

# The beginning of baccalaureate nursing education at the University of Kansas: A midwestern experience

An issue in the historiography of nursing is whether nurses desired baccalaureate education for their occupation, and were unable to accomplish this, or whether they preferred diploma schools. Examination of resource materials at a midwestern university revealed that nurses were neither victims nor heroines of a male-dominated system. Although the evidence supports the oppressor/victim model of women in the professions, it also shows that nurses were instrumental in challenging the university to respond to the need for upgraded nursing education. Particularly striking in the resource material was the effect student nurses had on the development of the occupation at this institution.

*Shirley Veith, RN, PhD*  
*Associate Professor*  
*School of Nursing*  
*University of Kansas*  
*Kansas City, Kansas*

**H**ISTORIANS, sociologists, and nurses have traced the development of baccalaureate nursing education. They agree that nursing made slow progress in joining the mainstream of American higher education, but disagree as to why it took so long. Despite the disagreement, there is consensus that nurses themselves had a hand in shaping the history of nursing education. An issue in the occupation's historiography is whether hospital schools continued because of nurses' own needs and goals or because nurses were victims of the system.

One group of historians cites three reasons why nurses labored under handicaps in raising their educational level. First, they were female and suffered the problems of discrimination common to women in the late 19th and early 20th centuries. One of the most obvious forms of discrimination practiced against women was denying them educational opportunities. Liberal education, scholarship, and knowledge were widely thought to be inimical to the female personality and even dangerous to a

woman's health.<sup>1-4</sup> Second, the health care system was hierarchical, and physicians, at the top of the pyramid, usually had mixed feelings about well-educated nurses. Not only did the medical profession itself struggle to gain university acceptance, but most physicians questioned the need for nurses to have scientific knowledge for their work. From the physicians' viewpoint, nursing was a menial occupation whose members were submissive and dependent on the members of the medical profession. Third, maintenance of the apprenticeship system of nursing education provided a sense of security for both physicians and hospitals. As the economy of hospitals came to depend on the nurse training programs, physicians came to depend on nurses to provide 24-hour physical care, while the physicians made daily visits and wrote orders.

Another group of historians contends that the apprenticeship system provided a sense of security for some nurses. Supporters of this viewpoint suggest that an internal conflict between professional leaders and other nurses, not sex roles and organizational structure, hindered nurses in raising their educational level. On the one hand, the elite leaders of nursing were firmly committed to collegiate education for nurses and pressed for higher educational standards. Committed to an ideology of professionalization, they tended to overlook the immediate problems of working nurses and the smaller nurse training schools.<sup>5-7</sup> According to this thinking, nurses outside the elite leadership defended the hospital school because they had a strong material interest in the system. Nurse superintendents of small hospital schools supposedly exercised considerable autonomy under the system and ran their schools and wards according to their own

ideas of proper training and discipline. Professional education would reduce their control by removing apprenticeship from the hospital. Many graduates, too, resisted standardization of education and practice. They defended themselves against an upgrading that would devalue their own skills and their hospital school diploma.

Reflecting the attitude of the first group of historians cited earlier, this study considers issues of gender, institutional structure, and economics as possible barriers to the advancement of educational levels for nursing. It is the purpose of this study to describe and analyze the role of the rank-and-file nurse in the development of the nursing profession at one institution in the midwest. Because this study represented rank-and-file nurses but not elite leaders, impediments caused by the intraprofessional class-based values as suggested by the second group of historians is not examined.

## RESEARCH

Most historians have traced the evolution of professional education for nurses by studying the large training schools in the northeastern United States, and by examining the activities of the "great ladies" of American nursing, such as Lavinia Dock, Isabel Hampton Robb, and Adelaide Nutting.<sup>8</sup> Rarely have historians investigated the development of baccalaureate nursing education at the institutional level, especially as it evolved in a midwestern university and affected the typical nurse. The following four questions guided the investigation of the problem. They represent the factors cited most frequently by historians who contend that gender, institutional structure, and eco-

nomics were major barriers to nursing's move into universities and colleges.

1. What was the position of the training school's principal in the organizational structure?
2. What was the relationship between physicians and nurses?
3. What was the goal of the training school's principal?
4. What was the goal of the student nurses?

