AN EXPLORATION OF THE CAREER HISTORIES OF LEADING FEMALE NURSES IN ENGLAND AND SCOTLAND

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Declaration

This thesis is my own work and no part of it has been submitted for a degree at this, or any other, University.

Leslie K. Hardy

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Abstract

An Exploration of the Career Histories of Leading Female Nurses in England and Scotland

The thesis presents a survey which explored and described the career histories of thirty six leading female nurses in England and Scotland.

An extensive review of the literature explored theoretical perspectives of vocational development and examined three factors which, it was felt, had a particular impact on female career development: sex-role socialization, schooling and experience of work in nursing.

The study progressed through several stages. Preliminary interviews with four subjects were conducted to assess the relevance of certain factors gleaned from the literature review and to develop the postal questionnaire. The subjects to whom the questionnaire was sent were nominated to the study by their positional peers. The use of the reputational method to gain a study population limited the possibility of generalizing from the findings. Ninety two per cent of the 39 women nominated participated in the study. Interviews were held with 35 of the 36 respondents. The data were analyzed quantitatively, using descriptive statistics, and qualitatively.

Personal and professional profiles were drawn. The early lives of the respondents, their family backgrounds and schooling experiences were described to assess the impact of early life experiences on career decisions. Primarily from middle-class families, three quarters of the respondents had attended single sex schools and had been academically able and very active. However, there had been few expectations of careers.

Work history was analyzed in two periods. The first career decade was described and found to incorporate little career mobility for the majority. A 'Lateral Movement Syndrome' was delineated. Mentoring episodes helped the respondents to be creative in the second career phase and to be upwardly mobile. Factors having an impact on their career development were described.

A theoretical perspective on female nurses career development was proposed and explained in light of the findings. The study opened up numerous areas for further research and these were discussed.

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INTRODUCTION

This thesis reports on a study of the career histories of leading female nurses in England and Scotland. Originally, interest in the vocational development of females arose because of personal experience and observations on the career progress of female nursing colleagues. Readings for a research proposal at the Masters' degree level introduced the researcher to the emerging discussions on women and work. At the same time feminist writers were espousing the view that explanations of male vocational development did not adequately characterize the female work experience. A desire to learn more about vocational development in general and to consider the knowledge in light of the actual experience of female nurses prompted the study.

A recent analysis of medical careers attempted to develop a more dynamic concept of the career process for

> ". . . it is not just the study of professional careers that is important, but what it reveals about the nature of society as a whole." (Johnson 1980, p. 9)

Thus, how various factors interact and have effects on the lives and careers of individuals is the central concern of the study. The "illuminative" approach (Trow 1965) was utilized to describe the experiences of leading female nurses to know

> ". . . what has served to give meaning to their lives." (Ashley 1978, p. 35)

The need for the study

There are four reasons for the study which are related to an exploration of female career development in general, and a contribution to the knowledge about female nurses' careers in particular.

First, the majority of the research done on females and their careers has tended to focus on those women who have attained high status in male dominated fields. The subjects are frequently described as deviants.

One of the first such studies was Hennig's (1970). She identified 25 women who were very successful in American business. These women were described as pioneers, both in view of their accomplishments and in the difficulties they overcame. The group was compared with other groups of women who provided the norm. Hennig isolated ways in which the successful women deviated from the other women. She also described the women's life stages, the 'critical events' they experienced and tried to understand their early lives, self concepts, significant relationships, and personalities. Her study was an important landmark and it has spurred many others to focus on the area in fields such as politics, law, and administration of education; fields where women are rare in top positions. However, the context is very much the woman in a male world. In nursing the context is dissimilar, therefore, the experiences may also diverge.

This leads to the second reason for the study which is, the dearth of research into the female in a nursing career. Studies of women in nursing were popular in the 1950's. However, the focus was on the nurse as a professional. Since then

> ". . . the change in emphasis from such areas as teaching, administration, curriculum, recruitment, and nurses themselves to the improvement of client or patient care may be attributed to the growing awareness by nurses of the need for a scientific basis from which to practice." (Polit and Hungler 1978, p. 11)

The focus on patient care has resulted in a narrow interpretation of the factors which have an impact on nursing. Hardy (1982) has argued that the research remit has been restricted by many of the models of nursing which have developed over the past twenty years and which have located the patient as the centre of nursing concern (see Appendix A). These models are more theories about patient care than about nursing but the concentration on the patient has meant few studies on the personal lives and careers of nurses.

A number of studies in the United Kingdom have described career patterns of various types of nurses. The purposes of these studies were related mainly to the manpower question. Some of the questions raised were:do university educated nurses stay in nursing? What kinds of things do they do in nursing? In which areas do they work? (Scott Wright, Gilmore and Tierney 1979, Montague and Herbert 1982).

In 1976, Hockey undertook a study

> "of the staffing of nursing services, both in hospital and in the community, and to focus attention on the problems experienced and created by female nurses." (p. 13)

This study, one of the first in the country to acknowledge the female status of most nurses, provided valuable demographic data on female nurses in Scotland and identified a number of areas for further study. It is not, however, as Hockey noted, "an exhaustive account" (p. 16) either in the literature presented, or in the discussion of the data. Other than Hockey (1976) the studies did not have a particular concern with the nurses as women and none of the studies noted set out to explore careers as a complex developmental concept.

Two American studies have focused on nursing leaders and aspects of their careers. Safier (1975) constructed oral histories of nursing leaders. She was more interested in the influence these subjects had had on the profession than their career development. Vance (1977) continued the same theme.

> "The study is, in a sense, a living history of leadership as it exists today in one profession. It will highlight the significance of contemporary nursing influence as a potentially powerful force for impacting the direction of professional nursing and health care in the United States." (p. 1)

A profile of contemporary nursing leaders was drawn and is a useful comparison for this study. Vance briefly addressed the special problems of achievement-oriented female nurses and the mentor-protégé issue but career histories as dynamic processes were not presented.

A third reason which emphasizes the need for the research is that there are serious problems which are linked to the lack of support for individuals within the profession. Kramer (1974) has described the 'reality shock' syndrome that neophyte practitioners experience. It is created by the differences which exist between the theoretical perspective and the reality of the practice situation. Wastage rates, a persistant problem in nursing, have been linked with this syndrome (Kramer 1974) and with job dissatisfaction and stress (Cohen 1981). Also Brooten et al. (1979) and Desjean (1975) deplored the lack of leadership and unity in the profession in the United States and Canada respectively. In the United Kingdom, Cochrane (1972) in his discussion of the effectiveness and efficiency of the health services reflected on the standing of the nursing profession and its leaders. The growth of the nursing population between 1959 and 1969 was the only reference to nursing. Identification of factors which have acted in various ways on the career advancement of nursing leaders may give direction in alleviating the problems facing the profession.

The final reason for the study is to contribute to the work on the analysis of female career development for as will be discussed in Chapter one, the female perspective has not been extensively delineated. Leaders within nursing were chosen as subjects because of agreement with Vance (1977) who felt that

> "Dissemination of empirical knowledge about persons of influence in one profession - their backgrounds, resources, and activities - will provide support and role identification for those who enter the action arena and use their influence to achieve something of social value." (p. 2)

In conclusion, the researcher felt that the study was pertinent to the three needs for the development of nursing as outlined by Peggy Chinn (1978):

> "First, nurses need to develop as individuals. We need to grow from adolescence to full maturity. We need to uncover the reality of our own human condition. This will enable us to actualize our individual and collective potential. If this basic motivation for actualizing human potential does not exist, scientific efforts and thought will be empty, full of sound and fury but signifying nothing . . . . unless we are willing to know ourselves first and to grow, we will not be able to use what we have learned to effect real change in our profession and in our world . . . .
>
> Second, we need to cultivate openness and support in the nursing community . . . . we need to encourage one another to develop the individual self as well as the art and science of nursing . . . .
>
> Third, we need creativity. Creativity can only develop to the extent that the first two needs have been satisfied . . . ." (pp. vi-vii)

Outline of the Thesis

The thesis is presented in two parts. The conceptual framework is developed in the first part through the literature review (Chapters one to four). Theories of vocational development are reviewed in Chapter one in relation to their capacity to explain the complex nature of the concept and how they relate to the female experience. Those elements which are considered to have a particular impact on female careers, namely, sex-role socialization, the educational process and the formation of a career in nursing, are examined in Chapters two, three and four. The conclusion to Part One reappraises the theories of vocational development with reference to the issues raised in Chapters two to four and outlines major elements which need to be considered in a study of female careers.

In Part Two the empirical study is presented. The research problem and the purpose and aims of the study are delineated in the introduction. The stages the study followed and the methods used to explore the career histories of the subjects are outlined in Chapter five. Findings are set out and described in Chapters six, seven and eight. The final chapter summarizes the study and reviews the findings in relation to the elements

of vocational development outlined in the conceptual framework. A theoretical perspective for considering vocational choice and development for females is proposed. Recommendations for further research conclude the thesis.

PART ONE - Potential Influences on Career Development

Introduction

The literature review is, necessarily, extensive because the study is of an exploratory nature. It spans the lifetime of the subjects and delves into all aspects which may have influenced decisions in their careers. Also, there is agreement with Polit and Hungler (1978) who felt that this step, of reviewing the literature, was

> ". . . important in broadening the understandings and insights necessary for the development of a broad conceptual context into which a problem fits. It is only within such a context that the findings of a project can make a contribution to a body of knowledge. Isolated bits of information have only limited usefulness and applicability." (p. 81)

Nurse researchers have been criticized for using poorly developed theoretical bases (Batey 1977). In this study, a comprehensive body of knowledge was seen to provide a structure for identifying concepts which underpinned and directed the research. Without this type of close examination, the study would have been considerably weaker (Chinn and Jacobs 1978, p. 5). Thus, an adequate framework was seen as a prerequisite.

Schlotfeldt (1975) has cautioned that there are shortcomings to even the most comprehensive conceptual framework. The first point she made

> ". . . relates to the tentative state of all knowledge and to deficiencies in any parent science at any point in time." (p. 7)

The behavioural sciences may be particularly vulnerable to this criticism as a number of concepts and theories have not yet been extensively tested. Secondly, original inquiries and theories may have had narrow foci and may limit other researchers' perspectives. Hardy (1982) has argued that this limiting has occurred with models of nursing which have presented the patient as a singular focus, thereby denying that a number of other

factors act on nursing situations (see Appendix A for a copy of the paper). Schlotfeldt's forewarnings were heeded in this literature review by careful examination of theories and of other researchers' methods and their interpretations of their data.

The literature review aims to illustrate, as inclusively as is possible, the multiple influences propounded by others which may have affected women in nursing. For this reason, material has been gathered across disciplines. Recent writings on the sex-role system (Chetwynd and Hartnett 1978) found that perspectives from sociology and psychology were required to examine the complexity of the problem. In a sociological consideration of occupational careers, Slocum (1974) also adopted this approach. In nursing, Cohen (1981), in a discussion of how nurses seek a professional identity, explained that her involvement in a therapy program initiated to deal with student personal and vocational problems, was based primarily on an assumption "that student problems were psychological in nature and could therefore be mitigated by therapy." (p. vi). She discovered that this assumption was wrong and to explain the process of professionalization in nursing she considered the work of sociologists, educationalists, organizational theorists as well as psychologists. This literature review also draws on both empirical and discursive material.

The specific objectives of the literature review are to:

1. review theories of vocational development and consider their relevance to the female experience.
2. review those factors which may influence female career development pre-occupationally and within the occupation of nursing.
3. set the study in a developmental context.
4. explore the context in a way so as to illustrate the time period leading female nurses have experienced (1930's to the present).

The limitations of the Literature Review

There are limitations of the review of the literature. These are: 1) North American sources on research and writing are included in the literature review. This is because there has been more research done in some areas, especially schooling. Delamont (1980), in using American experiences, cautioned that the findings may not be applicable to Britain, although certain gender differences have been shown to be experienced in both the United States and the United Kingdom. Sources are identified and the British context is developed as much as possible.

2) Much of the writing and research on females is recent. This created a problem for examining the lives of the respondents who grew up through the 1930's, 1940's and 1950's. An historical perspective was developed in the literature review using available statistical and theoretical material. Recent research results were utilized on the assumption that problems in this age of increased awareness of sex-role socialization existed before the 1960's. What cannot be described precisely is the scale of the problem.

Outline of Part One

Theories of vocational choice are reviewed in Chapter one. Those elements which are identified in the first chapter as relevant to the female career experience are further explored in Chapters two to four. Sex-role socialization (Chapter two), the educational process (Chapter three) and the experience of the occupation of nursing (Chapter four) are examined from the point of view of the female. The conclusion to Part One reappraises the issues raised in Chapter one and delineates those elements crucial to a consideration of female careers.

CHAPTER ONE An Overview of Theories of Vocational Development

In the past, career development patterns and career phases have been subject to intense study (Johnson 1980). The isolation of individual factors such as mentor-protégé relationships, has also been evident in the research. However, these approaches have meant

> ". . . a relative lack of concern with continuous processes and inter-relationships between the different careers and individual pursuits in life biographies." (Johnson 1980, p. 1)

Theoretical perspectives may encourage such focusing. In this chapter an overview of some of the theories of vocational development is presented. The shortcomings of these theories have implications for the study and these are discussed.

Theories of Vocational Development

The evolution of more comprehensive theories about vocational choice began in the late 1940's. Ginzberg et al.(1951) described how, through reading and conducting small empirical studies, they selected four variables which seemed to influence vocational development. The first of these variables was referred to as 'reality factors', those social and economic forces which have an impact on an individual's environment and therefore, on his vocational decision making. The education process, seen from the point of view of the advantages or disadvantages conferred by social class, was a second variable. Thirdly, they saw that the individual's needs and desires, or emotional determinants, were crucial. Finally, they delineated the role that values play in the decision making process. These four variables, although significant elements, were not considered to contribute meaningfully to a general theory about occupational choice. They, therefore, proceeded to a study of career histories because, as they explained

> "The key to a study of occupational choice appears to lie in an appraisal of the way in which the individual, as he matures, reaches decisions with respect to his eventual occupation. This means that the analysis must follow the way in which he becomes increasingly aware of what he likes and dislikes; of what he does well and what he does poorly; the values which are meaningful to him and considerations which are unimportant." (p. 29)

In the end they produced a developmental theory which stated that the individual proceeds through three periods of occupational choice: a fantasy period in childhood in which the child has ideas about adult work; a tentative period, lasting from eleven to sixteen years of age, in which personal interests and abilities direct choice; and, a realistic period, beginning around the age of seventeen, in which serious exploration and decision making occur.

This theory was an important contribution,for a developmental aspect of careers was introduced. Career decision making as a once and for all phenomenon was discounted. However, in Super's (1953) view the theory did not develop the predictive value of inventoried interests, nor did it explore the idea of vocational choice to any extent. To Super, choice was a process of adjustment to reality. The idea of progressive development did not fully explicate what Super referred to as 'the compromise process', those factors which limit and compromise ideals with the result that goals may change. The theory also did not extend the phenomenon of career into the rest of the life span.

Building on the ideas of Ginzberg and his colleagues, Super (1953) set out to develop his own theory which he felt had to accommodate twelve major elements:

1) Individual differences.
2) Multipotentiality, or the potential of each person for success and satisfaction in a number of occupations.
3) Occupational ability patterns. People prefer certain occupations.

4) The role of models in shaping vocational interests.
5) Continuity of adjustment. There may be problems or opportunities at various life stages.
6) Life stages. Growth and development occur throughout life.
7) Career patterns exist. The manifestation of these patterns help counsellors to foresee problems.
8) Development can be guided. Opportunities can be provided for the individual to use his talents and develop his interests.
9) Development occurs as a result of interaction with the environment.
10) Careers are dynamic in nature.
11) Job satisfaction contributes to the development of an individual's self concept.
12) Work is a way of life and vocational and personal adjustment depend on the extent to which work and the way of life are suited.

These 12 elements were summarized into his theory which covered the life span (See Figure 1:1).

STAGES OF VOCATIONAL DEVELOPMENT

Growth (0-14 years)
Exploration (15-24years)
Establishment (25-45 years)
Maintenance (46-65 years)
Decline (65 years and over)

FIGURE 1:1 : Super's (1953) Theory of Vocational Development.

Super's theory proposed a dynamic process of life stages which develops depending on the individual's characteristics and the environment to which he is exposed throughout his life. That the process can be guided by others was an important addition. A central concern of Super was that the process of vocational development was irrevocably linked to the process of developing and implementing a self concept.

The theory was further developed in 1957 (a) when he described it as an ongoing, continuous, generally irreversible process which was

orderly and patterned. The patterns refer to the mastery of developmental tasks at certain stages. Failure to pass on to successive stages results in unhappiness and a lack of growth. Super outlined vocational developmental tasks of which the first five stages are noted in Table 1:1.

OUTLINE OF VOCATIONAL DEVELOPMENTAL TASKS IN CHRONOLOGICAL ORDER

Preschool Child

1. Increasing ability for self-help
2. Identification with like-sexed parent
3. Increasing ability for self-direction

Elementary School Child

1. Ability to undertake cooperative enterprises
2. Choice of activities suited to one's abilities
3. Assumption of responsibility for one's acts
4. Performance of chores around the house

High School Adolescent

1. Further development of abilities and talents
2. Choice of high school or work
3. Choice of high school curriculum
4. Development of independence

Young Adult

1. Choice of college or work
2. Choice of college curriculum
3. Choice of suitable job
4. Development of skills on the job

Mature Adult

1. Stabilization in an occupation
2. Providing for future security
3. Finding appropriate avenues of advancement

TABLE 1:1 : Vocational Developmental Tasks in Chronological Order (Super 1957a, p. 44)

The developmental theorists, Ginzberg et al. (1951) and Super (1953, 1957a)brought to the study of vocational development a more comprehensive view. In particular, the concept of career was linked with the progression

of an individual's life, thereby implying that what has an impact in that sphere affects one's career also. A more dynamic view of the choice of an occupation as a process rather than an event was presented.

The Developmental Theories Criticized

Tiedeman (1961), while in favour of Super's developmental approach, suggested that the essential element of how decisions are made about vocational choices was missing in the paradigm. While his explanation of decision making unrealistically implies that an individual employs, systematically and objectively, an "operation of reason", his outline of the kinds of decisions which are of import to vocational development is useful. Tiedeman proposed that decisions about work, education and training can be either limiting or provide growth in a career. This relates to the developmental tasks of Super. Tiedeman suggested, for instance, that the selection of high school subjects will affect future career development (see Table 1:1). He also proposed that physical and social factors may pose limitations. Marriage and the birth of the first child are examples of such factors.

The developmental approach was further criticized as too general to generate specific research by Holland (1959), who developed his own theory which

> "assumes that at the time of vocational choice the person is the product of the interaction of his particular heredity with a variety of cultural and personal forces . . . . Out of this experience the person develops a hierarchy of habitual or preferred methods for dealing with environmental tasks. . . . These habitual methods are associated with different kinds of physical and social environments, and with differential patterns of abilities." (p. 35)

Thus, the person seeks those occupations which satisfy his "hierarchy of adjustive orientations". To this end, Holland (1966) postulated that there are six types of individuals and six corresponding work environments. What is implied in Holland's theory is that the individual

understands himself and has a wide knowledge of occupations so that a 'matching' of the two can occur.

Similar to Holland's conception is the 'need theory' as proposed by Roe (1957). In this theory it is contended that certain types of occupations tend to be selected because they satisfy certain needs.

Holland and Whitney (1968) studied 1,571 college women over 8 or 12 month periods to determine the stability of their vocational choices. Eighty four per cent chose the same or a related occupation twice, while seventy six per cent of 1,576 college men studied at the same time made similar choices within the same occupational sphere. Vetter (1978) commented that although the findings seemed to support Holland's theory there may be other reasons for the stability of choice. She said

> "A possible interpretation of these results is that women are more vocationally mature at the college freshman level. Another possible interpretation is that women perceive fewer options open to them and so make fewer changes among the limited number of choices available." (p. 79)

The view of both Holland and Roe deny that changes in personalities and need structures may occur over time (Browne 1981). The individual who leaves school and obtains a manual work position may not stay there. Experience of work and the process of maturing may lead an individual into other vocational avenues not envisioned at 16, or even 26, years of age.

Other Theories

Slocum (1974) in his review of vocational theories noted two other theories of interest to the present study. First, the 'situation theory' which proposes that vocational choice occurs purely by accident. However, while there may be an attendant aspect of chance in an individual's career, it cannot fully explain all choices which are made over a life time. It negates the fact that chance is part of every individual's life but that it works only for some, at particular times (Ginzberg et al. 1951).

Second, there are those theorists who have concentrated on the social structure (Blau et al. 1956). For them, the social experiences which shape an individual and the state of occupational opportunity are factors which may curtail vocational development. Thus, social and economic forces are considered to have a decisive impact.

The Theoretical Perspectives Considered

All of these theories identify major elements which aid the understanding of vocational choice or development, but as Browne (1981) had noted, there is no model which illustrates the interaction of the elements.

Slocum (1974) identified through his review of the theories of vocational behaviour two types of theories which characterise extremes of thought: the rational model and the situational model. In the rational model man is

> "a purposive being who is able to control his own destiny." (p. 295)

The situational model describes man

> "as the creature of his social environment . . . . choice is determined largely by situational factors." (p. 296)

Slocum felt that the truth lay somewhere between these two extremes and he proposed a paradigm of career aspirations, choice and achievement in which

> ". . . the educational and occupational aspirations, expectations, and achievements of individuals are determined by the complex interaction of personal, cultural, and social system factors as mediated through experience in concrete situations, and that rational choice and subsequent actions are based at least in part on perceptions of rewards and costs." (pp. 297-98)

This perspective suggests an interaction of various elements but does not illustrate a comprehensive approach.

Of further concern is the fact that vocational theories have been developed from a perspective on male careers. While females have occasionally been included (as in Ginzberg et al.'s 1951 study) the findings have been used as a contrast for the male experience, not to describe the process of female vocational choice and development.

To some extent Vetter (1978) disagreed that the major theories presented in this section (Super, Roe, Holland, Blau et al.) did not have relevance for female careers. She reviewed research which has been carried out with female subjects using these various theories. For instance, Super (1957b) has theorized that women's career patterns fall into six categories. Studies (Mulvey 1963, Vetter in progress) have found that the patterns are applicable to groups of women. The problem remains that the research has not proceeded from a comprehensive theory. Psathas (1968) described a tentative approach to women and their occupational choice. He felt that the relationship between sex role and occupational role underlay the factors which influence the vocational behaviour of women. Thus, the intention to marry, the time of marriage and the husband's attitude towards working wives was seen to have an impact. The significance of the female experience was delineated by consideration of the part sex roles play in vocational behaviour.

Determinants of Vocational Aspiration and Achievement

Theoretical perspectives on vocational development have not produced a comprehensive model but they have identified certain elements important to this study and factors which have been identified as having an impact on vocational aspiration and achievement:

1) Vocational development is a dynamic process.
2) The process is progressive and lasts a lifetime.
3) Decision making is critical to the process, especially at times when it is expected one is i) beginning to prepare for an occupation; ii) deciding on an occupation;

iii) entering that occupation; iv) considering promotion within the occupation.

4) There is a multiplicity of factors which interrelate and have an impact on vocational development. These can be grouped:

   i) Factors pertaining to the individual: age, sex, self concept, intelligence, aptitudes, interests, values, attitudes, personality, religious background, school experience, work experience, knowledge of occupations.

   ii) Factors pertaining to other persons in the individual's environment: parental socio-economic status, parental attitudes towards education and work, models, peer group values, teacher attitudes towards work, people in the work situation.

   iii) Factors pertaining to the situation, or 'reality factors' (Ginzberg et al. 1951) which create the environment within which the individual exists: the general economic climate, the state of international relations (e.g., war or peace), societal values, government legislation.

5) Vocational development depends on certain achievements in education and the occupational setting.

These elements give direction for an exploration of career histories. The purpose of the rest of the literature review is to consider three areas which Browne (1981) had outlined for any study of female vocational development:

> "a) how skills, aptitudes, values and interests are differently encouraged and developed for male and female;
>
> b) the extent to which gender is developed as a significant part of people's self-concepts, and how much this shapes their understanding of themselves as individuals, and occupational opportunities;
>
> c) how educational and employment opportunities and experiences are differently structured for men and women and in turn create different patterns." (pp. 5-6)

The discussion in the following three chapters take on a developmental context, beginning with the early experience of sex-role

socialization, proceeding to the effects of education and concluding with a consideration of work in nursing. A number of the factors listed in this chapter as having an impact on vocational development are explored through a female perspective.

CHAPTER TWO Male and Female Differences - Myth or Reality?

Are there inherent differences between men and women which account for the fact that few women are in public positions of leadership? Qualities needed for occupational success and decision making are attributed normally to men who do occupy most of the posts where efficient, effective decision making is expected of them. In the eyes of some, this reality reflects the natural order of things. Those differences between the sexes which are corroborated by research findings are explored in this chapter. The biological determinist argument is reviewed to show how it has helped to explain and sustain belief in stereotyped sex differences in spite of evidence to the contrary. The consequences of the position taken in the biological and other theoretical perspectives are presented and explained in the light of the sex-role system present in Western society. How this sex-role system is perpetuated through the process of socialization and the implications of this for female vocational development are discussed.

Differences Between The Sexes - The Evidence

Differences between males and females do exist in the physical realm. Some of these have been reviewed by Sutherland (1981) and include, besides dissimilar genitalia development, the facts that males have been found to be more vulnerable than females during prenatal life and life generally; girls lead boys in skeletal maturity from birth onwards; the forearms of boys are longer and thicker than girls'; boys have a stronger grip; and girls mature earlier and menstruate. Such findings are well supported by research.

The question is whether or not abilities and personalities of the sexes derive from such physical facts. Nicholson (1979), from his review of physical differences, concluded

> ". . . that there are fundamental biological differences between males and females. It is quite possible that the only significance of these differences is that they equip men and women for their different reproductive roles." (p. 22)

The psychological research into other sex differences has been reviewed by Maccoby and Jacklin (1975). They found a number of difficulties with many of the studies in their review and in the end, they stated that there was support for differences in three areas: boys were slightly more aggressive and did better in activities requiring visuo-spatial ability, while girls achieved better results in tests of verbal ability. However, even in these areas the differences were small. In the Embedded Figures Test and the Rod and Frame Test used to measure visuo-spatial ability the difference in means (as reported by Maccoby and Jacklin 1975, p. 352) was about half a standard deviation, with boys, on average, surpassing the girls. Lieven (1981) commented

> "This is not a very large difference at all - i.e. there will be many girls who score higher than many boys. Thus one could not predict the <u>actual</u> performance of <u>any individual</u> girl or boy from this finding." (p. 214, italics in original)

Maccoby and Jacklin's review and conclusions on sex differences have been criticized by Block <u>et al.</u> (1973) and Stanworth (1981) because the review included only those investigations which reported a sex difference. In doing so, they may have omitted positive findings. All the same, another, more detailed scrutiny of studies concerned with visuo-spatial and verbal abilities was done by Fairweather (1976) and it upheld the conclusions of Maccoby and Jacklin.

Thus, there are some innate differences between the sexes. Most are physical or biological, the others as discussed above are slight and should not differentiate to any extent between male and female abilities and personalities as

> ". . . they do not pronounce decisively in a way which could prescribe to either social customs or education." (Sutherland 1981, p. 106)

Yet there are differences in male and female achievement, most notably in power, leadership and earning capacity. Sutherland (1981) credited this to the fact that

> ". . . differences naturally occurring between the sexes have been developed and exaggerated by social attribution of roles and characteristics. Such development of a dichotomy has failed to recognize the very large intra-sex differences which do occur." (p. 107)

The beliefs in stereotypical sex differences persevere and are encouraged by the arguments of the biological determinists.

The Biological Determinist Perspective

Are stereotyped sex differences genetically fixed or are they created by the environment to which one is exposed? This question demonstrates the nature-nurture debate at its simplest. It is an argument which has a long history but recently the theories of biological significance have gained in popularity (Archer 1978). For this reason, two main types of biologically based theories are reviewed to consider the basis of the arguments and to illustrate weaknesses in their construction.

First, there are those theories which claim that hormones affect cognitive abilities (Broverman et al. 1968, Hutt 1972). For instance, the high level of androgens in the human male has been linked to the greater expression of aggression in males. The defects in the arguments have been reviewed by Archer (1978), Griffiths and Saraga (1979), Lieven (1981) and Oakley (1981). The criticisms are summarized here:

1) The evidence is derived mostly from experiments on rats and it may not explain similar conditions in humans who are capable of learning, communicating verbally, acting intentionally, and manipulating the environment.
2) Conclusions from early studies may have been premature.

Further studies on androgen levels and their relationship to aggression have not supported initial findings (Kreuz and Rose 1972, Doering et al.1974).

3) Researcher bias about appropriate sex-role behaviour has influenced the work in animal behaviour; that is, male researchers expect to find evidence of agression in males.
4) The aggression studied has had a narrow perspective. In general it has been related to male strangers encountering one another. The point is made that aggressive behaviour can be found in female mammals also. For example, there is the aggression of mothers protecting their young.

The second set of theories are the evolutionary theories which propose that men and women have developed in ways which reflect adaptation over time for specific sex roles (Tiger 1969). This adaptation it is argued, has become part of their genetic foundation. The arguments supporting these theories also have their critics (Archer 1978, Griffiths and Saraga 1979, Lieven 1981). Some of the discrepancies in the theories are:

1) There is little evidence which can be gained from prehistoric times. Yet Tiger (1969), basing his work on a theory of male co-operative hunting, felt able to draw definite conclusions about prehistoric society and apply those conclusions to the present day. Evidence from surviving hunter-gatherer groups indicates that male co-operative hunting may not have been the economic main-stay of the group (Draper 1975); that is, contemporary sex-role patterns may not have been the norm in the past.
2) The evolutionary dialectic fails to take note of social evolution. One characteristic of the human condition is its flexibility. Change in response is possible and has occurred in the past to ensure survival. The improvement of agricultural yields is an example.

