

THE DEVELOPMENT OF NURSING EDUCATION IN THE
ENGLISH-SPEAKING CARIBBEAN ISLANDS

by

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ABSTRACT

During the past several hundred years, historians have elaborated on nursing care practices and the teaching modalities that were implemented to meet the exigencies of the times. These writings have described primitive eras, scientific trends, technological developments and research discoveries, and they have concentrated on the nursing developments in Europe, Asia, and North America. In the case of the Caribbean area, there is very little literature regarding the developments of nursing and the teaching of nurses; the fragmented information that is available, however, seems to convey a long adaptive process from Arawak existence to the current modern nursing educational system.

The primary objective of this study was to identify the various factors, processes and people that influenced the adaptive growth and the progressive change from Arawak spiritualistic rites and rituals in the care of the sick and in the education of nurses, to the modern scientific approach currently used in the Caribbean area, which is comparable to more developed countries. Besides the adaptation over time, the study looked for new trends in nursing education in the Caribbean area and identified the projections of nursing educators for the future and the contributions that Caribbean trained nurses are currently making to the international arena.

An extensive search for historical material was done through the Central Library of Trinidad and Tobago; the West Indian Reference Library in Trinidad; The World College of Nursing Library in London, England, the Jamaica Archives, the Jamaica Institute, The Daily Gleaner, The Jamaican Nurse, Index Medicus, the International Nursing Index, the Cumulative Index to Nursing and Allied Health Literature and the Nursing Studies Index. Questionnaires were sent to all the Caribbean Embassies. Structured telephone and face-to-face interviews were also done.

Results from the study indicated a protracted course of events from spiritism, through an era of British brutality and servant girl approaches to modern nursing education. Societal pressures and the influence of the church emerged as significant factors in this adaptive process. In addition, significant contributions made by Caribbean nurses to the international arena through collaboration with various world health organizations were documented.

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CHAPTER I

INTRODUCTION

The Caribbean Area

There is little recorded information on the history of nursing education in the Caribbean area. For one to understand the development of nursing in this region however, one needs to have some knowledge of the Caribbean territory.

The Caribbean area is a number of islands in a sea between North and South America. They were discovered by Columbus in 1492. This island chain measures approximately 1800 miles long and between 400 and 700 miles wide. The islands are bordered by the Gulf of Mexico on the North, and the Yucatan Channel on the South and are clustered by the Bahama Islands on the East. The Caribbean Sea which surrounds the islands is navigable, facilitating transportation between islands, while also serving as a pathway to both the Atlantic and the Pacific Oceans.

Although hurricanes are prevalent between the months of June and October, rain that follows generally abates the long periods of drought, and therefore, much of the destruction by storms is generally minimized and accepted by the inhabitants.

The Caribbean area has many good natural harbors: Havana and Santiago, Cuba; Kingston, Jamaica; the Mole, St. Nicholas and Samana Bay, Hispaniola; San Juan, Puerto Rico; and Castries, St. Lucia. These harbors facilitate commerce and shipping internationally.

The Europeans migrated to the Caribbean Islands during the Reformation and Renaissance of the sixteenth century. It was a time when the Europeans were searching for new territories and new learning. The early settlers concentrated on the development of the region not only agriculturally and sociologically, but also educationally which likely included nursing education (Roberts, 1940).

Columbus' plan provided for Spain to have sovereignty over the Caribbean Islands. England, France, and a host of other countries, however, had other plans for the area. In the fifteenth century, the Caribbean waters were filled with European pirates and buccaneers who fought for possession and sovereignty (Roberts, 1940). Saint Lucia changed hands four times between the French and the British during the struggle. Barbados remained permanently British while Guadelupe and Martinique remained French. This admixture of peoples has left its imprint on the Caribbean area to this day. The population includes people from nearly every nationality (Williams, 1970). The greatest number of people is of African descent, and in smaller numbers are Chinese, Indians, Germans, British, Spanish, Portuguese and Lebanese.

Columbus described the Caribbean area as a land of gold (Roberts, 1940), but the islands were not devoid of problems. In his terms, the people were illiterate. Columbus could not understand their language nor could they understand Spanish. The island people represented two distinct groups: the Caribs

(after whom the Caribbean is named) and the Arawaks. The behaviors of the two groups were markedly different. The Arawaks were a peace-loving red-skinned people who wore only feathers while the Caribs were aggressive and murderous (Williams, 1970). These aborigines had no reasonable plan for nursing care nor nursing education but neither did the Europeans at that time. The aborigines practiced magic and used herbs for treatment of the many epidemics, such as yellow fever, which was then highly prevalent.

CHAPTER II

STATEMENT OF THE PROBLEM

During the past several hundred years, volumes have been written to show how people have adapted to changing conditions. Historians have elaborated on nursing care practices and the teaching modalities that were implemented to meet the exigencies of the times. These writings have described primitive eras, scientific trends, technological developments and research discoveries, and they have concentrated on the nursing developments in Europe, Asia, and North America. In the case of the Caribbean area, there is very little literature regarding the development of nursing and the teaching of nurses. The fragmented information that is available, however, seems to convey a long adaptive process from Arawak existence to the current modern nursing educational system.

The history of one's past usually affects one psychologically. Barzun (1983) contends that people require history written by contemporaries whom they understand, so that their minds may be filled and reshaped not for dealing with crisis but for coping with day-to-day situations. His theory lends emphasis to the need for the documentation of nursing education in the Caribbean area.

Abu-Saad (1979) cites a new trend which stresses the importance of an international orientation and a multicultural approach to nursing and nursing education. If this is to be

fully realized, nursing educators must capitalize on historical background information; they must show appreciation for their historical past. Through strategic planning and implementation they must incorporate historical events and demonstrable activities that will produce the multi-cultural flavor (Abu-Saad, 1979).

Nursing educators who fail to incorporate historical content in their curriculum will be seeing the effort for international cohesion with eclipsed vision. These educators will fail to understand the unique contributions portrayed in the chronologies of history in the vast arena of nursing and nursing education.

Aeschliman (1973) postulates that the nature of nursing and nursing education in a given place or period is "culturally defined." Hence to both teach and practice nursing from a world perspective, one must input information into a circular historical concept. When information from a given geographical region is missing, the circle lacks concentricity. When the circle is made complete through the sharing of historical information from country to country it would be in-keeping with the goal of the International Council of Nurses which is to foster communication among nurses throughout the world for mutual understanding and cooperation (Holleran, 1982).

In this context the historical nursing information relative to the Caribbean area should focus specifically on

Caribbean area nursing education. Caribbean area nurses are constantly traveling abroad to practice their profession. For example, during the ten year period 1959-1969, 3,034 nurses left Jamaica to practice nursing in the United States, Canada and/or the United Kingdom ("Nursing Council," 1969). Since there is continuous recruitment of Caribbean area nurses to metropolitan markets (Davy, 1965; Tulloch, 1965; "International Nursing," 1989), it is important that they receive the quality nursing education that will enable them to practice effectively in host countries. Historical documentation that provides the host countries with educational advisement over time is also crucial. Caribbean nurses in foreign health care settings show that there is a high probability that current nursing education in the Caribbean area may be of similar quality to that of the United States, Canada and Great Britain. According to "A Fine Record" (1961), nurses educated in the Caribbean area nursing programs are as competent as nurses educated in more developed countries.

Recent data show that Caribbean area nurses pass the United States National Council on Licensure Examination (NCLEX) at a higher percentage rate than other foreign graduates; and Caribbean nurses traveling to Canada do equally well with passing the Canadian examinations (National Council of State Boards, 1992). With reference to Great Britain, reciprocity of basic nursing education, with the General

Nursing Council for England and Wales, was achieved by the Nurses Association of Jamaica as early as 1952 (Swaby, 1980).

Because of the Caribbean area trained nurses' ability to function in the various nursing specialties in foreign hospitals and because of their high rate of success on foreign examinations, it appears that nursing education in the Caribbean Islands has both scientific and professional semblance to nursing education in more developed countries. This represents growth in a nursing educational system that had its vestige in the Tainos (an Arawak Indian Tribe), the warring Caribs, pirating Spaniards, French, Dutch, British Compatriots and African slaves (Williams, 1970). These problems were further enhanced by economic deprivation, social inequality and political dependence on Britain (Brereton, 1981). Swaby (1980) postulates that:

as one fearlessly looks back into the history of Caribbean area nursing education one is "cheered by memories of slow but sure progress, in the steep climb from shoddiness and worthlessness to true education for professionalism in nursing." (p. 35)

Swaby also contends that there is a need for better preparation of teachers of nursing in the Caribbean area and advocates that these teachers should have preparation at the master's and doctoral levels. Currently they are provided advanced course work in teaching and administration prior to teaching assignments, but this falls short of graduate degrees (Swaby, 1980).

One United States operated nursing school in Jamaica operated by Seventh-Day-Adventists prepares the graduates with baccalaureate nursing degrees. The University Hospital of the West Indies has worked towards this goal by offering post graduate studies. The current student body comprises a diversity of ethnic groups. This is reflective of the many nationalities that make up the Caribbean population. The evaluation of nursing education among this "ethnic mix" creates a posture of ethnic cohesion, people motivation, survival strategies, communication patterns and leadership styles. Historical documentation should provide information to the international community on nursing education by showing how people of different races can work together objectively without discrimination.

This study was conducted to present a better understanding of how a health care and nursing educational system which had its beginnings in illiteracy and spiritualistic rites developed into a modern, scientifically based educational program. Even when the Europeans came, they brought no knowledge of germ theory or disease causation; hence, they were left to rely mainly on the crude techniques of the aborigines, and the local natives taught them of the many benefits of herbal concoctions and the efficacy of herbal baths (Williams, 1970). A great deal of adaptation was required of these newcomers. Historically Caribbean area nursing education had not been well documented. The intent of

this study was to pull together this information and to identify the forces that influenced the development of nursing education in the Caribbean area.

Conceptual Framework

This historical qualitative study will use the concept of adaptation in investigating the changes in nursing education in the Caribbean area over time. According to Rogers (1970), man encounters changes in his internal and external environment to which he must adapt if he is to survive. Selye (1976) described the general adaptation syndrome and showed the biological response to internal and external stressors, where man on a health continuum either survives or meets his demise (see Figure 1).

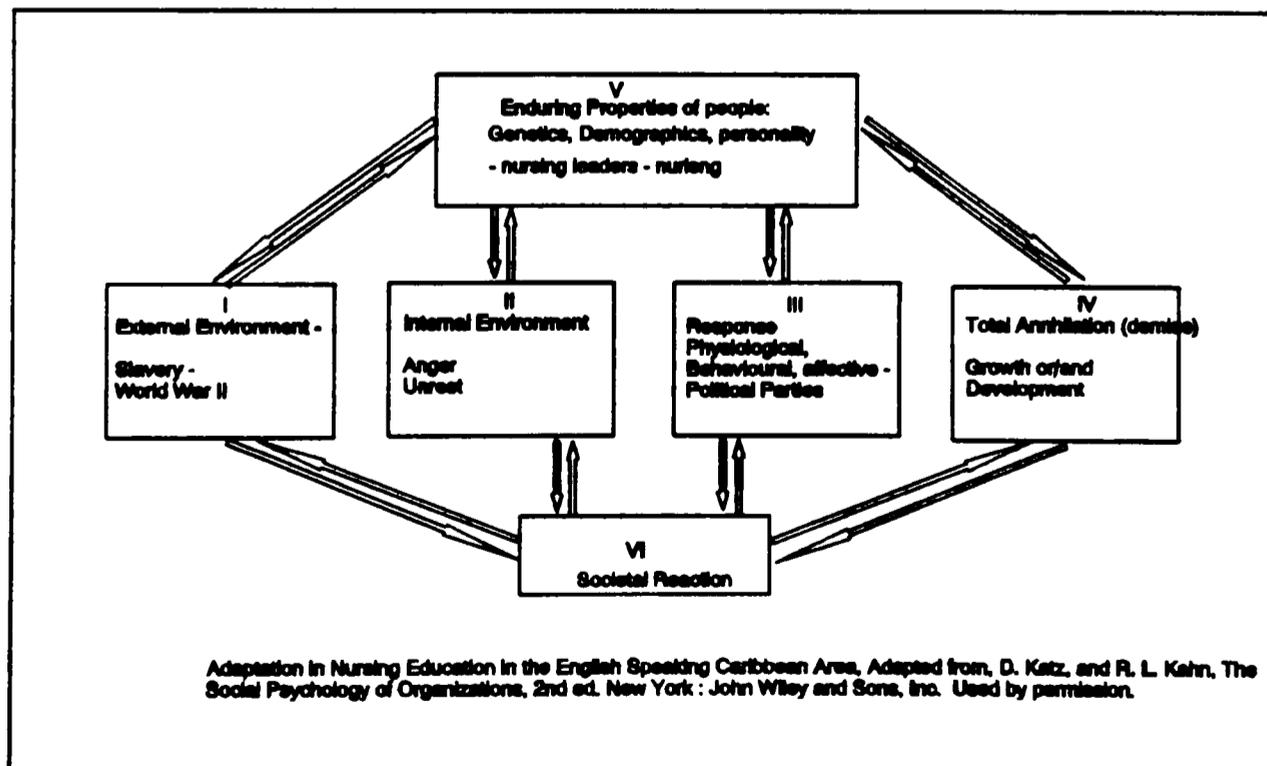


Figure 1. General Adaptation Syndrome Model.

Adaptation may occur in the individual, the family or in groups, and occurs over the life span (Potter and Perry, 1989). In order to maintain homeostasis, stressors must be processed effectively, individually or within the group (see Figure 2 and Figure 3).

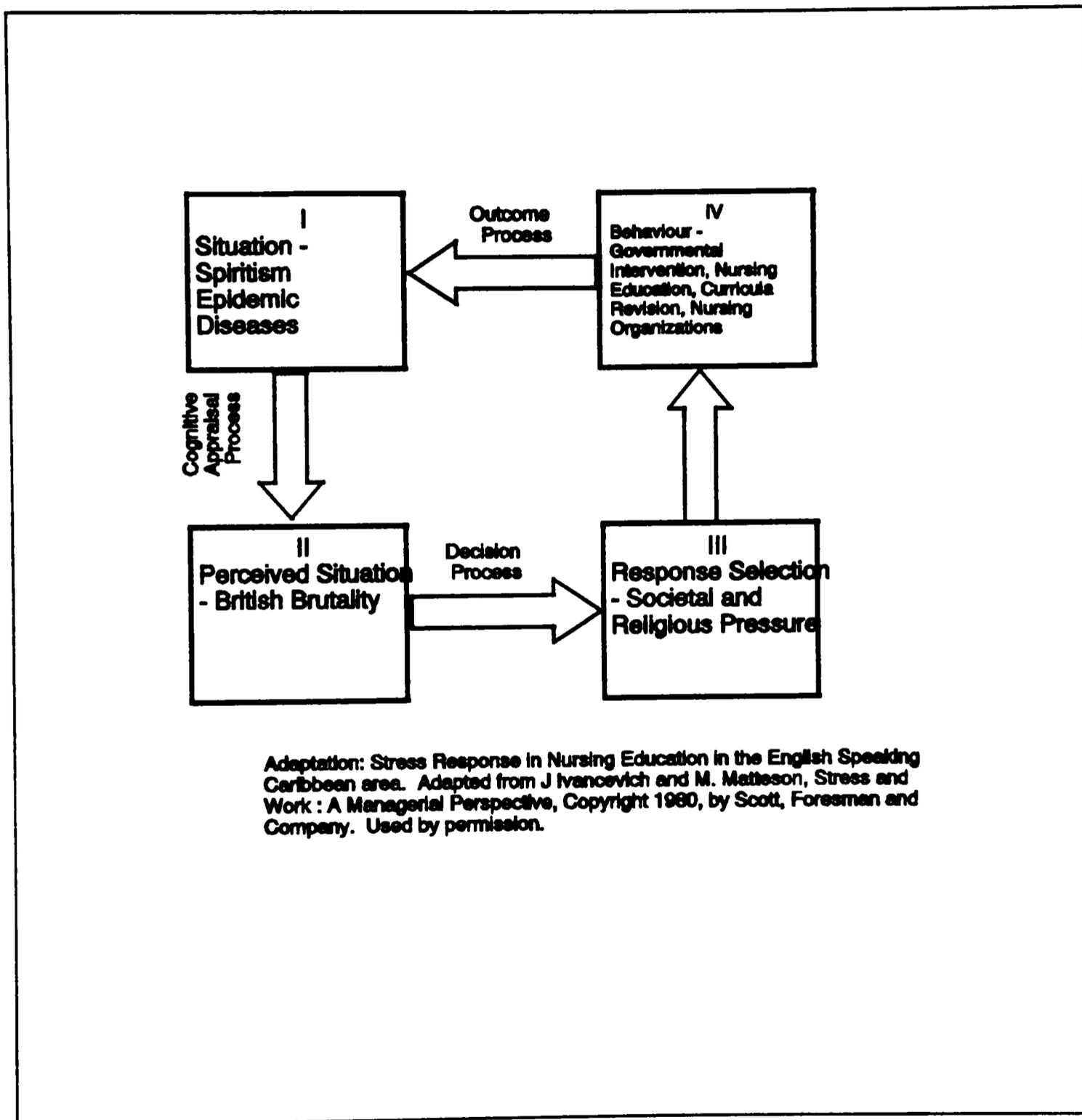


Figure 2. Process Model of Stress and Adaptation.

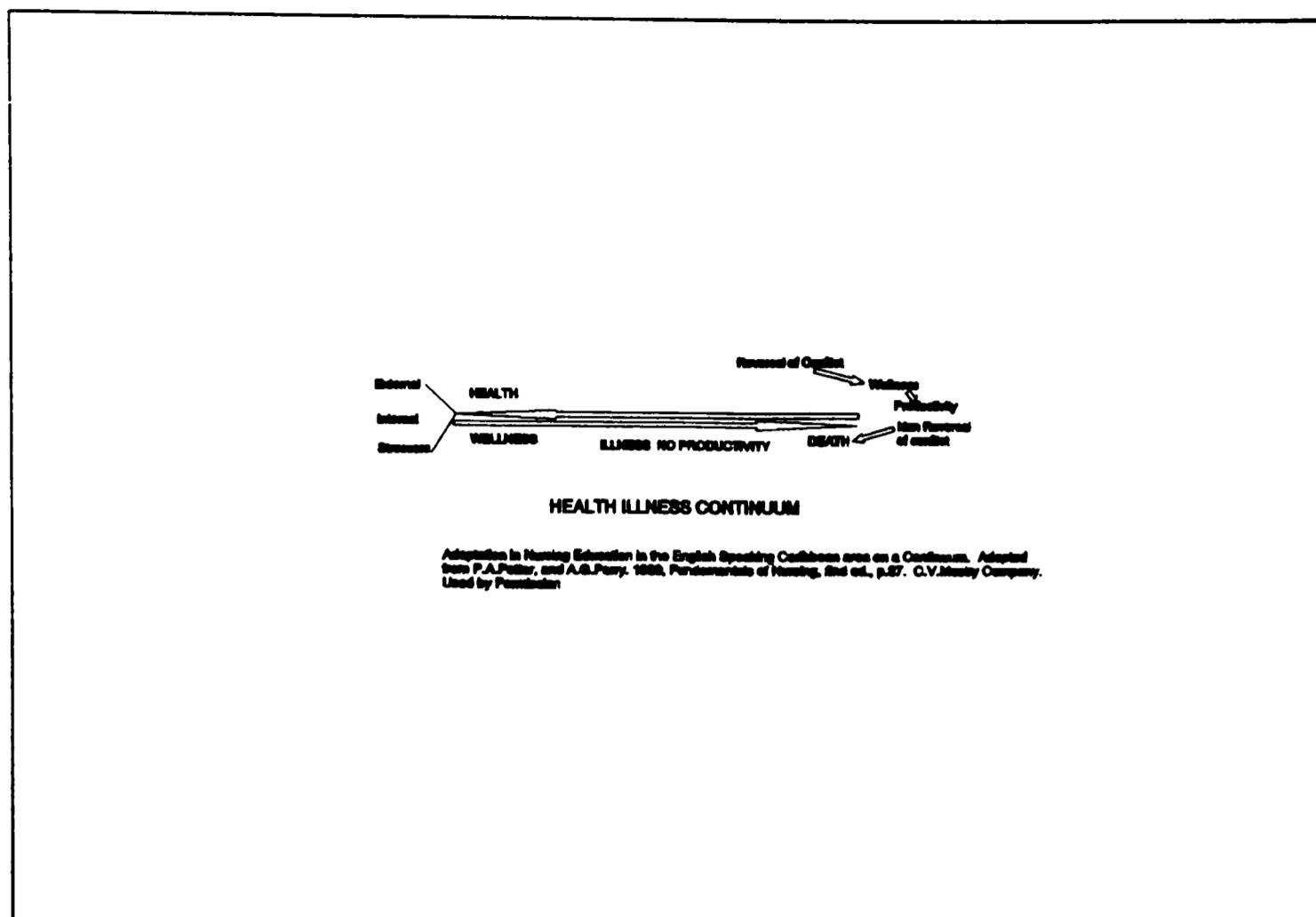


Figure 3. Adaptation on the Life Continuum.

In the Caribbean area, it appeared that both components (individuals and groups) in the form of nursing leaders, government officials, the church and communities combined to change a hostile environment into one committed to universal health care issues.

Other theorists of adaption (Roy, 1984; Hunt, 1975) advocate that in the health care arena demands are placed upon patients psychologically, physiologically and sociologically. Hence, in this arena clients are in an adaptive mode and function independently. In this context, nurses become intervening forces when clients fail to function

independently. Nursing then has the responsibility to develop a readiness for appropriate intervention to meet societal needs. This readiness is achieved through nursing education and through standards of nursing practice (Swaby, 1970). In this context nursing assists man to enhance the satisfaction of his needs and to achieve his highest degree of integrated functioning. Societal changes, however, transcend various forms of metamorphosis. These dynamic alterations place greater and greater demands on society.

As a result the world has become a burgeoning arena of scientific discoveries and technological advances. Nursing, through time, has responded by developing new nursing educational strategies and scientific approaches to meet the needs of a changing society (Dolan, 1958). While using these strategies nursing educators are involved in the teaching learning process which creates dynamic interaction between teacher and learner. The teacher facilitates the acquisition of knowledge and the generation of new knowledge about the concepts of man, society, health and nursing. The intent is to produce a flexible environment, an open system which is conducive to meeting the ever changing needs of man in his environment.

Hunt (1975) supports the idea that necessity acts as an agent of change. He states:

As we look back upon the history of inquiry it appears that a large proportion of the fundamental breakthroughs in science has been a result of individuals with a creative bent, originating a new

interpretation which at the time of its formation seemed to most persons a complete violation of common sense and of authoritative teaching. (p. 18)

Nursing education in the Caribbean area seemed to have played an intricate part in the arena of societal change which is evidenced by its radical evolution. The theories of Roy (1984), Hunt (1975), and Selye (1976) form the framework to examine systems, change agents, the roles, and functions of individuals and some of the many behaviors that have affected the transition in nursing education.

A review of the literature on nursing education in the Caribbean area revealed an evolution from spiritualistic rites and rituals to a current modern educational system comparable to those of more developed countries. Some historians may record only dates and events that functioned as the catalyst for this transition, but a more inquisitive investigation is likely to reveal an intricate adaptive process over time.

Purpose of the Study

The paucity of recorded information in the literature creates a need for an historical analysis of the processes that are involved in the changes in nursing education in the Caribbean area. The purpose of this study was to present in chronological and cultural outline a clearer understanding of the adaptive forces and the cultural factors that affected the growth and development of nursing education in the Caribbean

area. Attention also focused on the change from spiritism to professional nursing practice over time.

Emphasis was on pre-Christian relevance, primitive indigenous cultures, selected Euro-Asian antecedents and the various adaptive forces and people that influenced the development of nursing education. The adaptation from apprentice type training to nursing specialization was studied. This was examined in the context of the influences of contemporary world events upon the evolution of curricular changes.

Such a study is important and timely since current historical recordings deal with nursing development in more advanced countries, for example, the Florence Nightingale era in Great Britain and Dorothea Linde Dix's influence in the United States. These individuals were early proponents of sound nursing education. More recently, nursing educators have emphasized the importance of an international orientation and a multicultural approach to nursing and nursing education (Abu-Saad, 1979; Masson, 1981; Grippando & Grippando, 1986). Historical input serves not only to document adaptive modalities among countries, but also to identify new trends. Recordings of Caribbean nursing history are nearly non-existent or at best fragmented. This study should provide a historical basis of the progressive growth and adaptation in nursing education among the ethnic groups in the Caribbean area.

One can assume that each ethnic group is likely to have made its contribution to nursing education over time. Graves (1965) discusses an enviable congeniality among island peoples; he identifies them as having Portuguese, French, Spanish, Hindu, Lebanese, Venezuelan, American, Arabian, African Negro, Chinese, German and British backgrounds and nationalities.

Two important cultural factors that might have contributed to the growth of nursing education and that should facilitate the new emphasis on international orientation are:

1. Congeniality among the races, evidenced by the absence of segregation. (The opportunity to reside in a given area is more determined by financial status than by class or caste.)

2. The desire for group cohesion evidenced by the regional University of the West Indies founded to serve the higher educational needs of the Caribbean Islands (Association of Commonwealth Universities, 1965).

These afforded higher standards of general education. Nursing and nursing education have also added their quota in the formation of the Caribbean Nurses Organization which came into being in 1957 to link together all the professional nursing organizations in the Caribbean Basin (Swaby, 1980, p. 48).

