

A Study of the Psychological Aspects  
of the Recruitment of Nurses.

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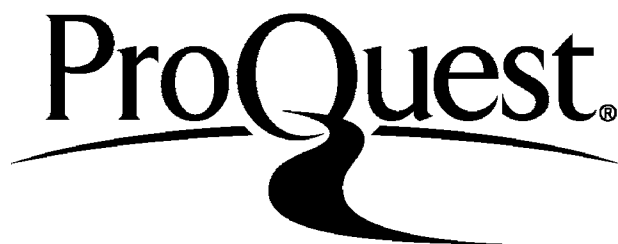
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A STUDY OF THE PSYCHOLOGICAL ASPECTS OF THE  
RECRUITMENT OF NURSES.

ABSTRACT

The introduction of the National Health Act in Britain, 1946-1948, brought a renewed public interest in nurses and nursing and references to their status or lack of it became frequent in professional and national publications. In 1950 the World Health Organisation expressed its concern for the status of nursing at international level.

It seemed therefore of interest and possible usefulness to investigate the social standing of professional nursing as an occupation for women in England in 1948-9, since in the American literature the status or prestige of an occupation was considered relevant to vocational choice.

Social status and prestige have been considered in the light of current psychological and sociological literature and in relation to social mobility. Earlier studies of occupational status and of nursing recruitment in England have been reviewed. Teaching has been shown as a control occupation and the historical development of nursing and teaching considered. Present day nursing has been assessed for prestige as one of five occupations by means of a paired comparisons technique. 217 respondents completed this questionnaire and some interesting profiles of occupational stereotypes were obtained in addition to a rank order for the five occupations.

Difficulties encountered in the use of the first questionnaire suggested that it infringed a social taboo for some

people. A wider survey was therefore made with a different questionnaire by which 1552 subjects compared nursing with teaching and secretarial work only. The results of this second survey allow comparison of various disadvantages within the three occupations and show differences of opinion between "the public" and practising members. The various findings are discussed and conclusions drawn relating to a social taboo, some social stereotypes and the 'popularity' of nursing in this country.

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A STUDY OF THE PSYCHOLOGICAL ASPECTS OF  
THE RECRUITMENT OF NURSES.

I. INTRODUCTION.

Nursing, as an occupation for women, has something in common with such vocations as dramatic and other arts, in that a number of its recruits have had no other occupational aim since childhood days. Enquiry amongst a group of nursing students, or trained nurses, routinely reveals a number who have "always wanted to nurse." The not-infrequently voiced sentiment that "nurses are born not made" reflects the popular appraisal of this fact. But with the growth of the health services, particularly in a Welfare State, the number of nurses needed within a society far outreaches the number of girls who wish to nurse almost "at any cost", and who are able to do so.

The word recruitment carries a two-fold meaning. It implies not only the addition of numbers of trainees, but also a replenishment in the sense of re-invigoration. A study of recruitment is therefore concerned not only with quantity, but with quality.

Psychologically, recruitment is concerned with the attractive force of the occupation concerned, and the motivation of the potential recruits. As Sherif (1948) has pointed out, "there is, as yet, no established psychology of motivation; motivation, especially on the human level, being one of the most difficult problems of the whole discipline." Essentially, of course, motivation can be reduced to the same formula as all behaviour.

$$B = I \times E,$$

where I represents the individual, with his instinctive and other inherited characteristics in dynamic interaction with his

environment and life experiences. It is impossible however to particularise from such a formula. Each individual remains such and the relative strengths of I and E producing apparently similar behaviour in various individuals would be extremely difficult to determine, even were these of any real predictive value when determined.

What the formula does show is that any full study of recruitment problems would need the resources of depth psychologists or psycho-analysts, as well as the social psychologists, so that both the drives or needs of the individuals and the social pressures could be studied.

No studies of the emotional needs of individuals, as predisposing to nursing as a career, have been published. Lehmann's <sup>1</sup> (1931) finding, that from a list of 200 occupations shown to 13,500 schoolgirls aged  $8\frac{1}{2}$  -  $18\frac{1}{2}$ , nursing was ranked first as "the most respected" occupation by girls up to  $11\frac{1}{2}$  years, and fell rapidly to inferior placings with the older girls, is of course susceptible of various explanations. But it does stress the strength of its appeal for the younger girl.

Suttie's (1935) hypothesis, of "an invisible remuneration; the right to act sympathetically", in nursing, in a culture in which there is "a taboo on tenderness" may not be irrelevant when one reviews the evidence for supposedly greater tolerance of rigorous working conditions in the early days of professional nursing history, and the slow growth of concern for reform from within the nursing profession itself. But neither Lehmann nor Suttie studied nursing

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1 And see page 17.

or nurses specifically.

This study is concerned with the social rather than the individual aspect of occupational choice. It is concerned with the attractiveness of nursing, in terms of its social prestige, in competition with some common alternative comparable occupations for women in the mid twentieth century.

Interest in this question of the status of nursing in modern Britain was aroused by observations made in both nursing and non-nursing groups. In the former, references to "lack of status" were noted. In non-nursing circles there was evidence of an attitude held by members of some groups that nursing was, in some sense, inferior as a career for a well-educated girl.

Reference to the status of nursing, or the nurse, occurred very frequently in the nursing journals of 1946-50, (during the discussions on the National Health Service Bill/Act) and in Hansard.

In February 1950, two years after this study was started, an Expert Committee of the World Health Organisation, meeting for the first time at Geneva, recommended "measures to combat world-wide shortage of nurses and to improve their economic and social status."

This concept of low status, or lack of status, was therefore deemed worth investigating, particularly in the context of the social status of nursing in Britain.

## II. SOCIAL STATUS AND SOCIAL MOBILITY.

### 1. Status and Prestige.

verbal problems, as Thouless has stressed (Bartlett et al 1939), belong rather to philosophy than to science. Facts, not words, are the real problem for science. Yet words are essential tools, as means of communication, for most branches of science, and particularly for social science. Without therefore confusing means with ends, "a certain amount of attention must be paid to tools."

Status, in the Oxford English dictionary (1933) has acquired the meaning of "position or standing in society" in addition to its earlier legal and medical connotations. In a later dictionary, Winston's Encyclopaedic (1953), there is the interesting entry of "standing, relative position in the state, social condition."

There seems little doubt that the modern usage of this word reflects the growth of sociology as a science. Examination of the literature of social psychology shows a gradual increase in the use of the word status from the 1930's. American textbooks on social psychology far outnumber those published in Britain, and it is in the American literature that one finds most of these references. They show that in psychological usage, the concepts of status and prestige are closely linked.

Thus Bogardus in the first edition of his Fundamentals of Social Psychology (1924) does not mention the word status, but defines prestige as "a person's evaluation by his associates." In the second edition (1931) however we find a chapter headed "Status and Personality" in which he claims that "group evaluations give a person status." "Status denotes social position." Status and prestige are different phases of the same phenomenon. Prestige is accorded, status is received."

Murchison (1935), suggests the need, by research, for "the analysis and differentiation of prestiges, since it is the theory of many sociologists that it (prestige factor) is a major one in the changing of attitudes."

La Pierre and Farnsworth (1936) give one reference only to status in their index, with three to prestige. In the 1949 edition status has nine entries and prestige does not appear in the index, although it can be found in the text under fashion.

Benoit-Smullyan (1944) endeavoured to tidy up the terminology as regards these two concepts. On his analysis, status should be used only in its basic sense of social position. For position-within-groups he suggest a neologism situs.

Status itself he would divide into three hierarchies; economic, political and prestige hierarchies. He finds five criteria for the prestige status hierarchies. A person with good prestige status is an object of admiration, deference and imitation; a source of suggestion and a centre of attraction. These are of course effects, not sources of prestige. Psychologically its origins are obscure. In different societies different qualities secure prestige. Skill, and success are common ones; beauty matters for women, less so for men. Old age and insanity are rated highly in some communities, but despised in others.

Prestige status is not simple, or awarded rationally and objectively, as are political and economic statuses, and it may be independent of these. Learned and/or holy men, for example, may have very high prestige status and yet be poor and politically powerless.

A sociologist, Kimball Young (1946) defines status as a

"position on a prestige scale", and relates "status dominance" to the "class system."

Sherif (1948) quotes Benoit-Smullyan. MacIver (1950) considers that "status ..... is a subjective variable."

In Great Britain, as Pear (1948) has pointed out, sociology has lagged behind. For some reason, he thinks, this country is "resistant to" sociology. Perhaps for this reason, British textbooks to date are far fewer than American ones.

Drever's dictionary, even in 1952, omits status, although it defines prestige. McDougall's Introduction to Social Psychology, even in its twenty-third edition (1936) lacks any reference to the word status. Thouless (1925, 1937 & 1951) does not use the word status. He uses prestige in 1925 without definition. In 1951 he stresses its social derivation; "Prestige is not a trait of the individual's own character but of the attitude of others towards him. It is the social esteem in which he is held, as it appears to the person receiving the suggestion." Oeser (Bartlett et al. 1939) uses prestige without definition, and speaks of role, but not of status. Sprott (1949) discusses occupational prestige, but not status in his textbook on sociology. In Social Psychology (1952) he omits prestige but mentions status. McKellar (1952) uses prestige without definition, and discusses status, as both objective and subjective, briefly. Harding (1953) mentions occupational prestige, but prefers esteem and distinction as synonyms. He devotes a chapter to social status, "long a tangled topic in social psychology."

Endeavouring to summarise therefore, one might amend Bogardus' statement to read that "prestige and status are different

aspects of the same phenomenon. Prestige is primarily a psychological concept, and status a sociological one."

## 2. Social Class and Social Stratification.

The terms social class or social classes do not, as Thouless (1951) reminds us, necessarily imply anything more than simple segregation by some selected criterion or criteria.

Krech and Crutchfield (1948) would limit the term class to denote "collections of people" characterised by some similar property such as blindness, skin colour etc and emphasise that by "class" they mean an ethnic or sociological belongingness as against a "psychological belongingness."

Centers (1949) in contrast, stresses his "interest-group theory" as the basis of social class and considers it to be essentially a subjective, i.e. psychological phenomenon.

On the whole, however, observation and research in sociology and social psychology show that the two concepts, of social class and stratification, are closely linked, in both popular and scientific thought.

According to Landtmann (1938) there are some societies, such as the Kiwai Papuans in New Guinea, which are marked by a "complete absence of any differentiation of classes." In more complex, civilised societies, however, stratification appears, and differences in social class in modern times at least, imply a concept of vertical social distances between such classes, i.e. stratification, with its accepted inferior/superior relationship and "mutual acceptance of difference." (Thouless 1951)

Thus Marshall (1934) found that after all other possible

social groupings had been made, "there remains a vague and underlined residue which contains precisely that form of grouping which, led by the finger-post 'social class', we are looking for in contemporary England."

Nineteen years later Marshall (1953) identifies "class" as one of "three main types of stratification."

In England this class system developed out of the more rigid estate system, and the legal status of feudal times was replaced gradually by "social status", which defies exact definition, and for which there is "no single test but the final incontestable result "of acceptance or rejection by the (social) group.

### 3. Class awareness and unawareness.

Although references to social class distinctions are frequent enough in sociological and some psychological literature, there is, Thouless (1951) suggests, for many people "a strong social taboo on verbal recognition of the fact of social stratification."

Differentials of behaviour are accepted, yet a verbal formulation of this difference would be "an unpardonable error in taste." This re-affirms Pear's (1941) "widespread severe taboo."

Is this taboo in fact as strong as, for example, that on sex in Victorian times, i.e. of the nature of a reaction formation, or is it more simply an innovation in thought and as such resisted as a disturbance of habits and their security?

At what stage of our social history, one wonders, did this taboo originate? Is it now yielding to social change?

In 1868 the following advertisement appeared in The Times.



"The Committee of the Nightingale Fund invite attention to the advantage which the Institute offers to respectable women (~~underlining mine~~).... desirous of qualifying themselves for an independent and well paid calling..... A limited number of gentlewomen are admitted upon payment for board only, with a view to becoming qualified for superior situations."

In 1872 the author of "Work for Ladies in Elementary Schools" wrote, "The withdrawal of Government grants to pupil teachers has.. increased the wastage of girls.....to find better prospects both with regard to their incomes and their inclinations...in domestic service, and in millinery and dressmaking. On the other hand... any impartial observer thoughtfully reviewing the different social orders of our English society with respect to this question will be struck by the curious anomaly that a few degrees higher in the social scale is to be found a class of women who not only occupy without effort the intellectual level to which these schoolmistresses have, with so much expense and difficulty been raised, but... are in urgent need both of occupation and maintenance." "Why" she asks, "should a lady be less esteemed as a village schoolmistress than as a governess?" There was need for the special college to train these ladies, however, not only because of the crowded state of those already existing, but also, by consideration of the different social position of those for whom it is required." (Hubbard, 1872).

In recent years Martin (1953) apparently found little difficulty while pursuing his research, in discussing social class and status with respondents. Himmelweit's (1952) adolescent subjects could discuss the "system" of social class, although two-

thirds of them were puzzled by the term "social class."

The topic of social class presents numerous and fascinating problems for the psychologist, but many must be side-tracked as irrelevant to this particular study. For example Ginsberg's (1932) query as to just "what one is conscious of when one is class conscious" is still unanswered. The many studies of signs and symbols of class distinction in all their fascinating fluidity in modern times emphasise the reality of this interesting social force but do not define it. Nor does the Marxist doctrine of class conflict seem a necessary result of a hierarchical social structure, although its formulation has undoubtedly affected social mobility.

Three factors that are of importance however are :-

- (i) That consciously or unconsciously some of us, in modern Britain at any rate, are influenced to some degree by the existence of what Wootton (1941) describes as "snob class", as well as opportunity class.
- (ii) That where social strata are not kept impermeable by caste there will be some degree of social mobility.
- (iii) That in all stratified societies occupations tend to become associated with social standing, or strata.

#### 4. Social mobility.

Where vertical social distances exist, mobility may of course, be either up or down. It is interesting therefore to note that the upward trend is more marked than the downward one.

Harrison (1942) reports "all the time we note people tending to talk about themselves as 'better off' than they really are." At his public school, in Melanesia, and in Worktown, he found "the

idea of looking upwards and working upwards", marked, and considers "that the process of taking small steps upward in life is probably more important than is.....generally appreciated."

Reports of actual measurements of social mobility are not numerous, presumably because of the extensive research entailed.

In America, in 1937, an attempt was made at St. José, "a western community in a region of maximum economic growth."

(MacIver 1950) Davidson and Anderson found "considerable vertical mobility."

Ginsberg's study in Britain (1927/8) of 2,844 cases shows "evidence of upward mobility.... and this seems to be increasing as compared with the past generation."

Using three socio-economic "classes", for 'the present generation' the movement upward was :-

<u>III to I</u>	<u>II to I</u>	<u>III to II</u>
12.0%	55.0%	40.0%

compared with a downward movement of :-

<u>I to III</u>	<u>I to II</u>	<u>II to III</u>
0.6%	7.0%	27.0%

The most recent studies (Glass. 1954) suggest that movements reported in earlier studies may be more apparent than real in that there may be "a general increase in the proportion of white collar jobs" in a community, in addition to "any redistribution of personnel between the various status categories." It is noted, however, that what matters "to the man in the street" is "whether he is 'getting on in the world' compared with his father," i.e.

there is evidence of striving, if not actual movement. Studies of social class or stratification, or mobility, all stress one thing, namely, the use of occupation as an index of social position.

Hatt (1950) examined the reliability of existing occupational classifications as indices for use in studies of social stratification. The total societal position, he considers, must reflect esteem as well as prestige. Esteem however is so "rooted in local idiosyncrasy as to resist generalisation", and therefore, occupations, carefully assessed, do probably give the best single index of general social prestige.

### III. EARLIER STUDIES.

#### 1. Hyman's study of status.

Hyman (1942) made a study, (the only one published to date), of status from the psychological aspect. He points out that status can be considered objectively, subjectively and socially.

Evaluation by objective criteria is deceptively simple. The impoverished aristocrat and the nouveaux riches, for example, would be misplaced by any simple objective measure or evaluation of economic standing or standard of living.. Subjective evaluation of status, he considers, must reflect both the objective and the social scales, in a normally adjusted person.

He therefore studied ideas of subjective status as functions of the individual's reference groups.

He interviewed thirty-one subjects; (thirteen male and eighteen female), to determine their ideas of status and its dimensions; its genesis, criteria and frames of reference and the subjects' evaluations of and satisfaction with, their own statuses.

Theoretically, an individual has as many statuses as he has reference groups, but in practice Hyman found that the number of such reference groups habitually used was small, in the individual's concern with his status.

The most frequently mentioned dimensions of status were :-

Economic	28/31
Intellectual	27/31
Social	20/31
Looks	20/31
Cultural	15/31

Logically one might expect a high correlation between social and economic categories, but Hyman's experimental statistics gave a

low correlation only. He quotes this as evidence of the cultural lag between accorded (social) and economic (objective) statuses.

He also noted a consistent tendency to report social status as higher than economic, particularly where the economic was low.

As a result of his interviewing he concluded that "individuals operate for the most part in small groups within the total society. The total population may have little relevance for them."

He composed a scale, based on his findings, using six criteria (as above with an additional "general category") and three reference groups, which were :-

- (i) Friends and acquaintances.
- (ii) The occupational group.
- (iii) The total adult population of the United States.

Re-test reliability of this eighteen-part scale, after two weeks, was adequate except for the reference group, "friends." Reliability of status assessment is therefore, he concludes, a function of the reference group used.

## 2. Of a Hierarchy of Occupations.

### A. British and American studies.

The social grading of occupations generally is now being studied as one aspect of the phenomena of social class and social mobility.

In Britain Hall and Jones (1950) published results of an investigation of more than one thousand opinions about thirty "representative" occupations ranging from bricklayer to company director. Their results are not very conclusive. The "consensus of opinion was greater than expected." Such differences of opinion as

were observed did not seem to be significant. Variability in judgement was most marked (a) around the centrally placed occupations and (b) amongst respondents themselves low in the occupational scale.

Young and Willmott (1956) made a smaller study, to follow up the above results. They used the Hall and Jones list of occupations with eighty-two manual workers of East London. Their approach was by interview, not letters and questionnaires as used by Hall and Jones. This study showed "a considerable measure of dissension". Respondents fell into two groups; deviants (22/82) who judged according to unconventional scales of values, by which an agricultural labourer topped the list and a company director came thirtieth; and "normals". Amongst the sixty "normal" respondents there were "striking differences" from the Hall and Jones results as regards the central and lower occupations. Young and Willmott therefore stress the need for further investigations following their pilot study.

In America twenty five years earlier Counts (1925) first stressed the importance of "the fundamental questions of social status" in vocational psychology. "The importance of these intangible rewards of an occupation can hardly be over-emphasised." His interest was primarily in the then lowered prestige of teachers in his country. "Many have assumed that the point has been reached in the degradation of the profession where one is justified in feeling some embarrassment if found within its ranks.<sup>1</sup>"

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<sup>1</sup> It is interesting to compare Wilkinson's (1928) report that among the 86 university students asked towards which occupation their opinion had changed most favourably over the past five - ten years, Teaching was mentioned more often than any other.

He chose forty-five (male) occupations "more or less at random" and obtained rankings of their social standing from schoolboys, freshman and teachers, 384 respondents in all. From the results he concluded that the task set was perhaps too demanding for his young subjects but that it was "fairly well done." His dissatisfaction with the technique limits the conclusions drawn. He found "remarkable agreement" among all his six groups. Differences in background, future or age were apparently insignificant. "There are clear cut differences in social standing" of occupations. Professions stand highest and the high prestige of professions attracts recruits to their ranks.

The latest American study of occupational prestige is that made by the National Opinion Research Centre (1946/7) as one of their routine national polls. Using interviewers and a printed five point scale of "excellent to poor standing", they obtained rankings from 2,930 respondents, including a "special sample of youth" for ninety male occupations.

In these results, Government offices ranked highest and professions next.

Respondents were also asked "what makes a job excellent?" Replies, in order of frequency were :-

- (i) High income
- (ii) Service to humanity
- (iii) Social prestige, tied with training requirements.

Between these two studies numerous other investigators have studied the social standing, admiration, respect, or esteem, for various occupations of wider or narrower fields and with male and



female respondents of different backgrounds and age groups. The smallest list of occupations, twenty, was that used by Coutu (1936). Hall (1938) listed two hundred and fifty. Subject groups varied from schoolchildren to adults.

Using schoolchildren as respondents Lehman (1931) administered a "vocational - attitude quiz" containing a "comprehensive" and catholic list of 200 occupations to 13,346 boys and 13,532 girls between  $8\frac{1}{2}$  and  $18\frac{1}{2}$  years of age. The brief report of this study contains no appraisal of technique other than a reference to Counts' subjects as "fewer and more mature."

The task set was a manifold one. The child was warned that he should consider only those occupations in which he was willing to engage as a life work and then to mark :-

- (a) The three occupations he would like best to follow.
- (b) The one occupation he was most likely to follow.
- (c) The three occupations he believed to be the best money makers.
- (d) The three occupations he believed to be most respected.
- (e) The three occupations he considered to require least effort.

With so demanding a questionnaire and assortment of respondent ages and backgrounds detailed examination of results is contraindicated. Teaching, in its various grades, ranked generally high for "respect"; Nursing (one grade only) received variable treatment, and will be considered later.

Neitz (1935) repeated Counts' study as a comparative one after a ten year interval. He shortened the list to 40 occupations and used only High School seniors as respondents as less biased than Teachers. He found that Banker was given priority, but otherwise,

as before, the professions headed the list. The occupations ranked lowest were those of "personal service" or "hard manual labour", requiring little or no preparation. The "only significant changes" were in the middle twenty of the listed occupations.

Students opinions have been obtained by Wilkinson (1928), Anderson (1934), Stevens (1940) and Smith (1943).

Wilkinson used Bogardus' social distance technique with 861 college students representative of various years of faculties. The majority, 600, were men. Wilkinson's findings confirm "the theory that social distance is proportional to social difference", but submits that these findings are still only really "tentative hypotheses." Doctor, teacher, servant and dope seller are named as occupations "definitely fixed" by society; whereas the distances showed relative to "the minister, the soldier, the nurse and the policeman..... made interesting problems for interpretation." As Davis (1952) points out the inclusion of occupations representing the world of entertainment and the underworld, "not unexpectedly" showed that value systems and ethical standards, are concerned in these judgement studies.

Anderson (1934) and Stevens (1940) working with similar three-part questionnaires and male and female college students and occupations respectively, contrasted social prestige with the contribution to society and financial return of 25 callings.

Anderson's men considered that social prestige related more to the economic return than to the contribution to society of an occupation. Stevens' women were of the opposite opinion. (The correlations concerned were in the 0.90 and 0.80 ranges respectively).

For contribution to society the women placed the nurse fourth. For social prestige, however, nurse was excluded from a "first five" choice.

Smith (1943) introduced a type of social distance technique in obtaining the opinion of 345 high school and college students about one hundred occupations, male and female. Respondents were asked for seating precedence at a public dinner. Teachers were not included in Smith's list, but two grades of nurse and social workers were. As usually occurs, professional occupations rank highest and "only in finance and nursing were there large divergences in rank order status for eminence." Even so the rank order correlation of  $0.79 \pm .054$  is "far above the average for general sociological data."

Coutu's (1936) "professions" study was also made with student respondents. 243 engineering 142 law and 202 medical students completed his paired comparisons questionnaire, which contrasted their own profession with nineteen others. Each subject had therefore to make 190 choices, with an additional six repeated ones inserted as a reliability test.

Coutu was concerned both with the technique of paired comparisons and with the attitude of the students to professions other than their own. Male and female professions were listed.

The technique satisfied Coutu and the results show many points of interest. For this study particularly it is of interest to notice the enhanced egocentrism of the medical students and their relatively high estimation of the graduate nurse as a worker in the same field. Coutu, interestingly, does not include teachers in this list of twenty professions.

J. Hartmann (1936) was interested in the effects of familiarity with nomenclature and status evaluations in three groups of respondents: one hundred adults from an industrial area; one hundred from an agricultural area and fifty college students. He coupled a list of twenty-five "healing art careers." Respondents were asked to sort 25 cards into the order of "admiration" held by society generally, for various callings. Manicurist was included to give a basic anchorage and average scores and dispersions calculated for all occupations. As Hartmann expected the "incomprehensibility of many labels affects their rankings", as for example, "Ophthalmologist ranks lower than registered nurse". Otherwise "objective differences" were recognised, as is shown by nurse and practical nurse. The average dispersions confirmed these findings.

Two studies used wholly adult respondent groups.

G.W. Hartmann (1934) asked 450 persons "in diverse careers and living in different localities" to arrange twenty five representative occupations (male and female) in order of respect and admiration. Three classes of teacher were included but only one of nurse. Representative of twelve occupations were included, so that occupational egocentrism could be checked.

Hartmann found "unexpected strikingly consistent" opinions about the relative positions awarded, and good "occupational insight" from self-ratings. The public school teacher stands lowest amongst the "accepted professional groups" but "definitely above" such "average social status as represented by the mean position of..... salesman, nurse, book-keeper, farmer and carpenter." He comments on the inconsistency between assumptions that teacher status is

inferior and the fact that "competent people.... strive.... desperately" to gain admission to the teaching field.

Hartmann finally questions the comparative validity of urban and professional as against rural opinions, (despite the striking consistency above) and the existence of any, single "universe" of social comparison, since "bourgeois proletarian classes" form separate prestige scales in his opinion.

Hall's (1938) would-be comprehensive study of 252 occupations has not been fully recorded in the journals. No details are therefore available.

#### B. Evaluation of the above findings.

The validity of any single extensive scale of occupations as a sociological measuring rod has been questioned, implicitly or explicitly, by Bogardus and Hall in America, and Davis in Britain.

Bogardus (1928), in discussing Wilkinson's study, pointed out that occupational distance must be considered on a horizontal, as well as vertical, plane. His brief discussion of professions of equivalent but different complexity foreshadowed Hall's <sup>(1950)</sup> later suggestion of the need for a concept such as "situs", to allow for sub hierarchies in occupational scales. As the N.O.R.C. results showed occupations too dissimilar for easy comparison may be awarded equivalent ranks by group average scores.

Davis (1952) also doubts the accuracy of any set of averaged "general public" opinions, since different publics are likely to vary considerably in their value systems. Where individual opinions within a specialised group, (as for example, Young and Willmott's deviants) are given more weight than in the

generally accepted group averages of the majority of studies, these "surprising consistencies" may be questioned.

He points out too, that Warner (1949) found "both upper and lower social strata tend to "telescope" their further reaches: Young and Willmott's study confirms Hall and Jones finding of increased variability at the lower end of the social scale.

Neitz as well as Hall and Jones remark on the greater variability of opinion around the central parts of their scales.

Interesting, therefore, as all these studies may be in various ways, they do raise the question of the usefulness of extensive or widely "representative" lists of occupations.