An additional problem with both sets of theories is that they try to explain sex differences in ability. The interpretation of such a

concept has meant difficulties because

> ". . . like the concept of 'intelligence' it implies the existence in the brain of some capacity that is either of fixed quantity, or can vary only within a fairly limited range. It is assumed that it can be measured and that individual differences can be expressed in a quantitative form. This conception of intellectual performance is completely out of date within psychology itself. Current views of the brain refer, instead, to different kinds of information processing . . . ." (Griffiths and Saraga 1979, pp. 25-26, italics in original)

Also, the dynamic nature of ability may not be measurable utilizing static tests in which assumptions have been made about the set ways in which subjects will approach a task. The nature of the cognitive process implies that differences can be expected. And, finally, the investigative methods have not considered factors such as anxiety and motivation which can affect performance.

The biological exposition falls short of comprehensive illumination of sex differences. Lieven's (1981) point was that

> "Biology may set limits and constraints in an unchanging environment, but what these are cannot be decided in advance of testing for them under environmental changes, thus there can be no determinism of behaviour by biology." (p. 211)

An interactionist approach is favoured by Lieven who argues that a particular behaviour is affected by a complex, multiple process and cannot be determined by one gene. Griffiths and Saraga (1979) agreed with this stand. They said

> "Human behaviour is the product of a biological organism developing in a social context. We must thus seek to understand the influence of biology in the context of understanding sex-role stereotyping, the internalisation of gender identity, and, crucially, the basis of the social division of labour between the sexes." (p. 32)

In spite of serious criticism, the biological perspectives continue to be popular for a number of reasons. First, they are easily understood. Cause and effect can be demonstrated clearly whereas the interaction model is much more complex. Second, there is the appeal of authoritative

scientific research which supports the argument and makes it appear logical. Third, they offer justification of the present status quo in social, economic and political terms. Fourth, the existence of a simple natural order is claimed in which there are no ambiguities - men are men, women are women (Archer 1978, Griffiths and Saraga 1979). All of these factors are attractive to persons seeking to understand, to find answers or to formulate social policy.

Theoretical perspectives on the maintenance of sex-role stereotypes

Thus far the discussion has concentrated primarily on the theories which explain how sex-role differences are learned. Sociological explanations of why the learning continues to occur have been alluded to. Cooper (1982) has noted

> "The identification of these basic aspects is the most effective way of examining sexual divisions, because these divisions can be seen not simply as 'side effects' of any particular type of social organization but as integral to it." (p. 13)

To some, patriarchy provides an explanation. It is a system of thought which means, broadly, "the combination of social, economic and cultural systems which ensures male supremacy." (Coote and Campbell 1982, p. 32). Society is thus ordered through a sexual division of labour. Both Oakley (1981) and Spender (1982) feel the impact of the patriarchal system has led to an effective concealment of woman's presence and power. Coote and Campbell (1982) have related patriarchy to the relationships seen in nurses' work.

> "The need to distinguish men's work (diagnosis-prescription) from women's work (treatment-observation) determined the assessment of their respective skills and the very character of health work. And all was justified by defining the woman's role in the workplace in the same terms as her role in the home - as though it were her 'natural' destiny." (p. 57)

Capitalism has also been identified as a major force in maintaining the differential status between men and women. As Oakley (1981) has said

> "The capitalist economy not only produces goods; it produces people too. In order to achieve its goals of commodity production, both the forces of production (workers and technology) and its relationships - between employers and employees, between social classes, and between men and women - must be constantly reproduced. The economic system maintains the means of production through the accumulation of profits, but it is the role of other institutions to ensure the continuation of labour power and the social relations of production." (pp. 114-15)

The institutions referred to by Oakley are the family, education and the work setting.

The patriarchal and capitalist arguments are two main explanations for the perpetuation of sex-role differences. There are others, such as Rosemary Deem, who combine the arguments. She has written that

> ". . . whilst it is important to argue that the economies of capitalist societies, their productive forces and their labour processes are very relevant to an understanding of the ways in which women are schooled for their work (whether paid or unpaid), it is also necessary to see these processes in the context of patriarchy. Otherwise there is the danger that the subordination of women will be attributed solely to capitalism . . . ." (1980, p. 4)

These various explanations have their critics.

> "The debate about the position of women in society is by no means resolved because of the persistence of fundamental disagreements about the source of sexual divisions." (Cooper 1982, p. 13)

In particular, Fuller (1978) has discussed structural weaknesses in the theories of society for

> ". . . women . . . remain unrepresented. Sociologists have seemed unaware of women generally and women's political activity specifically, because they have confined their interest to institutions and structures in which men predominate." (p. 147)

While it is not the intention of the researcher to locate the study of the career histories of leading female nurses in one of these theories

(and therefore, they are not further developed here), the existence of the theories alert the researcher to the forces outside the individual which have an impact. Psychosocial barriers within and without the individual (both in the immediate and the wider environment) are just beginning to be understood (Eisenstein 1982). The beliefs and attitudes created by these processes contribute to and help to sustain the sex-role system found in society.

The Sex-Role System - Assigning Non-Existent Sex Differences

The process in which males and females are seen as 'naturally', and therefore immutably different, promotes a network of attitudes, feelings and behaviours. This sex-role system is a pervasive feature of society. Chetwynd and Hartnett (1978) have isolated three major factors which contribute to the operation of the system:

> "1) The assignment, on the basis of sex, of one of two different series of personality traits, the masculine and feminine stereotypes: these stereotypes are thought of as forming opposite ends of a single continuum, i.e. as being mutually exclusive . . . .
> 2) The allocation, on the basis of sex, of different categories of those activities considered to be necessary or useful for the sustenance and improvement of living . . . . The division current in our culture tends to make sex itself, rather than the work to be done, the major criterion for deciding who does what . . . .
> 2) The investing of the male with a higher value than the female . . . ." (pp. 1-2)

While these three factors are currently under review due to the efforts of some individuals and to publicity from the Women's Movement, they are still firmly entrenched for the majority of the population. Successive generations have been socialized into discrete sex roles by their parents, teachers, peer groups and the media through the transmission of behaviour, roles, attitudes, and beliefs (Weinreich 1978).

How does this socialization process occur within individuals? Three main theories have been proposed - the social learning, the

cognitive-developmental and the psychoanalytic. The third is not supported by research findings (Oakley 1981) and therefore only the first two are described.

The social learning theory posits that significant others in the child's life play a major role in shaping sex-role behaviour. This is done through reinforcement by rewarding sex-appropriate behaviour and punishing sex-inappropriate behaviour in obvious ways or through subtle messages. The child is seen as being dependent on the approval of those who are influential and is therefore sensitive to their reactions. The child learns which behaviour is rewarded and therefore acceptable (Mischel 1966). Observational theory also plays a role in social learning. Children imitate the behaviour of available role models whose approval they seek (Bandura and Walters 1970).

Social learning theory considers that the child is essentially passive in the process. It is external forces which mould the behaviour. This is in direct opposition to the cognitive development theory which views the child as a self-socializing, motivated participant who seeks to achieve competence rather than reward (Kohlberg 1967). To make sense of their surroundings, children develop categories which tend to be rigid and concrete (Piaget 1952). As Kelly (1981c) has explained it

> "Sex is one of the primary categories for people and being secure in a sex role is one aspect of competence in organizing experience. Children put together a cluster of attributes which are male or female and then they try to copy the appropriate cluster." (p. 74)

The cognitive development theory helps to explain the reaction of the young girl who insists that doctors must be men in spite of the fact that her own mother is a physician.

There is evidence for both theories (Oakley 1981) and probably both play a part in the acquisition of sex roles. This is an important factor to be considered in planning to combat sex-role socialization. The

implications of the social learning theories appear to advocate clear-cut action. The creation of an androgynous culture is possible through the reinforcement of both masculine and feminine behaviour in children, and by the provision of role models engaged in cross-sex-typed activities. Pressure could be brought to bear on those who are engaged in sustaining sex-role stereotypes such as the media, both print and visual. All of these measures have been tried and seem to work to a greater or lesser degree depending on the environment. However, radical change has not been wrought.

The implications of the cognitive development theories are not as straight forward and it is this area which needs most to be explored. McConaghy (1981 reported in Kelly 1981c) felt that attempts to change children's sex categorization may make them even more conformist and may create anxiety over gender roles. The suggestion is that children be encouraged to see gender in terms of genital formation, not behaviour and to provide role models engaged in cross-sex-typed work who are seen as competent and acceptable in those activities.

Conclusion

The present sex-role system means that

> "Gender is assigned at birth when parents and medical staff view a baby's external genitals. They bring to this occasion all their own pre-conceptions about the social content and psychic meaning of boyhood/girlhood and manhood/woman-hood, matching their categorization of the new-born's genitals with this determination of gender." (Oakley 1981, p. 93)

Occupational sex stereotyping is a likely outcome of sex-role stereotyping. As Chetwynd and Hartnett (1978) noted, sex, not ability nor the work to be done, will determine occupation. This consideration was not imputed to vocational development by Super (1957a). His vocational development tasks for the pre-school child (see Table 1:1)

included that the child should form an identification with the like-sexed parent. In the majority of cases, mothers are presented in traditional, non-vocational roles, thus, successful achievement of this task for girls will predict unsuccessful completion of higher level tasks. For instance, the choice of subjects by adolescent girls preparing for a homemaker role will further narrow occupational prospects. Super admitted that girls' models are primarily sex models while he saw boys progressing from a sex model to a differentiated occupational model. He appeared to accept this as a normative situation. Thus, the task of identification may be inimical to a female developing vocationally.

The process of socialization signifies another area of concern. The individual invests in a sex role early in life. This investment is reinforced in many ways and becomes especially meaningful. Relinquishing such a role will not be an easy task.

CHAPTER THREE The Schooling Years - Preparation for a Career?

It would appear that early sex-role socialization continues with the entry of children into the education system. Kohlberg (1967) has stated that children seek information about their sex roles both inside and outside the home and it has been suggested that 'relative strangers' such as teachers, reinforce children's sex-role behaviour even more than parental models (Maccoby and Jacklin 1975, Delamont 1980). These people participate in a well ordered society and Sutherland (1981) has emphasized that ". . . a great deal depends on what society wants its educational system to do." (p. 4). According to Deem (1978) it has been in the interests of Capitalist society to encourage women to embrace a role which ensures reproduction, and therefore, renewal of the work force.

> "Hence schools, whilst teaching girls some basic skills of literacy and numeracy in common with boys, at the same time constantly stressed the importance to girls of learning domestic skills which would enable them to become competent housewives, thrifty homemakers, and careful mothers . . . . . This close link between the family, marriage and the education of girls is one which has remained strong until the present day." (pp. 19-20)

In this chapter how girls come to achieve differently from boys is examined more than why the process occurs. First, scholastic endeavours, primarily in subject choice and achievement, are examined statistically over the period of 1930 to 1979. Why the differential achievement between boys and girls is a concern, is discussed and then considered in light of the ideology of major education reports which have directed curricula. Other factors which have been implicated are also discussed. This is contrasted with the reality of women working over the past fifty years. The conclusion reflects on the type of career guidance given to young females and considers if changes in attitudes to women and work have been in evidence.

Girls and Boys in School

The scholastic endeavours of boys and girls are examined in this section. The distinctions are drawn primarily from the choice of subjects seen through the examination sittings at Ordinary and Advanced level. Statistics on sex differences in subject choice in the years before 1950 were not available, therefore other kinds of data are used for comparison.

There are problems associated with studying such achievement. First, there is no uniform policy about students taking external examinations which are one of the most objective sources for comparison. Second, standards vary across examining boards. Third, there are age differences in the pupils taking the examinations, and fourth, female pupils frequently take fewer examinations than male pupils (Sutherland 1981). Above all, Stanworth (1981) has cautioned that educational statistics show those who have been successful to the point of sitting examinations. These young people belong to a privileged minority. At the same time, they are aspiring professionals who are taking the first steps toward a career and thus, they are of concern in this study. Keeping in mind the other limiting factors, what does the evidence show?

At the primary school level the research has shown that up to age 11, there are no differences (Maccoby and Jacklin 1975). Longitudinal work on eight and eleven year olds in the United Kingdom (Douglas 1964, Douglas, Ross and Simpson 1968) has shown girls to be slightly superior in the performance of school subjects. Sutherland's (1981) review of the research came to the same conclusion but she also found that the 11+ examination showed certain sex differences. Boys were better in mathematics and girls excelled in English. The higher verbal ability of girls is reflected in their English advantage while the visuo-spatial

competence of boys plays the same role for mathematics superiority. The difference in language skill tends to disappear with age (over 11 years) while differences in mathematics achievement widen in favour of boys (Mortimer 1981). In an Inner London Education Authority, Mortimer (1981) carried out comparability tests between the sexes in primary school and found no differences in mathematics skill. What was discovered was that, although girls enjoyed mathematics and appreciated its value, they seemed less confident about their ability to achieve in that subject. Thus, through primary school there are no outstanding differences between boys and girls.

It is the secondary school experience which appears to have produced differences between boys' and girls' achievements. The early statistics on education were not as detailed as they are today yet sex differences were apparent. Table 3:1 illustrates the numbers of boys and girls in England and Wales who sat examinations in 1931 and 1938.

EXAM	1931		1938	
	boys	girls	boys	girls
SCHOOL CERTIFICATE	31,071	22,817	36,449	26,099
HIGHER SCHOOL CERTIFICATE	5,754	3,416	6,769	3,948

TABLE 3:1 : NUMBERS OF BOYS AND GIRLS SITTING EXAMINATIONS IN 1931 AND 1938 (ENGLAND AND WALES)

Sources : Board of Education (1932) table 48, p. 140; and

Board of Education (1939) table 49, p. 147

The figures in Table 3:1 demonstrate that girls took fewer examinations than boys at the School Certificate level. With Higher School Certificate examinations there was a large reduction in the numbers of both boys and girls who sat; however, the sex differential remained. While detailed analysis of school subjects by sex was not

available, the Board of Education (1932) did report on advanced courses which were stipulated as being for either sex or both sexes. Table 3:2 shows that advanced courses in science and mathematics and classics were not regarded as appropriate for girls, while modern studies seemed to be favoured for the girls.

	Available for:		
ADVANCED COURSE	BOYS	GIRLS	BOTH SEXES
SCIENCE AND MATHEMATICS	159	27	44
CLASSICS	34	2	1
MODERN STUDIES	60	97	25

TABLES 3:2 : STIPULATION OF ADVANCED COURSES FOR THE SEXES, 1931

Source : Board of Education (1932) table 47, p. 140

A further indication of differential treatment of the sexes in the 1930's was revealed by the descriptive titles of the facilities for boys and girls at the Further Education level. Boys went to Junior Technical Schools and girls attended Junior Housewifery Schools. In 1931 (Board of Education 1932) of all the occupations for which the above schools prepared their pupils, girls figured in three out of twenty: commercial, domestic science and women's trades. The same picture was described in 1938. In the eyes of the educators of the 1930's it seemed that girls and boys were prepared for different careers.

Education reports were suspended between 1939 and 1946 due to the Second World War. The first Ministry of Education report after the War came out in 1948, but there was no breakdown of examination sittings by sex. Starting with the 1951 statistics (Ministry of Education 1952) a more detailed analysis began to appear. This was due to a post-war demand for education which resulted in the number of schools being increased

to the point where the Government had to introduce emergency training schemes for teachers. A more thorough analysis of education statistics was required for evaluation and planning. The subsequent detailed analyses of the years 1951, 1961, 1971 and 1979 can be compared, by sex, for the numbers of students registered to sit examinations (see Table 3:3), the numbers who took certain subjects at Ordinary ('O') level examinations (see Table 3:4) and those pupils who sat Advanced ('A') level examinations (see Table 3:5).

			Number of pupils registered	
YEAR	EXAMINATIONS	TOTAL	BOYS	GIRLS
1951	'O' level	738,717	398,489	340,228
	'A' level	103,803	71,480	32,323
1961	'O' level	1,648,126	928,197	719,929
	'A' level	243,775	167,959	75,816
1971	'O' level	2,223,826	1,169,011	1,054,815
	'A' level	456,996	275,612	181,384
1979	'O' level	2,949,249	1,469,596	1,479,651
	'A' level	554,900	312,210	242,698

TABLE 3:3 : NUMBERS OF PUPILS REGISTERED BY SEX FOR 'O' AND 'A' LEVELS IN 1951, 1961, 1971, 1979

Source : 1951 Statistics: Ministry of Education (1952) tables 31,32, pp. 116-19.
: 1961 Statistics: Ministry of Education (1962) tables 3,4, pp. 9-11.
: 1971 Statistics: Department of Education and Science (1972) tables 29,31, p. 69, pp. 72-73.
: 1979 Statistics: Department of Education and Science (1981) tables 28,29, pp. 54-57.

Table 3:3 clearly illustrates that the numbers of pupils registering for examinations has increased steadily. The gradual raising of the leaving age from 14 years in 1921 to 15 years in 1947, then to 16 years in the

early 1970's; the post-war desire for education and the increased ability of the authorities, due to economic prosperity, to provide facilities; and, the need for qualifications for the numbers of jobs becoming available in the post-war boom period - all these factors help to account for the increase in pupils registering for examinations. What is also seen in Table 3:3 is that many pupils who attempted 'O' levels either did not pass, or, for other reasons were unable to continue at 'A' level.

Over the years, the number of girls registering for 'O' levels has caught up to the number of boys, and in 1979 more girls than boys were registered for those examinations. The differences were more acute at 'A' level. In 1951 and 1961, 31 per cent of the total registered for 'A' level examinations were girls. This increased to approximately 40 per cent in 1971 and 44 per cent in 1979. Thus, the numbers of girls taking Advanced level examinations has been increasing steadily.

The sex differential is more clearly seen in subject selection. See Tables 3:4 and 3:5. At Ordinary level more girls than boys have sat examinations in religious knowledge, music, and art. This sex difference is more acute in domestic and commercial subjects. Other subjects have switched favour. For instance, in 1951 more boys than girls took English literature but the girls have surpassed the numbers of boys since 1961, and in 1979 more girls than boys sat the English language examination. Also, the gap between the sexes in Latin has decreased and in recent years more girls have taken French and German examinations.

The boys have consistently concentrated in the mathematics, science and technical subjects where their examination taking seriously out-numbers the girls except in biology where an interesting pattern has emerged. In spite of their numerical superiority in taking 'O' level

'O' Level Subjects	Year of Examinations (summer statistics)							
	1951		1961		1971		1979	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
Religious knowledge	9,324	13,173	16,003	30,533	20,283	35,754	22,499	40,342
English language	57,603	51,291	261,829	112,305	169,954	164,991	229,352	267,834
English literature	43,588	43,313	73,110	85,547	93,027	119,520	104,630	144,710
History	33,890	32,360	60,968	59,445	62,623	65,567	66,584	68,874
Geography	34,890	31,558	70,202	55,747	87,848	71,626	109,436	86,503
Latin	15,555	12,161	27,597	20,896	20,236	20,247	13,706	13,498
French	41,826	36,585	72,569	64,104	66,484	76,507	67,533	93,271
German	5,416	4,748	11,774	7,275	15,463	12,750	19,909	29,773
Mathematics	51,166	29,459	118,274	60,775	140,335	89,745	171,093	136,957
General Science	12,538	9,134	15,853	9,138	7,307	5,153	3,637	3,327
Physics	18,819	2,729	60,895	10,262	88,429	22,553	122,619	31,111
Chemistry	16,005	4,672	49,089	13,132	61,345	26,163	84,395	49,729
Biology	6,935	22,079	26,270	62,944	55,787	101,349	83,062	140,124
Technical drawing	3,322	15	28,484	200	42,694	629	53,533	1,940
Art	16,364	20,231	25,950	35,388	36,157	46,827	50,762	64,692
Music	815	2,868	2,426	5,914	4,687	8,592	6,339	11,406
Handicraft subjects woodcraft, metal work	9,341	17	42,745	20	29,448	73	28,641	273
Domestic Subjects and Hygiene (incl. cooking, needle work)	39	14,373	137	39,811	511	60,721	2,156	77,069
Commercial subjects	402	1,286	5,574	10,324	15,635	23,585	10,868	22,164

TABLE 3:4 : Comparison of numbers of boys and girls who sat 'O' level examinations in 1951, 1961, 1971, 1979. (England and Wales)

Source: 1951 Statistics: Ministry of Education (1952) tables 31,32, pp. 116-19.
1961 Statistics: Ministry of Education (1962) tables 3,4, pp. 9-11.
1971 Statistics: Department of Education and Science (1972), tables 29,31, p. 69, pp. 72-73.
1979 Statistics: Department of Education and Science (1981), tables 28,29, pp. 54-57.

'A' Level Subjects	Year of Examinations (summer statistics)							
	1951		1961		1971		1979	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
Religious knowledge	148	409	689	1,776	1,258	4,698	1,146	3,334
English literature	6,148	6,775	10,244	13,171	21,903	36,957	19,168	41,098
History	6,140	4,090	10,205	7,626	18,498	17,494	16,965	18,263
Geography	4,044	2,401	8,101	5,154	19,929	12,888	19,408	12,929
Latin	2,755	2,298	3,723	3,332	2,142	2,591	1,235	1,425
French	5,115	4,636	7,658	8,572	9,361	16,382	9,053	16,965
German	1,275	701	2,584	2,129	7,651	4,650	2,705	5,477
Mathematics	9,588	1,307	17,630 *	2,267	29,523 *	6,559	41,130 *	13,461
Physics	11,943	1,659	29,757	4,767	34,885	6,906	39,585	9,162
Chemistry	10,747	1,986	22,134	5,095	23,915	8,048	28,807	13,050
Biology	2,683	1,437	4,216	2,883	11,110	10,465	17,827	21,334
Technical drawing	132	-	1,829	8	4,111	18	2,909	-
Art	707	952	2,702	3,945	8,353	11,470	9,490	12,832
Music	203	337	500	907	1,035	1,736	1,512	2,419
Domestic subjects	-	76	2	1,066	16	4,686	26	5,122
Economics	-	-	5,452	682	21,369	5,085	27,279	12,863

TABLE 3:5 : Comparison of numbers of boys and girls who sat 'A' level examinations in 1951, 1961, 1971, 1979. (England and Wales)

Source: 1951 Statistics: Ministry of Education (1952) tables 31,32, pp. 116-119.
1961 Statistics: Ministry of Education (1962) tables 3,4, pp. 9-11.
1971 Statistics: Department of Education and Science (1972) tables 29,31, p. 69, pp. 72-73.
1979 Statistics: Department of Education and Science (1981) tables 28, 29, pp. 54-57.

Note: * pure and applied mathematics.

biology, the girls did not keep up with the boys at 'A' level (see Table 3:5). In 1961, 62,944 girls sat 'O' level biology while only 26,270 boys took the examination. At 'A' level the same year, the boys outnumbered the girls 4,216 to 2,883. So, although many more girls than boys took the subject at 'O' level between 1951 and 1979, consistently more boys took the same examination at 'A' level in 1951, 1961, 1971. Only in 1979 did the girls outnumber the boys who sat biology.

In other 'A' levels, girls continue to outnumber boys in the same areas as at 'O' level - religious knowledge, English literature, languages (in the 1970's), music, art and domestic subjects. Sciences, mathematics and technical drawing continue to be a predominantly male domain at 'A' level.

The general picture shows definite 'boys' subjects' and 'girls' subjects'. As Latin became less recognized as a required subject for entry into the professions, the gap between the sexes decreased. Interestingly, geography has become more of a male subject. This may be because the subject has become more scientific. Economics was an addition to the examination list in 1961 and boys have predominated in the examination of that subject.

The differential uptake of subjects by the girls and boys who reach Ordinary and Advanced level examinations has prompted several concerns. First, the difference in achievement poses an intellectual problem. There is a need to know why and how it occurs (Kelly 1981a). Second, the lack of basic science and mathematics knowledge may act as a 'filter' and bar females from a wide range of careers (Kelly 1981a, Sells 1980). Third, this filtering may limit female participation in paramount issues, such as environmental pollution, depletion of energy resources, genetic engineering and government spending (Kelly 1981a).

Fourth, science and technology are changing society and everyone, women included, needs to understand the effects of the change (Kelly 1981a). Fifthly, Keys and Ormerod (1976) feel that young girls choosing easy options such as domestic science subjects may not have the opportunity to feel stimulated or challenged. Finally, sciences and mathematics are considered as part of a general education. This 'intellectual heritage' is being denied females (Kelly 1981a, Blackstone and Weinreich-Haste 1980).

Factors Implicated in the Differential Educational Achievement of Girls

In any single case of differential achievement in education, be it boy or girl, a web of factors may be involved. Those aspects in the literature which have been discussed in relation to schoolgirls are brought together in this section to explore the forces which may account for the development of 'boys' subjects' and 'girls' subjects'. The research has been reviewed in the following areas: the official ideology in education, regarding the sexes, over the past fifty years; the reality of women's work; aspects of the curriculum which have encouraged sexual differentiation in achievement; and, the career guidance which has been available to schoolgirls.

In such a discussion complications arise because there has been a relative lack of comprehensive research on the achievement of girls in education. Davies and Meighan (1975) have suggested two reasons for this dearth: one, the lack of female achievement has never been defined as an educational problem as have other issues such as delinquency and immigrant children; and two, there has been tacit acceptance regarding the existence of intellectual differences between the sexes. Delamont (1980) has added that girls are seen as insignificant in terms of 'important' studies such as those on careers and higher education.

She says that the research field is predominantly male which implies that the socialization of male researchers would prevent them from seeing the under-achievement of girls at school as a researchable problem. Thus, most of the research is recent. Nevertheless, the findings are of importance in creating a picture of girls experiencing school.

The Official Ideology Governing the Curriculum, 1920-1970

Oakley (1981) has observed that

> "The official ideology of education and gender visible in government reports of the 1950's and 1960's is in direct line of descent from the ideology that emerged in the last quarter of the nineteenth century . . . ." (p. 120)

The early reports emphasised that girls were to be educated for their roles as wives and mothers. In 1927 the Hadow Report (Board of Education 1927) became the first official recognition of differing male and female needs. Experts had asserted that there was minimal evidence to support the view of innate differences between the sexes; however, the teachers who appeared before the committee had assigned definite differences to the sexes and it was this view that the report supported. These differences continued to be attributed to the sexes in the Norwood Report of 1943 (Secondary Schools Examination Council 1943). Girls were to be educated for marriage and motherhood, boys for a job or a career. This

> ". . . represented the official legitimation of actual differences in the content of the curriculum for boys and girls . . . ." (Marks 1976, p. 195)

The Education Act of 1944 promised universal secondary education according to individual ability and aptitude after the age of eleven. Before 1944, entry into the secondary school system was dependent on parental means and academic lists of free places for those who were intellectually gifted. Thus, the 1944 Act proposed radical changes.

However,

> "That our schools welcome children impartially, that without regard for ascribed characteristics (social class, for example, or race or sex), schools stimulate individual talents to the full and reshuffle children according to ability is one of the most cherished myths of our time - the myth of meritocracy." (Stanworth 1981, p. 5)

Evidence that the Act did not fulfil its promise came in the early 1960's from the work of Douglas (1964) and Douglas et al. (1968) who concluded that the legislation did not remove social class differences found in education before 1944. A more recent report (Halsey et al. 1980) draws the same conclusion. The authors surveyed 8,529 males who were aged between 20 and 64 years and who were resident in England and Wales in the early summer of 1972, in order to describe their educational experience. They found that socio-economic factors played an overwhelming role. Boys whose fathers' occupations were at the professional, senior technical or managerial level were three times more likely, than boys of manual workers, to win Grammar School places and five times more likely to succeed at Ordinary level. At the post-secondary level, boys from homes in which their fathers held prestigious occupations were ten times more likely to be in full time education at age 18 than were sons of manual workers. Halsey and his colleagues reported they had begun their work by thinking

> ". . . of educational institutions as a map on which the individuals have given starting points from which they are required or choose to move to one of a diverse set of educational exits into working life." (1980, p. 195)

In reality they found that the situation was a complex one which the 1944 legislation had not acknowledged, for it is not just socio-economic class and parental attitude and ability to provide opportunity which determines how the education system is used. The 1944 Education Act set up a system of competition which some parents and children were

unable to negotiate. In the eyes of Stanworth (1981) the original intention of meritocracy never did include females in the way that it did males. This was because the competitive nature of the system which emerged could not have been viewed as appropriate for girls who were generally considered to be non-competitive.

The male-female differences continued to be officially acknowledged into the 1950's. The Crowther Report of 1959 noted that there were ability differences within the schoolgirl population. Education for marriage was proposed as meeting the needs for the 'less able' girls, while it was acknowledged that the feminine 'special needs' of the 'far more able' girls could not be attended to in school. It is interesting to note now how the report confirmed the traditional role for one group of girls while admitting that other girls may achieve and go on to a career. They were edging into a revelatory position which allowed that at least some females can be similarly prepared, as boys, for work. This position, was debunked in 1963 when John Newsom, in Half Our Future, favoured a traditional curriculum for girls. Housecraft, cooking, mothercraft, needlework and social graces were paramount. As a well known educationalist his ideas would have had some influence.

The education of girls has been an official concern over the past fifty years but its consideration has resulted in a static social view. Girls have been seen and continue to be seen, in varying degrees, as potential wives and mothers and thus their schooling mirrors such expectations. There was great promise in the passing of the Sex Discrimination Act of 1975 which has removed the majority of overt practices and formal barriers; however, as Tessa Blackstone (1976) has noted

> "The transition has been from manifest gender differentiation . . . to latent gender differentiation." (p. 200, emphasis this author)

What does latent gender differentiation mean? A consideration of the reality of women working and how the curriculum has acknowledged this reality helps to understand how gender differentiation is unofficially encouraged in schools.

The Curriculum and the Reality of Women Working

Determinants of the curriculum include both the actual preparation of pupils to fill societal roles and the methods used to fulfil the aims of education (Sutherland 1981). If educationalists agree with Society's view of women then the vocational preparation will be in terms of the role of wife and mother, of the person who maintains the central position of the family, the corner stone to a stable society. Even in the present, Coote and Campbell (1982) have revealed "the politicians' campaign to promote 'the family' as an alternative to the Welfare State . . . ." (p. 83). They saw this as a strategy for keeping women tied to tradition. What has not been acknowledged by politicians, the government and, indeed, many women themselves, is that the career of motherhood is temporary. Intensive and singular preparation for this vocation is shortsighted (Sutherland 1981, Spender 1982).

In Great Britain, between the period 1851 and 1976 the percentage of women working in the total workforce never dropped below approximately 28 per cent, with a high percentage recorded at 37 per cent in 1976 (Tilly and Scott 1978, p. 70). This means a percentage of women have always worked and over the years this has increased.

