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Nursing and the Universities

Having been a student of history at the University of Edinburgh before becoming a student of nursing, the natural instinct is to base my thinking about the present and future aspects of any subject on a review of past events. Such an approach to a professional-academic interface is considerably restricted, however, because in this country there has, as yet, been little interchange of ideas or official interaction between the nursing profession and the universities.

The Recent Past

It is only in North America that we can look back to the earlier years of this century to find a substantial body of opinion determined to provide education for nurses within universities. This progress was not achieved without considerable trauma in both the profession and colleges. A number of academics, as well as nurses, wrote and spoke publicly over a number of years to support this cause. They included James Russell, Dean of Teachers College, Columbia University at the beginning of the century,¹ Josephine Goldmark who prepared the report of the Committee on the Study of Nursing Education in the United States in 1923² and the distinguished Canadian educationist, Dr. G. M. Weir who, in the survey of Nursing Education in Canada, published in 1932, stated:

'Student nurses are dealing with

human values and needs with human problems and outlooks as are the teacher, or lawyer, or doctor. If they possess adequate capacity they respond to the same influences and their mentalities develop in the same manner. Part of the nurse's training may be considered utilitarian as opposed to liberal. The same is true in connection with the training of the lawyer or doctor or engineer'.³

Now a little over 20% of the qualified nurses in the USA are graduates while a number of them continue to read for higher degrees at master or doctoral levels in clinical as well as other specialist fields of nursing. Research, too, has been encouraged for many years past. In 1929 Miss Isabel Stewart, Director of the Department of Nursing Education at Teachers College, Columbia University, wrote:

'If nursing is ever to justify its name as an applied science, if it is ever to free itself from these old superficial, haphazard methods, some way must be found to submit all our practices as rapidly as possible to the most searching tests which modern science can devise. Not only bacteriological and physiological and chemical tests are needed, but economic and psychological and sociological measurements also, if they are appropriate and workable. There is not much use waiting for someone outside our own body to recognize our critical situation and to offer to do the work for us'.⁴

Indirectly, these academic developments in North American nursing have had a significant effect on events on this side of the Atlantic. One British nurse in particular, Gladys B. Carter, who was herself a graduate, was among the earliest members of the profession in this country to see the need for nurses to study in institutions of higher education, especially universities. In her book, *New Deal for Nurses* published in 1939,⁵ strong arguments are made in this respect, and as a visiting professor in various North American universities she made contact, among others, with the Rockefeller Foundation who donated \$100,000 in 1956 for the establishment of a Nursing Studies Unit in the University of Edinburgh. But for a number of years to come, neither the universities nor the nursing profession found much interest in or a need of each other.

It was against such a background of lethargy and disinterestedness that other tentative steps were taken in the 50s to secure a niche for nursing in the system of higher education. In 1953 the Department of Public Health and Social Medicine at Edinburgh University, in collaboration with the

Scottish Board of the Royal College of Nursing, accepted responsibility for the Boots Research Fellowship in Nursing which was founded for a period of seven years. The first holder of this fellowship was Gladys B. Carter. She was able to use this opportunity to work for the establishment of the Nursing Studies Unit and to make plans for the first course for nurse educators offered in it. In 1959 a diploma course was established for students of nursing in Manchester University, which has since been recognized as a degree programme.

Taken year by year, the growth of nursing activities within the universities from the late 50s to the present time has appeared slow and, indeed, the attitude of the nursing profession towards such developments has not always been encouraging to the pioneers. The experimental and tenuous nature of university-nursing links is mirrored in the report of the Robbins Committee on Higher Education published as recently as 1964.⁹ Nursing, as a subject worthy of consideration by the academic world, was dismissed in a few lines of Chapter I as follows:

'We received evidence about training for nursing and some of the occupations associated with medicine. Since this does not form part of higher education as we have defined it, we have not specifically considered this wide area of opportunity for girls. But we are aware that at certain points contacts with universities and colleges are now being established'.

Nevertheless, the development of university-based nursing activities during the period 1956 to 1972, even if slow, has made positive advances. When viewed as a whole, these developments add up to the establishment of one autonomous Department of Nursing Studies by the University of Edinburgh in 1965 and the establishment of a chair in 1972.