According to Bell and Oxar (1964), the British settlers who came, as early as 1665, seemed to focus quickly on

becoming self-sufficient in order to survive. They planted cassava, sugar cane, tobacco, cotton, citrus and pineapple and used the wild growing pimento for spice. It is highly probable that many health practices and health teaching approaches were also used for survival as British, French and Dutch adapted to the Caribbean area life style. In spite of these efforts the loss of lives to cholera and other tropical diseases were in epidemic proportions among the Europeans, while they remained endemic among the aborigines. The Arawaks taught the new settlers crude means of survival (Roberts, 1940).

It was well into the eighteenth century before fragmented records of specific duties of the nurse appeared. Nurses were now assigned to care for the sick (on plantations) and for pregnant women and their children. Their practice was most likely by trial and error in the absence of organized training.

Today one views a changing Caribbean area in respect to nursing education. Nursing curricula and nursing disciplines more closely resemble those of more developed countries. This is supported by their higher passing rate (than other third world countries) on the licensure examination in the United States. The consistent recruitment of Caribbean nurses to the United States also seems to be reflective of a knowledge base comparable to those of the

host countries (Davy, 1965; Tulloch, 1965; "International Recruitment," 1989).

The unifying and cohesive forces seemed to reflect unique adaptation strategies among educational proponents, nursing and civic leaders, governmental forces, and political and social systems. Apparently these forces transcended the pre-Christian era described by Bullough and Bullough, 1984; Dietz, 1963; Ellis and Hartley, 1984. The indigenous Arawaks likely added their contributions to the above mentioned forces of unification and adaptation in what seemed to be an open system, as they selected chiefs or other leaders to manage the people's affairs and to perform the religious rites and rituals (Graves, 1965). The Caribs with their barbarous nature might also have left an indelible imprint on nursing and nursing education. The Spaniards came, followed by the French, Dutch and British. These groups were subsequently responsible for the importation of many thousands of Africans into the Caribbean (Williams, 1970).

Telecommunication, computer systems and other modern technology have contributed to an already forceful and organized adaptive system in the area of nursing education. The Caribbean area has also been awarded national acclaim by its acceptance to membership in the International Council of Nurses in 1960. The historical documentation of the adaptive evolution of nursing education over time in the Caribbean area would not only broaden the Caribbean area nurses' historical

perspective but also provide a resource for nurses of other countries who travel to practice nursing in the Caribbean area. Today nursing history is a significant part of every nursing curriculum. The history of Caribbean nursing education should also be given a permanent spot in the historical archives and should be added to nursing curricula. As the world becomes more interdependent and people interact more closely it should be useful to document the history of nursing education in the Caribbean area.

Delimitations and Limitations of the Study

The intent of this research was to examine the development of nursing education primarily in the English speaking Caribbean area from its discovery in 1498 until the present time. The study focused mainly on the Caribbean region. References to developments in the United States of America and several European countries were made to indicate the influence of those developments on changes and adaptive processes in the Caribbean area.

The study examined island cultures, socioeconomic, political and nursing educational changes and adaptations. Developments in Trinidad and Tobago, Grenada, St. Kitts, St. Vincent, St. Lucia, Barbados, Dominica, Montserrat, Nevis, Jamaica, the Cayman Islands and Antigua were studied. Limited comparisons were made with Spanish, French and Dutch nursing educational programs within the region.

Assumptions

Certain assumptions were made in conducting this study. These assumptions were as follows:

1. Both written and oral structured and unstructured interviews were conducted and the proper procedure was used.
2. The journals and newspapers reviewed were reputable and contained correct information.
3. The information in British literature closely paralleled developments in the Caribbean area.

Definition of Terms

The first three terms defined in this study are those of the National League for Nursing. They are used to show differences in Caribbean nursing preparation. These terms are:

Baccalaureate Nursing Education,
Diploma Nursing Education, and
Practical/Vocational Nursing Education.

The other terms defined should provide clarity and avoid ambiguity in semantics.

Baccalaureate Nursing Education

Baccalaureate nursing education is provided in an institution of higher learning. Generally students spend the initial two years studying general education disciplines. The major in nursing is concentrated in the last two years of upper division study. There is a strong theoretical base with

related skills practice at this level. Nursing concentration is on providing care to individuals and groups and working with health care teams. There is emphasis on research and on providing students a sound foundation for graduate study. The baccalaureate graduate takes the same licensure examination as the diploma and the associate degree graduate. The National League for Nursing lists several characteristics of the graduate from a baccalaureate program:

Provide professional nursing care, which includes health promotion and maintenance, illness care, restoration, rehabilitation, health counseling, and education based on knowledge derived from theory and research.

Synthesize theoretical and empirical knowledge from nursing, science, and humanistic disciplines with practice.

Use the nursing process to provide nursing care for individuals, families, groups, and communities.

Accept responsibility and accountability for the evaluation of the effectiveness of their own nursing practice.

Enhance the quality of nursing and health practices within practice settings through the use of leadership skills and a knowledge of the political system.

Evaluate research for the applicability of its findings to nursing practice.

Participate with other health care providers and members of the general public in promoting the health and well-being of people.

Incorporate professional values as well as ethical, moral, and legal aspects of nursing into nursing practice.

Participate in the implementation of nursing roles designed to meet emerging health needs of the general public in a changing society. (National League for Nursing, 1987, p. 18)

Diploma Nursing Education

Diploma nursing education prepares an individual for licensure as a registered nurse. The school is often under the control of a hospital. Students patronizing the diploma school are often qualified high school graduates who desire early and continuous exposure to patients and hospital personnel who work with patients and families. The program prepares the registered individual to function as a beginning practitioner in acute, intermediate, long-term and ambulatory health care settings (National League for Nursing, 1986-87a).

Practical/Vocational Nursing Education

Practical (vocational) nursing education generally comprises one year of study in nursing. Experiences are provided in hospitals, extended care facilities and nursing homes. Upon completion of this training in the United States, graduates are eligible to take the National Council Licensure Examination for the practical (vocational) nurse (NCLEX-PN). The graduate is prepared to give nursing care in simple nursing situations. In more complex nursing situations the licensed practical nurse works as assistant to the registered nurse (National League for Nursing, 1986-87b).

Host Countries

Host countries are countries other than the Caribbean Islands to which Caribbean trained nurses were recruited to be health care providers.

Foreign Health Care Settings

Foreign health care settings refer to all foreign countries where Caribbean trained nurses practice nursing.

Personal Structured Interviews

Personal structured interview/survey questionnaire related to specific questions asked of nursing educators by the investigator, that provided information on historical events and how those events may have impacted the development of nursing education in the Caribbean area.

Questionnaires

These were tools, specifically constructed with the intent of collecting information about the history of nursing schools in the Caribbean area.

Methodology

This study held personal interest because of the investigator's Jamaican birth and Caribbean area orientation. The investigator received her initial nursing education in Jamaica at the University College Hospital of the West Indies. Because of the investigator's firsthand knowledge of the Jamaica nursing curriculum and because of the interaction with Caribbean area nursing educators and nursing students, the investigator had firsthand knowledge of the paucity of Caribbean area nursing history.

Gathering data for this qualitative study followed the format for historical research as discussed by Kerlinger

(1973). Critical investigation of events and developments that focused on the past were done. These included face-to-face interviews of nursing educators and nursing leaders with whom the investigator was either personally acquainted or to whom the investigator was referred. These individuals shared information about other Caribbean Islands; and these interviews were recorded; and on-site observations of current Jamaican nursing schools were conducted. The investigator used this information to compare her previous knowledge of nursing education in the Caribbean area with current developments. Document analysis was conducted in the principal nursing institutions in Jamaica as directed by the nursing council, at which time nursing educators being interviewed were asked to verify written information (see Appendix A).

According to Kerlinger (1973), unstructured interviews have important advantages and disadvantages. The disadvantages he identified as interview bias, as data that could produce multiple interpretations and as lack of focus on the problem being investigated. He contended, however, that these problems could be easily minimized if the interviewer were carefully selective in the interviewing process. He argued that the advantages include flexibility, rapport, cooperation among participants, revelation of true feelings, beliefs and attitudes, and the provision for a broader field of study.

In addition, questionnaires were sent to all the embassies in the Caribbean area for purposes of gathering

historical and current information. Eight of these inquiries sent to the embassies were returned with the names of lay nursing educators in the Caribbean area. Questionnaires were then sent to these lay nursing educators and where necessary, there were follow-up interviews by telephone. Historical materials in the Caribbean were also researched to determine the most accurate early historical sources of nursing education in the Caribbean area. The Jamaica Archives, the Jamaica Institute, the Library of Kingston Jamaica and the library of the University of the West Indies in Kingston Jamaica were sources for much of this material. The Daily Gleaner, the Jamaica Nurse and materials from professional nursing collections in London, such as the World College of Nursing Library, London, England, were also researched.

There was also a comprehensive computer search for which the Med-line data base was used. Med-line is one of the major sources for biomedical literature. Among its many indexes are Index Medicus and the International Nursing Index. Med-line covers virtually every subject in the broad field of biomedicine, indexing articles from 3,700 international journals published in the United States and 70 other countries. Over 360,000 records are added each year with 70 percent of its publication in English. The International Nursing Index, the Cumulative Index to Nursing and Allied Health Literature and the Nursing Studies Index were also reviewed. One finding was a dissertation concerned

specifically with the development of nursing education in Jamaica. Historical developments in nursing education from pre-historic times through the European Renaissance and Reformation were reviewed in an attempt to get a better understanding of key historical milestones in nursing education.

Several reports, both published and unpublished, by various nursing committees and nursing organizations, that dealt with nursing and nursing education in the Caribbean, proved invaluable. Particularly helpful were reports about the Nursing Association of Jamaica, the Caribbean Nurses Organization, the Commonwealth Nursing Federation, the International Labor Conference and the International Council of Nurses.

Finally, the histories, curricula, faculty composition and student demographics from the Caribbean area were solicited and integrated into the study. (Appendix A contains copies of: structured interview and survey questionnaires and letters sent to the embassies.)

CHAPTER III
IMPACT OF EUROPEAN NURSING EDUCATION
ON CARIBBEAN NURSING EDUCATION
PRIOR TO THE RENAISSANCE
AND REFORMATION

This chapter is based on assumptions of pre-historic world influence on the development of nursing practice and nursing education in the Caribbean area. References are made to the development of nursing and nursing education in Europe and the United States and comparisons are drawn between these countries and the Caribbean area.

The literature surrounding the historical perspectives of nursing and nursing education in both Europe and the United States revealed unprecedented advances in nursing education. Grippando (1977) documented a change in nursing education from the hospital milieu to institutions of higher learning which included greater emphasis on general education. Swaby (1980) described a new emphasis in nursing education in the science and liberal arts content in Caribbean nursing curricula and elaborated on the new community college which emphasizes general education courses.

Many nurse historians (Dock, 1912; Jensen, 1965; Dietz, 1964) relegated the roots of the thrust for scientific knowledge and general education in nursing education to the Nightingale system of nursing schools founded in the eighteen hundreds. Modern nurse historians, however, projected the

beginning of nursing education beyond the Nightingale era. Stewart (1950) advocated that nursing in its simplest form was essential to the maintenance of life in pre-historic times hence the proposed existence of some mechanism for relaying information to posterity. Rogers (1964) confirmed that idea and postulated that:

Nursing as a learned profession is born of the historical roots from which it springs. Modern nursing has traditionally concerned itself with both the sick and the well, and with the promotion of health and the care of the sick. (p. 32)

Masson (1981) documented the family as the first vehicle that transmitted that nursing knowledge.

According to Stewart (1950), the tasks of nurturing and caring were assigned to women because of their domestic responsibilities, their ability to procreate and the dependence of babies and the elderly on them. To meet the exigencies of the sick and dying, women experimented with herbs, hot and cold poultices and counter irritants. These procedures were, however, surrounded by superstition and folklore. The women taught the art of healing to their progeny (Stewart, 1950). Pavey (1953) advocated that although the countries of the Near East were credited with beginning nurses' practice and the passing and preserving of this information, similar behaviors were found among the aborigines of the Caribbean. This can either be ascribed to people traveling from East to West and teaching survival strategies or to behaviors common to man (Pavey, 1953). Although

civilization is believed by the majority of historians to have begun in the countries of the Near East, these same practices were found among the aborigines of the Caribbean. History does not specifically record the health care activities of aboriginal women, but women historically were not assigned significant roles in most societies. Hence, the domestic chores which included nurturing and caring for the sick and the indoctrination of younger family members by those in the Caribbean were likely similar to their primitive counterpart of the Near Eastern countries.

Nutting and Dock (1935) elucidated some fascinating truths about the mythology that surrounded primitive man. They reasoned that mythology regardless of its geographical location was of similar form; and any differences would be mainly influenced by climatic conditions or physical settings. The Indians were a specific tribe steeped in the veneration of heavenly bodies (Nutting & Dock, 1935). Interestingly, the aborigines in the Caribbean were Arawak Indians who demonstrated to Europeans similar beliefs in animism and spiritism.

Edwards (1980) discussed primitive people that sailed across the Atlantic to South America. He further classified the Arawaks of the Caribbean as Indians from South America. If the aborigines of the West were truly the progeny of the East, then primitive nursing education in the Caribbean may have transcended from the Near East.

Primitive nursing education with its superstitious underpinnings continued until the Hippocratic contribution to medicine and nursing during the later part of the fifth century B.C. Hippocrates at this time denounced the fatalistic attitude of primitive health care givers and discarded the religious aspects of suffering and initiated the scientific study of disease. Clinical medicine had its beginnings with Hippocratic education (Adams, 1939) but nursing was never a practice clearly separated from medicine in the developing years. Hence, the extensive description of disease processes, the Hippocratic oath of commitment to quality health and the emphasis Hippocrates placed on thorough education before practice (Chadwick & Mann, 1950) all likely added their quota to nursing practice and nursing education in the fifth century B.C.

The teachings of Hippocrates were not limited to Greece, Rome, and Babylon; they have influenced the scientific study of medicine the world over for more than twenty-five hundred years (Adams, 1939). Because of the interlocking of the two professions, Hippocrates could be rightly named the Father of Nursing. Hence, credit can be given him for influencing nursing in the Western world in general and in the Caribbean in particular.

When Greece through conquest became a part of the Roman Empire in 146 B.C., Hippocratic influence waned. The theory of medicine propagated and recorded in the annals of Greek

literature catered to the pride of the aristocracy. Physical care of the sick was abrogated. This was, however, preserved in unsophisticated form and copied from exemplars who showed adeptness and commitment to nurturing and the relief of suffering. These were for the most part women and slaves. With the absence of skilled practice, medical theory weakened and people again resorted to mysticism and folklore which were probably indigenous to Egyptian culture (Ellis & Hartley, 1984; Stewart, 1950). This primitive practice could be a long lasting contribution from the ancients to the Caribbean since health practices there are still steeped in impressive charms and rituals. The Romans, however, later made outstanding contributions to medicine and in turn to nursing in the way of gynecological, urological, eye, ear, and dental care and hygiene (Dietz, 1963).

Some historians (Goodnow, 1953; Pavey, 1953) mainly credit the Eastern world with the evolution of medicine and nursing. Columbus and his cohorts, however, found advanced health care practices in Mexico and Peru during the fifteenth century (Frank, 1953). These included medicines extracted from herbs and used as cures for a variety of ailments. This was the case with health care practices existing in Mexico and Peru at the time when the Spaniards conquered those areas (Frank, 1953). Medicine extracted from herbs was used as cure for a variety of diseases both internally and externally. Much of the information on the intrinsic properties of herbs

was shared with the Europeans. Examples of substances shared were quinine, cocoa, ipecac, syrup of wine and cassava (Corlett, 1935). The list of herbs used in the Caribbean today is endless and herbs are sometimes preferred above prescribed medications.

Many historians direct the genesis of all learning to Egypt, the ancient Africa of yesterday (Boia, 1989; Langer, 1952). Other historians (Goodnow, 1931; Grippando, 1977), however, give credence to the contributions of the new world aborigines of yesterday. Several hidden facts have been brought to light through historical excavations and research (Grippando, 1977). When enough energy is expended, and the desire of man to find truth is inexhaustible, real discoveries come to light and truth is unearthed. This was the case with the list of cures and other procedures which have in their own way contributed to the health care of peoples such as the Incas and Aztecs (Bullough & Bullough, 1978). The will of these early peoples for continued discovery in both South and North America, not to exclude the islands of the Caribbean, was brought to a screeching and abrupt halt when they were enslaved, first by the Spaniards, and later by the British (Williams, 1970).

Prior to the birth of Christianity, what is known of nursing education in general is available only in fragmented bits and pieces. What little information there is had to be carefully extracted from the existing medical literature. A

stalwart milestone, the arrival of the Christian era, heralded new birth to nursing education. Credit is duly ascribed to the Founder of this movement not only for propagating new approaches, but also for demonstrating more humanistic ways of presenting information to people. Jesus stressed the importance of altruism and even explained punishment for failure to assist the ill. He stated, "Inasmuch as ye have done it not unto the least of these, ye did it not to me, and these shall go away into everlasting punishment" (Holy Bible, Matt 25:46).

No written manuscript was available to the providers of care in the early church. Instead the responsibilities were allocated to three select groups of women. These included the widows, the deaconesses, and the virgins. It seems their duties were to be performed with alacrity. Hence, these women were chosen because of their non-involved life with household duties (Abu-Saad, 1979). Many of the patients were taken into the homes of the nurses who cared for them.

A formal creed emerged with the advent of the policies instituted by Constantine the Great of Rome in A.D. 320. In that year he declared himself a Christian, thus providing the framework for formal guidelines for the performance of nursing duties. To each priest was delegated the duty of founding a hospital in each city which had a Cathedral. The effect was to propagate the responsibilities of the nurse as taught by Christ (Dietz, 1963).

By the sixth century, monasteries were organized to provide formal education for nurses and other health care workers. The curriculum consisted of subjects classified as liberal studies (reading, writing, agriculture, music, domestic responsibilities) and medical arts. Information related to medicine was transmitted mainly through the medium of hands-on practice. Life in the monastery was geared to promoting dignity and self-esteem and was in itself therapeutic. This was mainly because of the hard physical requirements. The goal was to foster industry while assuring the demise of arrogance, pride, and moral laxity (Spalding & Notter, 1965). The monastic order sprang up all over Western Europe. It lasted from about A.D. 50 to A.D. 800.

The monastic orders built hospitals adjacent to the monasteries and many are currently still in existence. Examples are Hotel Dieu in Lyon erected in A.D. 1542, Hotel Dieu in Paris, established around A.D. 650, and the Santo Spirito Hospital, founded in A.D. 717 (Ellis & Hartley, 1984). The monks posited a dual mission; that of preserving culture and learning and that of humanistic and altruistic responsibilities to the sick and poor. Their influence on modern nursing and nursing education is still extant. Students were inducted as probationers. Their training was relegated to senior sisters. They rotated from one department to another during their educational experience. The curriculum included the preparation of medicine from

herbs, the use of mineral water, household chores, and ethics. The greater emphasis, however, was on correct behavior which included lessons in obedience and orderly conduct (Spalding & Notter, 1965).

The Benedictine Order operated a monastery in its educational system. Theory and practice of the medical arts were assigned highest priority. The order promoted work hours that allotted time for rest and sleep in between work assignments. The order organized such schools as Saint Brigia, Saint Scholastica, and Saint Hilda, which were precursors of universities. The Benedictine order was initiated throughout Europe. It was also established in the Americas to include Mexico and Peru during the twelfth and thirteenth centuries. One cannot be sure what influence this system had on the Arawaks aborigines at this time since the priests and sisters of these orders were credited with Christianizing them (Ellis & Hartley, 1984).

The beginning of military nursing education emerged with the Crusades. This came at the period of world history when the deaconess order was supported by the Western church. This emergence was in direct response to the declaration of the Holy War in Palestine which lasted for nearly 200 years (1096-1291). The crusaders trekked from sundry places to Palestine where they found countless numbers of wounded soldiers dying from lack of care. In conjunction with these pioneer nurse crusaders were a few knights who offered their services to a

small hospital in Jerusalem. This institution was operated by the monks of St. John the Almoner. This fledgling practice later coalesced into a nursing order known as the Knight Hospitallers. They became very influential and concentrated on training individuals for military service. Sons of nobility were admitted for training in the arts of war as early as age seven. The curriculum extended far beyond soldiering and included music, languages, arms, religion, and instruction in obedience (Nutting & Dock, 1935).

Young women of reputable characters and noble birth were taught nursing care of children, first aid, and the extraction of medicine from herbs. Remnants of military discipline are still extant in military and civilian orders of nursing today. The system of professional hierarchy, strict discipline and esprit de corps transcends the days of the crusades (Stewart, 1950). This is often seen in the Caribbean authoritarian approach to pedagogy in nursing education.

Summary

The review of the literature of the history of nursing education in the Caribbean provided minimal information on the development of nursing in the region. Most of the available information concerned the European roots of nursing and nursing education. Various European cultures imposed themselves into the Caribbean; these included Spanish, British, French, Dutch, and East Indians, and each passed on some rudiments of their respective nursing practices to their

progeny. Information relative to nursing education among the original Indian tribes is limited. For the most part, nursing education and nursing practices of the Indians can only be inferred from the records of contemporary writers and from excavations of archaeologists. Volumes are also written about the African slave trade in the region during the seventeenth and eighteenth centuries. Information about nursing and nursing education among the Africans, however, is scanty and relates mostly to the sick in slave houses and to spiritualistic rites and rituals in the treatment of diseases. The Church in the various eras is also described as the institution mostly taking responsibility for the transmission of nursing information.

CHAPTER IV
THE EMERGENCE OF A NEW ERA OF LEARNING
THE RENAISSANCE AND THE REFORMATION--
IMPACT ON CARIBBEAN NURSING
EDUCATION

The Renaissance brought with it a burgeon of change. Tillyard (1968) classified it as "a manifestation of new life, an outburst of virtuous floridity after the cramping restraints and withering asceticism of the middle ages" (p. 40). Lucas (1960) described it as having the cultural dimension that influenced people dynamically and creatively, while Hulme (1926) called it an era of intellectual movement.

The Renaissance spans a period from A.D. 1300 to 1600. It was an era dominated by change in the European society. There were new achievements in medicine, art, literature, science, and also in the economic, social, cultural, and political arenas. Coined money, commerce, industry and trade flourished. Such was the new awakening, as opposed to the agrarian and bartering life style of medieval Europe. There was the invention of printing with movable type which facilitated the recording of historical events logically and artistically. It was a time for the effusion of art, made famous by Leonardo da Vinci, Michelangelo, and Raphael (Tillyard, 1968).

There was a shifting of the population from rural to urban occupations. Emphasis was placed on the efficient use

of artillery and training that would produce an educated cavalry and infantry (Lucas, 1960). Educational advancements were popularized. The first Latin-English dictionary was published. The training of women in letters and moral philosophy was advanced. The translation of Latin and Greek into English was stressed (Woodward, 1924).

The Renaissance was also an age of discovery in medicine. The microscope was first used to detect organisms, and circulation of blood and the pathology of tuberculosis were explained. The relationship between contaminants and disease was exposed, and pasteurization was proven effective against bacteria.

Nursing education, however, is not mentioned as occupying a significant place in the burgeoning educational arena of this period. Women were expected to assume the care of the sick as part of their routine responsibilities. Woodward states:

Domestic duties were hers by nature and by prescription; training covered reading, writing, and 'computation' with the rudiments of medical and surgical lore so far as to qualify her to nurse in sickness or injury . . . Nature study is admissible as preparation for the woman's function as nurse in sickness. (Woodward, 1924, pp. 105, 108)

The Renaissance not only changed Europe, but also fostered expansion beyond the shores of Europe. Spain showed the way by discovering the expanses of the Americas, colonizing them and bringing the element of European Civilization to the Aztecs and Incas and to the Caribbean.

The French, British, and Dutch later settled in the West Indies, and nursing education thus emerged from these cultures, fusing with the already existent new world methodologies (Jamieson & Sewall, 1949).

Both the Reformation and the Renaissance developed contemporaneously. By the sixteenth century, medieval political, industrial, social and religious thinking had metamorphosized into more modern innovations. The Reformation was directed specifically at the church which was a multifaceted organization at this time. It exercised economic, social, political, intellectual, educational and religious constraints over all of Europe. Under its jurisdiction were convents and charitable organizations that took care of the sick, the widows, and the poor. By 1517, the Church had grown into a wealthy bureaucracy that wheeled its financial and intellectual power throughout Europe (Nutting & Dock, 1935).

In the height of Church growth and power, people began to voice disaffection with various aspects of church domination. Its religious dogmatism evoked the greatest controversy (Hulme, 1926). Martin Luther, an Augustinian monk from Germany, challenged the church to defend ninety-five arguments that he brought against it. These he posted on the door of the church. This act aroused widespread interest and controversy. People demanded copies of the thesis, which were subsequently widely diffused among the laity.

Martin Luther also had other supporters among the religious zealots. These included John Huss of Bohemia, Meno Simons in Germany, and John Wycliffe in England (White, 1950). Together with Luther, they openly denounced the Church. Religious wars ensued and continued for nearly half a century. This Reformation is known as the Protestant Reformation. Out of this movement emerged various new religious orders. The Reformation hence signaled a new freedom of choice in expressing individual religious preferences (White, 1950). The influence of the Reformation was later felt throughout the world.