Marriage is one factor which has stopped women from participating in the work force. Ingham (1981), in relating the experience of working women in her mother's generation (the 1930's) noted,

> "The middle class stigma against married women working had, during the depression, become an actual ban - the marriage bar - rationalized by the immorality of

> two incomes going into the same home, and the contaminating effect of a worldly-wise married woman upon innocent young girls." (p. 28)

Changes in married women's working patterns occurred during the Second World War. In 1941 there was conscription of all able-bodied women between nineteen and thirty years of age. The Government gradually set up numerous nurseries to enable women with children to aid the war effort. In 1943, 9 out of 10 single women and 8 out of 10 married women with children over 14, worked (Ingham 1981). This was in contrast to the 1 in 10 of the married women who had worked in 1911. Many women stopped work at the end of the war but the period of rapid economic growth which followed needed workers and many women went out to work again. Table 3:6 illustrates the changes in men and women, married and unmarried, working at different periods between 1951 and 1979, in Great Britain.

ECONOMIC ACTIVITY	YEAR :						
RATES OF :	1951	1961	1966	1971	1973	1975	1979
Males, all ages	87.6%	86.0%	84.0%	81.4%	81.9%	80.6%	78.6%
Married females, all ages	21.7%	29.7%	38.1%	42.2%	46.0%	47.9%	49.6%
Unmarried females, all ages	55.0%	50.6%	49.2%	43.7%	42.8%	41.8%	42.8%

TABLE 3:6 : ECONOMIC ACTIVITY RATES OF MALES, MARRIED FEMALES AND UNMARRIED FEMALES, OF ALL AGES, AT DIFFERENT PERIODS BETWEEN 1951 AND 1979

Source : 1951-1975 Statistics : Central Statistical Office 1980, table 5:2, p. 122
: 1979 Statistics : Central Statistical Office 1982, table 4:4, p. 63

The decrease in the number of males of all ages in employment reflects the economic recession which has been evident since the middle

1970's. Whereas 1 in 5 married women worked in 1951, that ratio in 1979 was 1 in 2 married women working, and projections for 1986 (Central Statistical Office 1982) maintain that ratio. The decrease in the percentage of unmarried females in employment has occurred because more females are staying in school longer. The raising of the school leaving age to 16 in the early 1970's has probably had an effect.

It might have been expected that the recession of the 1970's and 1980's would have reduced the numbers of married women working but this has not happened. Since the Second World War the role of women has changed. The War brought a certain amount of "attitudinal flexibility" (Oppenheimer 1970, in speaking of the same phenomenon in the United States). It was the arrival of children which kept the women at home. The large number of nurseries provided by the government during the war were mostly closed. Joshi, Layard and Owen (1981) looked at women's employment over the period 1950 to 1974 and found that there was decreased employment activity if the women had children. The trend was especially acute if the children were under 4 years of age. Government support for day nurseries, school meals, and other services has not been forthcoming. In fact, cuts in these services have been the order of the day for the current Government (Coote and Campbell 1982), in spite of changes in the structure of the family which indicate more women will be available for work. Women have fewer children and they compress childbearing into a shorter time. This means that at the age of 35 years or older, their families are at the age of self-sufficiency and women begin to look for work outside the home.

Thus, a proportion of women, both single and married, have worked over the past 50 years. The trend has been for an increase in the numbers of married women working. This fact does not appear to have been absorbed by the official statements on education. How young females

are educated in the traditional sense is explored in consideration of the two curriculums which exist and shape lives and destinies.

The Two Curriculums and their Effects

Within any education system the curriculum divides into two parts - the formal or official part, and the informal or 'hidden' part. Both can produce sex differentiated behaviour. While sources from the United Kingdom are used as extensively as possible in this section, the researcher drew on American sources to illustrate, more fully, certain aspects.

The formal curriculum has to do with the concrete, obvious aspects of schooling such as the subjects offered to pupils, the 'options' system employed, and the textbooks used. A 1975 Department of Education and Science (DES) survey found that there were formal differences in curricula with girls and boys separated for certain subjects. For example, girls did domestic subjects, boys did technical subjects. Since that survey the Sex Discrimination Act of 1975 has been enacted and a study funded by the Equal Opportunities Commission (Seale, Bloomfield and Pratt 1982) has been looking at curricular differences in schools to see if the gender differences continue. The areas of study include the organization of core subjects; option systems; qualifications sought and achieved by pupils, and their relation to their future careers; availability of extra-curricular activities; and, careers education. Preliminary findings report that a small number of schools are still allocating pupils, by sex, to certain subjects, especially craft subjects; that some pupils are still being influenced in the choice of their subjects by teachers' perceptions of 'boys' subjects' and 'girls' subjects'; and, that teachers of science and craft subjects maintain the strongest sex biased views. Teachers of metalwork and engineering saw these subjects as appropriate

for boys only. The final analyses have not been carried out but these initial findings seem to indicate that not much has changed since 1975.

It was seen in Table 3:4 that through the past 30 years a large number of girls continued to study for the Ordinary level examination in Domestic Science and take fewer science and mathematics subjects as they progress through high school. Taking domestic science or other such options may provide an easy way out of facing the challenge of other subjects (Sutherland 1981, Jones 1981). It has been suggested that the provision of 'soft options' allows school administrators to feel more comfortable about allocating scarce resources to sciences. When girls take up these easy options it seems to indicate a preoccupation with the traditional role and therefore, it is assumed that girls need less 'career' guidance (Sutherland 1981). Frequently the courses are seen to be less prestigious. In general, boys do not participate, neither do clever girls. What aggravates the situation of choosing easy options is the early age at which pupils must decide on their courses. The prevalence of early choice is seen as a crucial factor in the lack of attainment by female pupils in science and mathematics (in the United Kingdom:Ormerod 1981, Kelly 1981b, in the United States: Sells 1980). Ormerod (1975) found that both the polarization of subject preferences and choices of subjects occurred at the 14+ stage, with co-educated boys and single sex school girls preferring science more than single sex school boys or co-educated girls. However the boys' choices were more likely to match their preferences. He suggested that the options system was more suited to boys' patterns of preference than to girls'. He also felt that other outcomes occurred as a result of early choice.

> "One of the curses of science education in co-educational schools so long as early choices are offered is the strong temptation for the physics or chemistry teacher to assume by year three or even earlier that 'most of my class are going to be boys by year four'. Hence there is an unconscious incentive for the physical science teacher to concentrate on boys and teach in a style more suited to boys even before choices are offered; thus aggravating a pernicious cycle." (p. 107, italics in original)

The patterns of choice and their consequences led Alison Kelly (1981b) to look at archival data on 3 separate but related surveys of Scottish school leavers in 1975-76. She found that nearly 50 per cent of all the girls who had left school without attempting any 'Highers' had not studied science since they were 14. The first decision to drop the subject means that "they are set, whether they know it or not".

Even in the textbooks used, stereotypical sex roles are corroborated. Pre-school girls look at picture books in which females are under-represented. In the 18 picture books Weitzman and her colleagues (1972) studied, males appeared 261 times while females managed 23 appearances. Boys were active and adventurous and girls looked on at the boys' activities or busied themselves with domestic tasks. This pattern continues in school. Lobban (1975) in analysing 225 stories in 6 British reading schemes found the same tableau. Nilson's (1975) study of American books provoked the comment that boys won in two ways. Their dominance is portrayed through school literature and, because of their poorer reading ability, they capture more of the teacher's time and, therefore, their dominance in class confirms what the books show. Scott (1980) endorsed the findings of sexism in books at the Comprehensive school level. History appears woman-less in the texts (Millstein 1972), as does science (Walford 1980). Girls learn that they are not valued or important in 'the grand scheme of life'

and that their roles are tied to marriage, a home and children. Boys are expected to be active and independent; girls, quiet and passive.

The gender stereotyping seen in the official curriculum is reinforced by the informal or 'hidden' curriculum which refers

> "to those aspects of learning in schools that are unofficial, or unintentional, or undeclared consequences of the way in which teachers organize and execute teaching and learning." (Davies and Meighan 1975, p. 171)

These aspects can be pervasive and very influential. Sutherland (1981) has said of it,

> "In all probability, if the hidden curriculum was planned and intentional it would be less effective; it is the naturalness and conviction with which certain attitudes are held - and thus transmitted - that makes the hidden curriculum so strong." (p. 128)

Hidden curriculum items include the expectations of teachers, pupil-teacher interaction, models of decision making shown to the pupils, and the decision making itself.

Teacher expectations can affect pupil performance. In their longitudinal study on British children, Douglas and his colleagues (1968) found that the teachers' expectations of pupils who had been identified as high ability not only differed according to social class, but were mirrored in the pupils' achievement levels. Ninety one per cent of high ability students from the upper middle class were regarded, by teachers, as capable of going on to higher education while only 69 per cent of the high ability pupils from the lower manual working class gained such recognition. In both sets the proportions later gaining one or more passes at 'O' level matched the original expectations. Similar results have been reported by Rosenthal and Jacobsen (1968). In the same way, educational performance can be affected by sex-role expectations. As Tessa Blackstone and Helen Weinreich-Haste (1980) have noted, teachers' expectations

> ". . . operate in various indirect ways. They are often unconscious and subtly expressed. Boys are asked to carry heavy things, girls to do more social tasks like taking messages. Boys help with technical aids. Girls are given more help with mechanical tasks, or are excused them." (p. 4)

These expectations are directed by the teachers' attitudes. Katherine Clarricoates (1980) interviewed British primary school teachers who indicated that their classes were geared to the interests of their male pupils. She also discovered that when the boys were not performing as well as the girls, the teachers still believed the boys were brighter than the girls. In another study (Spender 1982), this assumed male superiority came through clearly. On 5 different occasions, in 3 countries, teachers were asked to mark essays, projects and assignments which were indicated at various times, as boys' work or girls' work. Marks for 'boys' were consistently higher on all occasions.

Interaction patterns reflect the sexist attitudes and expectations of the teachers. An overview of classroom interaction research in the United States (Sears and Feldman 1974) has shown that boys demand and receive more of the teacher's attention. In a Cambridge study (Stanworth 1981) the pupils were asked who received attention. In these pupils' classes the girls outnumbered the boys but both sexes reported that 4 boys to every 1 girl spoke in discussions, that teachers asked boys twice as many questions and gave encouragement three times more often to boys than girls. The teachers also knew more about the boys. The girls recognized the differential treatment meted out by teachers. The investigator made the point that this kind of situation adds to the confidence of boys but undermines that of girls, who become quieter. Spender (1982) pointed out that change is very difficult for a teacher who becomes aware of this kind of practice. As a teacher and feminist who is knowledgeable about the sex differences seen in classroom interaction,

she decided to tape 10 teaching sessions which occurred in high schools and colleges. Before analysing the tapes, her feeling was that she had spent quite a lot of the time with female students. The actual analysis proved otherwise. The maximum time she interacted with a female student was 42 per cent while the average was 38 per cent. Meantime, the minimum allotment to the boys was 58 per cent.

Outside the actual classroom the existing hierarchy reinforces the 'male dominant' theme. In subject areas, such as science, mathematics and technical subjects, most of the teachers are men. Davies and Meighan (1975) confirmed this in their case studies of two British schools. School A had 9 males and 1 female teaching mathematics, while school B had no female mathematics teacher. In science the male-female ratio averaged 4:1. The women represented were seen mostly in biology.

The administrative structure demonstrates a similar pattern. Head teachers are male, deputies may be female. Their functions are sex-typed with male deputies dealing with learning and achievement concerns and females seeing to support and welfare. Marland (1982) quoting 1978 figures from the National Union of Teachers showed that the higher a teacher progresses up the scale, the more the territory becomes male. See Table 3:7.

SCALE	PERCENTAGE OF	
	WOMEN	MEN
Senior teacher	0.4	2.6
4	2.3	11.7
3	9.8	20.4
2	37.7	27.3
1	28.9	20.3

TABLE 3:7 : PERCENTAGE OF ALL WOMEN AND MEN TEACHERS IN SCALE POSTS

Source : Marland (1982) p. 11

One of the reasons for essential change, in Marland's view, is that boys and girls need models of both sexes taking responsibility at different levels. The present organization of education helps pupils to understand 'how the world works' (Spender 1980), and they see it at all levels and between groups. The older pupils are more prestigious than the younger ones, women cook and serve school meals, whereas male caretakers have informal power which is recognized by pupils and staff (Sutherland 1981). These hierarchies structure lives and put people in their places. Crucial decisions are made from male points of view. Girls learn to accept that the male experience is the 'norm' and everything else, themselves included, is wrong or deviant (Spender 1982). Lobban (1978), after reviewing the influence of the school on sex-role stereotyping concluded

> "Teachers of both sexes thus appear to endorse sex-role stereotypes. They believe that extreme differences between males and females exist as early as age 3. They also appear to believe that it is appropriate to behave differently to the sexes in accord with their 'natural' characteristics. They seem to interpret behaviour according to stereotypes, they expect their female pupils to be passive, dependent, compliant and on the way to marriage as their only and life-consuming career while males are expected to be active, independent, bright and challenging and destined for a 'real' career." (p. 57)

Lobban's view is supported by the findings of a recent British study. In one school, Ebbutt (1981), interviewed teachers and evolved seven sets of 'theories' about what the teachers thought influenced girls in choosing options. The 'theories' included: biology is easier than other sciences and can be learned and memorized; biology is intrinsically more interesting to girls; and, the girls are predisposed to choose biology because of who they are, that is, their parents expect them to do biology rather than physics. He found when he interviewed girls in the same school that there was considerable overlap

in the views of the teachers and the pupils. The schoolgirls proved to have absorbed the attitudes of those around them.

In some ways classroom teachers are victims of decision-making which is handed down as a 'fait accompli'. One area in which this occurs is in the early choice of subject options. Davies and Meighan (1975) found that all subjects were open <u>in theory</u> to both sexes after the third year but they found a discrepancy between theory and practice. Girls, and occasionally teachers, were not aware of the absolute freedom to choose. In general, choices were made at the almost universal time (third year) and boys chose physics and chemistry while girls chose biology and rural science, or abandoned science for English literature or languages.

Time-tabling is another area for concern. Frequently technical subjects clash with domestic science. Allocation can affect time-tabling. Byrne (1975) surveyed 133 schools, of which 88 were mixed, 20 were male single sex and 25 were female single sex. She found that all but 4 schools timetabled boys into the laboratories for chemistry and physics while the girls received science instruction in converted classrooms.

Allocation of resources has been found to be unequal. Byrne (1975) found that, in 1951-52 and 1964-65, boys' secondary modern schools received more per head (£87.8) than girls secondary modern schools (£75.3 per head). While over half the mixed-sex secondary modern schools had too few science laboratories, almost all the girls' schools were deficient in that area for their enrolled numbers. With their resources, many schools had converted space for specific use, usually in boys' crafts. Byrne's comments suggested that girls are on a "continuing cycle of deprivation" (p. 189).

The review of research has indicated that girls and boys are treated differently in school. Sears and Feldman (1974) have suggested that this action has various consequences, one being:

> ". . . a cumulative increase in independent, autonomous behaviour by boys as they are disapproved, praised, listened to, and taught more actively by the teacher. Another might be a lowering of self esteem generally for girls as they receive less attention and are criticized more for their lack of knowledge and skill." (p. 150)

Also, girls' aspirations reflect their teachers' lack of expectations. Spender's (1982) pessimistic view is that most girls are looking towards "a blank future". In looking at dual-career families, the woman's role concerned the Rapoports (1976). They reviewed the literature up to 1971 and concluded that

> "The women surveyed in the '60's were living in a society that expected them to stop work outside the home if they became mothers." (p. 329)

Thus, a lack of career aspirations in schoolgirls before the 1970's was not surprising. Today most girls do expect to work. In one study (Rauta and Hunt 1975), the great majority of the subjects, fifth form girls, expected to work, to marry and to have children. Only 9 per cent planned to give up work entirely after marriage or after children. Girls in the top 30 per cent ability group were considering teaching, medicine or science careers. However, 18 per cent of the very able group were planning jobs like clerical or secretarial work in which their abilities would not be fully used. Byrne's (1978) findings confirmed that an increasing proportion of girls expected to work at all ages whether in full-time or part-time enployment. Her sample had experienced a restructured, modernized careers education, yet when she asked her subjects if boys and girls should be educated differently, she received very traditional answers. For instance, the girls felt if a female

married, she gave up work, and that careers were for boys. Another study of girls' aspirations (Spender 1982) found that 64 of 100 girls were not sure what would be happening to them at 30 years of age. Marriage and motherhood were positively identified but recognized as temporary vocations, yet they had no plans for the post-motherhood period.

These studies illustrate the ambivalent nature of the marriage-work conflict for young girls today. Part of this problem may be due to the difference which exists between the espoused ideals much touted today and the daily messages conveyed by teachers and others. The lack of scholastic preparation to obtain the best job possible seems to point out a discrepancy. Byrne (1975) reported that her school girl subjects expected to work after marriage but she did not ask for what they felt their educational experience had prepared them. The higher the qualifications a woman has, the more likely she is to continue work either with no interruptions or with brief breaks. Those girls with fewer and more traditional qualifications may not be looking further than the period of marriage and children.

The views on women's role held by significant others can help to limit seriously the aspirations of girls (Benett and Carter 1981). Three results may occur. One, the girls' traditional image of themselves may prevent them from any serious career planning; two, the young women may have ambivalent attitudes towards their futures; and, three, girls may be actively barred from trying different careers by well meaning counsellors or teachers.

Career Guidance and Schoolgirls

In reality

> "Careers education from thirteen years onwards should teach girls (and boys) how to use any or all of the routes available to suit different destinations, which are in fact rarely mutually exclusive, which will lead to a career through life-paid or unpaid, permanent or intermittent."
> (Byrne 1978, p. 153)

The careers advice received by schoolgirls comes from many sources. There is the formalized service which most schools offer to their pupils. Significant others such as parents and teachers may have an impact.

The role played by career services in the lives of school girls is fraught with difficulties as most pupils tend to receive careers advice late in their school experience, that is, after they have chosen subjects and, at a time when girls' attitudes about themselves, work and their relations with the opposite sex are fixed (Byrne 1978). For these reasons, the service should be available at critical stages for all pupils from an early age (Sutherland 1981). Preliminary reports from recent research in the United Kingdom has demonstrated that career counselling for girls is improving, but the authors concluded,

> "Nevertheless the accounts of the interviews presented here indicate that we cannot afford to be complacent regarding the equality of opportunity within careers education."
> (Benett and Carter 1981, foreward)

The Careers service has also to deal with many complex issues such as the demands a dual role will place on the young woman who may have two jobs: marriage and motherhood and a career. The present discrimination against part-time workers, most of whom are women, is another area for concern. What advice can be given to a young girl who sees herself as a part-time worker with a family?

Careers counsellors are subject to the same sex-role stereotyping found in general society. In the case of girls attempting to enter a traditional male reserve, Newton (1981) reported on girls who began,

in 1977 and 1978, the experimental programme put on by the Engineering Industry Training Board in the United Kingdom. She found that, at school most of them had not been aware that engineering was a possible career choice. In the United States, Casserly's (1980) study of 13 High Schools revealed a similar pattern in the type of advice given to girls. Of interest is the fact that her sample was selected for the statistically strong proportion of girls among the Advanced Preparation (AP) candidates in College level calculus, chemistry or physics. Even with this promising talent, career and guidance counsellors were seen as a positive force in only 5 of 13 schools. She described their contribution:

> "Rather than encourage girls to try AP courses and (it is hoped) save time and money in college, many counsellors would rather redirect them into some other field, so that they would 'not work too hard' 'enjoy life while they can' and certainly not court 'discouragement or possible failure'." (p. 157)

Careers counselling services are usually supplemented by advice and encouragement from teachers whose attitudes can have an impact on careers education. Seale, Bloomfield and Pratt (1982) have reported that some of the schools in their study resented allocating time-table space to careers lessons for both boys and girls. Advisors frequently have time only for the 'problem' students and understanding the superior students' interests and aspirations will not be a priority (Casserly 1980). Also, many advisors have little or no background in the physical sciences and mathematics (Casserly 1980) and this may lead to teachers advising students only about the areas with which they are familiar. Ernest (1976) found disquieting results in an American study on the attitude of 75 students taking a course designed for future elementary school teachers. Twenty six per cent of these potential teachers were indifferent towards mathematics and 14 per cent disliked

or hated the subject. Ernest concluded that a total of 40 per cent of these future teachers would be likely to transmit these negative attitudes towards mathematics to pupils. The same investigator, in a small sample of teachers at elementary and high school level, discovered that almost one half of them believed that boys were better in mathematics than girls and not one believed that girls were better than boys. The encouragement evolving from such a situation is not likely to spur girls into areas dominated by boys.

That teachers can play an important part in career selection and progress has been demonstrated by Luchins and Luchins (1980) who, in their study of 350 contemporary American mathematicians, asked the women and a male comparison group what factors or people encouraged or discouraged their progress in mathematics. People were mentioned most frequently. While females noted the encouragement of families and friends more than men, both groups (one third of each) named teachers. Discouragement was reported by a significantly higher number of women than men (50 per cent to 25 per cent). The authors noted it was of critical concern to them

> "that <u>any</u> of these people - and some are now eminent mathematicians - encountered discouragement as a mathematics student or professional." (p. 12, italics in original)

The lack of attention, or the active disregard of potential on the part of advisors and teachers was worrying. It is of interest that the researchers found three times as many women as men mentioned discouragement by such people. This pattern of discouragement tended to get worse the higher they progressed. That is, in high school the advice was that the female students should consider traditional careers, while at the undergraduate level the attack became personal as teachers questioned the women's competence and refused to take their mathematics interest seriously.

These attitudes of teachers are paralleled by parents who also mirror the socialization expectations. Brody and Fox (1980) discovered this in 1973 when they interviewed the parents of American seventh grade pupils who were divided into 3 groups - one was of gifted girls participating in a mathematics intervention programme designed to increase their mathematics participation; the other 2 groups - one of boys, one of girls - acted as controls. Overall, the parents of the boys seemed to perceive the importance of mathematics to their sons' careers more than did all the girls' parents. In spite of their daughters' recognized ability in mathematics only 39 per cent of the experimental girls' parents listed mathematics or science as a first career choice while 63 per cent of the control boys' parents and 33 per cent of the control girls' parents chose these careers first. The future roles of the girls were seen as including marriage and children; however, only one parent from both control and experimental female groups expected that their daughters would not work after marriage. It was the arrival of children which made the difference to parents of both groups. See Table 3:8.

Parents felt daughters would :	Parents of : Experimental group	Control group
Work until children arrive	11	17
Work except when children are preschool	47	30
Work part-time until children are grown	19	17
	(in percentages)	

TABLE 3:8 : PARENTS' EXPECTATIONS IN REGARDS TO CHILDREN AND CAREERS

Source : Adapted from Brody and Fox (1980) p. 175

The traditional role of wife and mother was expected to affect careers. Only 11 per cent of the experimental group parents and 17 per

cent of the control group parents saw full-time work continuing even when the children were young. These parental expectations for marriage and motherhood must colour the expectations of the girls themselves. The consequence of parental involvement and interest was underlined in the United Kingdom by Bottomley and Ormerod (1977) who found that parental interests in science and parental science choice scores were frequent discriminators of pupils' liking of science and choosing it.

The early acquisition of positive learning attitudes from the home is related to later success. The parents' own educational attainment, especially efforts to improve, has been associated with an increased level of interest in the child's education (Douglas, Ross and Simpson 1968). Working mothers may increase a girl's independence and provide a role model (Hennig and Jardim 1978). One of the 'quirks' of parental expectations is that they expect their daughters to get a 'good' education but this vague hope does not necessarily coincide with active participation in career information gathering or in decision making about subject options (Kelly 1981b, Brody and Fox 1980).

Thus, while there may not be definite opposition to planning for a career, the attendant lack of expectation has led Spender (1980) to caution

> "We should not underestimate the importance of <u>absence</u> of expectation in terms of women students; that teachers have so many (positive) expectations for boys, so many diverse expectations for their better students and so few expectations for girls could well be crucial. Boys so often receive information that a variety of jobs are open to them and it is appropriate that they should plan for them, but so often girls receive the information that <u>nothing</u> is available, that the future is a blank; if it is to have any shape they must shape it for themselves, and on their own, with neither guidance not encouragement." (p. 103, italics in original)

Conclusion

In this chapter it has been suggested that the education process, both in the past and to-day, prepares schoolgirls for a limited future. A number of factors influencing vocational aspirations and developments have been delineated. The values and attitudes formed early in life by sex-role socialization are reinforced by the education process. How this occurs, through the operationalization of the official and hidden curricula, has been demonstrated. Young females learn more about their expected roles from the subtle messages and overt practices of those around them. Their self concepts, an important facet in vocational development (Super et al. 1963), are increasingly focused on traditional roles. The successful accomplishment of crucial tasks of adolescence, as outlined by Super (1957a,see Table 1:1), becomes increasingly difficult. The development of abilities and talents, for instance, is not assumed to be as necessary for girls as it is for boys. Also, there is little or inappropriate counselling for subject choice. The need to maintain options in case one changes one's occupational aspirations later in the education process is not considered relevant in the case of girls. That there is little expectation for a sustained vocational future for females seems to be shared by schoolgirls themselves, for, in the past, vocations were given up on marriage or with the arrival of children. To-day, although young girls acknowledge that work will be a part of their lives, they do not, nor are they encouraged, to prepare for such an eventuality in a manner which suggests that they are capable of contributing meaningfully to society. The Rapoports (1976) wrote of this situation and cautioned that recent changes are not as manifest as they might be.

> "The issue is feasibility. The dilemma still exists latently however, even in 'liberated' circles, because the internalized norms from childhood socialization two or three decades back are still strong. They produce covert uneasiness, the anxiety and guilt, though intellectually the pattern is approved." (p. 308)

The pattern the authors referred to was the working mother. The dilemma is one shared by schoolgirls who are also faced with the reality of needing or wanting to work even after marriage and children. The ambivalence of these young people is understandable. They are reacting to a confusing situation.

What emerges from this discussion on the education experience of the young girl is that vocational development as a desired commodity, as an enrichment of mind and life, has been denied, psychologically, to young females, even when faced with the reality of women's work.

CHAPTER FOUR Vocational Behaviour in Nursing

Introduction

In this chapter the observations of others about nursing and those factors which have been noted to have affected individual career progress are presented. First, the education process in nursing is examined to help to determine the orientation that the profession has at the point of entry and also how students react. Second, the typical work setting as a hierarchical structure is described. The effects such a setting is said to have on job satisfaction and subsequent career commitment are explored. Job satisfaction in this instance is related to opportunity, wherein

> ". . . it is the relationship of a present position to a larger structure and to anticipated future positions that is critical." (Kanter 1977, p. 161)

The support received from others within the work setting has been identified as a crucial aspect to career development, therefore the mentor-protégé relationship is explored. Third, the meaning of work and career in nursing is considered as it has been noted to be of importance to the creation of a career orientation. In conclusion, the aspects developed in this chapter are discussed generally with relation to vocational development.

Nurse Education - Introduction to the Profession

The education process in nursing is seen as the starting point for professionalism. It is assumed that if the 'correct' behaviours are learned, they will have a beneficial impact on practice. In this section motivations for entering the profession are considered. Both routes into nursing are examined: the training which is awarded a diploma and the degree path which, it is presumed, prepares individuals

to contribute in exceptional ways to the profession. This experience of nursing education is reviewed in the light of the effects it has upon the learners and therefore, the potential impact it may have on the profession.

Motivations to Enter Nursing

Recruitment into nursing has always been a problem. First, there is the need to replace those who constitute the annual 30 per cent wastage figure and second, the image of nursing since the 1930's has been one of a profession which is overworked and underpaid. Abel-Smith (1960) has noted, that in the 1930's

> "Hours of work and rates of pay were not the only aspects of hospital life which needed to be made more attractive. There had been rapid social changes in other occupations which employed women. Such changes were slow to penetrate the cloistered institutions of medical care." (p. 139)

For a 9 to 10 hour day St Thomas' nurses were rewarded with 9s 7d per week (approximately 47½ pence in 1983 terms). Guy's Hospital offered remuneration of £30 per annum. Jones (1980) in her review of nurses' 'wages through the ages' pointed out that nurses have always been subject to low payment for their services. Yet, young women did apply to enter and continue to do so today. Why do these young women want to nurse?

It is Lewis' (1980) opinion that

> "many newly recruited trainees know very little about the nursing hierarchy and career structure. They have been attracted to nursing, primarily, as a result of personal and sociological motivations . . . ." (p. 1694)

Many studies support Lewis' opinion on motivations to nurse (Singh 1970, Davis and Olesen 1965, Cohen 1981, Weiss 1970). In the United Kingdom, Singh (1970) listed five main motives found in his subjects: to deal with people rather than things, to help, to live and work with others, to be of service to the community, and a general interest in

nursing. Weiss' (1970) and MacGuire's (1966) work revealed similar motives. Taken from a different viewpoint, Singh also discovered that only one in six of the subjects who were students on an experimental nursing course, had entered the profession with what he termed an 'undesirable' motive, that is, nursing was seen as a stopgap or it was entered because there were no alternatives. Further, Cohen (1981) has stated

> ". . . nursing is chosen without rational considerations of alternatives, and without eliminating other possible careers. This early choice, combined with the vague rationale, suggests that the choice is linked to the female role and helps provide her with an identity at adolescence." (p. 109)

Thus, on entering the profession initiates, in general, do not relate to the career possibilities within nursing.

The Training of Nurses - The Diploma Route

The training of nurses has not changed radically in many respects and because of this most of the young people entering to 'help' others would not have had the opportunities to broaden their horizons within the profession. Roch (1980) has identified that

> "as most neophyte nurses are adolescents, educators could help them identify their role within society, within a group of health workers and their role as a nurse." (p. 837)

The opinion of a number of writers on nurse education is that it does help students to identify with a role but that the role is one which is not valued. French (1982) has written

> "A diploma programme in any field is oriented toward preparing its graduates for a specific vocational role. The focus is on the knowledge, skills and attitudes to function in a specific role. Considerable emphasis is given to learning by doing, hence high value is placed on experience." (p. 3)

Moscato (1976) agreed with this view. It was the physician who was seen as the knowledgeable thinker, and the nurses became handmaidens,

or those waiting to serve, to do. Menzies (1964) also related the apprenticeship period of the student nurse to being oriented towards 'essential' facts and techniques and as such, it ignored the need for personal maturation. Lowry-Palmer (1982) stated

> "The nurse's role does not promote the development of the knowledge, attitudes and skills required to participate in the political process." (p. 189)

This it is claimed creates powerless professionals and citizens.

