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Introduction

In recent years social scientists have shown a growing interest in the nursing profession; in particular, the problems of 'wastage' among those who begin training and fail to complete it, have been the subject of intensive studies. When one investigation shows that on average only forty-one of every hundred who begin training successfully complete it, it is not surprising that attempts should be made to find out how far 'wastage' rates of this order are preventable and the numerical strength of the profession as a whole can be maintained. However, 'wastage' in the sense in which that term is used is a post-recruitment problem, and as it was in any case already being investigated by others, it seemed to us that it might be valuable to study the fundamental problems of initial recruitment to the nursing profession. Since there is apparently a shortage of nurses it seemed important to try and find out what factors encourage young women* to enter the nursing profession and what are the factors which deter so many from embarking on this highly praised and dedicated career.

The basic questions we asked ourselves were why do some girls choose nursing as a career and why so many more do not. To discover the answer to these questions we chose a compact area and sought to interview a large sample of the young women aged between 16 and 20 years there and some of the girls about to leave school.

Four separate surveys were made. The first, which was carried out by students in our Department in the summer of 1961, was concerned with girls aged twenty and with a proportion of their mothers. Out of a possible 470 interviews 370 were completed; of those not interviewed the majority had moved from the addresses given, a result not unexpected as the addresses used had had to be derived from educational records five years out of date. In the following summer a second survey of girls aged 16-19 years was undertaken—a complete list of girls from grammar and technical schools and one third of those from secondary modern schools being sought. Of 690 addresses issued, 532 interviews were completed, and again the major cause of non-interviews was the removal of the girl concerned (117 of the 158).

In addition, two surveys with school leavers were made. The first, in Nottinghamshire as a whole, was a very short one carried out with the co-operation of the County Youth Employment Service. Later, 381 girls

* See p. 7.

due to leave school in the following week were kind enough to complete a more detailed schedule.

In none of these surveys was the refusal rate more than 4%. On each occasion we were struck by the fund of goodwill towards the nursing profession and the general willingness to answer questions about attitudes towards the professions.

The questionnaires and schedules used are not reproduced, but interested research workers should contact us if they wish further particulars of the methods used.

We had hoped to compare the nurse with her non-nursing contemporary on factors like schooling, family background, occupational history and the like, to see if any clue to nursing recruitment would lie in such comparisons. Unfortunately there were too few nurses to allow such comparisons. Instead, we can show the interest in and knowledge of the profession and its work, and can outline the reactions of our respondents when comparing their jobs with nursing. We have sought to build up the image of the nurse as it appears to her contemporaries, and much of this seems to us to be of interest and value to those who recruit nurses.

Because of limited resources we had to set some arbitrary limits to our study. We decided to restrict it to one area and so cut out the variables which would be introduced by taking more than one area. Reluctantly we decided to limit it to female nurses on the grounds that to include the male nurse would have widened the possible age of recruitment and would have introduced the complicating factor of the specialized types of nursing for which men are mostly recruited. We also omitted recruitment to specialized nurse training schemes (e.g. children and mental nursing) and concentrated instead on general nurse training. We pondered carefully whether we should differentiate between State Registered and State Enrolled Nurses but decided on the use of the generic and unqualified word 'nurse'. Our enquiries showed, subsequently, that the term State Registered Nurse was known by 85% of our samples, the State Enrolled Nurse by only 60%, but that only about 10% were able to differentiate between them correctly.

The results of our investigations are described in the chapters which follow. We begin with a brief examination of the area chosen and its opportunities for female employment. We then examine some of the hypotheses which we formed during our preliminary investigations for this project; for example, that a particular type of home and family situation, a particular type of education and varied opportunities for female employment are in some way related to the recruitment of nurses. Then we describe "the nursing image" held by our respondents and comment on the differential images of mothers and daughters, of the girls who showed an interest in nursing compared with those not interested, and of secondary modern as compared with grammar school girls. Finally, we discuss those features of the nursing profession which, from our evidence, attract girls to or repel them from a career in nursing.

The Area and its Hospitals

In our search for an area, we decided it had to be one in which the opportunities for female employment were plentiful so that it could not be said that girls were driven into nursing because of a lack of other opportunities for employment; it had to have hospitals offering training and employing a reasonably large number of cadets and student nurses and yet not over endowed with new recruits; it had to have a reasonably large teenage female population capable of being identified and contacted without too much difficulty; it had to be reasonably near the University so that our student interviewers who could only be engaged for strictly limited periods of time would not spend wasted hours in endless travelling; and, of course, it had to be an area in which the hospital and education authorities were prepared to co-operate in carrying out the project. Thus it was, we chose the borough of Mansfield which fulfilled all our requirements and was especially interesting in that, as most of its nurses were recruited locally, it had problems of recruitment which might well be typical of the general picture of nursing recruitment to hospitals other than medical teaching hospitals and those with national or regional reputations.

Mansfield

The borough of Mansfield (together with its adjoining urban district of Sutton-in-Ashfield which we used in some of the surveys) is set in the middle of a minor conurbation, some fourteen miles to the north of Nottingham. In 1961 the borough had a population of 53,222 (more than four times the figure in 1871) and the 'conurbation' a population of 135,487. At the turn of this century there was something of a population explosion in the area, the population more than doubling in a period of 20 years. This increase has now tailed off and, indeed, recent figures for this area show a population increase below the average for the county of Nottinghamshire as a whole.

The relatively sudden expansion of population in the early twentieth century was largely due to the development of the coal industry, for Mansfield is situated in the middle of the Nottinghamshire-Derbyshire Coalfield, a coalfield hitherto of considerable prosperity. In the town itself and some of the adjoining urban areas there was (and still is) a flourishing hosiery industry and the effect of the development of coal mining was essentially to increase the opportunities for male employment.

The coal mining centres which surround Mansfield are marked, among other things, by the low proportion of females in the population—a

phenomena "which is not unusual in coal mining areas".* The women who live in these areas must, in the main, seek employment elsewhere and fortunately Mansfield offers considerable opportunity for employment in industries whose labour force is predominantly female. In 1951, whilst 844 women who lived in Mansfield went elsewhere each day to work, 4,360 came into Mansfield from the surrounding areas to earn their living. The main areas from which they came were Mansfield Woodhouse (1,268), Backwell (870), Southwell (634), Warsop (623) and Sutton-in-Ashfield (491)—all mining or rural areas without sufficient employment opportunities for women. Of the women working in Mansfield almost 50% work in manufacturing industry, only two other kinds of employment offered jobs for any appreciable number of women—office and shop work. Factories (usually hosiery), offices and shops are then the main employment possibilities for Mansfield's young women; in our surveys, 87% of the girls interviewed who were at work, were employed in these three types of work.† We can add one other fact about the employment situation in Mansfield itself; the strength of the female labour force is proportionately much higher than the national figures—43% of those employed in Mansfield in 1951 were women compared with only 30.9% in England and Wales as a whole.

The Hospitals

Clearly, then, in choosing Mansfield we had chosen an area in which, whilst the female labour force was plentiful, the nursing profession had many competitors for the recruits it was seeking. No girl need be driven to nurse for the lack of other jobs, but there was, of course, the possibility of recruiting nurses from elsewhere. We chose Mansfield as an area where few girls came from outside to nurse: a glance at the statistics of recruitment confirms our choice. For example, of 151 girls who started training in one of the Mansfield hospitals in the five-year period up to 1951 (and whose home addresses were known), 43% came from Mansfield itself, and 21.2% from the area immediately surrounding it. Apart from the 11.9% who came from Ireland (a source of recruitment now almost dried up so far as Mansfield is concerned), only 5.3% came from outside Nottinghamshire and those territories of Derbyshire which border on Mansfield.‡ Put another way, 82.8% of recruits to the profession were local girls (and indeed some of the more distant recruits had family connections with Mansfield). This Mansfield hospital (like the others in the area), therefore, has to rely very much on local recruitment; this situation, we suspect, affects many, if not the majority, of hospitals in the National Health Service. We are not, therefore, we would claim, surveying a unique recruitment problem.

Although the figures quoted above concern only one hospital, the

* County Report, Nottinghamshire 1951, p. xli (Reg. General).

† Figures of placements from the Youth Employment Service confirm these figures.

‡ Part of the Mansfield 'conurbation' lies across the county border in Derbyshire.

Table No. 1. Nursing Staff¹ Establishment and in Post

<i>Hospital</i>	<i>Mansfield General</i>	<i>King's Mill</i>	<i>Victoria</i>	<i>Total</i>	<i>Student Nurses</i>
<i>1959</i>					
Full time					
Established	55	130	84	269	122
In post	38	67	60	165 (61.3%)	89 (73.0%)
Part time					
Established	1	1	8	10	
In post	22	40	12	74	
<i>1960</i>					
Full time					
Established	55	160	84	299	122
In post	39	83	67	189 (63.2%)	99 (81.1%)
Part time					
Established	1	1	8	10	
In post	12	38	11	61	
<i>1961</i>					
Full time					
Established	71	156	146	373	142 ²
In post	54	100	102	256 (68.6%)	99 (69.7%)
Part time					
Established	0	0	0	0	
In post	17	49	14	80	
<i>1962</i>					
Full time					
Established	72	156	148	376	142
In post	61	103	100	264 (70.2%)	91 (64.1%)
Part Time					
Established	0	0	0	0	
In post	27	50	32	109	

¹ After 1960—the nursing staff figures include nursing auxiliaries both in post and in establishment.

² Increased establishment due to expansion of Training School.

survey area includes three sizeable hospitals in addition to many smaller units. The first of these is the Mansfield and District General Hospital, a voluntary hospital built in 1880 and considerably modified since 1948. It has 205 beds and together with another of the hospitals (King's Mill) is responsible for the Dorothy Whiteley Training School for Nurses with a possible establishment of 142 students.* Also much altered, and dating from over a hundred years ago, the Victoria Hospital has 314 beds and a Training School for Enrolled Nurses. With a very different history, the third hospital, at King's Mill, is the newest, being a war-time emergency

* See Table 1.

building. Planned in 1940 as an Emergency Hospital, it was used first by the American Armed Forces from 1940 to 1945. Then it became a Police Training Centre reverting to hospital use (this time for civilians) in 1951 only after strong representations had been made by the Hospital Management Committee. Now it is a well-equipped unit of 278 beds, the result of a process of "converting a collection of almost derelict buildings into a modern hospital".*

It is impossible to assess here the merit of the establishment numbers set out in Table 1, but it is none the less important to see how far recruitment falls short of these establishment figures. In the words of the brochure issued after 10 years of the National Health Service when paying tribute to the nursing staff: "The demand for nurses has never been adequately satisfied and, notwithstanding the determined efforts made with advertising, exhibitions, cadet schemes, etc., supply still falls short of demand. . . . (The Matrons) bear the full brunt of the ceaseless worry and task of recruiting and training nurses in order to maintain—nay, keep apace with the demands of expansion and development".† These demands of expansion and development reveal themselves in the increase in the establishment for full-time nursing staff (notably at King's Mill Hospital) but the bulk of the apparent increase is due to the inclusion of nursing auxiliaries in the later years—a fact particularly influencing the situation at Victoria Hospital. Over the four years shown the ratio of those full-timers in post to the establishment has gone up slightly (and again mainly among auxiliaries) but still remains nowhere near establishment. In line with some of the wider trends in nursing there is increasing use of part-time staff in the Victoria Hospital where the number of part-timers has more than doubled.

The recent Report on Nursing Education‡ has criticized the extent to which students are used as part of the labour force providing services in the hospital. In the light of their proposal to withdraw these students from the wards for a longer period of their training, it is interesting to note that the students are equivalent to 28.6% of the non-training staff (assuming 2 part-time staff = 1 full time). In other words, the complete withdrawal of these students would mean a labour loss in the wards of about one quarter of the current nursing staff.

It is our purpose in the following chapter to examine why there is a shortage of nurses where there is a large potential field of female labour.

* *Brochure on Ten Years of Hospital Service*, 1958, Mansfield and District Hospital Management Committee.

† *Op. cit.*, p. 22.

‡ A reform of Nursing Education—R. Coll. of Nurses 1964.

The Potential Field of Recruits to the Profession

In this chapter, using data obtained from 3 surveys in Mansfield of 20 year old girls (the older girls), 16-19 year old girls (the younger girls) and school leavers,* we examine some aspects of the potential field of recruits to the nursing profession. In framing the questionnaires used, we postulated three possible areas of influence, home, school and work, which might affect the decisions to take up or not to take up nursing, (although in the latter case it was more often a positive decision to take up something other than nursing).

A. The Respondents and their Families

The families from which our samples came tended to be larger than might be expected, fewer than one in five had no siblings and almost exactly half had two or more siblings. We had postulated that family size or position in family might influence recruitment to the profession but we could find no firm supporting evidence for this hypothesis.