To answer these questions and to analyze the relationships between the training school and its associated hospital and medical school, the study examined materials relevant to the development of nursing at Bell Hospital Training School for Nurses, an institution under the administrative domain of the University of Kansas. Because most hospital nurses did not record their experiences, source materials were limited. As a result, the following materials were relied on as primary source documents: correspondence of the chancellor of the university, the dean of the medical school, and the principal of the training school; minutes of the Board of Regents of the University of Kansas; memoirs of two deans of the medical school; University of Kansas catalogues; Biennial Reports of the university; School of Nursing student records; hospital records of individuals who were patients at Bell Hospital from 1906 to 1920; and interviews with nurses who graduated from Bell Hospital between 1917 and 1941.

The period of investigation for this institutional case study begins with the simultaneous opening of Bell Hospital and its training school for nurses in 1906. It concludes in 1941 when the nurses' baccalaureate program had grown to equal the size of the concurrently running nurses' diploma

course. This period signaled the end of an important era in the education of nurses at this institution. Not only did university education for nurses appear to be firmly established, but the nurse who had been instrumental in establishing the program and who was an influential nursing leader in Kansas resigned from her position.

While a study such as this may be somewhat limited in scope, it supplies detailed information about everyday life in a hospital, much of which has not yet been closely explored. The events at Bell Hospital may reflect conditions in the larger culture in respect to woman's place in society and nursing's place in the educational and health care systems.

## FINDINGS

### The organizational structure and the principal

A point of agreement among historians is that nursing's position as subordinate to the medical profession in the hospital hierarchy delayed the occupation's move into universities and colleges.<sup>1-4</sup> Physicians' reluctance to permit nursing schools to develop outside their control appears to be a common thread whether the school was associated with a

---

*According to Davis, the autonomy of university-affiliated schools of nursing was limited for decades because they were departments within university schools of medicine.*

---

university or a hospital, and was independent of location. According to Davis,<sup>9</sup> the autonomy of university-affiliated schools of nursing was limited for decades because they were departments within university schools of medicine.

Nursing's situation at the University of Kansas was typical of training schools affiliated with a university. It was established in 1906 because, according to the first clinical dean of the medical school, "We have to train our own nurses if we are going to have our own hospital."<sup>10(p12)</sup> In fact, the opening of the hospital depended on finding suitable candidates for the training school. Its position in the organizational structure was as a sub-department of the School of Medicine, subject to the general supervision of the head of the clinical department of medicine.<sup>11</sup> Although a graduate nurse was hired as principal of the school, she was given limited authority and the school was actually managed by the chancellor with the aid of the medical school dean.

The nursing school was a department of the medical school until 1974, and the records for many years are filled with illustrations of nursing's administrative subservience to the hospital's physicians and the bartering of hospital services by student nurses in exchange for their education. For example, when one principal pushed for the hiring of graduate nurses so that student nurses' service time would be lessened, physicians instead ordered her to redistribute the student nurses.<sup>12</sup> Physicians also argued that student nurses should pay tuition during probationary time because they did not earn their room and board.

In 1938 when the National League for Nursing Education conducted a survey as the first step toward national accreditation, Bell

Hospital was included as one of the schools to participate. But following a 2-day visit to the school, the league reported so many weaknesses that formal application was not made. Included in the problems listed were control of the nursing school by the medical school, heavy weekly hours for student nurses, and an inadequate number of graduate nurses.<sup>13</sup> At Kansas, the nursing school's position in the organizational structure of the university hindered its development as an independent educational enterprise for many years. In fact, it was not until 1974 that the Kansas Board of Regents reorganized the university, making the School of Nursing one of three autonomous divisions on the medical center campus.