What is it about the learning environment that effects such negative results? Lowry-Palmer (1982) has written that feelings of dependency are wrought through teaching methodology and teacher-student interaction. First, there is an observable discrepancy between theory and practice. Melia's (1981) study of Scottish student nurses found that they were ambivalent about what was expected of them on the wards and in the college. They could describe the differing sets of expectations but were unable to reconcile the two. On the wards, getting the work done was paramount. They felt they were evaluated in terms of efficiency not how they thought or applied the theory they had learned. Second, those who control the students' learning frequently have no control over the experiential setting. It is the ward sister and her staff who provide what opportunity there is. Ogier (1981) has studied the leadership style and verbal interaction of ward sisters with nurse learners in England. Through the use of questionnaires and recordings of sisters' verbal interactions, she identified that learners rate highly ward sisters who verbally spend more time with them, and a leadership style which was characterized by mutual trust, respect for others' ideas, warmth and empathy. She concluded

> "A sister who appears to be approachable to a nurse learner is not only likely to have an opportunity to guide and influence the learner but also to improve patient care." (p. 42)

The study, admitted Ogier, only begins to unravel a complex topic and more research is needed. Melia (1981) found that the students saw the need to 'fit in' quickly so that their ward reports, the prerogative of the ward sister, would not be adversely affected.

As a 'visitor' to the ward, the nurse educator has to tread softly even when discrepancies between theory and practice are noted. Students will perceive this. Roch (1980), speaking of these clinical teachers, has said that it would be necessary

> ". . . to resocialize the socializing agents before this kind of teaching could be implemented. Such agents need to know how to 'dare to work within the system to change it' to produce quality health care for all." (p. 839)

The lack of power on the part of the educator means that the students have no effective role model unless they work directly with trained staff who are competent and professional. Melia found in 1981 what the Nuffield Report (Nuffield Provincial Hospitals Trust) discovered in 1953, that students worked primarily without supervision. Melia's students' working colleagues tended to be nursing auxiliaries.

The third factor involved in making the student dependent is that the nurse is expected to behave in certain prescribed ways. Discipline and multiple rules governed one's life strictly up to the 1960's and had a strong impact even after that.

> "A nunlike existence, complete with a set of social values - curfews, dress rules, lights out, and so on - didn't exactly foster individual initiative and self-confidence." (Kushner 1973, p. 77)

Baly wrote (1980)

> "In a well-supervised nurses' home it was hoped that that the young women could not be preyed upon by the younger members of the medical staff during their off-duty periods: matrons could protect them from moral corruption and male dominance." (p. 244)

The feeling of not being trusted to make sane judgements about one's social life extended very much to the professional setting where one was watched over constantly in order to maintain the safety of the patient. Individual accountability is denied for this reason but there is what Melia (1981) referred to as an "oscillation of status depending upon the prevailing circumstances". Witness one of her subject's stories:

> "One student described her experience as a junior night nurse when 'you are not supposed to be in charge as a junior on nights, but I was because we were short staffed.' She enjoyed this experience and said she gained confidence through it. It was the return to day duty which represented problems; when she said 'everything is taken away from you, back to being just a wee student who doesn't really know very much'." (p. 125)

While Roch (1980) saw role identification and development in a positive light, Flanagan (1982) related it as crucial to the future development of the profession:

> "The process of role acquisition within the educational system is ultimately of greater importance than the didactic material taught. Specific pieces of knowledge rapidly become obsolete whereas the more intangible components of professional education attain more permanence; One suspects that a large share of nursing's difficulties are attributable to its seeming inability to educate nurses for the future." (p. 174)

Just as the probationer nurse in the 1930's was expected to do 9 or 10 hours of domestic work, so the contemporary student is not expected to be involved fully in the care of patients. Melia (1981) described how the students 'nursed in the dark'. They were not given the information they needed to care fully for patients. They worked, as did the auxiliaries, at tasks which were safe, which needed no detail.

Thus it has been suggested that the uncertainty of the profession as to what role it wishes the young nurse to adopt results in a slightly schizophrenic existence and a perpetuation of a superficial knowledge

base. The proliferation of degree courses in nursing may not alleviate this situation.

Degree Nursing

The Briggs Committee (Department of Health and Social Security and Scottish Home & Health Department 1972) in advising on degree education for nursing stated:

> "The profession must recruit . . . from people of widely differing abilities and temperaments. Among them there must be people capable of initiating ideas, carrying heavy responsibilities and meeting on equal terms with opposite numbers in other professions, including the medical profession, and other walks of life. Courses in universities and in other institutions of higher education thus play an essential part in a long-term strategy for the profession." (p. 96)

Yeaworth (1978) believed that traditional patterns of education in nursing have hindered efforts to professionalize. She saw the degree in nursing as a way of providing upward mobility and educational parity with other professions. There are other claims for the effects of higher education for nursing. French (1982) has stated that

> "learning behaviours basic to scientific inquiry, i.e., gathering data, reflecting on the data, generating hypotheses, substantiating relationships between data, critically appraising evidence, which are essential for systematic investigation of nursing phenomena is not characteristic of the majority of educational programmes in nursing." (pp. 3-4)

Further, she suggested that these behaviours will not develop in "technologically oriented settings". What is implied is that these behaviours will be encouraged in higher educational settings. In the United Kingdom, Carter (1939) advocated the location of nursing in higher, post-secondary institutions so that nurses could learn about scholarly enquiry. Scott Wright (1981), speaking of her own experiences in 1957-61, said

> "The antipathy and total lack of understanding amongst virtually all nurses about the need for nurses to have any recourse to higher education, let alone question the status quo, was frightening." (p. 7)

The belief that a move into the university setting would benefit nursing is a pervasive one. However, the evidence from studies of degree educated nurses does not show that they are making much of an impact. University of Edinburgh graduates (Scott Wright et al.1979) demonstrated that they have stayed in nursing but at the ward level. Few have ventured into research, teaching or administration where they would have the opportunity to innovate. In terms of wastage figures, the investigators viewed this finding as an asset. Montague and Herbert (1982) have traced graduates of a degree-linked nursing course and found the same patterns. None of the 103 subjects had held a unit based nursing management post above ward sister, although 23 of the respondents had held a total of 27 research posts. Three years after qualification,20.9 per cent of the subjects were in research posts. Impact on patient care would be less direct through research than through high level management.

The influence of socialization has been blamed for the perpetuation of the 'system' in nursing and for the lack of change by the presence of highly educated nurses who have learned to inquire intelligently. In 1956 Carter commented on the impact of nursing upon graduate entrants.

> "Reasons for the slight impact of graduates on nursing may be the almost shamefaced attitude of some of the older women to their graduate status and the fact that the disciplined mental equipment of the graduate is not understood in nurse training schools, and in nursing circles generally, as an asset in the acquiring of a new skill, or in professional practice - as it is, for instance, in the Civil Service.
> In consequence, the graduate tends to underevaluate herself and by the time she has, with perhaps considerably more difficulty than her less able and less educated colleagues, become a competent nurse, she has forgotten the special contribution she might make." (p. 3, appendix III)

To conclude, the environment and those around them force the individual to adapt, 'to fit in'. Having graduates make up five per cent of the nursing profession (a figure aimed at by the Briggs Report) may not change anything. They create what Kanter (1977) has referred to as a 'skewed' group; that is, they make up a group in which there is a large preponderance of one type over the other with ratios of 85:15 or 95:5. The 5 per cent become tokens and are controlled by those who are dominant. Kanter associated low opportunity and low power with the token group. Tokens, by their numerical inferiority, are highly visible and get noticed. This could be an empowering feature except that the person in the spotlight would need to be confidently welcoming of it. A second feature is that a contrast situation is created which may exaggerate differences. The degree nurse can be perceptually isolated and cut off, and therefore be placed in a powerless position.

A Note on Socialization - A Double-Edged Effect

Socialization has been noted as a reason for the perpetuation of the 'system' in nursing. In effect, this phenomenon becomes double-edged. There is a continuation of sex-role socialization which is reinforced by occupational socialization. The values and attitudes of the wider society impact upon the microcosmic world of nursing. The nurse-physician relationship illustrates how

> "the characteristics, the concerns, the problems, the frustrations, the exploitations, experienced by women everywhere can easily be seen in the every-day work world of the professional nurse." (Spengler 1976, p. 18)

Moscato (1976) took the point further by referring to the nurse-physician relationship as a 'marriage' in which

> ". . . the nurse and the physician co-operate within a complementary relationship in which sex-delineated tasks and responsibilities facilitate overall patient care and management." (p. 3)

Using Eric Berne's (1964) transactional analysis phenomenon which described the ego states within individuals, Moscato sketched the limited roles nurses and physicians adopt. The nurse

> ". . . utilizes her nurturing Parent to render empathic nursing care and her Adapted Child to carry out the nursing role defined by the profession, the particular institution, and her own personal beliefs and values. She utilizes her well developed Little Professor to intuit and anticipate patient needs. Her weak Adult, however, prohibits her from rational questioning and challenging, thus rendering her passive and dependent for this vital skill on the physician. In addition, her weak Natural Child may inhibit spontaneous creativity in nursing practice." (pp. 6-7)

The physician, on the other hand,

> "becomes the diagnostician, the decision maker, and the determiner of all therapeutic treatment plans. He maintains the dominant and most powerful position in any hospital or agency hierarchy. His Adult ego state enables him to problem solve, compute, and digest the phenomenal amount of accumulated medical information, procedures, and principles in patient care. His Adapted Child tells him what roles to play in view of the profession's prestigious past from Hippocrates onward. Yet his Nurturing Parent is weak; thus he is at times unable to nurture and support patients and staff. His Little Professor is too weak to sense feelings and needs; thus he must rely on the nurse to supply this vital skill. As with the nurse, the physician's weak Natural Child prevents him from spontaneous creative medical practice and expression." (p. 8)

Stein (1978) is another who has studied the games played by nurses and doctors. In his view the forces preserving the game include the sexual roles perpetuated in society, the strength of the set which makes it difficult to break and the rewards and punishments which occur when the game is maintained or destroyed. Student nurses learn to play the game early in their careers, for failure to learn brings recrimination upon themselves from both doctors and senior nurses. Stein (1978) has said

> "The inevitable result of these practices is to instill in the student nurse a fear of independent action. This inhibition of independent action is most marked when relating to physicians." (p. 115)

Yeaworth (1978) agreed with Stein. Nurses, because of their socialization learn

> ". . . to look to physicians for the validation of their self-worth and to emulate the physician's activities and knowledge." (p. 74)

The 'games' played serve to mould the nurse in her place, as a woman and as a professional. One definition of professional socialization is

> ". . . the complex process by which a person acquires the knowledge, skills, and sense of occupational identity that are characteristic of a member of that profession. It involves the internalization of the values and norms of the group into the person's own behaviour and self-conception." (Jacox 1973, quoted in Cohen 1981, p. 14)

This process of socialization has been described in interactionist terms. Becker et al. (1961) in his study of medical students focused more on the student than the structure around them. What was proposed is that participants play an active role in their socialization. Olesen and Whittaker (1968) pursued this idea by describing 'studentmanship' or how American student nurses adapt to get through their training. Recently, Melia (1981) designed her study of Scottish student nurses by concentrating on how they 'became' nurses. These descriptions encompass the theoretical perspective used to describe how sex-role socialization occurs, wherein the participants adapt to make sense of their world, to survive.

Melia's students described how they 'fitted in' to meet the expectations of others which included a whole range of people from auxiliaries to ward sisters. She said

> ". . . the students became adept at moving from place to place, they adjust, pick up the routines and 'get the work done'." (p. 305)

These students felt their progress was dependent on 'fitting in' and creating a favourable impression. In the end,

> "The dictates of the situation and meeting of the day to day requirements are the real priorities of the student's world." (p. 311)

These were not passive individuals cast into a mould. They were active participants who sized up the situation and changed themselves to 'fit in', in order to get through. Melia suggested that the staff nurse role is seen in the same light. As the work colleague was more frequently the auxiliary than the trained staff, the student nurses learned well their 'place'. Their attitudes to their work

> ". . . showed little interest in divorcing their work from medicine. They were, in fact, happy to describe certain aspects of patient care as 'doctors' business' for instance, telling the patient his diagnosis and prognosis, or giving information about his condition. This willingness to subordinate nursing to medicine was not seen by the students to detract from nursing in any way." (pp. 336-7)

The active learning of the participant in professional socialization reinforces what has already been learned, i.e., in sex-role socialization. A double-edged effect has to be overcome.

The Students' Adaptation

Young people entering nursing expect, on the whole, to be of service, to help others. Their orientation towards the 'doing' is reinforced by the education system. Any nurse who tries to depart from the system of obedience and submission is branded and unwelcome. Kreuger (1978) observed two groups of nursing students, 'good girls and bad girls', and described how the students with untraditional behaviour, the 'bad girls', were seen by the organization. Their nursing was not faulted but their extra curricular activities were seen as outrageous. The 'good girls', who sometimes engaged in the same activities, but not

in such a visible manner, were rewarded for being 'good girls'. While Kreuger's subjects took on a 'devil may care' attitude to the organization's reaction to them, many others suffer from the lack of growth, the incongruence between theory and practice, the insecurity they feel and the lack of role models and support.

Kramer (1974) described some of the problems encountered by students experiencing 'reality shock', the syndrome which occurs when students or neophyte practitioners realize that school-bred values conflict with work-world values. To her, shock meant "the total social, physical and emotional response" (p. 3). The split between theory and practice is a confusing one for new practitioners. Melia's (1981) main findings about student nurse experience were classified under headings such as "Getting the work done", "Learning the rules", "Just passing through", "Nursing in the dark" and "Fitting in". It was obvious that the student was expected to adapt. As a transient, she did not matter much to the grand scheme of things. In this way the students learned their roles, learned how to compartmentalize, and to do one thing on the ward and report another to the instructor. Resolution of the conflict is crucial. If the nurse is unable to come to terms with the conflict her care will suffer. Ineffective resolution may mean retreat from nursing or that the status quo will be maintained and change resisted.

Experience in the Work Setting

In discussing how roles are created Benne and Bennis (1959) listed the forces which they felt determined the character of a nurse's role. Included were official expectations and the expectations of immediate colleagues, subordinates and peers. Both aspects are discussed in this section to explore how they affect individuals, and therefore, their potential contributions.

I Official Expectations: The Structure of Work Life Imposed by Hierarchies

The hierarchical structure of the large hospital is experienced by all nurses at the beginning of their careers and is the community wherein caring for patients becomes reality. Widgery (1979) has described it colourfully:

> "Inside the hospital, behind its neoclassical facade, lies an even more marked pyramid of power with the wealthy, white, male consultant at its pinnacle and Asian and Caribbean women cleaners, cooks, and ward nurses toiling away, underpaid and under-appreciated at the base. This highly developed hierarchy, with its intricate snobberies and subtle racial and sexual wars, corrodes the possibility of genuine co-operation upon which any effective healing depends and overplays the importance of medical actions made by doctors at the expense of nursing, diet and hygiene . . . ." (p. 55)

Just how the hierarchy creates such divisions and their effects is expanded in this section.

The Hospital as Organization

Schein (1970) has defined organization as

> ". . . the rational co-ordination of a number of people for the achievement of some common explicit purpose or goal, through division of labour and function, and through a hierarchy of authority and responsibility." (p. 9)

This description is commonly attributed to both hospitals and nursing. The 'quasi-military' tradition inherited from the Church and reinforced by an army model means that instructions follow hierarchical authoritarian lines (Baly 1980). Those to whom 'orders' are directed are expected to comply without question. Discipline is the order of the day. Georgopoulos and Mann (1973) have claimed that these authoritarian characteristics are highly functional as they require 'regimented' behaviour which

> "designs to mobilize resources quickly to meet crises and emergencies successfully. Lines of authority and responsibility have to be clearly drawn, basic acceptance of authority has to be assured and discipline has to be maintained . . . . The hospital places a high premium on being able to count upon and predict the outcome of the performances of its members and predictability can be partly obtained through directive, quasi-authoritarian controls, which, in the absence of apparently superior alternatives, are rather tempting to the organization." (p. 298)

The authority derives from the board of trustees, the doctors and administrators, with, occasionally, the director of nursing. The authors admitted that the board, seen as the 'ultimate source of authority', cannot overrule the 'supreme authority in professional matters' of doctors.

Within nursing itself, the hierarchical structure inherited from Miss Nightingale's era was further strengthened by the introduction of the Salmon Report recommendations on senior nursing staff (MOH 1966). Briefly, these recommendations included that one nurse control all affairs seen as nursing and that this 'Chief Nursing Officer' should have direct access and responsibility to the governing body. All senior nurses from ward sister level were to be graded according to their work in the line system and would be trained for managerial positions. Thus, the reforms introduced industrial management style to nursing. Carpenter (1978) has explained that the hierarchy system with the matron at its head had become increasingly inadequate in dealing with the complex hospital organizations which sprouted after World War Two. With Salmon, non-nursing duties were transferred to lay management and senior nurses were able

> "to rise to a level of management equal to that of doctors and health service administrators." (Auld 1976, p. 50)

The implementation of Salmon has been under constant criticism. Davies (1977) felt it continued the same strategies associated with Florence Nightingale such as, status differences between medical and nursing professions and the routinization of ward work. Carpenter (1978) said

> "The Salmon Report was based on extremely naïve management theory, which tended to assume that a more impersonal but clearer management structure would generate more loyalty than the traditional structure." (p. 100)

In creating three levels of management with six grades of staff the Salmon Committee actually designed roles to which nurses adhere. Graen (1976) described this professional design as a 'Fixed Job Model' which assumes

> "that not only are job situations unchanging over time in terms of required abilities and outcomes, but also that people are stable over time in terms of the abilities and preferences they possess . . . . This organizational form by overdetermining behaviour in organizations produces machine-like outputs and becomes itself machine-like. Relationships and behaviours crystalize into hardened systems that resist modification. Performance tends to narrow and settle on the minimum standards. Only those behaviours specially prescribed are performed by the participants. Only defensible actions are taken; standard procedure becomes the bible and change in any aspect of the programme meets with resistance." (p. 1204)

Thus, the organization within nursing and the institutions within which nurses work may structure working life in a manner which will not promote vocational or personal development.

The Effects of Hierarchical Organizations

Theorists and researchers have noted various effects of hierarchical structures. Among them are problems arising out of the lack of horizontal communication, the creation of status differences, and the psychological atmosphere which is produced. While reviewing the work on organizations Smith (1976) cautioned

> "There are, however, still severe limitations on the ability to generalize about how health care and hospital organizations work because of the paucity of empirical studies, particularly in the United Kingdom . . . . Systematic attention has been given to groups of health care workers such as nurses, medical students, administrators but there is a particular lack of knowledge about health care agencies as organizations." (pp. 77-78)

Georgopoulos (1975) found the same phenomena occurring in the United States where only 8.6 per cent of the total hospital literature focused on administrative and professional organization, management and authority patterns, and institutional decision making. Yet, the research available does give some indication that hierarchies are associated with the problems outlined below.

First, hierarchies restrict the free flow of communication. This may result in increased coordination up and down the line but it reduces the creativity needed to solve problems (Blau and Scott 1966). R. W. Revans (1966) has concluded from his studies on organizational communication that communication breakdowns, ineffective decision making and poor implementation of orders occurred more often when information had to filter through levels.

Second, when authority has been formally outlined, most of the control originates at the top. Stratification occurs and effectively keeps members in their places. An easy acceptance of specialists leads to the idea that there are experts to whom one should defer (Husband 1974). Several studies have illustrated this phenomenon. Rosenthal et al. (1980), in a Canadian study which evaluated the introduction of a clinical programme into a teaching hospital, found a lack of decision making by nurses about problem patients. In meetings of health professionals it was found that decisions were made only when other professionals were present. Independent decision making by nurses was not observed. Altschul's (1972) work on Dingleton, the large psychiatric hospital in

Scotland which was striving for overlap of roles and de-emphasis of role specificity, still found that doctors usually set priorities for discussion and they interpreted the psychodynamics. In 1971 Wieland and Leigh looked at nurses, doctors and administrators who were involved in The Hospital Internal Communications Project. They found that nurses were especially inclined to play passive roles in decision making and to defer to doctors and administrators. Authority was isolated as an influencing factor:

> "Those with superior status could not afford to lose face by making mistakes in the presence of their juniors, while the juniors themselves were in a very threatening position which immobilized any innovative behaviour." (p. 354)

Even outside those organizations which were obviously hierarchical in structure the effects continued to be maintained. Gilmore, Bruce and Hunt (1974) illustrated this vividly. In order to look at the health care team in general practtice, they studied 39 teams, three of whom were under intense study with discussions taking place; the other 36 teams responding to questionnaires. They found status differences even in the decision making about who should prepare a meeting agenda. Over 70 per cent of the district nurses, 66 per cent of the general practitioners (G.P.) and 60 per cent of the health visitors felt that the G.P. should be responsible for the agenda. Status differences learned in hospital continued in a setting which should have been free of it. M.cIntosh and Dingwall's (1978) more recent work on health visitors confirms the findings of Gilmore, Bruce and Hunt. They concluded

> "It appears then that the status of many nurses and health visitors in practice attachments is equivocal. On the one hand they are superficially a member of the team, they have direct contact with doctors and their advice is sought. However, they do suffer a certain subtle but no less potent undermining of any aspirations to partnership that they might have.

> If partnership with doctors exists at all it could best be described as a 'junior partnership'." (pp. 130-1)

The third type of effect created by hierarchies is psychological. Argyris (1960) has made propositions about this situation:

1) There is a lack of congruency between the needs of the individual and the organization.
2) This deficit leads to frustration, failure, short term perspective and conflict.
3) The degree of the described mechanism in 2) will increase as the individual matures and his degree of dependence seems to increase.
4) There is rivalry for attention to goals and self interest begins to gain way. (p. 14)

Aitken and Hage's (1966) research seemed to support Argyris' propositions. They investigated six welfare agencies in which there were strong rules, coded jobs and hierarchical structure. A high correlation was found between the structure rigidity and feelings of inadequate professional competence, low self expression, failure to influence others and low participation in agency affairs. Menzies (1964), in a classic study where she and her colleagues set out to look at a system of allocation, found their attention repeatedly drawn to the high level of tension, distress and anxiety displayed by the nurses. With overtones of Argyris, they commented on the organizational structure of work:

> ". . . indeed, in many cases, it forces the individual to regress to a maturational level below that which she had achieved before she entered hospital. In this, nursing service fails its individual members desperately." (p. 24)

Kanter (1977) has related the effects of organizational structure to those who have power and those who have not. She found in her study of a large multinational corporation of some 50,000 employees that

> ". . . relatively powerless managers who were insecure about their organizational status tended to give the least freedom to subordinates and to personally control their department's activities much more tightly . . . . These managers made all of the decisions, did an amount of operating work themselves that others in the organiation would consider 'excessive', and did not let subordinates represent them at meetings or on task forces. They tried to control the communication flow in and out of their department, so that all messages had to pass through them." (p. 190)

Kanter also identified "rule mindedness", or using rules as a power tool, and territoriality and domain control as two other reactions to powerlessness which may be created in hierarchical settings. A recent inquiry into the role of the Nursing Officer (Jones, Crossley-Holland and Matus 1981) had as one of its aims, to canvas attitudes and opinions about the Nursing Officer (N.O.) role which had been initiated with the advent of the Salmon Report (MOH 1966) implementations. The survey included 10 per cent of all Nursing Officers in the United Kingdom. The need for the research came about because there have been problems with the middle management level as set up by Salmon. The key Nursing Officer role has been seen as a 'failed' position. The findings of the study were revealing about the state of power within the role. Most of the subjects felt they didn't have the authority needed to fulfil their duties. Those who did feel they had been delegated sufficient authority related their sense of satisfaction and achievement to that fact. Support from superiors was seen as crucial but the researchers discovered that this support was not always forthcoming. Finally, and strikingly, over a third of the subjects illustrated their confusion about their role when they indicated that they felt their senior position did not entitle them to instruct their ward sisters. Factors cited as contributing to the problem were the lack of formal preparation, and the view that the N.O. role

> ". . . was tacitly (or not) being thought of as a rival to nursing proper - as a thing some nurses went on to do, but not as a natural career progression, or as a post that should exceed sister posts in terms of esteem or salary, or hence, presumably, authority." (p. 13)

Yet, this position has a core role and

> ". . . comprises the control of human and physical resources so as to ensure their optimum contribution to the twin goals of the organization, those of achieving excellence a) in patient care, and b) in the development and welfare of nursing staff." (p. 59)

In summary, in work environments where powerlessness is a feature resulting from the effects of hierarchical structures, behaviours may emerge which are inimical to the development of the worker as a person and as a professional. These include the limitation of aspirations; conforming to the system in which they find themselves; seeking satisfaction from outside activities (Bellaby and Oribabor (1980) argue that trade unionism in nursing is gaining importance and that this reflects the collapse of the Salmon 'grade'); or from social aspects within the work setting; and, finally, leaving the setting (annual wastage rates in nursing hover around 30 per cent). Kramer's (1974) reality shock syndrome as experienced by neophyte practitioners in nursing may be, in reality, a description of what happens in varying degrees to all nurses, inexperienced and experienced, when they find themselves in powerless positions.

II <u>People in the Work Setting</u> - <u>The Mentor-Protégé Relationship</u>

Alliances with work colleagues may facilitate job satisfaction or career progress. Kanter (1977) has stated that power can come through such connections. The mentor-protégé relationship may have a crucial role to play in female careers and therefore, it is considered in this section. How nursing writers have interpreted the concept of mentoring is also reviewed.

The Mentor-Protégé Relationship

In her research on the mentor-protégé relationship in the careers of women managers and executives in business and industry, Phillips (1977) noted

> "In conjunction with the research on adult life stages and career stages, researchers are finding that the presence or absence of mentor-protégé relationships at certain life stages has profound effects upon both members of the mentor-protégé pairs." (p. 1)

Both Levinson and his colleagues (1978) and Sheehy (1976) saw the relationship as crucially important in early adulthood, those years from 17 to 40.

The mentor has been described as an individual who, out of the bounds of normal duty on the job, successfully helps younger aspirants to meet their goals. Phillips (1977), in defining the concept, distinguished between a mentor for the achievement of life goals, and a mentor who specifically enhances the career goals of a protégé. It is the career mentor who is of concern here.

The relationship is one from which both mentor and protégé can gain. Levinson and his colleagues' (1978) description of the phenomenon is widely referenced. For this reason, it is used here. The mentor is usually older (by some 8 to 15 years in the Levinson et al. study); a person of greater experience and seniority who, in the act of mentoring, encompasses several functions. First, the protégé's skills and intellectual development are enhanced by the mentor's teaching. Second, as a sponsor, the mentor influences positively the acceptance and advancement of the younger colleague. Third, by welcoming and initiating the protégé into the world of work, the mentor helps to set the social, political and cultural work scene in which the protégé needs to negotiate his or her way. Fourth, the mentor can be a model which the protégé can admire and perhaps seek to emulate. Fifth, advice and support are offered at critical stages.

Hardy (1983), interpreting the Levinson et al. description, stated

> "At its best, the mentoring relationship helps to realize a dream. The mentor fosters the development of the young protégé by believing in the person, sharing ideals and by giving the dream the crucial 'you are alright' blessing. The young person is protected, buffered from attacks of superiors and given space in which he/she can work creatively, make mistakes and grow." (p. 2)

The relationship may span a period as short as two or three years or as long as 8 to 10 years. It is the mobility of the participants which will limit the experience. It most frequently occurs in the work setting but can occur elsewhere, although Levinson discounts parental help as mentoring. More importantly, this is not a relationship "which is defined in terms of formal roles but in terms of the character of the relationship and the functions it serves" (Levinson et al. 1978, p. 98). There is an intensity involved, such that it can be seen as a form of a love relationship. Because of this, termination may be painful. Often, the impact of the relationship is recognized only after it has ended and retrospection recognizes the value of it.

This description shows the most developed and constructive form of mentoring. Several facets distinguish this relationship from others forms of helping acts. It is relatively long term, stable and intimate. It does not occur in an official capacity. That is, mentors are not 'assigned' to young career-minded people. The relationship benefits both participants. It may not be valued over the time it occurs. Growth and development of the protégé are predictable outcomes.

Women and Mentoring

The work of Levinson et al. (1978) concentrated on male careers and it was their opinion that women suffered from a lack of mentors primarily because there were few successful women to act in such a capacity. Also, the few who could be found might be too stressed about maintaining their

own position in male dominated fields and, therefore, unable to create such intense relationships with younger female colleagues. This lack may prove an obstacle in female professional development and in turn, may affect self concept adversely.

The Research on Women and the Mentor-protégé Relationship

Mentoring has emerged as one of many findings in studies on careers. One of the earliest researchers to discuss the influence of such relationships was Hennig (1970) who found that her sample of 25 females, successful in American business, had all experienced (as reported in Hennig and Jardim (1978))

> "a deep and abiding friendship developed with the man for whom they worked" (p. 155) . . . .

and

> "The boss acted as sales agent for the woman wherever he sent her, both inside and outside of the company. He used his reputation to develop hers, and his respect from others to gain acceptance for her. In times of direct confrontation with any group or individual he would act as a buffer . . . . His support helped provide her with the extra confidence she needed to take on new responsibilities, new tests of her competence and new positions. He reinforced her own emphasis on competence as the issue of paramount importance." (p. 157)

The description mirrors the classic depiction of a mentor. In the United Kingdom, Fogarty et al. (1970) found that 'office uncles' were important for the career progress of women in various organizations. Kanter (1977) also found in her study of a large multinational corporation in America that the "unofficial bestowers of power", the "rabbis" or "godfathers", as they were labelled (p. 181), were crucial to women as well as men in the organization.