In an area where the main employers are the National Coal Board, the preponderance of manual workers is to be expected—7 in every 10 fathers being manual workers. This, together with the necessarily thin representation of the other socio-economic groups, should be borne in mind when assessing the relevance of our findings here to some of the issues of nursing recruitment. As might be expected the family size (and the number of siblings) varies quite significantly on this socio-economic scale. Girls from the families in the first four groups will have fewer brothers and sisters to turn to for advice, but may possibly expect more opportunity to discuss occupational choice with their parents.

Of the other factors in the home situations which seemed to us likely to have some influence on the girls' choices of jobs, some are of interest. A mother at work may be able to add to the sum total of vocational advice available in the home and in Mansfield we found 11·4% of the mothers to be working full-time and a further 27·6% working part-time. Their occupations were, in total distribution, very similar to those chosen by their daughters. Beyond this general situation we were interested to discover how far nursing might be said to run in families and therefore how far the families of the girls interviewed had been or were nurses. Among our older girls we found about 4% of respondents one or both of

* See Appendix for fuller details. The survey of 20 year old girls was carried out in the summer of 1961 and of the younger girls (16-19) in the summer of 1962.

whose parents had been nurses. Nursing is however not the only work available in hospitals and it is not surprising to find 22% of the girls with parents who had at some time worked in a hospital other than as a nurse. In other words, about one in four of our sample had some parental link, present or past, with hospitals. In addition, fourteen girls (4%) had brothers or sisters working as nurses. The position among the younger girls was very similar: twenty-nine (or 5%) had parents who were or had been nurses, and thirteen (2%) had brothers or sisters working as nurses. On this occasion we changed the question to ask for other relations who were or had been nurses and found 134 (25%) with nurse relatives. Both surveys, therefore, confirm that at least one quarter of the girls in Mansfield have, or have had, family connections with the hospital world and it may well be that these contacts prove a very likely means of communicating impressions, good or bad, about a hospital in general, or nursing in particular.

Table No. 2. Occupations of Respondents' Fathers (1962)

<i>Occupation</i>	<i>Socio-Econ.¹ Group No.</i>	<i>Adjusted % No.²</i>	<i>Mean No. of Siblings</i>	<i>% of adjusted No. attended grammar School</i>	
Employers and managers in central and local government, industry, etc.	1 and 2	36	3.3	1.21	36.1
Professional workers— self-employed	3	10	1.0	1.75	70.0
Professional employees	4	47	4.3	1.45	40.4
Intermediate non-manual workers	5	91	8.3	1.24	20.9
Junior non-manual workers	6	15	1.4	1.60	0.0
Personal service workers	7	9	0.8	1.00	0.0
Foremen and supervision— manual	8	46	4.2	1.54	26.1
Skilled manual workers	9	547	49.7	2.12	11.5
Semi-skilled manual workers	10	183	16.6	1.94	3.8
Unskilled manual workers	11	44	4.0	3.13	2.3
Own account workers	12	37	3.4	0.96	29.7
Farmers, agricultural workers, forces, etc.	13, 14 and 15	11	1.0	2.20	18.2
Not known, no father, etc.	—	24	2.2	—	—
Total		1,100	100.0	2.12	14.1

¹ See "Classification of Occupations" 1960.

² In this and succeeding Tables where this sample is used, adjustments have been made for different sample fractions according to schools attended.

Following this theme of contact with hospitals one stage further, we sought information on the extent to which our respondents had had experience of hospitals as patients. In our younger sample 47.5% had, at some time, been in hospital as patients, and to take the still younger group of school leavers 42.4% had been in hospital as patients. For many of these ex-patients, of course, their experience of hospital life would have taken place before they could begin to view nursing as a potential job for themselves. If, therefore, one takes the arbitrary age of ten as a dividing line when these ex-patients began to notice the nurses in this context, we find that about two-fifths of the experiences of being in hospital occurred after the age of ten. In other words, one in five of all the girls had seen nurses at work when they were old enough to begin to appreciate the character and scope of the work involved.* We make this point as it might well be that there are those girls who conceive of the idea of being a nurse as a result of being a patient and watching nurses at work, as well as many (perhaps many more) who rule out nursing as a possible career for them as a result of their experiences. The nurses and staff in the wards serving young girls of these ages may well be helping or hindering nursing recruitment.

Finally, as far as the home situation is concerned, we obtained information about some of the mothers of our respondents. We interviewed a small sample (163) of mothers but the results did not reveal as much as we had hoped. They did however show a considerable fund of regard for the nursing profession—something the recruiter might well capitalize on. Of the 163 mothers 5 had been or were nurses, 15 ward orderlies and 4 others had worked in hospital—in all 14.7% with some working contact with hospitals. Less than one third had never been in hospital and of the ex-patients, almost exactly a quarter had been in hospital in the last few years. All we need do here is to re-emphasize the extent of hospital experience available in the family and to pose the question, how far the good or bad experiences as patient or hospital worker turn the recipient into potential recruiting agents or otherwise affect the issue.

B. The Respondents and their Schools

We do not intend to give a formal description of the schools and educational facilities available in the area: instead we have relied on the information given us by the girls themselves in the knowledge that this, on what we have been able to check, is basically correct. For attitudes to schooling and their recollections of the careers advisory services, clearly only the girls themselves can tell us.

Education for the vast bulk of Mansfield girls means State education—we found very few indeed who had been to private schools although our method of selecting the girls to be interviewed inevitably limited the num-

* In our interviews with 163 mothers, we found only 49 (fewer than a third) who had not been in hospital as a patient.

ber from private schools. For the majority, secondary education in Mansfield came in one of the three now traditional choices—grammar, modern or technical. Among the younger girls 77.5% had been to secondary modern schools, 14.1% to secondary grammar schools and 8.2% to secondary technical schools. In this sample the largest group had already left school, but of the 140 still at school none were at a modern school, 85 at a grammar school and 53 at a technical school.* Education beyond the age of 15 was enjoyed by only 22.7% of the group; in 99 cases out of 100, the modern schoolgirl left at 15 years. For the girls at selective schools only 8.9% left at 15 years of age and a further 22.6% left at 16 years; whereas no secondary modern school girls were at school after the age of 16 years, 68.5%† of selective secondary school girls were still at school after that age. We can, therefore, summarize the educational background of these girls by saying that about three in every four went to secondary modern schools, that of these almost all left at fifteen, but for those in the other secondary schools education continued, for about two-thirds, beyond the age of sixteen.

The girls from the larger families were, as seems generally agreed nowadays, less likely to be at grammar schools than those from small families. Each grammar school girl had, on average, 1.28 siblings, secondary technical school girls 1.41 and secondary modern school girls 2.34. Put another way, one in four of the only children had been in grammar schools, whilst only one in thirty of the girls with four or more siblings had been at similar schools. Again as might be expected, the girls who received selective secondary schooling were more common among the families higher up the socio-economic scale.‡

We cannot measure the quality of education received by these girls, but it is possible to see something of the examinations they passed and the qualifications they obtained. Of the 248 girls who went to the selective secondary schools, 128 (or just over half) had obtained one or more 'O' level passes in the General Certificate of Education at the time of interview. If, however, one leaves out the youngest group interviewed, many of whom were sitting their 'O' level examinations at the time of interview (indeed some mothers refused to allow their daughters to be interviewed because of these examinations) then we find that of 167 girls over sixteen, 117 (70.1%) had obtained some 'O' level passes. One may therefore conclude that approximately three in every four girls at the selective schools in Mansfield achieve this level of success. Turning to 'A' level examinations the picture is much less rosy—only seven girls were interviewed with examination successes at this level. From talking to our

* When the sample is adjusted, this means that 1 in 8 of the girls interviewed (12.7%) were still at school. The two girls not accounted for were at private schools.

† Our survey of 20 year olds gave almost 80% leaving by the age of 16. The difference is due in part to the failure to contact all the ex-grammar school girls and to the changing pattern of the sixth forms.

‡ See Table 2.

interviewers, there is, however, good reason to believe that some of the girls who had been to these schools and were not contacted for interview were away at University, College or for other kinds of training, probably having obtained 'A' level passes. It seems, however, unlikely that more than 10% of any age group at these schools managed to reach this level of qualification.

Other qualifications we sought information about were office or secretarial qualifications and we found that under 10% of the girls had one or other of the appropriate certificates in this field, over half of them coming from secondary modern schools. In the selective schools, for every girl getting one of these certificates four obtained 'O' level successes. As we expected, only forty-four of the 284 ex-modern school girls had qualifications of any kind, twenty-two of them with local school leaving certificates. We conclude that if the nurse recruiters are looking for formal qualifications of an academic kind, they must largely concentrate on the girls from the selective schools, as the field of 'qualified' girls in the secondary modern schools is small indeed. This pattern may change, but recent proposals for 5 'O' levels as an entrance requirement for nursing will seriously reduce the pool of qualified girls available. In our study the subjects studied and liked show no relevance to occupations chosen, so the data collected on this point is omitted. Membership of 'pre-nursing' organizations like the Red Cross and St. John Cadets may be relevant (as we suggest later), so it is interesting to note that our two samples produced membership (past or present) of 18.5% among the younger girls and 24% among the older.

Schools and the educational services must play some part, whether intended or accidental, in the process of job choice, and for our purposes some features of this process were isolated for examination—first, the existence of careers teachers, secondly the work of the youth employment officer and thirdly the practice, in some schools, of inviting outsiders in to talk about specific careers.

We could not check whether all the schools attended by these girls had, at all times, a careers mistress; we relied on the memory of our respondents. In our survey of the younger girls 55% of them said there was a teacher, other than the head teacher, who advised on careers, but the answers varied considerably with the type of school. Whilst 81% of grammar school girls and 66% of secondary technical school girls had, or remembered, careers mistresses, only 43% of secondary modern school girls claimed there was a careers mistress at their schools. Almost a half of the girls in our area, therefore, went without this specialist advice, or if it was available had forgotten about it. These figures may seem at first sight a sad reflection on the schools, but they may of course equally well be a measure of the failure of many girls to turn to school sources for advice. There are many recent studies which suggest that the methods by which girls choose and obtain their jobs exclude to a considerable extent the formal channels instituted to help them.

Despite criticisms levelled at the Youth Employment Service and despite the fact that it has to deal very briefly with large numbers of children who may already have decided on their job choices and perhaps only require the services of the youth employment officer to find an actual placement, the visit of the youth employment officer is remembered by the bulk of our samples. In both cases almost identical percentages (88%) recall the visit of this officer. Among grammar school girls, however, fewer (66%) recall his or her visit. This may be due to the large numbers still at school who have not yet had a school leaving interview, or it may be due to the unwillingness of some grammar school heads to admit the youth employment officer to their schools. The annual reports from the Youth Employment Service suggest this latter may be the main reason.

As to what the youth employment officer talked about on her visits, memory, perhaps not unnaturally, seemed rather faulty: 17% remembered only the individual interviews and fewer than 8% could remember her talking of any specific careers. This lack of recollection is in marked contrast to their ability to recall outside specialist speakers on specific careers (see Table No. 3). It would seem that they made a greater impact, as might be expected, than the youth employment officer when she gave her school talks about careers in general.

Our questions about career talks by outsiders shows nursing to be the most frequently remembered (and especially by grammar school girls). An analysis of answers to these questions shows that nursing and armed forces speakers went mainly to grammar schools while factory speakers went to secondary modern schools. The relative neglect of secondary modern schools by the nursing profession is especially significant in an area where such a high proportion of its recruits come from these schools.

Table No. 3. Percentage of Girls who remembered Talks on Specific Careers (16-19 years old)

<i>Career</i>	<i>Remembered talks on careers by youth employment officer</i>	<i>Remembered talks on careers by outside speaker</i>
	%	%
Nursing	3.6	33.5
Factory work	6.9	27.0
Armed forces	1.1	33.2
Civil service	—	13.4
Office work	4.2	—
Shop work	3.6	—

C. The Respondents and their Occupations

In our first survey the occupations of the 20 year old girls we interviewed were analysed by the socio-economic groups of the Registrar General,

and we found that 38.5% were in general non-manual occupations* and a further 54.2% in manual groups.† For the second survey we changed the method of classification using, in the main, the terminology of the girls themselves.