At Manchester University a senior lecturer has been appointed Head of Nursing in the Department of Social Medicine for the co-ordination of the undergraduate degree course; at Surrey University there is a lectureship in nursing in the Department of Human Biology. Here, too, there is a recently established integrated degree nursing programme at undergraduate level. A Director of Nursing has been appointed by the Medical Faculty of the Welsh National School of Medicine in 1972 to undertake a degree course for nurses there. Facilities for the education of nurses are also being provided at Southampton and Liverpool Universities. A number of teaching hospitals in London, Edinburgh and elsewhere are providing special

'end-on' nursing courses for graduates.

This vanguard movement to bring nursing within the purview of the university system has been equally concerned with research; some beginning studies of various aspects of education and practice have been carried out in certain universities in Scotland, England and Wales under the aegis of the Royal College of Nursing and by the generosity of a few voluntary benefactors.* The main sponsor of nursing research has been the Government through awards granted by the Department of Health and Social Security, which has employed an officer in Nursing Research since 1963, and by the Scottish Home and Health Department. The latter in 1971, in agreement with the University of Edinburgh, gave a grant of £150,000 to establish a research unit in the Department of Nursing Studies. Some Government money, on both sides of the border, has been used to provide opportunities for nurses and others to carry out nursing studies in a number of universities.

Although these developments are highly commendable, they must be kept in perspective. They are minute when compared, for instance, with the money granted by the same Government departments to the Medical Research Council units which amounts to tens of millions per annum, not to mention other Government and industrial awards provided for medical research.

The Present Situation

Reservations about the need for some nurses to have a university-based education are likely to be dispelled if a positive outcome of these new activities can be identified. What this positive contribution should be has never been too carefully defined. Certain facts and figures are available, however, about the work patterns of graduates in nursing and the numbers of students currently taking such courses. Because of the very recent advent of university nursing programmes it is not surprising that student numbers are small, and that because little time has elapsed since completion of courses, it is difficult for any final judgement to be made about the graduate's contribution to the profession.

Up to the end of 1971 a 'snowball' study of nurses with graduate qualifications in Great Britain revealed about

300 names, although of course there may be others who were not identified by this method'. It should be recalled that altogether the nursing profession in Britain has a labour force of about 260,000 qualified staff, including both registered and enrolled nurses, so that the graduates are a minute percentage of the whole group. About 100 undergraduate students of nursing are now starting courses in, or associated with, British universities each year, and so it can be anticipated that graduates in the profession will increase slightly in future.

Information about this group of personnel is available from three sources—from the work undertaken by Sister Mary Hubert, who visited Britain to make a comparative study of American and British university nursing developments in 1964⁸, from the studies of graduates in nursing which have been undertaken by Dr. J. MacGuire, Director of the Research Unit of the General Nursing Council for England and Wales⁹, and from data being collected by the Department of Nursing Studies.¹⁰

Sister Mary Hubert's findings are principally concerned with attitudinal differences between the nurse graduates and the profession in Britain. In one of her papers she makes the following remarks⁷:

'Nurses both wanted and didn't want basic university courses in nursing. It meant rethinking nursing in a way radically different from (the traditional) experience and ingrained frame of reference. It doubtless meant risking reproach from powerful members of the profession if one sided with the university—the height of disloyalty! It may also have presaged gradual dissolution of a traditional way of life whose glaring limitations seemed less threatening than a plunge into an uncharted path. For a "thinking" approach to nursing would certainly not preserve the status quo, nor the complex defense system built up over the decades to preserve it!'

Dr. MacGuire's investigations are providing useful information about the numbers of graduates in nursing by comparing their career paths with the type of degree they have taken. There are three categories of graduates—those who graduated and then became registered nurses, nurses who proceeded to take degrees after registration, and the more recent development of integrated degree nursing programmes where nursing and academic parts of the course are studied and practised simultaneously. The data on the first two groups indicates that the graduates who later become registered nurses are most likely to stay in the profession, over 75% of them having

*The World Health Organization Research Fellowship grants; The Nuffield Provincial Hospitals Trust award of £22,000 to the Department of Nursing Studies in 1970 to study the development of clinical-academic nursing links; the British Commonwealth Nurses' Association which awarded two fellowships to nurses to read for MSc. degrees in the Department of Nursing Studies.

taken posts in nursing administration and educational positions.⁹ On the other hand, nurses who graduate after registration are more likely to move out of the nursing profession.⁹