Less clear in the material found at Bell Hospital is whether or not the nursing school principals wanted to be independent of the medical school's authority. Documents show, for example, that they often sought guidelines from their medical "superiors." They asked the chancellor for permission to invite certain speakers for commencement exercises and sometimes sought his instructions on what to do about punishment for student misconduct.<sup>14</sup> In 1940, an Executive Committee of the Nursing Faculty was organized to admit and dismiss students and to review problems in the school. Minutes of this committee from 1940 to 1951 indicate the head of the training school often sought the opinion of the dean of the medical school about matters pertaining to her department before deciding on a course of action. For example, she asked his permission for students to give intramuscular injections and for the school to offer a Red Cross course to student nurses. She also sought the dean's advice about what to do when it was discovered that a student was married.<sup>15</sup>

Although the belief that the principals may not have wanted to be independent of the medical school's authority is speculative, it suggests that they accepted the limits put on them by the hierarchical system. Success seemed possible only if they worked within the hospital structure.<sup>16</sup> In at least one instance, a principal's unwillingness to accept the limitations of the system appeared to cost her the job. In 1910, Emma Bechtel resigned after being on the job only 9 months because promises made by the chancellor to improve the hospital were not kept. Although she was seen as a good manager of the institution, no efforts were made to retain her.

### **The relationship between physicians and nurses**

Although medicine was at the top of the hierarchical pyramid in hospitals, the literature suggests that baccalaureate nursing education posed a threat to physicians' security. Both groups developed at approximately the same time, in the same institutions, and physicians and nurses worked together to treat disease. Their work was so closely related that there was an indistinct division between what was nursing practice and what was medical practice.<sup>17-18</sup> As long as nurses accepted medicine's leadership and their own nurturer, physician-helper role, there was no problem with the shared boundaries. However, when nurses sought to establish baccalaureate nursing education programs, this threatened medicine because the territory was not clearly marked and physicians feared nurses might usurp more of it.

At Bell Hospital, physicians did not appear threatened by better-educated nurses. As in

many other university settings, both occupations developed at approximately the same time, but from the beginning nurses' work complemented the physicians' rather than blurring with it. The relationship between the two groups was always that of superordinate physician/subordinate nurse, and the difference between their work was clearly spelled out at the outset. As one physician noted, "his work was more of the mental, hers was more of the manual."<sup>19(p18)</sup>

Even the titles given to medical and nursing students at Bell Hospital denotes a difference in the occupations. Student nurses were called nurses from the day they entered training, a title suggesting interest in technical learning, abstract only to the point of usefulness in assisting physicians. The title of student, a term that denotes concern with knowledge and abstract thinking, was reserved for medical students.<sup>20</sup> Such a differentiation may have been a strategy on the part of physicians to establish a labor force that worked cheaply, served their needs, and performed the least desirable tasks of the medical profession.

The situation did not change over the years. The principals constantly lived on the edge of exploitation, while a delicate balance between exploitation and their tolerance for it was maintained either by the chancellor or the dean of the medical school. It was in the best interest of administrators to protect the principal so the hospital functioned smoothly. Thus, when a course that granted the Bachelor of Science degree and qualified students to take the RN licensure (combined degree) was proposed in 1929, physicians supported the idea. Reports written by the dean of the medical school at that time suggest that physicians saw baccalaureate education for nurses as supplementary or com-

plementary to their work. It was a means to increase the efficiency of the hospital and improve the character and intelligence of all nurses.<sup>21</sup>

Physicians had a fairly strong foothold at the University of Kansas when the baccalaureate program was proposed for nurses. They had gained entry into the institution in 1879, and although there were many struggles with financial, political, and professional problems in the early years, by the 1920s their power was established. As both medical care and subsequently paying patients became important to the hospital, physicians moved to maintain their control over the education of nurses. One way to accomplish this was to establish a combined degree course as a simple extension of the diploma school. If nurses continued to be indoctrinated via apprenticeship, they were likely to work cheaply and be obedient, but unlikely to question a system that hindered their professional development.

### **The goal of the principals**

It has been well documented that the national nursing leadership of the 1920s strongly supported collegiate nursing education but overlooked the problems of small training schools.<sup>22,6</sup> Less clear is whether the goal of the principals and graduates of small training schools was actually to maintain the apprenticeship system. The assumption has prevailed that this group resisted collegiate nursing education because the principal's control would be reduced and the diploma of the hospital school graduate would be devalued if training schools moved into universities.