The effects of the Reformation on nursing and nursing education were far reaching. It dealt a deadly blow to nursing and the training of nurses. It was labeled the "dark period in nursing" by some historians (Dietz, 1963, p. 48). The Roman Catholic Church was the proprietor of all hospitals, charitable organizations, and educational facilities throughout Europe. When the Reformers rebelled, they showed no respect for the humanitarian endeavors of the Church. In England, monasteries and hospitals were destroyed. Catholic nurses were in constant danger. Mostly because of this perceived danger, they quickly relinquished every line of duty. Many escaped to Mexico, where they found tolerance for nursing, nursing education, and other charitable organizations. This occurred during the Spanish conquest and settlement of South America and the Caribbean. In Europe, the

people suffered. The sick went unattended, and nursing, nursing education, and the charitable organizations went underground.

Luther's religious philosophy further aggravated the nursing situation. He ascribed an inferior position to women and postulated that their rightful position was in the home and family. Hospitals, the care of the sick, and all women's positions were denigrated (Austin, 1957). The education of nurses formerly carried out by nuns became extinct. No one passed on information about the care of the sick. Surviving hospitals were taken from the Church and assigned to secular supervision. Women without commitment and moral fortitude and even those who were incarcerated were given the responsibility to care for the sick (Dietz, 1963).

Nursing in Britain was described in the context of Sairey Gamp, who was described by Charles Dickens as the disaffectionate and ill-mannered nurse (Nutting & Dock, 1935). When the British traveled west to the New World, these deplorable conditions were propagated in Canada and the other American colonies. In the Caribbean, nursing and nursing education suffered the same fate under the leadership of Mrs. Ryan, a British matron (Seivwright, 1964).

It was during the sixteenth century that nursing and nursing education lost their social standing (Deloughery, 1977). The period spanning the seventeenth through the nineteenth century, however, heralded both the intellectual

and industrial revolutions. These brought in their wake new developments in industry, science, and medicine. Emphasis was again placed on humanitarian endeavors. Women, who prior to this time were not given acceptance in institutions of higher learning, were now accepted.

Influenced by the intellectual awakening, individuals rallied to raise nursing and nursing education to a higher status. St. Vincent de Paul, a catholic priest, and Pastor Fleidner, a Lutheran minister, organized the Sisters of Charity in 1633 and the Kaiserwerth institution in 1836, respectively. The curriculum for the Sisters of Charity included reading, writing, arithmetic, and nursing. The nursing lectures were given by physicians with further clarification by the Sisters. By graduation, these nurses were prepared, in home and hospital nursing and also in teaching in the schools of nursing. The work of the Sisters of Charity and Kaiserwerth were propagated throughout the world (Stewart & Austin, 1962).

The Fleidners, who organized the Kaiserwerth institution, had no formal nursing education. Friederika Munster Kaiserwerth was the principal teacher. Her curriculum included nursing arts, nutritional cooking, and specialized nursing in the male, female, and children's wards. Students were also instructed in the teaching of nursing and pharmacology. Students were rotated through the various disciplines to provide for equality of experience. Final

qualification of the graduates was by standardized state board examination.

Nursing students were accepted at the Kaiserwerth Institution for a six-month probationary period. Nursing schools in Jamaica modified this procedure somewhat by accepting students for a three-month probationary period.

A book of notes compiled by Friederika Kaiserwerth became the first textbook in nursing education. The Kaiserwerth nursing model also became the example for nursing education the world over (Dietz, 1963). This included nursing education in the Caribbean. Nursing educators from Europe themselves trained under this system passed similar information to their new world students. Florence Nightingale received her three-month nursing education under the Kaiserwerth system. The New England Hospital in Boston, established in 1872 by Susan Dimcock and Marie Zaktzewski, was also modeled after the Kaiserwerth format (Dietz, 1963).

Florence Nightingale organized the St. Thomas Nursing School in London in 1860. Historical records show this as the beginning of professional nursing. Nursing schools the world over were patterned after the Nightingale order. Nursing educators, including the educators of the Caribbean, have copied the Nightingale standards and followed that tradition (Seivwright, 1980).

The St. Thomas Nursing School was a part of a life dream of its founder. That dream was, indeed, to have nursing

taught and practiced by educated women. Florence Nightingale herself was educated in Latin, Greek, mathematics, languages, and the "enjoyment" of books (Jamieson & Sewall, 1949). Her nursing education itself, however, as mentioned above, was limited to three months at Kaiserwerth and also to observation of the work of the Sisters of Charity in Paris.

Florence Nightingale wrote avidly about nursing and hospital management. Her written contributions to nursing education also cover a variety of subjects. These are widely emulated by researchers, biostatisticians, sociologists, psychologists and nursing institutions. Her topics include notes on primary nursing. Nursing educators in the Caribbean have also copied the Nightingale standards (Seivwright, 1980) and have immortalized her name.

Mary Seacole, a Caribbean nurse, was influenced by her teachings and innovations to the extent that she paid her own fare to the Crimea. There she personally assisted Florence Nightingale in caring for the sick and wounded of that war. While working with Nightingale, Seacole made many observations and took copious notes. She later returned to the Caribbean where she propagated her new ideas in nursing (Seivwright, 1980).

As the seeds of new knowledge took root in the fertile grounds of Europe, the Caribbean colonies shared along with the other Americas in this revolution. Nursing education, budding in its infancy, was slowly evolving into the mature

bloom of a firm, structured profession and nursing education in the Caribbean shared in this experience.

Summary

Both the Renaissance and the Reformation which developed contemporaneously during the sixteenth century in Europe had tremendous impact on nursing and nursing education in the Caribbean region. The Renaissance which fostered exploration and expansion resulted in the discovery of the Caribbean Islands and the settling of Europeans in the region. These were mainly Spanish, French, British and Dutch. The Reformation, which denounced the Roman Catholic Church dealt a deadly blow to the institutions of the church which included the monasteries and hospitals built specifically for humanitarian purposes. These institutions were destroyed and nursing practice and nursing education were disregarded. Many of the nurses fled to the Americas where they found tolerance for their profession. In Britain nursing practice and nursing education was assigned to illiterate classes. Many of these untrained individuals were later assigned to teach and practice nursing in the Caribbean area. For centuries the conditions of teaching and practice were as deplorable as they were in Britain.

The intellectual and industrial revolutions from the seventeenth through nineteenth centuries brought new emphasis on nursing practice and nursing education. The Sisters of

Charity and the Kaiserwerth institutions were organized in Europe and formal training for nurses was revived.

Florence Nightingale was a product of the Kaiserwerth nursing school. She is credited with bringing professionalism to nursing, and nurses the world over copied her standards. Mary Seacole, a Caribbean nurse, received first hand information from Florence Nightingale in the Crimea and returned to the Caribbean to share this nursing knowledge.

CHAPTER V
THE BEGINNING OF EUROPEAN EXPLORATION
AND EXPANSION--IMPACT ON CARIBBEAN
NURSING EDUCATION

The new era of learning also fostered a desire for foreign sovereignty. Christopher Columbus, the son of a Portuguese peasant, developed a thirst for navigation and the search for new territory. When his wish was granted by King Ferdinand and Queen Isabella in 1492, he sailed West. He discovered the Caribbean in 1492. There, he found the islands peopled by Indians who were later called Caribs and Arawaks. Their primitive life style closely resembled that of people around the Nile, the Tigris and Euphrates, the Indies and the Yangtze Kiang. Excavations in Europe and Asia revealed an agrarian society with many inland and sea shore huts believed to have been the means of enhancing cooperation and enabling the transfer of knowledge among families. Children were strictly indoctrinated with tribal customs so that information was transmitted from one generation to the next (Sellew, 1951).

Historians have recorded health practices by Caribbean medicine men and women trained in the art of treating diseases through magical rites. These rituals would include detailed instructions, such as sweat baths, or sometimes the selection of efficacious herbs. The European discoverers benefitted from this knowledge. The Indians taught them how to treat

fevers, fluxes, and swellings and to select edible tropical fruits which were crucial to their survival.

Religious sisters of the Church later settled in the colonies (many fleeing religious persecution from Europe during the Reformation). These sisters taught more modern nursing techniques to these primitive tribes. The training was, however, reciprocal, because many diseases that were endemic among the aborigines became epidemic among the Europeans. Unfamiliarity with the tropical diseases and their treatment and cure caused the Europeans to rely heavily upon the bits of information provided (Stewart & Austin, 1962).

The Indians not only were converted to Christianity, but also joined the religious order of charitable causes in meeting the needs of the sick and suffering. Historical recordings of the founding of the Santa Fe, New Mexico, hospital in 1531 includes the education and work of the Brotherhood of Indians (Jamieson & Sewall, 1954). The Immaculate Conception, the first hospital on the continent, founded in 1524 by Cortez, the Spanish warrior and conqueror, was also staffed by monks trained under the religious order (Stewart & Austin, 1962).

Other types of health care practices and survival behaviors common among other primitive tribes transcended the Indian culture in the Caribbean. Here animism propagated by Greece and Rome found fertile soil. Plagued to find answers for disease causation, the Indians ascribed illness to

inanimate objects and movable bodies (Nutting & Dock, 1935). They invented ways of extricating evil spirits from objects like the wind, rain, water, trees, and storms. This process they classified as black or white magic, depending on the complexity of the approaches used. These techniques transcended the tribes in the Indian health care system (Edwards, 1980).

Indian behavior truly characterized altruistic activities and readiness to share information about health even to the preservation of the hostile Europeans who were determined to annihilate the primitive tribes. Women and children were regarded with respect and those who taught the magical health practices were revered and sought after (Edwards, 1980).

Historically similar types of survival behavior and the transfer of information developed among primitive tribes from one part of the world to another. Animism propagated in Greece and Rome was also taught by the Indians in the colonies. They were therefore preoccupied with moving individuals from one place to another to prevent objects from attacking the body and thus causing disease and death (Nutting & Dock, 1935). It was from these experiments and incantations that both black and white magic were taught to progeny (Edwards, 1980).

White magic in Indian culture related to curative measures while black magic caused the demise of its victim. The original task of educating the family as to what was good

as opposed to the bad was assigned to the women. It was their job to protect the family, especially the children. They invented ways of extricating the evil spirits from objects like wind, rain, water, trees, and storms. The information became sacred and transcended the families. These included hot and cold baths in water, whippings, and incantations (Edwards, 1980).

The selection of efficacious herbs was carefully taught as was the distinction of poisonous seeds and berries. Decisions were often based on the choices of animals and birds. Crude invasive procedures were also taught such as trephining (through a hole in the skull the evil spirits were said to escape), suturing of wounds with sinews, immobilization of broken bones, amputations, cuppings, poultices, and cauterization were common (Dolan, 1973). In the absence of written language, the Indians, like other primitive tribes, practiced their nursing arts and passed on this information through folklore and practice.

When these secluded islands were later invaded by different cultural groups, such as the Spaniards, the French, and the British, unprecedented changes in nursing education and nursing practice took place. These were influenced by a written language, a literate class of people, the sophistication of agriculture, and the institution of governmental laws and regulations.

When the French came, they likely made significant contributions to nursing education and nursing practice. France entered the race for territorial rights, first with Spain, and later with England. After annihilation of the Caribs, France came into possession of Guadeloupe, Martinique, and St. Dominique (Roberts, 1940). France peopled these islands with engages (manual laborers were called engages in France), French merchants, and African slaves. Nuns and clergymen went with the French explorers wherever they went. They supplied the nursing education and the nursing care (Jamieson & Sewall, 1954). They also established hospitals for the care of the sick (Frank, 1953).

The nursing education brought to the Caribbean by French sisters was likely similar to that practiced in French Catholic hospitals at the time. It was at the zenith of the Protestant Reformation that France colonized her Caribbean territories (Williams, 1970). Although protestant reformers had destroyed the monasteries and obliterated their hospitals and nursing schools, France remained Catholic (Dolan, 1968). The French concentrated on promoting nursing education and improving nursing care (Stewart, 1950) and placed new emphasis on upgrading nursing and introduced a new curriculum (Dolan, 1968).

The graduates were "enthusiastic and well prepared. Their zeal became infectious and many recruits joined them--and their flourishing order has encircled the globe" (Dolan,

1968, p. 136). They performed pioneer work in orphanages, in hospitals, and teaching. They also served in wars.

Primary credit goes to the Sisters of Charity under the tutelage of St. Vincent de Paul and Mille le Grass of France. Both of these individuals denounced the servant girl type of nursing education and the strict religious commitments required of the practicing nurse (Bullough & Bullough, 1978). They emphasized the worth of women and selected girls who had some form of formal education for nursing education. This curriculum was a forerunner of modern nursing education (Stewart, 1959).

The students entered preliminary training for two months during which time they were closely monitored by their supervisors. This period was followed by eight months of intense study and practice interspersed with lectures and demonstrations from physicians (Dolan, 1968). Specific numbers of nurses that relocated to the French West Indies are not recorded. Many nursing educational institutions and hospitals, however, were founded in French occupied territories during the seventeenth century (Ellis & Hartley, 1984). One can infer that France was as careful to provide nursing education in her Caribbean occupied territories as she did in her Canadian possessions. In Canada alone, seven hospitals were founded for teaching purposes and for the delivery of nursing care during this period (Nutting & Dock, 1912).

Religion, like war, has been a chief motivation for moving people across cultural lines and creating a desire to help others (Ellis & Hartley, 1984). This was true of the other French religious orders who traveled to the West to teach health principles and to care for the sick. Sisters from the Ursuline Convent developed work among the Indians and taught Indian women how to care for the sick (Stewart & Austin, 1962). These Indians were the aborigines of the Caribbean islands.

The Colonial Period

Nursing education and nursing practice in the English speaking Caribbean during early colonial settlement of the seventeenth century closely resembled nursing conditions in Britain during the seventeenth century. With the birth of the Protestant Reformation British nursing and nursing education fell into disrepute (Dock, 1912). The Catholic monasteries, primarily responsible for the education of nurses, were destroyed (Stewart, 1950). Conditions deteriorated to such low standards that the era was called the "dark ages of nursing" (Dolan, 1968, p. 129).

Nursing education of women, previously taught by nuns of the monasteries, came to a halt (Ellis & Hartley, 1984). The care of the sick was then assigned to uneducated women and to underclass servants (Ellis & Hartley, 1984).

Britain at this time was more interested in expansion and foreign sovereignty than in fostering nursing education.

Decisively Britain entered the race with France to depose Spain of territorial rights in the Caribbean (Roberts, 1940). In 1623 the British landed in St. Kitts and by 1625 they were in possession of Barbados. From these points England conquered Nevis, Antigua, Montserrat, and later acquired Jamaica (Roberts, 1940).

The British peopled the Caribbean possessions with indentured servants. Between 1654 and 1668, ten thousand servants sailed from England to the West Indies (Williams, 1970). It was to this servant class that England delegated nursing and nursing education during the Reformation of the seventeenth century.

A more detailed account of the existing educational standards and nursing care reveals subjugation and disregard for women. There was no formal nursing education, hence nursing care was provided by illiterate women. Witchcraft was taught and incorporated into the practice of nursing. The women indulged in alcohol as a relief from boredom and were often intoxicated (Nutting & Dock, 1935). Many British resorted to homemade cures to avoid the atrocities of the hospital and the nurse. Many of these cures were offered by local women who learned their craft by trial and error and by copying health practices from the British doctors. These were fondly called "doctresses." A select class among them were "nanas" who cared for pregnant women and children. Two famous Caribbean doctresses were Sarah Adams and Couba Cornwallis.

As late as 1752, conditions were so bad that attempts were made to demote the "sister to nurse" and the nurse to helper (Dolan, 1968).

Similar incorrigible nursing activities in the Caribbean replicate those of Britain and are vividly revealed in the type of nursing care provided. Patients were nursed in overcrowded facilities. Many died without proper categorization. That is, the causes of death were never explicit. They were often listed as suicide, murder, or accidents. Many were falsely labeled as dying from exhaustion. Sanitation was poor, cesspools overflowed and fresh air was regarded as undesirable. Those providing nursing care were labeled as negligent, cruel, and unprofessional (Swaby, 1980).

The scenario of Judith Ryan paints a vivid picture of both the training and the performance of the nurse in the Caribbean. Mrs. Ryan came to Jamaica as matron in 1884. She had no formal training, but was believed to have had some nursing education in Britain. She recruited a crew of illiterate women to whom she imparted her ideas of nursing. The criteria for selection were physical strength and willingness to work. The ability to read was given no consideration and very few applicants had developed this expertise (Seivwright, 1964).

The diary of Richard Rouse, warden of the insane asylum (1854-1858), gives his personal account of matron Ryan and her nurses:

The nurses and servants I found generally careless and above performance of their duties--swearing, profane, and obscene language on the part of servants, nurses, and patients were of daily and hourly occurrence. I was from a very early period, struck by the carelessness and indifference that prevailed on the part of the matron of the female asylum. She together with nurses and servants, treated the lunatics often with harshness and cruelty. They were in the habit of beating them, ducking (plunging), or half drowning them in tanks, and of dashing buckets of water in their faces and over their persons. (Swaby, 1980, pp. 13-15)

A second dairy kept by Ann Pratt (a patient) from January 14, 1860 to July 4, 1860, revealed that patients were kept in the hospital for extended periods against their will. This occurred even after repeated requests from relatives for their discharge. According to the diary, Mrs. Ryan in collaboration with Dr. Scott (the hospital superintendent) kept these patients for gainful employment. Many worked in Mrs. Ryan's chicken farm. From this farm they sold eggs to neighboring markets.

On one occasion a female patient met a soldier while on her marketing exploit. They immediately began courting and the woman never returned to her patient status nor to Mrs. Ryan's employ. Other patients were known to make their escape in similar fashion.

Mrs. Ryan not only dominated the hospital scene but also capitalized on the hospital property for economic gain. In conjunction with her husband, Mrs. Ryan built a brick kiln on adjacent hospital property. For its operation she selected the stronger male patients who also sold the bricks in local

markets. The Ryan's laundering and sewing were also done by patients and Mrs. Ryan hung her personal belongings from the hospital windows.

Beyond the cruelty of hard labor and extensive detention Ryan had other disciplinary measures for her patients. This included starvation, death, and the use of the stronger patients to murder or incapacitate the weaker ones. The ultimate in cruelty was the operation known as "tanking" instituted by Mrs. Ryan and her husband. The clientele for this discipline were those who refused Mrs. Ryan's forced labor or in any other way offended the matron. The process of "tanking" was carried out in a large concrete tank, exterior to, but adjacent to the hospital wards. The tank was originally built for bathing purposes and was always kept full of water. Failing to use it for the original purpose, Mrs. Ryan chose to use it to perpetuate her cruelty to patients.

The offending patient was often tried by the matron. If she found the patient guilty and sentenced him or her to tanking, the patient would be dragged out, thrown into the tank of water, sometimes fully clothed, at other times in the nude. The patients who resisted were subdued by flogging until they were rendered non-resistant. The tanking would then be resumed during which the patient's head would be repeatedly submerged under water. Many patients were unconscious at the end of the procedure. This did not save them from the final stage of the punishment which was

confinement behind locked doors for inconceivable lengths of time. Many of these patients were found dead when the cells were next opened. The cause of death would then be listed as "exhaustion" by the coroner.

The atrocities of Mrs. Ryan and her nurses were often reported to the House Surgeon and the Board of Directors. One such complaint led to the dismissal of Mr. Ryan in 1853. The chief instigator, Mrs. Ryan, however, was left to perpetuate her "stealing, drunkenness, and obscenity and other cruelties" (Swaby, 1980, p. 14). She continued to select nurses for training for their physical strength and willingness to comply. These nurses demonstrated the same behaviors of the matron. They were rude, illiterate, unkind to patients, often inebriated and were often the concubines of the doctors and the patients and performed their intimate activities on the hospital compound.

Dr. Bowerbank published a paper about the atrocities as described in Rouse's diary that resulted in severe reprimand of Richard Rouse by the Board of Commissioners, the medical officers, the nurses and the servants of the hospital. Mr. Rouse was dismissed from his job on December 14, 1858, for interfering in the matron's and nurses' business. Dr. Bowerbank took the case to England and reported the existing conditions in the Caribbean to her Majesty's Government. The Board of Directors was dissolved in 1859. They were replaced by an inspector and director. Mr. D. P. Trench was the first

to be appointed to this new position. On examining the Pratt's diary he discovered the murder of one Mrs. Carey. This confirmed the accusation of Mr. Carey that his wife was murdered by Mrs. Ryan and her nurses. The evidence was irrefutable. Mrs. Ryan was released of her responsibilities as matron in 1860 after sixteen years of notoriety in the Caribbean.

Dr. Bowerbank later published articles from the Pratt's diary. These he entitled "Seven Months in Lunatic Asylum--What I Saw There." As a direct result of this exposure, Mrs. Ryan and three of her nurses (Nancy Lloyd, Frances Bogle and Antoinette Parola) were arrested and tried for manslaughter in August 1860 but were acquitted by the jury. In October 1860 the group was again tried for the death of Harriet Jarrett. They were acquitted for the second time. This decision outraged the general public. Their protest moved the Governor, Charles Darling, to launch a public inquiry into the existing conditions of the General Hospital and the Lunatic Asylum. The newspaper recorded the essence of the public outrage as quoted by Swaby (1980):

The report shames the verdict of the jury that acquitted Mrs. Ryan of manslaughter; it verifies the most atrocious cruelties ever practiced by a race of "savage barbarians"; it casts upon Christianity a reproach--that medical men have debased themselves to a standard below which there is no further abasement; that matron, nurses, attendants and all concerned, were brutes and thieves of the lowest and most hardened nature; that, in fact, no butcher's shambles could be more defiled with blood, nor human suffering more

agonized and sported with than in the Kingston Hospital and Lunatic Asylum. (p. 15)

These were the existing conditions that prompted the need for better nursing conditions in the Caribbean (Swaby, 1980).

Summary

When the Europeans settled in the Caribbean area, they found it peopled by Caribs and Arawaks who used various forms of herbal cures in the treatment of diseases. They shared this knowledge with the Europeans who were novice to the many diseases that were endemic to the natives yet affected the Europeans in epidemic proportions. The sharing of health knowledge seemed reciprocal, however, particularly among the French. France was excluded from the tragedies of the Reformation. She remained Catholic and when she traveled she propagated high standards of nursing care and nursing education to her Western territories; these included a total of seven French hospitals built in Canada for teaching purposes and for the delivery of health care. France occupied Martinique, Guadeloupe and St. Dominique in the Caribbean area and likely maintained similar nursing educational standards in these Caribbean areas.

Nursing educational standards in the British territories at this time were deplorable. Illiterate British matrons and their nurses engaged the patients in gainful employment and brutally treated the ones they classified as disobedient. The scenario of Judith Ryan describes the cruel tanking of

patients and the teaching of this craft to nurse trainees who were themselves illiterate. Public outcry and repeated reports sent to England of the deplorable conditions resulted in the dismissal of Matron Ryan and her nurses and created an awareness for improved nursing education.

CHAPTER VI
CARIBBEAN NURSING EDUCATION
IN TRANSITION

Although nursing training in the Caribbean around 1850-1860 was basically a replica of British nursing education, the existing conditions in the Caribbean created the need for change in nursing education and nursing practice. The atrocities against patients by British matrons and the nurses under their jurisdiction and the immorality among physicians and staff were widely publicized (The Jamaica Guardian, December, 1861 [cited in Hay Ho Sang, 1985]). The illiteracy and negligence of the practicing nurses also aroused public outcry among the poor and middle classes as well as the elite. The epidemics of various types and magnitude compounded the problem of inefficiency and illiteracy. These included the cholera outbreak of 1850, the smallpox outbreak of 1852 and the constant plague of yellow fever and malaria.

These epidemics were not confined to the Caribbean but affected Britain as well. About this time (1851), the British began to formulate new public health laws and to advocate improved training conditions for nurses. In the Caribbean, the citizens vouched for the same conditions. They proposed a more stringent process in the selection of nurse trainees and a Legislative Act to establish a Central Board of Health. This Board was established in Jamaica in 1851, while in

Trinidad government interventions occurred as early as 1814 with the creation of the General Board of Health in 1848 and the Public Health Ordinance in 1869. These institutions began the formulation of health laws and the supervision of health care (Seheult, 1948).

The Ryan atrocity (which was not peculiar to Jamaica) also had its impact. The matron and her nurses were disqualified and discharged from their positions and a more stringent selection of candidates for training was introduced. Nursing students were expected to demonstrate some degree of literacy, to be in good health and to be of good moral character. These nurses were now exposed to short periods of instruction although there was no formal educational plan. This new approach continued for several years (Jamaica, 1908). Instruction in midwifery was more organized, and women and children benefitted on a large scale ("History of Nursing," n.d., p. 2).

Although male and female attendants with minimal education continued to care for the mentally ill, public pressure soon forced improved supervision throughout the Caribbean region. The Ryan situation fostered the building of an asylum in Kingston. In 1885 one such lunatic asylum was founded in Trinidad. Initially the care was delivered by untrained personnel who had "no special knowledge of lunacy" (Seheult, 1948, p. 15).

Radical improvement was realized under the supervision of Dr. Seccombe, a British physician trained in the care of the mentally insane. When he first visited the Trinidadian mental facility in 1882, he described it as "primitive" and one that would take forty years of research in the annals of British history to discover another that was so dilapidated and poorly operated. In his attempt to find qualified personnel to operate the facility he recruited a female head attendant who had training in various English asylums. He assigned her the job of supervision and the training of others in the care of lunatics (Seheult, 1948). Between 1858 and 1946, the quality of mental instruction and mental care maintained very high standards and kept pace with British advances. As proof of this, a mental hospital board was authorized in 1946 by the Ordinance of 12 "in harmony with the administration of Mental Homes in England" (Seheult, 1948, p. 16).