Table No. 4. Present Occupations of Girls¹—16-19 years

<i>Occupation</i>	<i>%</i>
Factory worker	53.4
Office worker	18.6
Shop worker	14.0
Hairdresser	3.7
Telephonist	2.4
Waitress/cook	1.7
Bank worker	1.7
Animal/poultry worker	0.6
Nurse (in training)	1.5
At college, further education	0.6
Miscellaneous	1.7
Total	100.0

¹ *It will be appreciated that these classifications are not completely distinct—many of the occupations might well have had other groupings. We decided to use, as far as possible, the grouping which fitted with the girl's own description of her work. 'Miscellaneous' included petrol pump attendants and sausage knotters.*

Three occupations account for about 86% of our respondents—over a half of the girls being factory workers with shop and office work coming a long way behind. Nursing in Mansfield accounted for only 1.5% of our samples, a figure below the commonly accepted proportion in the country as a whole.‡ This seems to us to be an important fact to be borne in mind in any discussion on the findings of this research. These nurses (or students) were not, as might be expected from much of the recruiting literature, mainly grammar school girls—only one in seven of them had been to this type of school. It may be that our interviewers made no contact with some of the grammar school girls who went elsewhere to train. But even so it is clear that for nurses and students Mansfield has had to rely on secondary modern school girls§ and we are bound to wonder what will

* Socio-Economic Group 4.

† Socio-Economic Groups 9, 10 and 11—see "Classification of Occupations" 1960—Registrar General.

‡ B. Abel Smith—"A History of the Nursing Profession" (London 1960), p. 263, shows that in 1951, of the single occupied women aged 15-19 years 2.56% were in the nursing profession.

§ Figures from the Sheffield Regional Hospital Board suggest that this is not an unusual situation.

happen if the academic standards for nursing are raised above the level of the normal secondary modern school girl.

Turning from their occupations to their earnings, we found that the median income of our 16-19 year olds was £5 17s. 0d. a week, covering a range from less than £3 a week to more than £10 a week. Those who had been to grammar school had a median income of just over £6 3s. 0d. from secondary technical school just under £6 3s. 0d. and from secondary modern schools £5 16s. 0d. a week.

Table No. 5. 16-19 year olds

<i>Respondent earning</i>	<i>%</i>
£2 but less than £3 per week	2.0
£3 but less than £4 per week	15.0
£4 but less than £5 per week	15.0
£5 but less than £6 per week	21.0
£6 but less than £7 per week	18.0
£7 but less than £8 per week	10.4
£8 but less than £9 per week	9.6
£9 but less than £10 per week	3.0
£10 or more per week	6.0
Total	100.0

The total excludes those not earning and those who refused to reveal their earnings.

The median varied, too, with the age of the respondent: for the 19 years old £6 1s. 0d., for 18 years old £6 3s. 0d., for 17 years old £5 10s. 0d. and for 16 years old £3 17s. 0d.

Of the three most popular occupations, factory workers had a median income of just under £6 11s. 0d.,* office workers £5 18s. 0d. and shop workers £4 5s. 0d. The few nurses in the sample had a median of £5 10s. 0d. (£280 p.a.). (The annual salary of a 1st year student nurse at that time was £299, and with lower figures for cadets.) In this respect nursing is less well paid than two of the three most popular jobs.

In addition to this information on earnings, we sought data on the amount of job changing that had taken place and we found that among our 20 year olds 45.7% had had only one job since leaving school and a further 32.3% only two jobs. Among the younger sample 56.3% had had only one job and 24.8% only two jobs. In both cases, therefore, the frequent job changers were very few—21.3% and 18.7% respectively with three or more jobs. Length of time away from school, as might be expected, affects these percentages: so does the type of schooling. Ex-grammar school

* The Ministry of Labour Survey of Earnings in manufacturing industry in October 1962 shows the average weekly earnings of women to be £8 7s. 0d. and of girls (i.e. under 18) £5 4s. 6d. (Ministry of Labour Gazette—February 1963, p. 44).

girls have fewer of these frequent job changes than the ex-secondary modern girls (3.1% compared with 20.6%). The percentages varied, too, by type of work—e.g. office worker produced fewer changers than the other two main occupations. An analysis of the job changes suggests a move away from shop work to factory work (especially among ex-secondary modern girls) and it could be that better pay was one reason; but it could also be the more social and less isolated nature of factory work which caused girls to change. As we show later, working with friendly people was an important reason given by many for choosing their jobs.

We also collected information about length of time in each job but this is too detailed for discussion here. We can summarize the data by saying that there was little evidence of many and speedy changes of job although the wastage rates appear somewhat higher in the first year of a first job than one has come to expect in nursing. The girl who hopped frequently from one job to another was rare, but there was nonetheless a sizeable group changing jobs at any one time. We cannot make exact comparisons but it does seem to us that viewed as a first job nurses had wastage rates not unfavourable when compared with other first jobs but seen as a second or third job many of the other girls were settling down and changing much less rapidly or frequently than were the nurses.

Choice of Job

Seeking reasons for choosing their present jobs, we adopted two approaches—the first an open-ended question asking simply why they had chosen their job and in the other, giving them a list of possible reasons and asking them to say which were most important in their case. The answer to the first question showed surprising agreement—the highest number of choices being grouped round statements like, “I had always been interested in the job” or “I had always wanted to do it”. In a sense, an explanation of pre-determination—“I had always wanted to”—is really a statement of fact rather than a reason. We had several similar experiences when asking nurses why they wanted to be nurses—“I always wanted to”. Reasons seemed hard to find—or to put into words—for these girls: perhaps reasons implying a measure of rational choice are not necessary for them or they may have been forgotten. This view is supported by the rather negative statement made by many girls—“I could think of nothing else” or “No other jobs I could do”. Together all these statements account for two in every five of the reasons mentioned. Second in the list came reasons referring to friends—“I had a friend there”—“I wanted to work with my friends”. This was numerically almost as common as the first group of non-reasons. Far behind came mention of wages—“good money”. No other group of reasons occurred often enough to merit special mention, and indeed it is our general conclusion that without some prompting the girls found it hard to spell out the reasons why they chose their jobs.

In the second part of the question on reasons for job choice, the respondent was presented with a list of twenty possible reasons and asked to select the most important reasons for the jobs they chose. On average each respondent mentioned between two and three reasons; the highest number (by a considerable margin) mentioned "working with other people" (224). To this can be added the 104 who mentioned "working with friends". Almost an equal number chose "high wages" and "interest in particular work offered", 132 and 131 respectively. Important though these are they fall far behind the first choice. "Being near home" attracted 107 mentions, "career prospects" 105 mentions and "working with friends" already noted, 104 mentions.* Attracting fewest mentions were "time free for social life" 9, "having work-clothes provided" 11, "canteen and recreational facilities" 12, "unlikely to be redundant or work short hours" 17. Sociability, interest and wages seem to be the main elements of decision as far as the respondents in Mansfield were concerned.†

Space does not permit of a full discussion of the different patterns of reasoning surrounding job choice, and it is therefore perhaps enough to note that a comparison of reasons for choice between secondary modern and selective school girls show differences which might be expected—interest and career prospects seem more important for the girls from the selective schools than for other girls. The different pattern of reasons given for choosing their jobs can be of some importance if, as we suggest later,‡ the recruitment techniques of the nursing profession are varied for different sorts of school. Sociability, working with pleasant people and so on appeal to ex-secondary modern school girls whilst for the grammar school girl, interest, career prospects and the like ought to be stressed.

The last topic under the heading of occupations which we discuss is the method by which the girls found their jobs. Of our younger sample 26% of the girls in work heard of the job through a friend, and a further 19% through parents or relatives—45% in all hearing through personal contacts. Youth employment officers were mentioned by 22% but school staff by only 4.3% of the girls. In about one case in eight the girls simply went or wrote off for a job on their own initiative and a further one in eight (13.6%) answered advertisements. Except that fewer used the youth employment office and more used the school staff, grammar school girls were not markedly different in the ways they heard of their jobs. The total impression is of a community in which the formal channels for introducing girls to their future work functioned far less often than the informal and personal contact of the girls, their relatives and friends.

* In each case, these represent more than one-twelfth of the reasons given. In all the girls gave 1199 mentions to the reasons listed.

† When the question was repeated asking what would be their reasons if choosing now, "working with people", and "interest in particular work offered" remained at the top of the list but "career prospects" had come up into third place.

‡ See p. 24,

The importance of this fact ought not to be overlooked in any assessment of the techniques of nursing recruitment, and we would suggest that the happy and contented nurse is probably a greater potential source of nursing recruitment than any other.

Among all these reasons for choosing jobs, how is it possible to recruit nurses and what is the image of the nursing profession? These are the questions we must now attempt to answer.

The Interest in Nursing

We have tried to describe the potential field of labour in Mansfield from which the nurse must be drawn. In so doing we have pointed out what seem to us the salient points of this labour force, and we now want to discuss the group from within this force who have, or have had, an interest in nursing. To do this we look at the few nurses and ex-nurses we found and at the more important group—those who have or had an interest but did not become nurses. This is the group within which any expansion of the number of recruits must be found. It was unfortunate that such a small proportion of nurses—7% among the older and 4% among the younger girls—were to be found in our surveys because we had hoped to be able to compare the nurses with their non-nursing contemporaries, in relation to home, school and work. We debated whether or not to secure a larger number of nurses by interviewing more nurses outside our sample area. To do this, however, we should have had to abandon some of the basic common elements—age, area of residence, type of nurse and type of hospital. We decided, therefore, that all we could do was to accept the position as it turned out to be and to see if any substantial differences could be found within our sampling frame.

The social class background of our respondents who had entered the nursing profession differed very little from that of the sample as a whole. There is no evidence in Mansfield that nurses are largely middle class in origin: which is hardly surprising since Mansfield has to rely on local recruitment from a predominantly working class area. There were a few cases of middle class parents whose daughters were believed (by our interviewers) to have gone elsewhere for nursing training. One of us recalls an interview with a local lady of some importance on another matter, who said she wouldn't have allowed her daughter to train in Mansfield, she would insist on her going to one of the London hospitals. We believe, though we cannot document it, that the middle class nursing students go elsewhere to hospitals which have national or regional reputations for their training.

Of the nurses we interviewed 80% said that they had relatives who were or had been nurses, whereas only 20% of the non-nurses and 35% of those interested in nursing but who had not entered the profession made a similar claim. In view of the small number of nurses interviewed it would be unwise to draw positive conclusions but there does seem to be a tendency for those who enter nursing to come from families with nursing experience. It would, we suggest, be interesting to carry out further studies of how job choice is affected by the presence of a near relative in a specified career.

We tried to get some assessment from the girls of their parents' views on nursing as a career for their daughters. For those who were nurses, 58% of the fathers and mothers (though not all in the same families) were keen or very keen on the idea of the girl being a nurse. For those who had had no interest at all in nursing the figures were 4% and 11% of fathers and mothers respectively. There is other evidence (from our discussions) which suggests the importance of parental influences in nursing recruitment and which to some extent offsets the almost unanimous claim of school leavers that their parents let them choose their own job. The general picture of family encouragement and knowledge is therefore clearer when it is seen that 58% of the girls who had become nurses said that they had received positive encouragement to take up nursing whilst only 6% of the non-nurses had been encouraged to enter the profession.

When we look at the education the nurses received we find that the type of schools they went to differs little in relation to the samples as a whole—in one case the selective schools being slightly under-represented and in the other slightly over-represented. If, however, we look only at those who were still in the profession at the time of interview then the ex-selective school girls seem (the numbers are too small for certainty) to have a lower wastage rate than the ex-secondary modern school girls. This agreed with findings from other surveys. As Mrs. McGuire* has shown the percentage of secondary modern school girls is higher at non-teaching hospitals than at teaching hospitals. In Mansfield, however, unlike the Oxford area, the highest proportion in both surveys had left school at 15—66% compared with only 12% in Oxford, and in the first survey 46.7% of the nurses and in the second 37.5% had passed examinations of some kind (e.g. G.C.E., R.S.A., etc.) compared with only 24.9% and 24.6% of girls in the samples as a whole.

In order to assess the extent to which nurses in the area as a whole had educational qualifications of a kind commonly regarded as essential in nursing we conducted a separate enquiry among the matrons of hospitals in the Sheffield region. This showed that, excluding the large preliminary training schools with a high reputation, 60% of the girls accepted for nursing training had fewer than two 'O' level passes. We have already referred to figures from the Regional Board of the cadets in the Region. This shows an almost similar educational pattern. The evidence for the 'intelligence' of nurses (which most respondents seem to accept) is not confirmed by the examination successes of the actual entrants although as we have shown, they are more often successful than the population at large.

The proposal of the recent Royal College of Nursing committee to raise the educational requirements to five 'O' levels is clearly a very dangerous one in this Region—the 60% without the appropriate qualifica-

* "From Student to Nurse"—Area Nurse Training Committee, Oxford—1961.

tions will rise to nearly 83%. The 'qualified' 130 students were centred in three schools in Leicester, Sheffield and Nottingham and the remaining training schools (over twenty) had twenty-one of these students. The emphasis on academic attainment and raising the level required would have a major affect on hospital services in places like Mansfield.

As perhaps might be expected, about twice as large a proportion of nurses had been Red Cross or St. John cadets as compared with their non-nursing colleagues. Our discussions with officers of these organizations lead us to think that the girls who want to be nurses join, and that the organizations themselves are not very successful in encouraging girls otherwise uninterested to take up nursing.