Bell Hospital's staff clearly represents typical nurses, not the elite leaders of nurs-

ing. Bell was a small hospital of 35 to 65 beds until 1924, when it expanded to 125 beds. It was located in the Midwest, and although some of the principals were graduates of northeastern training schools, there did not appear to be a common professional bond with the elite leaders until at least the mid-1920s. In fact, in the 1910s the interests of the principals were to keep the hospital running smoothly and efficiently, and educational needs were generally overlooked in favor of hospital needs. Despite the constant pressure on the principals to first serve the demands of the institution and the physicians, they did raise questions about the educational practices of the apprenticeship system. They asked for graduate nurses to ease the strain on students, classroom space, and teaching equipment.<sup>23</sup> Their questions suggest that they may have seen problems with the apprenticeship system similar to those identified by the elite leaders, but were so pressured to meet the demands of the institution before the needs of their students that they could do nothing about it. The frustrations of such pressures were shrewdly noted by a later principal: "It is so difficult to educate men to the needs of student nurses and patients."<sup>24</sup>

In the early 1920s, there was a shortage of nurses throughout the United States and at Bell Hospital, where the lack of a nurses' home was seen as the major reason for the difficulty in obtaining applicants. The principal of the training school, Martha Hardin, believed that a nurses' home was a critical factor in providing a social life for young women and in helping to move nursing education from Bell Hospital Training School into the University of Kansas. Among the benefits mentioned was her claim that a nurses' home would improve

morale, while simultaneously attracting a large number of women into a combined degree program.<sup>25</sup>

Despite Hardin's desire to attain university recognition for nursing, the shortage of nurses took precedence over educational reform at Bell Hospital in the early 1920s. The move to the new hospital in 1924 made the situation even worse when the nursing class remained at six to eight student nurses per year and the number of patients increased from 65 to 125. Hardin's ideas to solve the problems were typical of the elite leaders of nursing. She was willing to pay other employees for services usually performed by nursing students and asked for maids, orderlies, and graduate staff nurses to assume the responsibility of running the nursing services. She was at least partially successful, and according to a letter from her to M.T. Sidler, MD (September 1924), a night supervisor and the first graduate floor nurse were hired in 1924.

On the other hand, Hardin was equally interested in getting as much work from student nurses as possible, and their real educational needs were often overlooked. According to a letter from F.P. Williams, a 1923 graduate (February 1965), "It was an atrocious educational set-up." She had one nurse instructor who taught her how to give baths, make beds, and wrap and fold dressings. This was her formal instruction in nursing.

---

*A 1923 graduate had one nurse instructor who taught her how to give baths, make beds, and wrap and fold dressings. This was her formal instruction in nursing.*

---

ing. The rest she learned as an apprentice on the wards under the head nurse, who was often a student herself. When Hardin got the maximum amount of work from student nurses she appeared to be rewarded by the administration in that her original contract, which called for her to be relieved of the duties of hospital superintendent, was honored. Such a trade-off also assured physicians that the nursing school and its female principal and student nurses remained dependent on them.

When Hardin resigned in 1927, Henrietta Froehlke was appointed to the position. She had a bachelor's degree from Teachers College, Columbia University, later acquired a master's degree from that same institution, and was the first principal at Bell Hospital who clearly resembled the elite leaders of nursing. From the beginning she made it clear that her goal was a baccalaureate program and national accreditation for the school. She was determined to meet her goal, and at every opportunity pointed out that "student nurses were carrying the nursing load of the hospital, a practice entirely out of line with the modern theory of nurses' training."<sup>26</sup> Froehlke was persuasive, and in 1929, when she proposed a Bachelor of Science degree in nursing, the medical school gave its complete approval.

But opposition was encountered from another professional program on campus. The Liberal Arts and Sciences faculty considered the proposal for several months, held special meetings to discuss the recommendation, and made numerous amendments about required courses and number of credits. Letters between Dr Wahl and R.F. Brewster, Secretary of the Faculty of the College of Liberal Arts and Sciences (April 1929 through June 1929), attest to the diffi-

culty in getting the combined degree for nurses accepted. It was finally passed after 20 hours of college work were required to be in; courses were not open to freshmen and sophomores. The dean of this college was especially hesitant about approving the course, and is quoted as saying, "For the life of me I can see no connection between nursing and the program of the university."<sup>24(p8)</sup> Most people in Kansas agreed with the dean; university education was expensive, nursing students were being overeducated, and collegiate nurses would overlook some of the tasks usually done by student nurses. "In spite of all odds," Froehlke wrote, "they took us in," and after three months of negotiations, a combined degree course was approved in June, 1929.<sup>24(p9)</sup> Unfortunately, the fact that a degree program for nurses was established did not in itself make it a collegiate school. It was still plagued by the expectation that educational objectives were secondary to hospital needs.

