From 1974 to 1981, the White House and the country’s citizens faced a unique set of challenges. In 1974, Gerald Ford became president under unprecedented conditions. He had been vice president under the terms of the Twenty-Fifth Amendment and, in the aftermath of Watergate, succeeded the first president to ever resign from office: Richard M. Nixon.

A Breakthrough to Nursing meeting in the mid-1970s focused on planning recruiting activities.

by Frances Knight Moore
President Ford faced challenges such as mastering inflation, reviving a depressed economy, solving chronic energy shortages, and trying to secure world peace. Ford, a Republican, viewed himself as a moderate in domestic affairs, a conservative in fiscal affairs, and an “internationalist” in foreign affairs.

Democrat James Earl Carter Jr., a Democrat, won the next election in 1977. Carter aspired to make government competent and compassionate, and faced challenges such as rising energy costs, mounting inflation, and continuing global tensions. Many of Carter’s domestic policies were successful. He controlled the energy shortage, improved government efficiency, bolstered the social security system, and increased social services.

What does politics have to do with Breakthrough to Nursing? Nursing image directly relates to how we are viewed by our patients, our families at home, the general public, and the physicians and other health care professionals in the work environment.

It is also related to government funding. Many of those who were recruited by the Breakthrough to Nursing project needed funds to pay for education via the Pell grant and other government funding. I was one of those people. Without the grants, scholarships, and work-study programs available, I could not have afforded to go to school.

When I was the treasurer of the Breakthrough to Nursing Project in 1976, one of NSNA’s main concerns was the image of nursing. While physicians were portrayed daily on television dramas, battling disease and saving lives, nurses were either always in the background in a subservient role, or were superhuman. For example, Jill Danko on ABC’s “The Rookies,” was portrayed as an RN and wife of one of the show’s rookie policeman. Jill was a “super-nurse,” one week in the operating room, the next week in physical therapy, the next week in intensive care! Julie London portrayed Dixie McCall, RN, on NBC’s “Emergency.” While Dixie always seemed busy, we rarely saw her with a patient or making any independent decisions. The series’ drama was centered around two paramedics who received their orders from a CB radio from doctors. The character of “Consuelo” on ABC’s successful “Marcus Welby, MD,” was confusing. She played a nurse, but was portrayed primarily as a medical secretary, booking appointments and answering the telephone, and was rarely seen anywhere near a patient.

On CBS’s “Medical Center,” the nurse placed flowers in a vase, answered the telephone, and followed orders. “Hot Lips Hoolihan,” the nurse on the MASH series, although brainy and aggressive, was nonetheless viewed as a sex object.

In response to concerns regarding negative images of nursing, students at the 1975 NSNA House of Delegates adopted a resolution highlighting the need for more positive images of nursing.

Breakthrough to Nursing holds a dear place in my heart and has been an enormous influence in my career. I was not your typical nursing student. I was a widow and had to raise five children alone while completing a bachelor’s degree, which I took in three and a half years. I had the wonderful support of my family and friends, faculty members, and the Breakthrough to Nursing team at NSNA.

The goal of the Breakthrough to Nursing Project was to increase the number of minority students who not only entered but graduated from nursing school. I began my involvement with the Project shortly after entering a four-year program at Loretto Heights College. I began at the grassroots level, recruiting students into nursing, and I learned the importance of one-on-one interaction. We as student recruiters talked face to face with candidates as they discussed any difficulties they were facing, such as the personal, academic, and financial challenges of becoming a nurse. We also helped each candidate take each step with confidence. As student recruiters, we guided candidates toward the right courses they needed, and helped those with academic difficulties overcome the rough spots. We also helped with emotional problems such as anxiety, and made sure they knew we were there for them to provide support.

NSNA believed that we could not solve the health care problems of minorities without increasing the number of minority health care workers, and that was what the Breakthrough to Nursing Project was all about. Breakthrough had the full support of: the Division of Nursing, the National Institutes of Health; the U.S. Department of Health, Education and Welfare, and...
other groups. In 1971, NSNA was awarded a $100,000.00 contract by the Division of Nursing for minority recruitment, the hiring of a full-time Project Director and part-time staff, as well as targeted materials and programs to assist nursing students in minority recruiting.

In 1974-75, the project was awarded $286,000.00 to support forty target areas, hold workshops throughout the country, and expand field service to local target areas.

Including men as a target group for recruitment proved to be as great a challenge as recruiting people of color, and there was continued debate whether men should be in nursing. With multiracial teams of recruiters, we succeeded in “breaking through” potential stereotypes and recruiting those from diverse backgrounds into nursing.

As the project grew, we as recruiters became more realistic about our goals and how we could accomplish them. It was very gratifying to attend a nursing function and see those students I had helped recruit into nursing doing well.

As I ended my tenure with the Breakthrough Project, I was proud of all the work I and my fellow recruiters had done, and our great successes in increasing the enrollment of underrepresented populations into nursing schools. I am pleased that the Breakthrough program continues in full force today, and hope that the future holds as many accomplishments as the past. My suggestions for “staying the course” are as follows:

1. Review nursing school admissions criteria to make sure they are consistent with Breakthrough’s present and future goals;

2. Highlight nursing as a profession to high school counselors, particularly in school where a large number of underrepresented students are enrolled;

3. Consider working in health care agencies that serve a large population of underrepresented students.

The Breakthrough to Nursing project provided us with the mechanism to change nursing for the better. Looking at NSNA’s activities today, the future for Breakthrough to Nursing is indeed in good hands. The national Breakthrough to Nursing theme for this year is: “A Profession Moving Forward through the Doors of Diversity.”

YES! 

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