When we compared the occupational mobility of the nurses with their non-nursing contemporaries, we had to take account of the fact that for most girls the choice of nursing involved a waiting period, a gap, between school and taking up training. Almost inevitably therefore she must have had two jobs since leaving school, the "waiting job" and nursing. This waiting period seems to induce a greater degree of job change among nurses than among the rest of the girls. For the nurses the mean number of jobs was (at the age of twenty years) 2.25%, for those with no interest 1.68%. It would therefore appear likely (the figures are, of course, too small for certainty) that to choose, or to think of choosing nursing as your career, is to increase the restlessness and instability of your pre-nursing jobs. It would be interesting to compare number of pre-nursing jobs with wastage rates.

So far we have been looking at comparative data for nurses and non-nurses. The results are sufficiently interesting and provocative to lead us to suggest wider studies along these lines comparing the nurse and her non-nursing contemporaries. Such a study could well do what we could not—differentiate between different types of nurse, between the male and the female nurse and the differing ages of recruitment. We believe there is much here which would repay a wider study in collaboration with hospital authorities.

There is currently much discussion in nursing circles of the importance or otherwise of the cadet schemes in the pattern of recruitment. In our samples four out of every six girls starting nurse training were previously cadets and the bulk of applications, both for cadetships and studentships came directly from the individual rather than via the school or youth employment service. We are able to confirm these figures from information supplied to us by the Sheffield Regional Hospital Board. In 1962, of 1,258 entrants to preliminary training schools, 44% had been in cadet schemes either in the hospital where they began training or elsewhere. It is further interesting to see that a more than proportionate share of these ex-cadets went to the seven largest hospitals in the Region. Our evidence of the route of applying is borne out in that of 1,180 applications received in 1962 by the Board's hospitals for cadet schemes 1,081 were direct applications. Only 99 came via school or the youth employment service.

Although in our study we have linked cadet and student nurses together, it is clear that the cadet schemes, as providers of nearly half the entrants to student training, are worth further study. The Board's findings on the direct applications and our own findings suggest that the recruiting officers need to pay more attention to making it easy for (and indeed encouraging) the individual to apply. Open days, tours of the hospital, informal opportunities to meet nursing staff—to borrow from another field an "open door policy"—are needed.

We divided our older and first sample into those who are or were nurses (all called 'nurses' for simplicity) and they numbered twenty-four; those who claimed never to have had any interest in nursing, called 'non-nurses', and who numbered 159, and a third group who although not nurses, claimed to have had some interest in nursing in the past (called 'interested'). This last group, 134 in number, and 42.3% of the sample deserve attention because they constituted a real possible source of recruitment to the nursing profession.

That there is this field of interest in nursing is clear from all our surveys. The study we made with the youth employment service showed about 32% who had or had had an interest in nursing. In our classroom survey of those on the brink of leaving school the percentage rose to just over 40%, whilst our second major survey of the younger girls revealed that about 30% had or had had an interest in nursing. It is abundantly clear therefore that, although the percentages differ, about a third of all girls develop an interest in nursing at some time or other but then lose it and that from our evidence the strongest interest is evinced at about thirteen years of age. The age range 13–16 years seems to be the peak period for deciding for nursing and subsequently for most of them deciding against it. Why do these potential recruits change their minds?

No single positive answer may be given to this question, but for many of the girls (and the percentage varies from one study to another but is never below 25%) the attraction of other jobs replaces that of nursing. Our evidence would suggest that the "filling-in job" which they obtain and follow until they are old enough for nursing training causes them to change their minds about the profession.* Another sizeable group, sometimes overlapping the previous group, comes to realize or believe that they have not the temperament for nursing. "I'm too squeamish", "I can't stand the sight of blood"—were statements often made to us. We have no means of knowing the validity of these self-assessments, but clearly in so far as they are true, they are powerful deterrents to nursing recruitment. A third group of girls who had been interested in nursing had changed their minds because of the recognition (real or assumed) by the respondents that

* It must be remembered that a high proportion of the nurse entrants in Mansfield came from secondary modern schools, that almost all of them leave at 15, and that the age for entry to cadet schemes is usually 16. Hence a "filling-in job" for a considerable number is inevitable.

they were not clever enough to be nurses. Of those who had not applied because they thought they were not clever enough, 58% were still sorry they had not become nurses.* Whether these girls underestimated their own intelligence or overestimated the standards of education required of nurses cannot easily be distinguished, but it is certain that these self-assessments of intelligence deter many from applying. The belief that very high standards of education are necessary is of course fostered by the publicly expressed views of recruiting officers that for the nursing profession girls with good G.C.E. results are required. Whether or not this leads some girls to an unrealistic assessment of the standard of education current among nurses, we are convinced that at Mansfield it has deterred many girls whose ambition it was to become nurses.

It is significant that of the 'interested', one in every four of the girls said, at the time of interview, they were sorry they had not taken up nursing and one in five of them said they still wanted to nurse. Here is the margin of recruitment, a margin worthy of more detailed study on a wider sample. We note from our small numbers evidence to suggest that this group of the interested who were sorry they had not taken up nursing, has a higher rate of job turnover than their contemporaries. It could be that their failure to achieve or try for nursing made them restless, or that their restlessness and uncertainty led them not to follow up the desire to be a nurse. It is a chastening thought that if some of these girls had been recruited, the intake from the locality and the age group would have risen by an appreciable amount.

We cannot claim to have discovered the limits of this group with sufficient precision to predict its size with any certainty. Nor can we point clearly to the sort of girl in this group. What does however seem to emerge is that from the point of view of recruitment it is the characteristics and size of this group which need more analysis and attack. What is also clear is that the studies of job choice need to concentrate on groups of this kind—this marginal group may be a feature unique to the occupation of nursing, but it is more likely to be a common feature in terms of most occupations, indicating the possible areas and types of expansion of recruitment. What needs further study is the process by which these groups of the uncertain come to certainty in job choice. Is it the luck of drifting into the right job, family connection and advice, accident or formal vocational guidance? We have found little evidence to suggest that formal vocational guidance plays much real part in the process of helping girls to make up their minds and we believe that much more could be done to clarify the image of jobs, especially that of nursing.

* Among those disqualifying themselves as 'squeamish', etc., only 24% were sorry they didn't become nurses.

The Image of Nursing

So far in this study we have been concerned with one particular area, its female labour force and the recruits and potential recruits to the nursing profession. We have in effect been examining the *status quo*—the actual recruits, the potential (but not actual) recruits and the relevant facts of home and school and work which presumably influence the decision to join or not to join, or not even to consider joining the nursing profession. These decisions must spring in part from the attitude towards and knowledge of the nursing profession among the girls who have to decide, and therefore we now examine what these attitudes are and what their knowledge is. We begin by examining what our school leavers knew about and thought of the nursing profession and then we turn to our two major surveys of the girls who are the “potential recruits”. What do they know of the profession and its work, how do they compare it with their own work, what social standing do they accord the nurse, and what is the image they hold of nurses and nursing?

A. School Leavers

In our main interviews we concentrated on the group of girls coming up to, going through and passing the main age of recruitment to nursing, i.e. those aged between sixteen and twenty years. As we have explained we had definite reasons for this choice, which meant paying less attention to children still at school but on the point of leaving it. For most of them nurse training had to be prefaced by some other work with its impact on their views; and their decision to take up nursing had to be taken not from school but from work. We did not want, however, to neglect this group completely so we carried out a simple questionnaire survey in co-operation with the County Youth Employment Service. In the summer of 1961 every young person calling at the youth employment offices was asked to complete a simple questionnaire, and by this method we obtained the views of 699 school leavers.

In view of the interesting responses to this survey we mounted a more detailed enquiry among girls legally entitled to leave school at Christmas 1961 and we conducted interviews in their classrooms with them during the penultimate week of the school term.

We began by asking the girls what jobs they intended to take up and found that the jobs named in aggregate correlate very closely with those actually held by our sixteen to nineteen year olds. Of the 381 interviewed only 14 indicated they intended to take up nursing, a percentage figure not materially different from our other samples. Unlike these latter samples, the grammar school girls chose nursing more frequently than did the

secondary modern girls, and this, together with other non-statistical data, leads us to suggest that the fall-out of grammar school girls prior to actual recruitment is greater (as they themselves said in our other school leaver survey) because of the growing counter attractions of other jobs. Perhaps their horizons tend to widen whilst for other girls they perhaps remain static or even narrow. A basic question here, as elsewhere in the study, poses itself: do figures of this kind represent a large enough share of the labour force for the maintenance of an adequate nursing service? As we have said earlier* the establishment figures would lead us to conclude that they are inadequate. We have not, however, the proper data to answer questions of this kind—nor, we suspect, has anyone else. The hospital service urgently needs answers to this type of question.

Some of the unsolicited comments on the first of these school leaver surveys led us to include a series of statements about job choice in general terms unrelated directly to nursing, and Table No. 6 sets out the statements tested and the totals of replies given. As can be seen in three cases the majorities are very large. Nearly all (96%) of the school leavers agreed that parents let children choose their own jobs. Bearing in mind that these girls must only recently have discussed job choice with their parents the degree of agreement is remarkable.

Table No. 6. Agreement or Disagreement with Certain Statements about Jobs—School Leavers

<i>Statement</i>	<i>Agree</i>		<i>Disagree</i>		<i>Total</i>
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	
Parents let children choose their own jobs	363	95.8	16	4.2	379
It is a pity if a girl is not married by twenty-one	36	9.5	345	90.5	381
Money is the most important thing about a job	40	10.5	341	89.5	381
A long training is wasted by marriage	171	45.1	208	54.9	379
People try to avoid night work and shift work	232	62.4	140	37.6	372
It is a good thing to get a job away from home	103	27.0	278	73.0	381

Although grammar and secondary modern school girls are predominantly in agreement with the first of these statements, the answers to the second (that it is a pity if a girl is not married by twenty-one) differed according to the type of school attended. Not one of the thirty-six girls who expressed agreement came from a grammar school. On the other hand the

* See p. 5.

decisive rejection of the third statement that "money is the most important thing about a job" was unrelated to type of school in that grammar and secondary modern school girls were equally emphatic. Our full surveys of the 16-20 year olds also revealed that money was not the most important factor, and even after choosing their jobs they seemed convinced that money is not the first factor to be taken into account—in later job changes it may be, but even here the evidence is far from conclusive. This viewpoint is reinforced by the sizeable minority who said they did not know if the salary would encourage or discourage them when considering whether or not to nurse. The oft-quoted public image of the modern teenage girl thinking only of money is not borne out by our studies: a conclusion which may perhaps bring some comfort to the nursing profession.

The suggestion that "it is a good thing to get a job away from home" also gave rise to a decisive majority response, almost three-quarters of the school leavers disagreed. Here again educational background was significant, the majority view was not shared by grammar school girls who agreed with the statement by a ratio more than five to one, whilst the secondary modern school girls disagreed by a ratio of exactly seven to one. The quite substantial difference in the willingness to leave home is an instance of a totally different approach to jobs by girls with differing educational backgrounds and clearly has real significance for nursing recruitment. Grammar school girls can be recruited to hospitals away from home; on the other hand if more girls from the secondary modern schools are to become nurses, then, we suggest, the recruiting authorities must pay more attention to the wishes of these girls not to leave home. That just over one-third of the girls disagreed with the suggestion that "people try to avoid night work and shift work" may seem surprising. However, many of the girls in this area must have fathers working shifts in the coal mining industry. This awareness of shift work and the fact that one-third of the girls would not presumably be discouraged from taking up a job where shift work is required could be of real significance in the recruitment of nurses. It would seem to us, therefore, important to make studies of this kind in areas where shift work is uncommon to see what kind of response would be obtained to a question about night and shift work.

Of all the statements tested the one which suggested that "a long training is wasted by marriage" seemed to us to be especially relevant to nursing. As Table No. 6 shows, the school leavers were almost equally divided in their answers. When, however, we analysed the responses according to the kind of school attended we found the secondary modern school girls are, by a slight majority, in agreement whilst the grammar school girls overwhelmingly reject the statement. Is the difference in attitude due primarily to the kind of education received by the girls? If it is, and if it continues, then the problem of recruitment of secondary modern school girls to the nursing profession is obviously not easily to be solved. On the other hand, it might be argued that the problems might

be eased if the nursing profession recognized the existence of this belief among secondary modern school girls and adapted its training and employment conditions so that marriage was not so serious a bar to recruitment. The trend towards earlier age of marriage obviously necessitates a re-thinking of the kinds and direction of training to be given to women and their employment after marriage, and for the predominantly female profession of nursing this kind of re-thinking is particularly urgent.