#### C. The Social Standing of Nursing in U.S.A.

Although the results of the various American studies discussed above only offer approximate results, it is of interest to notice the relative position of nursing, in that society, as it appears in the lists.

Chronologically, the position can be summarised as follows :-

In 1928 Wilkinson found, amongst students, these social distances.

- (i) 458/600 (76%) would admit to marriage. (This is assuming nursing to be interpreted as a female occupation only)
- (ii) 674/861 (79%) would admit to their club.
- (iii) 791/861 (90%) would meet in the street as a neighbour.
- (iv) 838/861 (99%) would admit to the same church.
- (v) 860/861 (100%) would allow voting citizenship.

By these results nursing stands fairly high in society. How far respondents were considering graduate or registered nurses only

and how far they considered the word as including both registered and practical nurses is open to conjecture.

In 1931 Lehmann's "quiz" showed that amongst 13,532 school girls aged  $8\frac{1}{2}$  to  $18\frac{1}{2}$  years nursing was given first or second rank of "three most respected occupations" by girls  $8\frac{1}{2}$  -  $11\frac{1}{2}$  years. After this it decreased in rank, and the eight year old girls placed it eighteenth out of two hundred occupations. In 1934 G. W. Hartmann, in discussing the position of teachers, wrote "If the public school teacher lacks caste, it must only be with the numerically small professional groups who stand above her; certainly this does not hold for the great body of citizens who fall below her in status. If 'average' social status is represented by the mean positions of such diverse vocations as salesman, nurse, book-keeper, farmer and carpenter, then there is not the slightest doubt that the teachers as a class stand above these in repute."

Nursing is obviously not considered here as a profession, despite the numbers of nurse university training courses. (The majority of Hartmann's adult respondents were from a city of 52,000 population.)

In 1936 Coutu's three groups of professional students scored nursing as follows :-

	Nursing Scores		
	Actual		Corrected
Medical Students	3.6	less 2.6	= 1.0
Law Students	2.65	less 0.4	= 2.25
Engineering Students	1.9	less 0.15	= 1.75

Each group scored its own profession as first, i.e. 0.0. The medical students however, made their second place score (research scientist) 2.6; whereas the Law students placed physician second with 0.4 marks and the Engineers placed him second with 0.15 marks. To assess the relative evaluations of nursing therefore, corrections have been made, in the figures above, to allow for the marked egocentrism of the medical students.

In 1936, J. Hartmann's study of twenty five medical specialists gives the most accurate assessment of nursing by allowing for both registered and practical nurses:

	Industrial area. Adults	Agricultural area. Adults	College Students
Registered Nurse	16th	4th	12th
Practical Nurse	22nd	12th	20th
Midwife	24th	16th	24th

In 1940, Steven's College women ranked nursing first for contributing to society but did not place it amongst the "first five" for either financial return or social prestige.

In the latest evaluation, Smith (1943) amongst high school seniors and undergraduates the registered nurse was ranked 26/100 and the practical nurse 61/100. For both the standard error was high (0.744 and 0.821).



### 3. Of Nursing Recruitment.

The provision of an adequate number of suitable candidates to meet the increasing demands of the nursing services in this country has long been a national health problem, and since 1930 this problem has been the subject of a variety of studies.

For convenience of description these earlier studies of the broad field of nursing recruitment can be grouped under two headings:

- A. The series of comprehensive surveys by Commissions and Committees set up by various sections of the community.
- B. A series of individual investigations or critical evaluations.

Within each group these will be described in chronological order, but as scrutiny of the dates will show, the smaller studies appeared between the various major reports.

#### A. (a) The Final Report of the Lancet Commission on Nursing. 1932.

This Commission was set up by the Lancet, one of the leading medical journals in Great Britain, "to enquire into the shortage of candidates, trained and untrained, for nursing the sick in general and special hospitals throughout the country, and to offer suggestions for making the service more attractive to women suitable for this necessary work."

The Commission comprised twelve members :-

Four physicians, two hospital Matrons, one Chairman of a Hospital Management Committee, represented the employing bodies: Two Head Mistresses, one Member of Council of Bedford College for Women, and the Chairman of the Employment Committee of the London and National Society for Women's Service, represented the employees point of

view.

The method of enquiry was a mixture of the hearing of formal evidence and consideration of "evidence in writing", together with a synopsis of questionnaire results and "informal evidence" from conversations with nurses. Many spontaneous letters were received.

The formal evidence was obtained from senior members of various recognised nursing groups, headmistresses, the British Hospitals Association Council and Medical Superintendants of hospitals. There is no suggestion that these witnesses were selected as a random sample of opinion.

Written evidence was invited and received from a very wide variety of interested persons - "from all sections of the community and from every part of the British Isles." The possibility of bias in this sample does not seem to have been considered.

Questionnaires were sent to sixty nurses in training ("for the most part personally known to members of the commission or their friends.") Forty State Registered Nurses in hospital service also answered questionnaires, and from a random sample of hospitals, 686 administrators co-operated. Schoolgirl opinion was obtained from various secondary school "old girls" via headmistresses, and some two hundred "young women of good education, (secondary school or public school) between the ages of 19 and 30 were questioned on behalf of the commission early in 1931 and a record was kept of their ideas on the nursing profession."

Of the schoolgirls who are told that a small minority were in training as nurses, the majority were in teaching or secretarial work. Girls interested in athletics were chosen; this presumably in order to rule out health as a primary deterrent to nursing. No

account is given of the occupations of the two hundred others "between the ages of 19 and 30".

The Findings of the Lancet Commission.

Eight reasons for shortage of candidates were reported :

- (i) The gap between school leaving and hospital entry ages.
- (ii) The long working hours, and the lack of facilities to plan off duty.
- (iii) The physical strain, from combined domestic and nursing duties.
- (iv) The mental strain of combining ward work with lecture courses.
- (v) Restrictions on social life by Nurses Home Regulations, as well as lack of planned off duty as above.
- (vi) Poor material conditions such as food and accommodation.
- (vii) Low rates of pay for trained staff, and lack of general superannuation schemes.
- (viii) Unsatisfactory social status.

As regards (viii) the following were considered to affect adversely the professional status of the registered nurse.

- (i) The common complaint that "the probationer is disparaged by her seniors and sometimes rebuked before the patient."
- (ii) The attitude of the doctor to the nurse "which is criticised by members both of the nursing and the medical professions."
- (iii) The employment of untrained, or partially trained, women by doctors, hospitals and by the public.
- (iv) The "growing tendency to appoint medical women and others to administrative posts for which nurses are specially qualified."

By its terms of reference, the Lancet Commission was concerned with adaptation rather than reconstruction. It therefore

concluded its report by a series of recommendations which could be implemented without any major changes of policy; and by referring briefly to four "questions of policy" too fundamental to be within a scheme of adaptation.

The recommendations were as follows :-

(i) The Preliminary State examination should be divided into two parts, so that a first theoretical test could be taken, if desired, before entering hospital. The establishment of pre-Nursing courses to include this Part I theory as well as subjects of general education was suggested as a means of "filling the gap" between school-leaving and hospital entry.

(ii) Hospitals and the public should recognise that nurses pay (indirectly) for their training by student labour, and student status should be enhanced by separation of the educational, from the administrative finances of a hospital. Higher salaries should be paid to State Registered Nursing Staff, and the Ward Sister's duties as a clinical teacher be recognised by increased salary and lessening of some clerical administrative duties.

(iii) Hours of work should be shortened, and ward maids used more to release nurses from duties not directly concerned with the patient.

(iv) Conditions of service should be modernised, e.g. the forms of admission and contract should be less forbidding, and supervision in nurses homes be modernised.

The four questions of policy suggest by the Lancet Commission were as follows :

(i) The establishment of School of Nursing connected with the Universities.

- (ii) The simplification of registration of trained nurses, by the institution of a single register, with supplementary diplomas.
- (iii) A substantial shortening of the course of training.
- (iv) The grading of nurses by recognition of some form of assistant or attendant to work under the supervision of the trained nurse.

(b) The Interim Report of the Inter-departmental Committee on Nursing Services 1939.

Despite any effects of the Lancet Report it was found necessary to appoint another committee, in 1937, "in view of the great urgency of the problem."

A committee was therefore set up by the Ministry of Health and the Board of Education, under the chairmanship of the Earl of Athlone. Formal evidence was taken from twenty-five associations, representing medicine, nursing education, and local authorities. Some thirty-seven other "bodies and persons" sent written evidence.

The findings and suggestions of this interim report were in many respects essentially those of the Lancet study. The need for division of the Preliminary State examinations; shorter hours of work; more use of ward maids and orderlies; improved amenities and relaxation of over-strict discipline; better superannuation schemes, improved salaries for trained nurses.

Salaries should be regulated on a national basis, as were those of the teaching profession by the Burnham Scale. "Having regard to the responsibility of their work, nurses as a class are badly underpaid." "Nursing is the only profession in which the principle that the maximum salary is more important than the minimum, is ignored."

Since nursing is a form of national service, the nation could be asked to give grants to hospitals. The Ministry of Health could assist those hospitals which were nurse training schools. The Local Authorities could assist its local hospitals for community service.

It is interesting to note, in this Athlone Report, the further emphasis on the status of the profession. In the first section one reads, "With striking unanimity our witnesses have drawn our attention to the importance of improving the status of the profession." The first step towards this object is to give (underlining mine) the profession status in the eyes of the public comparable, in its own way, with the status of the teaching profession." (Athlone. p. 8.) To this end it was recommended that a salaries committee be set up equivalent to the Burnham Committee for teachers.

The Assistant Nurse was accepted as a now established grade of nurse, and her control by means of a State Roll was suggested.

(c) The Nursing Reconstruction Committee of the Royal College of Nursing.

The investigations of the Athlone Committee were 'suspended' during the war emergency. In 1941 therefore the Royal College of Nursing set up a further committee, under the chairmanship of Lord Horder.

This committee comprised fifty members. Twenty-five represented the Royal College of Nursing; twenty-five represented 'Kindred Associations'. The latter panel included four doctors, eight lay men and women (two of whom were sent by Lay Hospital

Associations) and thirteen other senior nurses from various fields of work.

The work was done mainly by sub-committees, and as the title of the report suggests was concerned with long-term policy rather than adaptation. This report was issued in four sections.

- (i) Section I. 1942. On the Assistant Nurse
- (ii) Section II. 1943. On Education and Training of Nurses.
- (iii) Section III. 1943. On Recruitment.
- (iv) Section IV. 1949. On the Social & Economic Conditions of the Nurse.

#### Section I. The Assistant Nurse.

The Assistant Nurse is recognised as an established new grade of nurse. She is however a potential danger to the State Registered Nurse, as well, of course, to the lay public to whom details of training are unknown.

The position of the Assistant Nurse should therefore be fixed by registration of training, definition of title and enrolment on a State Roll. "She is needed as an integral part of the profession." Her status "offers the key to the improved training and employment of her senior partner the State Registered Nurse, S.R.N." (Assistant Nurses are State Enrolled. S.E.A.N.) (Horder 1942. p. 5.)

#### Section II. Education and Training.

The Committee refers to the current division of opinion about the scope of a nurse's duties and so of her training. "Some critics, - particularly a small section of the medical profession -

are alarmed at the increasing emphasis on the education of the nurse. They contend that it is too theoretical, and is leading to the production of a pseudo-doctor. They consider that only a doctor need know why certain treatments are ordered, and that all the nurse requires is to have a high standard of technical skill in the craft of nursing and to be scrupulously conscientious in carrying out the treatment prescribed." (Horder 1943. p. 10)

But "today she (the nurse) must also be a health teacher and educator. As the scope of medicine increases, so does the scope of nursing; and as the State Registered Nurse responds to new requirements so the Assistant Nurse should come forward to relieve her in suitable spheres."

"In the committee's view Nursing is not merely an item in the nation's medical service, but a profession parallel to that of Medicine, occupying an appointed and increasingly important place in the national plan for health." (Horder 1943. p. 11)

To support this view, the Committee advocates the re-introduction of a test-examination for candidates lacking satisfactory certificates of general education; fewer training schools in order to maintain high standards; separation of educational from administrative hospital finances, and national grants for nurse training schools.

Training should take longer, be more comprehensive as a basic course, leading to later specialisation; and Ward Sisters, in addition to Sister Tutors, should have teaching certificates of some sort.



Section III. On Recruitment.

This section of the report was concerned with the "serious percentage of failures", averaging 33% for the Preliminary State examination, and 23% for the Final Examination.

Wastage should be reduced "by improving the quality of candidates for training as student nurses, and persuading the less promising, from the training point of view, to qualify as Assistant Nurses." In its recruits, the profession looks for a good educational background with scientific and cultural subjects included; and for broadmindedness to maintain interest in the outside world and to play a part as citizens as well as professional workers.

"What the student nurse expects of the profession" was ascertained with the help of units of the Student Nurses Association ("An integral, though junior, section of the Royal College of Nursing, with units in more than two hundred hospitals.")

(Horder 1943. p. 56)

These student nurses expect to be competently trained to attain State Registration; to be regarded during training primarily as students and not as employees whose interests must be subordinated to those of the hospital; a salary, when trained, which 'befits the status of a professional woman'; modern enlightened discipline, good living conditions, holidays and medical attention, and opportunity to plan off duty to maintain contacts with life outside hospital.

In this third section of its report, the Committee also records its opinion of the publicity which had been given to nursing

conditions over the past ten years. "Some of the present deterrents to recruitment are due to admitted shortcomings within the profession itself. Others can be classed as misconceptions; while in far too many cases the profession has suffered from deliberate misrepresentation, fostered sometimes by misfits who have left the service - of whom there are some glaring examples - sometimes by sections of the more sensational press, sometimes unfortunately by groups who make the most of real grounds of criticism for their own ends." (Horder 1943. p. 55)

The last Section (IV) of the Nursing Reconstruction Committee's Report was issued six years later, after the Report of the Government Working Party on Nursing. It will therefore be reviewed after this. (see p. 38 )

(d) The Report of the Government Working Party on the Recruitment and Training of Nurses.  
Majority Report, 1947.

This Working Party was appointed by the Minister of Health, the Secretary of State for Scotland and the Minister of Labour & National Service to review the position of the nursing profession, in 1946, since "the impending establishment of a National Health Service would undoubtedly increase the demand for nurses. A "comprehensive review of the whole Nursing Service and its problems" was therefore considered to be "of first importance." (Working Party Report 1947 p. iii)

Two tasks were attempted by this Working Party:

(i) An assessment of the size and structure of the Nursing profession, together with intake and wastage of candidates.

(ii) Criticisms of, and suggestions about, training methods.

The aim of the survey was "to arrive at some degree of finality in considering these (nursing) problems" by attempting a scientific study in which "precise and objective" measurements in the field should "discover the facts and let the facts speak for themselves."

With the assistance of trained investigators a field study was made involving "direct contact with a substantial and representative sample of nurses of all ranks and in all fields of the profession and all types of institution. We carried out various enquiries and tests in over 200 hospitals... chosen statistically .... and a representative sample of the hospital nursing services of the nation." (Working Party Report, 1947, p. 3 - 4).

Intelligence tests were amongst those used, and the results are interesting. "The average ability of hospital nurses, including the untrained as well as the trained, is probably somewhat above that of the population as a whole. There are many more nurses in the upper ranges of ability compared with the corresponding proportions of the general population, and fewer in the lower ranges. There are appreciable differences of ability between the different grades of nurse. The average ability of the student body is superior to that of the trained nurse." (Working Party Majority Report, 1947, p. 18/19).

It is pointed out, however, that this last finding may mean (a) that nursing is now attracting abler candidates, or (b) that the ablest students abandon training before completing the course, or (c) that the differences may be attributable entirely to

differences in age; i.e. although the differences in these test scores were significantly large, the reasons for the differences cannot be assigned.

Forty main conclusions are summarised in the Majority Report.

Priority is given to wastage during training as "the key problem in the present training system." This was said to be between 50% and 70%. To reduce this figure the following changes were considered necessary.

- (i) Full student status for nurses in training - with a more modern system of discipline.
- (ii) A new selection procedure for student nurses.
- (iii) A better method of selection for appointment to senior posts.
- (iv) Improved amenities and diet.
- (v) Shorter hours, on a three shift system, to approximate to a "normal" working day.

As regards training, a shorter but more comprehensive scheme is envisaged, with a single Register. More emphasis is to be laid on the social and preventive aspects of medicine and so of nursing.

Responsibility for recruitment should rest primarily with the Ministry of Health rather than the Ministry of Labour & National Service.

A Regional Nurse Training Board should be set up in each of the fourteen hospital regions to plan and co-ordinate training facilities.

Experimental training schemes and research should be

encouraged.

There should be a single, enlarged, more comprehensive and more representative General Nursing Council for the whole of Great Britain.

The State Roll of Assistant Nurses should be abolished and numbers of ward maids and domestic orderlies increased.

(d) (ii) The Government Working Party. Minority Report, 1948.

The psychologist member of the Government Working Party felt unable to sign the Majority Report because of a "divergence of view.. on the nature of the basic problems in the nursing situation." Dr. Cohen therefore published his own Minority Report in 1948.

He dissents from the Chairman's final note at the end of the 1947 Report, that "at the best progress of reform is bound to be slow" since the rate of reform will "rather depend on the will to act. The Services have shown what can be done where the will exists to initiate and swiftly execute vast new training projects."

"It would probably be true to say that in the face of a seemingly intractable nursing situation the old methods, (i.e. traditional committee procedure by administrators etc) can do little more than solve an occasional problem by dint of persistent trial and error in discussion. If so, and if any new conclusions are not to be swept aside by succeeding investigators, a complete departure in method, presumably along scientific lines, is evidently needed."

"Commitment to a scientific approach .... marks a new stage in the use of science in Government."

As Dr. Cohen rightly points out, the planning of an effective nursing service is dependent upon the nurse's function both in hospital and other health services.

"The aim of economic planning is described as the use of the national resources in the best interests of the nation as a whole... and only as part of a comprehensive plan for health can we estimate correct nursing requirements." (Minority Report 1948. p. 3).

"Provision of facilities for social and psychological research on a scale commensurate with the needs of the national situation in health planning as elsewhere will require bold and imaginative action in place of existing policies of timid parsimony in sponsoring such research." (Minority Report 1948 p.53)

The duration of patient stay in hospital is suggested as a useful criterion for nursing effectiveness, and by examination of available statistics from 269 voluntary hospitals for 1938, Dr. Cohen demonstrates a suggestive relationship between length of patient stay and the trained-nurse/bed ratio. As he, doubtless, would be ready to admit however, his figures are too small to be classed as more than suggestive.

(c) (iv) The Nursing Reconstruction Committee of the Royal College of Nursing.

Section IV of Report, 1949. The Social and Economic Conditions of the Nurse.

Section IV of this Report was delayed until 1949, and differs from the earlier sections in its presentation of findings. The preliminary survey was made by a working party under the

leadership of Mrs. G. (now Professor Lady) Williams, (Reader in Socio-Economics University of London), and "The Committee had to assess whether the facts submitted to it by the working party were, in its experience correct, and to make amendments where these appeared to be necessary, and to present its summaries in such a way as to carry the nursing position still further forward."

(Horder, IV, 1949, p. 6.). The nursing recruitment problem is reviewed as part of the general manpower problem of the nation, and the need for economy in nursing skills stressed since "demand has already outstripped supply." The implications of student-status, and the time-honoured problem of student labour as cheap labour, are again reviewed.

The question of prestige, as reflected in methods of payment, is discussed, and the "professional versus the industrial approach" considered. "Nurses realise that since they claim the prestige of the professional worker they cannot also expect the perquisites of the industrial hand." The prestige value of an annual salary, as against a weekly wage, is point<sup>ed</sup> out, also that "the recent change to payment of gross salaries inclusive of emoluments enhances (her) prestige and independence." (Horder, IV, p. 35). It is noted, however, that "the prestige of Principals of Colleges and others is in no way diminished by the fact that they receive a net salary exclusive of emoluments, but that in their case the position entails also an obligation to live on the premises." (p. 35).

A comparison of salary advances between 1939 and 1948 "in a number of related professions", shows that "by and large the advance since the outbreak of war in the scales for nurses was in

line with, and amongst the higher ranks often ahead of, that of kindred professions." (Horder, 1949, p. 36).

The size of the nursing service is stressed as an obstacle to the maintenance of professional status. Since only the well-known training schools can afford to be selective "the candidate who now turns to medicine, speech therapy, physiotherapy, orthoptics and almoning would not always find her equal in the lesser known nursing schools, and this is bound to weigh with her." (Horder, 1949, p. 36).

Conditions of service, including personnel management as against technical administration, hours of work, health precautions and professional indemnity are reviewed at some length. And the value of the Whitley and other joint consultative machinery for mutual education of nurses by others and the public by the nurse, is pointed out.

(e) The Nuffield Provincial Hospitals' Trust.

Report of a Job Analysis of the Work of Nurses in Hospital Wards. 1953.

It was obvious, after the publication of the Report of the Government Working Party, that their research had failed to establish the definition of "the proper task of a nurse." As a first step towards achieving this definition, the Nuffield Trust therefore carried out a concentrated study of hospital ward routine, using the standard job analysis technique of minute by minute observations for a period of seven clear consecutive days. Twelve nurse-training general hospitals in Great Britain were selected. The sample was representative but not a strictly random one, since



"it was necessary that the enquiry should be welcomed by the hospitals concerned." The research team was entirely non-medical.

In addition to the job analysis proper, personal interviews with all grades of hospital staff outside the wards chosen were used to gain a fuller picture of the hospital situation, and a study was made of ward diaries volunteered by members of the Ward and Departmental Sisters' Section of the Royal College of Nursing. These diaries were completed by twelve Sisters, covering a period of seventeen full days, and relating to wards varying from 14 to 54 beds.

Much interesting information resulted from this Nuffield job analysis. From the point of view of the present study the most interesting conclusions were :-

- (i) That the amount of time spent on the teaching of student nurses on the wards was negligible.
- (ii) That the practical training needs of the student nurses are subordinated to administrative necessity.
- (iii) That, in most cases, the student nurse is not required to do an excessive amount of domestic work.

The Nuffield Trust carried their hospital researches a step further by publishing, in 1955, a Report of Studies and Function in the Design of Hospitals.

As was pointed out by Dr. Cohen in his Minority Report, nurse function relates essentially to hospital function, but this second Nuffield Report contains nothing of direct value to the present study.

- (f) The Dan Mason Nursing Research Committee of the National Florence Nightingale Memorial Committee of Great Britain and Ireland.  
Report on The Work of Recently Qualified Nurses. 1956.

When the question of wastage from student nurse ranks was spotlighted by the Government Working Party Report (1947) little attention was paid to the rate of wastage of trained nurses. The Dan Mason Research Committee therefore investigated by means of a questionnaire, the work being done by nurses two and a half years after their obtaining State Registration.

An "adequate sample" of the nurses, male and female, who qualified in February 1953 were circularised in June 1955. 1,239 copies of the questionnaire were posted and 987 returns were received.

Of the 866 valid answers received from female nurses on the General Register, 44.4% were still in hospital service, either as Staff Nurses or Sisters. 15.9% were in the midwifery field, 15.4% in other nursing services, and 24.3% had left nursing, with marriage as "the most important factor to account for loss from the profession. At the time of answering 281 female nurses were married (32.4% of valid answers). 19.9% of these 281 were in whole time hospital service as Sisters or Staff Nurses and 9.3% were part time Staff Nurses. Only one third of nurses who married, that is, continued in hospital service.

"Comments and criticisms" were invited on the questionnaires, 132 female nurses offered such, and three subjects received comment by a quarter of all critics.

"Present salaries inadequate for amount of responsibility taken by trained nurses," mentioned by 25.7%

"Long, awkward, working hours," mentioned by 27.3%

"Outdated discipline, petty restrictions, unsympathetic matrons, lack of encouragement given to nurses", mentioned by 23.0%

#### B. Individual investigations or critical evaluations.

In the decade 1937-46 four books were published by authors who viewed the nursing services from very different angles, but who appear to share the same aim, that of influencing the public opinion on the matter of nurse training and recruitment. (a) Balme (1937) writes as a medical practitioner, and dedicates his book to "all who are striving to raise the standards of the nursing profession."

Dr. Balme is concerned about the variety of other people than State Registered Nurses who claim the title nurse in his village. As a member of the medical profession he knows "quite well what a nurse ought to be" but so far as the general public were concerned there seemed "no real status for the nurse, no easily recognisable mark which would distinguish those who had a right to call themselves nurses from those who had not." He compares the training and status of nursing and medical students, and concludes that, in the sense that medicine and dentistry are professions, nursing is not, since "the portals which lead up to the nursing vocation are unguarded .... any hospital efficient or inefficient is free to turn out its own nurses, ... and the educational side of nursing is entirely subordinated to the routine work of running the hospital ..... so nursing continues to be a craft to which apprentices of varying types are admissable, and not a profession." (Balme, 1937, p. 176).

(b) Carter (1939) writes as a trained nurse and midwife who is also a science graduate (economics) and considers herself the mouthpiece of a group of nurses.

Miss Carter is concerned with the need for fuller professional autonomy as an essential to raise the status of nursing. "No eminent nurse ever feels moved to write on the duties of the physician, or 'what I should like a doctor to be.' Doctors are asked to teach and examine nurses too much. Since, however, a doctor is in charge of a case and must see that a patient is properly nursed, it might be quite a good idea if every medical student, before qualifying, were to be questioned or examined by a registered nurse in the principles of good nursing and the proper relationship of doctor to nurse." (Carter, 1939, p. 176).

(c) Bevington (1943) is a psychologist who has "long experience as an investigator on the staff of the National Institute of Industrial Psychology."

Dr. Bevington's concern is with the relative speed of reform in methods of discipline in nursing compared with schools, prisons and industry. She concludes, after interviewing 525 nurses, in five hospitals, that there is "a relatively backward attitude in nursing administration in general." (Bevington, 1943, p. 83).

(d) Barclay (1945) states as his particular claim to attention that his is "the first book on the subject to be written from the onlookers angle, from which, proverbially, most of the game is to be seen."

The author claims "privately and in his appointment with a

large public authority, an unbroken contact with the many angles of the nursing recruitment problem over a period of nearly twenty years." He does not give any further details of the nature of this contact.

Mr. Barclay describes nursing as a profession, but is concerned chiefly with the desirability of setting up a further committee of inquiry based on his theory of letting potential nurses have a far greater voice in constructive criticisms as to what nursing should be. This committee he hopes might see fit to take his list of recommendations "as an agenda for study." His suggestions stress improvements in amenities in Nurses Homes, improved domestic staffing of hospitals, and the need for experiments in educational and administrative methods.

Only one of the above books (c) is based on an objective investigation of the nursing field. The other three therefore must be placed in the category of personal evaluations of the problems concerned. But as the effectiveness of a publication as propaganda does not necessarily (except perhaps in some minority groups) correlate positively with the objectivity of the observations on which it is based, these "articulate opinions" must be considered relevant in this study of social status.