Although nursing education was still fledgling for formality and a true scientific base during the early nineteenth century, it seems that the Caribbean region with its various types of diseases began to dictate beginning forms of nursing educational specialization. By 1870 a separate hospital for the care of lepers was organized. The government of Trinidad had a definite commitment to the training of nurses for the care of lepers. In 1845 it spearheaded the opening of the Cocorite Leprosarium under the direction of a part-time medical officer and untrained nurses (Seheult,

1948). By 1867 nine Dominican sisters were recruited from France to care for and train nurses in the Trinidad Leprosarium. Additional re-enforcement of Dominican sisters later joined the staff of this leprosarium. Nursing education and nursing care were described as "humane and of unremitting devotion" (Seheult, 1948, p. 18).

The abolition of slavery in the Caribbean around 1838 was another stimulus in enhancing nursing education and in expanding nursing care. Marine hospitals scattered throughout the islands were now used as public hospitals to provide care for the islands' poor. Training dispensaries were organized and the need for trained nurses became crucial. The annual report of 1878 gives some idea of the significance of these changes in Jamaica:

To assist in meeting demands for competent dispensaries . . . the nucleus of Dispensary Schools has been formed at the Public Hospital . . . The value of this institution for dispensers and nurses can scarcely be overestimated. (Jamaica Gazette, 1878 [As cited in Hay Ho Sang, 1985, p. 120])

During the early eighteenth to the late nineteenth centuries, there was no general plan of care for the laboring poor in the Caribbean. To relieve this situation a comprehensive plan for the employment of full-time medical personnel was formulated and health care was extended to all government workers, to indentured servants and to the poor. The nursing staff was expanded to meet these needs (Hay Ho Sang, 1985).

In spite of the efforts to improve the training of nurses during this era, however, a school for nurses remained a mere "idea." Physical facilities were lacking and there was no formal curriculum; although specific criteria for selection were introduced. In addition to the requirements for literacy, good health and high morals, there was concentration on recruitment of upper class women. This initially proved unsuccessful, however, because of the low standard associated with nursing at that time.

The nursing students who came were introduced to the apprentice-type training similar to that in Britain. The discipline was likely more rigid however, because of the low status the British assigned their subjects. Students were initially introduced to the work environment with short periods allowed for attendance at lectures by the doctors and the matron. Students entered as probationers, progressed to supernumeraries and then to head nurses. The decisions regarding progress were based on the doctors' and matrons' approval of the students' performance. Time spent in training was not a primary factor; promotion was based solely on efficiency. Demotion from one level to another was a common occurrence (Hay Ho Sang, 1985). Training in the rural areas was the responsibility of the head nurse of each agency.

The churches were credited as playing a major role in the preparation of women to enter nurses training. All existing religious bodies accepted the responsibility of eliminating

illiteracy among the freed slaves and changing of the moral acumen among women; hence, the recruitment of nursing students concentrated in this religious arena (Tulloch, 1971).

From the beginning of any formal nursing education and into the nineteenth century, student nurses and graduates were regarded as servants. Hence the nursing instruction emphasized mainly menial tasks such as, mopping floors, stocking linen, cooking, running errands and unquestioning submission and obedience to the doctors ("History of Nursing," n.d., p. 1). This low status of the nurse was propagated for decades both in the Caribbean and other parts of the world ("History of Nursing," n.d., p. 1). This was a definite deterrent to upper class women entering the profession ("History of Nursing," n.d., p. 3).

The low status assigned to the nursing profession and the unregulated approach to nursing education not only influenced the clientele who entered the nursing educational arena but also had a strong impact on those who sought health care from the existing system. Upper-class individuals were reluctant to enter the hospitals for care. As a result, many of the nursing graduates elected to enter private practice in the homes of the upper class. This resulted in a tremendous shortage of nurses in the local hospitals and in turn impacted the quality of care delivered to the poor.

These conditions aroused further concern among the church leaders who initially created the atmosphere for morality,

improved educational standards and equality among the groups. One such church leader was Enos Nuttall, bishop of the Church of England. He founded the Deaconess Institution in Jamaica and worked on the recruitment of upper class women into nurses training with the hope of meeting the health care needs of all classes.

A description of his plans in 1890 communicated his intent to the diocese in England:

We are training two distinct classes of women workers; (1) those who are to be Deaconesses may be white or colored but they must be ladies. Some of these are being trained as (a) Parochial Deaconesses; others as (b) Nursing Deaconesses; others as (c) Teaching Deaconesses. The second class, called Nurse Associates, consists of healthy, strong, devout colored women between 20 and 30 years of age. All the women in the institution get some help in devotional life and training in parochial work, but those belonging to this class are also specialty trained as nurses. There is a great need for them; because hitherto we have had no technically trained nurses in our hospitals or homes, and very little care has been given to the spiritual needs of the sick by those in constant attendance on them. The Nursing School has had new life imported to it by the presence of a nursing sister who was induced to come to Jamaica by His Lordship the Bishop, in connection with the Deaconess Institute. This lady . . . is engaged in the special training of nurses . . . over which she presides. (Address given by the Lord Bishop of Jamaica, 1891 [as cited in "History of Nursing," p. 2])

Throughout the Caribbean area nursing educators were initially recruited from Europe. This was also true of the Nuttall project. In 1889 sister Isabel and sister Kate were recruited from Mildmay Park in England to organize the Deaconess training center in Kingston Jamaica. For the first

time there were set rules and regulations for the nurse trainee. These included scientific and medical information such as anatomy and physiology and medical and surgical problems. There was specific time allotment for supervised nursing practice by the Deaconesses. Students also wore uniforms and were initiated through a three-month preliminary training program prior to formal acceptance, a practice which is still current in the Caribbean.

The deaconess training program continued simultaneously with the other substandard nursing education programs but served as a catalyst for improvement. Although upper-class women were still aware of the stigma attached to nursing, many entered the deaconess training program because of the altruistic connotation of "Deaconess". These upper-class women satisfactorily convinced themselves, and their associates that a life of commitment to the poor and the indigent was a life of service that one could not deny.

The deaconess training program was the first Caribbean nursing program to develop a course of instruction that included both theory and practice. Bishop Nuttall succinctly described its uniqueness:

The sisters of the home have bestowed such time and effort upon the mental and moral training and discipline which has included teaching (in textbooks approved by the Hospital Authorities) of elementary medical knowledge suitable for nurses of their status. The practiced training has been given in the Public Hospital under those sisters who are trained English nurses and with the aid of medical staff. Many of these nurses have begun to be greatly appreciated in the nursing of private

cases and their services are in great request by general medical practitioners and their patients. The result of the above efforts during the past six years is that a great public need has been met to a considerable though not yet to a significant extent, and in a fairly satisfactory manner, though of course some of the nurses are not all that we could desire, and an opening for a career of usefulness and remunerative work has been found for a number of women who might otherwise, in many instances have done little or nothing in the way of self support. (Bishop of Jamaica [as quoted in Hay Ho Sang, 1985, pp. 70-71])

Upper-class women did not patronize the Deaconess Nursing School in the large numbers previously hoped, but the number that came proved that the elitist barrier had begun to crumble. These women of "status" rationalized that the Deaconess role was one of benevolence and that caring for the sick and indigent was in-keeping with gentility. Their training served two purposes:

1. elevated nursing education to a position of respectability;

2. provided enviable care to the poor. An eighteen month report on the new school classified it as an institution that "imparted new life" and that skilled training had at last become a reality (Island Medical Report, 1889 [as cited in Hay Ho Sang, 1985]).

A description of nursing education prior to the Deaconess Order revealed the low standard of nursing education. The matrons and head nurses served as the primary teachers but their responsibilities as well as their instructions were primarily domestic. Students were taught to clean, cook, care

for linen supplies and maintain order in the physical settings. Lectures in medicine and surgery were sporadic and mostly given by physicians. The nursing assignments were stringent, the students were expected to work extra long hours and discipline was harsh. Unquestioned obedience to physicians was emphasized. The performance of these graduates was markedly inferior to those from the Deaconess program.

The superior performance of the Deaconess trained nurses continued to infiltrate the local and medical communities. They were begrudgingly sought after because of their flexibility and competence in administrative roles in urban and rural hospitals and their skilled performance in private homes (Hay Ho Sang, 1985).

Around 1896 there were collaborative efforts between physicians and Bishop Nuttall to combine the two nursing programs. These were unsuccessful. The need for competent nurses and the severe shortage of nurses, however, forced alternate approaches for the government trained nurses. Under the direction of Matron Wood, a new nursing education program was instituted in 1908. This included a curriculum with medical and surgical components and specific time allotments for theory and practice. There were differentiations of skills for nursing assistants and for nursing students during their probationary period. Nursing examinations were no longer limited to unit testing but included final examinations. Only successful students were certified. These

final examinations were later used as the Government Certifying Examinations for Graduate Nurses in Jamaica (Jamaica, 1908).

Previous mention was made of the efforts to improve nursing education in Trinidad but the church and other women's organizations such as the Young Women's Christian Association worked to improve the status of women throughout the Caribbean. This had a definite impact on the recruitment of better prepared women into nursing education. Because of the abolition of slavery and the deplorable existing nursing conditions, change was presumably ubiquitous. This change did not affect only general nursing education but extended to midwifery specialization.

The care of pregnant women by "nanas" (untrained midwives) in the Caribbean area ran a protracted course from pre-slavery to the late nineteenth hundreds. Although some women received formal training in midwifery, unskilled practitioners far outnumbered them. The closure of the Lady Barkley's School of Midwifery in 1867 in Jamaica seemed to propagate the nanas' activities. In spite of this, cognizance of the superior care provided by trained general duty nurses and by those midwives from the Lady Barkley School created public unrest and demand for resumption of formal training of midwives in Jamaica. There is evidence also that midwifery training in Trinidad and Tobago superseded general nurses training by several years but that the unprofessional practice

of "nanas" remained a primary concern throughout the Caribbean area (Seheult, 1948).

Specific attempts to provide professional training for midwives in Jamaica were made through philanthropic efforts of concerned citizens. This resulted in the opening of the Victoria Jubilee Hospital for the training of midwives and the care of maternity patients in 1891 (Musson & Roxburgh, 1893). The educational standard for midwives, at this time (the late 1900s) was similar to the standards of the general nurse in the government hospitals. There was no formal curriculum. The matron who was not fully qualified was responsible for training. Admission requirements, however, were specific. Those entering had to be motivated, stable, committed and intelligent. The hours of work were long and arduous and often included domestic chores for the matron. There were no specific educational goals nor awareness of the humane needs of students. These resulted in sporadic lectures which often conflicted with students' off-duty hours (Ford & Cundall, 1916).

Current Educational Programs

When the nineteenth century ended, there was evidence of marked improvement in nursing education in the Caribbean territories. There was the Nuttall Training Institution in Jamaica which focused on balancing theory with practice, there were also government training schools which had attempted to organize some form of curricula, and nursing specialization

had begun to emerge in the areas of maternity training and in the establishment of leprosariums. Developments in the twentieth century, however, retarded this progress in nursing education and nursing practice. There was no upward mobility for local graduates. This created an atmosphere of discontent. Managerial positions were coveted and occupied by British trained nurses.

Attempts made to improve the training of midwives resulted in the passing of the Midwifery Act in 1919 which was enforced in 1920. This law curtailed midwifery practice by all untrained midwives and by "nanas." Stipulation was made for anyone who could prove some semblance of training to be brought in under the grandfather clause as certified midwives (Hay Ho Sang, 1985).

Because Britain had made little or no provision for health care or for educating the freed slaves, they created an added burden on an already poor and depressed socioeconomic and health care system (Williams, 1970). The declaration of war (World War II) by Britain and France against Germany in 1939 posed new constraints on the economy. There were trade restrictions, limited resources and the rationing of goods. Probably because of the war and the decreased monetary benefit from the slave trade, the British began to show diminished interest in West Indian territories and many plantations were now owned by absentee landlords (Williams, 1970). In the presence of these developments, the Caribbean people fought

for recognition. There was struggle for unionization and a voice in government. During this time, Sir Alexander Bustamante and Sir Norman Malney emerged as political leaders of the people of Jamaica (Williams, 1970). They formed the Peoples National Party and the Jamaica Labor Party, respectively. Party governments also emerged throughout the Caribbean territories. Knowledge of this turmoil soon reached Britain (Kaplan, 1976).

Subsequently, the Great Britain Colonial Office appointed a Royal Commission (West India Royal Commission), hereafter called the Moyne Commission for its chairman, Lord Moyne. The commission, was dispatched to investigate existing conditions in the colonies (Great Britain Colonial Office [GBCO] Report no. 6607, 1945a). The commissioners investigated social conditions, nursing education and nursing practice.

They found:

1. Widespread unemployment at an all time high;
2. Blatant inequity in wages;
3. Tropical diseases on the increase;
4. Nurses placed at the bottom of the pay scale;
5. Nurses without status or recognition;
6. Marked disparity between the wages of British trained matrons and those trained in the Caribbean area.

The Moyne Commissioners thoroughly investigated these problems and made the following recommendations:

1. Total revision of the nursing curricula throughout the Caribbean area with emphasis on students, content and centralization of nursing education throughout the area.

2. The new curricula to include courses in health promotion, disease prevention, public health nursing, and hygiene measures that would provide better understanding of factors that enhanced the spread of disease.

3. The curtailment of wastage and a materials inventory to facilitate efficiency of use from island to island and decrease duplication in the acquisition of supplies.

4. Devise some vehicle to create equity of wages and employment between locally trained nurses and British trained nurses.

5. The curtailment of nursing education by unqualified educators for both midwives and general trained nurses.

6. Adequate physical facilities for the training of nurses.

7. The organization of a separate school of hygiene and public health, in order to train sanitary inspectors to work in collaboration with nurses throughout the islands. (The headquarters for this training was, and still is in Jamaica.)

8. This school should include public health teaching in the areas of nutrition, housing conditions, mental care, sanitation and isolation techniques. The aim was to decrease the high morbidity and mortality rates in the islands at the time (GBCO Report no. 6607, 1945).

Britain responded by passing the Colonial Development and Welfare Act on July 17, 1940 and funded the project in two installments. In 1940 an annual allotment of five million pounds were granted over a period of ten years. The second allotment of twenty million was made in 1946. The project was named the Carr Socio-Economic Aid and Health Plan. It was headquartered in Barbados under the leadership of Sir Frank Stockdale, a controller. Stockdale selected one advisor to the governor of each island in the implementation of the plan (GBCO Report no. 6607, 1945a).

The Rockefeller Foundation assisted Britain in the selection of the public health content for the nursing curriculum and also established a public health center in Jamaica. Students were recruited from British Honduras, Barbados, Trinidad, St. Lucia, the Turks Islands, British Guyana, the Bahamas, and Jamaica. The graduates were required to pass a certifying examination. The Caribbean educators later rejected the system, however, because of their preference for British standards and their bias against the American educational system. Public health nursing was not totally extinguished, however, but was later assigned to post-graduate nursing studies ("West Indies School," 1964).

Although weaknesses were still evident in the nursing curriculum, by 1943 when the British revisited, many progressive changes that were in keeping with the Moyne Commission recommendations were evident. A specified time of

three years was allotted for general nurses training. Students were tested on units of instruction and certified by examination. They were allowed to take the certifying examination only twice. There were formal lectures even though these still sometimes conflicted with work assignments. The dearth for qualified nursing educators continued throughout the Caribbean region but those employed were more cognizant of the need for improved instruction (Hay Ho Sang, 1985). The apprentice-type training continued with junior and senior nurses often left in charge of units.

The evaluations of the revised Caribbean area nursing curricula by the British were very stringent. The subcommittees were charged with this responsibility. In 1943, the Rushcliffe Committee (charged with this responsibility) selected two highly trained British nurses, Miss B. Shelton of the royal College of Nursing and Miss E. MacManus (Great Britain Colonial Office [GBCO] Report no. 6672, 1945b). They reported on:

1. Progression in the training and registration of Caribbean area nurses.
2. Revision in the curricula and the educational preparation of those assigned to teach general and midwifery nursing.
3. Adequacy of the physical facilities used to prepare nurses and sanitary inspectors

4. The need for scholarship from the Colonial Office to facilitate recruitment of larger numbers of nurses.

5. The efficacy of training Caribbean area nurses locally instead of in the United Kingdom (GBCO Report no. 6672, 1945).

There were twenty-one such evaluations by subcommittees but the composition of the subcommittees changed over time to give greater representation to Caribbean trained nurses and also included nurses from other countries other than Britain. Committee members subsequently included representatives from India, Cyprus, the Royal College of Nursing, the Colonial Department's Institute of Education, Jamaica, Trinidad, Uganda, Nigeria, Palestine and India. The responsibilities for continuous evaluation was ultimately assigned to Caribbean area nurses. Professional nursing organizations were later formed and radical changes in nursing education were realized.

Today, each island in the Caribbean prepares professional nurses. In spite of their earlier dependence on Britain for support and guidance, they are now for the most part autonomous with internal support from the various Caribbean area nursing organizations. They also seem to strongly patronize American trends in nursing education and voiced agreement with the first American Nurses Association position paper of 1965 which read:

The primary aim of nursing education is to provide an environment in which the nursing student can develop self-discipline, intellectual curiosity,

the ability to think clearly and acquire the knowledge necessary for practice.

Swaby (a West Indian pioneer in nursing and nursing education) also advocated that trends in nursing education must include and be involved with:

1. The striving towards true professional status.
2. The need for a truly professional preparation for our nurses if this is to become a reality.
3. The need to include a more liberal type of education within the professional nursing curriculum.
4. The fact that the education for all those who are to be licensed to practice professional nursing should take place in institutions of higher education, not in hospitals.
5. The growing realization that, in the U.S.A. and many parts of Canada, minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.
6. New emphasis on school curricula for preparation of the professional nurse, with stress on principles rather than procedures, on critical thinking rather than on mere acceptance of traditional practices, and on self-discipline and on intellectual curiosity, continued learning and research (Swaby, 1970, p. 10).

In the Caribbean area today, the content of nursing education is similar to nursing education in the United States. It includes psychiatric, medical and surgical, operating room techniques, pediatric, maternal child health,

school health, community health nursing, and casualty nursing. Emphasis is on training instead of on work production. The requirement for admission is the General Curricular Examinations with emphasis on science, mathematics, and English. Although today's schools, to some degree, resemble the diploma schools of the past, there are many differences:

- (1) students are designated specific study periods;
- (2) the first three months of training are allotted only to the study of anatomy and physiology and basic nursing theory and nursing skills;
- (3) successful students are assigned to the various clinical rotations but the work day is shorter and there are designated lecture periods. Students are certified by examinations after a three-year training period.

Most Caribbean nursing educators are natives who have done post-graduate work in nursing administration or nursing education either at the University of the West Indies, Jamaica, McGill University Canada, or universities in Britain or the United States. The University of the West Indies with its nursing school was established in Jamaica in 1948 to serve the educational needs of the Caribbean area. These include basic nurses' training and post-basic nursing education in primary health care, midwifery, and advanced nursing education. The Advanced Nursing Educational Unit was a coordinated effort between the University, Pan American Health

Organization, the World Health Organization and the Jamaica Government (Watson, 1976).

When the training began there was only one nursing text, dated 1934. Subsequently books were supplied by the Pan American Health Organization [PAHO] and The United Nations International Childrens Emergency Fund [UNICEF] and other interested parties. The sixteen students who were admitted to the first class came from Barbados, Grenada, Antigua and Jamaica. This program which grants a certificate after a one year training period has had steady enrollment and graduates serve the Caribbean area in the capacity of nursing educators and nursing administrators.

There are two other satellite campuses of the University of the West Indies, one in Barbados and the other in Trinidad. Nursing is offered only on the Jamaica campus. Currently there are twenty-eight nursing schools which operate throughout the English speaking Caribbean area and serve general and specific purposes.

Nursing Schools in Jamaica

There are now ten nursing schools in Jamaica. Five of these schools offer basic training while the other five provide post basic nursing education. The schools offering basic training are: the University Hospital of the West Indies, the Kingston School of Nursing, the Oust Community College, the Cornwall Regional Hospital, and the West Indies

College in conjunction with Andrews Memorial Hospital, which offers a Bachelor of Science Degree in Nursing.

Offerings in post basic education vary. Midwifery training is provided both at the University Hospital School of Midwifery and at the Victoria Jubilee Hospital School of Midwifery. Other nursing schools in rural Jamaica are also now offering midwifery training to nursing students. The West Indies School of Public Health provides training for public health nurses throughout the Caribbean area, while the Bellevue School of Nursing provides psychiatric experience for nursing students. The advanced Nursing Education unit at the University of the West Indies in Jamaica is the only nursing school in the Caribbean area that provides teaching and administrative certification in nursing.

Nursing Schools in St. Lucia

Nursing education in Saint Lucia is currently offered in the Victoria Hospital School of Nursing and the Sir Arthur Lewis Community College. The Victoria Hospital School dates back to 1919 when both general and midwifery students were admitted. One of the first graduates, Miss Cecile Calderons, was subsequently promoted to Assistant Matron, Acting Matron and Tutor. Other individuals who held joint appointments as Matrons and Tutors were Ms. Potige, Ms. Scholar, Ms. Archard (1946-1960) and most recently, Mrs. Andreville Parker MBE, SRN, SCM, QDH, NAH (1961-1988). The first qualified Tutor to the Victoria Hospital School of

Nursing was Rev. Sister Irma Hilgar, SRN, Master in Nursing Education who joined the nursing staff in 1961.

In 1964, Miss Pamela Baptiste, MBE, SRN, SCM Diploma in Nursing Education became Assistant to Rev. Sister Irma Higler and succeeded her as Senior Tutor in January 1967. Miss Baptiste retired in 1977. Subsequently Mrs. Andreita Louis, SRN, RM, certified in Advanced Nursing Education at the University of the West Indies, was appointed Senior Tutor in July, 1979. The Victoria Hospital School of Nursing is fully accredited by the Regional Accrediting Body of the Caribbean area. Nurses training covers a period of three years with an extra year of midwifery training. The current nursing curriculum was revised in 1985 with assistance from the Pan American Health Organization and the World Health Organization. The new curriculum reflects current trends in nursing education such as community nursing and the needs of man throughout the life cycle. Nurses' training has also been offered by the Sir Robert Lewis Community College since 1988 (Parker, 1991).

Nursing Schools in Trinidad and Tobago

The nursing schools in Trinidad and Tobago are: (1) the Colonial Hospital in Port of Spain, and (2) the San Fernando Hospital. "Full recognition for purposes of registration" was granted to these schools in 1958 by the General Nursing Council for England and Wales. This was done after a thorough investigation by Miss Marjorie Houghton (a representative of

the Colonial Office) of the islands' teaching facilities and curricula. There has been strict monitoring of standards over the years.

Caribbean Nursing Schools--
Trends in Unification

The standards for all Caribbean Nursing Schools prior to the granting of accreditation is now the same for all the islands. The commitment to high standards of nursing education and nursing practice has created the need for inter-island cooperation among the nursing organizations and the nursing schools. To accomplish this the first Caribbean Nursing Conference was held in 1959. In 1970 the Caribbean Seminar on Nursing was held in Barbados and nursing representatives from each of twelve unit territories in the English-speaking Caribbean attended to plan strategies for cooperation in the development of nursing education and to organize a regional nursing body. The numbers of nursing schools currently in the English-speaking Caribbean area and that comprise the Regional Nursing Body are reflected in Table 1.

Table 1
Regional Nursing Body English-Speaking
Schools in Caribbean

Antigua	1
Bahamas	1
Barbados	3
Belize	1
Dominica	1
Grenada	1
Guyana	4
Montserrat	1
Jamaica	10
St. Kitts/Nevis	1
St. Lucia	1
St. Vincent	1
Trinidad and Tobago	2
Total:	28

A detailed description of the administration of one Basic School of Nursing in Jamaica is in Appendix B and it gives a general idea of how nursing schools of the Caribbean area are operated. (A compiled list of Nursing Schools with their areas of specialization is also in appendix B.) It is the hope of the Regional Nursing Body that all schools in the Caribbean area will meet the same standards through similar curricula and that the plans for the Regional Certifying

Examination planned for October, 1993 will be implemented ("CARICOM Nursing," 1985).

Summary

During the mid-nineteenth century, repeated epidemics, substandard nursing education and nursing practice and public outcry about the deplorable conditions in nursing forced the British to enact new public health laws and to require more stringent guidelines in the selection of nurse trainees in Britain. Caribbean leaders vouched for similar enactments in the Caribbean area. As a result, Caribbean Boards of Health were organized to formulate health laws and to supervise health care. Under these systems, improvements were made in mental health and midwifery training. By the late nineteenth century, emphasis seemed to be on nursing specialization. Dominican sisters were recruited from France to train nurses at the then newly established Cocorite Leprosarium in Trinidad.

Nursing education was still not formally organized, however, in spite of the improvements; and the abolition of slavery around 1838 compounded the problem. Large numbers of nurse trainees were recruited to meet the needs of the freed slaves. The church acted on behalf of the freed slaves and on raising nursing standards. Enos Nuttall, Bishop of the Church of England, founded the first organized training school for nurses in Jamaica. Trained deaconesses were recruited from Europe to operate the school. Specific nursing content was

identified, nurses were qualified by examination and uniforms were introduced for the first time. The Nuttall School served as an example for other nursing schools in the Caribbean area.