It was the work of Phillips in 1977 which provided a more systematic examination of the concept of mentoring as it has been experienced by and affects women. She studied the career development of women managers

and executives in business and industry. Questionnaires were sent to 331 women, she interviewed 50 and collated additional data on 2,312 female managers and executives listed in public business directories and other published sources. Being sponsored or groomed by others was one of the five factors noted as being most helpful. She found that 61 per cent of her respondents to the questionnaire survey reported mentors. She described two types of mentors: primary and secondary. Primary mentors were those who made altruistic moves to support the protégé. They risked for the development of the younger colleague. Secondary or partial mentors were also helpful, not in the same manner, but as part of their position or to benefit themselves. This category can be frequently observed as it occurs at various times to meet specific needs. Phillips felt,

> "The difference between primary and secondary mentors depends entirely upon the perception of the protégé, not on the perception of the mentors or outside observers." (p. xi)

She found many forms of career mentoring. Classic mentors as described by Levinson et al. (1978) occurred with approximately 25 per cent of her subjects. Supportive bosses were the most frequently mentioned group. Others were: corporate sponsors; invisible godparent figures who 'arranged' moves and were unknown to the protégé; peer strategizers such as friends and spouses who helped to meet short term goals; professional mentors who gave official or unofficial help; and, patrons, wealthy and influential, who helped in some way. Thus, Phillips identified a number and a variety of mentoring activities. In a personal communication with Daniel Levinson about her work, he responded by saying that 'mentor-like' qualities probably existed in greater numbers than classic mentor-protégé relationships. He then hypothesized that women probably experience more of the 'mentor-like'

relationships. The point is that 61 per cent of the women in Phillips' study had experienced mentoring and of those receiving the questionnaire, this aspect was rated among the 5 most helpful factors, whatever form it took.

In nursing, Vance (1977) explored mentor connections as an important career feature. Eighty three per cent of her sample (99 per cent of whom were female) reported the presence of mentors with an average of two mentors per subject. Educators had figured prominently as mentors. Whether the mentors had been inside or outside nursing was not clearly distinguished. In one way, the sex differences give some indication. In the United States females make up approximately 97 per cent of the nursing population, yet 21 per cent of the mentors had been male. Interestingly, while an impressive proportion had reported mentoring, in turn, they saw this relationship, a crucial career factor in the estimation of other authors and researchers, as only moderately important as a source of influence. Like Phillips (1977), Vance noted a variety of people acting as mentors.

The research on the incidence of mentoring in female careers has not been extensive but it has identified mentoring as a positive aspect to women. Both Phillips (1977) and Vance (1977) have found mentoring in various forms. What has not been explained in nursing particularly, is the amount of mentoring within the profession.

The Discussion Within the Nursing Literature about Mentoring

The concept of mentoring has penetrated the professional consciousness. It has been written about primarily in the sense that it is lacking in the nursing world and that it has, in various ways, much to offer in supporting new roles (Atwood 1979), for the scholarly development of nurses (May 1982), for self directed learning (Wolf 1982) and

for creating a sharing environment in which leaders can emerge (Hardy 1983). It is the interpretation of the concept to nursing which is of particular interest.

Atwood (1979) has taken the concept and applied it in a manner which is different from Levinson et al.'s (1978) interpretation of the mentor function. In a children's hospital in San Francisco a nurse-mentor system has been officially introduced to aid specifically the protégé's transition from new graduate status to practitioner level. The 'mentor' was required to have a Master of Science degree in nursing and expert clinical knowledge and skill. Atwood's conclusion about the system:

> ". . . children's hospital is going to pursue the mentor nurse concept, considering it a most valuable method for developing and upgrading nursing care. Subjective feedback indicates that the system is worthwhile and extremely beneficial, after all, improved quality of patient care is nursing administration's main goal." (p. 717)

The advantages of the system are made clear. The system is not primarily for the protégé's personal and career development. Rather, that aspect seems to be a side effect. Cost effectiveness has led to institutional intervention. Phillips (1977) and Kanter (1977) both suggest that this 'institutionalized mentoring' may be helpful to bridge the 'mentors for female' gap. Phillips (1977) calls for it to be on a voluntary basis only and sees it as related to being part of a total career development programme. This is not the primary focus in Atwood's report.

Wolf (1982), while exploring the classic interpretation of mentoring seemed to reflect Atwood's (1979) stance that the organization will benefit from mentoring when she (referring to Likert 1961) wrote

> "The supportive relationships of mentors or 'linking pins' are necessary for harmony between the objectives of the organization and the needs and wishes of individual members. Thus staff nurses may be well connected to the goals of the health care agency as well as to increased clinical excellence fostered by mentor support." (p. 72)

In correspondence with Christman of Rush-Presbyterian St. Luke Medical Center about the career ladder system in action there, she was told

> "Mentors at Rush are experienced staff nurses who act as close guides, consultants, behaviour models and working partners on the same unit as the nurse who is new to the setting . . . the typical mentor-protégé period lasts three to four months." (p. 71)

Shades of Atwood (1979) are presented here. Staff nurse positions in hospital carry little access to power, neither will there be opportunity for staff nurses to sell their protégés at higher levels.

Wolf concluded her discussion of the state of mentoring in nursing by providing examples of individual experiences she has encountered. The experiences seem to have convinced those mentored of the need for them to mentor in turn and this raises another issue. Phillips has clearly indicated that the process is two way and benefits can accrue to both mentor and protégé. There is a need for systematic observational study of the relationship in action in order to assess the contribution of both participants. Self reports about mentoring activity are not reliable as the final assessment of the value of the relationship in career terms is in the eyes of the person receiving the attention, the protégé. The person claiming to mentor needs to have outside scrutiny of his or her activity to evaluate it objectively. Vance (1977) also asked her subjects if they were involved in mentoring activities, 93 per cent reported that they were. No validation of their claims was possible.

The two authors, Atwood (1979) and Wolf (1982) developed the concept of mentorship as a supportive mechanism rather than a promotive one and related it significantly to the effects such relationships would have on the organization rather than the individual's career goals. In contrast, both May (1982) and Hardy (1983) concentrated on the influences on the individual.

May (1982) related the activity to the scholarly development of nurses. She felt that aspirations to scholarliness are learned through a relationship which is intense and

> ". . . calling for a high degree of involvement between the novice in a discipline and a person who is knowledgeable and wise in that area." (p. 23)

This approach is much more in the classical mode. May discussed the need for such relationships in the teaching sphere of Higher Education. She does not advocate institutionalizing the concept. She also acknowledged the possible constraints to mentoring in nursing, one being that the field is predominantly female.

> ". . . women have learned to work alone to achieve, so it may be hard for them to start learning collaboration." (p. 27)

She also noted, in support of Phillips' (1977) findings, that woman to woman mentoring will, of necessity, be different from the male models of mentorship which predominate the literature.

Hardy (1983) (see Appendix B for copy of paper) also took the view that mentoring is of primary importance to the individual concerned. Like May (1982), she questioned if nurses were capable of mentoring and gave preliminary results of a study of the career histories of leading female nurses in England and Scotland. Mentorship was explored with the respondents and it was found that experience of such a relationship was not uncommon. However, only 43.4 per cent of the mentoring episodes

occurred in the years 20 to 35 and the majority of the descriptions fit Phillips' (1977) category of secondary, or partial, mentors. She concluded

> ". . . female nurses may not have this crucial relationship available to them in its richest, most constructive form." (p. 3)

Thus, although the discussion on mentoring in nursing has in common the opinion that such activity is desirable, it is the interpretation of the concept which differs and which has, at times, been utilized for differing purposes than proposed by those originally exploring the concept. This switch has not been recognized by nursing writers such as Atwood (1979) and Wolf (1982). Thus, in these cases the concept of mentoring has lost some of its original flavour. What they describe does not fit Phillips' (1977) categories of primary or secondary mentoring, nor her variety of the forms mentoring can take. It seems that the original idea of mentor has been moulded to fit purposeful activity which used to be described as the 'Big sister' system. In this way, these writers have detracted from the idea of the mentor as being of primary benefit to an individual and her career.

Experience in the Work Setting - A Conclusion

In assessing how much effect the structure of the organization and the people in it might have on the individual nurse's vocational development, it is worthwhile beginning with Kanter's (1977) ideas on the routes to power. She delineated two major routes: activities and alliances. Activities are related to what it is possible to do in the work setting. Extraordinary activities such as pioneering work in research and writing, both highly visible and relevant to the goals of the organization or unit, are those activities which gain power. However, hierarchical structures do not encourage autonomous work or stepping out

of one's 'place'. Such activities would disturb status differences. The nurse who initiates research on a ward may be stepping on the Consultant's toes. If Nursing Officers are unsure of their authority (as suggested by the Jones et al. (1981) study), their rule-conforming behaviour, understandably creating a more secure environment for themselves, will not encourage innovation in their subordinates. Creativity is spontaneous and needs prompt attention and support. 'Playing it safe' superiors' resistance to change has been described by Kanter (1977):

> ". . . the low-risk brand of conservative resistance to change was carried out by people who did everything they could to make sure they offended no one. Approval for a simple project involving very few people could take months if the manager involved felt he had to proceed through every possible organizational channel, checking with everyone (whether officially necessary of not) who might possibly object to any part of the content. By the time this procedure was completed, everything risky or controversial about the project had been eliminated - as well as a large part of what made it valuable in the first place. Many ideas or targets would be squashed completely or slowly disappear. And because the low-risk-takers were spending a great deal of their time on the 'phone or in meetings getting approval, finding out what their own managers wanted, explaining and covering their tracks, they hardly had much time left to develop new and better approaches." (p. 157)

If the hierarchy does mould individuals into their places, as has been suggested by the evidence reviewed in the chapter, their professional behaviour will reflect that moulding.

The second empowering strategy noted by Kanter is strategic alliances. Sponsors or mentors, peers and subordinates are included. Mentors have to be in a position of power themselves to help their protégés. Observers of nursing have suggested that hierarchical effects may preclude such a development and it has been suggested that nursing mentors may originate primarily outside of the work setting. Peer

support may be sabotaged because of the socialization of nurses, both sex-role and occupational. The two empowering strategies noted by Kanter may not be available to nurses in the work setting.

The Meaning of Work and Career in Nursing

Work fulfils a number of needs. It has been suggested that organizations in which nurses work do not meet many of their needs. How much nurses themselves acknowledge their needs for work is explored in this section.

Young women aspire to nursing primarily because of humanitarian values. Cohen (1981) has written

> "They are idealistic, and this idealism is related to their female interpretation of the nursing role. They emphasize those virtues considered female in our society and transfer them into necessary professional traits . . . . Nursing is picked for traditionally female reasons, and students expect nursing to be secondary to their main interest in life-families-to-be." (pp. 109-10)

It is this orientation towards nursing as temporary, as an 'in transit', occupation which predominates. Both Muff (1982) and Yeaworth (1978) have argued that attitudes towards work and family roles promote the idea that nursing is a job, not a career. Yeaworth has argued further, that while nursing has been valuable as fitting in with the wife-mother role, it

> ". . . has also forestalled their securing a wage commensurate with the preparation required and the work performed. It has weakened the bargaining power of career-oriented nurses." (p. 73)

It has been suggested in Chapter 3 that schoolgirls now expect to work but they also demonstrate an ambivalence in their planning which tends to lack long term goals. Purportedly, this is because they expect to marry. Cohen (1981), in a study of diploma nurses, found that 90 per cent did have this traditional expectation. Their families would come

first even if they continued work. This orientation is not conducive to career commitment and it supports the patterns of difference between men and women found by Hennig and Jardim (1978). These included first, that career decisions are made much later by females. An average waiting period of 10 years incorporated the raising of a family or the realization that work was promising to be a life long factor. Second, this waiting signifies as essential passivity in the lives of women who wait to see what happens to them. Third, Hennig and Jardim pointed out that women tend to concentrate on day to day aspects to the detriment of planning for the future, of being able to assess progress. Fourth, they found that women tended to rely primarily on their own ability, not on contacts or the informal system present within organizations, for career progress. Mitchell (1971), in a study of Canadian nurses, outlined five findings related to professional and career expectations. These mirror Hennig and Jardim's conclusions. He found that

1) expectations for professional development were confined to areas on the fringe of nursing (such as medical social work in hospital). Thus, in nursing proper, career development was not expected.
2) professional role expectations for most nurses are not related to education plans nor to participation in professional organizations. Essentially, the idea of a professional and what it incorporates has little meaning.
3) there were no organized programmes for career development; jobs tended to be accepted by chance.
4) educational plans were more related to personal goals, not professional goals.
5) nurses accepting promotion did so for stability reasons rather than in order to improve the profession or for decision making.

Mitchell, in referring to "the nurses' own inability to seek and find a sense of achievement in most of her work" (p. xii), evokes the sense of passivity described by Hennig and Jardim.

The theme of individual preparation for advancement (Hennig and Jardim 1978) or for personal satisfaction (Mitchell 1971) has been identified by a number of others. Jones et al. (1981) found in their study of the Nursing Officer in England, that the females were better educated than the males. Nineteen per cent of those without any formal qualifications were female while 31 per cent were male. It is possible that the male Nursing Officers used their network of contacts and the informal system to further themselves. Dingwall and McIntosh (1978), extending Ruth Pape's (1978) exploration of 'touristry' (occupational mobility within nursing) to include the 'migrant certificate gatherer', commented

> "Whether these nurses have any clear idea as to where this cumulative experience might lead them seems an open question. It is not at all evident that this is commonly seen as part of any rational process of career development. The 'perpetual student' role gives a veneer of respectability to touristry and allows for a similar evasion of commitment. The student can successfully defer choices between family and career for a good 10 to 12 years." (p. 55)

This reference to 10 to 12 years matches Hennig and Jardim's delayed career decision pattern found in women. Pape's (1978) study of nurses who use their qualification as a ticket to travel suggested that orientation to nursing as a primary focus is tied to the passage of time. Career-oriented nurses are those who are older. Newly graduated staff nurses are not focused on nursing as a career. This is upheld by the studies of degree nurses who have not shown motivation to lead the profession (Scott Wright et al. 1979, Montague and Herbert 1982). In fact, wastage of 50 per cent at the five year mark was noted in one study

(Montague and Herbert 1982) and the tendency for further nurse training was noted in another (Scott Wright et al. 1979).

Women in nursing also seem to demonstrate less vocational ambition. In the study of the Nursing Officer (Jones et al. 1981) the subjects were asked why they had applied for their Nursing Officer post. The replies, which showed a distinct sex difference, were related to promotion intentions: 69 per cent of the men versus 47 per cent of the women wanted promotion; 66 per cent of the men felt they needed to earn more whereas only 24 per cent of the women did; and, 37 per cent of the men as opposed to 17 per cent of the women saw the Nursing Officer post as a step to the next level, Senior Nursing Officer. The investigators concluded that the younger men evidenced the most striking wish for career advancement.

Two reasons are frequently proposed to explain this apparent lack of ambition on the part of the female. One is the 'fear of success' phenomenon, the other is a conflict which emerges out of the polarization between femininity and professionalization. First, Horner's (1968) theory on the motive of women to avoid success: using projective testing in a story that stated 'At the end of her/his first term finals Ann/John finds herself/himself at the top of her/his medical school class', Horner found that college women responded negatively to the female cue in about 65 per cent of the stories in which 'Ann' achieved. To explain this, social rejection and loss of femininity were suggested. Men responded much less negatively to their sex cue. She coined the phrase 'fear of success' to explain the females' negative reactions to success.

Much critical work has followed Horner's initial research. Ward (1979) reviewed a number of the studies and summarized

> "On the whole, although results are not conclusive, empirical trends tend to support Horner's conceptualization of M-S (motive to avoid success) as a debilitating anxiety in achievement-oriented situations. There is a tendency for FOS (fear of success) to be most frequently elicited by female success in male dominated fields and to be more apparent in psychologically feminine women. The conflict between success and femininity and a decline in achievement-oriented behaviour is most apparent in competition with men in specifically masculine endeavours. There is also a tendency for M-S to emerge in puberty and increase with heightened sex-role awareness. In short, sex-role learning adversely affects achievement motivation in women." (p. 150)

This explanation can only be attributable to female nurses' failure to progress if their work lives are seen as being dominated by male doctors. The profession itself is dominated, numerically, by females, but ultimate decision making power is in the hands of a male medical minority. The reference to 'psychologically feminine women' is pertinent if one accepts Cohen's (1981) opinion that nursing is chosen for its feminine traits. Ward (1977) in a study of fear of success with British university women found that while 40 per cent of nursing students responded negatively to a sex appropriate cue, there were higher percentages of those responding negatively in botany, engineering and medicine. The essential motivator is the perception that traditional sex-role norms are being transgressed. This has been interpreted in another way.

Cohen (1981) identified the conflict as being one between femininity and professionalism which is

> ". . . perpetuated by the lack of role models who successfully portray an autonomous and professional interpretation of the role. The role models . . . have probably done little to resolve for themselves the conflict between a masculine, aggressive professionalism promulgated by those who wish to upgrade the profession, and their own idealistic desire to be feminine and nurturant." (p. 113)

Douvan (1976) followed this thought when suggesting that the professional female can express her femininity by de-emphasizing it, by de-professionalizing or abandoning competence or by attempting to integrate the two aspects. The last behaviour approximates the bicultural approach that Kramer (1974) described in relation to a successful resolution of reality shock. The female professional neither accepts nor rejects all the work values she encounters, but evaluates and chooses those which best serve at the time. This may be the most difficult route to follow. Hennig and Jardim (1978) discovered that their twenty five successful women had established similar identities in their crucial first 10 years:

> ". . . part of which critically depended upon their avoidance of conflicts arising over the fact of their sex. Facing up to conflict of this kind would have compelled them to cope with the discrepancies which existed between their own concepts of themselves and others' definitions of the roles of women." (p. 165)

Whatever the motivation behind non-achievement and evasion of commitment, it can seriously hamper the development of the profession and of the individuals in it.

Deviance or Leadership in Nursing - Conclusion to Vocational Behaviour in Nursing

> "Deviance is the opposite of conformity, thus anyone who differs in ideas or behaviour from the opinions or actions of the majority in his or her society is a deviant." (Delamont 1980, p. 118)

Women who embark on careers are seen as deviant, as not fulfilling their 'natural' role. Studies of successful, therefore deviant, women have revealed similar patterns. McGee (1979), in her study of female college and university presidents listed significant factors identified by the women in their advancement. Vance (1977) studied contemporary American nurses, 99 per cent of whom were female, and listed sources of

influence in the profession. A comparison of the two lists illustrates that factors which aid careers probably are similar to those which have an impact on the development of the profession. See Table 4:1.

Factors Significant in Personal Advancement (McGee 1979)	Sources of Influence in Nursing (Vance 1977) (arranged for comparison with McGee 1979)
1. Chance - opportunity	1. —
2. Credentials - academic - visibility	2. Academic credentials. Visibility in nursing
3. Personal qualities - competence - intelligence - persistance - motivation - leadership qualities	3. Ability to mobilize groups - communication skills - creativity - innovation - interpersonal skills - willingness to risk
4. Support of others - network connections - support of mentors	4. Collegial support
5. Work experience - excellence - variety	5. Credibility in profession - research related abilities - professional organization involvement - expertise - political access - economic resources

TABLE 4:1 : A Comparison of factors which aid careers and those which are of influence in Nursing.

Several features emerge from these two lists. First, the person as an individual has much to contribute to her own situation. How she has dealt with or resolved sex-role conflicts will be important to how she achieves. Second, others' support is essential. Third, the opportunities provided by the environment are crucial. Opportunity means a chance to do something. In Kanter's (1977) definition this means having power or

> ". . . the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet." (p. 166)

Increased opportunity was linked by Kanter with heightened aspirations, work commitment and an increased sense of organizational responsibility. Super's vocational developmental tasks for the young adult (see Table 1:1) are reflected in Kanter's thoughts on opportunity. The development of skills on the job depends on those opportunities afforded to the young person by the organization and the people in it. The evidence reviewed suggests that the hierarchical nature of the profession and of the structures in which most nurses are employed may not ensure sufficient scope for development. Also, the meaningfulness of work and career is subject to a number of factors of which the attitude (and the self concept) of the individual nurse herself is an important aspect. Essentially, the discussion in this chapter has suggested that there is little rational decision making in the choice of a nursing occupation and that organizations have not created policies to encourage the vocational, and therefore personal, development of its members. This has relevance for the level of commitment to the work and for the creation of a career in its fullest sense.

Conclusion to Part One : A Reappraisal of Theories of Vocational Development

The literature review began with an overview of theories of vocational development and it was suggested that they are problematic in terms of an integrated explanation of female careers. Factors which may have an impact on an individual female's career were delineated in chapters two to four and they illustrated that the female experience may be unique for several reasons.

First, sex-role socialization has been presented as a pervasive life-long influence. Vocational development has also been viewed as an abiding feature of life, therefore, sex-role stereotyping must affect it. Indeed, the evidence about the schooling and the working experience suggest that socialization effects continued to be felt.

Second, the female experience does not reflect the main features of the male pattern of vocational development, namely that it is a process which has a degree of commitment as planning is involved in it; it is orderly; and, it is fairly continuous so that others have the opportunity to influence it. Its progress can also be explained in terms of what is happening around it, in the wider society. The male self-concept can be nurtured as he attains certain distinctions which are recognized and valued. The orderly progression of his career will ensure that a level of vocational maturity will be reached as he successfully achieves the vocational developmental tasks outlined by Super (1957a, see Table 1:1). The female experience cannot be explained on the same terms because her life has the potential to form a different pattern, a non-vocational pattern. Expectations are that she will prefer this pattern, that she will not find satisfaction in a career, that is, in paid work. If the female career is evaluated according to the

accomplishment of life stage tasks, and it has been shown that she will not be encouraged to achieve a number of them, then she will be seen as 'vocationally immature'. This does not contribute constructively to a discussion on female career development.

One of the main stumbling blocks in the consideration of the concept 'career' and the female experience of it, is that the housewife and mother role is not included in definitions of work, occupation and career. Work is seen as an activity which ensures an income. An occupation is a work activity, while a career is a sequence of occupations in the working life of an individual. Thus, paid employment is at the basis of all these definitions. Official classification systems such as that of the Registrar General do not list housewives as having an occupation. Yet, when Super (1957b) developed his classification of women's career patterns, he included homemaking, e.g., Stable Homemaking (no significant work experience) and Conventional categories (work after education but not after marriage). Thus, homemaking was seen to contribute to a 'career' pattern. This indicates a degree of uncertainty as to what 'working' and 'career' constitute. For this reason, female vocational development has a slightly schizophrenic image when attempts are made to fit it into a male pattern.

The elements of vocational development as stated in chapter one continue to be salient. It is a dynamic process which evolves over a lifetime. Decision making is a critical facet and a multiplicity of factors interrelate and have an impact. Achievements in life, education and work are central to career development. Sex-role socialization has been identified as a major factor which fosters differential patterns of development. A comprehensive explanation has not been formulated for the following reasons:

1) There is a chance that the socialization literature has provided an oversocialized view (Weitzman 1982).
2) The literature has considered a certain number of factors, some of which may not be relevant to female nurses.

Therefore, the literature review has provided directions for thought but it cannot conclude definitively on the lives of the subjects in the study. Part two reports on their experiences which may broaden the perspective gained from the literature, change it, or confirm it.

PART TWO - A Report on the Study of the Exploration of the Career Histories of Leading Female Nurses in England and Scotland

Introduction

The literature review helped to give direction for an exploration of the career histories of leading female nurses in England and Scotland. Theories of vocational development, while primarily explaining the male career experience, have identified elements which were utilized to create a framework in which to conduct the research. That is, the career phenomenon is seen to be a complex, life long, dynamic process which can be influenced positively or negatively by a multiplicity of factors. Sex-role socialization was isolated as a major factor impinging on female vocational development. Therefore, leading female nurses' careers were studied, in a descriptive survey, to gain a more dynamic, detailed perspective, and in retrospect, to consider if others' views (as reviewed in Part One) are upheld.

Statement of the Problem: Were there factors in the lives of leading female nurses in England and Scotland which affected their careers and achievement in the profession? If so, what were these factors?

Purpose of the Study: The aims of the study were to:

1. construct a personal and professional profile of the subjects.
2. decide if there were factors affecting the lives and careers of the subjects.
3. describe the factors identified.
4. explore the effects, on career decision-making, of the period of time through which the subjects have lived.
5. explore answers to the specific questions raised in Stage 1 of the research process in relation to mentoring, models in the lives and

careers of the subjects, the descriptions of self-concept which emerged, the effects, on careers, of the organizations in which the subjects worked, and, the occurrence of situations in their lives, both personal and those Ginzberg et al. (1951) referred to as "reality factors".

Assumptions Underlying the Study: There are assumptions which underlie the study and are integral to it.

1) The career experience of women who have worked from the 1940's has relevance to female nurses today. Legal changes in Britain over the past ten years have raised awareness of the special problems women face in Western Society but as Hennig and Jardim (1978) discuss, identification of the problems does not necessarily lead to immediate solution. The roots of the female experience are deep seated and recent evaluations of the Women's Movement (Coote and Campbell 1982, Reid and Wormald 1982) have concluded that the status of the majority of women continues much as before.

2) All women are affected, to a lesser or greater degree, by societal expectations which encourage sex differentiated achievement.

3) Career planning is influenced by incidents and people experienced early in life.

4) Career histories are of a complex nature, and individuals will have experienced them differently, although discussion around some issues can take place.

Limitations of the Study: The researcher acknowledges that there are limitations of the study.

1) The study is of female career development within nursing. Men have not been included. The profession of nursing is predominantly female. In 1980, of the 239,146 full-time nursing and midwifery staff in hospital and in area and district in England, 86 per cent were female (DHSS 1982).

For this reason, the need to study women seemed more pertinent. As the study is of an exploratory nature, direct comparisons with the male experience of nursing was not desired. This, in no way, suggests that men do not face obstacles in their careers.

2) There is no comparison or control group. The findings of other studies of a similar nature are used for comparison. However, direct measurement of how different these leading nurses were from other English and Scottish nurses was not done.

3) There are methodological limitations which are delineated in the discussion of the methodological approach (Chapter five).

Outline of Part Two

In general, this part of the thesis describes the methodological approach and reports the findings of the empirical study. Chapter five outlines the stages through which the study progressed. In Chapter six, the personal and professional profiles of the subjects of the main part of the study are sketched. The schooling experience of the subjects is depicted in Chapter seven while in Chapter eight, the description of their professional years is presented. As each Chapter explores and extends certain aspects of the subjects' lives, the implications of the findings are discussed both within and at the end of these chapters. The concluding chapter summarizes and discusses further the main findings. A theoretical perspective on female vocational development is propounded and finally, recommendations for further research are suggested.

CHAPTER FIVE: The Research Design

The study is a survey which helped to describe and explore facets of the career histories of some of the leading female nurses in England and Scotland. In Babbie's (1973) definition, a descriptive survey is for "discovering the distribution of certain traits or attributes" (p. 58). The profiles of leading nurses illustrate this aspect, while the exploration of career histories enabled a search for patterns of female vocational development in real life. Hypothesis testing was not an aim of the study. The methodological approach evolved over a period in which orientation to a study of vocational development was formed first from an initial literature review, then through a series of research exercises which are described in this Chapter.

The use of several methods to collect data has been recommended by Stacey (1970) who suggested that 'combined operations' allow methods to complement one another, and, to give the opportunity to check data, thereby increasing the validity of the data. Denzin (1978) was another who had submitted that the greater the 'triangulation', or the combination of methodologies in the study of the same phenomena, the greater the confidence in the observed findings. As each method has weaknesses and strengths, this kind of approach is beneficial because the researcher chooses those techniques which have different strengths and weaknesses so as to complement one another and yield valuable, rich, valid data (Sieber 1978).

Originally, a postal questionnaire was to be the main research instrument. Fortunately the advent of a scholarship enabled the researcher to extend the data collection by the use of interviews. In this way the study of career biographies was enriched.

The Chapter is presented in the sequence of the stages which evolved: preliminary interviewing (1), identification of the study population (2), questionnaire construction (3), the use of interviewing (4), and the methods used to analyze the data (5). At points in the presentation, certain methods are elaborated and discussed.

Stage 1: The Preliminary Interviews

Four preliminary interviews were done to explore the directions gained from the literature review and as an exercise to aid in the development of the postal questionnaire.

The Subjects : Four female nurses were chosen after consultation with the Professor of the Department of Nursing Studies and the Deputy Director of the Nursing Studies Research Unit. One of the nurses was retired, another was due to retire in the next year, and the other two were approximately 40 and 50 years of age, respectively. Two have been honoured with the "Order of the British Empire" for their contributions to nursing. At the time of the interviews, all have held, or were holding, offices of influence in the nursing profession in England or Scotland.

The Method : All four subjects were contacted by telephone and asked to participate in an interview session which would be taped. It was explained that the analysis of the interview content would help to develop the main research instrument, a questionnaire. The interviews were conducted between February 12th, and February 23rd, 1981. Two were held in subjects' offices, one in a subject's home and one in the interviewer's office. The length of the interviews ranged from 1½ hours to 3 hours. All sessions were taped and the subjects were assured that the information would be treated confidentially and care would be taken with the write-up of the analysis so that no reported incident could be identified with any particular person.

After a general introduction the subjects were invited to tell the researcher about their lives and careers. This unstructured approach was thought to be of importance as only the subjects could pinpoint those occasions or people seen as critical to their development. Occasionally the researcher probed for more detail. (For discussion of the use of the interview see Stage 4).

Development of the Method of Analysis

According to Cartwright (1966), the analysis of qualitative material can be done by coding, which is frequently used to look at data created by research, or, by content analysis of material not specifically created by research. In fact, he states

> "no universally accepted usage has emerged to distinguish one from the other". (p. 424)

Thus, both methods can describe symbolic behaviour objectively and systematically. First, the four preliminary interviews were coded so that the analysis would

> "explore the nature of the data and the subjects, to get an insight into the total situation." (Kerlinger 1967, p. 539)

The taped interviews were transcribed and each discrete item of information was systematically labelled. For example, comments of age, place of birth, number of brothers and sisters were labelled "demographic", and descriptions of infancy, childhood, and adolescence were labelled "developmental". Each transcript was read through again for other patterns. These patterns were listed and compared and common elements were defined. Four major categories were identified for use:

1) The presence or absence of models for living and for working. Models are defined as those people one admires, who one might wish to emulate or to please by achieving in an activity in which the model achieves. With further analysis, this first category was

considered to include two types of people: models and mentors. A mentor is a non-parental person who actively guides one's career through advice and promotion. This concept has been noted as an important facet of career development and, therefore, should stand on its own (Levinson et al. 1978).