(e) A fifth book, (Jephcott, 1948), is of some interest for its evidence of attitudes about nursing, although it is primarily a report of a field study of older adolescent girls and their outlook on life generally.

Jephcott's study is of the attitudes to life of a group of older adolescent girls. 103 girls co-operated, 37 in a pit village

in County Durham, 30 in a northern industrial town, and 36 in a slum area "within a mile of Piccadilly, London." The subjects were "ordinary girls, distinguished only by age characteristics." "In March 1945 they were all over 17 and under 21." (Jephcott, 1948 p. 19). The methods used were informal conversations during the girls' normal round of activities, in their homes, parks, dance halls, etc., and exchange of letters "fairly extensively." Questionnaires were hardly used at all.

Amongst the evidence thus obtained, Jephcott gives some interesting descriptions of the typical views held by this group of girls on nursing as a career. "Practically none.... considered anything but shop, office or factory work." "Nursing is a career that many of these girls have thought about, but which all except one have turned down." "Nursing does more than prevent you marrying at the expected age. It is an alternative to marriage in many of the girls' minds. They point to relations who are nursing of 27 and 28 years of age, who 'won't marry now' of course, and they are fixed in the belief that if you want to do well in nursing you must give up the idea of ever being married." "Three years training" when one is already 18 strikes one girl as "ludicrous."

"These two factors, that nursing will damage chances of marriage and that one is too old and experienced after several years work to embark on a long training weigh much more heavily than the still current stories of bad hospital conditions or low wages, or fear of rigid discipline of hospital training." (Jephcott, 1948, p. 132).

Jephcott's study can in no way be considered as a

statistically reliable survey, but it suggests two things. These "ordinary girls" have no conscious concern with the social status of nursing in terms of class consciousness, but they have clear cut views on marriage as essential for the individuals social prestige in their section of society.

### C. The Results of the above studies.

#### 1. New legislation.

The first Nurses Act of 1919 recognised State Registration for a duly trained nurse, and vested statutory powers of examination, registration and discipline in General Nursing Councils for England and Wales, for Scotland and for Northern Ireland.

In 1943, a second Act gave State recognition to the Assistant Nurse, by empowering the General Nursing Councils to keep a Roll of those candidates who have been enrolled for two years and have satisfied their assessors. The right to use the title nurse and assistant nurse was restricted, under penalty for misuse, and Nursing Agencies were ordered to supply evidence in writing of the qualifications of persons supplied by them.

In 1945 a supplementary Act was passed to regulate the position of the District Nursing Institutes.

The fourth, and last, Act of 1949 implemented the recommendations of the Government Working Party Report. Its main provisions were as follows :-

- (i) A single, enlarged, General Nursing Council was appointed for all Great Britain, and empowered to reduce the various nursing registers to a single one, as circumstances allowed

them to do so. The male nurse register has already been merged with the general nurse register.

- (ii) An Area Nurse Training Committee was set up in each of the fourteen regions of the National Health Service, to supervise and advise upon, training in the hospitals within the region. Hospital administration, Education and Health authorities work with members of the General Nursing Council on these Committees. Nurses are in the majority. Experimental schemes of training are encouraged and the General Nursing Council empowered to finance research relevant to nurse training.
- (iii) Hospital expenditure on training of nurses is separated from administrative finance.

## 2. Summary of improvements.

A quarter of a century has elapsed since the Lancet Commission's Report first stirred up public interest in nursing conditions during the twentieth century. Many, but not all, of their recommendations and further policy suggestions have been implemented.

The Preliminary State Examination may now be taken in two parts if desired, and an increasing number of hospitals are using some type of block system of training, whereby nurses are released from ward duties for days or weeks to attend lectures and pursue their theoretical studies.

The 1949 Act finally severed the connection of educational and administrative finances of hospitals. Experimental training schemes are in progress for both longer and shorter trainings for



### State Registration.

The Nuffield Job Analysis Report found that advance in the scale of salaries for nurses was "in a line with and amongst higher ranks, ahead of, that of kindred professions." (Horder, 1949, p. 36).

Despite this, 25% of the trained nurses who co-operated in the Dan Mason research project considered that salaries were too low for the responsibilities entailed. These were, of course, recently trained nurses, and the "advance" of salary rates is noted by Horder as being most marked in the higher posts. On the other hand, the very low rates of salary for nurses pre-war would call for greater advances at all levels to bring them into line with other professions.

"Long and awkward hours" are still a deterrent to nursing in the opinion of 27% of the Dan Mason nurse sample.

By the 1943 Act, two grades of nurses were officially recognised, but discussion still continues as to how wide the difference between the grades should be. The question of a university training in nursing for suitable candidates is a recurrent topic of discussion. It has recently been publicised as the official policy of the Royal College of Nursing in their booklet "Observations and Objectives." (1956)

#### IV. THE HISTORICAL ASPECTS OF THE STATUS OF NURSES.

##### 1. Early nursing stereotypes.

Nursing has been described as "an art, a vocation, and a profession." (Pavey, 1938. Sub-title).

As an art, the care of the sick has always been one of the domestic skills transmitted through the family system. In some religions, particularly the Christian one, care of the sick outside the family has been commended as a good work and undertaken as a religious duty, or vocation, by many.

In England, as in most Christian countries, the early history of hospitals and 'nursing' is a history of good works by religious groups of many types. It is a story of care, rather than cure. With the dissolution of the monasteries at the Reformation, a serious problem of public health was created. A certain number of institutions were therefore established to house the sick, in response to a public demand that the streets be cleared of the sick and dying poor, who, in pre-Reformation times would have found refuge under the care of some Religious House. It was, however, some two hundred years more before civic authorities paid really serious attention to the provision of general hospitals. A considerable number of our most famous hospitals were founded in the eighteenth century. The importance of adequate 'specialised' nursing, was not, however, recognised for another hundred years.

The influence of the earlier monastic system in England is reflected in the maintenance of the title Sister for the senior 'nurses' of those 'dark ages of nursing'; and indeed up to present times. And the first efforts to establish a modern nursing class, of educated and trained women, were those of religious Sisterhoods,

such as Mrs. Fry's Protestant Sisters of Charity or Institute of Nursing Sisters, founded 1840, who were "trained" (very slightly) to care for the sick in their own homes; and the Anglican Communities of St. John's House 1848, and All Saints' Sisterhoods, 1851, who staff some of the London hospitals.

As a profession, however, to be learned and practised as a specialised body of knowledge with formal standards of admission and its own code of ethics, British nursing looks for its origins to the foundation of the Nightingale School of Nursing at St. Thomas's Hospital, in 1860, and to the Nurses' Registration Act of 1919.

When Florence Nightingale, with what has been described as her "daemonic force of character" (Delmege, 1931) set herself to become a skilled, but secular, nurse, she had to defy not only the general social convention of that time, that serious work of any kind was incompatible with the status of gentlewoman, but also to disregard the stereotype which attached the label of immorality and drunkenness to all hospital nurses. The role of hospital nurse was one held in abhorrence by the majority of people in the first half of the nineteenth century, as is illustrated by descriptions found in the histories of those times.

"Generally of the charwoman type, unreliable, typsy and incompetent." (Lloyd, 1936).

"The nursing service, until the reform of Florence Nightingale became effective, only added to the other hospital horrors." (Robinson, 1932).

"Women were employed without any preliminary enquiries as

to character in order to induce them to serve for the very low wages. All the hospital records of that time teem with instances of nurses being reported for fighting, bad language, pilfering and extracting money from patients." (Pavey, 1938).

Florence Nightingale herself wrote in a letter to a cousin that one of her doctors acquaintances described the nurses at his hospital as "all drunkards without exception."

## 2. The Women's Movement.

If the stereotype of a nurse was a strong social deterrent in those days, that of the correct behaviour of "the gentlewoman" was equally strong. "Gentleness, reserve, refinement and delicacy" are cited by a contributor (a woman) in the *Englishwomen's Journal* of March 1859 as the essentials of women who wish to obtain "the full approbation of men." The education of girls generally was therefore concerned chiefly with the inculcation of correct feminine modesty and the drawing room skills.

In some more liberal minded families the girls were encouraged to apply their intelligence to the serious study of more academic arts with the help of fathers and brothers. But to do so was to be "odd" and to risk social disapproval. The more usual male attitude to feminine education is described in the *Englishwoman's Journal* of 1859: "Society abounds with coxcombs who unquestionably think, if they think at all, that our sex are perfectly destitute of brains."

This beginning of the social rebellion known as the "Women's Movement" received the support of a minority of men. John Stuart

Mill is one such early protagonist. But the strength of the feminine stereotype is well illustrated by the writings of one of these male supporters in "The Times". "I cannot see why working ladies need be more unsexed than working housemaids, nor why that activity which is deemed to make a woman eligible as a wife of a working class man, when exercised on higher subjects, unfits and discredits her to be the wife of a working barrister or medical man." (The Times, January, 1859).

The revolt of women against their lack of social freedom was related both to a desire to work and, for many, a need to do so. The census returns for 1861 showed over half a million more women than men. Many women above the 'working class' were compelled to become at least self-supporting financially. In some cases they had to provide for dependents.

Yet the pioneers of the Women's Movement had to withstand very strong social pressures as they initiated the successful revolt which has led to the now generally accepted personal and social freedom of their sex. The first Women's Employment Bureau of 1858 collaborated with the new Social Science Association to break down the barriers which forced dependence and poverty on women generally and on the unmarried woman particularly. The attempts of conservative society to discourage by ridicule are mirrored in the issues of Punch for those years.

### (3) The Influence of Miss Florence Nightingale.

Nurses, however, needed little encouragement from the central office of the movement. They had "an advocate more powerful than any alive." (Strachey, 1928).

The popularity of Florence Nightingale as the "heroine of the Crimea" is unparalleled in the social history of this country. The mixture of sentiment and genuine admiration with which her name was surrounded added to her social status as a gentlewoman and the "iron determination" of her personality gave her a prestige before which even the strong social conventions of the time were forced to give way, and the several references in Punch show genuine admiration, not criticism for "Mercy's Amazon." This enabled her to initiate a training school for nurses in which the needs of the trainees were recognised and accepted as a necessary reform within the health field. The skilled nurse became recognised as a professional partner of the doctor in the health team, and as capable of supervising the training of other nurses. A new role in society was created and a new respectable career opened which could be entered upon by educated women apart from the life of a religious order.

#### 4. Teaching in the nineteenth century.

The development of teaching as a woman's profession makes an interesting control study. Before the opening of the Nightingale School of Nursing teaching was the only allowable field of employment for women above the 'working class', apart from a small minority who found work as writers, artists or on the stage. The majority of such women taught as governesses in return for board and lodging, with or without a small salary. A governess was accepted as a necessity but considered as a misfit. "A tabooed woman to whom he (any gentleman) is interdicted from granting the usual privileges of the sex, and yet who is perpetually crossing

his path. She is a bore to most ladies .... and a reproach too ..... the servants invariably detest her for she is a dependent like themselves .. yet .. much their superior in other respects." (Neff. 1929).

A few more fortunate women were able to open small private schools. Of one such we read that in 1864 "she took the only way possible for a lady in her position." (Burstall, 1938). This innovation, if permissible, was not encouraged by society. Writing eight years after this, a protagonist of women's work found it necessary to ask, "Why should a lady be less esteemed as a village schoolmistress than as a governess?" (Hubbard, L.M., 1872).

#### 5. Supply and demand of teachers and nurses in the nineteenth Century.

In Blackwood's magazine for December 1860 one reads "The class of teachers is, we are told, enormously overstocked, and it is the natural vocation to which every educated or semi-educated woman naturally turns her hand." The Education Act of 1870, however, established national elementary schools and created a great demand for certificated teachers. Discussing this need, Miss Hubbard writes "It is therefore clear that this army of pupil and assistant teachers must, in the main, be attracted from the manual labour classes and families of superintendents of labour and humbler tradesmen. Sufficient inducements could not, in the first instances, be offered to other classes to devote their children to this profession."

A seven year system of apprenticeship, with an average stipend of £15 per annum was offered, with annual test examinations, as the preparation for "a profession which it was the intention of

the Government to render honourable by a certificate." (Hubbard, 1872).

To attract gentlewomen to teaching posts, more training colleges were needed, since these would allow "association of ladies on pleasant mutual terms with young women."

As regards nurses, as early as March 1866 the Lancet asserted that "Those who are connected with public hospitals and indeed medical practitioners generally ... feel constantly and with increasing force the great deficiency of trained nurses." By 1869 they were "glad to note that one by one the London hospitals are taking steps to improve their staff of nurses both as respects (sic) members and qualifications." By then both the Middlesex and St. George's, as well as St. Thomas's, Hospitals had taken such steps. The early records of Guy's Hospital show that training there evolved more slowly, but the Guy's Gazette referred to an increasing appreciation of the value of trained nurses to relieve the medical students of many of their duties, and by 1877 a definite lecture programme for nurses was established. The usefulness of trained women to nurse the sick poor in their homes was also recognised, and as early as 1864/5 training schools for District Nurses were established in Liverpool, Derby and Manchester.

Applications for nurse training far exceeded the number of places available. The records of the Nightingale School of Nursing show over 2,000 applications for the 32 available places in 1880. In 1894 Guy's records showed 2,000 applications and in 1898, 3,000 were made.

The Nightingale School of Nursing admitted two types of



probationers. "A limited number of gentlewomen who may desire to qualify themselves in the practice of hospital nursing with the express object of entering upon the profession permanently by eventually filling superior situations in public hospitals and infirmaries" were admitted on the payment of £30 maintenance fees for a year's training, and the obligation to work three years afterwards in the hospital.

"A year's training to women desirous to work as hospital nurses", with payment in money and clothing to the value of £16 was also offered. This year might be extended by the committee for a further quarter, if necessary. (Nineteenth century regulations as to the training of probationers under the Nightingale Fund).

For women, whether ladies or not, gentlefolk or working class, in the then current terminology, there was a choice of two respectable and permissible professions demanding similar standards of educability in that applicants were desired to be able to read and write. Both offered arduous training, teaching being slightly ahead in that some training colleges offered preliminary training, as against the apprenticeship system of the pupil teacher or the hospital nurse. Salaries were equivalent. Nursing offered what was then considered an added inducement, in the provision of Nurses Homes to ensure protection for those leaving their homes to work.

## V. THE PRESENT STUDY.

### 1. Introduction.

An endeavour has been made to assess the prestige of 'professional' nursing, and hence the social standing of the trained (State Registered) nurse, in twentieth century Britain, by contrasting nursing with a small number of other possibly comparable occupations for women.

For an enquiry to have any claim to represent public opinion the samples of opinion used must be large and varied. The enquiry therefore had to depend almost entirely upon questionnaires, to enable a single investigator to obtain a large enough sample in a given time.

Three questionnaires were devised and used.

- A. A paired comparisons form which brought nursing into contrast with four other occupations as regards seven components of social prestige.
- B. A simpler ranking form in which nursing was considered as one of three occupations only, by "the general public."
- C. An intra-occupational form of B, completed by members of the three occupations.

### 2. Areas of study.

Co-operation was sought amongst comparable groups in various parts of England to allow for contrasts between northern and southern, and rural and urban cultural areas.

The north/south contrast was the less difficult to obtain. The task of gaining the co-operation of subjects in country districts

proved too time-consuming to be completed fully. The urban/rural contrast can only be made therefore with data from one questionnaire, B above.

This difficulty in obtaining full co-operation in rural areas is undoubtedly in part due to differing social attitudes in town and country, but there is evidence also that in the first questionnaire, A above, the paired comparisons technique was too demanding a task for widespread use.

### 3. The Questionnaires.

#### A. The Paired Comparisons Form.

##### Preparation.

This first questionnaire aimed at obtaining a status or prestige ranking for nursing compared with the four other occupations of teaching, saleswomanship, general clerical work and light factory work. The choice of occupations was based on evidence from an earlier investigation by Lingwood (1941) and on factual information about the earlier occupations of some nursing students. Indications of the meaning to be attached to each occupational name were given on the page of instructions at the front of the questionnaire, and this page was available for reference while the task was being performed.

Status or prestige was not mentioned directly, but was considered as the resultant of seven features which seem to make for high prestige or status. A question relating to one of these components headed each page and was followed by a list of the occupations set out as ten pairs, so that by a series of ten single choices, the subjects compared each occupation with each of the

other four.

The seven components were :-

- (i) Intelligence
- (ii) Educational background
- (iii) Responsibility entailed in the work
- (iv) Initiative required in the work
- (v) Standard of dress
- (vi) Home background
- (vii) Material prosperity normally attainable in the occupation.

The selection of these components was based on a variety of considerations. According to Linton (1936) status is both ascribed and achieved. Similarly an individual's social prestige relates both to his family background as well as his personal qualities and achievements, and the prestige of an occupation relates to the qualities of those who enter it as well as their achievements within it. Surgery for example was first a low grade occupation because it was performed by barbers. Now that it has developed sufficiently to interest members of higher social status surgeons share the social primacy of physicians. Yet basically it still includes the tasks done by the barber-surgeons. So the components of occupational prestige must refer to both ascribed and achieved ingredients.

The complexity of any social phenomenon does not lend itself to a neat analysis into a small number of parts, yet the number of choices to be made in a paired comparisons questionnaire must be kept within the limits of time and patience of the world's busy workers who are not particularly interested in social research. The terms used must also be meaningful for respondents in various

walks of life as well as for students familiar with the language of the social sciences.

Over a period of weeks therefore 'spontaneous' discussions were evoked with university students facing the choice of their own careers. Students reading in various departments were approached including some reading psychology. Although this method limited discussions to an academic sphere such students do tend to be more articulate than school leavers or those doing technical courses. The population of this London College <sup>1</sup> also represents a fair sample of the community. Students' own ideas were first sought and then their opinions about Harding's (1948, 1953) gradients of deference.

"Birth" of class still counts in social prestige or status. In assessing social class there is not, as Marshall (1934) reminds us any hallmark which allows society to recognise a person's class as does "the entomologist a beetle." Yet there are as Pear (1942) writes, social clues which are "visible, audible and olfactory." The components 'dress' and 'home background' were chosen to suggest these minutiae of behaviour and appearance. Education also in England relates in part to social class, while forming a link with the achieved as against the ascribed sort of status or prestige.

Intelligence is firmly linked with occupational grading in the vocational literature, as well as in the Registrar General's statistics, for example in Oakley and Macrae (1937) and Burt (1926)

<sup>1</sup> Bedford College for Women.

and other writers on social psychology. In this questionnaire it is likely to carry its popular meaning which denotes social responsiveness as well as intellectual ability. An individual may lose prestige by apparent lack of capacity to be socially appreciative. He may be considered to 'lack the wits to grasp the other's point of view'. On the other hand lack of sociability is not incompatible with high prestige if it is known or believed that an individual is of superior intellectual capacity. He may then be considered to be pre-occupied with more important (intellectual) matters to be concerned with the more ordinary ones.

Responsibility and initiative tend to be linked together in the discussion of work or job status. Jaques (1956) has illustrated this in his discussion of levels of work. The components are included separately in this enquiry because criticisms of nursing not infrequently stress their separation in this occupation. Initiative also tends to be rated highly for its own sake, given a certain level of intelligence and security. Wyatt and Langdon (1937) investigating boredom amongst factory workers, found that in each of three factories the average markings given to ten "factors associated with conditions of work" put security in first place, opportunities to use one's own idea seventh, and work to make one think eighth in two and ninth in the third of these factories. Stephens (1939) found however that of "ten conditions of work arranged in order of importance by these (secondary school) girls, the more intelligent stress two conditions; 'work that needs thought' and 'opportunity to use your own ideas.'" Initiative was frequently cited by the undergraduates in the discussions of occupational prestige and like responsibility it seems to denote

TABLE I.

DISTRIBUTION OF PAIRED COMPARISON QUESTIONNAIRE

Area of Distribution	Type of Subject	No. Out	No. Back	Lost
London	Saleswomen A	10	8	2
	" B	15	11	4
	" C	9	8	1
	Teacher Students	20	17	3
	Nursing Students	17	17	0
	Secretarial Students	25	25	0
	Doctors	20	16	4
	Physiotherapists	25	23	2
	Totals		141	125
Yorkshire and Lancashire	Secretarial Students	20	20	0
	Factory Workers	20	20	0
	Shop X	10	0	10
	Teacher Students Y	20	16	4
	" " L	20	20	0
	Nursing Students A	16	16	0
	Totals		106	92
Southern County	Factory Workers	10	0	10
	Nurses	14	(2)	12
	Rangers (i.e. Senior Girl Guides)	25	0	25
	Girls' Life Brigade	12	0	12
	Women's Institute Members	25	(4)	21
	Miscellaneous (Farmers, etc.)	12	(5)	7
	Totals		98	(11)

SUMMARY

Area	Out	Back	Lost
London	141	125	16
North	106	92	14
Southern County	98	11	87
TOTAL DISTRIBUTION AND RETURN	345	228	117

high ability, seniority, merit etc. In addition initiative seems to stress the concept of leadership as against ideas of subservience, following a fixed routine, working under orders etc.

Material prosperity included the related ideas of financial return for work, ("the rate for the job") and standard of living. It was useful because in 1948 nurses were still receiving part of their salary as emoluments. In addition, as Mess (1940) points out, it is "the general distribution of expenditure" rather than exact income level, that counts in social judgements.

#### The distribution of the questionnaire.

Although it was not possible, as indicated earlier, to obtain the full North/South and urban/rural comparisons desired, it was possible to get representatives of all the five occupational groups as subjects. In addition co-operation was obtained from a group of doctors and of physiotherapists, in order to extend the sample of opinions within the health field and to serve as control groups, in that they are not mentioned in the questionnaire.

Table I gives the details of the distribution of this questionnaire. Tables II - V show the results based on the analysis of 217 completed forms.

As Table I shows, there were actually 228 questionnaires received back completed, but the rural groups were eliminated from the final analysis because they could not be considered representative. Numbers from all sub-groups were so small, that they could not represent their section of the community.

For occupational representation the Saleswoman group is possibly the best. Co-operation was obtained from actual counter-



hands of three London stores, and these stores were chosen with regard to the social stratification within this field. The total of 27 Saleswomen includes 8 from the lowest, 11 from the middle and 8 from the highest grade of store. Similar stores were approached in the North, but co-operation was refused either directly, or indirectly by acceptance but non-return of the questionnaires, even after a follow-up letter of enquiry.

The Teaching, Nursing and Clerical work groups are represented by students. Training schools were approached first because they were more easily accessible, and by using such groups it has been possible to get the North/South contrast for these three occupations as regards trainees. Further efforts, however, to obtain similar representation of opinion from the trained and practising members of the three groups had to be abandoned as too difficult and time-consuming.

The doctors who acted as subjects were members of a London post-graduate class. The physiotherapists were members of the staff of a large London clinic.

#### Results from the Paired Comparison Questionnaire.

##### (i) Method of Scoring.

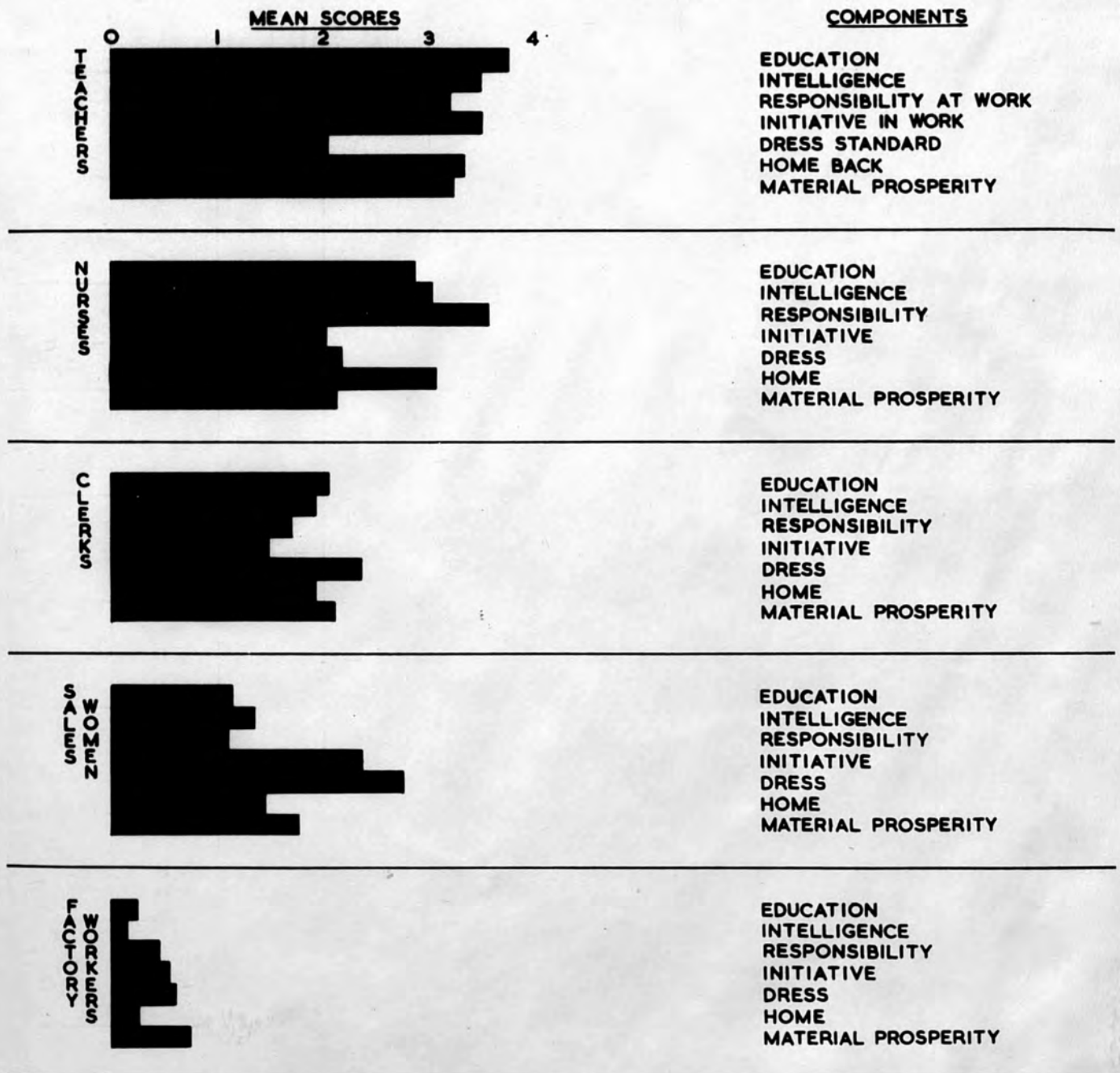
The possible range of score for each occupation relative to each question is from 0 - 4.

Failure to underline either of a pair was treated as equivalent to underlining both, so that unless a subject abstained from underlining a question by ignoring a whole page the total score for each page, that is for each prestige component, is 10.

