With this issue, we proudly launch the 50th year of the Journal of Nursing Education. To mark this important milestone, the Journal’s cover has been given a facelift, its first in 11 years. The new design retains the Journal’s historic colors while reflecting what we hope is a more contemporary and appealing look.

First published in January 1962 by McGraw-Hill as a quarterly journal, the Journal’s original purpose was to “share ideas and research with others in the field of nursing education” (“Publisher’s Note,” 1962, p. 1). A review of issues from the first 5 years reveals a preponderance of ideas but a dearth of research or evidence-based pedagogy—not surprising for what was then a fledgling field of nursing inquiry. The Journal’s first Editor was Alice Bicknell; however, a small editorial board replaced the Editor by the second year of publication. This first editorial board was structured to represent the five levels of nursing education: practical, diploma, associate degree, baccalaureate, and graduate. It included well-known nurse leaders of the time—Lula Wolf Hasenplug, Elizabeth Kerr, Mary Shanks, Ruth Sleeper, and Verle Waters.

The Editorial Board continued to guide the Journal until 1981, when SLACK Incorporated began publishing the Journal and assigned Margaret Carnine, RN, as the Journal’s Editor. From 1981 until 2002, the Journal was published 9 times per volume and was redesigned several times to give it a more contemporary feel. In 2002, the publisher increased the frequency from 9 issues to 12 issues per volume.

In 1983, Dr. Rheba de Tornyay, then Dean of the School of Nursing at the University of Washington, was named Editor after serving as Editorial Consultant for the Journal in 1982. Dr. de Tornyay brought an increased focus on studies designed to learn more about nursing education. She commented in her inaugural editorial:

Teaching is an important, intriguing and complex process. It merits careful, critical and disciplined inquiry. But teaching is also a creative activity, and we want to disseminate new ideas and new approaches to help make teaching and learning exciting and stimulating. (de Tornyay, 1983, p. 6)

Dr. de Tornyay established our “Briefs” section to promote dissemination of new ideas and to foster further inquiry—a tradition we continue to this day.

The current Editor, Dr. Christine A. Tanner, assumed the post in 1991 upon Dr. de Tornyay’s retirement and was joined by Associate Editor, Dr. Janis P. Bellack, in 1998. Currently, a 43-member editorial board and 75-member review panel, representing a broad spectrum of expertise across all sectors of nursing education, support the editors and editorial staff with the peer review and decision making process for more than 400 manuscripts submitted each year.

A sampling of issues published in the first 5 years is a reminder of how far we’ve come in nursing education. Early Journal covers feature black and white photographs of nurses and patients, with the nurses always in white and always wearing caps. Other symbols of the time abound: a photo of a physician (male, of course) sitting in the nurses station while nurses in traditional uniforms stand ready to assist, a student conducting a literature search using a library card catalog, advertisements for textbooks whose authors were predominantly physicians and basic scientists, exclusive use of the pronoun “she” when referring to a nurse, and marriage as an apparent barrier to continued enrollment. Of interest, an evidence-based article published in 1962 on the correlation between pre-admission tests and graduation identified marriage as the second most common reason for program withdrawal, with marital status treated as an independent variable in the reported study (Martin, 1962).

At the same time, many topics covered in these early issues mirror those that remain at the forefront today: clinical learning, student issues, faculty development, and new pedagogies to support the development of critical thinking skills. Articles on associate degree nursing, research in the curriculum, and the nursing shortage also figure prominently in early issues. A prescient 1965 article outlining recommendations for nursing education in North Carolina resonates with current issues in the field: 1) develop a new pattern of organization and financing of nursing education; 2) ensure the recruitment of well-qualified students; 3) institute systematic, statewide planning for nursing education; and 4) revise nurse practice acts to permit greater flexibility in patterns of nursing education (Brown & Boozer, 1965).