After considering these general statements, the 'interviews' were directed towards nursing and we asked specifically how many girls had ever been interested in nursing. Of the 381 girls 55.9% replied that they had never had an interest in nursing, the proportion being almost identical among secondary modern and grammar school girls. Of the 168 who had had an interest in nursing 130 (77.4%) had changed their mind.

When asked why they had done so, the most popular reasons for secondary modern girls were that they had the wrong temperament, that they had found more attractive occupations or that they were not clever enough. No grammar school girl said she was not clever enough and only two mentioned "wrong temperament", for nearly half of them it was the superior attraction of other jobs which made them change their minds. For the grammar school girls the next most popular reason for changing their minds was the pay and conditions, including the hours of the nurse. Some had changed because of the long training and having to wait to begin training. Although this answer was given by only a few grammar school girls, the fact of having to wait before beginning training must have some impact on recruitment from these girls. If we look instead at those who had been hospital patients, they rarely said they changed their mind because they were not clever enough but more often said they had the wrong temperament. It would seem that experience convinced them of their personal weaknesses of temperament, but not of intellect.

Asked if a grammar school education was needed for nursing 82.2% said it was not, a view shared by girls from both sorts of schools. Only five out of the 381 girls who answered our questions had not heard of the cadet schemes, but 106 had not heard of the State Registered Nurse (all but one being secondary modern school girls). The State Enrolled Nurse was virtually unknown to all the girls, only 29% claimed to have heard of this kind of nurse, and there was virtually no difference in the proportions of secondary modern and grammar school girls confessing their ignorance. Of the 112 who had heard of the State Enrolled Nurse only 23.2% had any reasonable idea of how the State Enrolled differed from the State Registered Nurse. Put in another way only 5% of secondary modern school girls and 8% of the grammar school girls knew enough about nursing to differentiate correctly between the State Registered Nurse and the State Enrolled Nurse. As presumably most State Enrolled Nurses are ex-secondary modern school girls, this ignorance is, to say the least, unfortunate especially as a sizeable minority of these girls with an

Table No. 7. Factors encouraging and discouraging Respondents from Training as a Nurse—School Leavers

<i>Factor</i>	<i>Encourage %</i>	<i>Discourage %</i>	<i>Don't know %</i>	<i>Total</i>
Studying for examinations	24·2	50·0	25·8	380
Living away from home	27·7	58·9	13·3	375
The discipline in hospital	40·4	27·6	32·0	381
The nurse's social life	55·3	18·4	26·3	380
Her uniform	59·8	25·7	14·4	381
Her pay	17·6	47·8	34·6	381
Her hours of work	15·8	60·0	24·2	380
Her chance of meeting a husband	34·2	20·8	45·0	380
Her holidays	33·6	35·4	31·0	381
Nursing sick people	66·4	25·5	8·1	381
The opportunity of travelling abroad when qualified	86·4	6·6	7·0	381
The educational standard required for nurse training	27·1	42·4	30·5	380
Your experience as a hospital patient	58·4	24·7	16·9 ¹	178
Your impression of hospital from visiting people	46·6	16·8	36·6	380
The impression you get of nursing from television	75·8	14·5	9·7	380

¹ 202 had not been in hospital and were therefore excluded from these figures.

interest in nursing disqualify themselves voluntarily as "not clever enough". The answers of our school leavers to a series of statements about nursing and their effect as encouraging or discouraging recruitment are set out in Table No. 7. It is unnecessary to give a full analysis of their replies but the general pattern of encouraging and discouraging factor emerges quite clearly and is, of course, highly relevant for nursing recruiters. We also asked questions about the qualities and qualifications of the would-be nurse, and about the work of the nurse. The answers are, in total, little different from those of our older samples discussed later, and only one or two points need be stressed here. In the first place, it would seem from our respondents' answers that the views of grammar school girls differ on several issues from those of the secondary modern school girls. The grammar school girl is likely to be more often factually correct and somewhat less idealistic. If this is true, and all our studies support this finding, the recruiting campaign will have to be differently designed for the type of school. The second point we would make is that our hypothesis that girls with experience of hospital as patients would have different views as a result, is not borne out among our school leavers. We show, in a later section, that working girls do think differently on some issues after experience of hospital, and we wonder therefore, if the real impact of this experience only begins to take effect as the girls have working experience

of their own to set alongside their observations of the work of the nurse.

We have purposely been brief in this account of our survey among school leavers because even though many girls at school show an interest in nursing they cannot, if they leave at fifteen, embark on even the preliminary stages of training as a cadet until they are sixteen. Therefore they must either start another job or wait about doing nothing for a year. It seemed to us that in these circumstances we should concentrate our main effort on the girl who had left school and had taken up another job in order to find out her image of the nurse.

B. The Girls aged 16–20 Years—their Knowledge and Image of Nursing

In this age span we take the views of girls who are on the brink of, in the middle of, and just beyond the most common ages of recruitment to the nursing profession. Many of the questions we asked our school leavers were in a sense of academic interest only, but for these girls they were real and of possible application, however little they may have considered them. That so few (or so many) have seriously considered them is relevant to the nursing recruitment situation, and however strange some of the questions and statements may appear we are convinced from talking to our interviewers and from examining closely the questionnaires for their logical and internal consistency, that most of the respondents tried to answer our questions fairly and honestly.

In this age group we had hoped to find a reasonable proportion of nurses so that their views might be compared with girls of similar age and education engaged in other jobs who may or may not have had at some time an interest in nursing. We began by examining the concept of nursing as a vocation, career or job and then ranged widely over employment conditions, social standing and the like so as to make comparisons between jobs and eventually produce the image of the nurse as seen by nurses themselves and their more numerous contemporaries in other jobs.

1. Nursing as a Vocation, Career or Job

A useful point at which to start this picture of the image of nursing is the label it is given. Is it a vocation? In both our major surveys a majority thought it a career rather than a vocation. Especially was this so among our younger sample although a breakdown of this sample by age lends no conclusive support to the thesis that views on this change with age.

Those who became nurses were much more likely to see it as a vocation, a view not shared by those few who *had been* nurses. Those from grammar schools are much more likely than secondary modern girls to see nursing as a vocation but this difference tends to narrow as the time away from school increases. Girls from families at the upper end of the social scale were more likely to label nursing as a vocation, but hospital experience as a patient seemed to have no effect.

In answer to questions why the respondents called nursing a vocation, career or job, our respondents picking vocation spoke of the need for a

**Table No. 8. Nursing as a Vocation, Career or Job—
16–19 Year and 20 Year Old Girls**

<i>Respondents</i>	<i>Vocation</i> %	<i>Nursing is a</i>		<i>Total</i>
		<i>Career</i> %	<i>Job</i> %	
20 year olds (19 years)	22.7 (20.9) ¹	63.0 (70.6)	14.3 (8.6)	308 (515)
Nurses	45.8	50.0	4.2	24
Interested ²	21.4	64.9	13.7	131
Non-nurses ²	20.3	63.4	16.3	153
Grammar school	52.8 (72.5)	39.6 (24.8)	7.6 (2.7)	53 (152)
Secondary modern school	15.1 (10.2)	68.4 (79.5)	16.5 (10.2)	225 (274)

¹ *The bracketed percentages are those of the 16–19 year olds—the others of the 20 year olds.*

² *Those marked interested were those, who, despite not being nurses at the time of interview, claimed to have had an interest in nursing at some point. The non-nurses were not nurses and nor did they claim any particular interest.*

nurse to like her work despite its conditions and unpleasantness. Dedication and ability were also mentioned—in all an idealistic picture. For the girls labelling it a career, the reasons given were more practical—the opportunity to better oneself, long training, examinations and prospects.

We believe that the implications of describing nursing as a vocation or a career are important for recruitment. To emphasize the dedication of the nurse's vocation to those who see the nurse only in career terms may only serve to antagonise and discourage recruitment. As we suggest later, the recruitment techniques need to vary with the potential recruits aimed at and we believe that the differences revealed in this section are relevant to the need.

2. Nursing compared with Other Occupations

Exact comparisons of jobs are difficult but we wanted to find out how our respondents (who are not nurses) looked upon their own jobs in relation to that of the nurse, and we began by asking about salaries.

a. Salaries

We had been told by many people* that the wages of the nurse in training and even when qualified were so low as to be a serious deterrent to recruitment. On the other hand, others had told us that money was not a material factor in deciding for or against nursing—other things were far more important. We asked our respondents if they knew the salaries of nurses, to compare these earnings with their own and finally to assess

* A survey conducted for us by Sales Research Services Ltd. showed 45% of a national sample saying poor pay put most girls off nursing.

the importance of salary as a recruiting factor both in nursing and in other occupations.

In both the major series of interviews the respondents were asked to choose from a card bearing a series of salary bands* of which one included the earnings of a first year nurse in training. No attempt was made to define the word 'earnings' and no reference was made to charges for residence for nurses in hospital.† Both surveys show a large measure of agreement giving modal figures of £166 from the older group and £162 per annum from the younger group of respondents. The modal group chosen each time was £150-£200 per annum—i.e. £3 to £4 a week approximately. When asked to repeat the exercise for newly qualified nurses, again there is a large measure of agreement between the two groups with modal figures of £378 and £350 per annum. In both surveys over 70% of those interviewed believed a student nurse earned less than £200 a year, when in fact the then current salary (ignoring any charges for residence that might be made) was £299 per annum. For the newly qualified nurse, 52% of the older girls and 64% of the younger believed the salary to be below £400 per annum. In fact, such a nurse should have been earning from £525 to £656 per annum. Obviously our respondents' knowledge of the actual salaries of nurses was, to say the least, shaky, and it is interesting to compare the fact that their own median income was £5 17s. 0d. a week (or about £290 per annum). In their assessment of nursing earnings they put the student nurses well below and the qualified nurse somewhat above their own average earnings, and one can only wonder why.

In both surveys the respondents were asked to say if they were better off, the same as, or worse off than a nurse in respect to several factors relating to employment such as pay, conditions of work and the like. We did not define the nurse in the question—we were not so much concerned with actual statistical and personal comparisons with nurses of a particular grade, but rather with a felt comparison with the profession as a group. As we have seen, the respondents did not really know the income of nurses: it was however the comparative feelings we were after, on the hypothesis that these feelings are more important in helping girls to decide on one career or another or at least important in deciding whether or not to follow up an interest in a career to the point of making application. Both samples agree that three-fifths of the girls of Mansfield felt themselves better off in terms of salary than the nurse, but rather more of the older girls (with perhaps the wisdom of age) felt worse off than the nurse as Table No. 9 shows.

* The salary bands were £100-£150 p.a., £150-£200 p.a., £200-£250 p.a., £250-£300 p.a. and £300-£400, and on the card shown to the respondents weekly equivalents were shown.

† We were not concerned at introducing a high degree of accuracy merely to get general impressions of earnings—these seemed to us most likely to affect the decisions on recruitment.

Table No. 9. The proportion of Respondents who believed that on Salary alone they were the same as, better off, or worse off than a Nurse

	16-19 year olds %	20 year olds %
Respondent better off than a nurse for salary	62.3	59.7
Respondent same as nurse for salary	22.9	19.4
Respondent worse off than a nurse for salary	14.9	20.9
Total	100%	100%
Number answering ¹	354	273

¹ Only those in work answered this question. In addition a few answered "don't know".

In another attempt at comparison we asked our respondents to indicate if they thought a qualified nurse earned more or less than someone in a selected list of occupations. We do not, for reasons of space, give the results here, but it is interesting to note that the only occupations of those we listed where the majority were certain that the nurse earned more were factory trainees, and shop assistants. In our list of fairly representative jobs for the Mansfield area, the nurse came near the bottom of the list.

When asked if the salary was an important factor in encouraging or discouraging recruitment to nursing 54% of the older girls and 48% of the younger girls said it was not important. Although most of the girls said that the salary was not important, only 30 of the 783 in both samples saw the salary as a factor likely to encourage them to take up nursing.*

Of the girls with a past interest in nursing, 46% said the salary of a nurse would discourage them from taking up nursing—a significant figure among a group who include the most likely source of increased recruitment. Girls from the lower social class families were more likely than others to say the salary would put them off nursing, and it seems clear from our detailed data that the closer the contact a girl had with hospitals through the occupation of her relatives, the more likely she was to see the salary element as discouraging. It might be that the increased knowledge of the hospital world might incline them to regard the salary as insufficient for the work involved.