As some subjects abstained from answering certain questions, the number of such abstentions has to be taken into account in

## OCCUPATIONAL PRESTIGE PROFILES

(FROM RESULTS OF 217 SUBJECTS WHO COMPLETED THE PAIRED-COMPARISON QUESTIONNAIRE)



T A B L E I I.

O C C U P A T I O N A L P R E S T I G E S C O R E S

FROM RESULTS OF 217 SUBJECTS AND PAIRED COMPARISONS QUESTIONNAIRE

A. TOTALS

Occupation	P R E S T I G E			C O M P O N E N T S			
	Education	Intelligence	Responsibility	Initiative	Dress	Home	Material Prosperity
T.	805.5	744.5	691.5	733.0	414.5	659.0	652.0
N.	613.5	667.5	763.5	441.0	431.5	606.0	421.0
C.	433.5	407.5	363.0	304.5	465.0	374.5	419.0
S.W.	237.0	281.5	235.0	497.0	541.5	281.5	355.5
L.F.W.	50.5	39.0	97.5	114.5	117.5	49.0	152.5
Abst's.	(3)	(3)	(2)	(8)	(20)	(20)	(17)

B. MEANS

Rank of Occupation	P R E S T I G E			C O M P O N E N T S			
	Education	Intelligence	Responsibility	Initiative	Dress	Home	Material Prosperity
1st	T 3.76	T 3.48	N 3.55	T 3.51	S.W. 2.75	T 3.34	T 3.26
2nd	N 2.86	N 3.12	T 3.22	S.W. 2.37	C 2.36	N 3.08	N 2.11
3rd	C 2.0	C 1.90	C 1.69	N 2.11	N 2.19	C 1.90	C 2.10
4th	S.W. 1.11	S.W. 1.32	S.W. 1.09	C 1.46	T 2.10	S.W. 1.43	S.W. 1.77
5th	L.F.W. 0.24	L.F.W. 0.18	L.F.W. 0.45	L.F.W. 0.55	L.F.W. 0.60	L.F.W. 0.25	L.F.W. 0.76
TOTAL	10.00	10.00	10.00	10.00	10.00	10.00	10.00

Key to abbreviations used in table:

- T - Teachers
- N - Trained Hospital Nurses
- C - Clerks
- S.W - Saleswomen
- L.F.W - Light Factory Workers
- Abst's - Abstentions from answering this question

finding the mean scores. The number and location of such abstentions also provide some more positive evidence about the questionnaire. Together with the number of remarks written in the space provided for "criticism or comment", these abstentions show which parts of the questionnaire presented the most difficulty to subjects. Examination of the remarks also shows that the difficulties in some cases were definitely emotional, others were more objective. (see page 69 ).

(ii) The prestige profiles.

If the mean score for each component is calculated from the total scores from all 217 subjects with allowances for abstentions, the occupations can be ranked as 1st - 5th for each of the seven components. Table II shows the prestige scores obtained by this method. It indicates the general relative standing of the five occupations in respect to the seven features affecting social prestige, as judged by the total sample of opinion taken. Figure A translates these figures into a histogram giving the profiles for the five occupations.

(iii) Examination of the relative sizes of the intervals.

Between the mean scores for each occupation and the one next lower on the scale above, reveals the following points of interest. (Table III).

Teaching is ranked higher than Nursing for every component except responsibility at work. Nursing is given a slightly higher rating for this. The remarks volunteered show four types of attitude to this question.

TABLE III.

SIZES OF INTERVALS BETWEEN RANKINGS GIVEN TO THE

FIVE OCCUPATIONS

(By the averages in Table II)

C O M P O N E N T S							
Occupations Compared	Education	Intelligence	Responsibility	Initiative	Dress	Home	Material Prosperity
T - N	0.90	0.36	-0.33	1.40	-0.09	0.26	1.15
N - C	0.83	1.22	1.86	0.65	-0.17	1.18	0.01
C - S.W.	0.92	0.58	0.60	0.91	-0.39	0.47	0.33
S.W. - L.F.W.	0.87	1.14	0.64	1.82	2.15	1.18	1.01

TABLE IV.

DISTRIBUTIONS OF ABSTENTIONS

Subject Groups	C O M P O N E N T S							G R O U P S		
	Educa- tion	Intelli- gence	Responsi- bility	Initiative	Dress	Home	Material Prosperity	Group Totals	Size	Mean
S.W.	-	-	1.0	1.0	5.0	-	2.0	9.0	27	0.33
F	-	1.0	-	2.0	1.0	8.0	3.0	15.0	20	0.75
T	-	-	-	1.0	4.0	1.0	3.0	9.0	53	0.17
N	3.0	1.0	1.0	1.0	6.0	5.0	5.0	22.0	33	0.66
C	-	1.0	-	-	2.0	4.0	2.0	9.0	45	0.20
Physio.	-	-	-	3.0	-	1.0	-	4.0	23	0.17
Drs.	-	-	-	-	2.0	1.0	2.0	5.0	16	0.31
TOTALS	3.0	3.0	2.0	8.0	20.0	20.0	17.0	73.0	217	

- (a) That the teacher has the greatest responsibility because she 'moulds the minds of the younger generation.'
- (b) That since a nurse deals with issues literally of life and death her responsibility is the greatest.
- (c) That different types of responsibility defy comparison.
- (d) That every worker is equally responsible as regards her job, no matter what it is.

Teachers are placed markedly higher than nurses as regards both the 'use of their own ideas while at work', and the opportunity to 'enjoy a higher material standard of living'

Again, from the remarks volunteered, there are two different attitudes commonly held about each of the above differences.

- (a) There are those who stress the fact that the teachers are the only ones with any chance of using their own ideas. 12 out of the 45 remarks relating to initiative make this the main, or only, emphasis.
- (b) There are those, 13 out of 45, who, with or without emphasising the teachers as above, express the strong conviction that nurses are too tied by routine to have any scope for the use of their own ideas. Some stress nursing particularly. Others class it with 'the others', as distinct from teaching.

There are only three subjects who make the point that, although much of the nurse's work is necessarily 'under orders' and of a routine nature, yet she has plenty of scope to use her own

TABLE V.

NUMBERS AND DISTRIBUTION OF REMARKS WRITTEN ABOUT THE  
VARIOUS COMPONENTS OR QUESTIONS

Subject Groups	C O M P O N E N T S							Group Totals	Size of Group	Mean No. of Remarks for Group
	Educa- tion	Intelli- gence	Responsi- bility	Initiative	Dress	Home	Material Prosperity			
Sales- women	8.0	6.0	10.0	6.0	11.0	6.0	8.0	55.0	27	2.04
Light Factory Workers	3.0	4.0	2.0	5.0	7.0	9.0	4.0	34.0	20	1.70
Teacher Students	12.0	4.0	2.0	11.0	22.0	8.0	10.0	76.0	53	1.43
Nursing Students	2.0	5.0	4.0	3.0	14.0	7.0	10.0	45.0	33	1.36
Clerical Work Students	12.0	3.0	5.0	11.0	17.0	13.0	10.0	71.0	45	1.58
Physio- thera- pists	7.0	4.0	7.0	6.0	11.0	2.0	10.0	47.0	23	2.04
Doctors	2.0	1.0	3.0	3.0	5.0	4.0	4.0	22.0	16	1.38
TOTALS	46.0	27.0	33.0	45.0	87.0	49.0	56.0	350.0	217	
MEANS	0.21	0.12	0.15	0.21	0.40	0.23	0.26			

ideas in the psychological aspects of her work.

Thus, out of the 45 remarks relating to this question on initiative and work, only 3 suggest what many nurses regard as the correct picture of the routine side of nursing in relation to the other aspects. The three remarks suggesting the more balanced view of nursing relative to this question on initiative came from very different groups. One subject was a trainee in a London hospital, one a trainee in a Teacher Training College, and one at a Secretarial College. All three were southern groups.

(iv) Evidence from the numbers of remarks and abstentions.

(a) Abstentions.

Examination of Table IV shows that questions on dress and home background caused the highest number of abstentions. (9.00% of all 217 cases). A fairly large number of subjects (7.80% of all cases) abstained also from answering the question about material prosperity. But the mean number of remarks about this component is much lower than for the dress and home components, and the remarks are objective, not emotional.

(b) Remarks.

(i) Table V shows that the numbers of remarks about dress is markedly higher than for any other component. This question appeared to provoke feeling for several reasons. Although the question did not suggest it, some subjects assumed that dress is linked with social class, or general social status, and their remarks showed a distinctly antagonistic attitude to such a reference. To evade the problem of making judgment which would infringe a social taboo,



stress was laid on the individual element in good taste in dress. Other subjects remarked, with greater objectivity, that present-day utility fashions, together with the general blurring of the older class distinctions made dress no longer a useful indication of social status. A small number claimed that nurses and teachers were far more interested in their work than in their clothes, and that teachers especially would be 'dowdy' even if they dressed more expensively.

(ii) The question about material prosperity provoked the next highest number of remarks. The phrase 'able to enjoy' can be interpreted as having access to material comforts or having the ability to use them. The aim of the question was reference to the relationship between social prestige and financial status or rewards for services. The words material prosperity were used rather than a direct reference to salary or wage because, in 1948, part of a nurse's salary was still in the form of emoluments. That a considerable number of subjects interpreted the question as referring to educational background suggests further emphasis on the fact that stratification between occupational groups exists even if verbal recognition of it is still an infringement of taboo for many people.

(iii) The third highest number of remarks was provoked by the question referring to social background. (Which...comes from the better class home?) Some of the remarks are objective, and point out that there is now enough blurring of the older class distinction to make such a question difficult to answer. Others show obvious emotional toning as, for example :-

TABLE VI.

MEAN SCORES GIVEN TO OCCUPATIONAL GROUPS FOR THE SEVEN COMPONENTS

Subject groups making ratings	Occupations Being Rated on Forms					Component Question
	S.W.	L.F.W.	T.	N.	C.	
S.W.	1.74	0.30	3.59	2.54	1.83	EDUCATIONAL BACKGROUND
L.F.W.	1.13	0.10	3.85	2.63	2.30	
T.	0.87	0.24	3.91	2.90	2.10	
N.	0.93	0.48	3.67	2.95	1.97	
C.	1.12	0.16	3.77	2.82	2.13	
Drs.	1.09	0.12	3.66	3.25	1.88	
Physio.	1.11	0.20	3.76	3.11	1.83	
S.W.	1.93	0.19	3.22	2.76	1.91	INTELLIGENCE
L.F.W.	1.29	0.26	3.39	3.08	2.03	
T.	1.19	0.11	3.62	3.20	1.88	
N.	1.16	0.31	3.22	3.48	1.83	
C.	1.31	0.10	3.56	2.92	2.04	
Drs.	1.16	0.13	3.69	3.06	1.97	
Physio.	1.26	0.30	3.57	3.22	1.65	
S.W.	1.52	0.39	2.92	3.40	1.77	RESPONSIBILITY AT WORK
L.F.W.	1.15	0.58	3.00	3.58	1.70	
T.	1.01	0.28	3.46	3.50	1.75	
N.	1.05	0.72	3.03	3.75	1.45	
C.	1.08	0.41	3.29	3.40	1.82	
Drs.	0.91	0.31	3.16	3.81	1.81	
Physio.	0.98	0.63	3.33	3.63	1.44	
S.W.	2.79	0.63	3.27	1.83	1.48	INITIATIVE AT WORK
L.F.W.	2.50	0.61	3.22	2.19	1.47	
T.	2.33	0.61	3.83	1.85	1.39	
N.	2.41	0.81	3.16	2.39	1.14	
C.	2.13	0.36	3.66	1.98	1.88	
Drs.	2.22	0.31	3.59	2.88	1.00	
Physio.	2.50	0.28	3.40	2.33	1.50	
S.W.	3.43	1.00	1.25	1.86	2.46	DRESS STANDARDS
L.F.W.	3.45	1.16	1.32	1.34	2.74	
T.	2.21	0.26	3.06	1.99	2.48	
N.	2.21	0.61	2.24	2.70	2.24	
C.	2.72	0.40	2.05	2.74	2.10	
Drs.	3.03	1.07	1.68	2.04	2.18	
Physio.	3.17	0.54	1.76	2.09	2.44	
S.W.	2.06	0.31	2.91	2.67	2.06	HOME BACKGROUND
L.F.W.	1.38	0.17	3.50	3.13	1.83	
T.	1.05	2.78	3.60	3.10	1.98	
N.	1.32	0.25	3.36	3.18	1.89	
C.	1.45	0.28	3.26	3.11	1.90	
Drs.	1.50	0.10	3.17	3.40	1.83	
Physio.	1.64	0.14	3.48	3.14	1.61	
S.W.	2.30	0.72	3.06	1.96	1.96	MATERIAL PROSPERITY
L.F.W.	2.06	0.76	3.44	1.53	2.21	
T.	1.40	0.45	3.70	2.27	2.18	
N.	1.63	1.27	3.09	1.96	2.05	
C.	1.70	0.51	3.08	2.41	2.30	
Drs.	1.97	0.84	3.22	2.03	1.94	
Physio.	2.05	1.33	2.93	1.98	1.71	

Key to abbreviations used in Table:

- |                             |                                |
|-----------------------------|--------------------------------|
| T = Teachers                | S.W. = Saleswomen              |
| N = Trained Hospital Nurses | L.F.W. = Light Factory Workers |
| C = Clerks                  | Drs. = Doctors                 |
| Physio. = Physiotherapists  |                                |

(Abstentions allowed for)

"Snobbish. I don't like it."

"Too snobby for words."

"I prefer not to answer this question."

It was the emotional toning of many volunteered remarks together with evidence, as from the southern factory and the rural areas, that the questionnaire was too difficult a task to be widely distributed, which led to its replacement by the simpler one-page questionnaire.

Despite the limitations, however, the results, both numerical and as regards the quality of the remarks volunteered, combine to show that nursing is more generally considered as comparable with teaching and clerical work, than with saleswomanship or light factory work, so that the next, "Three Occupations" questionnaire was a justifiable narrowing of the field of comparison.

(v) Further evidence from this questionnaire.

The various groups of subjects are too small, taken separately, to be used as evidence, but interesting differences between the mean scores of the various groups are suggestive of such things as the level of esteem or loyalty within groups, and of possible inter-occupational loyalties or groupings. Table VI gives the mean scored awarded to the five occupational groups by the various subject groups for all seven components, and shows several interesting features.

- (i) Saleswomen and teacher subjects both give themselves higher scores (means) than those given to them by other occupations for six out of the seven components. None of the other three occupations show such consistency in higher self

ratings.

- (ii) The high self-rating of the teachers with regard to the question on standards of dress is of considerable interest. It is the only mean score, for this component, which is above the  $3/4$  level. As the prestige scores in Table II and Figure A show, teachers are rated distinctly lower for dress than for any other component by the groups as a whole. This low rating in conjunction with the specific remarks referred to above (page 68) suggests a social "stereotype" relating to the appearance of teachers. The general refusal on the part of the teacher students to accept this stereotype suggests either lack of social insight in their group, or different standards of dress from those held by the people generally. Since, on the whole, the teacher groups showed good insight as regards other questions it is probably more correct to interpret this difference of opinion between the teachers and other groups as indicating some sort of social isolation between the teachers and "the others."
- (iii) The nurses (students) however, only rate themselves higher than all other groups rate them for one component, that of "the intelligence of nurses on the whole." For initiative and responsibility, as well as for home background, nurses rate themselves lower than the doctor groups rate them. These differences may mean that the nurses tend to accept the picture suggested by the remarks volunteered of the nurses as denied outlet for initiative in her work, and is

important as part of the evidence of this enquiry.

- (iv) This high rating of the nurses by the doctors is interesting when compared with evidence from nurses' complaints, that the doctors treat them as "mere pairs of hands" or even "as dirt". One recalls that Coutu's medical student subjects showed very marked egocentrism, and a correspondingly high estimation of the graduate nurse. It is possible that the doctors have rated the nurse high because she is the one representative of the medical field in this questionnaire.

It is tempting to try to draw more conclusions from Table VI. But, as Slater (1951) has pointed out in his paper, under the mathematical conditions imposed by the methods of paired comparisons the general tendency to negative inter-correlation limits the value of the score differences as indicators of psychological differences, i. e. of genuine expressions of opinion.

By using a transformation matrix however, he claims to have demonstrated "significant divergences of opinion between the (five) groups on the topic of dress." The application of this matrix to all scores for all components would have been too time-consuming for the present investigation. It is not possible therefore to assess Slater's suggestion that by applying a transformation to scores before submitting them to the more usual statistical analyses, this method of paired comparisons is possibly a really useful tool in "socio-metric studies of inter-group solidarity and class consciousness."

B. THE THREE OCCUPATIONS QUESTIONNAIRE. GENERAL FORM.

(a) 1st Version. (See appendix I.B. (i))

1. Preparation.

As the paired comparisons questionnaire proved too difficult a task, emotionally if not intellectually, for many subjects, a simpler questionnaire had to be devised in order to get the larger samples of opinions needed. The results of the first questionnaire had shown nursing to be held as more nearly comparable with teaching and clerical work than with the other two occupations, and the second questionnaire therefore referred only to three occupations.

Since some subjects had complained of the difficulty of trying to make general social judgements when asked, e.g. "on the whole which group in each pair is likely to have.....?" the instructions in the second, three occupations, questionnaire aimed to eliminate this difficulty by asking for a choice concerning "a sister or daughter." By setting the question in a near-personal frame of reference it was hoped also to increase the validity of the opinions given, as Bogardus has shown the importance of "social distance" in the assessment of attitudes.

To avoid any chance effects due to the order of presentation of the occupation three forms A, B & C were used, so that each occupation was mentioned first, second and third in turn. So far as possible equal numbers of the A, B & C forms were issued to each group.

The tasks set were (i) to rank the three occupations in order of preference and then (ii) to indicate the reasons for placing an

T A B L E V I I.

LIST OF OCCUPATIONAL DISADVANTAGES.

1st AND 2nd VERSIONS COMPARED.

A. Basic list of ordinary conversational references.

Origin	Actual wording used	1st No. version	2nd No. version
Teachers and General Conversation	(a) There is much mental strain involved.	6	18
	(b) Such work tends to make a girl "bossy" and domineering.	10	2
	(c) There are fewer opportunities for marriage.	12	6
	(d) There are too many extraneous duties demanded these days.	14	9
Secretarial/Clerical workers and General Conversation	(e) There is danger of eye-strain.	5	8
	(f) The work is monotonous.	7	11
	(g) There are fewer opportunities for interesting work after training.	8	13
Nursing and General Conversation	(h) Hours of work are too long	1	1
	(i) There is too little personal freedom for the worker (1st version).	2	17
	(j) The pay is too low for the work done.	13	7
	(k) There is too much physical strain involved.	4	5
B. Nursing from this enquiry	(l) There is too little scope for initiative in the work.	3	21
	(m) Such work tends to harden a girl.	9	16
C. Nursing W.P. Report 1947	(n) Younger people are often made unhappy by unsympathetic seniors in this work.	0	3
	(o) Present conditions in this work are likely to prove very frustrating to the young worker.	0	10
	(p) There is too much old fashioned discipline of workers in this occupation.	0	12
	(q) The changes of pleasant and interesting recreation are too limited.	0	15
	(r) This work offers too little prospect of material well-being and reasonable comfort.	0	19
	(s) Such work tends to take a girl away from home too much.	0	20
D. Balance reason	(t) Such work offers little chance for a girl to widen her experience by living away from home.	0	14
E. Test reason	(u) On the whole one is less likely to meet people of good social standing in such work.	11	4

occupation <sup>kind</sup> by (a) ticking any of the list of disadvantages supplied which seemed applicable, and (b) giving any other reasons not on the list, in the space provided.

The questionnaire thus aimed to obtain two sets of data.

(i) The relative popularity of nursing when compared with teaching and clerical work by the various subject groups, and (ii) some indication of the reasons held against these three occupations.

The occupational disadvantages. (See Table VII.)

The list of 14 occupational disadvantages (Table VII. A & B) consisted of a basic list of eleven commonly mentioned ones, into which two less commonly cited reasons against nursing were inserted together with a test reason (u) referring directly to social stratification. The basic eleven disadvantages derived from ordinary conversational references, both within the occupations and by the general public to the "drawbacks" of these three occupations. Four (a, b, c, d) refer to teaching, three (e, f, g) to clerical work and four (h, i, j, k) to nursing. Of the two less usual references to nursing one (l) concerning initiative is based on opinions given by many university students in discussions, and the other (m) concerning the tendency to harden a girl was volunteered by a (male) Youth Leader in the North.

The order in which the disadvantages were presented was a random one, so that errors arising from space positions might be avoided.

Further data.

Subjects were invited to supply details of age-group, sex



TABLE VIII.

DISTRIBUTION OF FIRST VERSION OF THREE OCCUPATIONS QUESTIONNAIRE

		<u>No. Out</u>	<u>No. Back</u>
I.	<u>General Urban</u>		
	1. Miscellaneous, non-nurses (14 London, 2 via Essex, 4 Lancs.)	20	20
	2. Factory Staff, Yorkshire.	30	13
	3. Secretarial Students, Yorkshire.	18	18
	4. Technical Teacher Students, Lancs.	88	88
	5. Secondary School Parents, Lancs.	100	15
	6. Hospital non-nursing staff, Lancs.	15	15
	7. Large Departmental Store, Yorks.	20	0
	Urban Group Total...	291	169
II.	<u>General Rural</u>		
	1. Essex		
	Ranger Companies.	25	5
	Girls' Life Brigade	12	3
	Factory Workers.	40	4
	W.I. Members.	25	17
		(102)	(29)
	2. Gloucestershire Via a Church Club	25	21
	Rural Group Total...	127	50
III.	<u>Teacher Students</u>		
	1. Lancs.	35	35
	2. Leeds	30	18
	3. Kent	20	0
	Teacher Student Total...	85	53
IV.	<u>Social Studies Students</u>		
	1. London	30	30
	Social Science Students	(30)	(30)
V.	<u>Health Field</u>		
	1. Doctors. D.P.H. Class.	20	17
	2. Physiotherapists, London.	25	19
	3. S.R.N.s, Essex and Lancs.	12	12
	4. Student Nurses, Lancs.	19	19
	Health Field Total ...	(76)	(67)
Total distributed this edition .....		609 accepted.	
		369 returned	

(No significance attaches to the differences in the numbers returned, as the method of distribution varied in different cases.)

and occupation as useful aids to the analysis of the data but it was emphasised that this was not obligatory, with the hope of obtaining the co-operation of greater numbers.

## 2. Distribution of this questionnaire. (See Table VIII.)

This new questionnaire was brought into use before all the visits arranged to distribute the paired comparisons questionnaire had been made. Many groups are therefore similar to those used for the first questionnaire. The second, simpler form was more easily accepted, so that it was possible to obtain co-operation from two rural groups and a very useful group of 88 Technical Teacher students from a northern industrial town. This group gave 100% returns, 84 out of the 88 were men, and the group represents members of various industries who were either filling or aiming at various supervisory posts, e.g. foreman, instructors, etc.

## 3. Results from this questionnaire. (See Table IX)

In discussions with groups after they had completed the form it was found that the questionnaire as such was well received, but objections were raised to the fact that clerical and not secretarial work had been offered for contrast with nursing and teaching. It was suggested that secretarial work was of higher status and so more nearly comparable with nursing and teaching. This is itself an interesting contribution to the problem of trying to assess the social status of nursing.

The results of this first version were therefore considered as a pilot survey and a second version prepared. The actual information resulting from the 369 cases of the first version are

T A B L E I X.  
RELATIVE POPULARITY OF THE THREE OCCUPATIONS AS INDICATED BY THE THIRD CHOICES  
OF 369 SUBJECTS WHO COMPLETED VERSION I OF THE QUESTIONNAIRE.

No.	Groups		Size of group	T H I R D C H O I C E S					
	Area			Totals			Means		
				T.	N.	C.	T.	N.	C.
I.	A	N.W.	15	0	12	3	0.00	0.80	0.20
II.	A	N. & S.	20	1	12	7	0.05	0.60	0.35
	B	N.E.	18	6	10	2	0.33	0.56	0.11
	C	N.E.	13	1	6	6	0.08	0.46	0.46
	D	N.W.	15	1	4	10	0.07	0.27	0.66
III.	A	S.	30	6	5	19	0.21	0.16	0.63
IV.	A	N.W.	35	0	10	25	0.00	0.28	0.72
	B	N.E.	18	0	6	12	0.00	0.33	0.67
	C	N.W.	88	9	48	31	0.10	0.55	0.35
V.	A	S.	17	0	5	12	0.00	0.29	0.71
	B	S.	19	1	5	13	0.05	0.26	0.68
	C	N. & S.	12	0	0	12	0.00	0.00	1.00
	D	N.W.	19	2	2	15	0.10	0.11	0.78
VI.	A	S.W.	29	6	7	16	0.21	0.24	0.55
	B	S.W.	21	0	12	9	0.00	0.57	0.43
TOTALS			369	33	144	192			
				8.9%	39.1%	52.0%			

Key to subject groups.

- I. A Parents' Association.
- II. General, including some clerical/secretarial workers.  
 A Mixed non-nurses.  
 B Secretarial College students.  
 C Factory Staff (workshops and clerical).  
 D Hospital "lay" staffs.
- III. Social Science Students.
- IV. Teacher Students  
 A & B Ordinary training colleges.  
 C Technical teacher training college.
- V. Health Field Groups.  
 A Doctors.  
 B Physiotherapists.  
 C State Registered Nurses.  
 D Student Nurses. Two hospitals, ex-voluntary and ex-municipal.
- VI. Country dwellers.  
 A Women's Institute, S.E. county.  
 B Women's Institute, S.W. county.

NOTE: As these figures are based on third rank scores the popularity of an occupation is inversely proportionate to the size of the scores shown above.

summarised and discussed together with results from the next, larger, sample of opinion.

2nd Version. Three Occupations Questionnaire. (See Appendix I.B.ii)

1. Preparation.

Two changes were made in the second version of this three occupations questionnaire. First, as a result of the criticisms reported above the word secretarial was substituted for clerical in the list of occupations. Secondly the list of occupational disadvantages was enlarged to include reference to six of the "reasons which enter into the composite general factor underlying all causes of wastage" during the training of student nurses, as given in the main report of the Government Working Party. (1947. p. 41). By doing this it was hoped to obtain some measure of how generally these dissatisfactions were felt by trained nurses, as well as by the nurses in training from whose evidence they originated, and how far they could be considered as disadvantages in the other two occupations also.

The six additional disadvantages taken from the Working Party Report were :- (Table VII. C.)

- (i) Unsympathetic seniors.
- (ii) Old fashioned discipline.
- (iii) Limited recreational facilities.
- (iv) Present condition frustrating for young workers.
- (v) The work takes a girl away from home too much.
- (vi) The work offers too little prospect of material well-being and reasonable comfort.