2) The self concept, the way in which one perceives oneself. This can be reflected in self description with regard to personality, aspirations, expectations of self and also, through activities which necessitate a risk factor, such as a major job change in which new challenges would be present.

3) The effects of organizational factors, which are those factors related to the organization or created by the organization, such as the lack of opportunity to be innovative or the lack of support provided in hierarchical structures.

4) The occurrence of situations or events in the lives of these women. The term 'life situation' or 'critical event' refers to those incidents over which one has no control but which affect the way one experiences life. This does not include developmental stages. For example, World War Two was a life event which affected millions of people to varying degrees. To a child, a severe illness or a family move, would be events which were not expected but which may have changed directions and perceptions.

A general pattern had not yet emerged and the researcher refrained from creating such a pattern so that premature closure of ideas would not occur.

Content Analysis

At this point, the directions in which the literature review and the coding of the preliminary interviews had led the researcher could be

utilized in the best tradition of content analysis (Treece and Treece 1977, Leventhal and Israel 1975, Cicourel 1964).

Many of the writings on content analysis suggest that its main use is in the study of communication. Berelson's (1952) classic work on communication appears to be the main reference point. However, Kerlinger (1967) and Cartwright (1966) disagreed with this narrow use. They suggested other uses and that, instead of counting the frequency of certain communications, one should be asking questions of the communications. Thus, a method of analysis may become a method of observation.

The purpose of using content analysis in this first stage of research was to further analyze the communications of the four preliminary interviews in a systematic, objective and quantitative manner. Also, it was a validity check of the coding procedure. A simple frequency count was utilized which revealed a system of categorization which Lazarsfeld and Barton (1951) referred to as 'dichotomy'. A dichotomy presumes a judgement of the presence or absence of the attribute in question.

There are disadvantages to using content analysis (Treece and Treece 1977, Cicourel 1964). The method requires time and energy which is why it had been limited to use with these preliminary interviews. The classification system must be precise in order that items fit only into one category and to reduce bias and prejudice in scoring. Careful consideration must be given to the validity of selection. Does it represent the phenomenon under study? However, used with the above precautions in mind and with a systematic objective approach, content analysis can

> " . . . indicate the presence or absence of these variables in the 'real world', something about the relative magnitude of the variables, and something about the relations among different variables." (Cartwright 1966, p. 448)

Interpretation of Content Analysis

Each interview was further analysed and frequencies were tabulated (See Table 5:1).

CATEGORIES	Frequency of reference to categories by subjects: 1	2	3	4
1 Presence of mentors	0	0	1	0
2 Presence of models (people or situations)	8	13	10	18
3 Strength of self concept described	24	26	24	25
4 Effects of organizational factors	1	3	4	3
5 Occurrence of life situations	7	5	17	11

TABLE 5:1 : Frequencies of categories per subject

From the table it is evident that the categories had support through numbers (categories 2,3,4,5) and the absence of numbers (category 1). The absence of mentors was important. Only one of the four women had had a mentor in the true sense of the word and this person proved "a great support and a delight to work with". The relationship had lasted a number of years and the mentor was older. The absence of such people can have an adverse effect on career development and a striking 3 out of 4 had no such support.

All of the women had felt the impact of models in their lives. Family and work models occurred most frequently. The work models were not mentors in that they were not actively involved with the subject. Situations were seen to be models, also. In one case the way the family had made decisions and had lived their lives proved to be a strong situational model for the interviewee. Early in her life she determined to emulate the decision making patterns she had seen as a child.

Teachers at all levels proved to be models. Even societal expectations seemed to be models to be followed or rejected. In these cases marriage was not pursued. An unexpected facet of modelling occurred. One subject had had four poor work models, the experience of whom had prompted her to decide "I will not be like them, I will do better". This added a dimension to the models aspect. Besides their presence or absence, other questions could be asked: what kind are they, are their effects positive or negative? Although models are most likely present in some form in the lives of everyone, it was, in particular, the influence of these people on the careers of the subjects, as reported by the subjects themselves, which was seen to be of relevance.

The category on self concept descriptions was well supported in a positive light. Many of the comments were spontaneous as they were mentioned in the course of recalling an incident. Others came by way of a request to describe themselves. It seemed clear that each one saw something 'special' in themselves, either through the eyes of others as when they were asked to apply for jobs or asked to stay on for graduate seminars; or, in their own eyes: "determined", "ambitious". Other statements indicated a persistance: "I started something, I wasn't going to be done by it". Another "fought for resources singlehanded". Independence asserted itself: "I've always grown up expecting to pay for myself" and "I like to make my own decisions, always have done". The job changes refer to "luck" and "chance" but the women took risks because they seized opportunities. This attitude came through with statements like "In for a penny, in for a pound"; it was an "appalling wrench" to change jobs but she did; "Of course you make mistakes, but so what? The only way not to make mistakes is not to do anything"; "Of course, I can do it"; and, "People don't take the time to be creative, they fill up their day with mindless routine. I can't function like that".

Other examples illustrated that these women rose to a challenge: "I don't like things half done"; "I have a quality which is called 'stickability'"; "I like doing a lot of things"; "Thoroughly enjoyed it" (a difficult job); and, "it pushed every ounce of organization out of you". Giving up in the face of difficulty had been contemplated but not effected. How these women saw themselves and how they reacted to risk and challenge appeared to be an important dimension.

The effects of organizational factors were mentioned by each interviewee. The important point seemed to be the criticism of the general hospital setting: "No way I could go back into hospital"; "quite sure I wasn't going to stay in hospital"; one went into psychiatry and "was treated as an adult"; and another was "never really committed to hospital nursing. People were fragmented parts of a body". Each of the subjects had left the general hospital environment. Hierarchical structures can create an atmosphere which stifles creativity and encourages routine approaches. These effects seem to have been felt by the women. The status differences occurring between professions and within nursing itself may have been responsible for the treatment of one of the subjects as 'less than an adult'. She went into psychiatry and found a more mature approach to her as a person. These considerations illustrate how the organizational structure impinges, professionally and personally.

Life situations, or critical events, were experienced by all. These occurred on two levels, the personal and the macrocosmic. The most common idiosyncratic experiences were family deaths which affected financial circumstances early in life, and, later in their careers, family illness, particularly of parents, which demanded time, energy and finances from the daughters. At the macroscopic level, the experience of living through the Second World War was mentioned and included having to

leave a native country and give up original career intentions, having the school of nursing evacuated, or having their work positions affected by it as in one case where the subject worked in a bomb target area. As expected, the youngest interviewee had the least number of life situations occurring. Governmental Acts (e.g., creation of the National Health Service in 1948 and reorganization of the NHS in 1974) also affected the interviewees.

Conclusion

The content analysis of the four preliminary interviews helped to verify the presence or absence of the categories affecting vocational development. It also helped to explore aspects of those categories so that questions in relation to them were developed for the questionnaire.

Category	Questions
	Questionnaire
Presence of mentors	- Have these women experienced the presence of a mentor, or mentors? - Did this happen in any particular period of their careers? - Are the mentors men or women? Interview - Do the women see the mentor-protégé relationship as an important adjunct in their own career development; in the career development of today's young nurses?
Presence of models for living and working	Questionnaire - Did these women have professional models who inspired them?

	- Which types of models are identified? - Are there modelling situations common to these women? - Were the modelling experiences seen as negative (I swore I'd never be like that) or positive (I wanted to be like her)? Interview
	- Do these women see themselves as models for the younger generation of nurses? - How do they feel about this? - For those who did not marry, how did this happen? Interview
Description of self concept	- How do they describe themselves when relating incidents?
	- Have these women risked? Questionnaire
Effects of organizational factors	- Did the women remain within the setting of a general hospital? - If they left, at what age did they leave and why? - Have there been any untoward effects of success? Interview
	- Do the women use a network for accomplishing tasks - formal or informal? - Do they see contacts as important? Questionnaire
Occurrence of life situations	- Have these women experienced a variety

of life situations?

- Which occur most frequently?
- Have they meant career interruptions?
- Are there any other ways in which life situations have affected their careers?

Interview

- Do these women identify the effects of life situations?

In conclusion, this first stage also helped the researcher to practice interviewing skills used later in the project and introduced her to qualitative analysis techniques.

Stage 2: Identification of the Subjects

The researcher utilized the reputational method to gain her sample. Through this method, the subjects were chosen by positional leaders in the profession in England and Scotland. Two hundred and twenty-three of these people in positions of formal influence (purposefully chosen in regards to areas in nursing and geographical locations using the Hospitals and Health Services Yearbook (1981) & the Directory of Schools of Nursing (1980)* were asked to nominate, using stated criteria (see Table 5:4.), female nurses of influence who were living in 1981 but who may have retired within the previous five years. Forty-eight per cent of the positional leaders responded. This was accepted as an adequate response rate (Babbie 1973).

This nomination technique generated 863 mentions of people. The average nominator listed eight names. Frequency counts reduced the list to 176 names. The range was that 90 persons were nominated once and one person was nominated 65 times. The researcher arbitrarily chose those who had been nominated five times or more (N=40) to be included in the

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* References (Chaplin 1981), (DHSS 1980) respectively.

study. The list reduced to 39 names when it was discovered that one of the 40 was outside England and Scotland.

This method of selection has its critics. Wolfinger (1960) disputed that reputations of influence actually indicate influence. Lasswell (1965) said that reputed influence is more that of perceived influence than actual proven influence. For this reason, two measures of external validity were used to check the list of 39 names. First, a comparison with the list of female Fellows of the Royal College of Nursing revealed a 69 per cent agreement. Second, working under the assumption that the popular nursing press would report on those influencing the profession, certain years and sections of the Nursing Times and Nursing Mirror journals were scanned and names noted. Frequency lists were drawn up and compared with the nominated list. There was a 72 per cent agreement rate. Thus, the percentage of agreement in both measures of external validity was high. A detailed account of the reputational method as utilized in the study was given in a paper in March 1982 to the Royal College of Nursing Research Society Conference and is reproduced in Appendix C.

Although the word 'sampling' is used, Abdellah and Levine (1979) pointed out that

> "Non-probability samples are not samples at all but could be regarded as complete populations from which no statistical generalizations to larger populations can be made." (italics in original, pp. 332-3)

In the end, the reputational method secured a study population of 39 names. Of these, 9 were located in Scotland, 30 in England. This number accommodated time and funding limitations. It can be seen in Table 5:2 that a range of areas were represented. It was felt that, had positional leaders been sampled, this range would not have emerged as one half of those included in the study were not at a 'positional'

level. Thus, there was a good possibility that different career patterns would be available for examination in the study.

Health Authority Administration		5
Health Authority Practice		2
Educational Administration		5
Educational Practice		2
Government		3
Professional Bodies		6
Research		4
Retired	- 3 Professional Body - 1 Government - 1 Health Authority Administration	5
Other	- 3 Consultants - 1 Writer	4
	Total	36

TABLE 5:2 Subjects nominated for study by nursing area

The decision to use the reputational method to gain a sample of leading female nurses necessitated giving the nominators some guidelines for their nominations. Vance's 1977 list of sources of influence was utilized (see Appendix D for letter and criteria list sent to nominators) A question arose regarding the use, in Britain, of a list of criteria developed in relation to American nurses. A validity check was indicated.

At the May 9th, 1981 Study Day of the Nursing Studies Association of the University of Edinburgh (an alumnae function) the participants were invited to co-operate in the early stages of the research project. They were asked to take away forms with stamped, self-addressed envelopes and return them by May 30th, 1981.

Their task was to

> ". . . list the criteria by which you would nominate those women in nursing whom you identify as influential (those who are seen to lead, to innovate within nursing in England and Scotland). DO NOT NAME ANYONE. List as many criteria as you can. Use the other side of this sheet if necessary."

An example was given: Has published articles on aspects of nursing. The request was deliberately brief as the aim was to find out how many items, mentioned spontaneously, agreed with Vance's 1977 list. The brief explanation may have affected the return rate. 80 forms were given out, 31 (39 per cent) were returned. One was not used as it had not been completed. No follow-up was planned. Berdie and Anderson (1974) have indicated that only between 20 and 65 per cent of those asked to complete questionnaires respond without follow-up. The measure had been carried out to check the validity of Vance's 1977 list and thus a response rate of less than 50 per cent was accepted for the purpose of this procedure.

The Participants: They reflected different areas with education being most represented. (See Table 5:3)

Areas	Numbers
Clinical work	1
Education	17
Administration	5
Research	1
Students	6
Total	30

TABLE 5:3 : Nursing areas represented by participants in criteria list validity check (N=30)

Table 5:4 notes the frequency of responses in each of Vance's (1977) categories.

All of Vance's criteria were mentioned. Only 5 comments did not fit into any of the categories:

- Puts patient at the centre of all her work - commitment to nursing (2)
- Should be European or British (1)
- Liking for family life (1)
- Having reached these things relatively young (1)

Criteria (Vance 1977)	Number of mentions	% of total number of mentions
1 Ability to mobilize groups	22	6.6
2 Academic credentials	7	2.1
3 Collegial support	15	4.5
4 Communication skills	41	12.2
5 Creativity	10	2.9
6 Credibility in Profession	25	7.4
7 Economic resources	2	.5
8 Expertise in area	13	3.8
9 Innovativeness	20	5.9
10 Intellectual ability	17	5.0
11 Interpersonal skills	24	7.2
12 Personality and charisma	35	10.4
13 Political access	8	2.3
14 Professional awards	2	.5
15 Professional organization involvement	26	7.8
16 Professional position of power and prestige	10	2.9
17 Research related abilities	17	5.0
18 Visibility in nursing and non-nursing community	21	6.3
19 Willingness to take risks	20	5.9
Total	335 (of 340 responses)	99.2 (less than 100 due to rounding)

TABLE 5:4 : Frequency of responses relating to Vance's (1977) list of criteria regarding influence

These comments did not, in the opinion of the researcher, indicate the need for more categories.

There were many telephone calls. The Study Day participants who agreed to co-operate found the request a challenge but a number felt confused by what the researcher meant by 'influence'. They were encouraged to define it in their own manner. Any guidance from the researcher may have prompted a reflection of her own definition and that was not the

purpose of the procedure. The result was a general agreement with Vance's list and it was seen as being valid for use in the British context, especially as the concept of 'influence', in itself, was not being studied.

Stage 3: Construction of the Postal Questionnaire

Due to the financial limitations of the researcher at this point in the study, it was decided that an extensive postal questionnaire would be the instrument used to elicit data.

The questionnaire was set up utilizing the results of the analysis of the four preliminary interviews and the questionnaire formats of Vance (1977) and Vance (1978), both of whom had studied aspects of female career histories. The advice of a number of writers (Berdie and Anderson 1974, Erdos 1970, Treece and Treece 1977) on the development of questionnaires was referred to throughout the refinement of the instrument.

Both Vance (1977) and Vance (1978), in their questionnaires took little account of some of the areas exposed in the analysis of the preliminary interviews. While parents and teachers were acknowledged as role models and sources of support, the role of grandparents, siblings and others (e.g., relatives, neighbours, godparents) was not fully considered. There was an emphasis on the influence of people (as mentors or models) but no exploration of incidents which could have been important. The career histories of the subjects in the studies reviewed appeared to begin only in adulthood, or, at the earliest, late adolescence. As has been seen in the literature review the concepts of work and career can be part of a person's life very early. A developmental approach was planned. Also, the stages of the actual career appeared important. Questions related to when these women began to assume leadership roles or to have

more opportunity to develop themselves professionally were posed. All of these aspects were developed in the questionnaire and further explored in the interviews when they became possible.

Extensive pretesting of the questionnaire was carried out. It was anticipated that the number of participants nominated would be small. Therefore, a pilot study was ruled out so as not to lose subjects to the main study. This reason also guided the choice of pretesters. The criteria by which the pretesters were selected included that they should: 1) be female nurses; and 2) have some research experience in order to judge the items critically.

The pre-testing went through four stages (see Table 5:5).

Pretest Stage	Number of participants
1	1
2	4
3	4
4	9
Total :	18

TABLE 5:5 : Numbers of questionnaire pretesters at each of the four stages

The first pretest utilized one person who was a non-researcher and a non-nurse. She was asked to answer the questionnaire and to point out those questions which she believed to be poorly worded, ambiguous or unanswerable. This general vetting was invaluable in setting up the questionnaire for the subsequent pre-testers (Stages 2 to 4) who all met the criteria. In the fourth pre-test an expert on computing and statistics also received a copy for review and comment. After each stage, changes were incorporated for the next stage. In this way reliability and validity were checked.

In addition to answering the questions, and checking the wording, the pretesters were asked to comment on the length of time it took to complete the questionnaire, the sequence of items, the flow, and the meaningfulness of the questionnaire to them. (See Appendix E for letter to pretesters). The range of completion time was 60 minutes to 375 minutes with the average being 170 minutes (of 13 pretesters stating times). Since most of these pretesters were younger than the main sample was expected to be and had fewer experiences to relate, it was clear the questionnaire had to be reduced in length.

How meaningful was the questionnaire to them? Of the 18 pretesters and 1 expert, 7 did not make specific comments, but 10 felt it would be meaningful to the respondents in the main sample. One found it a 'strange' questionnaire and one found it 'too personal'. Of all those pretesters contacted, only one failed to participate. This indicated an interest in the area and boded well for the response rate in the main study.

The extensive pretesting reduced the number of items to 53 from 93. Areas concerning anecdotal material were transferred to the interview guide when interviewing became possible. The number of closed questions and open questions were equal. Schuman (1981) in work on the advantages and disadvantages of both kinds of questions concluded that patterns of responses between the two types can differ significantly. In closed questions the respondent has a choice only of what is presented to him. For this reason most of the closed questions utilized in the instrument requested demographic data or data which could be limited to 'yes' or 'no' responses. Open ended questions, while allowing a range of rich responses, may direct the respondent in some way. Even in the final draft of the questionnaire this was discovered. Fortunately the subsequent interviews provided the opportunity for a validity check on

responses to poorly constructed questions. The distinct advantage arising from the use of open ended questions was that information which was relevant to the study emerged and added to the wealth of data.

In the end respondents were sent an 18 page questionnaire as open ended questions were given ample space to encourage detail. (See Appendices F & G for instrument and letters sent to respondents). Erdos (1970) has claimed that any instrument over 6 to 8 pages may be too long and will affect response rates adversely. This assumption has been challenged by Berdie (1973) who has studied response rates in relation to the length of questionnaires. His conclusion was that the meaningfulness of the project to the respondent was the deciding factor. As 10 of the 12 pretesters who addressed this aspect did find the questionnaire meaningful it was felt that this favoured the reaction of those in the main study. The questionnaire was designed in 5 sections, to start with the respondent's family history and to continue on a progression of past to present. The last section requested demographic data.

Initial contact with the sample of 39 respondents was made through a letter which explained the study and requested their participation. A consent form was included to stress confidentiality. This item also has the effect of ensuring commitment (Cannell, Miller and Oksenberg 1981). Thirty-eight subjects responded. One person was eliminated due to a confusion over her name and address which resulted in a loss of confidentiality. The person who did not reply eventually wrote after the study was well under way. She was travelling and her mail had caught up with her very late. It was decided she could not be included at that point.

The questionnaires were sent out and one other person decided not to participate. The sample reduced to 36 persons or 92 per cent of those

initially contacted. Follow-up letters were required for 10 respondents and were sent out two weeks after the initial mailing. All respondents agreed to an interview if it could be arranged.

In the interview the participants were asked about their reaction to the questionnaire. The Rapoports (1976), who used this kind of technique felt it allowed respondents to express their views and their feelings, thus creating a more open atmosphere. In general, the respondents in this study found the questionnaire meaningful, comprehensive and interesting (see Appendix J for a more detailed analysis). This appeared to confirm Berdie's (1973) conclusion that lengthy questionnaires will be answered if they are perceived as meaningful. The analysis also demonstrated that loss of detail, clarity or understanding is an inherent problem of the questionnaire. A number of the respondents said they were glad of the follow-up interview.

Stage 4: Use of the Interview

The opportunity to interview the respondents provided access to material which would not have been fully elicited in the questionnaire. The respondents made this clear when they were asked about their reactions to the postal questionnaire. Also, the interview occasion was used to clarify ambiguous responses in the questionnaire, to validate and extend responses and to explore areas important to the research which were not presented in the questionnaire. For these reasons the interview took the form of the 'focussed interview' (Merton and Kendall 1956) or, as Denzin (1978a) described this kind of sociological interview, 'the non-scheduled standardized interview' (p. 115). Here, the interviewer has a list of questions or topics to be asked of all respondents but the manner, that is, the phrasing and the order in which they are posed, may vary. An interview guide was drawn up (see Appendix H).

The interviews took place over a period of 3 months. In total, 35 of 36 respondents (97 per cent) agreed to an interview. The remaining respondent was away from the United Kingdom over the entire interviewing period. Each person was contacted by telephone for an appointment. Twenty-four of the interviews were conducted in respondents' offices; 9 in homes; 1 in a Women's University Club; and 1 in the researcher's office. The relevance of the settings was considered as the researcher was aware that office time meant business time. Indeed, the interviews in that setting, on the whole, lasted approximately one hour and were well paced. The sessions in private homes and the Women's Club were more leisurely, and in 3 cases a meal was shared over which discussion continued. These particular sessions lasted from one and a half hours to three hours.

Tape recording was utilized in all but one session. The Women's University Club proved an unsuitable location for recording. In each instance, permission for using the tape recorder was obtained before proceeding with the interview and confidentiality of the material was assured again. The decision to record the interviews was taken very early in the design of the study. It was felt that note taking would entail pauses for writing and for clarification which would create disruption to the flow of the interview. Further, the task of writing while interviewing might have impeded prompt probing, follow-up and the linking of reported incidents. In general, the respondents appeared to have no hesitation in agreeing to the use of the tape recorder. Two asked that certain parts of their interviews not be recorded but agreed that, at those points, the interviewer could take notes.

The Scottish nominees (N=9) were interviewed first. Their questionnaires were read prior to each session. These first interviews served as a settling in period for the interviewer in which notes were made regarding

interviewing technique and interviewer reaction to sessions.

By the end of December all questionnaires had been returned and all were scanned to look for trends occurring so that these could be explored with the remaining 27 respondents. On the basis of this scanning, additional questions were included about schooling and nursing career aspects. The questions regarding planning of career choices, re-examination of choices and factors affecting career were discarded in favour of asking the respondents to review all the posts they had had. It was found that the first 9 interviews yielded rich data about certain posts and the researcher wanted to see if this occurred with a full review of all posts for the remaining interviewees (see Appendix I for second interview guide which incorporated extra questions).

The English interviews were threatened by British Rail strikes (2 week days each week) over a 7 week period. This meant a number of appointment changes but no cancellations and the interview period was extended by one week. One interview was conducted one month after the others.

The interviewing process can be viewed usefully by using the schematic representation of the process as delineated by Cannell, Miller and Oksenberg (1981) (See Figure 5:1).

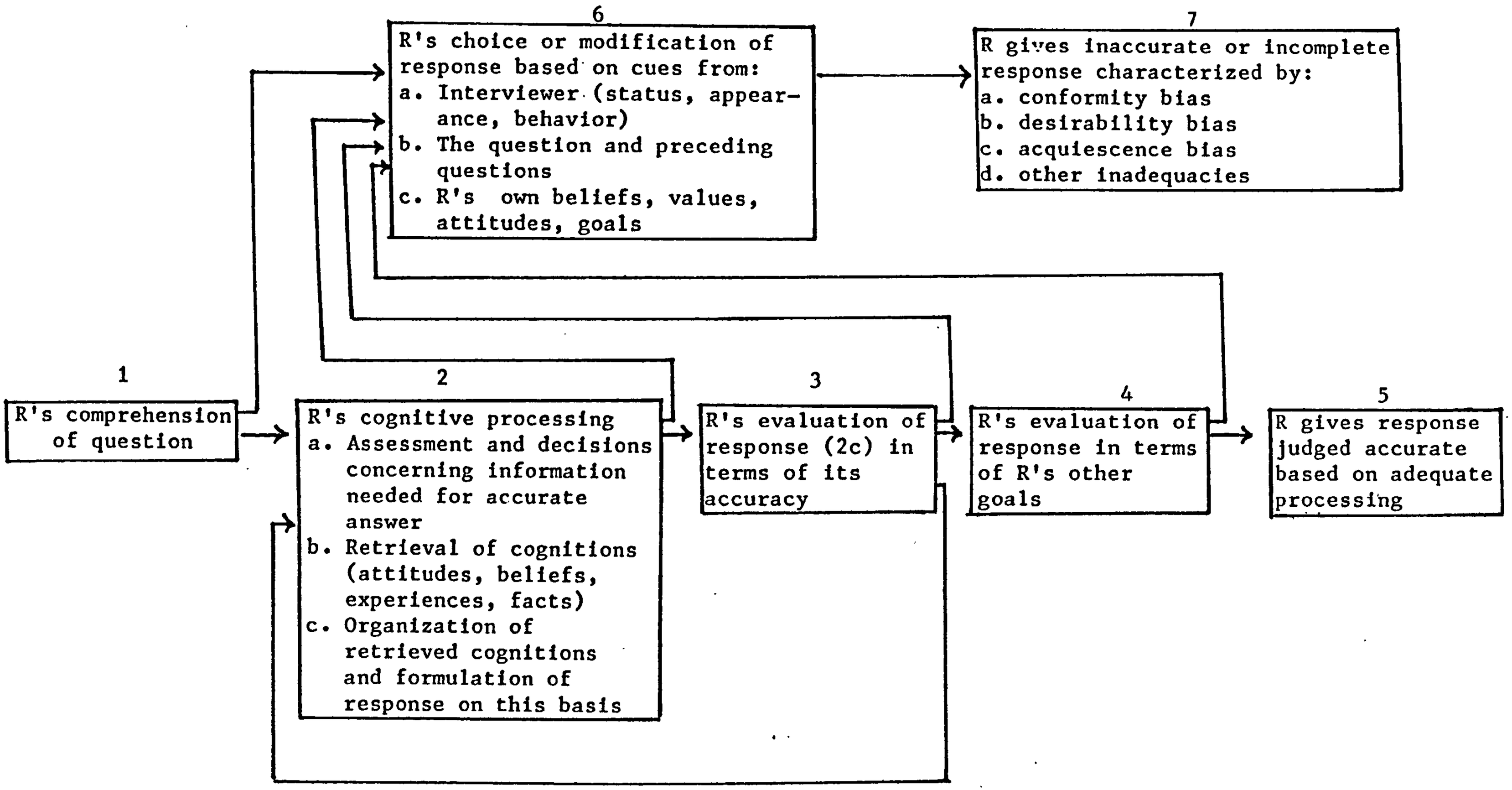

FIGURE 5:1 : Diagram of the factors involved in the respondents' (R) question - answering process. (From Cannell, Miller and Oksenberg 1981, p. 393)

Figure 5:1 shows the stages at which response error or bias can occur. Steps one through five in the figure concentrate on the respondent's status in the interview. Steps 6 and 7 illustrate the factors which can interfere at any point from step one. The first 6 steps are examined in relation to the present study.

Step 1 of the process points out the importance of respondent comprehension. The context of the interview as well as the questions need to be clear and jargon-free. The present interviews were conducted along the lines of a "lengthy conversation" (Schatzman and Strauss 1973, p. 72). Each session started off with greetings and an explanation of what the interviewer proposed to do. Then, to ease into the interview and to remind each respondent of the data she had provided already, they were asked about their reaction to the questionnaire. This allowed the respondents to participate, to air their views and to inform the researcher.

Steps two to five were particularly crucial to this study. McCall (1969) has elaborated on the contamination of data from the point of view of the respondent. He has posed questions about the knowledge-ability of the respondents, their ability to report, their motives for participating and other idiosyncratic factors such as the mood of the respondents. In this study it was the respondents' memories which were important as the researcher had asked them, in both the questionnaire and the interview to have a retrospective look. This fact was noted by several who said they could not remember much. Others were able to recall in great detail. The passage of time may have allowed some colouring of the reporting; however, only these people could recall, for the researcher,

the details of their personal lives and careers, and how they saw the influence of certain factors, people and institutions. Johnson (1980), in writing of the problems with biographical accounts, has said

> "The validity of some aspects of a personal account cannot be verified from the point of view of internal consistency, or from other available sources. Yet it has a validity of its own - even when factually incorrect - for it represents the individual's own sifting of the facts and explanation of them." (pp. 15-16)

It was hoped that the interview would benefit from the continuing recall which the questionnaire would have prompted. Sudman and Bradburn (1974) have stated that face to face interviewing may be another memory prompter. Also, the respondents found the questionnaire meaningful to them and this may have acted as a motivating force.

Step six introduces the external factors which may create bias. Two major sources of invalidity have been noted by Denzin (1978a) and are germane to this discussion. These refer to the relationship which is temporarily created between the interviewer and the interviewee. First, Denzin points out that this relationship is fleeting and he questions why the participant should feel compelled to recall for a stranger. In other words, will one encounter produce reliable results? Second, rapport, that quality which "usually implies a positively and personalized interactive style" (Cannell et al. 1981, p. 416-17), is frequently cited in the literature as a crucial factor which affects interview success. Usually, interviewers are trained to be nondirective and neutral. It is felt such training reduces interviewer bias and sets up a certain feeling which encourages self disclosure. Cannell et al. (1981) are of the opinion that this approach may be ineffective as it does not inform or motivate the respondent. Generally the literature deals with the correct amount of rapport. Under-rapport would not motivate respondents, while over-rapport or 'going native' may affect

the interviewer's objectivity. One study has tackled the problem differently and has compared the effects of interviewer style on quality of reporting in a survey interview (Henson, Cannell and Lawson 1976). Of a sample of people who had had a car accident resulting in some bodily injury within the three years prior to the study, one half had had a rapport-style interview in which the comments were person-oriented. The other half had had an interview style in which the research goals were stressed. No significant differences were found between the two groups. Thus, the amount of rapport may not be as important as the understanding of the task by the respondents. In this study the purpose of the project was fully explained and a degree of rapport seemed to be established. In each case coffee was offered to the interviewer and the respondent also had a cup. The office settings, in general, were conducive to talking. Most often the interview took place away from the desk, and secretaries were requested not to disturb the session. In the private homes, friendly dogs were in evidence in two cases and again coffee was offered, and in another case, two children participated in the conversation over a meal. Often the interviewer was shown the garden or told something about the area as a matter of interest. All respondents appeared welcoming and willing to be interviewed.