Developments in the twentieth century retarded the progress of the nineteenth. These included: lack of upward mobility for Caribbean trained nurses, absence of educational provision for the freed slaves, the declaration of war (World War II) by Britain and France against Germany in 1939 and diminished British interest in her Caribbean territories. These developments resulted in turmoil and the formation of party governments throughout the Caribbean area. In response to this unrest, Britain appointed the Moyne Commission to investigate the problems. The commissioners made many recommendations to Britain, among which were: (1) the need for new emphasis on nursing education and (2) the recognition of Caribbean trained nurses. The British responded by passing the Colonial Development and Welfare Act in July, 1940. They funded the project, known as the Carr Socio-Economic Aid and Health Plan, with seventy million pounds. Responsibilities for implementation was decentralized among government officials throughout the Caribbean area.

Subsequent evaluations of the project showed that by 1943, progressive changes had taken place in nursing education. These included: time allotments for theory and practice, the inclusion of public health content in the curriculum, certification of nurses by examination, and

cognizance for better education for nursing educators. Caribbean nurses were also given recognition and an active role in evaluating the progress of the Commissions' recommendations.

In spite of Caribbean nursing leaders' earlier reliance on Britain, today, they are for the most part autonomous. Currently, there are twenty-eight nursing schools in the Caribbean area. They are supported internally by the various nursing associations, the nursing councils, the Caribbean Nursing Organization, the Regional Nursing Body and, externally, by national and international organizations.

CHAPTER VII
DEVELOPMENT OF PROFESSIONAL NURSING
ORGANIZATIONS IN THE CARIBBEAN AREA

Nursing organizations in the Caribbean area were established as early as 1946 and have progressively grown in numbers and importance at the local, national and international levels. Regardless of the country of their origin professional nursing organizations all seem to voice the same objectives of improving the education of nurses and the health services of people as was voiced in the first American Nurses Association position paper which reads:

The professional association must concern itself with the nature of nursing practice, the means for improving nursing practice, and the education necessary for such practice and the standards for membership in the professional association. (American Nurses Association, 1965, p. 106)

Caribbean area nurses accepted this challenge and as a result various nursing organizations in the Caribbean area were formed.

The Nurses Association of Jamaica

The Jamaica General Trained Nurses Association was organized in 1946. (The name of the organization was changed to the Nurses Association of Jamaica in 1966 to facilitate wider membership.) The Association has the following objectives:

1. Professional status for the island graduate nurses in Jamaica.

2. State registration for graduates.
3. Reciprocity for basic nursing education with the General Nursing Council for England and Wales.
4. Recognition of the professional nursing of Jamaica on the national and international arena (Swaby, 1980, p. 47).

The Association has since made progressive strides in achieving professional status. The Nurses Registration Law, was passed in 1951 and instituted in 1952. This gave full registration rights to nurses who graduated in Jamaica. These led to the granting of reciprocity of the Jamaica basic nursing education with England and Wales that same year. The Association gained admission to the International Council of Nurses in 1953.

The holdings of the Association are housed in the Mary Seacole House, a prestigious physical plant erected in the honor of this famous Jamaican nurse. Continuing nursing educational programs are provided yearly by the Association to maintain standards of practice and to examine new trends in nursing education (Marshall-Burnett, 1981).

The Association makes frequent contributions to the nursing literature through its official journal, The Jamaica Nurse. This journal is nationally recognized and listed in the Cumulative Index of Nursing and Allied Health Literature. The names of the presidents of the Association and their years of service are listed in Table 2. Currently there are thirteen islands in the Caribbean area with independent

Table 2

Presidents of the Nursing Association
of Jamaica

NAME	YEARS OF SERVICE
Nita Barrow	1946-1948
Grace March	1949-1950
Julie Symes	1951
Eva Lowe	1952
Cynthia Vernon	1953
Violet Skeffrey	1954
Zoe Burrows	1955
Grace March	1956
Gertrude Swaby	1957
Vassel Bogues	1958
Ethel Thorpe	1959-1960
Eileen Peterkin	1961-1962
Edith Fox-Thompson	1963-1964
Leleka Champagne	1965-1966
Laurice Hunter-Scott	1967-1968
Lola Bragg	1969
Enid Lawrence	1970-1971
Lucille Lindsey	1972
Lucy O'Sullivan	1973
Dr. Mary Seivwright	1974-1975
Syringa Marshall-Burnett	1976-1977
Carmen Brooks	1978
Leleka Champagne	1979-1980
Meryl Hanson	1981-1982
Patricia Ivers	1983
Eula Reid-Ottey	1984
Thelma D. Anderson	1985-1986
Taedylyn Reid	1987-1988
Syringa Marshall	1988-1991
Ancylin Morgan	1991-1993

Nursing Associations each concerned with maintaining standards of nursing practice and nursing education. They accomplish this by recommending:

Admission standards for nursing students
Minimum requirements for training
Acceptable physical facilities for training
Standards for practice and monitoring these standards. Disciplinary guidelines and disciplinary actions. (Swaby, 1980, p. 54)

The Caribbean Nursing Councils

Today thirteen nursing councils monitor the training of nurses in the Caribbean area. The responsibilities of the nursing councils are similar to those of more developed countries, which include: (1) maintenance of the registry of registered nurses, registered midwives, and nursing assistants; (2) approval of all institutions for the training of nurses, midwives and nursing assistants; (3) monitoring the registration of foreign trained nurses; (4) assessing the training of all applicants to determine the need for further training or the need to qualify by examination. They also have the power to remove or add names to the register (Coorevits, 1968).

The Trinidad/Tobago Nursing Council

The Nursing Council of Trinidad and Tobago was organized in 1950. In 1975 when the council celebrated its 25th anniversary the leaders emphasized the principles under which the Council operated. These were the same principles adopted

by the Council of National Representatives of the International Council of Nurses in Singapore in 1975. These read:

WHEREAS Nursing is a profession in its own right although it is allied in providing health care with its colleagues in all other health professions; and

WHEREAS nurses have the responsibility and accountability for nursing services which they provide for people, sick and well; and

WHEREAS nursing has a body of nursing knowledge and nursing practices which must be taught to nursing students who otherwise would not be educated to provide nursing services; and

WHEREAS the subject matter of nursing courses is distinct and different from the content of such non-nursing course as medical science, pharmacology, psychology, and other subjects taught by non-nurse faculty;

THEREFORE BE IT RESOLVED that all nursing services in health care facilities of all types be directed by qualified directors who are nurses; and

FURTHER BE IT RESOLVED that all nursing education programmes--basic, post-basic and specialized--be directed by specially qualified nurses; and

FINALLY BE IT RESOLVED that all teaching of nursing courses, theory and practice, be done by nurses who are qualified to teach. (Adopted by the Council of National Representatives of the International Councils of Nurses, Singapore, August 1975 [as cited in The Nursing Council (1975), p. 2].)

During this twenty-fifth celebration, officials praised the Trinidad Nursing Council for their unflagging dedicated effort to maintain quality, both in nursing education and nursing practice. They were also praised for their work as "guardians of the standards of nursing education" for both, nurses trained locally and abroad (The Nursing Council, 1975,

p. 3). H. M. Collymore, (former director of the San Fernando General Hospital) said:

Of the nurses trained elsewhere it is their duty to ensure that such training, however prestigious, is suited to the conditions of nursing in Trinidad and Tobago. Yet the standards by which all would-be entrants are judged are international standards, and the aim of the council is to ensure that any person who appears on the register is fit to be a member of a highly respected, well trained worldwide professional community . . . This aim has in large measure been achieved. Our nurses are much sought after in metropolitan communities and more than hold their own in the land of their adoption . . . Our nurses can rank the best . . . vigilance must be maintained. (The Nursing Council, 1975, p. 3)

Another theme that pervaded this anniversary celebration was the difficulty experienced in trying to obtain recognition for the organization. This seemed to be the experience of all nursing councils throughout the Caribbean area. The initial request for the establishment of the Trinidad Nursing Council was 1945. This was not realized until 1950.

The Caribbean Nurses Organization

The Caribbean Nurses Organization (CNO) comprises a group of Caribbean Nurses from approximately 24 Caribbean Countries. It first convened in Antigua in 1957 when Mrs. Mavis Harvey Brown and several of her nursing colleagues came together to discuss the health problems and the fragmented educational system of the Caribbean area. As a result of this first meeting the CNO was organized (Coorevits, 1968).

The objectives of the CNO are broad and comprehensive. They read:

1. To contribute towards attainment of the highest possible level of health for the individuals and families of the Caribbean community.

2. To encourage membership and active participation by all nurses and eligible non-nurses.

3. To provide ways and means by which nurses of the Caribbean area can meet and exchange knowledge and experiences.

4. To strive toward establishing uniform standards of nursing, examination and registration of nurses. (Coorevits, 1968, p. 32)

The CNO urges nurses from the Caribbean Nursing Councils, the Regional Nursing Schools and the Caribbean Nursing Educators Group to encourage faculty exchange and to exchange educational ideas. They also stress the need for close affiliation of CNO members with the Advanced Educational Units of the University of the West Indies and the need to extend this school to two years, and ultimately to grant nurses a Baccalaureate Nursing Degree from this university. (Nurses with advanced training can now complete the baccalaureate degree from the university.)

The Caribbean Nurses Organization meets biennially to discuss nursing issues and rotates meeting sites to accommodate the representatives of the various countries. The

twenty-four member countries are (1) Antigua, (2) Anguilla, (3) Barbados, (4) Bermuda, (5) Bahamas, (6) Cayman, (7) Curacao, Bonaire and St. Martin, (8) Dominica, (9) Grenada, (10) Guyana, (11) Guadalupe, (12) Haiti, (13) Jamaica, (14) Martinique, (15) Montserrat, (16) Nevis, (17) Puerto Rico, (18) Surinam, (19) St. Lucia, (20) St. Vincent, (21) St. Thomas (United States Virgin Island), (22) St. Croix (United States Virgin Island), (23) Trinidad and Tobago, and (24) Tortola (British Virgin Islands). The Caribbean Nurses Organization celebrates October 24 in honor of its founder Mavis Harvey. The CNO promoted the concept of the Regional Nursing Body (Fearon, 1968).

The Regional Nursing Body

The concept of a regional nursing body was first discussed at the first Caribbean Nursing Conference held in Barbados in 1959. At this meeting, representatives of the twelve unit territories in the English-speaking Caribbean agreed that definite criteria should be developed to establish the Regional Nursing Body. The main goal of this Council was to develop greater inter-island cooperation with emphasis on the larger territories helping the smaller islands develop quality nursing education, and standards for nursing care (Pan American Health Organization [PAHO]/World Health Organization [WHO], 1966).

Greater emphasis for the development of this body took place when the West Indies Federal Nursing Conference met with

nurses in administration, education, public health, and Nursing Council and Nursing Administration representatives, from the English speaking Caribbean territories. The islands represented at this meeting were: Jamaica, Montserrat, St. Kitts-Nevis, Anguilla, Saint Lucia, Saint Vincent, and Trinidad and Tobago. (Guyana, Belize and the Bahamas, although not part of the Federation, were invited to send representatives to the Conference.) The resolutions of the conference were:

1. The formation of a Federal Nursing Committee that would examine the standards of the basic preparation of nurses in the Region at that time.

2. Determine acceptable standards for all nursing schools of the Caribbean area with the assistance of the Pan American Health Organization and the World Health Organization (PAHO/WHO, 1983).

The Organizations' concerns for nursing education in the Caribbean area led to a survey of the twenty-three schools of nursing in the region. The Survey of Schools of Nursing in the Caribbean Area (Reports on Nursing No. 6) was conducted during the period of March 1964-August 1965 under the Pan American Health Organization [PAHO]/World Health Organization [WHO] Project AMRO-6301.

The PAHO/WHO survey gave detailed information on the state of nursing education in the Caribbean area and also

dealt with the various parameters of nursing practice. The parameters were:

- (1) assessment of nursing education and nursing service,
- (2) supply and demand of nursing personnel,
- (3) strategic planning for the development of nursing education and nursing practice within English speaking Caribbean area,
- (4) The feasibility of a regional nursing body to determine standards of nursing education and nursing practice,
- (5) Creation of efficiency in the utilization of faculty and facilities within the region (PAHO/WHO, 1966, pp. 5-7).

The results of the survey showed deficiencies throughout the educational system. These related to educational philosophy and objectives, curricula content, teacher preparation, student work load, library and physical facilities, curricula and student evaluation.

Since this survey, many changes have taken place in the Caribbean educational arena. These include: better qualified teachers, curricula development, and improvement in physical facilities and library holdings, and new emphasis on educational preparation in primary health care. As a second dimension to the improvement of the educational system the establishment of the Regional Nursing Body, (subsequently referred to as the "RNB" or the "Body") was established in 1972 (PAHO/WHO, 1983).

The RNB, following some modifications, has since instituted the system of accreditation using the criteria developed from the Pan American Health Organization. These are to be used for evaluation purposes and for further development of nursing education and nursing practice within the English-speaking Caribbean area (PAHO/WHO, 1983).

Philosophy of the Evaluation Process
of the Regional Nursing Body

The RNB believes that:

1. Schools of nursing within the Caribbean territories can aspire to educational excellence.

2. Educational excellence can be achieved through implementation and maintenance of the standards for nursing education in the Commonwealth Caribbean.

3. Efficient management of the schools of nursing is paramount to the achievement of educational excellence.

4. All managers within the educational arena are to be educationally qualified of sound principles and knowledgeable in educational management.

5. Evaluation of nursing schools should be continuous and should be used to upgrade educational Standards (PAHO/WHO, 1983).

The Body sees the process of evaluation as continuous and focusing on improvement of educational standards in all member countries. (See details of the Evaluation Process by the Regional Nursing Body in Appendix C.)

Contributions of Caribbean Nurses to the
International Arena

Contributions Specific to the
Caribbean Area

The emphasis on attaining international standards in nursing education reinforces the importance of meeting specific and unique needs of a given region. Caribbean nursing education meets this goal by identifying differences in health problems in the Caribbean area. Nursing educators train Caribbean nurses to formulate specific nursing diagnoses and identify nursing interventions that are geared to resolving these unique Caribbean area problems. These are accomplished both in institutional nursing and in primary health care settings. Nursing diagnoses are formulated using the North American Nursing Diagnosis Association (NANDA) guidelines. Nursing interventions, however, are specific to Caribbean health problems.

Nurses plan these interventions to deal with tropical diseases such as: yaws, crab yaws, kwashiorkor, jiggers, malaria, typhoid, tuberculosis, anemia, buck-toe, stone-bruise, hyperbilirubinemia, gastroenteritis, and veno-occlusive disease. In the case of anemia for example, the nurse is taught to identify local measures, such as thekalaloo (a green vegetable high in iron) and to use teaching strategies that will communicate to clients the efficacy of this vegetable.

Because of the low socioeconomic status of many people local remedies must be used for cures; as in the case of hyperbilirubinemia, the client is taught how to effectively sunbathe the baby. Foot care is also high on the list of teaching interventions and amputations are markedly decreased through these approaches. The use of many locally grown herbal teas are also encouraged as cures in a variety of illnesses.

Primary health care in the Caribbean area operates at the grass-root level. Mass screening is done in schools by public health nurses. Domiciliary midwives (all registered nurses in the Caribbean area take midwifery training as post graduate study) visit clients in their homes and visiting nurses organize temporary soup kitchens. In these settings they involve the elderly in the preparation of nutritious meals. Many times nurses are rewarded by patients with agricultural products from the patients gardens. The nursing services are provided ungrudgingly and is reflective of the close cultural ties and the belongingness which are characteristic of Caribbean area people. Solutions of local problems circumvent pandemic problems.

Contributions to the Larger International Arena

In spite of the local commitment, Caribbean area nurses do not operate only in the circumscribed area called the West Indies. They are part of the international arena that sets

standards for nursing education and nursing practice and that evaluates nursing outcomes. This arena operates within the International Council of Nurses (ICN). Various Caribbean area nursing organizations are members of the International Council of Nurses whose headquarters are in Switzerland. These include Jamaica, Haiti, Barbados, Cayman, Bahamas, Cuba, St. Lucia and Trinidad/Tobago. Jamaica was granted membership as early as 1953.

These various nursing organizations in the Caribbean area work cohesively with all the other nursing organizations to carry out the functions of the International Council of Nurses which are:

1. To promote the organization of national nurses organization.

2. To assist national nurses associations to play their part in developing and improving the health service for the public, the practice of nursing and the social and economic welfare of nurses.

3. To provide means of communication among nurses throughout the world for mutual understanding and cooperation.

4. To establish and maintain liaison and cooperation with other internationals and to serve as representatives and spokesmen of nurses at international level (Swaby, 1980, pp. 48-49).

Caribbean area nurses through their nursing organizations have also been involved in other ICN activities such as:

Representation on the ICN Board for the past four Quadrennium. Participation at ICN meetings and Congress since 1953. Attendance at official ICN workshops on nursing legislation, code of ethics, Primary Health Care and socioeconomic welfare. (Swaby, 1980, pp. 48-49)

The Nurses Association of Jamaica nominated two winners of the ICN International Nursing Fellowship in 1980 and 1983, respectively. A Jamaican nurse, Mrs. Merel Hanson (former president of the Nurses Association of Jamaica) was elected to the Board of Directors at the 18th Quadrennial Congress held in Tel Aviv, Israel in 1985 ("Merel Hanson," 1985). In 1989 the first president of the Nurses Association of Jamaica (Ms. Nita Barrow) was keynote speaker at the Nineteenth Quadrennial ICN Congress held in Seoul, Korea in 1989. Jamaica was host to the ICN meeting in 1991. Caribbean area nurses contribute to the financial stability of ICN through the paying of annual dues.

Caribbean area nurses also make substantial contributions to ICN publications in the International Nursing Review which is the ICN's official journal, thus keeping world members aware of nursing developments in the Caribbean region. They have both adopted and operated within ICN's policies in order to maintain professionalism in nursing education and nursing practice. These policy statements deal with: human rights, family planning, the nurse's role in policy making and planning, the developing role of the nurse, equal pay for equal work, the role of the nurse in safe-guarding the human

environment, continuing education for nurses, limitation on smoking, and nursing authority.

Caribbean nursing organizations also recognize the International Code of Nursing Ethics which sets out ethical principles for nurses internationally (Barnes, 1960; Staff, 1968). The code emphasizes the nurse's responsibility for nursing education and nursing practice and the need for cooperating with citizens and other groups to initiate action to meet the health and social needs of the nation.

As members of ICN, Caribbean area nurses work in collaboration with the following specialized agencies to maintain international nursing educational and nursing practice standards: World Health Organizations, International Labor Organization; United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations International Children's Emergency Fund (UNICEF), Economic and Social Council of the United Nations, International Hospital Federation, International Committee of the Red Cross, League of Red Cross Societies, Union of International Associations, Council of Europe, World Medical Association (Swaby, 1980).

The Ministries of Health of Jamaica and the Northern Caribbean territories cooperate with the Pan American Health Organization (PAHO) and the World Health Organization (WHO), to meet the goal of the countries in the Americas which is "to attain, by the year 2000, a level of health for all citizens

that will allow them to lead socially and economically productive lives" (PAHO/WHO, 1987, p. 3).

PAHO/WHO accomplish this through their office in Jamaica which was established in 1962. They concentrate primarily on teaching of public health measures and establishing primary health care within the Caribbean area. They established the Caribbean Food and Nutrition Institute which specializes in research and nutrition education within the region.

Caribbean governments also cooperate with PAHO/WHO in Health Manpower Development such as managing fellowships for the various training institutions such as the University of the West Indies, College of Arts, Science, and Technology [CAST], the Nurse Anesthetist Training Program, the West Indies School of Public Health, and Nurses Training Schools.

Caribbean Community [CARICOM] and the Caribbean Governments ratified the Caribbean Cooperation in Health (CCH) Organization in 1986. The aim of this organization was to enable participating countries in the English-speaking Caribbean area to work together to improve the health of the people in the region. The areas identified under CCH are: Environmental Protection including vector control, Human Resource Development, Chronic Disease Control and Accident Prevention, Strengthening of Health Systems, Food and Nutrition, Maternal and Child Health.

As Caribbean area governments seek assistance in health education from national and international organizations, they

contribute to the improvement of ecological and world health conditions.

Caribbean trained nurses have also made contributions in the national and international arena through employment in various health care settings in various countries. There has been active recruitment of these nurses to foreign fields such as the United States and Canada (Seivwright, 1965). Britain has also recruited nurse trainees to British nursing institutions ("Colonial Student Nurses," 1956).

Summary

The first nursing organization in the Caribbean was established in 1946, soon after the implementation of the Moyne Commission recommendations for revision in nursing education and recognition of Caribbean trained nurses. A main objective of the organization was to create autonomy for Caribbean nurses. Today, there are singular nursing organizations and corporate ones throughout the area. The singular organizations are the thirteen nursing associations and the thirteen nursing councils that operate in the English speaking territories. They function autonomously to monitor professional status, registration eligibility, admission and educational standards and maintain a registry of all qualified nursing personnel.

The corporate nursing organizations are somewhat peculiar to the Caribbean area and include the Caribbean Nurses Organization and the Regional Nursing Body. The Caribbean

Nurses Organization consists of representatives from twenty-four Caribbean countries. Their focus is on identifying commonalities in health problems from island to island and to decrease fragmentation in nursing education within the Caribbean territory. They accomplish this through educational advancement at the University of the West Indies, through dialogue and through faculty exchange.

The activities of the Regional Nursing Body are mainly limited to the twelve unit territories of the English-speaking Caribbean. The emphasis is on larger territories helping smaller ones to succeed. This Regional Nursing Body has had far-reaching effects since its establishment in 1972. With the assistance of the Pan American Health Organization and the World Health Organization, educational needs of the area were identified and specific standards for teaching and evaluation of nursing schools developed. Two major accomplishments of the Regional Nursing Body are improved educational standards of Caribbean nursing educators and the Regional nursing examination which will be the qualifying examination for all Caribbean nurses and will be offered for the first time in October, 1993. (See a historical dateline of the development of nursing education in the English-speaking Caribbean area reflected in Figure 4.)