Girls who chose their jobs because of high wages, as might be expected, found the nursing salary discouraging. On the other hand, it would seem that in total, we can only say that the salary does not appear quite as serious a factor as it is often alleged to be. However for some groups,

* In the Sales Research Service study (*op. cit.*) 45% of women aged 15-38 said the salary would put them off nursing and 24% said it was not important. These figures varied little with marital status, social class or whether working or not, but there is some slight indication to suggest fewer of the younger girls would be put off by the salary.

including quite important ones, it might well be a serious bar to recruitment.

b. Hours of Work

Closely linked to salary in any assessment of a job by a would-be entrant must be the hours worked. The respondents were shown a card on which was set out a series of possible hours per week and asked to say which they thought represented the hours a week that a nurse worked. One thing is immediately clear—within the range of choice of hours offered the respondents,—few chose the lower end of the scale, only 14.3% of the older girls and 15.6% of the others saw the nurse as working less than forty-four hours a week. At the other end of the scale almost a quarter in each case (24.2% and 24.4% respectively) thought the nurse worked forty-eight hours or more a week.

Table No. 10. Hours of Work of the Nurse

<i>Respondent believed nurse works for</i>	<i>16-19 year olds %</i>	<i>20 year olds %</i>
40 hours or less per week	2.3	4.3
42-44 hours per week	13.3	10.0
44-46 hours per week	33.1	28.8
46-48 hours per week	26.8	32.7
48 hours or more per week	24.4	24.2

The majority view of the nurse working long hours varies according to age and occupational experience. There seems to be some evidence to suggest that the hours per week nominated by the respondents tended to rise with the age of the respondent and also tended to be higher if the respondent was at work. It may be that the older and working respondents had more idea of the implications of these figures and emphasized their reaction to the "long hours" of the nurse by going higher than the younger and non-working girls who would not have the same experience of the number of hours in a normal working week.

Having asked for the respondents' estimate of hours worked by the nurse, we sought comparative views on the respondents' own hours of work. From the older girls we received an almost unanimous answer to the question whether or not they regarded themselves as better or worse off than the nurse for hours of work: only 4.2% said they were worse off, 9.0% said they were the same as the nurse, 86.8% said they were better off. The question was not worded to enable us to differentiate between those who felt better off merely in terms of the total number of hours worked and those who took into account the fact that the hours of a nurse must cover evening, night and weekend work. The younger girls

were almost equally certain, 86·0% said that they were better off than the nurse. Those with the better paid jobs showed a tendency to greater unanimity than the lower paid. Of the nineteen who said they chose their present jobs because of good hours, all but one felt better off than the nurse. Of the forty-five who claimed to like their present job because of its hours, only three believed they were not better off than the nurse, and among those disliking their job (thirty-nine in all) because of its hours only four felt worse off than the nurse. The girls at Mansfield obviously believed that they were better off for hours of work than the nurse. Though they may have an inaccurate impression of nursing hours, and their views may be coloured by an innate dislike of working long or inconvenient hours, their beliefs should be taken into account by those responsible for recruitment to the nursing profession.

The incentive and disincentive effects of working hours were examined further by asking those who were not nurses if they felt the hours worked by the nurse would encourage them or discourage them from nursing. In both samples just over half felt the hours would put them off nursing, about two in five felt it not important, and only 2·5% felt it would encourage them to take up nursing. Seeing themselves better off than the nurses for the hours of work, most of them did not feel the nurses' hours an inducement to enter the profession.* The finding of the Sales Research Service study of the greater objection to the hours among married women is important in that the growing pattern of young married women working after marriage, together with the earlier age of marriage, will eliminate a large number of girls from the nurse recruitment field.

The importance or otherwise of this discouraging factor varies from group to group. Among those of the older girls who expressed an interest in nursing (now or in the past) the hours were seen as putting them off nursing much more frequently than among those who were not nurses. On the other hand, among those who claimed they were sorry that they had not taken up nursing, less than half were put off by the hours; and among those who would have liked to take up nursing and did not because they felt not clever enough, the majority felt the hours not to be important. One might attempt a summary and say that girls with an interest in nursing see the hours as a discouraging feature, less so if they keep their interest and more so if they feel disqualified from nursing on other grounds. For the girls then working in semi-skilled and unskilled manual work, the hours question did not seem important: but for girls in clerical work (with presumably a shorter working week) over 60% felt the hours would put them off nursing. Both surveys show this pattern and the latter point may be emphasized from the ten 16-19 year olds in banking work—all but

* The Sales Research Service study shows 63% of women aged 15-38 put off by the hours worked by the nurse; 20% said it was not important. There is little variation in these figures except for the married woman aged 15-24 who, in 74% of the cases, said it would put them off. Our own very few married respondents give a similarly higher percentage put off by the hours.

one was "put off" by the hours of work of the nurse. Probably the shorter the girls' working week, the more likely the hours worked by the nurse will be seen as a discouraging feature.

Although, therefore, for most of the girls of Mansfield the hours worked by the nurses were a disincentive to recruitment, there are, fortunately, some variations in the disincentive effects among the girls as a whole. We would suggest that the nursing authorities should pay particular attention to the dislike of married women and of girls in clerical and similar occupations of the hours believed to be worked by nurses. In one case this must cut out large numbers of girls, in the other it must mean that many girls with academic qualifications similar to those looked for in the nurse are put off nursing. This presumably is the penalty imposed on the profession by shortage and by the need for a twenty-four hour service. It does, however, pose the question whether enough flexibility has been introduced into the working hours of the nurse.

c. Conditions of Work

In addition to questions on salary and hours of work, we examined some of the other features of the conditions of work of the nurse, and where appropriate, we asked respondents to compare their own conditions of work with those of nurses. After all the comments we had heard from many sources about the strict discipline and the pettiness of superiors, we expected that the girls in our sample might be chary of taking up nursing on these grounds. In fact in both samples almost identical proportions of those answering (about 65%) said the discipline was not important, and only about one quarter would be put off by it. These proportions remain reasonably constant whatever correlation is attempted and we conclude that two in every three of the girls who do not take up nursing, irrespective of their educational or occupational background, do not regard the discipline as an important discouraging feature in the conditions of work of the nurse.* Supporting evidence for this view is referred to later when we show how our respondents refused to accept the statement that senior nurses are unpleasant to junior nurses.† About three-quarters of the girls regarded themselves as better off than the nurse as regards discipline, and only about 5% saw themselves as worse off. Nevertheless they would not accept that the discipline of hospital life was a major deterrent to their taking up nursing. As far as free time is concerned (often alleged as a reason for wastage) over 80% felt themselves better off than the nurse—a very conclusive comment on the general opinion of this aspect of a nurse's life.

Regarding the security of the nurses' job, a slight majority of our

* The Sales Research Service study shows similarly the largest group saying the discipline was not important. If those who did not know are excluded 50.6% said it was not important. The discipline is more important (in the sense of putting off) to the single rather than the married and to the working rather than the not working woman.

† See p. 39.

Table No. 11. Comparison of Respondents' Jobs with Nursing

Factor on which respondent saw herself	Better off than a nurse		Same as a nurse		Worse off than a nurse		No. on which %s based	
	16-19 years	20 years	16-19 years	20 years	16-19 years	20 years	16-19 years ¹	20 years
	%	%	%	%	%	%	%	%
Pay	62.3	59.7	22.9	19.4	15.9	20.9	900	273
Hours of work	80.0	86.8	14.3	9.0	5.7	4.2	877	289
Discipline	69.7	79.1	21.0	15.6	7.2	5.3	933	302
Time off	75.9	82.2	14.9	13.0	9.2	4.8	892	292
Chances to get married	52.8	36.3	41.9	62.3	5.3	1.5	887	273
Secure job	18.2	18.2	34.0	35.8	47.8	46.0	852	296

¹ These figures in this column are the adjusted totals after allowing for variable sample fractions. In all cases only the answers of those in work are analysed.

Table No. 12. Various Features and their Effect on Recruitment to Nursing

	Feature					
	Salary	Chance to help people	Uniform	Discipline	Hours of work	Blood and unpleasant sights and smells
	%	%	%	%	%	%
<i>Would put off nursing</i>						
16-19 years	44.4	0.8	13.2	25.2	58.3	68.1
20 years	39.8	0.7	15.9	26.2	53.4	58.2
Interested ¹	47.0	0.8	15.2	20.3	56.8	48.1
<i>Not important</i>						
16-19 years	52.5	4.7	74.6	65.7	39.3	30.9
20 years	54.7	16.5	64.1	64.7	44.1	40.4
Interested ¹	48.5	18.9	54.5	67.2	40.9	49.6
<i>Would encourage to take up nursing</i>						
16-19 years	3.1	94.5	12.2	9.1	2.3	1.0
20 years	5.5	82.7	20.0	9.1	2.4	1.4
Interested ¹	4.5	80.3	30.3	12.5	2.3	2.3

¹ Those 20 year olds who at some time had an interest in nursing.

respondents (46%) felt worse off than the nurse. This applies particularly to girls with experience of several jobs and to those with fairly recent hospital experience as a patient. We also asked questions about the uniform and the unpleasant sights and smells a nurse meets, but in neither case did it seem to be terribly important to the girls of Mansfield. One aspect of nursing—the opportunity it provides for helping people, is, however, seen to be a most encouraging factor in attracting girls to be a nurse. The younger group had fewer than 8% who did not see this as an encouraging factor whereas 17% of the older group would not be encouraged by it.* The chance to help people is accepted by more than four in every five as a good and encouraging feature of nursing even in these days of the affluent and (as many people would argue) the materialist society.

d. The Total Comparison

Tables Nos. 11 and 12 (see p. 35) summarize the data we have been discussing in the previous sections. The total picture is not too encouraging for nurse recruiters, and it seems on balance to be a picture which worsens slightly with age. This tentative conclusion would, we suggest, make an excellent working hypothesis for further investigation. For example, some of the methods used in our study could be applied to other areas, and perhaps controlled experiments could be conducted in selected hospital areas by lowering the age for entry to the profession and carefully assessing the results on recruitment and, of course, on wastage.

3. The Social Standing of the Nurse

The detailed comparisons of the attractions (and otherwise) of nursing with other occupations which we have discussed so far were not designed to provide us with a general picture of how the nurse is seen in terms of social standing. In order to assess the extent to which girls see the nurse as having higher or lower "social standing" than people in other jobs we compiled a short list of occupations and asked our respondents to rate the nurse in relation to these. No exact definition of social standing was attempted (to do so we felt might confuse or suggest answers), yet our interviewers reported little apparent difficulty in understanding the phrase. In our first survey of the older girls we listed† occupations mainly outside the hospital service but for the younger girls we concentrated mainly on jobs connected with hospitals.‡ Rating the actual jobs seemed to create few difficulties except that the younger girls on occasion found themselves unsure about some of the specialized professions supplementary to medicine.

* This study confirms the slight decline with age in those encouraged by the chance to help people. This factor seems more often encouraging to the higher social classes than to those of lower social class.

† The occupations listed were schoolteacher, hairdresser, shop assistant, seamer, shorthand typist, ward orderly, factory trainee, kennel maid and worker in a children's home.

‡ See Table No. 13, p. 37 for the occupations listed.

The predominant impression which emerges from this type of analysis is the high social standing accorded to the nurse. Six of nine occupations listed for the older girls (hairdresser, shop assistant, seamer, ward orderly, factory trainee and kennel maid) were said by at least two in every three girls to be inferior in standing to the nurse. They were not very positive about the relative standing of the nurse and the shorthand typist, but in the main they were prepared to equate the nurse with a schoolteacher and children's home worker. A list which included this last three and added hospital jobs found the younger girls prepared to accord a higher social standing to a nurse than to a shorthand typist, and in agreement with the older girls they put the nurse on a par with the schoolteacher and a worker in a children's home.

In relation to other hospital occupations, there was much less certainty (as Table No. 13 shows) about relative positions. They were most uncertain about the radiographer, almoner and physiotherapist, due perhaps to

Table No. 13. The Social Standing of the Nurse—16-19 Year Olds

<i>Occupation</i>	<i>Higher than %</i>	<i>Same as %</i>	<i>Lower than %</i>	<i>Total¹</i>
Schoolteacher	38.7	45.7	15.6	925
Radiographer	33.8	39.3	26.9	829
Almoner	36.4	35.1	28.5	854
Bank clerk	61.1	19.4	19.5	881
Shorthand typist	69.3	19.7	11.0	913
Lady doctor	11.7	23.9	64.4	892
Personnel officer	40.3	29.6	30.1	886
Physiotherapist	22.4	35.5	42.1	897
Worker in children's home	32.1	54.1	13.8	910
Yourself	64.5	22.2	13.3	889

¹ *Total on which percentage based—adjusted sample.*

lack of knowledge of these professions. Those with recent hospital experience as a patient downgraded the radiographer but tended to upgrade the almoner vis-à-vis the nurse. Differences of this kind are not enough to enable us to claim that they are significant, but they are symptomatic of what must be an important factor in any recruitment situation, the opportunity to see a job being performed and even more so, to benefit or suffer from it. Widening numbers of youngsters with hospital experience will inevitably affect the image of the nurse.