During the period under study, the principals at Bell Hospital training school faced fairly consistent opposition from physicians and hospital administrators in meeting their professional goals. Perhaps most striking in the documents studied is the extent to which the principals' adaptation to their work appeared to support the traditional female concerns for passivity, altruism, and nurturing. Froehlke, for example, espoused the value of a broad knowledge base for nursing practice, yet she superimposed this value on the feminine tradition that required obedience and loyalty to one's superiors. She neither stressed nor encouraged exploration or a spirit of inquiry. Even S. Milo Hinch, one of the earliest principals (1914-1920) and one who appeared aggressive in pursuit of her goals, was described by the Board of

Administration as a considerate and kindly woman in her association with others.<sup>27</sup>

### The goal of the student nurses

A consistent theme found in the literature is that the relationship between principals and student nurses of small training schools acted as a deterrent to collegiate education for nurses. Most nurses were trained in hospital schools where the principals had supposedly inculcated them with a view of nursing that diverged sharply from the leaders' visions. Apprenticeship was more than a managerial strategy; it was also an ideology of what nursing should be and a carefully articulated method for making young women into competent and committed nurses.

Graduates of Bell Hospital Training School for Nurses attest that they were taught loyalty, obedience, subservience, and an unquestioning attitude. They make it clear that students were rapidly socialized to the highly authoritarian and stratified order of the hospital system. Yet information found at Bell Hospital raises questions about how indoctrinated student nurses actually were to the apprenticeship ideology of nursing. For instance, some of them threatened to strike unless a principal was fired, others petitioned the dean of the medical school about the punishment meted out to one student, and still others were instrumental in changing policies about students being married and the color of nurses' shoes and stockings.<sup>28</sup>

Perhaps more importantly, student nurses directly challenged university officials to upgrade their education. In 1919, the senior nursing class sought help from a librarian and the chancellor in establishing one of the first nursing sororities in the United States.



Included in their goals were better fellowship, scholarship, and social status for nurses. These objectives were particularly important to them since they were in a hospital connected with a medical school. Equally important was their desire that such a sorority should be like any other sorority, since nursing was "under the auspices of the University of Kansas."<sup>29</sup> Their arguments were persuasive, and in December, 1919, the Board of Administration approved the establishment of the Alpha chapter of Beta Mu Eta sorority, forerunner of Delta chapter, Sigma Theta Tau. By February 1920, they had received a charter for their organization and opened a chapter house near the hospital.

In April 1920, 19 nurses in training submitted a petition to university officials and the faculty of the training school, asking to have their education improved. Among other requests, they asked for courses that carried college credit and had competent instructors. If they could not have the college credit courses, they suggested "a two-year course with intensive training which eliminated the time wasted in scrubbing, washing clothes, polishing stoves, carrying trays, and other odd jobs which have nothing whatsoever to do with nursing."<sup>30</sup> Their arguments were based on the shortage of student nurses, which created a lack of competent, trained workers and made nursing unattractive to many young women in Kansas. The effect, if any, that their petition had on changing the nursing program is not known.

Nevertheless, the petition as well as the establishment of a sorority suggest that these young women saw something wrong with the system and tried to change it. They encouraged a liberal education for nurses. Their efforts also suggest that nursing schools under the auspices of a university

may have promoted a sense of professionalism that was different from that promoted by a training school operated by a private hospital. At least at the University of Kansas, the experiences of student nurses seemed to make them conscious of a special professional identity and shaped their dedication to upgrading nursing. Student nurses at Bell Hospital sought university recognition for the occupation before the leaders of nursing did.