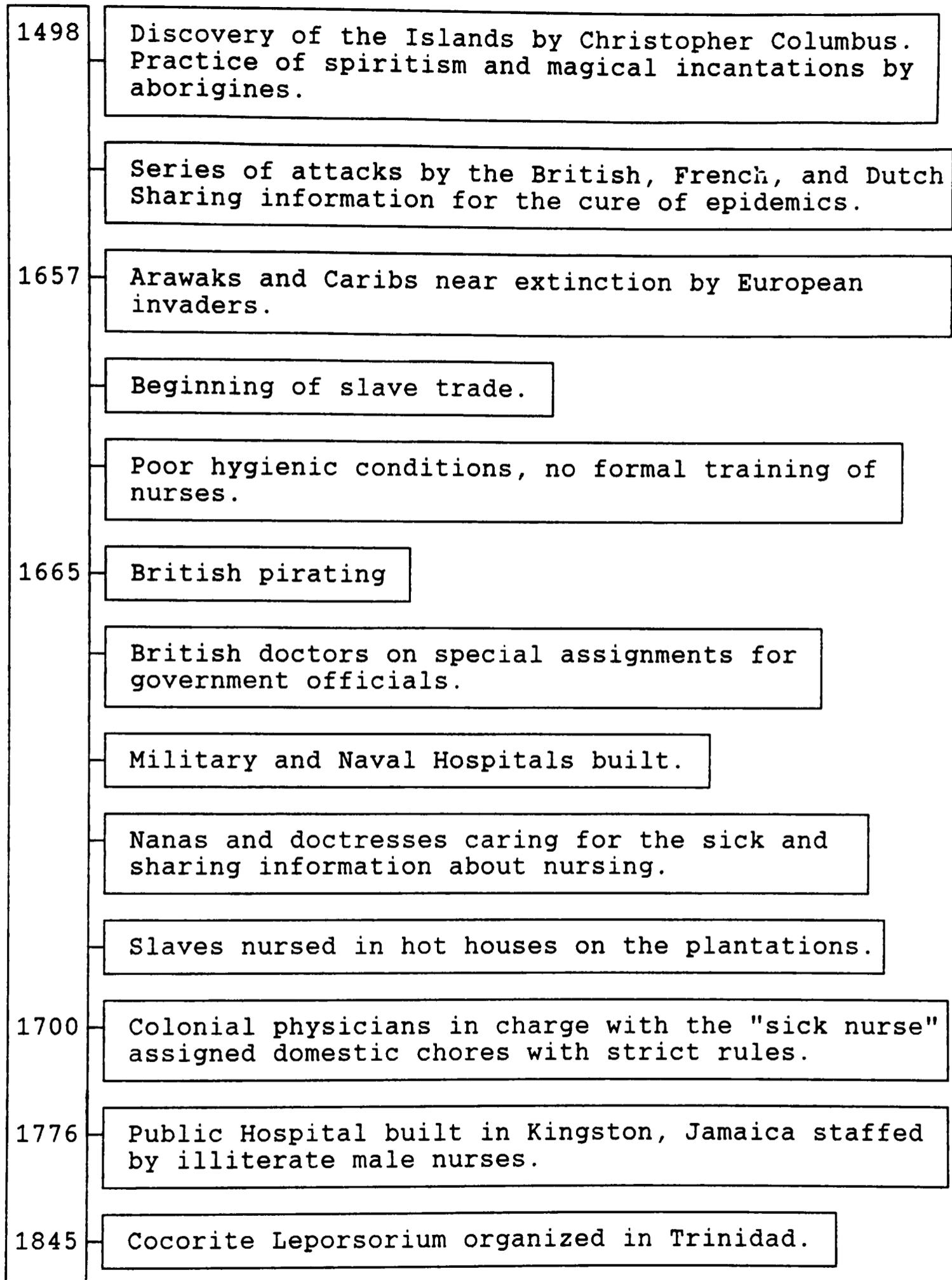


Figure 4. Historical Time Line of the Development of Caribbean Nursing Education

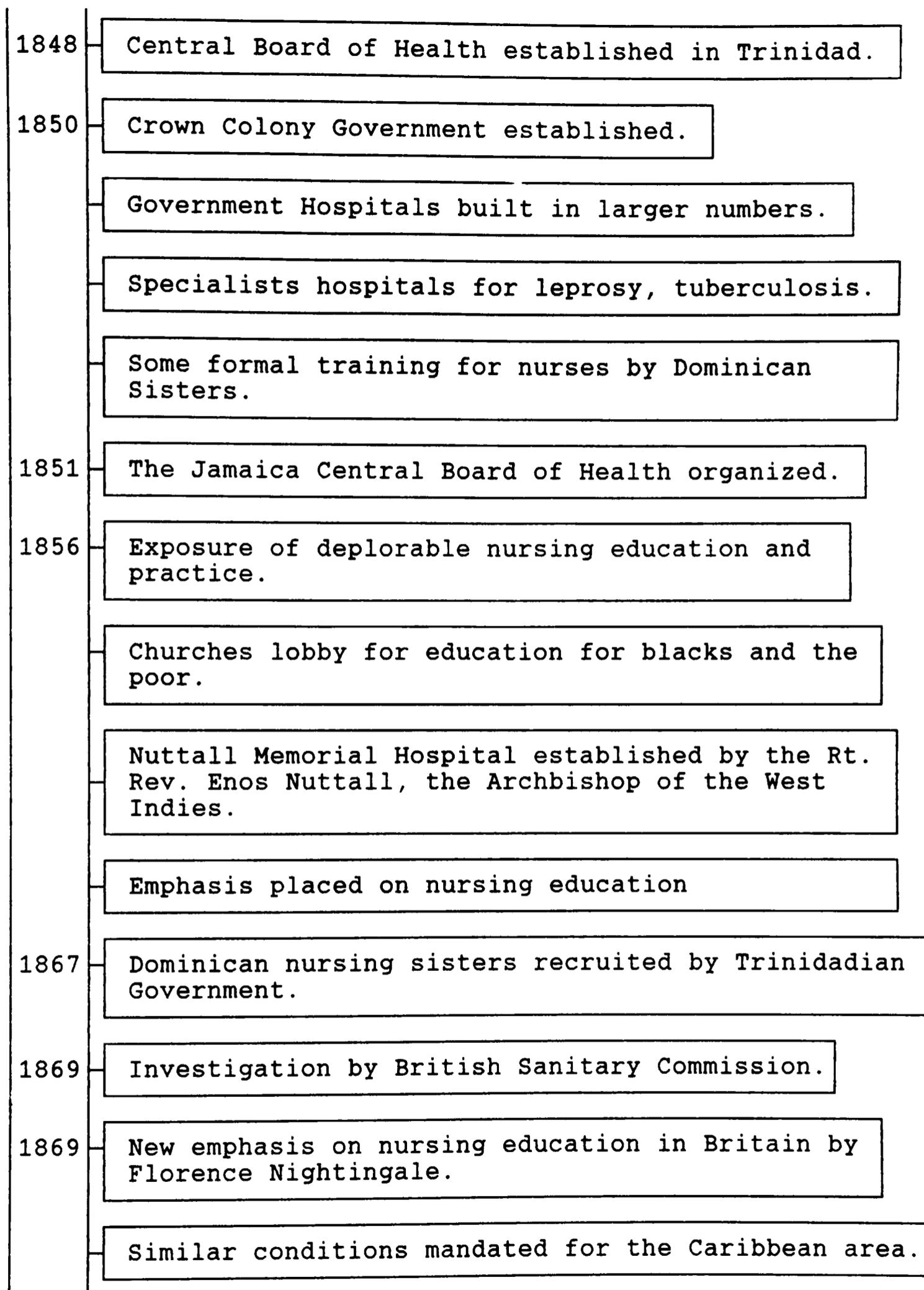


Figure 4. Continued.

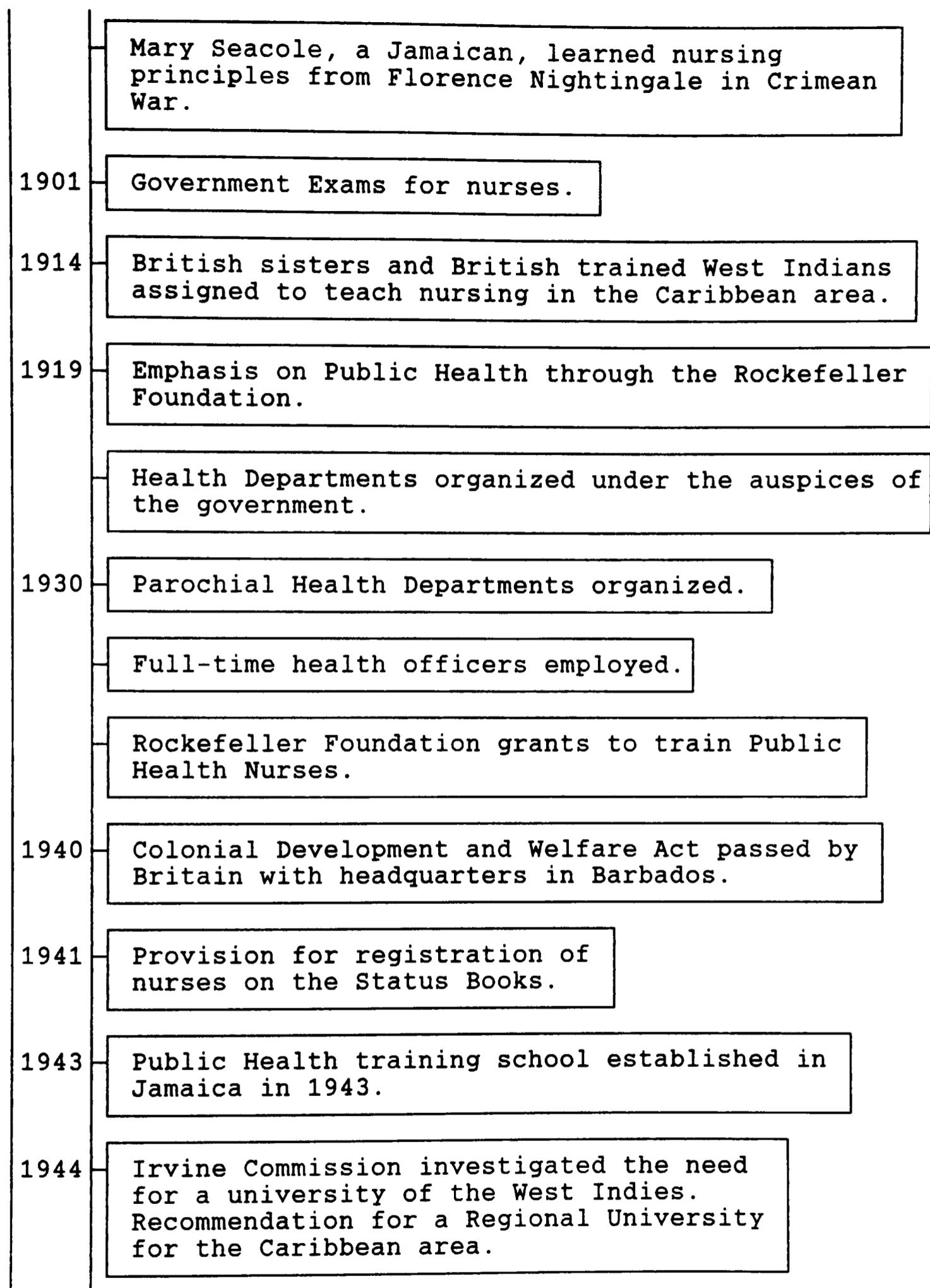


Figure 4. Continued.

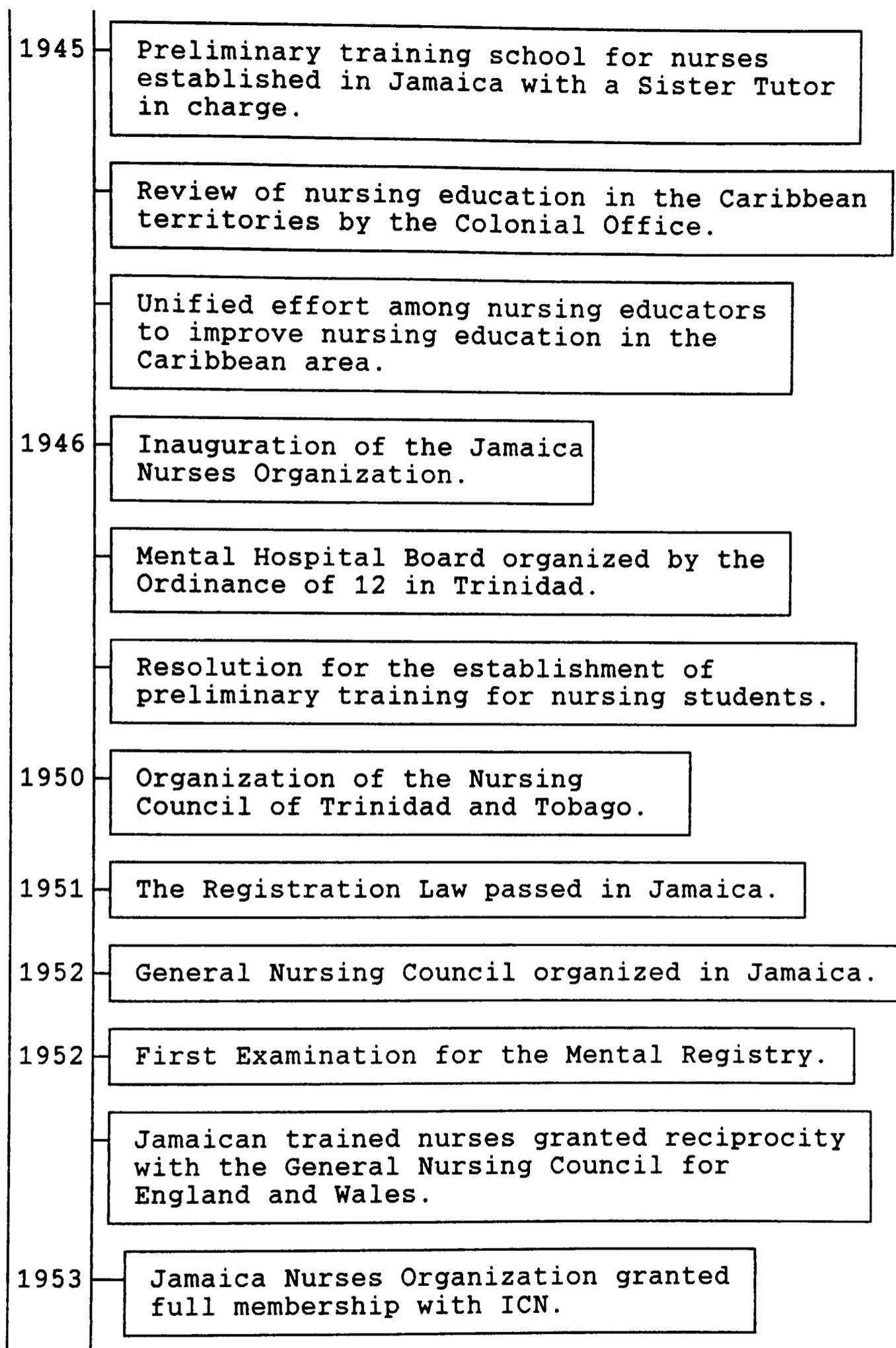


Figure 4. Continued.

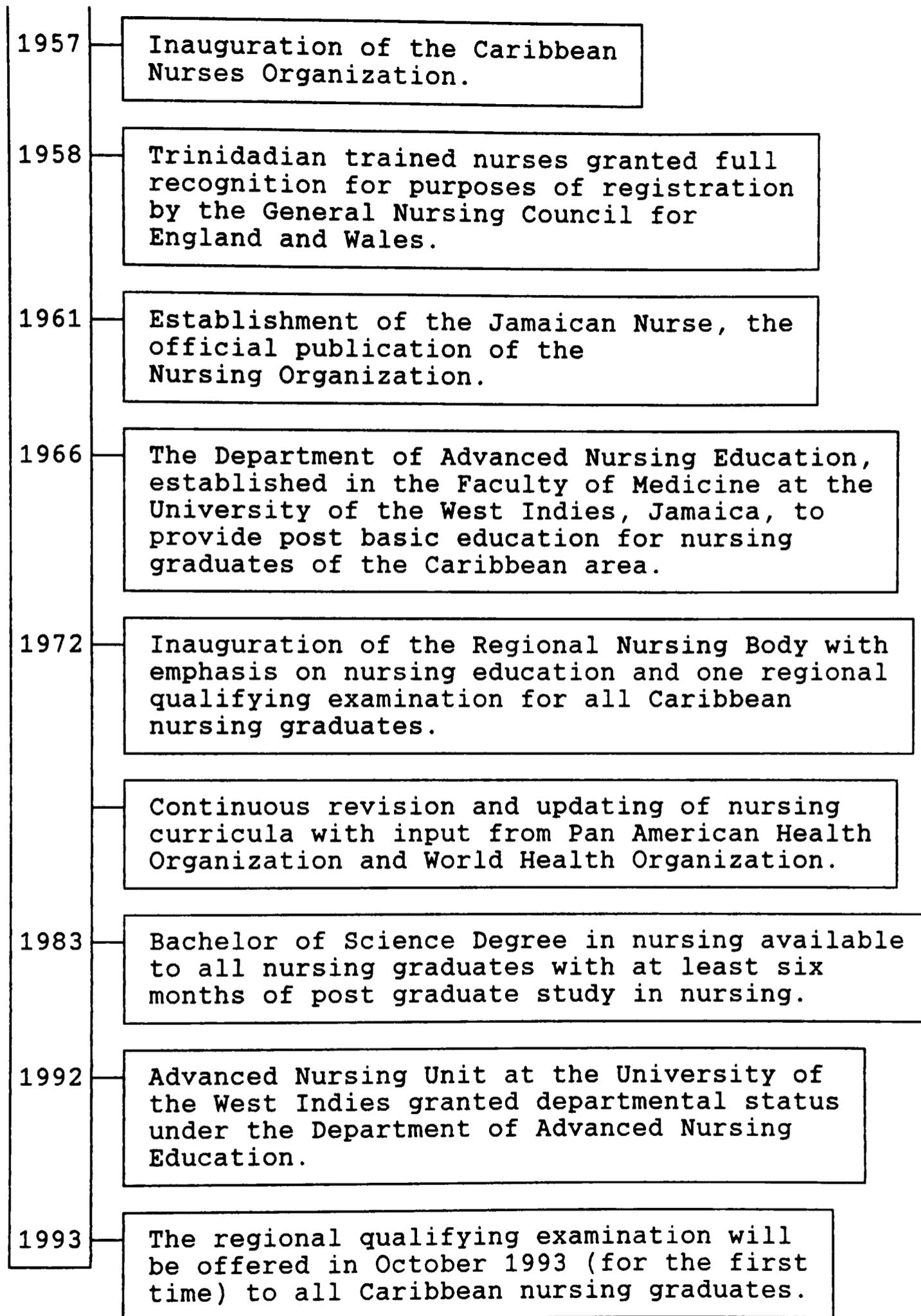


Figure 4. Continued.

CHAPTER VIII

CONCLUSIONS

An extensive review of the literature and other research instruments used (Questionnaires/Structured and Unstructured interviews) revealed that basic nursing education in the Caribbean area today is as prestigious as nursing education in more developed countries such as the United States, Canada and Great Britain. To have reached this standard of excellence, however, historical findings reveal continuous adaptation through an arena of obscurity, spiritism, trial and error, illiteracy, slavery, economic deprivation and social inequality. Important milestones in this adaptive process were: (1) Hippocratic education which stressed commitment to quality health care, (2) Greek influence which stressed nurturing and relief of suffering, (3) Christianity which stressed altruism, (4) the Renaissance which fostered expansion beyond the shores of Europe and (5) the Reformation which denounced the church and heralded the dark era of nursing and nursing education. Because of the far-reaching effects of these developments, they likely affected significant changes in nursing education in the Caribbean area over time.

When Columbus discovered the Caribbean region in the late 15th century, he found the indigenous tribes (the Arawaks and Caribs) illiterate and steeped in spiritism but their methods of treating disease was likely meritorious in that when the

Europeans came these indigenous tribes taught them how to use herbal baths and how to prepare herbal concoctions. These they used to treat the various diseases that were endemic to the aborigines yet epidemic in the European sectors. The aborigines who were soon annihilated by the Europeans likely left some trace of their practices behind since the Africans who were brought to replace them also practiced the art of herbal medicine. This might still be a legacy that has transcended historical date lines since this practice is still continued in the Caribbean area today and at times may even take precedence over scientifically proven techniques.

Historical evidence also reveals two other groups who provided nursing care through trial and error and shared information in private homes. These were the "nanas" and the "doctresses." The nanas cared for pregnant women and children while the "doctresses" provided care for a variety of illnesses. Their methods of treatments were propagated from family to family. Three famous Caribbean area doctresses were Couba Cornwallis, Sarah Adams and Mary Seacole. Today the term "nana" is still used in the Caribbean area and although governmental officials and nursing educators have raised the standards of midwifery education and midwifery care, many pregnant women still show preference for the nanas. Because of this the governing bodies in the Caribbean area have made efforts to include them in the health care delivery system. The term doctress is no longer used and this connotation in

reference to a particular individual no longer exists. In rural communities, however, people often become attached to nurse educators and nurse providers such as the primary health care nurse and refer to them as "doctor."

The British, French and Dutch settled in the Caribbean area during the time of the Renaissance and the Reformation and made significant contributions to nursing education through the efforts of sisters and nurses who accompanied them. The British were dependent on local information for treating their diseases but also probably felt an obligation to impart nursing information and to provide nursing care to their Caribbean subjects. Evidence shows that the British taught and practiced 17th century nursing as it was then taught and practiced in Britain. During this period, the British criterion for selection of people to be trained as nurses was primarily physical strength. Neither English matrons nor their nurses had formal training; hence, they carried out the most hideous practices in the name of nursing and nursing education. A classical example was the tanking as a form of patients' discipline as late as the 19th century. During this protracted period of patient brutality, people of the Caribbean area persistently voiced dissatisfaction and demanded retributive action on British matrons and their nurses. There were also requests for health care measures to deal with the various epidemics, the tropical diseases and the deplorable conditions of the freed slaves.

By 1851 the British had begun to formulate new public health laws and to improve educational standards for nurses. This improvement was probably partially forced by the European epidemics and partially by Caribbean societal pressure. Governmental representatives in the Caribbean area demanded that the British make similar improvements in the Caribbean area as were made in Britain. This resulted in the Legislative Act which established the Central Board of Health in Trinidad in 1848, the Public Health Ordinance in 1869 and the Jamaica Central Board of Health in 1851.

These institutions became responsible for the formal handling of nursing education and nursing practice in the Caribbean area. They stressed literacy for nursing recruits, specialized education for specific diseases such as leprosy, midwifery, yaws and mental disorders. As a result, between 1858 and 1946 the quality of mental instruction was on par with Britain and a Mental Hospital Board was organized (in 1946) by the Ordinance of 12 in conjunction with the administration of Mental Homes in England. The Cocorite Leprosarium was organized in Trinidad in 1845. By 1867 nine Dominican nursing sisters recruited by the Trinidadian Government were in charge of mental health nurse training in Trinidad. Midwifery was organized and the training of midwives became more stringent. Attention was also paid to the freed slaves; the Marine Hospitals (left by the British, most of whom had by this time returned to Europe) were set up

as care centers for these indigents and many more nurses were trained to meet their needs.

In spite of these improvements, nursing education still lacked formality and scientific base. Nursing educators were for the most part unqualified. Emphasis was on work ethics and the performance of menial tasks in an apprentice-type setting with minimal theoretical instruction. These conditions improved as the churches denounced the servant status assigned to nurses. These churches began to promote the recruitment of upper-class women and vouched for higher standards of literacy among nursing recruits. Enos Nuttall, Bishop of the Church of England, is credited with founding the Deaconess Institution in Jamaica. He advocated the training of nurses to meet the needs of all sectors of the society. He also stressed the need to prepare Caribbean nurses to assume educational and managerial responsibilities.

Textbooks and uniforms were introduced and training was given priority over work. The Deaconess Training School served as a model for the improvement of other Caribbean schools of nursing.

This progress in nursing education during the nineteenth century was nearly obliterated by problems of the twentieth century. World War II, fought by Britain and France against Germany, created trade restrictions. Limited resources and rationing of goods were direct results. There was also decreased revenue from Britain because of the emancipation.

As a result, British interest in her Caribbean territories waned. She failed to make provision for the education of the freed slaves. British trained nurses coveted the teaching and managerial positions in nursing and no provision was made for upward mobility of Caribbean trained nurses.

During this era of depression in the socioeconomic and health care systems, the people of the Caribbean fought for recognition. There was struggle for a voice in British government. Party governments emerged throughout the Caribbean in defense of the people.

When news of the unrest reached Britain, the "Moyne Commission" was dispatched to investigate. This Commission reported the low status of Caribbean nurses, the poor standards of nursing education and the inequality in wages and in upward mobility of these nurses. Among the Moyne Commissioners' many recommendations was the need for decisive steps to improve nursing education and nursing practice in the Caribbean area.

The British responded by passing the Colonial Developmental and Welfare Act in 1940 with headquarters in Barbados. The responsibilities were decentralized to the governors of the various islands. The Rockefeller Foundation assisted Britain in the implementation of the recommendations by introducing public health content in the nursing curricula. The school of public health currently focuses on post-graduate

study and is the training school for the entire Caribbean area.

Evaluation and revision of the nursing curricula after the format proposed by the Moyne Commission continued for several years. The evaluators were recruited from a variety of countries which later included Caribbean trained nurses. Today there are twenty-three nursing schools in the Caribbean area. In spite of their earlier dependence on Britain, they are now for the most part autonomous. There is internal support from the various Caribbean nursing organizations. The World Health Organization, the Pan American Health Organization and Project Hope representatives have served as consultants in curricular revision and nursing project developments such as primary health care nursing. The current nursing curricula closely resemble those of more developed countries and include similar content such as: maternal-child health, psychiatric, medical-surgical, community health and school nursing. The curricula are also organized around similar conceptual frameworks such as the Health-Illness Continuum and include similar concepts which are studied on the age continuum.

The educational standards for admission to the nursing programs are as stringent as those of more developed countries and strongly emphasize mathematics and science subjects. There is strong emphasis on theoretical knowledge with application in a variety of clinical settings. The nursing

process is used to organize data and to individualize patient care. Although basic nursing education is still patterned after the diploma format, the entrance requirements cover a wide variety of general education subjects. Midwifery, public health nursing and advanced nursing education are post-graduate studies that grant the student a certificate in the respective nursing discipline at graduation. Mental health training schools also prepare mental health nurses.

Nursing educational standards are set by the various nursing organizations on each island and their criteria are in-keeping with American Nursing Association educational standards. Monitoring of nursing schools is done by the Nursing Council of each island. The nursing schools are accredited by rigid accreditation standards. These standards were developed in consultation with the Pan American Health Organization and the World Health Organization. Nursing schools are evaluated for accreditation every three to five years. The Caribbean Nursing Organization and the Regional Nursing Body work in coordination with the Pan American Health Organization and the World Health Organization to coordinate nursing education and nursing practice from island to island. A major objective of these bodies is to have one Regional Qualifying Examination for all Caribbean area nursing graduates. Currently these graduates are qualified after passing the Licensure Examination administered by the Caribbean Nursing Councils of each island.

Caribbean nursing education is recognized the world over. They have had reciprocity with the General Nursing Council for England and Wales since 1952. Caribbean area nurses pass the United States National Council on Licensure Examination (NCLEX-RN) at a higher percentage rate than other foreign graduates, they also do equally well on the Canadian Registered Nurse Examinations. Caribbean area nurses function efficiently in the various fields of nursing in host countries. Similar categories of ancillary nursing personnel as are present in the United States are also present in the Caribbean nursing forces such as, nursing assistants and licensed vocational nurses.

Caribbean nursing educators are progressive and continuously strive for excellence in nursing education and nursing practice. They are proud of the Advanced Nursing Certificate provided by the University of the West Indies in nursing education and nursing administration. Despite the internal and external factors that impinged on the development of Caribbean nursing education in its protracted course, today's standards compete equally with more developed countries. The training of Caribbean nurses has unique features that concentrate on tropical diseases and other problems unique to the Caribbean population. Beyond this, however, Caribbean trained nurses made substantial contributions to the international arena through various international organizations and through commitment to

nursing practice in various countries and in varied specialty areas.

Projections for the Future

1. Although some nursing graduates receive a Bachelor of Science Degree in Nursing from the University of the West Indies which also qualifies them to teach nursing, the educational standards fall short of the American educational standards, which require doctoral preparation of nursing educators. Many Caribbean trained nurses take advanced training in foreign universities, but doctoral preparation is still at a minimum. Caribbean educators are currently encouraging higher standards of preparation among themselves and their peers.