Up to this time opinions about the integrated nursing degree programmes have been diverse and unrelated to factual data. Evidence is now becoming available which gives some guidance, over a short period, about the work of some of these recently qualified nurses. It shows that most of them are taking first-level professional positions, as staff nurses and ward sisters, or undertaking further specialized clinical courses in midwifery, psychiatric nursing, health visiting and nursing research. Out of a total of 43 graduates who have completed the integrated degree programme it is known that 17 are currently employed as sisters or staff nurses, six have completed or are completing the health visitor course and are in community nursing, four have been or are currently working in nursing research and one has recently become an assistant matron abroad. Sixteen of the graduates are known to be married; six of them are still employed as nurses and most of the others in this group are intending to re-enter the profession later on¹⁰. These preliminary findings do not confirm the opinions frequently held that these nurses will not wish or be able to hold down first-level professional positions, or that more highly educated nurses are not equally competent practitioners. Nevertheless, this latter misconception has tended to gain ground, despite the fact that there has never been any evidence to support it.

The report of the Committee on Nursing was published in October 1972. The committee's remit, which was 'To review the role of the nurse and the midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available manpower to meet present needs and the needs of an integrated health service'¹¹, has, for the first time, specifically recognized the need for the nursing profession to include a small percentage of graduates. Even this recommendation for 2 to 5% to be graduates has considerable implications for both the universities and the profession if it is to be fulfilled. It will mean that in a few years' time out of approximately 85,000 student nurses preparing for certification and registration in Britain, up to 4,000 of them should be taking a university-based course either in preparation for registration or afterwards. Both alternatives are recommended in the report, but to meet this target there will need to be a considerable expansion of present integrated degree pro-

grammes as well as the establishment of new ones and the development of university programmes for registered nurses.

Other recommendations made in the report will, if implemented, have direct and important implications, not only on the numbers of nurse graduates required, but for postgraduate preparation to be available as well. The need for principals of colleges of nursing and midwifery to be graduates is clearly indicated, as is the need to increase nursing research on a wide front, particularly into the clinical and manpower aspects of professional practice. University assistance and involvement in the development of nursing research will be crucial and is recognized as such in the report.

Another role envisaged in the report for universities and institutions of higher education is to arrange conferences and courses for nurses and midwives together with other related professions. Similarly, the desirability of establishing 'Colleges of Health' is mentioned for many of the health service professions where an integrated approach to planning the delivery of a higher quality of health care could be studied and put into practice. The unique position of the University of Edinburgh in this respect merits special comment as, in addition to faculties

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of medicine, divinity, social sciences and law, there are also departments of general practice, social administration and nursing studies within them, all having students with direct involvement in the provision of personal care services adequately regulated in a social and cultural environment.

Thus, the report of the Committee on Nursing has now opened up the first serious possibility of nursing being accepted in the university system, if those responsible on both sides really want such a development to take place. However, the best laid plans of Government reports like Robert Burns's 'mice and men', however, 'oft gang aglay' and are always dependent ultimately on the willingness of the people concerned to adopt new ideas and put them into practice.

It is a harsh reality, but one which has to be admitted, that the universi-

ties can continue to develop without association with the nursing profession. But in the long run the scientific knowledge upon which nursing, like other related professions must draw, is to be found in greatest and deepest concentration within the universities. There are also some indications in the present situation that where nurses have an opportunity of participating in academic activities they have knowledge and experience which can make a contribution to the enrichment of higher education.

As far as nursing is concerned there is one vital question which must be asked and answered. Is the work undertaken by nurses—their role and function—seen to rank as a fully fledged professional activity? If some nurses are doubtful about the answer, their uncertainty is increased by conflicting arguments which tend to go on over their heads by various other professions and disciplines, including medicine, about the extent to which nursing can claim its own professional identity. For instance, one recent contributor to the *Lancet* wrote: 'It has to be understood by doctors that, whatever her professional trappings, the nurse is primarily engaged upon a mothering experience'.¹² Another letter written by a doctor to the *Lancet* states that the nurse's first duty is to carry out the doctor's orders and secondly to relieve the patients' discomfort.¹³

However, that there is an identifiable area of responsibility undertaken by nurses is not open to doubt. The Henderson definition of the nurse's role makes a reliable starting point by stating that:

'The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible'.¹⁴

In the context of present and future social needs it becomes necessary to recognize that nursing is normally a team or group activity maintained on a continuous basis requiring a comprehensive oversight of the clients' or patients' physical, psychological and social environment. Superimposed on this generic definition of nursing there is also the need for nurses to gain specialist knowledge to enable them to practise in a wide range of professional settings. Although there is a common core of professional expertise called nursing, as there is another range of professional activities called medicine, the specialist knowledge required by the health visitor or the sister working in an intensive therapy unit will be as

different as that of the medical officer of health and the renal transplant surgeon.