Also, the roles of the interviewer and subjects were considered. The respondents were people held in high regard by those nurses who had nominated them. Their achievements have been considerable. The interviewer, on the other hand, was much younger and just beginning to participate more fully in professional life. This difference in role status may have made a difference to the amount and depth of information given by the respondents. However, as the interviews followed the detailed questionnaire and sought further information, status differences may not have interfered to a large degree. Several participants did seek

reassurances about confidentiality before they were interviewed but they seemed satisfied that the data would be confidential to the researcher. In a way, since the researcher is not part of the British nursing scene she may not have been seen as someone with an ulterior motive for collecting personal data.

While interviewing two tactics were used to elicit further information (as per Schatzman and Strauss 1973). One was the hypothetical question. Some of the respondents, in answering the questionnaire, had indicated that the profession of nursing had not been their first career choice. The investigator was interested to know, in the case of those who had chosen nursing, whether "if there had been the type of career counselling and choice available today, would you have chosen nursing?" The second tactic asked the respondents to comment on some of the trends emerging from the questionnaires; for example, few of the respondents mentioned the help of female nurses. Their understanding of this situation was being sought.

The interviews conducted in the study resulted in an amount of data which appeared to testify in Johnson's (1980) words, that

> ". . . personal biographies are possessions which we all have and tend to keep in good repair." (p. 16)

Stage 5: Analysis of the Data

The study yielded data which were analyzed both quantitatively and qualitatively. Specifically, much of the data from the questionnaire were treated quantitatively. The data obtained from the open-ended questions of the questionnaire and the interviews were handled qualitatively. It was felt that this manner of utilizing different strategies of analysis provided a check on the findings of both.

The Quantitative Treatment

Data were treated quantitatively, keeping in mind the limitations of the study:

1) that the sampling was conducted using the reputational method, which ensured a non-probability selection.
2) that the number of cases was small (N=36).
3) that the data collected were primarily at the nominal level of measurement with a small number of categories measured at the ordinal level.
4) the study population was not representative.

These limitations directed the choice of analysis. The data were placed on computer primarily to familiarize the researcher with the use of computers. Simple frequencies were calculated on all variables entered into the computer to determine the basic characteristics of each variable.

Relationships between a small number of variables were examined through cross tabulation. In these cases, Davis' (1971) advice to "draw coherent verbal statements" (p. 78) appeared to be the best manner of interpreting the tabulated data.

In conclusion, the quantitative analysis of some of the questionnaire data provided the researcher with the basic characteristics of the data and was tested for relationships between and among data.

The Qualitative Treatment

Qualitative data have been described as

> ". . . detailed, concrete, non-metric descriptions of people and events, drawn from direct observations, interviews, case studies, historical writings, the writings of participants." (Barton and Lazarsfeld 1955, reprinted in McCall and Simmons 1969, p. 163)

Filstead (1970) has referred to qualitative analysis as the 'understanding' approach. As such it demands interpretation of the data by the analytic abilities of the researcher.

Perhaps the area in the literature on the qualitative approach which is most vague is that which attempts to explain 'how to do it'. Many of the books and papers on the subject point out that their writings are not a 'how to do it'. Barton and Lazarsfeld (1969) looked at 100 studies which had employed qualitative methods, to categorize the types of qualitative analysis. The categories ranged from 'simple observation' to 'construction of descriptive systems' to 'qualitative data suggesting relationships' to 'matrix or model formulation'. Another list of categories has been provided by Schatzman and Strauss (1973): 1) straight description; 2) analytic linkages; and, 3) substantive theory or model formation through key linkages.

The category of 'description' from both listings was employed in this study. The analysis of the preliminary interviews provided a

'workable summary' (Barton and Lazarsfeld 1969) of categories. The interview data were analyzed in the same way. The original categories influenced how the researcher viewed the data. This has been recognized for as Blumer (1978) has noted in discussion about the possession and use of a prior picture or scheme of the world under study, it is

> "an unavoidable prerequisite for any study of the empirical world. One can see the empirical world only through some scheme or image of it. The <u>entire act</u> (italics in original) of scientific study is oriented and shaped by the underlying picture of the empirical world that is used. This picture sets the selection and formulation of problems, the determination of what are data, the means to be used in getting data, the kinds of relations sought between data and the forms in which suppositions are cast. In view of this fundamental and pervasive effect wielded on the entire act of scientific enquiry by the initiating picture of the empirical world, it is ridiculous to ignore this picture." (p. 31)

Thus the researcher approached the study with a certain frame of reference. Through this acknowledgement it was hoped that premature conclusions on the data would be avoided. The interview data were approached as if they offered new possibilities.

In trying to maintain "a system of information control" as Schatzman and Strauss (1973 p. 103) described it, two of their suggestions were utilized in the second interviewing stage. One was referred to as 'packaging the data' (p. 103) which means reducing parts of the collected data into brief paragraphs to explain the essence of the data. This packaging was done to some extent as the interviewing progressed. Similar 'packages' were filed and reviewed occasionally to see if, in fact, this preliminary categorizing was appropriate to most of the data. Further packaging occurred with consideration of all the data. The second suggestion of Schatzman and Strauss was called 'analytic memos'. These memos, again, try to introduce organization into the data. They elaborate upon the packages, upon the initial

inferences drawn from the data by trying, for example, to link the inferences. Frequently, during the interviewing period insightful questions and propositions were jotted down as 'analytic memos' and filed. Some ordering of the data occurred during the interviewing but the bulk of it was done once the transcribed data was sorted. The data were analyzed and categorized for each question and then all categories were examined and sifted. Some combined to reduce the number of categories. Also, at this sifting stage, the researcher looked for patterns and relationships between categories. This type of analysis fits in with the second category listed by Barton and Lazarsfeld (1969), that of "construction of descriptive systems".

At this point it seems pertinent to discuss the task of what one does with taped interviews. It would have been an impossible task to listen and categorize the data so transcription was required. The data were being treated confidentially, thus no other person could read complete questionnaires or listen to whole taped interviews because the persons involved would be readily identifiable. The task of transcribing each tape fell to the investigator. Transcription proved to be a very long, sometimes tedious process. Each hour of the tape required one and one half days to complete as frequent breaks were necessary to prevent a feeling of being overwhelmed with data. Two recent doctoral studies found this task time-consuming (Melia 1981, Backett 1977) and Bucher, Fritz and Quarantelli (1956) have actually identified that one hour of tape takes 9 hours to transcribe and check. Transcription also encouraged the researcher to get in touch with the data, to think about it, and to collect ideas which seemed to appear again and again. The categorizing process continued and so, in the end, transcription, while an arduous task, was one of the most valuable. Many notes and ideas were created during this period.

This description of how the researcher went about analyzing qualitative data indicates that there are advantages and disadvantages to the technique. It seemed that the number of internal checks of the data yielded more valid interpretations, observations and descriptions. Also, since the 'story' is told in the respondent's words, the process is dynamic and more real; it is not a static enumeration. Critics of the method raise questions about reliability and validity because the procedures are not generally standardized. Also, the technique depends on the analytic abilities of the researcher. Schatzman and Strauss (1973) have written,

> "As with all other aspects of the research process, analyzing data involves thinking that is instrumental. It is thinking, objectified and operationalized. Above all, it is extremely active . . . and is sustained rather than intermittent or casual, as in ordinary thinking." (p. 109)

A further disadvantage to the method is that there can be difficulty in presenting evidence and proof (McCall and Simmons 1969). Quantitative proof comes in neat figures and tables or graphs which are immediately manifested. Presenting qualitative evidence is a much longer process. Finally, getting 'close to the data' may involve a breaching of human rights. In this study the confidential nature of the data has raised, necessarily, questions of reliability. Coding reliability of the questionnaire could not be checked as no one but the researcher could see entire questionnaires. Some of the interview data, in separated sections, was available to the supervisors of the study in order that discussion of the researcher's interpretations could take place but no one entire transcription was available to them.

The qualitative approach, in spite of its disadvantages, can add a dimension to the data that the quantitative may lack because the interpretation is through the words of the respondents not just their ticks of 'yes' or 'no' or 'maybe'.

Two Approaches to Analysis - A Conclusion

The use of multiple methods can entail multiple approaches of analysis. Sieber (1978), in discussing the contributions of fieldwork and survey methods to one another, makes the following points about how the analysis can be mutually beneficial. In the case of quantified questionnaire results, these results and their relationships can be:

1) validated or given 'persuasive plausibility' by the use of interview data.
2) interpreted by reference to interview data.
3) illustrated by using case studies.
4) afforded external validation through comparison of data obtained by different methods.

In turn the interview data results can be:

1) corrected of the 'holistic fallacy', the idea that all factors are related.
2) verified through the quantitative results.
3) seen in a new light as the questionnaire results may make observations that were not anticipated.
4) generalized. One or two interview observations may have support from a questionnaire item (pp. 358-80).

In this study it was felt that these mutually beneficial contributions would be realized.

CHAPTER SIX Analysis - A Profile of Leading Female Nurses in England and Scotland

The following profile of the respondents includes personal data, their educational attainments since beginning nursing, their present occupational status and the ways in which they have been recognized for their achievements. When possible the findings have been compared with Vance's (1977) profile of 71 influential American nurses and Hockey's (1976) data on top managers and administrators in Scotland. The findings are discussed at the end of the chapter by both the investigator and the respondents who were asked to comment on certain trends seen in the analysis of the questionnaire data.

Personal Factors

Age : In 1981 the ages of the women in the study ranged from 39 years to 71 years. Table 6:1 illustrates the age groups into which the respondents fitted.

	Respondents	
AGE GROUP	NUMBER	%
36-40	2	5
41-45	0	-
46-50	5	14
51-55	9	25
56-60	9	25
61-65	7	19
66-70	3	8
71-75	1	3
	36	99 (less than 100 due to rounding)

TABLE 6:1 : Ages of Respondents Grouped in 5 Year Periods

The mean age was 56.5 years. As Table 6:1 indicates there were only 2 respondents under the age of 45 years and only 7 under the age of 50 years.

Most of the women were between 51 years and 65 years. The number over the age of 61 (11) represented almost one third of the group. In Hockey's (1976) study, of 22 top managers, 14 were between the ages of 45 and 55 years. Like the respondents in this study, more were at the top end of the scale. The administrators in the same study were represented between the ages of 35 years to 59 years with 7 of the 123 administrators being below the age of 35 years. None were above 60 years of age. This reflects the age of retirement for those employed in the National Health Service. In the present study, of the 11 women over 61 years, only 5 were retired. The other 6 were active in areas where compulsory retirement was not enforced.

These findings on leading British nurses reflect the picture Vance (1977) drew of leading American nurses' ages. Her age categories spanned a range of 38 years to 80 years with a mean of 55 years. In the age group 35 to 39 years only one influential appeared.

Birthplace : When the study was being designed, a number of people assured the researcher that she would find a predominance of European-born respondents in the nominated group. Immigration to the United Kingdom due to the Second World War was given as the reason. See Table 6:2.

COUNTRY OF BIRTH	NUMBER OF RESPONDENTS
ENGLAND	25
SCOTLAND	5
WALES	4
EUROPE	2
	36

TABLE 6:2 : Respondents' Birthplaces

In fact, the majority of the respondents (thirty-four) were born in the

United Kingdom.

Parents' occupations : The occupational classification used is an adaptation of a system used by Hall and Caradog Jones (1950). Their occupational prestige scale has an 8 fold classification which gives a more refined discrimination between groups higher up the social scale. This system was utilized by Hockey (1976) to discriminate between different categories of nurses which the Registrar General's Classification of Occupations (1970) did not do. The same type of discrimination, with other occupations, was desired for this study. All occupations noted by the respondents were classified. Categorization of a small number of occupations proved difficult but, with discussion, these were placed in categories. Housewives have been separated into another category in order to ascertain the number of traditional female role models in the lives of the respondents.

OCCUPATIONAL CATEGORIES	MOTHER'S OCCUPATION (AFTER MARRIAGE)	FATHER'S OCCUPATION
1. Professionally qualified and high administrative	1	11
2. Managerial and executive with some responsibility for directing and initiating policy	1	9
3. Inspectional, supervisory and other non-manual higher grade	1	10
4. Inspectional, supervisory and other non-manual lower grade	1	1
5. Routine grades of non-manual work	0	0
6. Skilled manual workers	0	3
7. Semi-skilled manual workers	0	0
8. Routine manual workers	0	0
9. Housewives	32	0
10. Other	0	2
	36	36

TABLE 6: 3 : Classification of Mothers' and Fathers' Occupations

Note : Numbers do not include step-parents - 1 step-mother was a university lecturer, 1 step-father was a farmer. The category No. 10 notes 2 respondents' fathers who were deceased and for whom no occupation was given.

As can be seen from Table 6:3 the status of most of the respondents' families, as measured by fathers' occupations, was of high prestige (thirty of fathers' occupations placed in the first four categories).

Vance (1977) also found that her sample came from a predominantly (57 per cent) white collar background. While 89 per cent of the mothers in this study were housewives, 61 per cent of Vance's respondents' mothers fell into the same classification. Outside of nursing, Hennig (1970) found that the 25 successful executive women in her study, had been born into middle class families. The fathers were managers (22) or college administrators (3) while 96 per cent of the mothers were housewives.

Marital Status and Related Factors : In 1981, thirty-three of the women were single. Of the other three, one was married and two were widowed. These figures differ from Vance (1977) who found that 49 per cent of leading American nurses were single, 39 per cent were married, 6 per cent were widowed and 10 per cent were divorced or separated.

Hockey's (1976) results on Scottish nurse administrators were more similar to the results of this study than those of Vance (1977). The majority of the 123 subjects (74.8 per cent) were single, 21.1 per cent were married and 4.1 per cent were widowed. None were divorced or separated.

The census figures in 1971 (Office of Population Censuses and Surveys 1975) showed that of those female nurses aged 35 years to 70-plus years in Great Britain 20 per cent were single, 69 per cent were married and 11 per cent were widowed or divorced. Thus, the women in this study were four and one half times more likely to be single than all female nurses in Great Britain in 1971.

Of the 3 people who were married, one married before nursing when she was 18 years of age. She was left with one child early in the marriage. The second respondent married after nurse training when age 25 and had her family of 2 shortly thereafter, while the third respondent married in her late 40's. Two of the three husbands had professional occupations. The first and the third respondents were widowed. Thus, only one of the respondents was married with a family at the time of the study.

Educational Attainment : In general, the respondents were well qualified. Among the 36 respondents there were 186 qualifications, the mean being 5; the range being 3 to 10 qualifications. Table 6:4 illustrates the number of nursing qualifications held.

Number of Nursing Qualifications	Numbers of respondents having
2	4
3	9
4	13
5	6
6	3
7	1
	36

TABLE 6:4 : Number of Nursing Qualifications held by respondents.

All of the respondents have attained post-basic nursing qualifications.

Table 6:5

lists the kinds of nursing qualifications represented in this group.

KIND OF NURSING QUALIFICATION	NUMBER OF RESPONDENTS HOLDING QUALIFICATION
SRN or RGN (General nursing)	36
SCM (Midwifery)	25 (with 9 holding Part 1 only)
RNT (Nurse tutor)	11
HV (Health visiting)	9
HV tutor	7
Certificate or diploma in Administration	7
RSCN(Sick Children's nurse)	6
DN (District nursing)	4
MTD (Midwifery tutor)	3
Certificate or diploma in Education	3
Certificate - Ward Sister	3
Certificate Tuberculosis Nursing	2
RMN (Mental nursing)	2
Others (1 each)	8
(Diplomas or Certificates - in nursing of ENT-opthalmological, cardio-thorasic, psychiatric, tropical medicine, industrial, fever, teaching (children's), diploma in nursing).	

TABLE 6:5 : Kinds of Nursing Qualifications held be Respondents

All hada basic nursing qualification. Only 5 trained, initially, in other nursing fields which were: mental nursing (1), fever nurse (1) and sick children's nurse (3). These people went on to general training as this was seen as a prerequisite for promotion. The midwifery qualification was seen in the same light which accounts for the large number (25) holding this certificate.

Hockey's (1976) sample illustrated that Scottish nurse administrators held a number of qualifications also. Only 35 per cent of staff nurses, compared with 76 per cent of the sisters and 95 per cent of the administrators, held additional qualifications. Hockey attributes this difference to age as half of the staff nurses were still in their twenties and had not had the time to accumulate qualifications.

As to degrees (see Table 6:6), twenty-four of the respondents held one or more degrees with only 2 of them having had a basic degree before nursing.

DEGREES OBTAINED	NUMBERS HELD BY
Baccalaureate	16
Masters of Science, Masters of Philosophy or Masters of Art	13
Ph.D.	6

TABLE 6:6 : Degrees held by Respondents

The baccalaureate degrees were not in nursing. The first degrees in nursing were awarded in 1960 at the University of Edinburgh so that this type of degree would not have been available in the early careers of these women. The main areas of study were sociology, psychology, economics, history and arts.

Vance (1977) found that 95 per cent of her influential American nurses held masters or doctoral degrees. Only nineteen in this study held similar degrees. The trend towards university degrees for nurses began earlier in North America and masters and doctoral programmes have been well established for some time so that policies have been developed to have the baccalaureate as the basic preparation for all nurses. This is not true of the United Kingdom where in 1972 the Briggs Committee (Department of Health and Social Security) recommended that between two and five per cent of nurses be graduates.

Of the 36, eleven started in careers other than nursing. In some cases the chosen career was dropped after one or two years to enter nursing. Two respondents came into training with baccalaureates and two others were much older on entry, both being 37 years of age on qualifying as state registered nurses. Both of these women had had well-developed careers in other occupations.

There were a total of 21 types of non-degree non-nursing qualifications noted by the respondents, of which 19 were mentioned only once. Approximately half of the 19 were courses undertaken by the 2 respondents who did not enter nursing until their mid-thirties. These courses furthered their non-nursing careers. Many of the other one-off courses were those taken in the year or two before nursing, such as typing and shorthand or domestic science. The rest were courses which the respondents saw as related to their nursing career and promotion prospects, e.g., diploma in social research, diploma in social administration, and diploma in statistics and epidemiology.

Current Position : In 1981 the respondents were engaged in a range of occupational areas. See Table 6:7.

Occupational Area in 1981	Number of respondents
Health Authority Administration	5
Health Authority Practice	2
Education Administration	5
Education Practice	2 (1 part time)
Government	3
Professional Bodies	6
Research	4
Retired	5
Other - 2 Consultants, 2 involved in journalistic pursuits	4 (2 part time)
	36

TABLE 6:7 : Occupational Position in 1981 of Respondents

Vance (1977) found that 49 per cent of her sample held education positions. Only seven of the leading nurses in this study represented areas of education. Of those who were retired in 1981, 3 had held office in various professional bodies, one had been in government and one had held a position in Health Authority administration.

Three of those noted in current positions are part-time. They retired from their posts at the age of retirement but continued to be active in part-time employment in nursing. The range of representation is perhaps due to the wide range of areas sampled for nominations of leading female nurses.

Recognition of Contribution to the Profession : The respondents were asked to list any honours or awards they had received in recognition of their service to the profession. Twenty-six have been honoured in some manner. Table 6:8 shows the number of awards held by respondents while Table 6:9 illustrates the combinations of awards received by individuals.

Number of awards and honours	Number of respondents receiving
None	10
1	12
2	7
3	3
5	3
6	1
	36

TABLE 6:8 : Numbers of honours and awards received by respondents

Type of honours and awards	Number of respondents receiving
Public Service Award only (e.g., MBE, OBE)	4
Educational Award only (merit award, honorary degree)	1
Nursing and Public Service Award	8
Nursing, Public Service Award and Educational Award	3
Nursing, Public Service Award and One Other	2
Nursing Award (e.g., Royal College of Nursing Fellow)	8
No Award	10
	36

TABLE 6:9 : Types of honours and awards received by respondents

Twenty-one of the respondents have been honoured by the nursing profession. Certain individuals have had their contributions recognized several times (seven respondents have been honoured 3 times or more).

Summary and Discussion

In summary, those who had been nominated as leading female nurses in England and Scotland averaged an age of 56.5 years. Most of them were single in 1981, had come from middle class families and had been born in the United Kingdom. As a group they are well qualified in nursing areas and many have had educational attainments at the degree level. The majority of them (twenty-six) have been recognized, in some way, as having made contributions to the profession. There are a number of points in this summary which have implications for the lives and careers of the respondents.

Age: First of all, the fact that they averaged 56.5 years indicates that they were a generation which experienced the Second World War. That this has had consequences for living, schooling and career is discussed in subsequent chapters. The predominance of middle age among the respondents prompted the investigator to ask (22 addressed in question) if they thought there was room for younger leaders in nursing. In fact, within the study population 15 people had been in high ranking positions before the age of 36. Yet, one respondent noted

> 035: In nursing it's difficult to find young leaders, depending on what you think is a young leader. You see, if you take somebody like _____; now she was a leader at 30. She was matron. She was one of the youngest matrons ever appointed and she remained a leader right to the end. That was 30 years of leadership. It's rare. But there are a few people. I think it's rare in the mainstream like that. People become leaders in way out things more likely at a younger age but I don't think much before 40 usually. I find it hard to think of them. (emphasis this author).

Those in this study who attained high positions, at a relatively young age, did so in recognized areas, not in 'way out' areas. The question may be more one of whether or not positional attainment equals leadership and influence. Local leadership does not necessarily mean national recognition. One respondent felt that it would take at least 10 years for wider recognition to occur. However, many who discussed the question thought that nursing leaders could be younger. Worries were voiced about what the lack of early recognition would do to ambitious young nurses. For example,

> 022: She didn't get the job because she hadn't come up through the ward sister grade. All the wealth of experience she has got which is so relevant to the job, is rejected because she hasn't gone through the necessary steps. I think that's a nonsense and I think we ought to be able to throw the red tape out of the window . . . part of my role is to find a way around the regulations. It's the insecure person who needs the red tape and the regulations.

This idea of helping, of providing opportunities for the development of young leaders was mentioned often and it was related, occasionally, to the experience these women had had in their own careers.

> *Int: So you would talk about ability and experience, instead of age.
>
> 007: Yes, that's what I'm concerned about and when I think of the opportunities that I've had since I have been in this position and how much I've had to learn in 2 years and recognize, I don't think there was anywhere else I could have got that opportunity. So that I feel the debate about leadership and the problems of leadership in nursing is essentially that and what worries me . . . most about the future of nursing is that we seem not to recognize that this is a problem we need to do anything about. And I think we're thinking that there are all sorts of ways that you nip up ladders - on fools' errands.
>
> Int: Are you saying it's the quality of the experience rather than the quantity?
>
> 007: Yes, I think what I'm saying to you is that in any discussion on leadership and the path to leadership that I'm not sure that I think it's actually the way to it, or whether it's the opportunity to do it early or late that I feel matters terribly.

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*Note: Int: = Interviewer)

This respondent voiced the concern that nurses may not recognize the need for opportunities. The trend in the profession has been to ask for a number of years in a certain position or for certain pre-requisites to qualify for promotion. For instance, it was an unwritten rule that ward sisters should have their midwifery qualification, even for posts on medical or surgical wards. Carter (1956) in her study of candidates on the nurse tutor course at the University of Edinburgh, found they tended to be older, in their mid-thirties. She attributed this to the requirement that the candidates for the qualification had to have a certain number of years as ward sister. She questioned the relevance of the prerequisite. The quality of the experience, the opportunities for professional development are more important than the number of years in post. This opinion was supported by

> 032: I'm not a great believer in long experience. This may be because of my own experience and I like going on to the next thing in a way but I don't know, like nurse training, I don't know that there's any-thing to be gained by making 1000 beds . . . .
>
> Int: So you're talking about quality experience rather than quantity experience. That would be important. So that if people have had quality experience and they have had the ideas and the drive to do something and to get into more senior posts, then it is accepted.
>
> 032: Yes, and the kind of awareness of possibilities.

While there was general agreement about room for young leaders, cautionary notes followed. The concern was, primarily, to identify the area of leadership. It appeared to be acceptable for a young person to lead ideologically, through writing and speaking. University lecturers and researchers portrayed this type. These might be the 'way out' things as already mentioned by one respondent. This was described by one respondent (025) as a "formalized intellectual approach" which, while safe within limits, would be dangerous in the capacity of executive responsibility. That is, in those positions which require

maturity, wide experience, and the ability to work with people.

One of the respondents saw the difficulty.

> Int: Do you think it could work the other way? Are there those who are ready for a major senior post at a fairly young age, say the 30's?
>
> 006: Yes, I think there is this tendency. I find it a frightening one. Really. Unless they're going to have a total change in life at middle career, in midstream. Because it fills me with horror to think of somebody reaching a top level post at 34, 35 and having 30 years to stay there . . . . I think in the long term this would be a great disservice because the job becomes automatic. But, of course it seems to be the social trend. You get the whiz kids in industry. They wouldn't dream of having a top manager in industry above 35, 36 these days. I don't know if in fact it isn't a sort of specious maturity . . . .
>
> Int: Some people have said top NHS posts need experienced, therefore older people but the university lecturer, through writing and speaking, could be a different type of leader.
>
> 006: This is the fundamental crux of it. It's the executive responsibility, it's knowing that the buck stops with you if it goes wrong, it's your fault. That's the testing point.

Another (027) noted that if a 25 year old were placed in a position of leadership which demanded a great deal of responsibility, organization and communication, that her own original contributions to nursing knowledge (through research) would be curtailed.

Several recognized that the young people themselves had a role to play, in that they would not accept too much responsibility.

> 021: I was looking through the nursing journals this week and looked at an article by a chap that I've had my eyes on for a couple of years now, who I had got marked out as one of the high fliers and I've always watched what he is doing with great interest. The interesting thing about him is that he will not allow himself to be forced upwards too quickly and he has deliberately turned down various openings and offers because he wants to consolidate his very good, basic nurse grounding. But he is a high flier, I think.

Only one person who responded was negative about the idea that there should be room for younger leaders.

024: I don't know. The trouble with being young is that you don't have all that lot of experience to draw on. I really don't know. Can't answer that question. (silence). I tend to resent them I think . . . . Perhaps it's been easy for them because it seems to be so much easier today . . . . They can very quickly go up the ladder. I have had to fight every step of the way. I'm ending my career now, not very financially well off. I've had to freeze my superannuation every time I did research because there were no facilities in those days to continue it. I'm not very favourable towards the up and coming.

Thus, the premise that young leaders should be more visible in nursing was an acceptable one in most cases. There seemed to be a realization that top leadership potential had to be supported early in a career but that leadership was not to be encouraged in certain areas where broad experience and heavy executive responsibility would be demanded of them. However, the 15 women in this study who did attain high ranking positions did so in exactly this type of position. It may be that, although managerial talent can be evidenced at a young age, the primary worry is more about what happens to individuals who get to the top quickly and stay for a very long time, "clogging up the system" as one respondent put it. This same person (008) suggested that there should be opportunity to move laterally without the loss of status or salary. For instance, a Chief Area Nursing Officer should be able to move into the education sphere.

It was clear from the reactions that the respondents felt leadership has more to do with ability than age but that youth may complicate the scene.

<u>The Meaning of Being Single</u> : All of the 35 people interviewed were asked to comment on the fact that most of the group were single. The major reasons given have been categorized under two headings: no opportunity for marriage and women's place in society.

Opportunity to meet men involves several assumptions. First, the number of men must be available. The Second World War decimated the male population at a time when most of these women would have been of an age to think of marriage. As one respondent noted:

> O17: I was 15 when the War ended. Now quite a few of my neighbours who would have been boyfriends would have been killed in the War. Now that must have happened to other women of the same generation so it cuts the choices down.

Compounding this dearth of men would have been the loss of men from the First World War. These effects have been studied statistically. In 1969 the age group of 70 to 74 years had a sex ratio of 61 males per 100 females. This would have been one of the age groups affected by World War One. Of the groups either too old or too young to have participated in the War the corresponding figures were 71 males to 100 females (in 1951) and 70 males to 100 females (projected figure for 1981) respectively. The first war had more effects on the sex ratios than the second one (Central Statistical Office 1970). Twenty of the respondents cited the effects of war on their lives. Chapters seven and eight delineate other specific influences.

A second assumption is that, had the men been available, the atmosphere would have been conducive to socializing. The profession created certain obstacles which were described by many. The work regime was depicted in detail to illustrate the restricted lifestyle nurses led in the 1940's and 1950's and even into the 1960's.

> O34: . . . I also think that we were working fairly long and fairly unsocial hours and the people with whom we came into contact were basically in the work situation, the medical students and so on, and to those of us that wanted to get away from the work environment when we were out, we didn't necessarily want to associate with those that were working in the same situation . . . . I think also that one's social life tended to be within the hospital situation as well. You resided there, you worked your 12 hour day, on split duties, and if you went

> off to study and the bed was in the room, it was in the bed that you were. But there was so much put on for the benefit of nurses who really didn't have any money to spend outside, I think that to be able to go places where you meet other people, and men in particular, apart from the church, was just not possible in many instances because you were in a situation - I think I got about 30 shillings a month, I tried to send something home to my parents, about £1. We had an opportunity to go out for one big Chinese meal on pay day and that was it and so you went to the concerts and the socials that were arranged within the hospital or the parties that medical students had. I think also that one was physically tired if not mentally tired. It wasn't encouraged either and there was a degree of discipline which was such that it was frowned upon and I was on the carpet very often for going to a medical student's party, because it was alright to go out with a doctor but it wasn't alright to go out with a medical student. And it certainly was not the thing to do, to go out with a patient or someone who had been a patient. Why I've no idea. I think back on that and think what a load of rubbish but I believed it at the time . . . .

The long hours, shift work, the hard physical labour would, as one woman (021) said "deter all but the most ardent". This woman remembered vividly the way in which her life was directed in the work situation.

> 021: Certainly I can remember times when I was supposed to be off duty, I suppose it was 9 o'clock we came off in those days; if the work was not done you had to stay on to do the work and I can remember getting off as late as 11-11.30 at night, you knowing the boyfriend was supposed to be waiting over in the Nursing Home. It doesn't add up, does it?