• • •

This institutional case study has examined the role women played in the professionalization of female-dominated occupations, in particular their part in the development of baccalaureate nursing education at one midwestern institution. The investigation addressed factors that influenced nursing's move into the University of Kansas, the directions chosen by nurse leaders, and how student nurses responded to their experiences. In this process, nurses were not seen solely as either victims or heroines of a male-dominated system. The evidence at Bell Hospital supports the oppressor/victim model of women in the professions, but it also shows that nurses were a force in the establishment of both a collegiate nursing program and a national nursing scholarship sorority.

Factors that encouraged the professionalization efforts of nurses at Bell Hospital included ideological forces, such as professional organizations and accrediting agencies; a medical school faculty concerned with the need to upgrade all educational programs; and training school principals who supported baccalaureate nursing education. Another influential factor was the effort of student nurses, who challenged university

officials to upgrade their education. Despite the rank-and-file characteristics of the training school, the nurses did not fit the stereotype of the typical nurse. University affiliation appeared to make the difference and helped shape their dedication to improving nursing. Connection with a medical school and participation in graduation exercises with other college graduates made them conscious of a special professional identity.

On the other hand, the nurses' efforts were consistently constrained by a complex mixture of financial, political, and cultural forces, such as the basic conflict between hospital needs and the educational needs of student nurses; the hierarchical health care system, which influenced the principals to yield to the pressures and conform; and the firm establishment in the minds of society, physicians, and nurses that womanhood and nursing were closely bonded together.

Other situations present at Bell Hospital during the period under study, such as the role women played in maintaining occupational segregation, the social characteristics of young women who entered female-dominated occupations, and the relationship between liberal arts education and professionalism, merit further examination. Although fragmentary, the data from this investigation suggest that the addition of liberal arts and sciences to nursing education provided some student nurses with the insight necessary to understand the social and psychologic implications of a system that impeded their pro-

fessional development. This thesis is particularly significant in light of the long-standing controversy within the occupation over what should be the level of entry into professional nursing practice.

The conclusion of this study suggests that, whether intentionally or unintentionally, some people wished to maintain a labor force that would not rebel while attending to the least desirable tasks of the medical profession. One way to achieve this goal was to feminize the work force and conceptualize its characteristics as nurturant, submissive, altruistic, and manual. Another way of meeting this objective was to reward a woman's submission to the authority structure of hospitals, the growing physician power, and the cultural standard of female subordination. Still another way was to control the education of the workers. The more liberal education that such workers received, the less likely that they were to meet the requirements of docility and loyalty.<sup>1-4</sup>

Traditionally, women have hovered in a state of ambiguity as they tried to elevate their professional status, and at the same time maintain their female characteristics. They could either present themselves as women, or they could present themselves as achieving persons, but not both. It appears that most females in this investigation not only chose to be women first, but they may even have been unwilling to give up their "innate" female attributes such as nurturance, passivity, and altruism.

## FOOTNOTES

1. Ehrenreich B. The health care industry: A theory of industrial medicine. *Soc Policy*. November/December 1975:4-11.
2. Ashley J. *Hospitals, Paternalism, and the Role of the Nurse*. New York, NY: Teachers College Press; 1979.
3. Cleland V. Sex discrimination: Nursing's most pervasive problem. *Am J Nurs*. 1971;71(8):1,542-1,547.
4. Muff J. *Socialization, Sexism, and Stereotyping: Women's Issues in Nursing*. St Louis, Mo: Mosby; 1982.
5. Melosh B. *The Physician's Hand: Work Culture and*