Two articles in these early issues hint at the beginning of the evolution of technology in nursing education: one on programmed instruction (Becker & Mi-
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helcic, 1966), and another on teaching by television (Worledge, 1966). Descriptions of these endeavors echo those reflected in the growing use of technology and simulation, and the shortage of faculty, in today’s nursing education programs:

- Programming is a time-consuming activity, and it is almost impossible for the teacher with a full teaching load to develop extensive programmed material. (Becker & Mihelcic, 1966, p. 25)
- Self-instruction is not intended to replace the teacher but to alleviate the shortage of qualified nurse instructors. (Becker & Mihelcic, 1966, p. 30)
- The first consideration toward acceptance and use...seems to be to orient the faculty to the idea... Not all instructors will accept the concept at first, and some perhaps never. (Worledge, 1966, p. 23)

As is the case now, several early issues were devoted to specific themes, including research—"The search for additional knowledge...is of recent origin, but many nurse leaders now recognize it as an activity essential to the improvement of nursing education and nursing practice" (Hassenplug, 1964, p. 2); faculty development—"Among the indices of change most evident in the past decade is the growing importance of programs of continuing education for faculty in schools of nursing" (Sleeper, 1964, p. 2); and associate degree education. The latter was published 10 months after the American Nurses Association House of Delegates adopted its position paper calling for the associate degree as the "minimum preparation for beginning technical nursing practice" and differentiation of levels of nursing education and practice (DeChow, 1966, p. 3), a reality we have yet to achieve.

Our early leaders also bemoaned the issue of content overload. In an article entitled “The New Approach to Instruction in Nursing Education," Kovacs (1963) wrote that this new approach is an "effort to develop a curriculum that will permit effective organization of the increasing body of knowledge the nurse must possess in order to assume her changing leadership role and increased responsibility for decision making" (p. 3). Kovacs' question "What should all nurses know and be able to do?" is not easily answered (Kovacs, 1963, p. 3).

And while critical thinking was the buzz phrase of the 1990's, it really was not such a new concept. Barbus and Carbol (1963) wrote about the baccalaureate program in a particular university, saying that a specific objective is the development of understanding and skills basic to self-direction and critical thinking. They wrote, “If we expect the professional nurse to assume a problem-solving approach to nursing situations and to initiate appropriate action, we must provide experiences vital to the development of these skills” (Barbus & Carbol, 1963, p. 11).

Of course, much has changed over the past 5 decades, influenced by changing demographics, federal and state regulatory policies, generational differences, technology, the shift of the majority of health care delivery to nonhospital settings, the call for evidence-based practice, and a growing emphasis on quality, safety, and health care costs, among others. Their impact on nursing education is reflected in the recent prevalence of such topics as:

- Academic-practice partnerships, including new clinical teaching models and the use of adjunct clinical faculty to support clinical education of students.
- The need for greater diversity and cultural competence of the nursing workforce, and other diversity-related issues (i.e., multiculturalism, inclusion, and disability accommodations).
- New curriculum delivery models, including accelerated programs, online learning, and clinical simulation.
- Emerging student issues, including academic dishonesty and other disciplinary infractions, academic and social support needs, the advent of the millennial generation, and growth of nontraditional students (e.g., adult learners).
- Assessment of learning outcomes and the effectiveness of teaching-learning strategies and educational innovations.

We anticipate that the next decade will bring renewed energy for both nursing education scholarship and innovation. Both the Carnegie Foundation Report released in late 2009 (Benner, Sutphen, Leonard, & Duy, 2009) and the Institute of Medicine Report released in October 2010 (Robert Wood Johnson Foundation, 2010) frame a future of great possibility and promise for nursing and for the populations we serve. Central to our future will be a transformed nursing education system with pedagogically sound curricula—curricula that directly address emerging health care needs and effectively promote academic progression. The Journal of Nursing Education will continue as the premier forum for promoting and reporting the science of nursing education.

REFERENCES


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The authors have no financial or proprietary interest in the materials presented herein.

doi:10.3928/01484834-20101220-01