As however for some candidates nursing offers a welcome

chance to get away from home, a seventh possible disadvantage was added to balance (v) above, namely that of too little chance to live away from home.

To incorporate these extra references to nursing the order of the list of disadvantages had to be changed to keep the references to the three occupations intermingled as much as possible.

After the first few hundred of forms had been returned it was found that some subjects reacted against the near-personal frame of reference in the instructions by writing "I would not dream of dictating to a daughter or sister what career she should take up" or similar remarks, as a reason for non-co-operation in the enquiry. To reduce wastage due to this type of reaction a note was printed at the head of the form, (as appears in Appendix I. C.) to emphasise the difference between having an opinion and enforcing it on others. This appeared to eliminate the excuse mentioned above for not replying. It is not possible of course, to know what the effect was on the actual numbers of forms returned.

## 2. Distribution of 2nd version. (See Tables X & XI)

From interviews and conversations there is evidence suggestive of strong parental pressure in some families being used to dissuade girls from taking up nursing as a career. To get further evidence about this the co-operation of headmistresses was sought, so that questionnaires could be distributed to members of parents associations, and also to sixth form girls.

Three schools were approached in the Home Counties and four in Yorkshire. The introductions to the southern schools were

T A B L E X.

THREE OCCUPATIONS QUESTIONNAIRE. SECOND VERSION.

SUBJECT GROUPS ALLOWING NORTH/SOUTH COMPARISON

Main Group No.	Area	Subject type	Questionnaires accepted	I. Parents M & F	Questionnaires returned II. Sixth formers (F)
I and II via schools	North East. Leeds.	School A	100	38	40
		B	140	43	13
		C	229	14	22
		D	66	18	26
	South. Home Counties	E	400	51	37
		F	210	50	60
		G	150	90	0
	N.W. Cheshire	X	419	235	25
	⊠ N.W. Boarding	Y	310	149	55
	<b>Totals</b>			<b>2,024</b>	<b>688</b>
III Social Science via Universities	North East	College A	50	31	F
	North West	B	22	22	M & F
	" "	C	90	0	-
	South (London)	D	34	34	F
<b>Totals</b>			<b>196</b>	<b>87</b>	
IV Adult Education Centres.	North East	A	40	25	M & F
	⊠ South	B	25	25	F
<b>Totals</b>			<b>65</b>	<b>50</b>	
V Academic Groups	South (London)	City Literary Institute students (excluding clerical/secretarial workers)	150	53	M & F
		⊠ 2nd year undergraduates	213	97	F
<b>Totals</b>			<b>363</b>	<b>150</b>	
Groups I - V		TOTAL ISSUE 2,648	TOTAL RETURN 1,253		

NORTH / SOUTH COMPARISON OF THIRD CHOICES

Group	Teaching	Nursing	Secretarial Work
North	11.97%	57.79%	30.25%
South	13.07%	56.26%	30.67%

⊠ Omitted because residential.

given by the Nursing Recruitment Centre, so that the headmistresses were known to be favourable to nursing to some extent. In the Leeds area introductions were obtained from the Department of Education of the University, so that nothing can be assumed as regards the attitudes of the headmistresses to nursing.

Two other schools were approached for co-operation in this investigation. Both were, by chance, in the North West of England. They were selected as being considered more "exclusive" than the first seven, which were ordinary secondary grammar schools. One was a day school, the other a public boarding school.

Social Science Diploma students were next selected as subjects because their course of study is less academic than the degree courses and the students take this two year course as a preliminary training for occupations dealing with people play a very large part; e.g. Probation Work, Hospital Almoning etc. One would expect therefore, that among Social Studies students many might well have considered nursing as a career. Students were approached through their Tutors for economy of time. The northern university groups A, and the London university group D, were all women. The Northern university group B had students of both sexes.

In the parents, schoolgirls and Social Science groups, the North/South comparison was obtained. This comparison was also obtained with one other group, Adult Education class students. Of these the northern group was a mixed, non-resident group taking evening and weekend courses. The southern group were fulltime students resident for one year in a women's college. Both groups included trained clerical/secretarial workers.

T A B L E X I.

DISTRIBUTION OF THREE OCCUPATIONS QUESTIONNAIRE SECOND VERSION

OCCUPATIONAL SUBJECT GROUPS. NOT ALLOWING NORTH/SOUTH COMPARISON

Main Group Numbers	Area	Subject Type	Issued	Questionnaires Returned	M/F
VI. A	N. & S.	Medical practitioners	70	32	M & F
B	N. & S.	Physiotherapists	35	21	M & F
C		S.R.N.s, mostly non-hospital, Queen's N., Industry, etc.	61	26	F
D	N. & S.	Student Nurses	40	20	F
<hr/>					
VII C	Woros.	Village dwellers, via social clubs, etc.	200	0	M & F
A	Essex	Via various groups	124	14	M & F
B	Sussex	Via W. I. Leaders	100	71	M & F
<hr/>					
VIII A	London	Clerical/Secretarial workers	73	53	M & F
<hr/>					
IX A	N. & S.	Teacher Students	65	27	F
B	S	Practising Teachers	52	35	M & F
<hr/>					
TOTALS			820	299	
<hr/>					

TOTAL distribution of this version of three occupations  
questionnaire ..... 3,468 accepted  
1,552 returned = 44.75%

No significance can be attached to the differences in numbers returned as the method of distribution varied in different cases.



The North/South comparison cannot be made with other groups as it was not possible to obtain adequate representation from both areas. In the Health field groups, 6 out of 32 doctors, 17 out of 21 physiotherapists and 7 out of 20 student nurses were living in the North. On the teacher students 17 were from a northern training College and 10 from a college in the Home Counties.

Three attempts were made to obtain rural groups for an urban/rural comparison with this 2nd version of the questionnaire. One failed completely, one was partially successful and the third gave very good returns.

Table X gives the details of the distribution of groups allowing the North/South contrast. Table XI the distribution to other groups.

### 3. Results of the Three Occupations Questionnaire.

#### (i) Relative popularity of occupations, assessed by third choices.

Scrutiny of the placings of the three occupations showed that teaching was most often given first place and nursing third place by the various groups. The average placings for the two samples of opinion is as below.

Percentages of placings of three occupations by  
first sample of opinion  
(369 cases)

Place	Teaching	Nursing	Clerical Work.
1st	58.3%	24.9%	16.8%
2nd	32.8%	36.0%	31.2%
3rd	8.9%	39.1%	52.0%

Percentages of placings of three occupations by  
second sample of opinion.  
 (1552 cases)

Place	Teaching	Nursing	Secretarial Work
1st	48.5%	21.7%	29.8%
2nd	33.6%	28.4%	38.0%
3rd	17.9%	49.9%	32.2%

Nursing emerges as least popular in 39.03% of all cases for the pilot survey, where the less attractive clerical work is used as an alternative. In the main survey nursing is placed third by nearly half (49.93% of all subjects).

Opinion Sample	Total Number subjects	Numbers placing an occupation third			Totals.
		Teaching	Nursing	Clerical/ Secretarial	
1st (pilot)	369	33 8.9%	144 39.1%	192 52.0%	369 100.0%
2nd (main)	1552	278 17.9%	775 49.9%	499 32.2%	1552 100.0%

In view of the higher figure in Version II for the third choices of nursing, it was decided to assess the relative popularity of the three occupations in terms of their third placings.

Values of  $X^2$  for the third choice totals scores are however, statistically significant when subject groups who completed the first version of this questionnaire are compared with those completing the second version. This means that the change of the word clerical to secretarial was an important one and the smaller groups of the first sample of opinion (Table VIII) cannot be reckoned in with similar groups in the second sample, (Tables X and XI), because they were doing a different task.

TABLE XII.

COMPARATIVE FREQUENCY OF MENTION OF DISADVANTAGES BY SUBJECTS PLACING AN OCCUPATION THIRD  
THREE OCCUPATIONS QUESTIONNAIRE, VERSION I. 369 SUBJECTS.

RANK	3rd CHOICE TEACHING				3rd CHOICE NURSING				3rd CHOICE CLERICAL WORK			
	No. of Reason	Total Times Given	Relative Frequency (% of 33 Informants Selecting Disadvantage).	Theme	No. of Reason	Total Times Given	Relative Frequency (% of 144 Informants Selecting Disadvantage).	Theme	No. of Reason	Total Times Given	Relative Frequency (% of 192 Informants Selecting Disadvantage).	Theme
1st	10	27	81.82	Makes bossy & domineering.	13	138	95.84	Low Pay.	7	172	89.58	Monotony.
2nd	6	21	63.64	Much mental strain.	1	128	88.89	Long hours.	3	166	86.47	Little scope for initiative.
3rd	14	17	51.52	Too many extraneous duties.	2	113	78.48	Less personal freedom.	8	128	66.67	Less interesting work after training.
4th	12	16	48.48	Fewer marriage opportunities.	4	90	63.19	Physical strain.	5	82	42.71	Eye strain.
5th	9	15	45.45	Tends to harden a girl.	9	54	37.50	Tends to harden.	2	57	29.69	Less personal freedom.
6th	13	10	30.30	Low pay.	14	53	36.81	Extraneous duties.	11	41	21.35	Less likely to meet people of good social standing.
7th	8	8	24.24	Fewer opportunities of interesting work after training.	3	43	29.86	Little scope for initiative.	13	33	17.19	Low pay.
8th	4	7	21.24	Much physical strain.	6	39	27.08	Mental strain.	6	32	16.67	Mental strain.
9th	7	6	18.18	Monotony	12	20	13.89	Fewer marriage opportunities.	1	16	8.33	Long hours.
10th	11	6	18.18	Less likely to meet people of good social standing.	10	17	11.81	Makes bossy.	14	12	6.30	Extraneous duties.
11th	2	5	15.15	Less personal freedom.	7	15	10.42	Monotony.	10	9	4.69	Tends to make bossy.
12th	3	5	15.15	Little scope for initiative.	8	15	10.42	Less interesting work after training.	4	7	3.65	Physical strain.
13th	5	4	12.12	Danger of eye-strain.	11	11	7.64	Less likely to meet people of good social standing.	9	6	3.13	Tends to harden.
14th	1	2	6.06	Long hours.	5	3	2.08	Eye strain.	12	3	1.56	Long hours.

The change from clerical to secretarial should tend to decrease the popularity of nursing relative to the other occupations, and there is one group, IV.C., of 88 subjects, large enough to be considered representative, in the first sample of opinion. (Table IX). These were the northern Technical Teacher students. Even with the lower graded "clerical worker" in comparison, 55% of this group placed nursing third.

Briefly, Table IX shows that nursing is most markedly unpopular with the parents' association groups, and least disliked by the Social and Health field workers. Teaching is the most popular, except with the secretarial college students. Of the occupational groups of subjects, 2/18 secretarial students and 2/19 nursing students put clerical work and nursing, respectively, as third choice. No ordinary teacher student put teaching third.

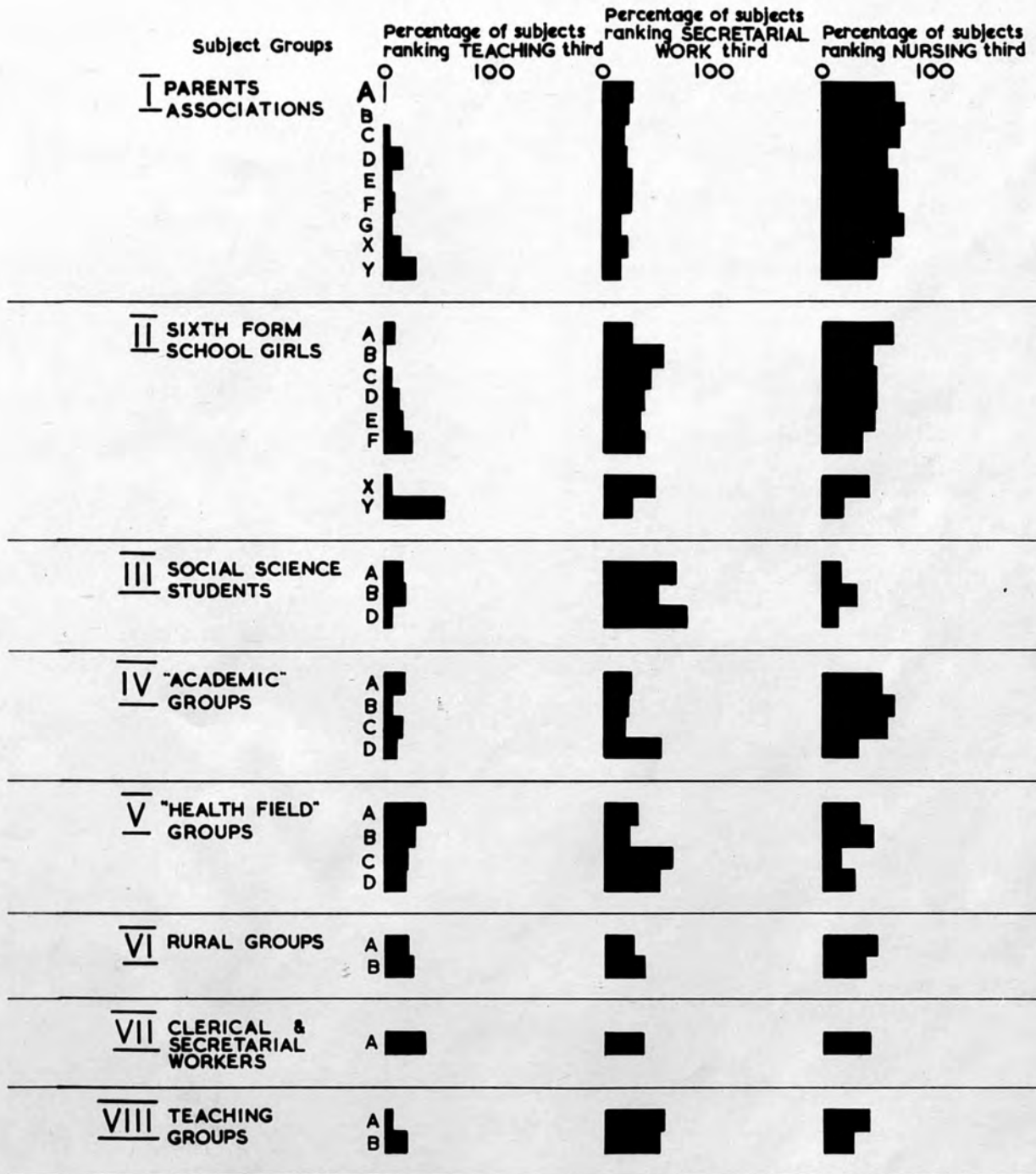
Table XII shows the comparative frequency of mention of the various disadvantages relative to each occupation by the pilot group.

(2) Discussions of third choice scores in the main survey. See Fig.

In the main sample of opinion, although some of the groups are too small to be considered as really representative, there are two groups of over 100 cases which are important, namely the parents association members and the sixth form schoolgirls. The other groups fairly good general samples of opinion, as for example the social

FIG. B.

## RELATIVE POPULARITY OF THREE OCCUPATIONS BY NUMBERS OF THIRD RANKINGS



NOTE. As these figures are based on third rank scores the popularity of an occupation is inversely proportionate to the black area shown.

TABLE XIII.  
SECOND VERSION OF THREE OCCUPATIONS QUESTIONNAIRE  
RELATIVE POPULARITY OF OCCUPATIONS BY THIRD CHOICE

<u>Subject Groups</u>			<u>Totals</u>		<u>Third Choices</u>		<u>Means</u>		<u>Key to subject groups</u>		
<u>No.</u>	<u>Area</u>	<u>Size of Group</u>	<u>T.</u>	<u>N.</u>	<u>S.</u>	<u>T.</u>	<u>N.</u>	<u>S.</u>			
I	A.	N.E.	38	1	26	11	0.03	0.68	I. <u>Parents' Associations</u> A-G <u>Secondary Grammar Schools</u>  X <u>Grant Aided Grammar School</u> Y <u>Independent Public School</u>		
	B.	"	43	0	32	11	0.00	0.74			
	C.	"	14	1	10	3	0.07	0.71			
	D.	"	18	3	11	4	0.17	0.61			
	E.	S.	51	4	35	12	0.07	0.69			
	F.	"	50	5	32	13	0.10	0.64			
	G.	"	90	7	67	16	0.08	0.74			
	X.	N.W.	235	36	148	51	0.15	0.63			
	Y.	"	149	45	76	28	0.30	0.51			
	II	A.	N.E.	40	4	26	10	0.10		0.65	II. <u>Sixth Form School Girls</u>  A-Y as above.
B.		"	13	0	6	7	0.00	0.46			
C.		"	22	2	11	9	0.09	0.50			
D.		"	26	3	13	10	0.12	0.50			
E.		S.	37	6	18	13	0.16	0.49			
F.		"	60	15	22	23	0.25	0.37			
X.		N.W.	25	2	11	12	0.08	0.44			
Y.		"	55	29	11	15	0.53	0.20			
III		A.	N.E.	31	5	5	21	0.16	0.16	III. <u>Social Science Students.</u> <u>University Internal Students.</u>	
		C.	N.W.	22	4	7	11	0.18	0.32		
	D.	S.	34	2	5	27	0.06	0.15			
IV	A.	N.E.	25	5	13	7	0.20	0.52	IV. <u>Academic Groups. A, B &amp; C.</u> <u>Extra-mural and W.E.A. Students.</u>  D. <u>Second year undergraduates.</u>		
	B.	S.	25	2	17	6	0.08	0.68			
	C.	S.	53	10	32	11	0.19	0.60			
	D.	S.	97	13	30	54	0.13	0.31			
V	A.	N & S.	32	11	11	10	0.34	0.34	V. <u>Health Field Groups. A. Doctors.</u> <u>B. Physiotherapists.</u> <u>C. State Registered Nurses.</u> <u>D. Student Nurses.</u>		
	B.	N & S.	21	6	10	5	0.29	0.48			
	C.	N & S.	26	6	4	16	0.23	0.15			
	D.	N & S.	20	4	6	10	0.20	0.30			
VI	A.	S.Rural	14	3	7	4	0.21	0.50	VI. <u>Rural Groups</u> <u>Via Women's Institutes.</u>		
	S.	"	71	18	29	24	0.25	0.41			
VII	A.	S.	53	18	23	12	0.34	0.43	VII. <u>Clerical/secretarial workers.</u>		
VIII	A.	N & S.	27	1	11	15	0.04	0.41	VIII. <u>Teacher Groups. A. Students.</u> <u>B. Practising Teachers.</u>		
	B.	S.	35	7	10	18	0.20	0.29			
TOTALS			1552	278	775	499					
					17.9%	49.9%	32.2%	100%			

science students in III, the 97 second year undergraduates representing the various departments of a London University College, IV D and the 71 members of the rural community, VIB.

Examination of the means (Table XIII) for these third choices shows that among parents nursing is placed third by more than half of every group. Of the total of 688 members of parents' associations groups 437, that is 63.51%, ranked nursing as third choice in comparison with teaching and secretarial work.

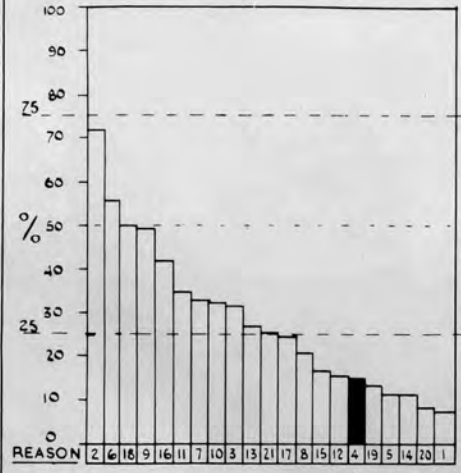
Nursing is less unpopular amongst the sixth form girls. 118 out of 278, that is 42.44%, placed nursing third in contrast with teaching and secretarial work. Figure B shows the differences between the third rankings given by parents and sixth form girls of the various schools which co-operated. No significant differences were found between north and south, or town and country, in these opinions. There is a markedly greater divergence of opinion as regards nursing than either of the other two occupations. The school most favourable towards nursing, as regards both girls and parents, is Y. This is the only boarding school of the nine schools visited, and is a Public School in contrast to the others which are either direct grant or grant aided grammar schools. X, the other school in the North West, was recommended to the investigator as being "more select" than the ordinary secondary grammar schools (A - G) approached for co-operation in this enquiry, and the parents' association of X appears more favourable towards nursing than the other schools, A - G, except D, which is the only one of the seven secondary grammar schools showing a parental attitude moderately favourable towards nursing, and is a Roman Catholic convent school.

### FIGURE C

PUBLIC OPINION

#### 3RD CHOICE TEACHING

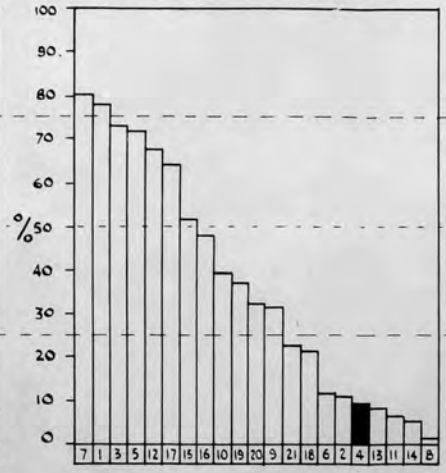
% OF 276 RESPONDENTS CITING DISADVANTAGE



↑

#### 3RD CHOICE NURSING

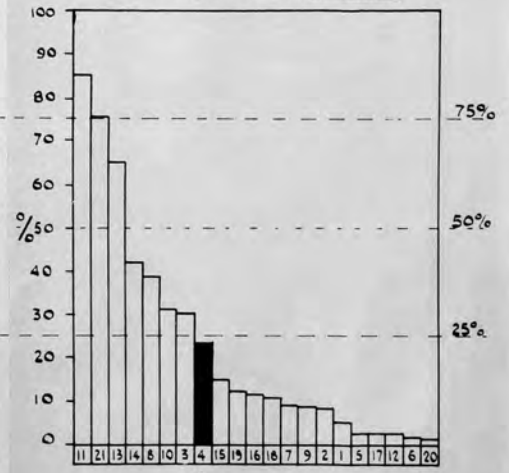
% OF 775 RESPONDENTS CITING DISADVANTAGE



↑

#### 3RD CHOICE SECRETARIAL WORK

% OF 499 RESPONDENTS CITING DISADVANTAGE



↑

↑ TEST REASON RE:  
SOCIAL STANDING



The results, therefore, assessed by this method of third choices, suggest that attitudes to nursing are not markedly different between the North and the South of England, but that cultural backgrounds are more important as regards such attitudes. What features of the cultural background affected the attitudes to nursing cannot be stated without further research. The favourable attitude shown by the parents of the Public School Y may link with the interesting remark volunteered by the headmistress of one of the southern secondary grammar schools when her co-operation was sought. She informed the investigator that her school was "too good" for the purposes of the enquiry because it catered for "a class rather above those who feel that nursing is below them." On the other hand, the favourable attitude of the Roman Catholic School, since this was not considered by the local education authorities as differing from the other secondary grammar schools of that area, suggests the influence of a system of values rather than the influence of a simple social stratification.

Of the smaller groups nursing appears least popular with the academic groups IV.A, B and C. The group IV.D, which is distinctly more favourable towards nursing is, interestingly, the group of 97 undergraduates. The academic groups A - C are extramural and W.E.A. students. This again is suggestive of differences of social and cultural background influencing the attitude to nursing.

#### (4) Results by disadvantage scores.

Numbers and frequencies of disadvantage cited.

As Table XIV and Figure C show, more disadvantages are cited

T A B L E X I V.  
COMPARATIVE FREQUENCY OF MENTION OF DISADVANTAGES BY SUBJECTS PLACING AN OCCUPATION THIRD  
THREE OCCUPATIONS QUESTIONNAIRE. VERSION II. 1552 SUBJECTS.

Rank	3rd Choice Teaching				3rd Choice Nursing				3rd Choice Secretarial			
	Dis-adv. No.	Total No. times given	Relative Frequency %	Theme	Dis-adv. No.	Total No. times given	Relative Frequency %	Theme	Dis-adv. No.	Total No. times given	Relative Frequency %	Theme
			(% of 278 informants selecting disadvantage)				(% of 775 informants selecting disadvantage)					(% of 499 informants selecting disadvantage)
1st	2	199	71.58	Makes bossy & domineering.	7	619	79.87	Low pay.	11	422	84.51	Monotony.
2nd	6	153	55.08	Fewer opportunities for marriage.	1	602	77.68	Long hours.	21	375	75.15	Little scope for initiative.
3rd	18	138	49.64	Much mental strain.	3	560	72.25	Unsympathetic seniors.	13	324	64.93	Less interesting work after training.
4th	9	137	49.28	Extraneous duties.	5	553	71.60	Physical strain.	14	209	41.88	Little chance to live away from home.
5th	16	114	41.01	Tends to harden a girl.	12	516	67.87	Old fashioned discipline.	8	191	38.28	Eye strain danger.
6th	11	95	34.17	Monotony	17	496	64.00	Encroaches on personal freedom.	10	157	31.47	Frustrating conditions.
7th	7	90	32.38	Low pay.	15	396	51.10	Limitation of recreation.	3	150	30.08	Unsympathetic seniors.
8th	10	87	31.45	Present conditions frustrating.	16	368	47.49	Tends to harden.	4	119	23.85	Meet fewer people of good social standing.
9th	3	85	30.58	Unsympathetic seniors.	10	302	38.97	Frustrating conditions.	15	75	15.03	Limitations of recreation.
10th	13	73	26.26	Fewer opportunities for interesting work after training.	19	291	37.56	Poor material prospects.	19	61	12.22	Poor material prospects.
11th	21	69	23.15	Little scope for initiative.	20	247	31.87	Takes away from home.	16	55	11.02	Tends to harden.
12th	17	67	24.14	Encroaches too much on personal freedom.	9	238	30.81	Extraneous duties.	18	51	10.24	Mental strain.
13th	8	57	20.50	Danger of eye strain.	21	174	22.45	Little scope for initiative.	7	47	9.42	Low pay.
14th	15	45	16.19	Chances of pleasant and interesting recreation too limited.	18	168	21.68	Mental strain.	9	39	7.82	Extraneous duties.
15th	12	42	15.11	Too much old fashioned discipline.	6	90	11.61	Fewer opportunities for marriage.	2	37	7.42	Makes bossy.
16th	4	41	14.75	Less likely to meet people of good social standing.	2	80	10.34	Makes bossy.	1	27	5.41	Long hours.
17th	19	38	13.67	Too little prospect of material well being and reasonable comfort.	4	67	8.65	Meet fewer people of good social standing.	5	11	2.20	Physical strain.
18th	5	30	10.79	Too much physical strain.	13	62	8.00	Fewer opportunities after training.	17	11	2.20	Encroaches on personal freedom.
19th	14	30	10.79	Little chance to live away from home.	11	47	6.06	Monotony	12	11	2.20	Old fashioned discipline.
20th	20	21	7.55	Tends to take away from home.	14	41	5.29	Little chance to live away from home.	6	8	1.61	Fewer opportunities for marriage.
21st	1	18	6.48	Long hours.	8	11	1.42	Eye strain.	20	7	1.41	Takes away from home.

by more respondents against nursing than against the other two occupations in the total sample of 1552 opinions. Examination of the distribution of these opinions by quartile distribution shows the following distribution.

