate)

Montana State Board of Nursing, 1982-1983

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Mrs. Donna J. (Essex) Small, Billings
(Until 6/31/85)
Secretary -
- Dr. Rose Therese Sullivan, Helena
- Mrs. Helen Lorrayne (Harris) Kiesling, Havre
LPNs -

Montana State Board of Nursing, 1983-1984

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Mrs. Donna J. (Essex) Small, Billings
Secretary -
- Dr. Rose Therese Sullivan, Helena
- Ms. Donna Mae Snodgrass, Poplar
- Mrs. Margaret Antoinette (Mundt) Barkley,
Bozeman
LPNs -

Montana State Board of Nursing, 1984-1985

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Mrs. Donna J. (Essex) Small, Billings
Secretary -
- Dr. Rose Therese Sullivan, Helena
- Ms. Donna Mae Snodgrass, Poplar
- Mrs. Margaret Antoinette (Mundt) Barkley,
Bozeman
- Ms. Janice Anderson, Boulder
LPNs - Ms. Doris Lorraine (Lolly) Evans, Havre
Pub. Mem. -

Montana State Board of Nursing, 1985-1986

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Dr. Rose Therese Sullivan, Helena
Secretary -
- Mrs. Margaret Antoinette (Mundt) Barkley,
Bozeman
- Ms. Donna Mae Snodgrass, Poplar
- Ms. Janice Anderson, Boulder
LPNs - Ms. Doris Lorraine (Lolly) Evans, Havre
- Ms. Naomi E. Summers, Whitefish
Pub. Mem. - Ms. Shirley A. Mann, Black Eagle

Montana State Board of Nursing, 1986-1987

Exec. Sec. - Miss Phyllis M. McDonald, Helena
President - Mrs. Margaret Antoinette (Mundt) Barkley,
Bozeman
Secretary -
- Ms. Donna Mae Snodgrass, Poplar
- Ms. Janice Anderson, Boulder
- Ms. Donna Jean Schramm, Billings
- Ms. June E. Holmes, Harlowton
LPNs - Ms. Doris Lorraine (Lolly) Evans, Havre
- Ms. Naomi E. Summers, Whitefish
- Ms. Sherrie Chatham, Great Falls
Pub. Mem. - Mr. William W. Thackeray, Havre
- Ms. Shirley A. Mann, Black Eagle

APPENDIX L

FIRST MONTANA NURSE LICENSING EXAMINATION, 1913 (Printed in AJN, 14(8):679-681)

Nursing Ethics

1. What is your definition of the term professional ethics?
2. Would you nurse for a physician whom you knew was guilty of unprofessional conduct? If not, what reason would you give the physician and family for refusing?
3. What benefit do you derive from being allied to any nursing organization which has as its aim the elevation of standards of nursing?
4. Would you report any gross misconduct on the part of the nurse, whose name appeared on the same registry as your own?
5. If called to nurse in a hospital, either in special or general work, what would be your attitude to the nurses in training?
6. Would you consider yourself governed by the rules of the school?
7. If called on a private case to assist a nurse and you were preferred, what would you do?
8. What do you mean by loyalty to your physician?

Home Sanitation and Nursing

1. Mention some places and things about a home especially important to keep clean, and how kept so?
2. What sanitary precautions would you use in nursing typhoid in a country home?
3. What is usually understood by the term "Contagious Diseases?"
4. Mention three symptoms of scarlet fever other than the rash, and describe them?
5. What are the special adverse symptoms to be watched for in diphtheria, and their significance?
6. Give some important particulars in the nursing of diphtheria and state why necessary?
7. What three complications in typhoid are indicated by an increase in the rate, and decrease in the strength, of pulse?
8. What are the adverse symptoms and conditions to be watched for when nursing pneumonia?

9. What can you do to relieve a child in a severe paroxysm of coughing?
10. How often should the air in the room be entirely changed?

Anatomy

1. a. Give two uses of the vertebral column.
b. Number of bones it contains.
2. Name four distinct tissues of body.
3. a. Locate: diaphragm, deltoid, pectoral
b. Name two kinds of muscle and give examples of each.
4. Name the largest gland in the body and its function.
5. Define: elimination, efferent, atrophy, oedema, dyspnoea.
6. Name the special senses.
7. Give three uses of the skin.
8. From what parts does the inferior vena cava receive its blood supply?
9. Name divisions, in order, of alimentary canal.
10. Locate the following: pleura, peritoneum, pericardium, periosteum.

Physiology

1. Name the digestive juices.
2. How is the food forced through the alimentary canal?
3. a. What is the specific gravity of normal urine?
b. Normal amount secreted in twenty-four hours?
4. What is the function of the red blood corpuscles?
5. Describe a ball and socket joint. What is the use of the synovial fluid?
6. What is the capacity of the stomach?
7. Name bones of the arm.
8. How many bones in the skull?
9. a. What is the state of contraction of the heart called?
b. What is the state of dilatation called?
10. Define: capillary.