2. Currently teaching facilities are not as commodious as desired; hence, emphasis is on the allocation of funds to improve physical holdings.

3. Nursing salaries are still a mere pittance when compared with other developed countries; hence, nurses leave to foreign fields for more lucrative salaries. Caribbean area nurses hope to attract and bring back those who have left.

4. Caribbean nurses hope for quick resolution of existing problems so that the Regional Licensure Examination for qualifying all Caribbean nursing graduates can become a reality and be implemented in October 1993 as planned.

5. Caribbean nursing educators are cognizant of the trend to train all nurses in institutions of higher learning and are actively working towards this goal.

6. In keeping with the overall health policy, Caribbean nursing educators view an expanded role of the nurse to include broader and more in-depth education to prepare the nurse for functioning as a generalist across the total Caribbean community.

7. Caribbean nurses believe there is a need for greater emphasis on research, assessment, diagnostic, therapeutic and evaluation skills and that the nurse's current role as adviser, teacher, counselor, coordinator and supervisor will increase.

8. New emphasis is being placed on relieving the Public Health Nurse of routine tasks and assigning him/her the role of consultant, with the responsibility of seeing patients referred by midwives and community health aides.

9. Independent practice of the Nurse Practitioner is also a goal for the future with the nurse referring only difficult cases to the Medical Officer.

10. Caribbean nursing educators believe that in order to meet the health needs of the Caribbean people, textbooks and reference materials by Caribbean nursing personnel need to be written and that senior nurses should act as resource persons in nursing education and clinical practice.

11. Nursing research in which select Caribbean nurses are currently engaged is viewed as the basis for all future planning and change in all levels of health care in the Caribbean area.

Recommendations for Further Study

Chronicling of the historical milestones in this study revealed that many Caribbean nursing leaders played major roles in the development of nursing education in the Caribbean area. The study, however, did not explore these contributions to their fullest; therefore, a biographical analysis of the principal leaders in the Caribbean nursing education development would add another dimension to the study.

Pedagogical approaches may vary in different cultural settings as may students' expectations and behaviors. In light of this, a comparative study of the teaching methodologies in clinical instruction in the United States and the Caribbean area would be useful.

Since Caribbean area nurses travel to more developed countries in such large numbers, a longitudinal study of educational advancement of Caribbean nurses who immigrate and the aid that they could give if they returned home would also be a historic contribution to the field of nursing education.

The categories of people in the health care delivery system in the Caribbean area are varied. A comparative study of the role of ancillary nursing personnel in the nursing

arena in the Caribbean area and the United States would also be meritorious.

A study to clarify unique characteristics of Caribbean nursing instruction and practice, and that focuses on the cultural milieu, to show differences between British, French, and Spanish orientation, would add another historical dimension.

REFERENCES

- Abu-Saad, H. (1979). Nursing a world view. St. Louis, MO.: Mosby.
- Adams, F. (1939). The genuine works of Hippocrates. Baltimore, MD: Williams and Wilkens.
- Aeschliman, D. (1973). Bridging cultural gaps in the delivery of health Services. Washington, DC: Project Hope, The People-to-People Health foundation.
- A fine record of nurses. (1961, December 9). The Daily Gleaner.
- American Nurses Association. (1965). First Position Paper. American Journal of Nursing, 65, 106-111.
- Association of Commonwealth Universities. (1965). Commonwealth universities yearbook. Great Britain: R.R. Clark, Ltd.
- Austin, A. L. (1957). History of nursing sourcebook. New York: G. P. Putnam's Sons.
- Barnes, C. (1960, November 28). Know your nurses code of nursing ethics. The Daily Gleaner, p. 12.
- Barzun, J. (1983). Interpretation of history. Westdorf, CT: Greenwood Press.
- Bell, W., & Oxar, I. (1964). Decisions of nationhood; Political and social development in the British Caribbean. University of Denver Monograph, series in World Affairs, 3 & 4, 99pp.
- Boia, L. (1989). Great historians from antiquity to 1800: An international dictionary. New York: Greenwood Press.
- Brereton, B. (1981). A history of modern Trinidad: 1783-1962. Exeter, NH: Heinemann Publishing.
- Bullough, B., & Bullough, V. (1978). The care of the sick: The emergence of modern nursing. New York: Prodist.
- Bullough, V. L., & Bullough, B. (1984). History, trends and politics of nursing. Norwalk, CT: Appleton-Century-Crofts.

- CARICOM Nursing Offices Meet. (1985, July 25). The Daily Gleaner, p. 10.
- Chadwick, J., & Mann, W. N. (1950). The medical works of Hippocrates. Oxford, London: Blackwell Scientific Publications.
- Colonial Student Nurses in Training. (1956, July 22). The Sunday Gleaner, p. 19. Special correspondent of the Times British Colonies Review.
- Coorevits, S. (1968). News of the Caribbean Nurses Organization. The Jamaican Nurse, 8, 32.
- Corlett, W. T. (1935). The medicine-man of the American Indian and his cultural background. New York: AMS Press.
- Davy, E. (1965, April). More ideas on why are so many nurses leaving Jamaica. The Jamaican Nurse, 5 (1), 8.
- Deloughery, G. L. (1977). History and trends of professional nursing (8th ed.). St. Louis, MO: Mosby.
- Dietz, L. D. (1963). History and modern nursing. Philadelphia, PA: F. A. Davis.
- Dietz, L. D. (1964) History of nursing sourcebook (2nd ed.). Philadelphia, PA: F. A. Davis.
- Do not leave-appeal to Jamaican nurses. (1965, October 6). The Daily Gleaner, p. 1.
- Dock, L. L. (1912). A history of nursing (Vol. 3). New York: G. P. Putnam's Sons.
- Dolan, J. A. (1958). History of nursing (10th ed.). Philadelphia, PA: W. B. Saunders.
- Dolan, J. A. (1968). History of nursing (12th ed.). Philadelphia, PA: W. B. Saunders.
- Dolan, J. A. (1973). Nursing in society: A historical perspective (13th ed.). Philadelphia, PA: W. B. Saunders.
- Edwards, B. (1980). The history, civil and commercial, of the British Colonies in the West Indies (2nd ed.). Lincoln's Inn-Fields, London: Wild Court.
- Ellis, J., & Hartley, C. (1984). Nursing in today's world: Challenges, issues, and trends (2nd ed.). Philadelphia, PA: J. B. Lippincott.

- Fearon, L. (1968, April). Message from the president of N. A. J. *The Jamaican Nurse*, p.29.
- Ford, J. C., & Cundall, F. (1916). *The handbook of Jamaica for 1916*. Kingston, Jamaica: Government Printing Office
- Frank, C. M. (1953). *The historical development of nursing*. Philadelphia, PA: W. B. Saunders.
- Goodnow, M. (1931). *Outlines of nursing history (4th ed.)*. Philadelphia, PA: W. B. Saunders.
- Goodnow, M. (1953). *Nursing history (9th ed.)*. Philadelphia, PA: W. B. Saunders.
- Graves, C. (1965). *Fourteen islands in the sun*. New York: Hart Publishing.
- Great Britain Colonial Office. (1945a, July). *West India Royal Commission Report, 1938-1939 (Report No. 6607)*. London: His Majesty's Stationery Office.
- Great Britain Colonial Office. (1945b, August). *Report of The Committee on the Training of Nurses for the Colonies. (Report no. 6672)*. London: His Majesty's Stationery Office.
- Grippando, G. M. (1977). *Nursing perspectives and issues*. Albany, NY: Delmar Publishers.
- Grippando, G. & Grippando, J. M. (1986). *Nursing perspectives and issues (3rd ed.)*. Albany, NY: Delmar Publishers.
- Hay Ho Sang, P. M. (1985). *The development of nursing education in Jamaica, West Indies: 1900-1975. (Doctoral dissertation, Columbia University Teachers College, 1985)*. *Dissertation Abstracts International*, 46, 03-A
- History of nursing. Kingston Public Hospital, n.d., pp. 1-3. (Available from [Institute of Jamaica West India Reference Library]).
- The Holy Bible. King James version. London: Cambridge University Press.
- Holleran, C. (1982). International Council of Nursing [ICN] Comment. *International Nursing Review*, 29 (6), 162.
- Hulme, E. M. (1926). *The Renaissance, the protestant revolution and the catholic Reformation: In continental Europe (Rev. ed.)*. New York: Century.

- Hunt, M. P. (1975). Foundations of educational - social and cultural perspectives. Orlando, FL: Holt, Rinehart & Winston.
- International Nursing Recruitment of America, Ltd. (1989, June 19). Nurses: Earn up to \$46,000 working only 37 and 1/2 hours/week. Flair Magazine, p. 2 (Published in Kingston, Jamaica).
- Jamaica, E. (1908, December). Deaconess home training school for nurses. Rules and regulations from the Archbishop of the West Indies, Kingston, Jamaica.
- Jamieson, E. M., & Sewall, M. F. (1949). Trends in nursing history (3rd ed.). Philadelphia, PA: W. B. Saunders.
- Jamieson, E. M., & Sewall, M. F. (1954). Trends in nursing history. Philadelphia, PA: W. B. Saunders.
- Jensen, (1965). History and trends of professional nursing (4th ed.). St. Louis, MO: Mosby.
- Kaplan, I. (1976). Area handbook for Jamaica. Washington, DC: U. S. Government Printing Office
- Kerlinger, F. (1973). The foundations of behavioral research (2nd ed.). New York: Holt, Rinehart, & Winston.
- Langer, W. L. (1952). An encyclopedia of world history. Boston, MA: Houghton Mifflin.
- Lucas, H. S. (1960). The Renaissance and the Reformation (2nd ed.). New York: Harper.
- Marshall-Burnett, S. (1981). Nursing education a major thrust. *The Jamaican Nurse*, 21, 11.
- Masson, V. (1981). International Nursing. New York: Springer Publishing.
- Merel Hanson elected to International Council of Nurses. (1985, August 13). *The Daily Gleaner*, p. 2.
- Musson, S. P. & Roxburgh, T. L. (1893) The handbook of Jamaica. Kingston, Jamaica: Government printing office.
- National Council of State Boards of Nursing. (1992). Green Sheet. Chicago, Illinois.
- National League for Nursing. (1986-87a). Education for nursing the diploma way. (Council of Diploma Programs Publication No. 16-1314). National League for Nursing, New York. pp. 1-2.

- National League for Nursing. (1986-87b). Practical Nursing Career (Council of Practical Nursing Programs Publication No. 38-1328). National League for Nursing, New York, pp. 1-2.
- National League for Nursing. (1987). Characteristics of Baccalaureate Education in Nursing (DBHDP Publication No. 15-1758). National League for Nursing, New York. p.1.
- The Nursing Council of Trinidad and Tobago. (1975). Proceedings of the Twenty-Fifth Anniversary of The Nursing Council of Trinidad and Tobago (pp. 1-36). (Available from [The Nursing Council of Trinidad and Tobago, Frederick St., Port of Spain.])
- Nursing Council Registrar Tells Tribunal: In 10 years, 3,034 Jamaican Nurses Applied for Registration Abroad. (1969, December). The Daily Gleaner. Jamaica, W. I.
- Nutting, A., & Dock, L. L. (1912). A history of nursing (Vol. 4). New York: G. P. Putnam's Sons.
- Nutting, A., & Dock, L. L. (1935). A history of nursing (Vol.1). New York: G. P. Putnam's Sons.
- Pan American Health Organization [PAHO]. (1966). Survey of schools of nursing in the Caribbean area: Caribbean area March 1964- August 1965. (Reports on Nursing No. 6). Washington, DC: Pan American Health Organization/World Health Organization.
- Pan American Health Organization [PAHO]/World Health Organization [WHO]. (1983). Policies and procedures for evaluation and approval of schools of nursing/nursing education programmes in the commonwealth Caribbean. Washington, DC: Pan American Health Organization/World Health Organization.
- Pan American Health Organization [PAHO]. (1985). Pan American Health Organization: A brief look at the [PAHO]. Washington, DC: Pan American Health Organization.
- Pan American Health Organization [PAHO]. (1987). PAHO/WHO, celebrating 25 years in Jamaica 1962-1987. Washington, DC: Pan American Health Organization/World Health Organization.
- Parker, A. (1991). Nursing schools in St. Lucia. Unpublished material. (Available from [Nursing Council of St. Lucia, St. Lucia, West Indies]).

- Pavey, A. F. (1953). Story of the growth of nursing as an art, a vocation, and a profession. Philadelphia, PA: Lippincott.
- Potter, P.A., & Perry, A.G. (1989). Fundamentals of nursing. St. Louis, MO: Mosby.
- Roberts, A. (1940). The French in the west indies. New York: Bobbs-Merrill.
- Rogers, M. (1964). Reveille in nursing. Philadelphia, PA: F. A. Davis.
- Rogers, M. (1970). An introduction to the theoretical basis of nursing. Philadelphia, PA: F. A. Davis.
- Roy, C. (1984). An adaptation model (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Seheult, R. (1948). A survey of the Trinidad medical service: 1814-1944. Port of Spain, Trinidad: Trinidad Government Printers
- Seivwright, M. J. (1964). The story of nursing in Jamaica: The notorious Mrs. Ryan. *The Jamaican Nurse*, 4, 9.
- Seivwright, M. J. (1965, December). Project report on factors affecting mass migration of Jamaican nurses to the U. S. *The Jamaican Nurse*, 5 (3), 8-13, 34.
- Seivwright, M. J. (1980). The Florence Nightingale of Jamaica. *The Jamaican Nurse* 1 (2), 8.
- Sellew, G. (1951). A history of nursing (2nd ed.). St. Louis, MO: Mosby.
- Selye, H. (1976). The stress of life. New York: McGraw-Hill.
- Spalding, E. K., & Notter, L. E. (1965). Professional nursing: Foundations, perspectives and relationships (7th ed.). Philadelphia, PA: Lippincott.
- Staff. (1968, May). International code of nursing ethics. *University Hospital Nurses Newsletter*, p. 5.
- Stewart, I. M. (1950). The education of nurses. New York: Macmillan.
- Stewart, I. M. (1959). The education of nurses; Historical foundations and modern trends. New York: Macmillan.

- Stewart, I. M., & Austin, A. L. (1962). A history of Nursing. New York: G. P. Putnam's Sons.
- Swaby, G. (1970, June 14). National and international trends in nursing education. *The Daily Gleaner*, p. 10.
- Swaby, G. (1980). Introduction to the Profession of Nursing. Kingston, Jamaica: Stephenson's Litho.
- Tillyard, E. M. W. (1968). The english Renaissance, fact or fiction. New York: Greenwood Press.
- Tulloch, E. (1965). Forum for your ideas on what happens to Jamaica's trained nurses? *The Jamaican Nurse*, 5 (1), 6.
- Tulloch, E. (1971). Historical perspectives in nursing in Jamaica. *International Nursing Review*, 18 (1), 49-58.
- Watson, C. (1976, October 10). Advanced nursing education. *The Sunday Magazine*, 12.
- The West Indies School of Public Health Comes of Age. (1964). *The Jamaican Nurse*, 4 (2), 19-22.
- White, E. G. (1950). The great controversy. Mountain View, CA: Pacific Press.
- Williams, E. (1970). From Columbus to Castro: The history of the Caribbean, 1492-1969. New York: Harper and Row.
- Woodward, W. H. (1924). Studies in education during the age of the Renaissance: 1400-1600. Cambridge, MA: University Press.

APPENDIX A
INTERVIEW AND SURVEY QUESTIONNAIRES,
LETTERS TO EMBASSIES AND
CARIBBEAN NURSING
SCHOOLS

INTERVIEW AND SURVEY
QUESTIONNAIRE

NURSING EDUCATION IN THE CARIBBEAN

1. How many schools of nursing currently operate under your jurisdiction?

2. In what year was the first school of nursing founded on your island(s).

3. Please list the name of this first institution, and its location.

(name)

(location)

4. In what year was the newest school of nursing founded on your island(s)?

5. Please list the name of this newest institution, and its location.

(name)

(location)

6. Approximately how many nursing students are currently enrolled altogether in all of your nursing schools combined?

7. What is the average total number of students who graduate from nursing programs each year?

8. Please list briefly, the most significant milestone(s) which have occurred in nursing education during the last three decades.

a. _____
(1960-1964)

b. _____
(1965-1969)

- c. _____
(1970-1974)
- d. _____
(1975-1979)
- e. _____
(1980-1984)
- f. _____
(1985-1991)

8. In addition to standard nursing courses, study in which of the following subject areas is mandatory before a nursing graduate is qualified to sit for the registered nurse examination?

- a. history _____
 - b. mathematics _____
 - c. chemistry _____
 - d. sociology _____
 - e. political science _____
 - f. statistics _____
 - g. biology _____
 - h. anatomy _____
 - i. physiology _____
 - j. microbiology _____
 - k. speech _____
 - l. English _____
 - m. other(s) _____
- _____
- _____
- _____
- (specify)

9. What areas of post-graduate study are available to the nurse locally?

	YES	NO
a. midwifery	_____	_____
b. mental health	_____	_____
c. nurse practitioner	_____	_____
d. public health	_____	_____
e. rural health	_____	_____
f. tropical medicine	_____	_____
g. nursing education	_____	_____

10. What is the total average minimum cost, in local currency, to a student to complete nursing school study?

11. What is the current percentage of male students enrolled in nursing programs?

12. What educational subsidies are available to nursing students?

	YES	NO
a. uniforms	_____	_____
b. board	_____	_____
c. room	_____	_____
d. tuition	_____	_____
e. books	_____	_____
f. travel	_____	_____
other	_____	_____

(specify)

13. What is the range of ages of beginning students entering your nursing programs?

_____ to _____

(youngest) (oldest)

14. What is the average age of a beginning student entering your nursing programs.

15. What nursing educational experiences to you believe are unique to your program, experiences which provide graduates skills which would probably exceed world norms.

a. yaws	_____
b. malaria	_____
c. tropical ulcers	_____
d. worms	_____
e. herbal medicines	_____
f. dysentery	_____
g. typhoid	_____
h. tuberculosis	_____
i. kwashiorker	_____
j. vena-occlusure disease	_____
k. jiggers	_____
l. crab yaws	_____
m. leprosy	_____
n. malnutrition	_____
o. gastro-enteritis	_____
p. dysentery	_____
q. typhoid	_____

16. Approximately what percentage of your nursing students are from abroad?

17. Approximately how many currently enrolled students are from the United States of America?

18. What is the most positive thing that can be said about the current overall nursing education program? Use extra pages if necessary.

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of Grenada
1701 New Hampshire Ave., N.W.
Washington, D.C. 20009

Dear Sirs:

I am a graduate student enrolled at Texas Tech University in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
13 July, 1991

Embassy of the Netherlands
4200 Linnean Ave., N.W.
Washington, D.C. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing located within any of your Caribbean possessions.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
19 July, 1991

Embassy of Belize
3400 International Drive N>W>
Suite 2J
Washington, D.C. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of Guyana
2490 Tracy Place N.W.
Washington, D.C. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN. I wish to collect data from all countries in the area.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
19 July, 1991

Embassy of France
4101 Reservoir Road N.W.
Washington, D.C. 20007

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing located within any of your Caribbean possessions.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of the Dominican Republic
1715 22nd Street N.W.
Washington, D.D. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of Saint Lucia
2100 M Street N.W. Suite 309
Washington, D.C. 20037

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of Haiti
2311 Massachusetts Ave., N.W.
Washington, D.C. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of Jamaica
1850 K Street N.W. Suite 355
Washington, D.C. 20006

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
15 July, 1991

Embassy of the United Kingdom of Great Britain & Northern Ireland
British Embassy
3100 Massachusetts Ave., N.W.
Washington, D.C. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing located within any of your Caribbean possessions.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Embassy of the Commonwealth of Dominica
205 Yoakum Parkway Suite 823
Alexandria, Va. 22304

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing



EMBASSY OF JAMAICA

1850 K STREET, N.W.

SUITE 355

WASHINGTON, D.C. 20006

TELEPHONE (202) 452-0660

REF NO

August 23, 1991

Ms. Pearl Gardner
Assistant Professor of Nursing
University of Texas at El Paso
1101 N. Campbell
El Paso, Texas 79902

Dear Ms. Gardner,

With reference to your letter dated July 18, 1991
the names and addresses of the Schools of Nursing in Jamaica
are as follows:

1. The University Hospital School of Nursing
Mona, Kingston 7, Jamaica
Telephone: 1-(809)-927-1660
2. Advanced Nursing Education Unit (ANEU)
University of the West Indies
Mona, Kingston 7, Jamaica
Telephone: 1-(809)-927-1660
3. Nursing Department
West Indies College
Manchester Road
Mandeville, Jamaica
Telephne: 1-(809)-962-2204
4. Nursing Department
EXCED Community College
137 Mountain View Avenue
Kingston 3, Jamaica
Telephone: 1-(809)-928-2287

/2...

- 2 -

Ms. Pearl Gardner
Assistant Professor of Nursing

August 23, 1991

The Nursing Council of Jamaica is the body charged with administering nursing examinations. The office is located at 72 Arnold Road, Kingston 5. Telephone: 1-(809)-926-6042.

For additional information you may also wish to contact the Nurses Association of Jamaica at 4 Trevennion Park Road, Kingston 5, telephone: 1-(809)-939-5213.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Phillipa Lawrence".

Phillipa Lawrence (Miss)
First Secretary



Ministry of Health, Labour, Information and Broadcasting

Communications on this subject
should be addressed to:—

THE PERMANENT SECRETARY

and the following
Number quoted:

Castries.

Saint Lucia, West Indies.

..... 23rd August, 19.91

Ms. Pearl Gardner
University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
USA

Dear Ms. Gardner,

I refer to your correspondence dated July 18, 1991 requesting the names and addresses of Schools of Nursing in St. Lucia.

Please be advised that there is one (1) School of Nursing on the Island and the name and address are as follows:-

Sir Arthur Lewis Community College
Morne Fortune
Castries, St. Lucia
West Indies

You may get all information required concerning nursing from that College.

We would also appreciate if a copy of your thesis could be sent to this Ministry, at the completion of your course, for information.

All the best.

Sincerely,


Percival McDonald
PERMANENT SECRETARY



Embassy of the Commonwealth of The Bahamas

2220 MASSACHUSETTS AVENUE, N.W.
WASHINGTON, D.C. 20008

EMB/CON/100/1

26 July, 1991

Ms. Pearl Gardiner,
Assistant Professor of Nursing
University of Texas at El Paso
1101 N. Campbell
El Paso, TX 79902

Dear Ms. Gardiner,

Reference is made to your letter in which you requested information on The Bahamas for your dissertation The History of Nursing in The Caribbean.

As nursing in The Bahamas in the purview of the Ministry of Health, the Embassy would suggest that you redirect your inquiry to:

Permanent Secretary
Ministry of Health
P.O. Box N-3730
Nassau, Bahamas

ATTN: Chief Nursing Officer

Thank you for your interest in The Bahamas.

Yours faithfully

David L. Cates
SECOND SECRETARY/VICE CONSUL

DLC/szp



EMBASSY OF THE REPUBLIC OF TRINIDAD AND TOBAGO
1708 MASSACHUSETTS AVENUE, N.W.
WASHINGTON, D.C. 20036-1875

INF. & CULT.: 2/1/13 Vol. (1)

August 8, 1991

Ms. Pearl Gardener
Assistant Professor of Nursing
1101 N. Campbell
El Paso, Texas 79902

Dear Ms. Gardner:

To obtain information on Nursing Education in Trinidad and Tobago
you may contact the Ministry of Health at the following address:

Ministry of Health
Roundabout Plaza
Barataria, Trinidad
Trinidad and Tobago
West Indies

Yours sincerely,


Ambassador

LH:en



No.

In replying, the above number and date of this letter should be quoted.

Nursing.....Department
Roundabout Plaza, Barataria
Republic of Trinidad and Tobago, W.I....

October 1st
..... 1991.....

Pearl Gardner RN, M.S.N. M.Ed
Assistant Professor of Nursing
University of Texas at El Paso
1101 N Campbell
El Paso
Texas
79902
U.S.A.

Dear Ms Gardner,

Thank you for your letter dated 17 September 1991.

Here are the addresses you requested:

Principal
Learning Centre (North)
General Hospital
Port of Spain
Republic of Trinidad & Tobago

Principal
Learning Centre (South)
General Hospital
San Fernando
Republic of Trinidad & Tobago

Principal
Learning Centre
St. Ann's Hospital
St. Ann's
Republic of Trinidad & Tobago

Principal
Community Health Nursing School
c/o Eric Williams Medical
Sciences Complex
Mt. Hope
Republic of Trinidad & Tobago

Sincerely

Jean Grayson
Jean Grayson RN Ed D
CHIEF NURSING OFFICER

Embassy of the Dominican Republic
Washington, D.C.