Quartile.	T.	N.	S.
75.0 - 100.0%	0	2	2
50.0 - 74.9%	2	5	1
25.0 - 49.9%	8	5	4
0.0 - 24.9%	11	9	14

Which disadvantages are cited.

As regards teaching, the four most frequently cited disadvantages are shown to be the stereotyped ones of Table VII.

Against secretarial work, the stereotyped disadvantages come first, third and fifth. The second most commonly cited against secretarial work is that of too little scope for initiative; which was originally quoted against nursing in this study. The fourth secretarial work disadvantage, "too little chance to live away from home" is the reason included to balance the Working Party Report on Nursing's finding that nursing "tends to take a girl away from home too much." Against nursing, in this enquiry, this difficulty of living away from home is only cited by 5% of respondents. It is cited against teaching by 10% cases.

Mention of the six disadvantages taken from the Government Working Party Report is as follows :

<u>Listed No.</u>	<u>Against Teaching.</u>	<u>Against Nursing.</u>	<u>Against Secretarial Work</u>
3.	30.58%	72.26%	30.07%
10.	31.29%	38.97%	31.47%
15	16.19%	51.10%	15.04%
19.	13.67%	37.55%	12.23%
20.	7.55%	31.88%	1.41%

A clearer picture of the disadvantages of nursing which are markedly more than those of other occupations is perhaps given by subtracting the teacher and secretarial worker scores for the above list, with the following results:

<u>No.</u>	<u>Disadvantage quoted.</u>	<u>Found in nursing more than other two.</u>
3.	Unsympathetic seniors	41.68 - 42.26% of all cases
10.	Present conditions frustrating.	7.68 - 7.50% " " "
15.	Recreation chances limited	34.91 - 36.06% " " "
19.	Little prospect of material wellbeing & reasonable comfort	23.88 - 25.32% " " "
20.	Takes a girl away from home too much	24.33 - 30.47% " " "

Table XV shows which of the disadvantages listed, other than the stereotyped ones A. and B. of Table VII have been selected by more than 25% of the six groups of subjects who placed an occupation third in one or other of the two versions of this three occupations questionnaire. The results of the pilot survey (in which clerical work formed the third occupation) are considered as well as those

TABLE XV.

OCCUPATIONAL DISADVANTAGES (other than the stereotype ones as shown in Table VII) WHICH WERE TICKED BY MORE THAN 25% OF GROUPS RANKING THE OCCUPATION THIRD.

Occupation	1st Version Results	2nd Version Results
TEACHING	(i) Tends to harden (ii) Pay too low	(i) Tends to harden (ii) Monotonous (iii) Pay too low (iv) Conditions frustrating (v) Unsympathetic seniors (vi) Fewer opportunities for interesting work after training
NURSING	(i) Tends to harden (ii) Extraneous duties (iii) Little scope for initiative (iv) Mental strain	(i) Tends to harden (ii) Extraneous duties
CLERICAL / SECRETARIAL WORK	(i) Little scope for initiative (ii) Too little personal freedom	(i) Little scope for initiative (ii) Little chance to live away from home (iii) Conditions frustrating (iv) Unsympathetic seniors

of the main sample of opinion with secretarial work the third occupation, since nursing should have tended to be slightly more popular in the first sample.

In version I expected stereotyped disadvantages were four in number against teaching and nursing, and three against clerical work. These numbers were the same for teaching and secretarial work in version II, but the Working Party's additional reasons brought the number for nursing up to ten in all. Numbers of disadvantages expected and otherwise given by more than 25% of a subject group were as follows :-

	Teaching.	Nursing.	Clerical/ Secretarial Work.
Version I	6	8	5
Version II.	10	12.	7.

From Table XV therefore the following points suggest themselves for consideration.

- (i) All six of the disadvantages culled from the Government Working Party's (1947) Report are agreed to by more than 25% of subjects who made nursing the third choice of occupations. But two of these reasons, "Younger people are often made unhappy by unsympathetic seniors in this work" and "Present conditions in this work are likely to prove very frustrating to the young worker", are cited by more than 25% subjects against teaching and secretarial work also.
- (ii) Teaching and nursing share the disadvantages of "tending to

harden a girl."

- (iii) Taking both samples into consideration teaching alone is not considered by more than 25% of subjects as lacking scope for initiative. In the main sample this disadvantage is only given a high rating against secretarial work, and is placed second only to monotony in this field of work by 75.15% subjects.

The "test" disadvantage which refers directly to the fact of social stratification is in the lowest quartile for all groups in both samples of opinion, but it is interesting to note that its position varies in relation to the different occupations.

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 Placings of disadvantage I.(11) & II.(4.)  
 -----

"On the whole one is less likely to meet people of good social standing in such work."

<u>Sample.</u>	<u>Teaching.</u>	<u>Nursing.</u>	<u>Clerical/Secretarial</u>
I.	18.18%	7.64%	21.35%
II.	14.75%	8.65%	23.85%

-----

If the suggestion were generally taboo one would expect the level to be (approximately) equally low in all cases. The relatively high scores in the case of clerical/secretarial work suggest that some differences of social status between the occupations mentioned is recognisable, and recognised, by people generally.

C. THE INTRA-OCCUPATIONAL FORM OF THE THREE OCCUPATIONS QUESTIONNAIRE. (See Appendix I.C.)

Although the sample of opinion from "the general public," especially perhaps the parents' association subjects, must be assumed to include a certain number of people trained for the three occupations under discussion even if no longer practising these occupations, it is of interest to obtain the opinion of known practising members of the occupations as control groups when considering the disadvantages of the occupations. An intra-occupational form of the three occupations questionnaire was therefore prepared.

Preparation.

The same list of 21 occupational disadvantages was presented as the second page of a three page questionnaire. Instructions on page 1 asked the subject to do one of three things with regard to each disadvantage given. (i) To put two ticks by the disadvantage which she "personally feels to be true about her own occupation." (ii) To put a tick by disadvantages which she knows "others who are in the same occupation".....may consider true, even though "the subject" may not "agree with their views." (iii) To cross out any disadvantages which she feels "definitely do NOT apply to her occupation."

The subject was also asked to list briefly on the third (blank) page, any advantages which she felt made her occupation "preferable to the other two" for her "personally."

By allowing the two methods of agreement with the items on the list, it was hoped to make the task easier for the subjects.

Other data asked for were the number of years in the



TABLE XVI.  
STRATIFIED ~~REGION~~ SAMPLE OF HOSPITALS

The Three N.H.S. Regional Divisions used were:-		Key Symbol
Region 2.	Centred on Leeds.	A.
Region 3.	Centred on Manchester.	B.
Region 7.	Metropolitan South East.	C.

The stratification of hospitals used was:-			
Large ex-voluntary.	150-200 <del>plus</del> beds.	40-60 student nurses	I.
Small " "	Up to 150 beds.	5-40 " "	II.
Ex-municipal.	With student nurses.		III.
Ex-cottage.	No student nurses.		IV.
Teaching.	Medical schools.		V.

TRAINING SCHOOL SAMPLES

Hospital, Region and Type.	5% sample as calculated		Actual numbers received		Notes
	S.R.N.	Students	S.R.N.	Students	
A. I (i)	13	25	0	26	Matron agreed. S.R.N.s refused.
II (ii)	4	9	4	15	
III (i)	14	28	13	26	
<b>Totals A.</b>	<b>31</b>	<b>62</b>	<b>17</b>	<b>67</b>	
B. I (i)	21	48	25	42	All S.R.N. staff used. Known to be short of S.R.N. staff at time.
II (ii)	9	16	9	11	
III (i)	21	39	15	26	
<b>Totals B.</b>	<b>51</b>	<b>103</b>	<b>49</b>	<b>79</b>	
C. I (i)	11	26	14	24	S.R.N.s refused.
II (i)	17	27	0	6	
(ii)			17	15	
III (i)	27	45	14	19	
(ii)			12	12	
<b>Totals C.</b>	<b>55</b>	<b>98</b>	<b>57</b>	<b>76</b>	
<b>Total A, B, C.</b>	<b>137</b>	<b>263</b>	<b>123</b> = 89.78% of calculated sample.	<b>222</b> = 84.4% of calculated sample.	This is total sample from nurse training schools other than the teaching hospitals.

OTHER HOSPITALS

Ex-cottage	S.R.N.s Required	S.R.N.s Obtained	Notes
A. IV.	2	3	Whole trained staff.
B. IV.	3	7	" " "
C. IV.	5	0	S.R.N.s refused.

TEACHING HOSPITALS

Area	Calculated 5%		Numbers obtained.		Notes
	S.R.N.	Student	S.R.N.	Student	
A. V.	7	16	-	-	Co-operation refused.
B. V.	5	14	-	-	" "
C. V.	8	24	8	23	One student withdrew from the class.
<b>Totals V.</b>	<b>20</b>	<b>54</b>	<b>8</b>	<b>23</b>	

S. R. N.s in other than hospital work.	District Nurses (Queen's trained)	21	Represent various age and seniority groups and various parts of England.
	Health visitors	17	
	Industrial nurses	11	
	<b>Total</b>	<b>49</b>	

occupation and "rank or title, if any" to allow grouping of the results.

Distribution. (See Table XVI).

Since the nursing group is of primary importance in this research, first care was given to the task of obtaining a true representative sample of nursing opinion. Groups of practising teachers and secretarial workers were also obtained as control groups, so that a comparison can be made between "public" opinion and the opinions of actual members of each occupational group.

Teachers and secretarial worker subjects.

The sample of opinion obtained from teachers and secretarial workers, although having no claim to be fully representative, does include a fairly wide range of subjects.

With the kind co-operation of the Assistant Mistresses Association, 61 questionnaires were completed by teachers in different secondary schools, in various parts of England. The importance of having as varied a selection of subjects as possible was well appreciated by the members of the committees who kindly acted as assistants to the investigator, and so there are three sub-groups, of these teacher subjects, with (i)  $\frac{1}{2}$  and less than 10 years, (ii) 10 and less than 20 years, and (iii) 20 and less than 37 years experience in teaching. Another group of 25 teachers from secondary schools in the north includes subjects with a range of  $1\frac{1}{2}$  - 38 years experience. The group from the grant aided school (School X) in the North-West is disappointingly small. The head-mistress was very co-operative, and herself equally disappointed.

that only 9 out of the 30 questionnaires she accepted were returned by her staff.

The secretarial workers were mostly members of staffs of two large commercial firms, and are said by the personnel officers of these firms to be representative of various grades of worker, chosen by them as objectively as possible. The two firms which co-operated have different prestige levels in the field of commerce, but appeared to have equally good morale amongst the staff, so far as this could be assessed on visits to the personnel officers. Two smaller groups of secretarial workers resident in the North-East were obtained, one via an adult education centre, and one from the lay administrator of a hospital. Every questionnaire was sent out with a letter explaining the anonymity of the answers, and with an envelope in which the subject was instructed to seal the form before returning it to the assistant or direct to the investigator.

#### Nursing subjects.

In the first part of this study, the paired comparisons questionnaire, the trained nurse was said to include "Sisters, Charge Nurses, Staff Nurses etc in hospital work." The representative sample was therefore taken from hospitals. It did not however, comprise only trained staff. It is based on the total nurse populations for the different categories of general hospital, and takes account of the ratio of trained to student nurses in each category in each region.

Populations were calculated from the returns made to the Ministry of Health by all the general hospitals of the three (N.H.S.) regions in which work had already been done (see Table XVI).

The hospitals were grouped as follows :-

- I. Large, formerly voluntary. Nurse training schools.
- II. Small, " " " " "
- III. Formerly municipal.
- IV. Formerly cottage type. Not used as training schools for S.R.N's.
- V. The 'Teaching' hospital of the region, i.e. the main hospital around which the medical school centres.

Only the Metropolitan regions include more than one Teaching hospital, so that the selection was pre-determined for this type of hospital except for the southern region.

The sample aimed at was 5% of the total nurse population for each type of hospital in each region. As there is considerable variation in numbers of nursing staff within any one category, or type of hospital, it was necessary in some cases to approach two hospitals to allow for the numbers needed. This had to be done for both categories II and III in the southern region. In all, therefore, 17 hospitals were written to in the first appeal for co-operation.

A letter was sent to the Matron of the hospital, giving a brief description of the nature of the research and the method by which her hospital had been selected to represent a certain category. She was asked if she would consider co-operation, and whether, if so, the investigator could call on her to discuss more fully the possibility of obtaining the co-operation of her nursing staff.

The results of the appeal to hospital Matrons were varied. (See Appendix II). The final sample, although not as fully representative as planned, is adequate for comparative purposes.

**TABLE XVII**  
**TOTAL DISTRIBUTION OF INTRA-OCCUPATIONAL FORM OF THE THREE**  
**OCCUPATIONS QUESTIONNAIRE**

Occupation	Group No.	Size of Group	Details of Groups
Teachers	I	20	Assistant Mistresses $\frac{1}{2}$ -10 years experience
	II	11	" " 10-20 " "
	III	30	" " 20-37 " "
	IV	25	Yorkshire & Lancashire $1\frac{1}{2}$ -38 " "
	V	9	Direct Grant Schools. Grant Aided School 1-35 " "
<b>Teacher Total</b>		<b>95</b>	
Secretarial Workers	I	26	London and Home Counties offices of Form A.
	II	25	Head Office (London) Form B.
	III	6	Individual volunteers, Civil Service.
	IV	7	Individuals. Via N.E. Adult Education Centre.
	V	8	Clerical staff, Yorkshire Hospital.
<b>Secretarial Worker Total</b>		<b>72</b>	
Trained Nurses (S.R.N.s)	I	39	Large ex-voluntary hospitals.
	II	30	Small " " "
	III	54	Ex-municipal "
	V	8	London Teaching Hospital
<b>S.R.N. Training Schools Total</b>		<b>131</b>	
	IV	10	Ex-Cottage hospitals
	D.N.	21	District (Queen's) Nurses
	I.N.	11	Industrial Nurses
	H.V.	17	Health Visitors
<b>S.R.N.s Non-Training Schools Total</b>		<b>59</b>	
<b>Trained Nurse Total</b>		<b>190</b>	
Student Nurses	I	92	Large ex-voluntary hospitals
	II	47	Small " " "
	III	83	Ex-municipal "
<b>Student Nurse Total</b>		<b>222</b>	

Sample of opinion of nurses outside hospitals.

The samples of opinion obtained from nurses outside the hospital service can in no way be considered as representative or random. To arrange for this, in addition to the hospital groups, would have been too time-consuming for this investigation. But, as Table XVI shows, a selection of opinion has been obtained from three of the most popular fields of non-hospital nursing work.

Results from the intra-occupational form of the questionnaire.

(i) By disadvantages cited by practising members of each occupation.

By computing the relative frequency of mention of the disadvantages listed, some comparison of "job satisfaction" can be made between the three occupations. (See Table XVIII and Figure A)

As there were no students amongst the teacher and secretarial subjects, only State Registered Nurses were counted in this particular comparison.

The frequencies in Table XVIII refer only to items given the double tick on the form, i.e. the method used by subjects to show their personal opinions. Although some subjects may have projected their feelings, in part, on to "others who are in the same occupation" the reverse mechanism is unlikely to operate, so that scores from doubly ticked items should be true, if minimum ones.

The difference in the histogram patterns may be given various interpretations.

The Teacher groups apparently have the greatest consensus of grievance, since their scores include three disadvantages agreed upon by more than 50% of subjects. All three complaints are stereotyped ones and it is possible that the teacher group are

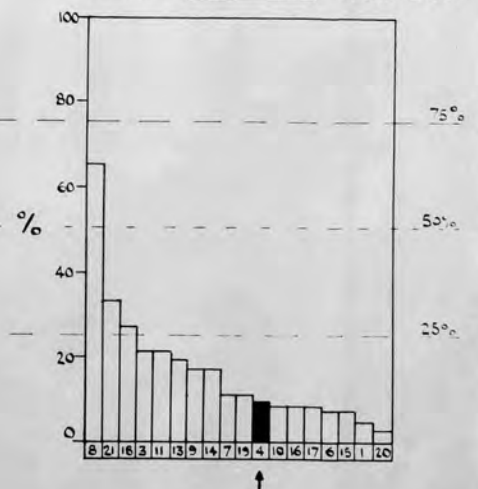
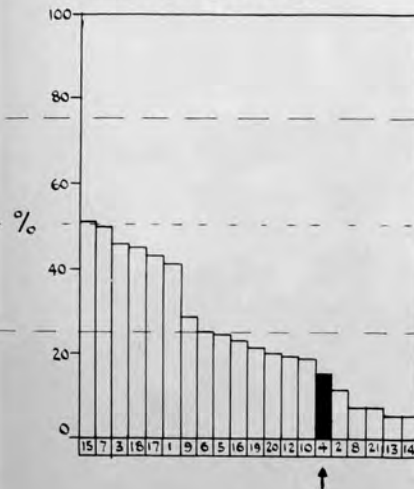
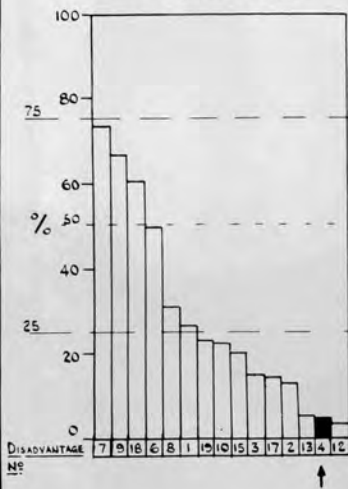
### FIGURE D

DISADVANTAGES SELECTED BY  
MEMBERS OF OCCUPATIONS

% OF 95 TEACHERS  
CITING A DISADVANTAGE

% OF 190 TRAINED NURSES  
CITING A DISADVANTAGE

% OF 72 TRAINED SECRETARIAL  
CITING A DISADVANTAGE WORKERS



4 = TEST REASON—"LESS LIKELY TO MEET PEOPLE OF GOOD SOCIAL STANDING."

TABLE XVIII

COMPARISON OF RELATIVE FREQUENCY OF MENTION OF DISADVANTAGES BY MEMBERS OF THE THREE OCCUPATIONS

Rank	Teachers				Nurses (S.R.N.)				Secretarial Workers			
	Dis-adv. No.	Total No. times	Relative Frequency	Theme	Dis-adv. No.	Total No. times	Relative Frequency	Theme	Dis-adv. No.	Total No. times	Relative Frequency	Theme
			(% of 95 cases selecting the disadvantage)				(% of 190 Nurses selecting the disadvantage)					(% of 72 S.s selecting the disadvantage)
1st	7	70	73.68	Low Pay.	15	95	50.00	Limitation of recreation.	8	47	65.28	Danger of eye strain.
2nd	9	63	66.32	Extraneous duties.	7	94	49.74	Low Pay.	21	24	33.33	Little scope for initiative.
3rd	18	57	60.00	Mental strain.	3	87	45.79	Unsympathetic seniors.	18	19	26.38	Mental strain.
4th	6	47	49.48	Fewer marriage opportunities.	18	84	44.21	Mental strain.	3	15	20.83	Unsympathetic seniors.
5th	8	29	30.52	Eye strain danger.	17	82	43.16	Encroaches on personal freedom.	11	15	20.83	Monotony.
6th	1	27	28.42	Long hours.	1	79	41.58	Long hours.	13	14	19.44	Fewer interesting jobs after training.
7th	19	22	23.16	Poor prospects of material well being and reasonable comfort.	9	54	28.42	Extraneous duties.	9	12	16.67	Extraneous duties.
8th	5	21	22.11	Much physical strain	6	49	25.79	Fewer marriage opportunities.	14	12	16.67	Little chance to live away from home.
9th	10	21	22.11	Present conditions frustrating.	5	46	24.26	Physical strain.	7	8	11.11	Low pay.
10th	15	19	20.00	Recreation chances limited.	16	43	22.63	Tends to harden.	19	8	11.11	Poor prospects of material well-being.
11th	3	15	15.79	Unsympathetic seniors.	19	40	21.05	Poor prospects of material well-being.	4	7	9.72	Social standing.
12th	17	14	14.74	Encroaches on personal freedom.	20	38	20.00	Takes away from home.	10	6	8.33	Frustrating conditions.
13th	2	12	12.64	Makes bossy & domineering.	12	37	19.47	Old fashioned discipline.	16	6	8.33	Tends to harden.
14th	13	5	5.26	Fewer opportunities for interesting work after training.	10	36	18.94	Present conditions frustrating.	17	6	8.33	Encroaches on personal freedom.
15th	4	4	4.21	Less likely to meet people of good social standing.	4	28	14.73	Social standing.	6	5	6.94	Fewer marriage chances.
16th	12	3	3.15	Old fashioned discipline.	2	22	11.57	Makes bossy.	15	5	6.94	Limitation of recreation.
17th	20	3	3.15	Takes away from home too much.	8	14	7.31	Eye strain.	1	3	4.16	Long hours.
18th	14	2	2.10	Little chance to live away from home.	21	14	7.31	Little scope for initiative.	20	2	2.77	Takes away from home.
19th	21	2	2.10	Little scope for initiative.	13	11	5.79	Fewer opportunities after training.	2	1	1.38	Makes bossy.
20th	16	2	2.10	Tends to harden a girl.	14	11	5.79	Little chance to live away from home.	12	1	1.38	Old fashioned discipline.
21st	11	0	0.00	Monotony.	11	6	3.15	Monotony.	5	0	0.00	Physical strain.



more accustomed both to formulating ideas for discussion and participating in professional conferences where such ideas are discussed.

The high degree of concern with the possible danger of eye strain amongst secretarial workers is of interest, since it is not generally accepted as an occupational hazard in this type of work. Is it a real, but so far unstudied hazard, or is it a "displaced grievance", or the suggestive effect of the questionnaire?

The nurses' main disadvantage, limited recreation, is probably a factual reference to their "split shift" duty systems. As compared with teachers, they are less dissatisfied with their salaries.

Unsympathetic seniors apparently loom fairly large after training is completed. It should be noted however, that the comparatively satisfied (or inarticulate) secretarial workers also place unsympathetic seniors fourth amongst their occupational disadvantages.

The other Working Party Report disadvantages (see Table VII) are not given much prominence by these trained nurses. In some cases they are counted rather more important by teachers.

<u>Disadvantages</u>	T.	N.	S.
10. Present conditions frustrating	22.11	18.94	8.33
12. Old fashioned discipline.	3.15	19.47	1.38
19. Poor material prospects.	23.16	21.05	11.11
20. Takes away from home too much	3.15	20.00	2.77

T A B L E X I X  
THREE OCCUPATIONS INTRA-OCCUPATIONAL FORM.  
COMPARISON OF NUMBERS OF ADVANTAGES GIVEN

Group		Size	No. giving advants.	No. advants. given	Means	
		(a)	(b)	(c)	b/a	c/b
<u>Teachers</u>	I	20	19	72		
	II	11	10	32		
	III	30	27	94		
	IV	25	25	93		
	V	9	8	18		
<u>Teacher Totals</u>		95	89	309	0.94 and 3.25	
<hr/>						
<u>Nurses S.R.N.s</u>						
	A. II.	4	3	14		
	III.	13	5	12		
	B. I.	25	15	44		
	II.	9	8	12		
	III.	15	11	38		
	C. I.	14	13	33		
	II.	17	10	22		
	III.	26	14	25		
	A. V (K.C.H.)	8	8	24		
	B. & C. IV.	10	8	23		
	D.N.s	21	20	58		
	I.N.s	11	11	43		
	H.V.s	17	16	49		
<u>S.R.N. Totals</u>		190	142	397	0.75 and 2.09	
<hr/>						
<u>Secretarial Workers.</u>						
	I.	26	24	71		
	II.	25	22	61		
	III.	6	6	17		
	IV.	7	5	8		
	V.	8	4	4		
<u>Secretarial Worker Totals</u>		72	61	161	0.85 and 2.23	

(ii) By the advantages given by members of the three occupations.

The third page of the intra-occupational form was left blank except for the heading "advantages which you personally, find in occupation of.....compared with the other two." Table XIX shows the numbers of subjects in each group who gave various advantages, together with the numbers of advantages given. The ratios in the third column suggest that teachers are the most consciously satisfied group and nurses the least so. The likelihood that the teachers are more articulate should perhaps be taken into account here also. This Table does however modify the histogram pictures F - H based on Table XVIII. The open form of the question on page three makes any exact numerical treatment of results difficult, and no significance can be attached to the differences noted in Table XIX, because the conditions under which the questionnaire was answered were not standardised. Examination show that certain emphases are common within the occupational groups, and these emphases are interesting as a possible basis for further investigations.

The themes predominating in the three groups of workers were :

Teacher group.

- (i) Long holidays
- (ii) Freedom for initiative
- (iii) The interest of the personal relationships with both pupils and colleagues.
- (iv) The constant mental stimulus of 'reading round one's own subject'.

Trained Nurse Group.

- (i) The reward or satisfaction of a feeling of usefulness to those in need.
- (ii) The opportunity to meet a large variety of people ("a good cross section of the community") which broadens one's outlook on life."
- (iii) The more interesting and "much more varied" scope of work.
- (iv) The comfort and companionship of living in a Nurses' Home.

Secretarial Group.