A viable profession is going to depend increasingly on its ability to adapt incessantly to meet changes in the social, economic and scientific environment. Thus it will require in its ranks those who are able to question accepted customs and practice, to establish scientific principles of clinical practice and manpower organization. As the report of the Committee on Nursing makes abundantly clear, such objectives are going to depend more and more on the preparation of some nurses to undertake research into professional practices and procedures.

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An educationist also pointed out recently that doctors have already achieved an image based on 'a high level of professional competence. . . . Nurses will acquire it in the modern world when research becomes a duty of some, if not all, members of the profession'.¹⁵

There are, in fact, other equally cogent and impressive reasons which should lead the profession to seek the highest educational facilities for as many of its members as possible. Consider, for instance, the management implications of providing a nursing service in any integrated community or hospital setting. Frequently the chief or principal nursing officer carries responsibility for hundreds, and in some cases thousands, of professional staff working with an annual budget often running into a million or more pounds. In most instances, such nurses are expected to work in equal partnership with administrators, doctors and others who have had the privilege of a university or advanced level of education frequently including postgraduate studies. The adaptability, research-mindedness and vision required of nurses in these top administrative posts cannot be over-emphasized. It is certainly at least as great as that required of their counterparts in the health team.

Similarly, it needs little imagination to appreciate an equally responsible role for nurse educators, not least of all those of them who bear responsibility for the organization of large colleges and schools of nursing and for the development and evaluation of new educational programmes and techniques. Would it be considered

advisable or efficient nowadays for the principal and staff of a college of further or adult education, which is precisely what a college of nursing is, to hold their posts without an adequate academic background in a specific discipline?

Lastly, nursing in its struggle to maintain some sort of cheap labour service to the community has not paid sufficient attention to the knowledge required by its own clinical experts—the ward sisters, the community nursing sisters, the nursing officers and health visitors. The possibility of a real career channel being established for these practitioners is at last opened up by the report of the Committee on Nursing. There can be no doubt, however, that, as in the other branches of nursing already mentioned, such expansion of the role will depend on increased knowledge of the sciences as well as the practical art of caring for clients and patients. The need for the nurse specialist or clinician has long been recognized by a few perceptive nurses and certainly by many perceptive doctors.

So much then for the profession, but what of the attitude of the universities to this ill-defined situation? It can be hoped that they too will be spurred on to further support of nursing needs in their midst by this new report; but rightly they will need to be convinced that the profession appreciates the need in future to attract first-class brainpower into its ranks like all other professions. It can be argued that a university route into nursing for young women and men with advanced and higher levels from school is now a necessary mechanism for attracting into the profession some of those bright youngsters who have in earlier generations been happy to accept the regular school of nursing programme or have entered another profession offering more stimulating and academically demanding methods of preparation.

There is evidence that the universities are taking quite a positive interest in the profession and, a few of them, notably Edinburgh, are willing to spend considerable sums of money on the education of nurses. Let it be noted, however, that the cost of running a department of nursing has to be met out of the normal budget for the whole university, and in accommodating nursing in this way less space, facilities and money are available to other emerging disciplines.

Another factor frequently overlooked by the profession is that students of nursing in a university setting are discussing, debating and working alongside other students; and are showing that they have at least as much ability. This development is

important in breaking down the suspicion which may lurk in academic minds about the quality and calibre of people attracted into a profession so far little known or recognized in the higher levels of British education.

Predicting the Future

It is unlikely that a more auspicious time will come to bring about formal and closer links between nursing and the higher education system in this country, especially for the universities, where even the most traditional and distinguished strongholds of academic learning are appreciating the need for studies and students closely involved in current socio-economic and cultural development of our society.