Gynecology

1. Define gynecology.
2. Name organs contained in pelvic cavity (female).
3. Name several reasons for giving vaginal douche.
4. What are the important points to be observed in giving douches?
5. What are the usual methods pursued for the examination

- of a patient suffering from gynecological diseases?
6. What preparation of patient is necessary for such examination?
 7. Define: trachelorrhaphy, salpingitis, ovariectomy, curettage.
 8. What would you do in case of hemorrhage from the uterus?
 9. Define: menstruation, puberty and menopause.
 10. Define: menorrhagia, amenorrhea and dysmenorrhea.

Surgical Nursing

1. What unfavorable symptoms would you watch for following an operation?
2. What would you do for a patient suffering from extreme shock following an operation?
3. What are the symptoms of fracture of the limb?
4. What may a nurse do for a compound fracture before the arrival of the surgeon?
5. What are the purposes of putting a patient in Fowler's position?
6. Describe best method of placing patient in Fowler's position.
7. In the case of a severe burn, what precaution would you use in removing the clothing?
8. What is hypodermoclysis? How would you arrange where no regular apparatus was to be had?
9. How are wounds infected?
10. Name four points to be remembered when placing patient on operating table.

Materia Medica

1. What is the dose of tr. digitalis; strychnine sulphate; morphine sulphate; atropine sulphate?
2. a. How should the skin be prepared before applying cantharides blister?
b. How large a blister would you apply?
3. How much bichloride of mercury would you use to make oz. 32 of 1-1000 solution?
4. Transpose following: 1000 cc. to pts.; 30cc. to oz.; 0.002 gram to grain.
5. Give apothecaries fluid measure and designate by symbols.
6. Define: narcotic, diaphoretic, antipyretic, sedative.
7. How would you prepare and give a hypodermic of strychn. sulph. gr. 1/120 from tablets of gr. 1/60; atropine gr. 1/200 from tablets of gr. 1/150.
8. a. Name two preparations of iron.
b. What is the physiological action of iron?

- c. When should iron be given, a.c. or p.c.? Why?
- 9. Name principle drug in the following preparations:
Fowler's solution, laudanum, Basham's mixture, blue ointment, Dover's powder.
- 10. Name four ways of administering drugs.

Obstetrical Nursing (Rating on 5 out of 7 questions).

First two questions must be answered, and any three out of remaining five.

1. For obstetric case in private house describe briefly preparation of:
 - a. Patient
 - b. Bed
 - c. Room
 - d. What would you have in readiness for doctor, patient and child?
2. a. What are the symptoms of post-partum hemorrhage?
b. Give the means you would employ to control such hemorrhage until arrival of doctor?
3. What care would you give a child during its first twenty-four hours of life?
4. a. When in charge of an obstetric patient at what stage do you consider it necessary to practice strict asepsis and antisepsis?
b. Which do you consider an obstetric case, medical or surgical? Giving reasons.
5. a. What expedients would you try to help a patient urinate and thus avoid use of catheter?
b. Give method of catheterization.
6. Define: primipara, puerperal fever, parturition, lochia and colostrom.
7. a. What is pregnancy?
b. Give a rule to determine its probable duration.
c. What organ do you consider needs careful watching during pregnancy?

Diseases of Children (Rating on 5 out of 7 questions)

1. What are the common complications of scarlet fever and of measles? Give nursing care of a case of scarlet fever.
2. a. What is rickets?
b. What care should a child suffering from rickets receive?
3. How would you treat a child in convulsions until physician arrived?
4. How would you secure a specimen of urine of a patient under a year old?

5. Give care of intubation case.
6. How would you give child five years old a nasal irrigation, an enema, and a cold pack?
7. a. Give rule for determining dosage for a child?
b. What drugs are not well borne by children?