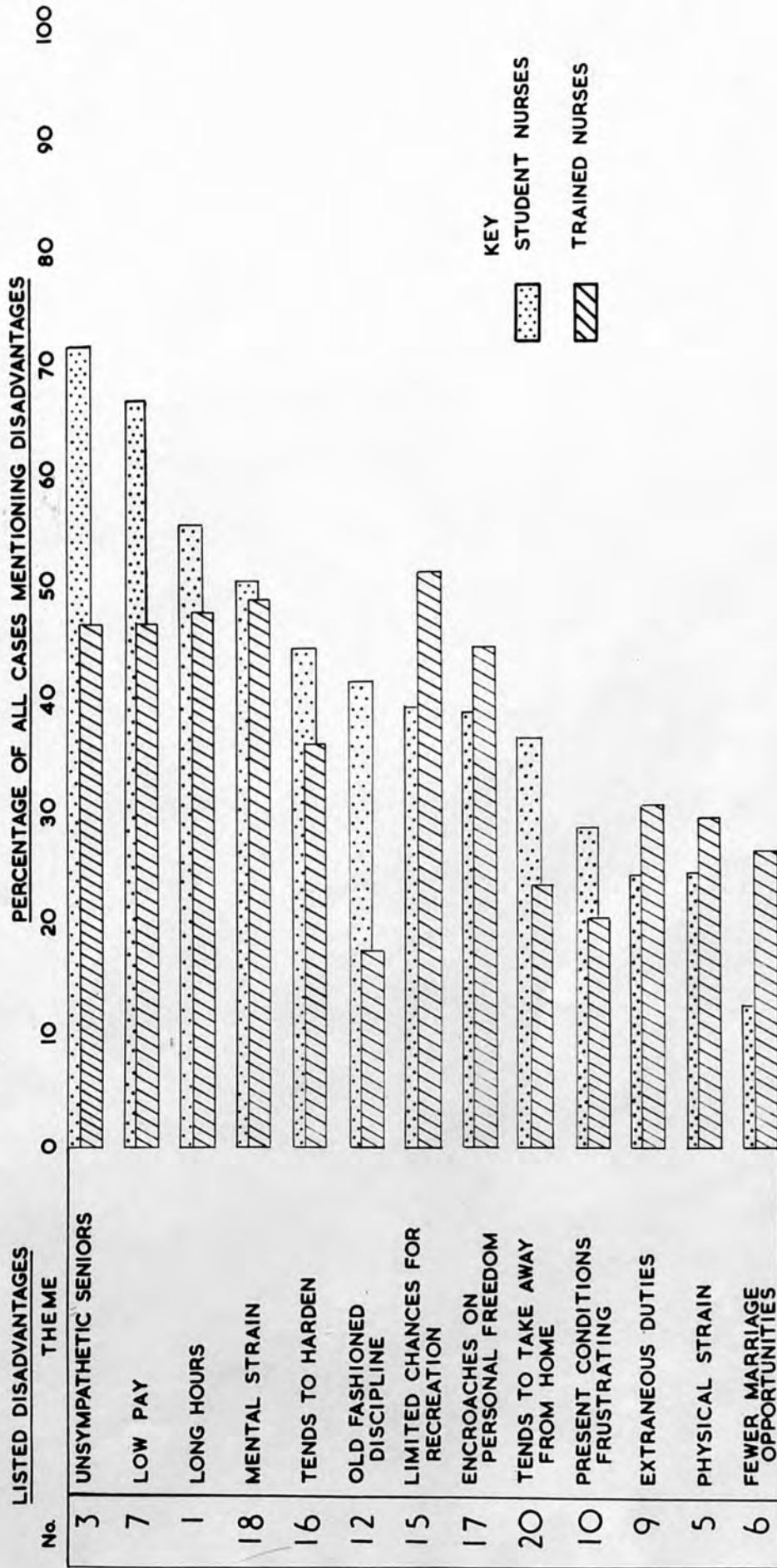
- (i) Regular hours, free evenings and free weekends.
- (ii) Good Pay.
- (iii) Greater freedom to "mix as an individual with various types and both sexes" which gives "breadth of outlook and prevents an obvious professional label."
- (iv) Scope for initiative and work on one's own.

To illustrate these occupational emphases, groups of 50 subjects from each occupation were randomly selected to represent their group, and the advantages given by them ranking for frequency of mention as below :-

<u>Teacher Group advantages</u>	<u>No. of times mentioned</u> (out of 50)
1st. The personal relationship with pupils and colleagues	33
2nd. Long holidays	26
3rd. Freedom for initiative	23
4th. Intellectual interest in one's subject.	8
----- Total	90 -----

FIG. E.

### COMPARISON OF TRAINED NURSE AND STUDENT NURSE OPINIONS ABOUT NURSING



ONLY DISADVANTAGES MENTIONED BY MORE THAN 25% OF EITHER GROUP ARE SHOWN

TABLE XX.

RELATIVE FREQUENCY OF MENTION OF DISADVANTAGES OF NURSING BY S.R.N.s AND STUDENT NURSES  
IN THE NURSE TRAINING SCHOOLS OF THREE REGIONS.

Rank	S. R. N.s			Student Nurses				
	No. of disadvantages.	Total No. times given.	Disadvantage	Relative Frequency of mention % of 131 cases.	No. of disadvantages.	Disadvantage	Total No. times given	Relative Frequency of mention % of 222 cases
1st	15	66	Recreation chances limited	50.38	3	Unsympathetic seniors.	161	72.52
2nd	18	66	Much mental strain.	50.38	7	Low pay.	147	66.21
3rd	1	61	Long hours.	46.56	1	Long hours.	131	59.01
4th	3	60	Unsympathetic seniors.	45.80	18	Much mental strain.	108	48.64
5th	7	59	Low pay.	45.04	16	Tends to harden	98	44.14
6th	17	56	Encroaches on personal freedom.	42.74	12	Old fashioned discipline.	93	41.89
7th	9	39	Extraneous duties.	29.77	15	Recreational chances limited.	87	39.19
8th	16	38	Tends to harden.	29.01	17	Encroaches on personal freedom.	85	38.28
9th	5	36	Too much physical strain.	27.48	20	Takes away from home.	77	34.68
10th	6	34	Fewer marriage opportunities.	25.95	10	Present conditions frustrating.	62	27.92
11th	20	30	Takes away from home.	22.90	9	Extraneous duties.	54	24.32
12th	19	29	Poor prospects of material well-being.	22.21	5	Too much physical strain.	53	23.87
13th	10	27	Present conditions frustrating.	20.61	2	Makes bossy and domineering.	45	20.27
14th	12	23	Old fashioned discipline.	17.55	19	Poor prospects of material well-being.	30	13.51
15th	2	19	Makes bossy and domineering.	14.50	8	Eye strain.	29	13.06
16th	4	16	Social standing.	12.21	6	Fewer marriage opportunities.	28	12.61
17th	8	14	Eye strain.	10.68	21	Too little scope for initiative.	22	9.91
18th	14	10	Little chance to live away from home.	7.55	4	Social standing.	16	7.21
19th	21	10	Too little scope for initiative.	7.55	14	Little chance to live away from home.	6	2.70
20th	13	7	Fewer opportunities for interesting work after training.	5.34	11	Monotony.	5	2.25
21st	11	4	Monotony	3.05	13	Fewer opportunities of interesting work after training.	4	1.80

NOTE: Only reasons doubly ticked (see p ) are counted in this table.

<u>Nursing Group advantages</u>	<u>No. of times mentioned (out of 50)</u>
1st. Variety of work	13
2nd. Satisfaction of feeling helpful	8
3rd. Meeting great variety of people	8
4th. Living in Nurses' Home	7
-----	
Total	36
-----	

<u>Secretarial Group advantages</u>	
1st. Regular hours and free time	29
2nd. Good pay	19
3rd. Individual freedom	18
4th. Scope for initiative	7
-----	
Total	71
-----	

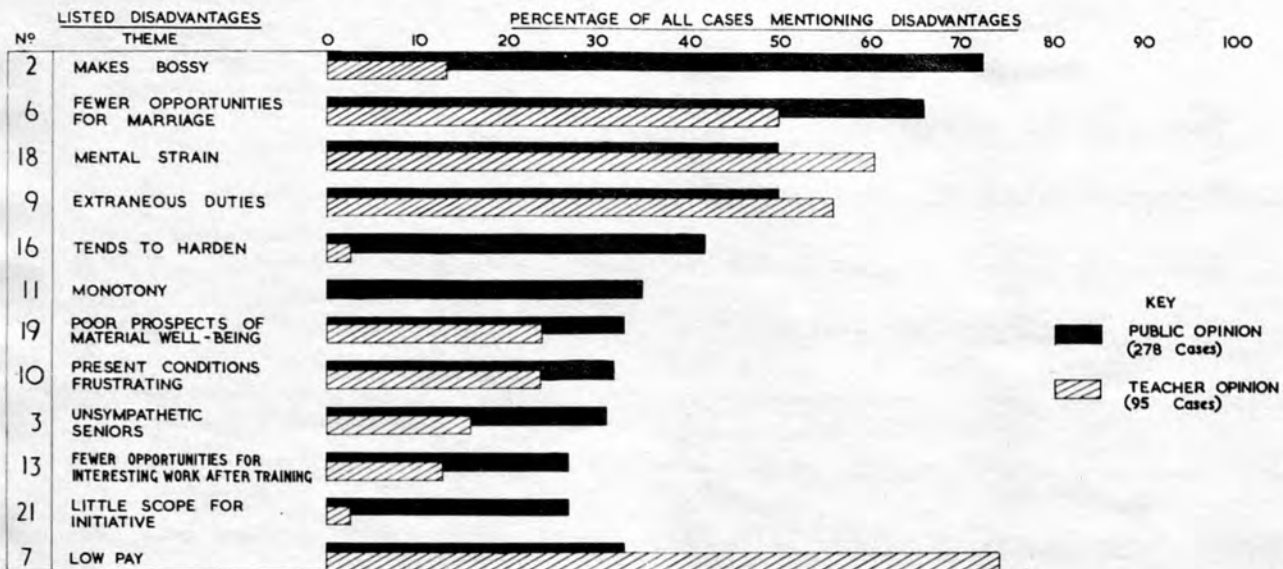
#### D. COMPARISON OF TRAINED AND STUDENT NURSE OPINIONS.

Table XX and Figure E show that student nurses are less concerned with the limitations to their recreation than the trained nurses, but are more concerned, as are the public about unsympathetic seniors, low pay and long hours. "Long hours" is cited slightly less frequently, low pay markedly less frequently, and unsympathetic seniors about equally by student nurses in comparison with public opinion.

In comparison with the trained nurse opinion, the greatest differences of student opinion relate to 'old fashioned discipline' as well as to unsympathetic seniors; and these two may well be directly related. The students feel the long hours more, and also

FIG. F.

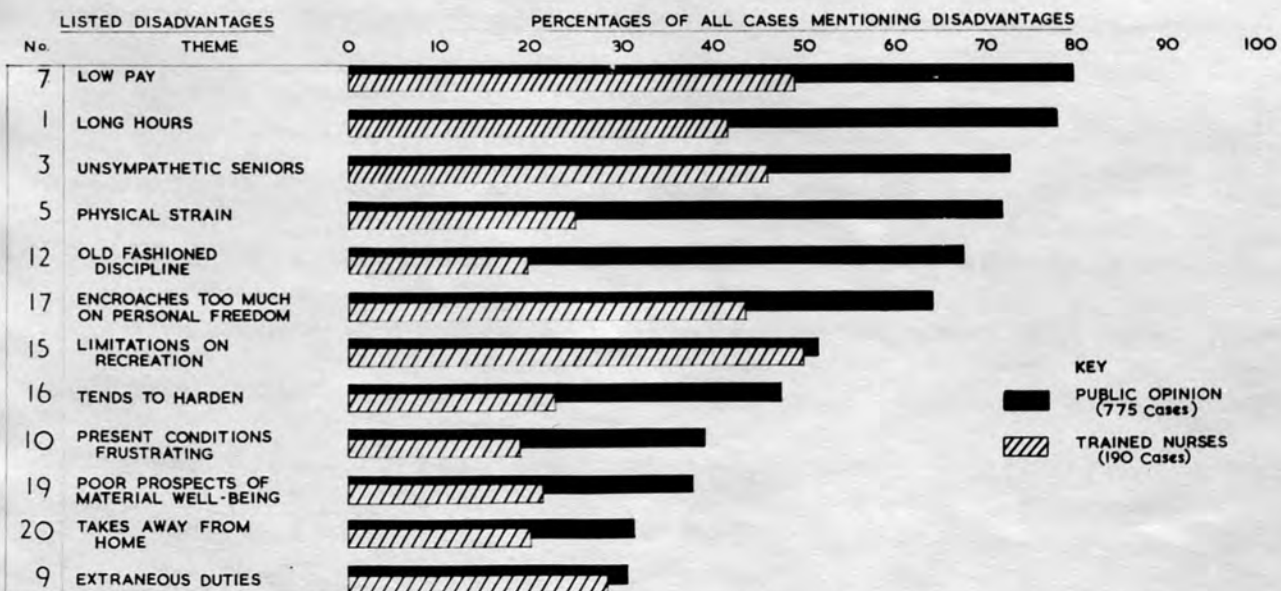
COMPARISON OF "PUBLIC" AND TEACHER OPINION ABOUT TEACHING



ONLY DISADVANTAGES MENTIONED BY MORE THAN 25% OF EITHER GROUP ARE SHOWN

FIG. G.

COMPARISON OF "PUBLIC" AND TRAINED NURSE OPINION ABOUT NURSING



ONLY DISADVANTAGES MENTIONED BY MORE THAN 25% OF EITHER GROUP ARE SHOWN



being taken away from home. They are less concerned about physical strain, extraneous duties and 'fewer marriage opportunities.' This last contrast recalls Jephcott's "ordinary girls" theory that nursing is an alternative to marriage. The tendency to harden is slightly more emphasized by students than trained nurses, and as this is also given as a disadvantage by some 50% of the public, it is a concept which it would be interesting to study further. An attempt to study this, which had to be abandoned (see appendix III) suggests that necessary emotional control may be misinterpreted as lack of feeling in nurses.

Low pay concerns the student nurses more than the trained ones. As strictly, student nurses receive no salary but a training grant during their 'apprenticeship', their judgements about pay ought to relate to their future. In fact it is not unlikely that many forget their student status when receiving their grants from the same office which deals with salaries of trained staff.

#### E. Group Opinions Compared from the Results of the last two Questionnaires.

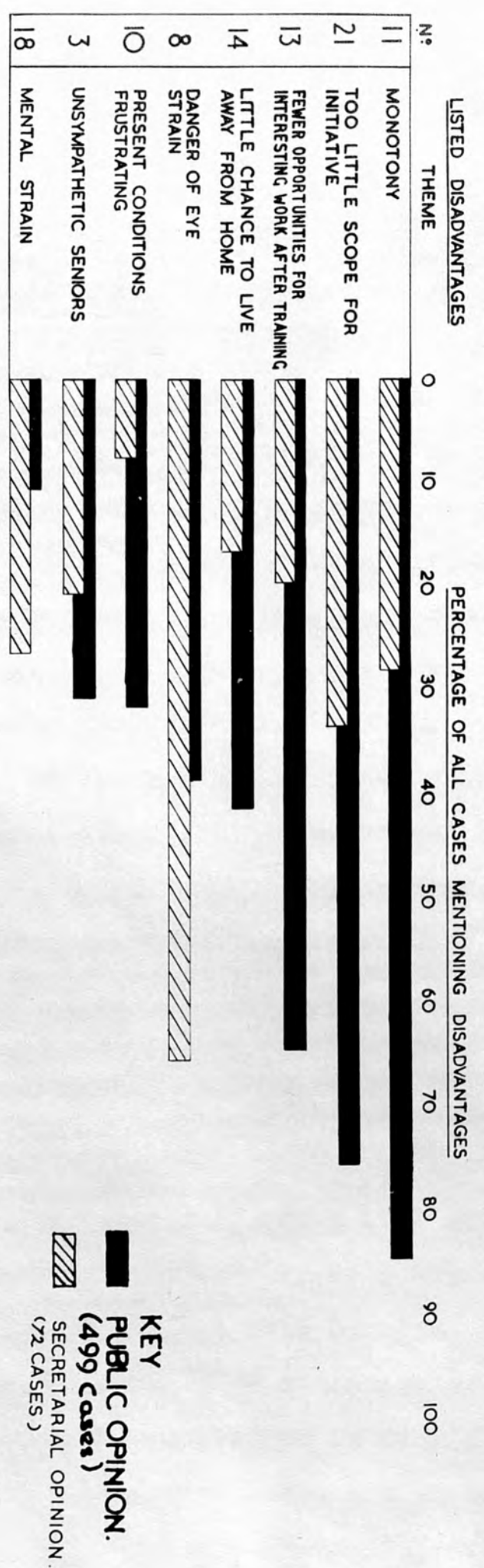
The histograms F, G. & H. contrast public opinion about each occupation with that of trained practising members within each.

Figure F. shows a stereotype of the teacher as a 'bossy' and hardened spinster, burdened with 'extraneous duties' and mental strain. Her work is not considered particularly well paid, nor with very good prospects of further advancement. To a fair number it appears monotonous, and not allowing scope for initiative, and with some lack of sympathy between senior and junior ranks.

In contrast the teachers themselves find no monotony and have scope for initiative, but they are even more concerned about

FIG. H.

### COMPARISON OF "PUBLIC" AND SECRETARIAL WORKER OPINION ABOUT SECRETARIAL WORK



ONLY DISADVANTAGES MENTIONED BY MORE THAN 25% OF EITHER GROUP ARE SHOWN

**KEY**  
 PUBLIC OPINION.  
 (499 Cases)  
 SECRETARIAL OPINION.  
 (72 CASES)

their extraneous duties, the mental strain, and most of all, their low pay.<sup>1</sup>

Figure H suggests that secretarial work is looked upon as extremely dull, if lacking many of the disadvantages of the other occupations. The workers themselves appear as fairly contented apart from their fear of eyestrain. Although this must be a potential disadvantage to discourage recruitment amongst candidates with disorders of vision, the marked emphasis by those who are otherwise apparently contented workers is suggestive of a possible focus for an occupational neurosis.

Figure G. shows one general difference from that of the other two histograms. In no case does the lighter column cross the darker one, i. e. the nursing opinion generally is less discontented on all the matters listed than the public opinion. The stereotype picture shows that nursing conditions are thought of as very hard and underpaid. The unsympathetic seniors and old-fashioned discipline are only second to the low pay and long hours. The tendency to harden is quoted approximately the same number of times against nursing as against teaching. Curiously, there is no suggestion that nursing "makes bossy", so that the bossiness of the teacher is something different from the 'lack of sympathy' of the seniors.

In contrast to teaching, less than 50% of trained nurses considered themselves underpaid, despite the strong public opinion about this. This may be explainable in part by the fact that the 1948 increase in nurses' salary scales and the introduction of training grants for student nurses would tend to affect the opinions

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<sup>1</sup> And see Appendix V of Agenda of Meeting of Convocation. October 1955  
University of London.

of nurses more than of the public for a considerable time, since there is always a considerable lag between actual reforms and their general appreciation.

It is interesting to note the rank order given by the trained nurse to the various disadvantages, although what the public think about nursing is important as well as what nurses think about their conditions, from the point of view of recruitment. The limitations on recreation is the most commonly felt disadvantage; and is of course, one related to a split shift system of duties, and to irregular hours of work in any field. Second to this the nurses show concern still with rates of pay, and with unsympathetic seniors. They find hours of work long, and apt to encroach on personal freedom. Some 33% also complain of extraneous duties. It would be of interest to know more what the nurses mean by this, since "extraneous duties" is a disadvantage originating in the teachers' complaints.

One purpose of the three occupations questionnaire, in its revised edition, was to gain some measure of the extent to which the deterrents to nursing mentioned in the Government Working Party Report (see Table VII) were felt as important by trained nurses. Only two of these reasons, namely, 'limitations on recreation' and 'unsympathetic seniors' are cited by more than 25% of trained nurses. Although 46% of trained nurses stress the disadvantage of unsympathetic seniors, 21% of secretarial workers and 15.5% teachers also mention this as a disadvantage in their occupation.

As regards nursing taking a girl away from home too much, it is interesting to notice that the opposite disadvantage, lack of

opportunity to live away from home, is given against secretarial work by 41.5% of the public who placed secretarial work third. This suggests that the fact that a job does take a girl or woman away from home is by not a few people considered an advantage rather than otherwise.

This picture of nursing opinion is, of course, susceptible of various interpretations. It may mean that nurses lack the right critical spirit shown by teachers and secretarial workers. Or it may show a genuine contentment with an occupation which is, for historical and emotional reasons possibly liable to be less objectively assessed than the other two occupations.

## VI. DISCUSSION.

The frequent use of the word status in public discussions around the nursing profession at the time of the launching of Britain's National Health Service in 1948 suggested a social-self-consciousness in apparent contradiction to the findings of Thouless (<sup>1937</sup>1951) and Pear (1941).

Social change is commonly accelerated in a post-war era. It seemed therefore possibly a 'safe' experiment in social psychology to attempt to investigate the social standing of nursing, since this was presumably what was meant by 'the status' of nursing and the nurse.

Examination of the literature suggested that prestige was the psychological reflection of the sociological status, so that by a comparison of various components of prestige, an assessment might be made more accurately than by asking for more generalised status or admiration rankings.

Although women's occupations have not been particularly studied in this country by sociologists or social psychologists, there are some American studies, a few of which mention nursing. The considered results of the many studies to date, using lists between twenty and two hundred or more occupational names suggest that the 'middle range occupations' (amongst which nursing is counted) are least accurately placed despite the usual 'surprising agreement' reported amongst varied and numerous subject groups. This difficulty of judgement probably relates both to the occupations themselves, and to the general difficulty of judgements in non-extreme cases.

Nursing was therefore contrasted with only four, and later

two, alternative occupations generally held to be comparable. No attempt has been made to use any situs or family in the sense suggested by Benoit-Smullyan (1946) or Hatt (1950). The selection of occupations was based on simple social findings, in nursing school statistics and the studies of the Lancet (1932) and Lingwood (1941). Although women's occupations in general have not been studied by sociologists or psychologists in this country, nursing is probably unique for the number of investigations and evaluations made by individuals, and committees and commissions, and more recently, psychologists, since the first, Lancet, enquiry in 1932

The review of these illustrates the slowness of reform characteristic of institutional change. It also suggests the possibility that so much public stress on the disadvantages of nursing training, unbalanced by an equal emphasis of its advantages, may be itself a factor that has militated against recruitment. In so far as there are emotional reasons for the 'unpopularity of nursing', as hinted at by the references to supposed marriage prevention, lack of attractiveness in dress, making a woman hard, and imposing undue limits on "initiative" (which may be linked, in popular thought, with 'self expression') public opinion is likely to be selectively attentive to and retentive of, the unfavourable rather than the favourable points of any published criticism.

In the present 'public enquiry', the first questionnaire assumed the capacity amongst respondents, in an anonymous situation, to accept references to social distinctions, or stratification. Printed references to these are tolerated in such documents as the Registrar General's Occupational Tables which "since 1911" have

utilised give<sup>42</sup> groups "traditionally described as social classes." In the early days of professional nurse-training the Nightingale School was able to advertise for "respectable women" and "a limited number of gentlewomen.....for superior situations." References to social strata were openly made in newspapers and journals and novels in the nineteenth and early twentieth century.

Results from the first questionnaire showed however that judgements about dress and home background were resented by some subjects. Table IV shows a marked increase in abstentions from judgement on these two themes, together with a greater number of remarks volunteered. Numbers were not great enough to allow any worthwhile analysis of the social background of those who abstained and/or volunteered 'emotionally toned' remarks.

Positive results from the questionnaire did show however that "on the whole" nurses have higher social prestige than clerical workers, saleswomen or light factory workers, and that they approximate in prestige fairly closely to teachers. In the Registrar General's Tables also nursing and teaching both appear in grade II, and the other occupations in III or IV, "Light factory work" in fact proved useful in anchoring judgements, despite the fact that it is the former occupation of a few at least student nurses.

The prestige profiles based on the scores awarded in this questionnaire show clearly the commonly held view that teachers lack dress sense and/or interest in clothes. Nurses too are rated low for this component. Remarks such as "both teachers and nurses are more interested in their work than in their clothes" and that teachers are 'dowdy' (even<sup>if</sup> expensively dressed), are very suggestive



of stereotyped ideas. 'Stereotypes' however range from the pathologically fixed idea to the socially useful 'plat<sup>s</sup>otype', suggested by Mace (1943) and there is no evidence from this study to indicate the degree of mental fixity of these claims. In connection with these findings about supposed lack of concern with personal appearance in nurses as well as teachers, it is of interest to recall two other items.... There is Jephcott's finding that her 'ordinary girls' consider nursing a barrier to marriage. There is the complaint of a matron, at a Nurses' League reunion, that she has "lost" some 30% of her students to marriage during the past year.

In the nurses' prestige profile there is also the strikingly low score awarded for initiative, in marked contrast to the score awarded for responsibility. This is important, since from the evidence of the remarks on the questionnaires and later from the advantages cited by members of the teaching and secretarial worker groups, outlet for initiative is stressed, so that a belief in the minds of the public, that nursing training allows no outlet for initiative, could be a deterrent to recruitment. In schools today, as in the psycho-analytic literature in its "popular" form, self expression is considered essential to full mental health and enjoyment of life, and it seems likely that the meaning behind the word initiative (itself provided by respondents at the beginning of this enquiry) is allied to that of self-expression. In view of the nurses' claim, in the later questionnaire, to the advantage of variety in their work, it would be of interest to investigate further how far nurses do in fact, feel themselves to be acting

so entirely under doctors' orders that they find their own initiative frustrated.

Since the paired comparisons questionnaire proved too difficult a task for widespread use, and in view of its statistical limitations and demands outlined by Slater, the form of enquiry was changed to a simpler but more superficial one so that a greater range of opinion might be obtained. The desired reference to social stratification was made less direct, as one of twenty-one occupational disadvantages. Also, in view of the evidence of strong emotional reactions to the publications of the Government Working Party's Report on Nursing (published after this enquiry was launched) reference to its findings was made a part of the second stage of this study.

Figure B. (page 81) , shows the relative popularity of nursing, as against its prestige assessed earlier, when compared with teaching and secretarial work, the other most common fields of occupation considered by school leavers in the absence of more specific instruction in vocational possibilities.

In terms of popularity, teaching is definitely first in place and nursing third, in the majority of cases. Where Northern and Southern, or Urban and Rural groups could be contrasted, the differences were only slight. Parental opinion is particularly unfavourable to nursing, and this must be an important factor in recruitment. The groups of workers in social science and health fields modify the picture in a way which suggests their being alternatives to nursing in a similar broad field.

The histograms C. - H. relating to occupational disadvantages give an interesting analysis of opinions about the three occupations. They show up popular stereotypes and give some indication of job satisfaction. The reference to social standing, admittedly only an oblique one, is considered most relevant to secretarial work. The score for "less likely to meet people of good social standing" is lower for nursing than for teaching. It may of course, have been in the minds of some subjects that "meeting" as a nurse was only that of a servant to a sick person, or to medical attendants proper. Yet there is no obvious reason to suppose that "meet" should be taken to mean something different in nursing from what it means in teaching or secretarial work.

Within the limits of this enquiry therefore, the prestige or status of nursing compares favourably with that of teaching and is superior to that of secretarial work, saleswomanship and light factory work. This status rating was obtained at a time when nursing was still considered to be badly paid and nurses overworked.

In so far as status relates to financial return, recent changes have raised the status of nursing. Hyman (1942) however showed that subjective status was as important as its objective criteria, and that subjects' self-evaluations of their status related to relatively small reference groups. It is possible therefore that the nurses who complained of lack of status were affected by the public unpopularity of their calling. There are suggestions in the evidence gathered for this study that emotional

reasons contribute to the unpopularity of nursing, as well as the obvious occupational difficulties of shift duty, high standard of discipline etc. In so far as an occupation is thought to put severe restrictions on "Initiative" in some sense, it will lose esteem in a society that places high value on that quality.