The recommendations of the Committee on Nursing will for the first time in the history of nursing make it possible to enlist the support of Government in financing the expansion envisaged in university and other sectors of nursing education so urgently needed. To those of us who are striving from day to day to find adequate means of financing integrated degree and nursing programmes often on an *ad hoc* basis, where grants have somehow to be found from educational and/or health service agencies to cover 12 months rather than traditional academic years, the last sentence of paragraph 316 of the report of the

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Committee on Nursing that 'There should be no more argument about whether such (i.e. university) courses qualify for awards than would be the case in relation to any other university courses in any subjects'¹¹ is welcome indeed.

More than goodwill and good intentions are required, however, to forge these new links between the universities and the profession. A willingness to change, to adopt a flexible attitude and to experiment is needed by both sides. As far as the profession is concerned the role of the leadership is clear. It is to recognize the need, as other groups worthy of professional status have done, to seek the advice and assistance of the universities in planning academic programmes and research facilities for some of its members. Thought also needs to be given to making facilities at higher

educational level available to as many nurses as possible through conferences, seminars and part-time links of a wide variety. Different universities have different types of staff expertise and facilities and will accordingly offer different ideas and advice. Variety, however, is a factor which can easily be used to advantage by a profession as diverse and widely spread in its function as nursing.

Those of us as nurses who have had the privilege of studying and working within the universities are aware of the breadth of outlook and humanity shown by their educators and administrators when they are approached for academic or other help. Nevertheless, the first effort, inquiry and exploration must come from those with a desire and need for new knowledge; and the initiation of such activity is a duty which those carrying major responsibility for professional development cannot evade.

A crucial factor in effecting such changes is that all members of the profession must feel that their values and independence are not being threatened by bringing the profession closer to the thinking and standards set by universities. Thus, the involvement of all members of the profession in such a process is vital. It is understandable that they may be fearful and possibly resentful of the one or two graduates they suddenly find in their midst. It is all too easy to assume that these people are an exclusive élite who are not really professionals and practitioners like other nurses, and that they will usurp all the top jobs within a month or two of completing their courses and attending their graduation ceremonies, even though evidence is available already to refute this fear. Consider for a moment the problem already faced in quite a different way by the introduction of the enrolled nurse into the ranks of the nursing team. For years the full acceptance of these colleagues has been quietly evaded, their abilities, even when proven, often questioned. They have, in fact, experienced all the classic symptoms of minority groups with which our own society is painfully familiar in many other settings.

Time is, of course, often the best agent of change, but time is not on the side of the profession in this issue at the end of the 20th century. The only positive antidote to such a minority syndrome is to bring the profession to a closer and keener understanding of the need for these new policies. That ignorance breeds fear and resentment is known to us all in our own experience and living, but for most of us, when we know why and how a change is being made and have a chance to see that our own position

and standards will not be adversely affected, planned and gradual change is normally not unwelcome.

The Committee on Nursing's recommendations in fact provide a constructive framework and philosophy of the nursing team of the future by emphasizing the need for women and men of widely ranging talents and abilities to be absorbed into the profession as equals. Some of them will be prepared to carry more responsibility than others, but all of them will have an opportunity to develop their own talents fully, if they so wish, and will seek promotion in fair and open competition.

Taken to its logical conclusion this particular policy requires the use of skilled appraisal and judgement of capabilities. It means, for instance, a radical change by the profession in the utilization of both graduate and non-graduate nurses of ability by enabling those who are able to do so to move further and further in developing their own career paths in whichever direction they choose. Only when the leadership accepts this thinking and can discuss it with the members will the present minority complexes, with their inevitable disadvantages, be removed.

The hallmark of maturity in nursing, as in all other professions, business and the universities, is to take advantage of those members in its own ranks who are able and trained to think several decades ahead however challenging and uncomfortable they may be as immediate bedfellows. If nursing had been able to accept in this way the forward thinking of such eminent tacticians as Gladys Carter, some of the major problems of professional role and identity still to be solved by nurses would certainly have been better understood by now.

On the part of the universities, too, there are growing signs that they recognize the need to embrace nursing programmes and research, but if the academic recommendations of the Committee on Nursing, for instance, are to be achieved in the foreseeable future, it will be necessary for the senior echelons of academia to move a little faster, and to acknowledge that all rules are made to be broken sometimes. For instance, it would be advantageous if, in certain carefully regulated circumstances, admission procedures for students wishing to read for degrees could be altered. Already at Edinburgh and other universities it has been possible for a few distinguished nurses of proven professional and personal ability to register for research degrees without having a first level degree. These specially selected students have proved that it is possible for such non-graduates to

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cope adequately with advanced level academic work. In a profession where there are hundreds, perhaps a few thousand highly intelligent practitioners capable of carrying heavy loads of responsibility, who also hold university entrance requirements, mutual advantage could be enjoyed if some professional qualifications and experience could be equated to Advanced level or Scottish Higher Certificate passes, or permission be granted to recognize that, exceptionally, such candidates might be permitted to read for a second level degree.