APPENDIX M

MONTANA SCHOOLS OF NURSING FOR REGISTERED NURSES, 1894-1992

<u>Name of School (Education)</u>	<u>Location</u>	<u>Years</u>
St. Ann's Hospital (Diploma)	Anaconda	1924-1935
Billings Deaconess Hospital (Diploma)	Billings	1927-1942
St. Vincent's Hospital (Diploma)	Billings	1913-1973
Bozeman Deaconess Hospital (Diploma)	Bozeman	1911-1938
Montana State University (BSN/MN)	Bozeman	1938-
Butte Deaconess Hospital (Diploma)	Butte	1918-1930
Murray Hospital (Diploma)	Butte	1896-1933
St. James Hospital (Diploma)	Butte	1906-1970
Forsyth Deaconess Hospital (Diploma)	Forsyth	1921-1926
Frances Mahon Deaconess Hospital (Diploma)	Glasgow	1912-1930
Columbus Hospital (Diploma)	Great Falls	1894-1968
Montana Deaconess Hospital (Diploma)	Great Falls	1902-1938
Kennedy Deaconess Hospital (Diploma)	Havre	1926-1939
Sacred Heart Hospital (Diploma)	Havre	1921-1954
Northern Montana College (ADN/BSN)	Havre	1965-
St. John's Hospital (Diploma)	Helena	1905-1935 1939-1959
St. Peter's Hospital (Diploma)	Helena	1909-1933
Carroll College (B.A. in Nursing)	Helena	1943-
Kalispell General Hospital (Diploma)	Kalispell	1916-1932
St. Joseph's Hospital (Diploma)	Lewistown	1919-1957
Holy Rosary Hospital (Diploma)	Miles City	1916-1943
Presentation (Diploma)	Miles City	1943-1960
Miles Community College (ADN)	Miles City	1968-
St. Patrick Hospital (Diploma)	Missoula	1906-1978
Salish Kootenai Community College (ADN)	Pablo	1989-
Sidney Deaconess Hospital (Diploma)	Sidney	1916-1927
Milwaukee Hospital Association (Diploma)	Three Forks	1915-1921

NOTE: Some of the above schools have been NLN Accredited as follows:

*The following Hospital Diploma Programs were NLN Accredited:

St. Vincent's Hospital School of Nursing, Billings
(1967-73 full accreditation)

St. James Hospital School of Nursing, Butte
 (1966-70 full accreditation)
 Columbus Hospital School of Nursing, Great Falls
 (1949-57 temporary accreditation; 1958-68 full
 accreditation)
 St. Joseph's Hospital School of Nursing, Lewistown
 (1955-58 temporary accreditation)
 Presentation School of Nursing, Miles City
 (1958-59 provisional accreditation; 1959-60 full
 accreditation)
 St. Patrick Hospital School of Nursing, Missoula
 (1949-59 temporary/provisional; 1960-1978 full
 accreditation)

**The following Associate Degree Programs in Nursing are
 NLN Accredited:

Northern Montana College Department of Nursing, Havre
 (1992-93 full accreditation)
 Salish Kootenai College Department of Nursing, Pablo
 (1992-93 full accreditation)

***The following Baccalaureate Programs in Nursing are NLN
 Accredited:

Montana State University College of Nursing, Bozeman
 (Until 1961, students could leave school at the end
 of three years to write the State Board Licensing
 Examination OR complete the requirements for the
 BSN. Both programs were fully accredited by the NLN
 from 1949-1961; full accreditation continued for the
 BSN from 1961-1992; MN from 1969-1992)
 Carroll College Department of Nursing, Helena
 (Students could leave school at the end of three
 years to write the State Board Licensing Examination
 OR complete the requirements for the Baccalaureate
 degree from 1949-58, with temporary accreditation
 for both programs; the BA in Nursing Program has
 been fully accredited from 1978-1992)

****The following RN/Baccalaureate Completion Program is
 NLN Accredited:

Northern Montana College Department of Nursing, Havre
 (RN completion program only, 1991-92)

Sources: American Journal of Nursing, 1949-1952; Nursing
 Outlook, 1953-1979; Nursing and Health Care,
 1979-1992.

APPENDIX N

MONTANA SCHOOLS OF NURSING FOR LICENSED PRACTICAL NURSES, 1947-1987

<u>Name of School</u>	<u>Location</u>	<u>Years</u>
Public School System (Adult Education)	Anaconda	1964-1966
Vocational-Technical Center	Billings	1962-1965; 1966-present
Montana State College	Bozeman	1948-1952
Vocational-Technical Center	Butte	1967-present
Vocational-Technical Center	Great Falls	1961-present
Northern Montana College	Havre	1951-1980
Vocational-Technical Center	Helena	1962-1965; 1966-present
Public School System (Adult Education)	Kalispell	1960's
St. Joseph's Hospital	Lewistown	1957-1969
Public School System (Adult Education)	Miles City	1960's
Vocational-Technical Center	Missoula	1960-present
Montana State Hospital	Warm Springs	1947-1952

NOTE: The Federal Manpower Development and Training Act of 1961 provided funding for Practical Nursing Education through the Montana Department of Public Instruction, Vocational Education Division. In 1969, the Vocational Technical Centers were established in Montana and Practical Nursing Education moved into these centers in the early 1970s. They were administered jointly by the local Public School Districts and the Montana State Department of Public Instruction. The Montana Legislature placed the Vocational-Technical Centers under the Montana Board of Regents during the 1987 legislative session. None of the LPN Programs in Montana have ever been NLN Accredited.