To take this analysis a step further, it is interesting to see how far these comparisons of social standing vary according to the educational background of our respondents. The responses of the grammar school girls are different in most respects from those of the other girls. They tend to vary the status of the nurse in comparison with both hospital and non-hospital jobs. For them she is more often likely to have a higher social standing than the shorthand typist and the bank clerk, but they are less

likely to regard her social standing as higher than that of the schoolteacher. When comparing the radiographer, the almoner, the lady doctor and the physiotherapist proportionately more ex-grammar school girls put the nurse lower in social standing. It may be that the ex-grammar school girls realise more of the nature of the work involved and the qualifications necessary for these occupations, particularly when compared with similar data for the nurse.* It may also be that these girls with the wider horizons and opportunities which their education has given them have a much less inflated picture of the nurse.

Whether the social standing of the nurse is lower or higher now than it was in the past is difficult to determine, but we did find that the mothers whom we interviewed found difficulty in answering these questions relating to social standing. The comments of the interviewers make us wonder how far this concept of social standing as linked to occupations is new and therefore more identifiable by the younger generation. It could be that the wider knowledge of the job choices and their implications made the question easier for the daughters. Nevertheless, our general conclusion is clear and that is that the nurse has a high social standing in the minds of the girls we interviewed. This should give at least some satisfaction to the recruiting authorities.

4. The Image of the Nurse

Much of our discussions and interviewing was aimed at discovering the public image of the nurse. We devised a series of statements some of which were concerned with qualities which we thought most people

**Table No. 14. Statements about Nurses—True or False—
20 Year Olds**

<i>Statement</i>	<i>True %</i>	<i>False %</i>	<i>Don't know %</i>	<i>Total answering</i>
Nursing runs in families	31.2	59.0	9.8	317
Nurses are self-sacrificing	65.9	24.3	9.8	317
Nurses are only in it for the chance to get married	4.5	90.5	5.0	316
Nurses are very intelligent	71.2	22.1	6.7	312
Nurses are very sympathetic and kind	72.0	15.0	13.0	307
Nurses are full of self-importance	23.8	63.8	12.4	315
Nurses are not very nice girls	13.1	81.1	5.8	312
Nurses are born not made	46.4	40.1	13.5	317
Nurses are more aware of their religion than most girls	26.6	56.4	17.0	312

* We notice, too that girls working in factories are more likely to rate the nurse higher in social standing than the office worker. The differences are not enough to be dogmatic but it would appear to be, in some part at least, a continuation of these educational differences.

would expect to find in nurses and others which people would not regard as applicable to or desirable for a nurse.

The statements put before our 20 year olds and their replies are set out in Table No. 14. This should be studied in conjunction with Table No. 15 which gives the replies of our younger sample to a wider range of statements.

Table No. 15. Acceptance or Rejection of Certain Statements about Nursing by 16-19 Year Old Girls

<i>Statement</i>	<i>True %</i>	<i>False %</i>	<i>Don't know %</i>	<i>Total¹</i>
Nurses often have to scrub floors	30.2	64.0	5.8	1088
Nurses take x-rays of patients	24.6	68.6	6.8	1091
Nurses give anaesthetics	53.3	39.0	7.7	1082
Nurses perform operations	5.1	93.3	1.6	1084
Senior nurses are unpleasant to junior nurses	24.9	62.0	13.1	1083
Hospital matrons are disliked by their nurses	26.4	58.3	15.3	1067
Doctors do not respect nurses	12.5	80.6	6.9	1065
Training as a nurse is like staying at school	52.5	43.0	4.5	1067
Nurses have a room of their own in hospital	41.6	43.6	14.8	1090
Nurses seem to be very overworked	76.7	16.3	7.0	1091
Nurses are intelligent	88.6	6.1	5.3	1094
Young nurses are not typical teenagers	23.2	69.9	6.9	1073
Nurses have a good sense of humour	86.4	5.6	8.0	1082
Nurses are unlikely to get married	7.8	89.2	3.0	1078
Nurses are more aware of their religion than most girls	27.5	60.6	11.9	1072
Young nurses miss a lot of fun	37.7	58.8	3.5	1076
Nurses are sympathetic and kind	89.2	6.1	4.7	1095
Nurses have to have a grammar school education	13.6	82.1	4.3	1085
Nurses come from working class homes	67.5	27.0	5.5	1070

¹ Not every statement was always answered.

Among the 20 year old girls all the unfavourable comments on the nurse are decisively rejected as false, whilst the complimentary statements that

nurses are self-sacrificing, very intelligent and very sympathetic and kind are overwhelmingly accepted. It is interesting to note that when repeating two of these statements to the younger girls and dropping the superlative word 'very' the majority accepting them as true rose to 88.6% and 89.2% respectively. Our hypothesis, derived from a study of nursing journals, that religion is important in nursing was not substantiated by our respondents.

The response to this type of approach in our first survey encouraged us to widen and amend the list of statements tested. In our second survey, among the 16-19 year olds, we tried to devise statements designed to test both knowledge of and reactions to various aspects of the work of the nurse and her personal qualities. In the first place we wanted in a rough and ready sort of way to get some idea how much the respondents knew about the job content of nursing. To this end, we included four statements;* nurses often have to scrub floors; nurses take x-rays of patients; nurses give anaesthetics; nurses perform operations. From these statements we hoped to get some idea of how accurately the girls recognized the limits of a nurse's work.

Many recent studies have shown that wastage of nurses in training is in part due to bad staff relationships in hospitals, so we tried to find out how far our respondents believed them to be bad. We therefore used three statements; senior nurses are unpleasant to junior nurses; hospital matrons are disliked by their nurses; and doctors do not respect nurses. The perhaps unfortunate use of the negatives makes the results, described below, all the more striking.

The conditions under which the nurse lives and works are usually described in elaborate (and often glamorous) detail in recruitment literature, and whilst there are innumerable varieties of statements which we could have placed before our respondents, we chose three: training as a nurse is like staying on at school; nurses have a room of their own in hospital; and nurses seem to be very overworked.

Then we attempted to explore further the image of the qualities of a nurse, and for this purpose we repeated some of the statements from the earlier survey and added others. The full list was as follows: nurses are intelligent; young nurses are not typical teenagers; nurses have a good sense of humour; nurses are unlikely to get married; nurses are more aware of their religion than most girls are; young nurses miss a lot of fun; and nurses are sympathetic and kind.

There are obviously many other aspects of the work of the nurse and of the qualities required of her about which statements could be made, but as we had of necessity to limit the number of possible statements, we added only two more, one that "nurses have to have a grammar school education" and the other "that nurses come from working class homes". These seemed to us relevant in view of the emphasis in recruiting literature

* The statements were not asked in the order in which they appear in the Table.

on educational qualifications and the comments made to us by a number of people that nursing is essentially an occupation for working class rather than middle class girls.

It is the results of the responses to these statements which we now examine bearing in mind that we wanted the immediate reactions of our respondents and not their deeply pondered thoughts, and that generalizations had to be accepted. All we asked the girls to do was to say whether they believed each of the statements to be true or false, and if uncertain to say "don't know". As shown in Table No. 15 the great majority of the girls were able to reply positively and on only three statements (Nos. 5, 6 and 9) were more than 12% (and never more than 15%) uncertain. A series of tests which we have applied to all the responses reveals a high degree of internal consistency which leads us to believe that an overwhelming majority of the girls made a genuine attempt to give us an answer which they honestly believed truthfully represented their views.

Our attempt to get some idea of the public image of the content of the nurse's job show that some limits to her work are clearly seen and accepted. Two-thirds of the sample reject the idea that nurses often have to scrub floors, and almost all reject the statement that they perform operations. Two-thirds do not believe that the nurse takes x-rays, although it is worth noting that nearly a quarter believe that she does. However, just over half of all the girls believe that nurses give anaesthetics, whereas just over one-third rejected the statement as false. Within the limits we had to set ourselves, it does appear, therefore, that the respondents have a generally agreed view of the limits of nursing except possibly on the question of administering anaesthetics.

The negative and critical statements about the nurse and her relationships with her superiors are all three labelled false by a majority of the girls. The idea that doctors do not respect nurses is decisively rejected, but the two statements about senior nurses, viz. that hospital matrons are disliked by their nurses and that senior nurses are unpleasant to junior nurses, are seen as true by a quarter of the respondents. However, more than half of the girls believe that internal staff relationships are not of the kind implied in our two statements, but equally interesting is the fact that these were two of the three which attracted the largest number of "don't know" answers. It would seem, therefore, as if the image of good internal staff relationships is not as firmly accepted as the nursing profession would doubtless like it to be.

On the other hand, it is quite clear that the majority of girls, four out of every five, firmly believe that "nurses seem to be very overworked". This image of nursing as an arduous job may bring comfort to those already in the profession, but from the recruitment point of view it is by no means as comforting. In an age when work is tending to become less and less arduous for most people, if one kind of occupation is thought to be especially arduous then it is unlikely to attract recruits. We cannot be

certain of how our respondents interpreted 'overworked' and we did not provide a definition, but in view of the unanimity of the responses we would suggest that recruiting authorities ought seriously to consider whether they wish to foster this image of the nurse as being very overworked.

The statements relating to the training and the living conditions of the nurse were not decisively accepted as true or false. Just over half the girls see training in terms of staying on at school and for many of them this would not be an attraction. Training must obviously be given but it would perhaps be as well if it could be shown to be quite different from schooling. The girls were evenly divided over the truth or falsity of the statement (often used in recruiting literature), that "nurses have a room of their own" and a not inconsiderable proportion just did not know. The responses therefore would seem to suggest that the real knowledge held by the girls is rather limited. This again is worth consideration by recruiting authorities.

As we have already noted, the younger girls are just as convinced as are the older girls that nurses have very high personal qualities. Nearly 90% said that nurses are intelligent, sympathetic and kind, and in effect that they are marriage worthy, and nearly as many (though there were slightly more "don't know" answers) paid nurses the compliment of saying that they have a good sense of humour. Over 60% thought that it was false to suggest that nurses are more aware of their religion than other girls are and that young nurses are not typical teenagers, and nearly as many did not agree that young nurses miss a lot of fun. Despite the fact that between approximately a quarter and a third of our respondents believed that nurses were more religious, were not typical teenagers and missed a lot of fun, the predominant image of the nurse is that she is clever, kind, sympathetic, marriageable and has a good sense of humour. We see no reason to question this attractive image of the nurse, but it may well be that it serves to discourage some girls from entering the profession because they cannot see themselves measuring up to these high standards. Nevertheless the vital fact, which should bring comfort to those who are nurses, is that they are believed to be persons of very high personal qualities.

The two general statements concerned with education and social background produced equally positive responses. Decisively and perhaps surprisingly, over 80% of our respondents did not believe that nurses must have a grammar school education. In view of the importance which the General Nursing Council attaches to the possession of G.C.E. 'O' level passes, which implies that a grammar school education is necessary, it is surprising that this view is not shared by our respondents. Further in the survey conducted by Sales Research Services Ltd. of women aged 15-38 years 61% also rejected the statement that a grammar school education is required for nursing. The suggestion that "nurses come from working class homes" is agreed by a majority (67%) but slightly more than one in four of our respondents believe this to be false. We

wonder whether this response is conditioned by the social structure of the area and what the result would be were this statement tested in other areas.

The image of the nurse and her job as it appears to all the younger girls in this survey need not accurately represent the image held by the different groups of girls to be found within the sample, and therefore we analysed the responses made by selected groups of girls. The groupings we finally accepted were of ex-grammar school girls, girls in jobs and in particular kinds of jobs, girls with relatives in the hospital service and girls who had been hospital patients. There were obviously many other ways in which we could have broken down the total sample, but we soon found that in the main the image of the nurse held by one group did not differ substantially from that of the others or from the sample as a whole. In these circumstances there is little point in reporting the detailed results of the analysis but we summarize and comment on some of the differences to be found because they may provide useful pointers to the recruitment authorities.

Ex-grammar school girls as compared with the total sample have a more accurate idea of the job of the nurse. For example a greater proportion of them listed as false the statements that nurses scrub floors, take x-rays and give anaesthetics. They disagree strongly with the total sample that "training is like staying on at school"; and a greater proportion of them believe that "nurses have a room of their own in hospital". Our impression is that the ex-grammar school girl, though not differing in most respects from the other girls, is more accurate in her knowledge of the job content of nursing and sees the nurse in more realistic terms than do her contemporaries.

The girls who were or had been employed (irrespective of the type of jobs) did not differ substantially from the total sample. They were more inclined to think of the nurse as unlikely to get married and that she missed a lot of fun, and that she tends to come from a working class home. However, when the analysis related to type of job there was a tendency for the girls employed in factory work (and to a lesser extent in shops) to have a less accurate picture of the job content of the nurse. They showed more inclination to accept that internal staff relationships in hospitals were far from good and had doubts about the high personal qualities ascribed to the nurse. Although these differences on some aspects of the nursing image were not statistically significant, nevertheless, they raised in our minds the question whether increasing age and occupational experience tend to reduce the perhaps idealistic image of the nurse held by the sample as a whole. If so, then our suggestion of further studies in other areas and a controlled experiment in lowering the age of recruitment might prove to be justified.