- Conflict in American Nursing*. Philadelphia, Pa: Temple University Press; 1982.
6. Parsons M. The profession in a class by itself. *Nurs Outlook*. November/December 1986:270-275.
  7. Fitzpatrick ML. Nursing. *Signs*. Summer 1977:818-835.
  8. Reverby S. *The History of American Nursing*. New York, NY: Garland Publishing; 1984.
  9. Davis F, Olesen V, Whittaker E. Problems and issues in collegiate nursing education. In: Davis F, ed. *The Nursing Profession: Five Sociological Essays*. New York, NY: Wiley; 1966.
  10. Hoxie G. The beginnings of the school of medicine at the University of Kansas. 1955. Available in: Archives of Clendenning History of Medicine Library, University of Kansas Medical Center, Kansas City.
  11. *Forty-first Annual Catalogue of the University of Kansas for the Year 1906-1907*. Available in: Archives of Clendenning History of Medicine Library, University of Kansas Medical Center, Kansas City.
  12. Minutes of Hospital Department Head Meeting, October 10, 1933. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  13. National League for Nursing Education. Report of the survey of the Department of Nursing of the University of Kansas. Kansas City. April 18-20, 1938.
  14. The letter from Mervin T. Sudler, Associate Dean, to Chancellor Lindley, December 8, 1921, includes the notation that "Miss Hardin would appreciate definite instructions as to what you desire to have done with Miss \_\_\_\_\_ (who had been suspended for misconduct) and she will carry them out as soon as they are received"; Letter from George Hoxie to Chancellor Strong, December 18, 1909; Letter from Miss Hinch to Chancellor Strong, March 28, 1916; Letter from Dr Sudler to Chancellor Strong, March 14, 1918. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  15. Minutes of the Executive Committee of the Nursing Faculty, April 29, 1940, December 9, 1940, and April 7, 1941. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  16. Bullough V, Bullough B. *History, Trends, and Politics in Nursing*. Norwalk, Conn: Appleton-Century-Crofts; 1984.
  17. Bullough V, Bullough B. *The Emergence of Modern Nursing*. London, England: Macmillan; 1969.
  18. Lynaugh J. The entry into practice conflict. *Am J Nurs*. 1980;80(2):266-270.
  19. Hoxie G. *The Practice of Medicine for Nurses*. Philadelphia, Pa: Saunders; 1908.
  20. Strauss A. The structure and ideology of American nursing: An interpretation. In: Davis F, ed. *The Nursing Profession: Five Sociological Essays*. New York, NY: Wiley, 1966.
  21. *Thirty-fifth Biennial Report of the University of Kansas for the Two Years Ending June 30, 1934 and Thirty-seventh Biennial Report of the University of Kansas for the Two Years Ending June 30, 1938*. Topeka, Kansas: Kansas State Printing Plant, 1934, 1938.
  22. Baer E. Nursing's divided house: An historical view. *Nurs Res*. 1985;34(1):32-38.
  23. The best illustration of this is Hinch's yearly report for 1914 in Bulletin of the University of Kansas. 1914;16(1). Published from July 1, 1913, to July 1, 1914, 22-23. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  24. Patterson S. Out of our past. Paper presented at the Inter-Century (University of Kansas 1866-1966) Day in Nursing. Kansas City, Kan: 8. Patterson was Froehke's assistant for a number of years.
  25. Hardin M. The school of nursing. *Graduate Magazine*. October 1926:12.
  26. Minutes of Hospital Department Head Meeting, October 10, 1933. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  27. Minutes of Board of Administration, March 5, 1920. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  28. Letter from Mervin T. Sudler to Dr Strong, September 28, 1912; Minutes of Executive Committee of Nursing Faculty, September 14, 1941 note that student nurses petitioned Dr Wahl because a student was campused for two weeks and her late leaves were removed for two months by the committee, who believed she had displayed unethical conduct; a report from Kansas University's Nurses' Alumni Association in *Jayhawker Nurse* (1941;16(1):1) notes that students were instrumental in changing the policy that required the wearing of black hose and shoes to one that allowed white.
  29. Letter from Della Unruh, representing Bell Memorial nurses, to Librarian at the University of Kansas, July 7, 1919; Letter from Della Unruh to Chancellor Strong, August 4, 1919; Letter from Della Unruh to Chancellor Strong, September 30, 1919; Letter from Chancellor Strong to Della Unruh, October 8, 1919; Letter from Chancellor Strong to Della Unruh December 4, 1919; Letter from Della Unruh to Chancellor Strong, February 7, 1920. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.
  30. Letter from 19 members of the senior class of nurses to the Board of Administration, the Chancellor of the University of Kansas and the faculty of Bell Hospital Training School for Nurses, April 1, 1920. Available in: University Archives, Spencer Library, University of Kansas, Lawrence.