July 24, 1991

000337

Ms Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing
University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902

Dear Ms. Gardner:

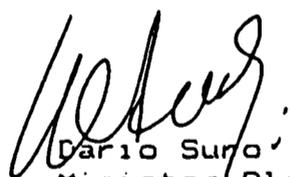
Thank you for your letter of July 18, 1991, requesting the names and addresses of our schools of nursing in the Dominican Republic for your dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

In this regard, I would like to suggest that you write directly to the appropriate authorities in my country:

Dr.
Manuel Bello Paulino
Secretary of Public Health and Social Welfare
Ensanche La Fe
Santo Domingo, Republica Dominicana

Thank you for your interest in the Dominican Republic, I am,

Sincerely yours,



Darío Surro
Minister Plenipotentiary

DS/rl.-

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
17 September, 1991

Ministry of Health
Roundabout Plaza
Barataria, Trinidad
Trinidad and Tobago
West Indies

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I have been referred to your office by His Excellency, the Ambassador of the Republic of Trinidad and Tobago, Washington D.C.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso Texas 79902
U.S.A.
17 September, 1991

The University Hospital School of Nursing
Mona, Kingston 7
Jamaica

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

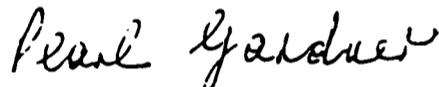
I would like to request your assistance. I would like very much to include the history of The University Hospital School of Nursing and its contributions to nursing education in my study. Could you kindly send me a copy of your current bulletin, and a copy of any other materials which you think I may find useful. May I also have the name and telephone number of someone on your staff with whom I may personally confer.

I was referred to your office by the Honorable Phillipa Lawrence, First Secretary of the Embassy of Jamaica, Washington, D.C.

I am looking forward to hearing from you.

Thank you for your kind consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

The University of Texas at El Paso
1101 N. Campbell Street
El Paso, Texas 79902
18, July, 1991

Cuban Interests Section
2630 and 2639 16th Street N.W.
Washington, D.C. 20009

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed
Assistant Professor of Nursing

The University of Texas at El Paso
1101 N. Campbell Street
El Paso, Texas 79902
18, July, 1991

Embassy of the Commonwealth of the Bahamas
600 New Hampshire Ave., N.W. Suite 865
Washington, D.C. 20037

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed
Assistant Professor of Nursing

The University of Texas at El Paso
1101 N. Campbell Street
El Paso, Texas 79902
18, July, 1991

Embassy of Barbados
2144 Wyoming Ave., N.W.
Washington, D.C. 20008

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N. Campbell
El Paso, Texas 79902
18 July 1991

Embassy of Trinidad and Tobago
1708 Massachusetts Ave., N.W.
Washington, D.C. 20005

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a Ph.D. in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, R.N., M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N. Campbell
El Paso, Texas 79902
18 July 1991

Embassy of Saint Kitts and Nevis
2501 M. Street N.W.
Washington, D.C.

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a Ph.D. in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, R.N., M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N. Campbell
El Paso, Texas 79902
13 July, 1993

Permanent Secretary
Ministry of Health
P.O. Box N-3730
Nassau, Bahamas

Dear Sirs:

I am a graduate student enrolled at Texas Tech University in Lubbock, Texas. I am completing work on a PhD in higher education and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN. I wish to collect data from all countries in the area.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

I was referred to your office by his Excellency, the Honorable Mr. David L. Cates, SECOND SECRETARY/VICE CONSUL of the Embassy of the Commonwealth of The Bahamas, Washington, D.C.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N. M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N. Campbell
El Paso, Texas 79902
13 July, 1993

Permanent Secretary
Ministry of Health
Brickdam, Georgetown, Guyana

Dear Sirs:

I am a graduate student enrolled at Texas Tech University in Lubbock, Texas. I am completed work on a PhD in higher education and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN. I wish to collect data from all countries in the area.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

I was referred to your office by her Ladyship, the Honorable Annette Carter Harris, Charge d'Affaires, Embassy of the Republic of Guyana, Washington, D.C.

Thank you very much for your consideration.

Yours truly,

Pearl Gardner, RN, M.S.N. M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso Texas 79902
U.S.A.
17 September, 1991

Mr. Hudson Ross, Principle
St. Kitts and Nevis College of further
Basseterre
St. Kitts, West Indies

Dear Mr. Ross:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. I would like very much to include the history of St. Kitts and Nevis College and its contributions to nursing education in my study. Could you kindly send me a copy of your current bulletin, and a copy of any other materials which you think I may find useful. May I also have the name and telephone number of someone on your staff with whom I may personally confer.

I was referred to your office by the Honorable Irvin R. Sweeny, Charge d'Affaires of the Embassy of St. Kitts and Nevis, Washington, D.C.

I am looking forward to hearing from you.

Thank you for your kind consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
17 September, 1991

Ministry of Health
Roundabout Plaza
Barataria, Trinidad
Trinidad and Tobago
West Indies

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I have been referred to your office by His Excellency, the Ambassador of the Republic of Trinidad and Tobago, Washington D.C.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

Thank you very much for your consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso Texas 79902
U.S.A.
17 September, 1991

Mrs Sylvia Garnette, Matron
J.N. France General Hospital
Basseterre
St. Kitts, West Indies

Dear Mrs. Garnette:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. I would like very much to include the history of J.N. France General Hospital and its contributions to nursing education in my study. Could you kindly send me a copy of your current bulletin, and a copy of any other materials which you think I may find useful. May I also have the name and telephone number of someone on your staff with whom I may personally confer.

I was referred to your office by the Honorable Irvin R. Sweeny, Charge d'Affaires of the Embassy of St. Kitts and Nevis, Washington, D.C.

I am looking forward to hearing from you.

Thank you for your kind consideration.

Yours truly,

Pearl Gardner

Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso Texas 79902
U.S.A.
17 September, 1991

Nursing Department
EXED Community College
137 Mountain View Avenue
Kingston 3, Jamaica

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. I would like very much to include the history of EXED Community College and its contributions to nursing education in my study. Could you kindly send me a copy of your current bulletin, and a copy of any other materials which you think I may find useful. May I also have the name and telephone number of someone on your staff with whom I may personally confer.

I was referred to your office by the Honorable Phillipa Lawrence, First Secretary of the Embassy of Jamaica, Washington, D.C.

I am looking forward to hearing from you.

Thank you for your kind consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso Texas 79902
U.S.A.
17 September, 1991

Advanced Nursing Education Unit (ANEU)
University of the West Indies
Mona, Kingston 7
Jamaica

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. I would like very much to include the history of The Advanced Nursing Education Unit and its contributions to nursing education in my study. Could you kindly send me a copy of your current bulletin, and a copy of any other materials which you think I may find useful. May I also have the name and telephone number of someone on your staff with whom I may personally confer.

I was referred to your office by the Honorable Phillipa Lawrence, First Secretary of the Embassy of Jamaica, Washington, D.C.

I am looking forward to hearing from you.

Thank you for your kind consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso Texas 79902
U.S.A.
17 September, 1991

Nursing Department
West Indies College
Manchester Road
Mandeville, Jamaica

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. I would like very much to include the history of West Indies College and its contributions to nursing education in my study. Could you kindly send me a copy of your current bulletin, and a copy of any other materials which you think I may find useful. May I also have the name and telephone number of someone on your staff with whom I may personally confer.

I was referred to your office by the Honorable Phillipa Lawrence, First Secretary of the Embassy of Jamaica, Washington, D.C.

I am looking forward to hearing from you.

Thank you for your kind consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

University of Texas at El Paso
1101 N Campbell
El Paso, Texas 79902
18 July, 1991

Dr. Manuel Bello Paulino
Secretary of Public Health and Social Welfare
Ensanch La Fe
Santo Domingo, Republica Dominicana

Dear Sirs:

I am a graduate student enrolled at Texas Tech University, in Lubbock, Texas. I am completing work on a PhD in higher education, and have chosen as my dissertation topic, THE HISTORY OF NURSING EDUCATION IN THE CARIBBEAN.

I would like to request your assistance. Could you kindly provide me with the names and addresses of schools of nursing in your country.

I was referred to your office by his excellency, Senor Dario Suro, Minister Plenipotentiary of the Embassy of the Dominican Republic, Washington, D.C.

If you wish, you may reply in the Spanish language.

Thank you very much for your consideration.

Yours truly,



Pearl Gardner, RN, M.S.N., M.Ed.
Assistant Professor of Nursing

APPENDIX B
JAMAICA NURSING SCHOOLS AND
AREAS OF SPECIALIZATION

JAMAICA NURSING SCHOOLS AND AREAS
OF SPECIALIZATION

Basic Nursing Schools in Jamaica
Areas of Specialization.

1. The advanced nursing unit of the University of the West Indies provides post graduate studies.

2. The University Hospital of the West Indies School of Nursing opened in 1948 prepares nurses for midwifery certification and for entry into the General Register of the Nursing Council.

3. The Kingston Public Hospital which began operation in the nineteenth century, provided apprentice type training for nurses. In 1968 it was converted to The Kingston School of Nursing. The 2+1 program was introduced. In this program theory and practice are integrated and psychiatric and health promotion nursing content are included. Trainees are given student status for two years after which they do an internship with emphasis on practice.

4. The Bellevue School of Nursing provides psychiatric experience for nursing students.

5. The Cornwall Regional Hospital is a training school with a 2+1 curriculum.

6. The West Indies College in conjunction with Andrews Memorial Hospital offers a Bachelor of Science Degree in Nursing. It is operated by the Seventh Day Adventists and is

affiliated with Andrews University in Berrian Springs, Michigan.

7. The Victoria Jubilee Hospital School of Midwifery has consistently trained midwives since 1891. The school was erected as a tribute to Queen Victoria.

8. The University Hospital of the West Indies School of Midwifery was opened in 1957 and prepares midwives for entry to the Registry of Midwives under the auspices of the Jamaica Nursing Council.

9. The West Indies School of Public Health provides training for public health nurses throughout the Caribbean area.

10. The Exed Community College is the only one of its kind in Jamaica. It is a three year program with the first two years dedicated to general education subjects and the third year to nursing education. It is under the auspices of the General Nursing Council and graduates attain the Registered Nurse License by the same State Board examination.

Administration of Basic Nursing
Schools in Jamaica West Indies

(As Recorded in the Jamaica Ministry of Health Manual).

The majority of nursing educational institutions of Jamaica fall under the aegis of the Jamaican Government which is at present the main provider of health care in Jamaica.

Nursing education falls under the sponsorship of the

Ministry of Health, Ministry of Education, University of the West Indies, as well as private and religious organizations.

Entrance requirements for Basic Nurses Training

(effective since December 1, 1984).

1. Examination and Grades

a. General certificate of Education (G.C.E.)

O'Levels

(1). A, B, C.

b. Associated Examining Board (A.E.B.)

(1). Equivalent to O'Levels.

c. Caribbean Examination Council (C.X.C.)

(1). General Proficiency grades 1 and 2.

Basic I Mathematics may be accepted.

d. Royal Society of Arts (R.S.A.)

(1). Stage III preferably

(2). Stage II may be accepted

e. London Chamber of Commerce (L.C.C.)

(1). Higher preferably Intermediate may be accepted

(Please note that in the R.S.A. and L.C.C. only English Language will be accepted as the Arithmetic is not considered adequate for Nurse training.)

2. Subject Requirements

a. English Language

b. Mathematics

- c. Biology or Human and Social Biology or Integrated Science
- d. The fourth subject may be one of the following:
- (1). Chemistry
 - (2). Physics
 - (3). History
 - (4). Geography
 - (5). Food and Nutrition
 - (6). Agricultural Science
 - (7). Economics
 - (8). Sociology
 - (9). Psychology
 - (10). A foreign language such as Spanish, German, and French
- (The first 3 subjects are compulsory.)

Schools of Nursing	Ministry of Health	Ministry of Education	Private	Caribbean Regional
Kingston	X	-	-	-
Bellevue	X	-	-	-
Cornwall	X	-	-	-
Exed	-	X	-	-
University Hospital	-	-	-	X
West Indies College	-	-	-	-

Figure 5. Nursing Education Sponsorship.

Administration of One Basic Nursing
School in Jamaica

The University Hospital School
of Nursing

Conceptual Framework of the University
Hospital of the West Indies

1. The Curriculum for this School of Nursing, will use as its major concepts, man, the life span, needs, health and nursing.

2. Man is a bio-psycho-social, spiritual being, unique in his behavior which is influenced by his value system and needs. Man's needs are based on Maslow's theory of motivation and utilizes the concept of prepotency. The physical, psychological, spiritual and social forces within the environment may or may not prevent man from meeting his needs. Man responds to these forces as a total being throughout the life span.

3. Health embodies levels of wellness and is a dynamic attribute. It involves needs satisfaction and the ability to cope with various physical, psycho-social and spiritual forces in the environment throughout the life span. When man's needs are not met, disequilibrium results.

4. Nursing is a dynamic process which embodies health promotion and maintenance and is achieved through preventive, therapeutic and rehabilitative approaches to the care of individuals, families and the community.

5. The nurse uses well established nursing interventions to assist man in meeting his basic needs and maintaining a state of wellness. The nursing process is used as the basis for promoting and maintaining health as well as providing restorative and rehabilitative care.

6. The foundation courses are anatomy and physiology, general science, nutrition, microbiology, pharmacology, sociology, psychology, research methods and first aid.

7. Professional development, community health, communication, the nursing process and health teaching, the basic needs of man throughout the life cycle will be integrated throughout the curriculum. The needs approach constitute the vertical strands and is closely associated with the life span of the individuals, families and the community.

8. Courses in the curriculum will be arranged to deal with the maintenance of health of all individuals, families and communities followed by a study of their threatened needs throughout the life span.

Aim of the Curriculum of the University
Hospital of the West Indies.

The curriculum prepares a nurse who is able to function as a beginning practitioner capable of contributing to health promotion and maintenance through preventive, therapeutic and rehabilitative approaches to the care of all individuals and families within communities.

Curriculum Objectives. At the end of this three-year program, the student should be able to:

1. Utilize knowledge of man, his environment and how to meet his needs to carry out appropriate actions.

2. Utilize the Nursing process in the delivery of health care to individuals and families within the community.

3. Function independently, dependently and interdependently with other members of the health team in meeting the needs of individuals and families within the community.

4. Communicate effectively with individuals, families and with other members of the health team.

5. Teach concepts of health care to individuals, families within the communities and other members of the health team.

6. Collaborate with other members of the health team in promoting desirable changes in health care delivery.

7. Utilize principles of administration/management in the delivery of health care.

8. Display attitudes and behaviors in accordance with the Code for Nurses in interacting with individuals and families within the community and other members of the health team.

9. Assume accountability for her/his own activities involved in delivering health care.

10. Interpret effectively the nation's health care policies.

11. Collaborate effectively with other health related agencies and personnel in providing health care.

12. Participate in research projects with other health personnel in solving health problems.

13. Initiate research projects with other members of the health team in solving health problems.

14. Participate in community activities in carrying out her responsibilities as a citizen.

15. Satisfy the Nursing Council requirements in terms of minimal curriculum hours, conduct, moral and successfully writing the Nursing Council Examination.

Philosophy of Basic Nursing Education

(As recorded in the Jamaica Ministry of Health Manual) WE BELIEVE THAT: MAN is a bio-psycho-social spiritual being, unique by his ability to think, plan and act according to his value, system and needs. He goes through various stages of the life cycle and throughout these stages his needs consistently impel him to satisfy them. Man has the responsibility to meet his needs. These needs are satisfied in order of priority for his immediate survival and continual growth and development. Survival needs require constant gratification while the fulfillment of others can be modified or postponed according to his perception. Inherent in man and

his society are forces which influence his ability to meet his needs.

SOCIETY comprises individuals and families who share similar norms and values. The family is the basic unit in society. Within a particular geographical location, individuals interact with each other according to these norms and values. Individuals within the society create and recreate organizations and institutions to assist them in meeting their needs. The level of functioning and achievement of the society is dependent on the health status of its members.

HEALTH embodies levels of wellness and is a dynamic attribute. It involves needs satisfaction and the ability to cope with various physical, psycho-social and spiritual forces in the environment throughout the life cycle. When man's needs are not met disequilibrium results.

HEALTH CARE is a basic human right and should be given without partiality to sex, color, creed, class, geo-political boundaries and the ability to pay. Community members will accept and utilize health care services more readily when they participate in the planning, implementation and evaluation of this care.

Primary health care emphasizing the promotion of health and the prevention of illness is more efficacious than institutionalized care which is directed mainly towards the treatment of illness. All aspects of health care should be oriented towards maximizing the potential of the recipient for

daily living. The health care delivery system should be available and accessible to him when he needs it.

List of courses at the University Hospital of the West Indies.

NURSING	I:	Introduction to the Profession of Nursing
NURSING	II:	Concepts Applied to Nursing - WELLNESS Normal Health Needs Throughout the Life Cycle.
NURSING	III:	Concepts Applied to Nursing - ILLNESS
NURSING	IV:	Age 18 - 64 Years Nursing Interventions to Assist the Adult 18 - 64 Years With Interferences to Basic Needs.
NURSING	V:	Section I 0 - 28 Days + Pregnancy, Labor, Delivery, Nursing Interventions to Assist Mother and Child (aged birth to 17 years) to Achieve and/or Maintain Basic Needs Satisfaction Section II Age 29 Days - 4 Years - Pre-school Age 5 Years - 12 Years - School Age 13 Years - 17 Years - Adolescent
NURSING	VI:	Age 65+ Years Nursing Interventions to Assist the Adult 65 Years and Over With Needs Interferences
NURSING	VII:	Specialized Nursing
NURSING	VIII:	Profession of Nursing II Nursing Administration, Management, Leadership

Figure 6. University Hospital of the West Indies Courses.

APPENDIX C
PROCEDURE FOR EVALUATION AND APPROVAL
OF SCHOOLS OF NURSING WITHIN
THE REGIONAL NURSING BODY

The Process of Evaluation by the Regional Nursing Body

The process of evaluation and approval of Schools of Nursing by the Regional Nursing Body has the following components:

1. The development of Criteria and Standards as the basis on which to judge nursing education programs and to measure achievements of the Schools of Nursing in attaining and maintaining these Criteria and Standards.

2. The Self-evaluation of the Schools of Nursing which is designed to assist faculty members to further improve and develop their programs and to prepare a report which expresses clearly the stage attained by the School's programs and how it intends to maintain progress to achieve the established Standards.

3. The evaluation and approval visit. The visit is organized and arranged by the Regional Nursing Body in collaboration with the School of Nursing, whereby a visiting team goes to the School to confirm that the Self-evaluation Report prepared by the faculty is accurate, reflecting conditions as they exist in the School.

4. The Visiting Team's Report, which is supplementary to the Self-Evaluation Report and highlights the strengths and weakness of the School's program(s).

5. The Board of Review. The Board is comprised of eight persons appointed by the Regional Nursing Body to review the Self-Evaluation and Team's Reports and to ascertain

whether the School's program(s) has met the Criteria and Standards. The Board of Review is responsible for making recommendations to the Regional Nursing Body, as to the status of the evaluation and approval of the School of Nursing. Standards for Nursing Education in the Commonwealth Caribbean were developed as a guide for strengthening, improving and thus ensuring the continuing quality of nursing education in the Region. They are the basic indicators and evaluation tools for assessing the quality of nursing education programs. The use of School of Nursing to institute a comprehensive and cumulative source of information about the School, students, faculty, curriculum. This information can be used as a basis for study and long-term planning. Two types of evaluation are involved in the use of the standards. These are:

1. An Internal Evaluation to be done on a yearly basis by the School/Department and/or the General Nursing council.
2. An External Evaluation. This evaluation is to be done 3-5 years after full approval of the School of Nursing. The external evaluation should be done by an external agency/organization, such as the Pan American Health Organization, the Regional Nursing Body or some other approved body (Hunter Scott, 1975).

Standards and Criteria for Evaluation of
Schools by the Regional Nursing Body

The Standards and Criteria for Evaluation and Approval of Schools of Nursing by the Regional Nursing Board reads: "The

Standards for the evaluation of schools of Nursing and nursing education programs have been developed under six broad headings and are standards of measurements for evaluating the quality of an educational program" (PAHO/WHO, 1983).

These Standards are general enough to enable faculty members of Schools of Nursing to determine the limits and direction of development of their Schools. Each School has the freedom in selecting strategies to achieve and maintain approval (PAHO/WHO, 1983).

The Standards are a guide to development and a measure of achievement and are not meant to curtail creativity in the development of a School. This is most important as nursing education programs will change to keep pace with trends in education and progression in the health field. The broad areas of the Standards are:

1. School
2. Students
3. Curriculum
4. Teaching Staff

The Procedure for Evaluation and Approval of Schools of Nursing

Eligibility For Initial Evaluation And Approval of A School of Nursing is eligible for evaluation and approval by the Regional Nursing Body when it is approved by the local Nursing Council, as being a School to admit for training and graduate nurses for registration.

It is the responsibility of the Administrator of the School to make a decision to be evaluated. For evaluation by the RNB, a request is made through the Permanent Secretary of the Ministry of Health and/or Education to the Secretary-General of the Caribbean (CARICOM) Secretariat for a visit to be made by a team of three (3) visitors from the RNB.

The visiting Team reports on the strengths and weaknesses identified in the Self-Evaluation Report of the Faculty and prepares a report of its assessment.

A Board of Review appointed by the RNB studies the Report of the Visiting Team and the Self-Evaluation Report from the School of Nursing and Makes the final decision on the approval status of the School.

The decision of the Board of Review is presented to the RNB at its Annual General Meeting where the decision of granting approval is made.

The final decision of the RNB is forwarded through the CARICOM Secretariat to Governments, Ministries of Health and/or Education and Schools of Nursing.

Planning For Initial Evaluation And Approval

The RNB through the CARICOM Secretariat, is responsible for communicating with Governments, Ministries of Health and/or Education and Nursing Schools regarding evaluations, three (3) months prior to the visits. The procedure reads:

- A. Government through External Affairs Ministries will

be notified that a School of Nursing within its country is due for an evaluation;

B. Ministries of Health and/or Education will be notified at the same time;

C. Boards of Governing Bodies of Schools of Nursing will be notified when their schools are due to be evaluated;

D. Principal/Chief Nursing Officers will be notified of Schools of Nursing due to be evaluated;

E. Principal Tutors/Administrators/Directors of Schools will be notified when an evaluation is due. The decision to have the Schools evaluated or whether to request an alternate date rests with the Principal Tutors/Administrators/Directors;

F. Similar communication is carried out for the release of visitors from participating countries;

G. The faculty of the Schools to be evaluated prepares the Self-Evaluation package and submits them two (2) months prior to the visit to:

1. The Nursing Officer
Caribbean Community Secretariat
P.O. Box 10827
Bank of Guyana Building
Georgetown, Guyana

H. The Self-Evaluation Report is duplicated by the Nursing Officer and copies sent to the visitors one (1) month before the intended visit;

I. The Faculty will also assemble all additional data for the Self-Evaluation, for presentation to the visitors.

The participating governments are responsible for making the necessary arrangements and accommodation for the Visiting Team.

"Self-Evaluation of a School's program(s) in education is an on-going process designed to assist faculty members to further improve and develop their programs." The main purposes of the Self-Evaluation are to aid faculty members to:

1. Identify strength and weaknesses in a program and to bring to attention those areas requiring remedial work.

2. Stimulate the faculty to make decisions in altering a program to meet the needs of students, health service and community.

3. Foster cooperativeness among all staff involved in the program.

4. Revise and strengthen the program where necessary.

5. Develop faculty members creatively.

6. Create an awareness of the complexity of the School and of the service as a whole for which it prepares nurse graduates.

7. The Self-Evaluation studies and activities, which will of necessity precede the writing of the Self-Evaluation Report, are major undertakings on the part of faculty members. The faculty must thoroughly understand and assess where they are developmentally and what goals they wish to achieve. Using the Standards for Nursing Education in the Commonwealth Caribbean. Accountability, as a guide, a thorough assessment

of the Schools of Nursing and their educational programs can be achieved (PAHO/WHO, Standards for Nursing Evaluation in the Commonwealth Caribbean, Accountability, Kingston, Jamaica, PAHO/WHO, 1983).

The Evaluation And Visit

Visits are arranged through governments on a self-help basis. The government loaning the visitors facilities air travel and the government receiving the visitors is responsible for accommodation, board and internal transportation. The time span of a visit to a School for the purpose of evaluation and approval is an average of three (3) days.

The purpose of the visit is to confirm that the Self-Evaluation Report prepared by the faculty is correct and gives a clear picture of the performance of the School of Nursing and its educational program(s).

The Visiting Team

The Team from the RNB will comprise three (3) visitors:

- A. The Nursing Officer, CARICOM, or a deputy selected by the RNB
- B. A member of the Education Committee of RNB
- C. A Nurse Educator from a Member Country; to be selected by the Country

Each member should acquaint herself with the following documents:

A. Standards for Nursing Education in the Commonwealth Caribbean. Accountability.

B. Policies and Procedures for Evaluation and Approval of Schools of Nursing/Nursing Education Programs in the Commonwealth Caribbean.

C. The Questionnaire and Checklist of the Self-Evaluation of the School.

D. Schedule of Visit.

Responsibilities of the Visiting Team

The Team inspects supporting documents, facilities and resources of the School and may request any additional data essential for clarifying the Self-Evaluation Report.

The Team maintains objectivity in observations and interviews by viewing the School in the light of the Standards used.

The Team produces a Supplementary Report of the Self-Evaluation Report of the School, highlighting the strengths and weaknesses of the program(s).

A Summary Statement reflecting the Standards for Nursing Education in the Commonwealth Caribbean is also prepared.

The Team meets with the Ministry of Health and/or Education staff, Hospital Administration staff, faculty and students of the School of Nursing. The Visiting Team later shares the analysis and interpretation of their findings with the above mentioned personnel before leaving the country. (PAHO/WHO, Standards for Nursing Evaluation in the

Commonwealth Caribbean, Accountability, Kingston, Jamaica,
PAHO/WHO, 1983).