## VII. CONCLUSIONS.

1. A taboo on direct individual reference to various social distinctions appears still operative in England. It is most operative, by the evidence of this enquiry, in rural districts and amongst 'lower' occupational strata.
2. Amongst those able to answer a paired comparisons questionnaire about the prestige of five occupations, a clear gradation in the order teaching, nursing, clerical work, saleswomanship, factory work, was obtained.
3. When compared by a different method, with teaching and secretarial work only, nursing was shown to be markedly less popular than these two as a possible field of work for a female relative, in various parts of England.
4. Stereotype pictures of teacher, nurse and secretarial worker are given by three histograms.
5. Analysis of disadvantages often cited against the three occupations suggests that, despite their many disadvantages, teaching and nursing are rated higher than secretarial work for general social standing.
6. The disadvantages of nursing conditions stressed by the Working Party Report are shown to weigh less heavily with trained than student nurses, and to be, to some extent, considered disadvantages within the other occupation also.

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ON THE FOLLOWING PAGES YOU ARE ASKED TO RECORD YOUR IMPRESSIONS ABOUT VARIOUS OCCUPATIONS FOR WOMEN.

1. So far as you can, give an opinion about the occupation as a whole, i.e., neglect the exceptional cases.
2. Please say what you think in making a quick judgment on each case, even though you may know that you are giving rather conventional or stereotyped judgments.

- 
3. On each page you are asked to choose between pairs of occupations in respect to various features of the work, or the workers, and to underline the one you choose.

If you feel that the two occupations are equal in that particular feature, underline BOTH.

If you feel that your knowledge is too limited to make a choice, do not underline either.

PLEASE READ THE FOLLOWING DEFINITIONS VERY CAREFULLY BEFORE YOU BEGIN:

For the purpose of this enquiry SALESWOMEN is used to indicate SHOP ASSISTANTS in, e.g., a large departmental store.

LIGHT FACTORY WORKERS refers to women workers in light industry, including e.g., cardboard box making, laundry work, sorting and packing, etc.

SCHOOL TEACHERS means the general, primary school teachers.

CLERKS refers to women working as shorthand typists, audit clerks, Post Office Workers, etc., i.e., the general run of secretarial workers in industry and commerce, excluding people with positions of special responsibility, or administrative functions.

TRAINED HOSPITAL NURSES includes Sisters, Charge Nurses and Staff-Nurses, etc.

YOU MAY REFER BACK TO THIS PAGE IF YOU WISH TO DO SO.

Please make any comments you may have, at the bottom of each page. Any suggestions for improving this method of obtaining people's opinions about various occupations will be welcomed. If there is not sufficient room for all the comments you wish to make, write on the reverse side of the page.

If, on any page, you find it difficult to decide exactly what is meant by the wording, please state in your own words the meaning you have given to the phrase concerned.

On the whole, which group in which pair is likely to have had the longer and better education? (School, College etc.) Underline that one.

If both are equal in this respect, underline both.

If you feel that your knowledge of an occupation is too limited to allow you to choose, do not underline either.

- 1. Light Factory Workers. Clerks.
- 2. Saleswomen. Trained Hospital Nurses.
- 3. Trained Hospital Nurses. School Teachers.
- 4. School Teachers. Saleswomen.
- 5. Clerks. Trained Hospital Nurses.
- 6. Saleswomen. Clerks.
- 7. School Teachers. Light Factory Workers.
- 8. Light Factory Workers. Saleswomen.
- 9. Trained Hospital Nurses. Light Factory Workers.
- 10. Clerks. School Teachers.

Any comments or criticisms? Please be frank.

In each pair, which group has to take the greater responsibility while at work? Underline that one.

If both are equal in this respect, underline both.

If you feel that your knowledge of an occupation is too limited to allow you to choose, do not underline either.

1. School Teachers. Light Factory Workers.
2. Trained Hospital Nurses. Saleswomen.
3. Saleswomen. Light Factory Workers.
4. Clerks. School Teachers.
5. Light Factory Workers. Clerks.
6. Saleswomen. School Teachers.
7. Light Factory Workers. Trained Hospital Nurses.
8. Clerks. Saleswomen.
9. School Teachers. Trained Hospital Nurses.
10. Trained Hospital Nurses. Clerks.

Any comments or criticisms? Please be frank.

On the whole, which of each pair is likely to be the better dressed (off duty)? Underline that one.

If both are equal in this respect, underline both.

If you feel that your knowledge of any occupation is too limited to allow you to choose, do not underline either.

- |     |                          |                          |
|-----|--------------------------|--------------------------|
| 1.  | School Teachers.         | Trained Hospital Nurses. |
| 2.  | Trained Hospital Nurses. | Clerks.                  |
| 3.  | School Teachers.         | Light Factory Workers.   |
| 4.  | Saleswomen.              | School Teachers.         |
| 5.  | Light Factory Workers.   | Saleswomen.              |
| 6.  | Trained Hospital Nurses. | Light Factory Workers.   |
| 7.  | Clerks.                  | Saleswomen.              |
| 8.  | Saleswomen.              | Trained Hospital Nurses. |
| 9.  | Light Factory Workers.   | Clerks.                  |
| 10. | Clerks.                  | School Teachers.         |

Any comments or criticisms? Please be frank.

Of each pair, in which group are the members more likely to be able to use their own ideas while at work? Underline that group.

If both are equal in this respect, underline both.

If you feel that your knowledge of an occupation is too limited to allow you to choose, do not underline either.

- |     |                          |                          |
|-----|--------------------------|--------------------------|
| 1.  | Trained Hospital Nurses. | Clerks.                  |
| 2.  | Clerks.                  | School Teachers.         |
| 3.  | Light Factory Workers.   | Trained Hospital Nurses. |
| 4.  | School Teachers.         | Saleswomen.              |
| 5.  | Saleswomen.              | Light Factory Workers.   |
| 6.  | Clerks.                  | Light Factory Workers.   |
| 7.  | Light Factory Workers.   | School Teachers.         |
| 8.  | Trained Hospital Nurses. | School Teachers.         |
| 9.  | Saleswomen.              | Clerks.                  |
| 10. | Saleswomen.              | Trained Hospital Nurses. |

Any comments or criticisms? Please be frank.

On the whole, which of each pair do you consider comes from "the better class home", as judged by conventional social standards? Underline that one.

If both are equal in this respect, underline both.

If you feel that your knowledge of an occupation is too limited to allow you to choose, do not underline either.

- |     |                          |                          |
|-----|--------------------------|--------------------------|
| 1.  | School Teachers.         | Trained Hospital Nurses. |
| 2.  | Trained Hospital Nurses. | Clerks.                  |
| 3.  | School Teachers.         | Light Factory Workers.   |
| 4.  | Saleswomen.              | School Teachers.         |
| 5.  | Light Factory Workers.   | Saleswomen.              |
| 6.  | Trained Hospital Nurses. | Light Factory Workers.   |
| 7.  | Clerks.                  | Saleswomen.              |
| 8.  | Saleswomen.              | Trained Hospital Nurses. |
| 9.  | Light Factory Workers.   | Clerks.                  |
| 10. | Clerks.                  | School Teachers.         |

Any comments or criticisms? Please be frank.



Of each pair, which group on the average is likely to be the more intelligent? Underline that one.

If both are equal in this respect, underline both.

If you feel that your knowledge of any occupation is too limited to allow you to choose, do not underline either.

- |     |                          |                          |
|-----|--------------------------|--------------------------|
| 1.  | Saleswomen.              | Light Factory Workers.   |
| 2.  | Light Factory Workers.   | Clerks.                  |
| 3.  | School Teachers.         | Light Factory Workers.   |
| 4.  | Clerks.                  | School Teachers.         |
| 5.  | Trained Hospital Nurses. | Saleswomen.              |
| 6.  | Light Factory Workers.   | Trained Hospital Nurses. |
| 7.  | School Teachers.         | Trained Hospital Nurses. |
| 8.  | Clerks.                  | Saleswomen.              |
| 9.  | Trained Hospital Nurses. | Clerks.                  |
| 10. | Saleswomen.              | School Teachers.         |

Any comments or criticisms? Please be frank.

On the whole, which of each pair do you think likely to be able to enjoy the higher material standard of living? Underline that one.

If you feel that both are equal in this respect, underline both.

If you feel that your knowledge of any occupation is too limited to allow you to choose, do not underline either.

- |     |                          |                          |
|-----|--------------------------|--------------------------|
| 1.  | Saleswomen.              | Light Factory Workers.   |
| 2.  | Light Factory Workers.   | Clerks.                  |
| 3.  | School Teachers.         | Light Factory Workers.   |
| 4.  | Clerks.                  | School Teachers.         |
| 5.  | Trained Hospital Nurses. | Saleswomen.              |
| 6.  | Light Factory Workers.   | Trained Hospital Nurses. |
| 7.  | School Teachers.         | Trained Hospital Nurses. |
| 8.  | Clerks.                  | Saleswomen.              |
| 9.  | Trained Hospital Nurses. | Clerks.                  |
| 10. | Saleswomen.              | School Teachers.         |

Any comments or criticisms? Please be frank.

1st edition of Three Occupations Questionnaire

B.

RESEARCH ON VARIOUS WOMEN'S OCCUPATIONS

- I. If you had a daughter or a sister just about to choose her occupation in life, which would you prefer her to choose, supposing her to be equally capable of all three?
- (a) General Clerical Work
  - (b) Teaching
  - (c) Hospital Nursing

Please put (1) by your first preference, and (2) by your second.

II. Please write your third preference here ..... and then tick the main reasons why YOU would prefer her NOT to choose this third occupation.

- 1. Hours of work are too long.
- 2. There is less personal freedom for the worker.
- 3. There is too little scope for initiative in the work.
- 4. There is too much physical strain involved.
- 5. There is real danger of eye strain.
- 6. There is much mental strain involved.
- 7. The work is monotonous.
- 8. There are fewer opportunities for interesting work after training.
- 9. Such work tends to harden a girl.
- 10. Such work tends to make a girl bossy and domineering.
- 11. On the whole, one is less likely to meet people of good social standing in such work.
- 12. There are fewer opportunities for marriage.
- 13. The pay is too low for the work done.
- 14. There are too many extraneous duties demanded these days.

Are there any other reasons, not given above, you wish to mention? If so, please write them here.

It would be of real assistance in this research if you would supply the following personal details about yourself. If, however, you prefer not to do so, please complete parts I and II only.

Thank you for your co-operation.

- III.
- Are you over or under 40 years of age? .....
  - Sex .....
  - What is your own occupation .....

APPENDIX 1.B (ii)

In asking you to disclose your personal opinions about various women's careers, it is taken for granted that, whatever your opinion may be, you of course, would not interfere with the free choice of occupation by sister or daughter.

VIEWS ON VARIOUS OCCUPATIONS FOR WOMEN

B.

I. If you had a daughter or a sister just about to choose her occupation in life, which would you prefer her to choose; supposing her to be equally capable of all three?

Please put (1) by your first preference, and (2) by your second.

- General Secretarial Work.
- Hospital Nursing.
- Teaching.

II Please write your third preference here ..... and then tick the main reasons why you would prefer her NOT to choose this third occupation.

1. Hours of work are too long.
2. Such work makes a girl "bossy" and domineering.
3. Younger people are often made unhappy by unsympathetic seniors in this work.
4. On the whole one is less likely to meet people of good social standing in such work.
5. There is too much physical strain involved.
6. There are fewer opportunities for marriage.
7. The pay is too low for the work done.
8. There is danger of eye-strain.
9. There are too many extraneous duties demanded these days.
10. Present conditions in this work are likely to prove very frustrating to the young worker.
11. The work is monotonous.
12. There is too much old-fashioned discipline of workers in this occupation.
13. There are fewer opportunities for interesting work after training.
14. Such work offers little chance for a girl to widen her experience by living away from home.
15. The chances of pleasant and interesting recreation are too limited.
16. Such work tends to harden a girl.
17. It is an occupation that encroaches too much on a girl's personal freedom.
18. There is much mental strain involved.
19. This work offers too little prospect of material well-being and reasonable comfort.
20. Such work tends to take a girl away from home too much.
21. There is too little scope for initiative in this work.

Are there any other reasons, not given above, you wish to mention? If so, please write them on the back of this page.

III. It would be of real value in this research if you would supply the following details about yourself. If, however, you prefer not to do so, please complete parts I and II only. THANK YOU FOR YOUR CO-OPERATION.

What is your own occupation? .....

Are you {over 40 years of age?  
{under

Sex .....

APPENDIX 1.C

RESEARCH ON VARIOUS WOMEN'S OCCUPATIONS

On the next page is a list of the various disadvantages which have been given as reasons stopping girls from taking up the three occupations of teaching, nursing, and general secretarial work.

Some reasons apply to one occupation, and some to another. Which of these do you, personally, consider are the true disadvantages in your own occupation?

Will you please do four things:-

- (1) Tick twice (✓✓) any which you feel to be true, for yourself, about your own occupation.
- (2) Then tick once (✓) any which you know others who are in the same occupation as yourself may consider true, even though you may not agree with their views.
- (3) Cross out any which you feel definitely do NOT apply to your occupation.
- (4) On the third (blank) page, list briefly any advantages which you feel make your occupation preferable to the other two, for you, personally.

Your occupation .....

Number of years in this occupation .....

Rank or title, if any .....

Disadvantages, attributed to the three occupations of teaching, nursing, and general secretarial work, which apply to your occupation.

1. Hours of work are too long.
2. Such work makes a girl "bossy" and domineering.
3. Younger people are often made unhappy by unsympathetic seniors in this work.
4. On the whole one is less likely to meet people of good social standing in such work.
5. There is too much physical strain involved.
6. There are fewer opportunities for marriage.
7. The pay is too low for the work done.
8. There is danger of eye-strain.
9. There are too many extraneous duties demanded these days.
10. Present conditions in this work are likely to prove very frustrating to the young worker.
11. The work is monotonous.
12. There is too much old-fashioned discipline of workers in this occupation.
13. There are fewer opportunities for interesting work after training.
14. Such work offers little chance for a girl to widen her experience by living away from home.
15. The chances of pleasant and interesting recreation are too limited.
16. Such work tends to harden a girl.
17. It is an occupation that encroaches too much on the girl's personal freedom.
18. There is much mental strain involved.
19. The work offers too little prospect of material well-being and reasonable comfort.
20. Such work tends to take a girl away from home too much.
21. There is too little scope for initiative in this work.

Are there any other reasons, not given above, you wish to mention? If so, please write them on the back of this page, and add the double (✓✓) or single (✓) ticks.

Advantages which you, personally, find in the occupation  
of ..... compared with  
the other two.

APPENDIX II.Results of the letters to the hospital Matrons.

Only two of the originally selected hospitals failed to reply to the investigator's letter. These were two type IV formerly cottage hospitals in the North. Enquiries made when up'North suggested adequate reasons in the way of administrative problems to explain this lack of reply, and so, instead of following up the original appeal, a further random selection was made from the other class IV hospitals in these areas, and co-operation was obtained without difficulty.

Two type III hospitals also had to be replaced by second choices. One of them replied that a date would be fixed for the visit when the Matron returned from holiday, but no further communication was received. The other Matron invited a visit, but then explained that on second thoughts she inclined to consider the enquiry as possibly prejudicial to her efforts to increase the number of recruits for training at that hospital. The list of disadvantages, particularly the one (15) referring to limited chances of interesting and pleasant recreation, might 'put ideas into the nurses' heads', and as she herself was dissatisfied with the advantages this particular hospital still offered as regards recreational facilities and comfortable staff quarters, she was anxious not to risk drawing the attention of any of the nurses to the questionnaire.

Both the teaching hospitals (type V Medical Schools), in the North refused co-operation after consultation with their nursing committees. In neither case were really satisfactory reasons given for non co-operation. Because it was desired to



have representation from a teaching hospital to compare with the other training schools and to maintain the North/South representation also, application was made to the teaching hospital of an adjacent region in the North. The Matron, when visited, appeared to be in favour of co-operation in the research, but later wrote that "the Nursing Committee....after very careful consideration decided that they did not wish the nursing staff to participate in the research." The representation from teaching hospitals, is, therefore, unsatisfactory.

Of the type IV formerly cottage hospitals, two co-operated fully, but one failed to return the forms accepted. The Matron reported considerable efforts on her part to get her staff to co-operate, and the apparently contradictory behaviour of S.R.N's who complain frequently to her about the hardships of their life, and then refuse an opportunity to register their complaints, as in this questionnaire.

#### Method of sampling within the hospitals.

The method used to gain co-operation from the actual nursing staffs concerned varied in detail in different hospitals. So long as the principle of random selection was adhered to, the Matron was given as much freedom of choice as possible in details of approach. In some cases the investigator was asked to speak to groups of staff to explain the matter herself and to rely on the letter accompanying the questionnaire to allay the doubts as to the anonymous nature of a subject's contribution. In a few cases the investigator was asked to be present when the questionnaires were distributed and answered. but in the majority of cases this

distribution was done by the Matron in accordance with the instructions given to safeguard the randomness of the selection and the investigator was not present.

With the trained staff, except where numbers were so small that it was felt better to ask the whole of the staff to complete the questionnaire, a random selection was made from the names on the pay rolls, or duty lists. With the student nurses, as larger numbers were needed, the majority of hospitals chose the method of asking the whole of one or two classes of students to complete the questionnaire in one of their study periods. Second or third year students were used as far as possible, which was in the majority of cases. As it was not possible for the investigator to remain in a district long enough to ensure that instructions were fully implemented as regards numbers of students, the samples obtained do not correspond exactly to the numbers asked for, but there is no reason to suspect that the random principle has been disregarded in such samples as have been obtained. In several cases numbers would have been exact had male nurses' returns been used, but the study has been restricted to female trainees.

APPENDIX III.Discussions with individual Social Science Students.

The aim of these interviews was to try out a different method of interview recording, and under the cover of such an experiment to try and find out how many of the social worker trainees who volunteered as subjects had considered nursing as a possible alternative career, and their reasons for preferring social work. Mechanical recordings were made of these interviews. The presence of the microphone was explained to all subjects beforehand, and they were asked if they would prefer not to have the conversation recorded. No objections were raised at all, and only one subject showed any nervousness at talking by the microphone.

Ostensibly the interview was concerned with "various women's" occupations and reasons for choice of careers." Subjects were first asked about their own choice of particular training, then about the opinion shown by questionnaire results, that "teaching makes a girl bossy and domineering." From this the conversation was brought round to the three main objections to nursing, namely the long hours, low pay and the "tendency to harden a girl." Since all subjects spoke of "interest in people" as one of their reasons for training for social work, it was not difficult to insert the question "have you ever considered nursing as a career yourself?" into these interviews, and then to ask why nursing had not been chosen.

The investigator was not known, by any of these subjects, to have any experience in nursing.

Results from interviews.

Only twelve recordings were made owing to the interruption of the work by sick leave, but a study of the views expressed by these twelve subjects seems relevant, since, as Table XII shows, social science students consider nursing more favourably than most other groups.

Only two of the subjects had any known physical weakness. One of these had, despite a slight physical disability, tried repeatedly to obtain re-admission to a medical school after failing first M.B. So that 10 out of 12 at least, were not rejecting nursing primarily from the point of view of their own health.

The answers given by the subjects are reported more fully in Appendix IV. But their views on the two main questions are summarised below :-

(i) Reasons for not considering nursing when seeking an occupation "to do with people"

- 4 subjects said nursing was too hard and/or exacting an occupation.
- 2 subjects disliked it because it produced social isolation.
- 2 subjects disliked it because it provided too little (general) theoretical training.
- 1 (a graduate) thought it too unspecialised, and so a "waste" of her university training."
- 1 disliked it because she considered it lacked scope for individuality.
- 1 disliked it because of "unnecessary petty discipline."
- 1 (who had taken part I of C.M.B. training) thought general nursing was very depressing and really less important than social work in, e.g. the care of tuberculosis.

(ii) Opinions about the idea that "nursing tends to harden a girl"

4 considered that a hardening of the personality definitely occurred during hospital training and service.

3 thought such hardening was not inevitable, but was a definite risk if there was any "tendency to hardness" in those who took up nursing.

5 disagreed with this widely held view, and thought that what people described as hardening was only really a necessary control of the emotions.

APPENDIX IV.

SUMMARIES OF INTERVIEWS WITH TWELVE SOCIAL SCIENCE STUDENTS

(1) The subjects answers to the questions about why they personally did not choose nursing, are summarised below :-

- S. 1. The routine of the nurse's work is the chief reason. I would like to work in hospital, but not as a nurse. There is a rigid type of hierarchy in nursing and you just have to keep to it. The continual repetition of dealing with people in distress.
- S. 2. Had often thought about nursing, up to the time of actual entry Bedford College. Social work has wider scope. It is more interesting and not so exacting. In nursing you have people watching you all the time and so less scope for individual action as in social work.
- S. 3. Not 'terribly keen on nursing' and family said 'don't go nursing whatever you do'. Chiefly because it is such hard work.
- S. 4. Not made of the stuff that nurses are made of! And in nursing you tend to stop learning after the staff nurse stage. Very rarely stay on to Sistership or Matronship. Usually go out and take these 'low sort of jobs'. Almonering much wider, though not perhaps so practical. But the physical side of nursing is so stiff. On your feet all day.
- S. 5. Not interested in anatomy. Prefer people up and doing, and in their whole environment. I think the first

vocation for women is really marriage, and nursing reduces your marriage chances. Doctors just wouldn't look to nurses anyway for future wives. They would want their wives outside the hospital set-up. I believe too there is quite a large incidence of nervous breakdowns amongst nurses.

- S. 6. This subject had done Part I of the C.M.B. training, but 'not tempted to general nursing'. Midder students were older on the whole. General nursing students only concerned to get out to private work and fees. And cancers and T.B's are so depressing, and anyway it is the social side, the patient's attitude to his T.B. that means life or death for him.
- S. 7. Rejected idea of nursing because 'I did want to go to the university and if you have got a degree it is a bit late to start nursing, and in a way it's a waste of a degree. One is better equipped, no, not better, but more specialised. If one doesn't want to go to a university and is attracted to helping people, then nursing is good."
- S. 8. Nurses do not do enough theory, at least not on the philosophical abstract lines. In nursing there are so many disadvantages, initially at least, that if you do it shows you really want to. After you have nursed you never leave it, except for physical reasons. It is just your life and nothing else matters.
- S. 9. Economic reasons mostly. My parents were very alive to

... these. And I knew I was not physically perfect, so nursing would have been a strain.

S. 10. Had thought about it, but felt that the work on the wards was not what I wanted to do. Not the actual treatment of people. And then the living in. You are cut off from the rest of the community.

S. 11. Would like to have been a nurse but felt I wasn't the right type. My mother was a nurse, and I felt I wouldn't like the petty discipline. Afraid I should answer back and that would not get me far. Nursing is a vocation, and with a job like that you don't mind about the hours. I have just been looking at the scales of pay and think they are quite good. You get your training free, and living in.

S. 12. I would like to have done nursing but Father put his foot down and said I wasn't to, and I just didn't give another thought. (?Why Father's attitude). He said the hours were terrible, the pay was low and he just did not agree with it. Yet I would have thought he would have (done) as he is very interested in first aid. He does all that at his work and would have been a doctor but there was not the money. If there had been the financial means I think he would have let me be a doctor. It was probably tied up in his mind with social ideas. A doctor is regarded as a higher social class, and a nurse isn't now. That wouldn't come into nursing, of course, but perhaps it does,



unconsciously, with a doctor.

(2) The subjects' answers when asked what they thought about the third objection 'tendency to harden a girl' and what they thought people meant by it.

- S. 1. In a lot of cases it does harden. There is the tendency to treat the patient as something scientific and to forget the patient's point of view rather. Repetition, i. e. the sight of so much suffering hardens. And the routine. She does not have to think so much originally. She has to carry out the orders of the doctors. Doctors are less hardened because less repetition, i. e. they have the more interesting part. Social work deals with problems which are less physical than in the mind, so (the social worker) has to treat everyone and their needs demand more than in nursing. And then there is the hospital atmosphere, against the homes of the people.
- S. 2. It is in the work. It is bound to be like that. Because lives hang in the balance and if a nurse is allowed to do 'just this or that...' (In answer to query as to whether lives might not sometimes depend upon a nurse using initiative) It may. But more after training than during training.
- S. 3. A nurse must get hardened to get used to 'a lot of blood and people cut about and the awful state they get into'. But don't think this affects their personality as a whole.

- S. 4. Nursing does not harden, but there is a necessary indifference, not to suffering, but to the appearance of ghastly wounds. Their reaction is 'what can we do' instead of 'O, how horrible'. Probably people think them hard because those who deal with serious diseases get a revised scale of values and show relatively less sympathy for the less ill which is taken for a total lack of sympathy.
- S. 5. Nursing would only harden if there is a tendency to be hard anyway. Perhaps people are thinking of the Matron or Sister in charge. One is always hearing of those 'tartars of Sisters' but perhaps there is a warm heart under the fierce exterior.
- S. 6. If she is to be efficient a nurse must not show her emotions. Yet if she does become hardened the essence of nursing is gone. Nursing is an emotional occupation. It is no use if you can't feel the others' sufferings, but the necessity is the learning to control the emotions. This checking of emotions should not carry over into general life, but it does. It is a great pity but when you do rise in nursing you become terribly impatient with newcomers and fail to see how anyone can really understand what is best for the patient. The Ward Sister is there solely to check up on other people's work. The good Ward Sister gives the best jobs to the students. That is why teaching is more interesting than nursing. Nursing is carrying

out the doctor's orders. Teaching is using one's own initiative.

- S. 7. Hardening not really correct. It is more a narrowness. It is a narrow life. You never get away. Your whole life is amongst sickness or accidents, which might affect your mental health if you are not strong willed enough to get away whenever possible. Doctors and physiotherapists also all tend the same way, to get narrow. The need is for some re-organisation to get a more balanced, cultured, life.
- S. 8. Hardens is a mistaken view. Nursing does not make the individual indifferent, but gives a reasonable point of view. One is not hard because one takes illness as a matter of course and as something that can be attended to. Have one friend who has always wanted to be a nurse. She has a streak of hardness in her, is 'very efficient' and will make a wonderful nurse, but is not terribly sympathetic. If you go to her with any sort of emotional problem she will brush it aside with some common-sense remark, possibly it is this they mean.
- S. 9. Nursing does not make a girl hard but would certainly encourage any tendencies to hardness in her.
- S. 10. It does seem to be true, doesn't it? People you know who have been nurses and are now mothers do tend to be hard and domineering. It is not a thing you can shed off-duty if you stay long enough.

- S. 11. Mother's friends are not hard, but I feel it **MUST** harden you somehow. You get used to suffering.
- S. 12. I wouldn't really have thought that at all. I have several friends who are nurses and they are not hardened. They are keener than ever about it. I suppose people mean you get used to seeing disease and so you are not moved by it. You don't feel sorry and concerned. You take it as a matter of course.