Although we made a separate analysis of the responses of the nurses in our sample we did not feel justified (in view of the small numbers of nurses in the total sample) in comparing their responses with those of other groups;

but it is perhaps revealing that the few nurses we interviewed accepted as true the statements that "senior nurses are unpleasant to junior nurses" and "hospital matrons are disliked by their nurses". The majority of girls believed, however, these statements to be false.

Girls with relatives working in hospitals, tended to give far fewer "don't know" answers than did the rest, and if the relatives were parents, then the girls tended to see the job content of the nurse differently from that of the whole sample. For example, proportionately more of them believed it to be true that "nurses scrubbed floors" and took x-rays. On internal staff relationships more of them believed that "matrons are disliked by their nurses", and on the life of the young nurse more of them believed that "young nurses are not typical teenagers" and that they "miss a lot of fun". They were not convinced that nurses are overworked or that they come from working class homes, whereas the sample as a whole was. Do these differences suggest that girls with relatives engaged in occupations connected with the hospital service are less likely to be attracted to nursing? If so, it is a disturbing thought.

Girls who have been hospital patients, since the age of ten or the age of fifteen, do not differ substantially in their image of the nurse from the sample as a whole. The ex-patients tend to subscribe to the view that nurses scrub floors and take x-rays but it may well be that in relation to floor-scrubbing they do not differentiate the nurse from the ward orderly, and they assume that a nurse who takes a patient to the x-ray department in fact takes the x-ray. Unlike the majority of the sample they dismiss as false the statement that nurses administer anaesthetics; and girls who have been patients since the age of fifteen are more convinced than the rest that senior nurses are unpleasant to juniors and that doctors do not respect nurses. They do not agree, however, that matrons are disliked by nurses, and they are more likely to disagree with the majority that training to be a nurse is like staying on at school, and that nurses are overworked. They strongly subscribe to the majority view of the high personal qualities of the nurse but are less likely to see her as coming from a working class home, and tend to believe that she must have a grammar school education.

We expected those who had been patients to have more accurate and positive views of the job content and qualities of the nurse and to some extent this expectation was realized. We wondered whether a girl's view of nursing would be changed as a result of her experience as a patient. Two-thirds of those who had been patients said, however, that no change had occurred. The remainder were almost equally divided between those whose hospital experience might encourage them to take up nursing and those who were convinced that they would not wish to enter the profession. It seems therefore that practical experience of being nursed does not greatly stimulate an interest in nursing, and if those already in the profession do not contribute substantially to recruitment, who will? In fairness to the nurses it is important to note that for most of the ex-patients

the image of the nurse was hardly affected by hospital experience, but what did affect them was the hospital. Many of them, in response to the question, "had their views on nursing altered as a result of being a patient?", answered that "it had put them off hospitals". Is the real answer to the problem of the recruitment of nurses therefore to be looked for in the image of the hospital as a whole as much as, if not more, than in the nursing profession?*

* Recent studies lend support to this thesis. See "*Standards for Morale*"—R. W. Revans, Oxford University Press for Nuffield Provincial Hospitals Trust 1964.

Conclusions

Recruitment to the nursing profession, or indeed any profession, is subject to a multiplicity of factors each of which may vary over time and place. We were not concerned in our investigations with measuring the demand for, and the actual supply of, nurses, but we have continually been aware of the possible effects of changes in economic and social conditions on the present and future patterns of demand and supply. We believe that some of the factors we have found as likely to encourage or discourage girls to enter nursing must be viewed against changes occurring in the social structure of our society. For example, the continued growth of population and the maintenance of a high level of births must obviously affect the demand for and the supply of hospital services and of nurses.* Among the factors influencing the supply of potential recruits, changes in the sex ratios and in marriage patterns must be taken into account especially in a predominantly female profession.

The numerical excess of women over men in the marriageable age groups provided a continuous supply of spinsters (by choice or misfortune) to staff the great spinstery professions like nursing, teaching and social work. To-day this numerical superiority has gone and there are more men than women in these age groups at a time when marriage rates remain high and the age of marriage is falling. In simple demographic terms, there will be fewer spinsters available—a fact of considerable importance to the nursing profession.† Instead, the average recruit to nursing can expect to be married, probably at a quite early age. In this event, recruitment, training and subsequent re-training for older married nurses returning to the profession must take on a new look. An earlier age of recruitment together with possibly a shorter period of training seems to us to be indicated. Our impression is that recent proposals for reforming the education of the nurse will do little to overcome the present difficulties. Indeed by putting nurse training out of the reach of many if not most of the nurses we have met in our Region, the proposals would seem to ensure the closure of one excellent source of recruitment and the entry to an even more competitive field for the girls with high academic achievements. There would seem to be a danger, therefore, of throwing out an admittedly imperfect type of recruitment for an unattainable ideal (unattainable, at least, outside the medical teaching hospitals).

In making this point, we are, at the same time, serving to underline

* It is significant that the Ministry of Health had (in 1963) to amend its Ten Year Hospital Plan made in 1961 because of the continued relatively high birth rate.

† The recent report of the Royal College of Nursing on "A reform of nursing education" *op. cit.* recognized many of these facts.

another important social change likely to affect the recruitment of nurses. Both for grammar school girls and for secondary modern school girls (but especially for the former) the range of occupations from which they can choose is rapidly expanding. Nursing, from being one among a few possibilities, is now only one among many; and most of these have conditions and terms of work which girls like those we interviewed find much more attractive.

On the demand side of the equation, the rising birth rate and more hospital confinements, the rising demand for hospital beds, new hospitals, changing techniques of medicine and nursing—all will affect the number, type and qualifications demanded. We would hope that far more attention will be paid in future to analysing the real job of the nurse, and to the criteria for the measurement of establishment numbers. Without the means for adequate measurement nobody can determine the relationship between demand and supply, and certainly there can be no real policy of recruitment.

In addition to all these issues of social, economic and professional change we want to emphasize once again that to look at nursing recruitment in terms of "the nurse" (as, for the ease of writing, we have tended to do) is to disguise the fact that there are many different kinds of nurses. We made the point in our opening section that we ignored recruitment to some of the specialized branches of nursing, recruitment of male nurses and recruitment at ages other than sixteen to nineteen plus. But we believe that it is useful to differentiate three broad categories in the field of recruitment to general nursing. In the first we would put recruitment to the nursing schools of famous medical teaching hospitals, notably those in London. It seems that these schools have more applicants than places, can demand a very high academic standard and insist on residence and other conditions not possible elsewhere. Here, in one sense, is the cream of nursing recruitment and one which we suspect provides recruits for a more than proportionate share of the top positions in the profession. It is in this sort of hospital that the image of the ideal type of student nurse is formed, and, we suspect, much of the thinking of senior people in the profession springs from experience of nursing in these hospitals. In the second, we would put those hospitals which, without the attraction of a medical school, seem to have a sufficient reputation to draw recruits from a fairly wide area. In these we suspect applications are many and of a high standard* and the problems of recruitment are not desperate. Into the third group we would put nursing schools like those in the area we have studied. Their qualified and student nurses are primarily local girls; the schools have no national or regional appeal; and their recruitment catchment area is very small. We suggest that this third category is

* Sheffield Regional Hospital Board figures of recruitment to cadet schemes show that two-thirds of the cadets with G.C.E. 'O' level passes go to this type of training school. In the Region as a whole these schools make up only one-fifth of all training schools.

probably more representative of the recruitment picture as a whole than are the other kinds of hospital. Depending on local girls means recruiting those who are prepared to nurse but not away from home. It is for this reason we wonder what the situation will be one or two years ahead when the many small training schools are likely to disappear. Will the girls then be persuaded to go further afield; and without their local training schools will the hospitals be able to obtain enough nurses to run their services? We would suggest that immediate action should be taken to measure the extent of nursing work done by students in these hospitals. It is possible that many small local hospitals will be badly hit by the disappearance of student nurses, and that the recruitment problems will become acute.

The results of our investigations in one area, viewed against the wider background of social and economic changes, lead us to believe that it is in this third category of hospital that the really difficult problems of recruitment will arise. We have shown how the girls in our area are employed and why they chose their jobs. The popularity of factory, shop and office work stands out clearly, but the reasons the girls give for their choice of job are less clear. For most of them reasons are hard to find or put into words other than "I've always wanted to do it". However, they are more explicit about the features of a job which appeal to them and the most appealing features are sociability, working with friends and doing interesting work. Salary, though important, is not the prime consideration. Paradoxically, these are the features which ought, *primâ facie*, to make nursing attractive. Our recommendation, therefore, to those who seek to recruit nurses would be to lay emphasis on the interesting work of the nurse, on the opportunity for friendship and for working with pleasant people, and above all to emphasize the idea of a career with a future both before and after marriage. Too often the pamphlets distributed by hospitals talk only of interesting leisure time facilities or of discipline.

It is unfortunate that so few actually in post nurses were found in our surveys and we would suggest that further investigation among larger numbers of nurses along the lines we followed would be likely to yield valuable information. We do not feel justified in drawing conclusions from our small numbers, but we are disturbed to find when we made inquiries about the educational qualifications of nurses in a number of hospitals that only very inadequate information was available. We were also disturbed to find that the formal advisory service of the Youth Employment Service seems to play little direct part in the recruitment of nurses. The individual girls seems to take the initiative rather than rely on the headteacher or the youth employment officer. Of our nurses, nearly five in every six girls came into studentships *via* the cadet schemes. This impression from a small group which is supported by a Regional Hospital Board study (as yet unpublished) leads us to emphasize as we have done elsewhere the importance of the earlier age of recruitment. Few girls in these local hospitals are recruited at the age of eighteen. We believe, too, the method by which girls come to nursing requires a re-examination of the recruiting

system, a point we discuss later.

Of all the impressions and opinions we have formed as a result of our investigations the one which stands out for us as especially relevant to recruitment is the apparent high degree of interest in nursing between the ages of thirteen and fifteen years. If this interest could be fostered and maintained by the recruiting authorities and if the gap between school and entering training could be narrowed there would seem to be every chance of increasing the numbers in training. Those responsible for recruitment would be well advised to pay far more attention to girls in this age range and indeed more detailed investigations on a wider scale than ours might yield beneficial results. Secondly, we have been impressed by the favourable image of nursing held by the girls, but would emphasise that increasing age and occupational experience tend to modify the image and reduce the chances of a girl embarking on training. This suggests that a younger age of recruitment might prove to be necessary in future and we would hope that our suggestion of a controlled experiment, in selected training schools, of lowering the age of entry and assessing the results will be carried out.

Thirdly, the differences in the image of the nurse held by girls of differing educational backgrounds, must, we think, be accepted by those responsible for recruitment. There seems little point in offering the grammar school girls' image of the nurse to girls in secondary modern schools. It is disturbing to find that many secondary modern school girls believe themselves to be debarred from nursing because "they are not clever enough", when some of them seemed to our interviewers to be underestimating their own capabilities. Certainly some of them have the ability to become State Enrolled Nurses, but how can they possibly know when so few of them have even heard of this kind of nurse?

We did not set out to investigate the machinery of recruitment but throughout our inquiries we were constantly aware of the variations in the methods of attracting recruits. We looked at the methods used in some hospitals. We attempted to obtain, but could gain very little, information from a Nursing Recruitment Officer of the Ministry of Labour. We had informal discussions with a variety of people in official positions especially those in the Hospital Board. Our impression is that the machinery of recruitment is far from satisfactory or effective. Most fields of employment competing for girls who might become nurses have well planned co-ordinated recruitment schemes and it seems to us that reliance on individual matrons waiting for girls to come along and discuss the possibilities of nursing can hardly nowadays be considered systematic. We would favour regional recruitment through officers of the hospital boards and a recruiting policy based on a realistic assessment of the demand for nurses. This, in turn, should be based on a realistic assessment of the nature and content of the job of the nurse and of the personal qualities deemed to be necessary. Without a systematic flow of information about nursing as a career and a reassessment of the age and standards of

entry it is unlikely that many of the girls similar to those we interviewed in our survey will maintain their known interest in nursing. Rather are they more likely to be deflected to other careers at a time when the competition for female labour is becoming more rather than less intense.

Can nursing hope to gain its proper and necessary share of the female labour force without a realistic and co-ordinated recruitment policy? The recent report on reforming nursing education is a sign that the profession is alive to some of the issues we have discussed. We believe, however, that the benefit derived from the discussion of the report is outweighed by the emphasis it places on higher education. Our surveys have convinced us that insistence on this may seriously damage the recruitment of students and the maintenance of nursing services in hospitals other than those of great national or regional fame.