Another gesture which it is to be hoped that the universities will be able to make is to recognize that certain professional qualifications and experience would entitle a nurse to be given an honorary appointment. Such an arrangement would enable her to make expert clinical knowledge available to nurses, social scientists and others working in a university setting to whom such information could be of value for both teaching and research purposes.

It also has to be said that, if nursing is to develop satisfactorily within the universities, adequate support in terms of finance and personnel must be made available, irrespective of the faculty or department in which nursing programmes are being provided. Valuable experience in this field of development has been achieved by medical departments where it is recognized that the clinical and professional needs of students, over and above the academic, do require different staffing ratios from other disciplines if adequate teaching and supervision of students is to be achieved.

It is from the medical faculties, too, that help can be sought by those universities and members of the nursing profession concerned with the development of nursing in the academic framework. Although the medical profession enjoys the advantages of a totally graduate population which facilitates professional mobility between the health service and the universities, the cementing of links between these two organizations by the granting of honorary status to both field and academic staffs to work on the other side should be studied by university nursing departments in all faculties. Not only should some nursing service staff be granted honorary status within the university, but it is equally, if not even more imperative, for nurses employed by the universities to be granted a similar status within the health service. For without strong and real clinical links these nurses will metaphorically be starved of their life-blood—continual study and observation of the rapidly changing clinical and social scene.

In the medical faculties, too, there are now innumerable clinical departments and research units more or less representing the great span of medical knowledge and investigation, a process which has been evolving over the past century. Although it is understandable, in view of very different educational opportunities and facilities hitherto available to the two professions, medicine and nursing, that in the one European university where there is one professor of nursing studies there are 37 professors of various medical specializations. This situation must be transient. The term 'nursing studies' is no more appropriate for the wide range of nursing knowledge and skills required today than is the term 'medical studies' to cover the vast area of specialization to be found in medical practice. The impact of nursing studied and practised within the universities will only begin to have some effect on the standard of nursing care provided when the numbers of teaching and research staff employed in university departments of nursing enable those nurses to participate adequately in both the academic and practical activities of the profession, as is the custom in medicine.

It is not surprising that in present circumstances there is little hope of the professor of nursing studies becoming involved in the teaching of nursing in any clinical or organizational setting, despite invitations from some medical faculty professors to do so. Indeed, in how many of the specialties concerned could any one person operate effectively?

The inevitable evolution of this process must lead in due course to the establishment of several departments of nursing representing, in the first instance, the major areas of clinical knowledge and practice. Beyond that, in the more distant future, even more esoteric growth points can be discerned. The logical outcome of such developments, perhaps around the beginning of the 21st century, may be the establishment of one or two nursing faculties in which these are a range of nursing specializations based on an appropriate depth of knowledge and on-going research to warrant a development which today will cause many missed heartbeats.

These forward-looking objectives can only be achieved, however, by the integration of nursing and university interests and ideas envisaged in this paper for the most important reason of all that the group of nurses working within the universities, who will always be a small percentage of the professional whole, cannot make this essential progress on their own. They are entirely dependent not only on the practical, but even more on the moral

and emotional support of their academic and professional colleagues.

Conclusion

It must surely be the privilege of an inaugural lecturer to end the paper by making one or two forecasts which I believe will be proved correct in the course of time. First, it is now 16 years since the Nursing Studies Unit was established with Elsie Stephenson as its first and indomitable director, who, by her courage and the loyal support of a small band of pioneers, made rapid strides in the development of what is now a fully-fledged university department. If we can maintain the same impetus, the same enthusiasm and determination to succeed over the next 16 years, many of the changes commended in this paper will be achieved and others will be coming within the grasp of the nursing profession. Second, I predict that if the profession and the universities can work together, as envisaged, there will be greater knowledge available to provide nursing care of a higher quality for clients and patients of all categories and ages; and as all of us are potential patients, such improvements would be in line with our personal as well as our vocational and academic interests.

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