What emerges from these memories is that young nurses were not seen to have lives of their own. Nurses, both junior and senior, were affected. In one case (012), the person was the matron of a large hospital. She related that being a nurse manager meant having a 24 hour commitment. She lived in a hospital flat, had one weekend off in two but was still expected to be 'on call'. She described her role as "hostess of the organization" and admitted that then "your professional life was your life". Loyalty to the establishment was encouraged. Indeed, if a nurse married, she was expected to leave.

> 023: Practically, in nursing, if you married, you removed your promotion prospects and chances of a career. Therefore it had to be one or the other. There might have been more of a conscious choice - rather like going to a convent in a way.

The expectation of loyalty, of a marriage-like commitment to the institution, brings to mind the religious life. Indeed, there were frequent references to the nursing life as 'a monastic thing', 'a secluded life', and 'a disciplined life'. Spinsterhood was a norm in the setting. The working conditions were such so as to encourage devotion to the work. Outside activities, other than those arranged and therefore seen as suitable, were distinctly discouraged.

> 035: . . . You weren't encouraged in hospital. We had a lecture on the "student menace". We were not supposed to be seen talking to them. To go out you arranged to meet outside hospital. It really wasn't acceptable.

Thus, at the age when young men and women would be meeting, the hospital controlled the lives of these women by insisting that they live in, and that they conform to rules and regulations about behaviour. Living out was something special, a very big step.

> 009: I was the second sister to live out and the other one was one of my teachers, who had an elderly mother and lived at home. When she heard I was living out she felt perfectly delighted, she had just started a fashion!

While opportunities for socializing were restricted by the organization, women's place in society also exerted certain pressures. The society the respondents grew up in expected that women who married would not work. This was reflected by the unwritten rule in the profession that nursing and marriage did not mix. One respondent (023) reported that in one hospital where she worked a number of the sisters were living with men "totally under cover". Many of these women married when 'the ban' against marriage and career was lifted in the early 1960's.

The women of that generation also lived by a code of behaviour which was less free. They had to wait to be asked (017) and being intelligent was not necessarily an advantage.

> 018: And let's not forget, what appears to be a clever women isn't always acceptable. They enjoy you very much for a dinner party and you're not such a great threat to any of them . . . . The men adore a cut and thrust discussion but I'm not wife material in the main. . . .

Mostly, remaining single was not something that had been planned. Sixteen specifically mentioned there had been the opportunity to marry but the final step had not been taken either because of war deaths, the desire on the part of the fiancé to emigrate or having to choose between marriage and a career. This type of personal dilemma faced 022.

> I never set my mind to be single and one of the complications in that terrible year when I was a designate member of staff at _____ - I developed a boyfriend and had that diversion too. I didn't know if I would marry or go on the staff. That created a great deal of trauma to me because I knew I had accepted a job that other people wanted and yet here was I, almost ready to throw it to the winds. It wasn't that one took the conscious decision - if I had married,.no career. Part of it was that (if married) the profession didn't expect them to stay in but neither did the general societal expectations encourage you to stay.

Other reasons included being too choosy, or too selfish, and not being able to contemplate sharing with another. In 2 cases seeing unhappiness in others' marriages persuaded the respondents that they didn't want the commitment. For one it was straight forward, she "conducted a love affair with nursing" (031). She felt she gave to the profession what others gave to their spouses. Another (024) said her fiancé felt he had a rival in nursing which won in the end.

Once into a busy career there may be little time to pursue romantic interests. Priorities have to be made.

> 028: I think if you go in for the kind of career I have, unless I had married quite early, say before I went to do teaching that time. Once I'd started moving on the career, it sounds an awful thing to say, but in a way there was no time. You know, you'd have to decide on priorities. I don't think you consciously cut yourself off or decide . . . because you think that, well, for example, taking the degree I knew that I had 2½ years so I was going to have to put everything in to do it, I haven't felt that over other things.

At the time when these women would have been of prime marriageable age, the act of marriage was a valued state for a female. Interestingly, marriage itself was not seen, retrospectively, as the important issue. As one observed,

> 018: A lot of my colleagues have married. I've looked at many of the nurses I trained with, and I'm godmother to their children, and they get to the point of putting everything out, even to the toothpaste on the brush for the husband. It's a role I could not work within. They don't see it odd at all. They take it as part of the wife-caring role - extremely happy, but I think they've become cabbages.

Instead, regrets were expressed about not having children. This was poignantly put by 038:

> Well, I didn't accept the single life happily. I think in 1940-41 when I finished midwifery, I think all things being equal, if I hadn't had an elderly parent who wasn't very strong, I would like to have gone into the Services. Whether that would have led to marriage or not, I don't know. I would have liked a sort of wider environment than I lived in for the next few years. I did find it very difficult to accept that I would be single and above all that I would have no children. But of course I have been terribly lucky in the sort of jobs I have been able to do and I have had a lot of fun in them. One was able then to measure against it. I think I was aware, when I went to do the degree, perhaps a little bit more of what I'd been missing. I think that I had to accept that there were 2 million surplus women. I think I was very lucky that in such a situation compared to a woman who perhaps had a job in a shop or an office, I had one which was exciting, which allowed me a lot of scope for initiative... to travel, to meet a great many people and to have a wide range of professional friends and family and so I really probably made up for it. I still regret the children.

Overall, a picture of the frustrated single woman, of the woman who has 'missed out', in societal views, was not depicted. There were concrete difficulties such as no opportunities and having to decide between marriage and a career but, as one said, it was something with which to come to terms. It was not a tragedy.

> O13: I don't know. I didn't do it purposefully. There was one in particular that didn't work out. I learned to accept that and that was it. I think that what a woman misses most is companionship. Not so much companionship but having people to go around with . . . it isn't a thing that I've ever sat down and thought "oh, it must be something about me or what a terrible thing this has happened to me".

In conclusion, the women in the study have had a personal and professional group profile drawn of them. The profile helped to place their career experience in a historical and social context. Two aspects were discussed with them. First, their opinions were sought on the possibility of having younger people in positions of nursing leadership. Second, the reasons for the majority of the respondents being single were delineated.

CHAPTER SEVEN The Schooling Years

The literature review revealed that the average young female emerges from the schooling years with a different kind of achievement from boys and with lowered ambitions for a career. Multiple factors were cited as influential. Some of these factors are discussed in relation to the women in this study. Could it be that their experiences were substantially different from the average schoolgirl? This chapter presents a profile of the respondents as schoolgirls, explores the expectations that others had of them, and considers how the profession of nursing came to be a career choice.

I. Advantaged, Able and Active - A Profile of the Respondents as Schoolgirls

Formative years are spent in schooling. The type of school, its reputation, its policies, the pupil-teacher interaction - all of these things help to create an environment in which young people may or may not begin to develop their potential. This educational milieu is influenced first of all by the individual's background. Family attitudes to education and ability to financially support a solid preparation may be as crucial to scholastic achievement as the school's expectations. For this reason, family backgrounds were analyzed for occupational and educational levels. The schooling environment, as reported in the interview sessions, is also depicted. Together these two background elements are considered in the light of how the respondents described themselves as schoolgirls.

Personal Background - Advantaged

The educational levels of the respondents' parents illustrate a traditional picture with the fathers being more highly educated than the mothers. See Figure 7:1.

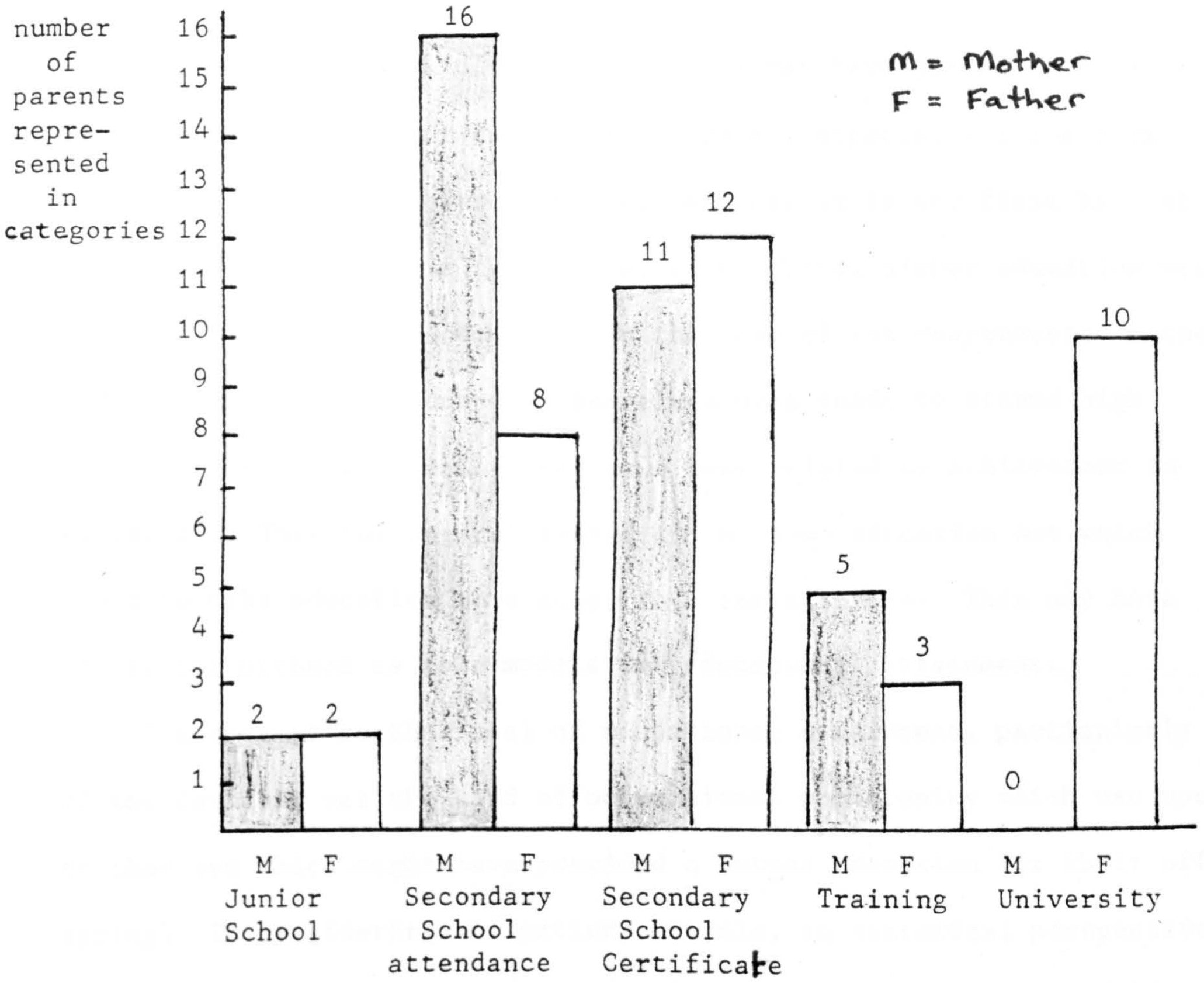

FIGURE 7:1 : Respondents' Parents' educational attainments

Note: Mothers (M): N=34; one unknown, other had private governess.

Fathers (F): N=35; one unknown.

Secondary School Certificate category excludes those noted under Secondary School Attendance category.

In the case of the mothers, 16 of 34 of them had received some type of qualification, while twenty-five of the fathers had done so. Only five of the mothers had received some type of specialist or career training while thirteen of the fathers had had this preparation. University was experienced only by the fathers.

Douglas and his colleagues (1968) found that parental educational attainment was associated with an increased level of interest in the education of their offspring. The fathers' achievement may have prompted interest in their daughters' school attainments. The mothers lower level

of achievement and lack of career progress may have proved to be a negative model for their daughters. Females, especially those from white collar families, were expected, especially in the first half of this century, to adopt a traditional role. Thus, higher education would not have been a valued commodity in the case of the respondents' mothers. However, when the respondents themselves were ready to attend high school, parents' aspirations may have been related to achievement in education. This feeling culminated in the 1944 Education Act which hoped to make education more accessible for everyone. This may have offset the mothers as role models for educational attainment.

Concomitant to the level of educational attainment, particularly of the fathers, was the kind of occupational opportunity which was open to them and which might have provided a better education for their offspring. In considering occupational levels, an historical perspective was sought. Grandparents sometimes play crucial roles in how children see the status of their families. Table 7:1 compares grandmothers' and grandfathers' occupations which were categorized using the system of Hall and Caradog Jones (1950).

CATEGORIES	Paternal Grandmother	Maternal Grandmother	Paternal Grandfather	Maternal Grandfather
1. Professional	0	0	5	5
2. Managerial	0	0	10	6
3. Inspectional, higher	2	2	8	7
4. Inspectional, lower	1	1	2	3
5. Non-Manual	0	0	0	3
6. Skilled	2	1	4	7
7. Semi-Skilled	2	3	2	1
8. Routine	0	0	0	1
9. Housewife	25	27	0	0
10. Don't know	4	2	5	3
	36	36	36	36

TABLE 7:1 : Classification of Respondents' Grandparents' Occupations

The grandmothers presented traditional role models, The majority were remembered as being in the home (category 9). Of those who were engaged in an occupation, the roles included domestic service, teaching, nursing, shop work and millinery. Only one, an artist, was outside this orthodox female realm. Grandmothers did not feature in the top two categories where 27 of the grandfathers had achieved status. The white collar/blue collar line is drawn between routine grades of non-manual work (category 5) and skilled manual work (category 6). This means that 50 of the 64 grandfathers were white collar workers. Figure 7:2 compares the paternal grandfathers' occupations with the fathers'. The sons not only achieved to the same levels as their fathers, but surpassed them at the top level.

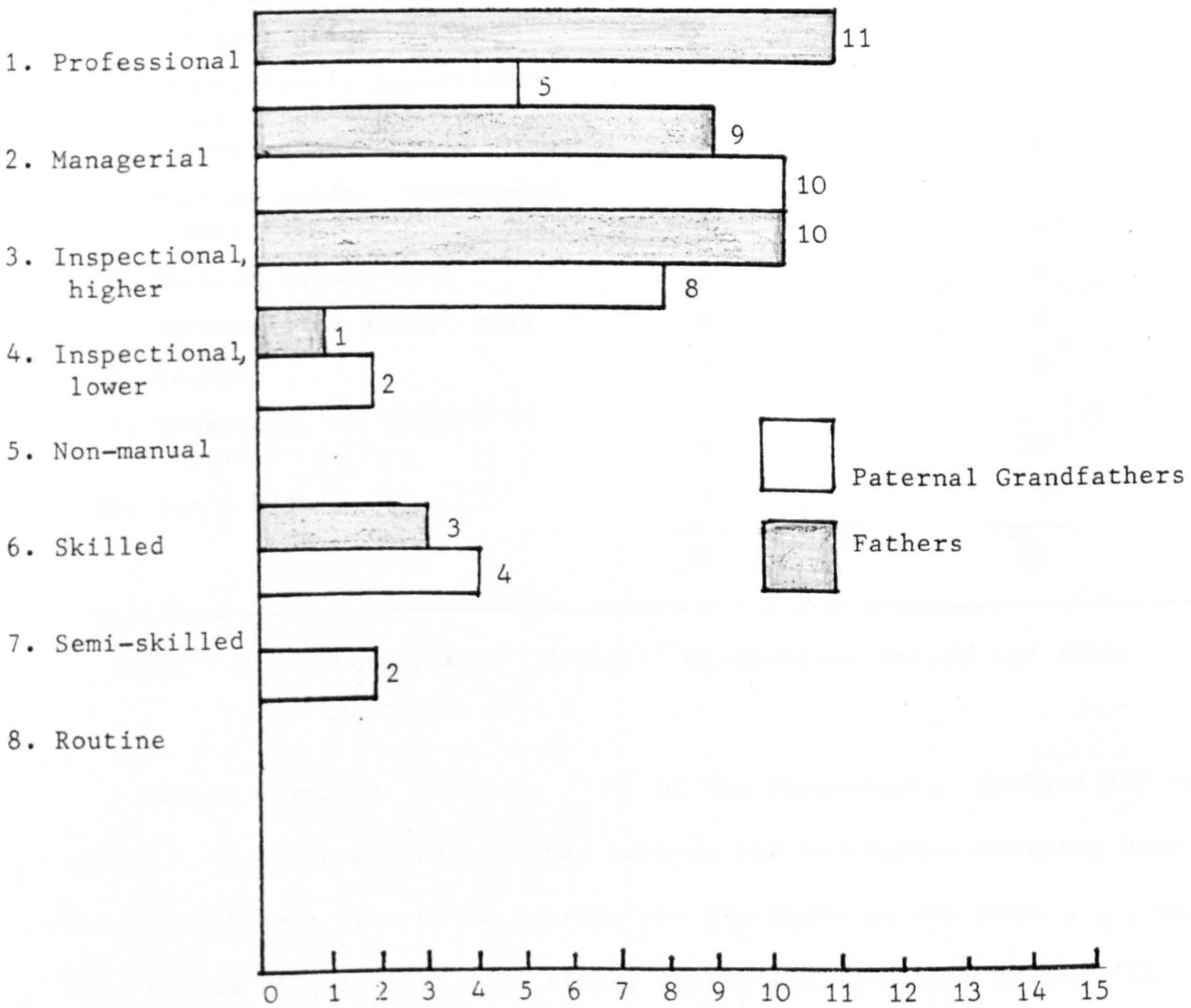

FIGURE 7:2 : Bar Graph Comparing Occupations of Respondents' Fathers with Paternal Grandfathers

Note: Paternal grandfathers (N=31): 5 occupations unknown;
Fathers (N=34): 2 deceased, occupations not given

Eleven of the fathers but only 5 of the paternal grandfathers were in occupational category 1. In the top three categories thirty of the fathers were represented as against twenty-three of the paternal grandfathers. The achievements of one generation appeared to aid the attainments of the next. Also, these were men who could afford to have their wives work in the home. Table 7:2 illustrates this effect.

Categories	Mother's occupation before marriage	Mother's occupation after marriage
1. Professionally qualified, high administrative	0	1
2. Managerial and executive with some responsibility	1	1
3. Inspectional, supervisory and other non-manual higher grade	12	1
4. Inspectional, supervisory and other non-manual lower grade	0	1
5. Routine grades, non-manual work	4	0
6. Skilled manual work	3	0
7. Semi-skilled manual work	6	0
8. Routine	0	0
9. Housewife, or helping at home	9	32
10. Don't know	1	0
	36	36

TABLE 7:2 : Respondents' Mothers' Occupations Before and After Marriage

Before marriage nine of the respondents' mothers had not worked. The occupations that the mothers had had before marrying were those which were felt to be appropriate for women at the time: e.g., teachers (6), nurses (6), actress (1), social worker (1), and bank teller (1), (one respondent's step-mother was a university lecturer). After marriage,

thirty-two of the mothers were full-time housewives. Of the four who worked while married, their occupations were prestigious: a hospital matron, an owner and manager of a nursing home, a teacher and a shopkeeper. The shopkeeper's position maintained the family as the respondent's father had died when she was very young.

Figure 7:2 noted that the respondents' fathers' occupations fell primarily into the white collar category (thirty-one). The positions included bankers, physicians, managing directors, administrators, business owners, and civil servants. Many respondents noted that career mobility, that is, moving from one occupational stage to another (Slocum 1974), has been the trend in their fathers' careers.

This family background profile shows that the majority of the respondents were advantaged socially and financially. The Wood Committee inquiry of 1946 (Ministry of Health, Department of Health for Scotland and Ministry of Labour and National Service 1947) reported that only 5 per cent of nurses had fathers with professional occupations whereas 32 per cent of the fathers in this study were in the same category around the same period. Also, the female role models for these women in their adolescence were traditional. This is reflected in how the respondents spoke of their parents. In the questionnaire respondent 030 wrote that she had admired her mother and father for different reasons when she was a child:

> "Mother : Serenity, artistic. Always there when needed.
> Father : Sports (fishing). Humour. Knowledge of nature and the world (important political people, etc.)".

This distinction was made even more clear in the interview data by another respondent.

> 021: . . . I suppose my mother was the model mother. I mean, looking back on it now, that is how I see her, as a kind, loving always available type of person.

> When we were in trouble she was always there but she didn't intrude upon you. Quietly encouraging you to get on and do your own thing, but without forcing herself upon your decision-making. My father was always a very upright man, now you don't use upright in the physical sense, but in the moral sense. Thoroughly admired by the community and just was, again to me, a super father.

Mothers were seen in the home, fathers operated in the wider community and were seen to control, to achieve, and to instill a sense of security, as the following quotation illustrates.

> 024: I was always saying about my father.•• I think because he had a sense of security really. If anything was ever wrong, he would say, "Everything will be alright". He used to say it with such conviction. He was a big man, people used to look up to him. If my father said it would be alright, it would be alright.

Thus, parents, as central people in the respondents' lives, presented traditional sex-role models.

The School Environment - Positive Support

Memories of the schooling experience of the respondents provided a mass of data. Generally the feeling emerging from the data was that the schooling years proved a positive and an important phase in the respondents' lives.

They attended both private (Seventeen) and state (nineteen) secondary schools. That half were in private institutions reflects the occupational status of their fathers. The number noted in state schools included grammar school places which the 1944 Education Act had made available.

Three quarters of the respondents attended single sex schools. When the variable of school gender type was cross tabulated with a number of other variables such as leadership behaviour in secondary school, presence of career counselling, and academic achievement levels, no significant differences were seen between single sex

schools and co-educational schools. Neither did the type of school, private or state, differentiate on the same variables.

The actual standard of the schools cannot be assumed from school gender type or from the fact that some were state and others were private. Douglas, Ross and Simpson (1968) have pointed out that they found fewer graduates teaching and more teaching vacancies in girls' schools of all types. Also, Byrne (1975) discovered that the allocations to girls' schools were less than to boys' schools and facilities for certain subjects such as science were inadequate more often in girls' schools. Private schools may have handsome endowments but they may also see their role more in the light of a finishing school than academic achievement. Another feature of private schools may be parents' expectations of what will be taught. Ebbutt (1981) noted that teachers felt parents would want their daughters to learn biology more than other sciences.

An argument for single sex schools for female pupils has been advanced by a number of feminist writers (see Appendix K for a consideration of the debate on single sex schooling). The existing evidence is inconclusive. Nevertheless, there may be important psychological and socializing implications involved in single sex schooling (Sarah, Scott and Spender 1980, Spender 1982, Deem 1978). These aspects are examined in light of the respondents' experience of schooling environments.

Subject Preferences : The respondents were asked about their subject preferences in secondary school. See Table 7:3.

Subject Combinations	Those Preferring Numbers
Sciences concentration	5
Arts concentration	19
All subjects	12
	36

TABLE 7:3 : Respondents' Subject Preference in Secondary School

Those preferring science concentration combinations make up only five of the group. However, when added to the 'All subjects' category which included some sciences the proportion rises to nearly one half of the group.

A more detailed examination by school gender type is illustrated in Table 7:4.

	SUBJECT COMBINATIONS		
School gender type	Sciences concentration	Arts concentration	Total
Single sex schools	16	11	27
Co-educational schools	4	5	9
		Total	36

TABLE 7:4 : Respondents' Subject Preferences by School Gender Type

The single sex school would appear to predominate in the sciences concentration combination. This is confirmed with a breakdown in science and mathematics subjects by school gender type (see Table 7:5).

Subjects preferred	Noted by respondents in: single sex schools (N=27)	co-educational schools (N=9)
Physics	5	1
Mathematics	7	3
Biology	9	1
Chemistry	5	0
Botany	1	0
Sciences (unspecified)	2	0

TABLE 7:5 : Respondents' Preferences in Sciences and Mathematics by School Gender Type

(Note : Multiple responses by respondents)

Even taking into account Kelly's (1981a) point that biology should be separated from other sciences when considering girls' science achievement, the preference for hard sciences was more popular in the single sex

schools. This would appear to be some support for the findings of Ormerod (1975) and the DES survey (1975) which attested to the greater polarisation of sex linked subjects, science and mathematics ('boys' subjects'), in the co-educational setting.

However, the total number of respondents in both types of schools noting (in Table 7:5) physics (six subjects), chemistry (five subjects) and mathematics (ten subjects) compares poorly with those who preferred English language (18 subjects), history (16 subjects), English literature (10 subjects) and geography, French and Latin (7 subjects). It was clear that the hard sciences and mathematics were not high on the preference lists of the respondents as school girls.

The respondents were asked not 'what subjects did you take?' but 'which subjects did you prefer?'. Still, the response of the single sex school pupils may indicate a greater opportunity to choose as all subjects were available to them and there may have been a greater freedom to admit preferences for sciences and mathematics in a setting which is all female. It has been posited that, in coeducational settings, these subjects acquire a masculine image, in that they are studied primarily by boys and taught mostly by men (Davies and Meighan 1975. Equal Opportunities Commission 1982).

Only two pupils, one from each gender type school setting, stated a preference for domestic science. More may have taken the subject but they did not prefer it. The years in which the majority of these women attended school were the 1940's, times in which the traditional role of the woman was relatively unquestioned so it is surprising that so few mentioned domestic science. The preponderance of the single sex school representation may account, in part, for this finding as it has been suggested that single sex schools may value academic achievement for girls more than co-educational schools do (Sarah, Scott and Spender 1980, Spender 1982).

The subjects were asked to state reasons for their subject preferences. The comments made in relation to mathematics and science differed from those made about arts preferences. In sciences and mathematics the statements included:

> 'logical thought processes appealed'
> 'application to future career prospects'
> 'enjoyed learning about the natural world'
> 'mathematical thinking is a particularly enjoyable pastime, especially in the moment of understanding a difficult problem'.

In arts subjects the comments revolved around enjoyment and interest, liking the teacher and finding the subjects easy. These kinds of reasons were also mentioned for mathematics and science. For example, one respondent said her science preference was "dependent on rapport with the subject mistress". Only one who studied arts subjects had reasons other than enjoying them or finding them easy. She had studied English in order to be able to express herself and English literature to have a facility with words. Comments about the challenge of the subjects were not made about art subjects which were in the majority of stated preferences. This may relate to the finding of Keys and Ormerod (1976) who found that girls' subject preferences are strongly related to their perceptions of subject difficulty.

Finally, of all the comments made about subject preferences, only one respondent mentioned 'preparation for the future'. All of the other comments were oriented to the present or to people.

The Teachers : The teachers rated numerous comments. They were admired as much for personal qualities as for their teaching expertise. One respondent acknowledged the part her teachers had played in how she had perceived certain subjects.

Int: You admired your teachers. Can you say why?

015: Two teachers, I think. I have to remember. I had to think quite hard to fill that thing in. There was one teacher who taught literature and I had never really appreciated (it) - I've always been a reader and I enjoyed reading but I read for enjoyment of the content rather than literary presentation - and he seemed to bring something into literature which gave me a sort of new dimension to reading and again, made school life very much more interesting and of course every single lesson entailed reading of something and through his presentation of literature I even became interested in other subjects because I could look at the literary background of whatever I was reading and that impressed me. And the other teacher was, I believe, physics. And again, I'm not a very sort of academically scientific person in the pure science sense and I had found chemistry and physics, precisely the subjects I needed for medicine, really quite hard . . . . The physics and chemistry, the sort of inanimate things, I didn't really terribly enjoy and being totally amechanical, I can't even put a screw in anything, I can't mend a plug or anything like that, and I found it exasperating to have to work my way through physics and get good grades in it in order to pursue my own goal. And I suppose because of that, this person making physics something I could accept and come to terms with, I began to like the teacher as well as the subject.

This respondent ended by saying,

'teachers do make an enormous difference'.

The importance of the teacher as a person was underlined again by another respondent.

008: And I suspect that the reason I didn't particularly like mathematics and chemistry was nothing to do with those subjects but the fact that the teachers weren't really very good. But the teachers who taught English, history and classics in particular were very good teachers, so in the early days I had no difficulty in doing them particularly but I was bored by mathematical things, interested by people and anything about people - history, geography and literature are about people . . . .

Int: It was your classics teacher, in particular, whom you admired?

008: Yes, he was absolutely critical. The fact that he taught classics was probably coincidental. The reason that I did classics was certainly because it was his subject.

What seemed crucial to this respondent was the ability of the pupil to relate to the teacher. The subject matter proved of secondary import. The rapport had a long term influence as this respondent pursued her teacher's subject at university level.

Role modelling is another influential aspect. Innovative behaviour and responsible positions had impressed three respondents and they had vivid memories to share.

> 007: We had a headmistress who was extremely good . . . she de-stuffed the school and that was in 1950. She stopped a lot, the prefects and a lot of this heavy emphasis on (unable to hear). We did quite a lot of other things which was quite remarkable for what was in those days, just an ordinary grammar school. It wasn't a privately endowed school and I think that was one of the things that she encouraged, was for the girls to make better of themselves and what they wanted to do.

> 023: The headmistress was exceptional and outstanding and I can only measure that by the fact that everybody knew it was so and that even today, in that remote part of the country, if you go back there people will say 'Do you remember Miss ?' She was absolutely outstanding . . . . Yes, she used to take those of us who were aspirants to this thing . . . . a full evening coaching and give us special work to do.

> 022: But we had a new headmistress when I first entered the 6th and she came from Oxford . . . and she was quite young. She was only 34 when she got the headship which was quite something and she was appalled at the narrowing of the 6th form, particularly sciences, and so she took us personally for English which was an extra in our lives and we were appalled that we had to do English of all things but she was a tremendously good teacher. There was very little formal input but it was more in terms of discussion and essay writing and broadening our horizons and I owe a tremendous lot to her. She was a very formative influence.

The three teachers were women. Proponents of single sex schooling argue that schoolgirls will be exposed to dynamic female role models and this may persuade them that there are alternative roles for women. One respondent, in fact, did link her desire to teach to her experience of teachers, both good and bad:

018: I always felt I wanted to teach because, I think, perhaps, I admired the teachers. The good teachers were always a very strong influence with me. The sarcastic teachers I didn't relate to and that was a negative learning experience too, because I used to think they didn't realize, or didn't appear to realize the position of power that they held and that negative learning experience made me, I think, become a little bit motivated to be a better teacher and I thought that there were better ways of teaching and understanding than some of them were showing me.

Teachers can have an impact on students' development which is as important as parental influence. The women in this study reported a generally positive regard for their teachers. When asked, the respondents specifically mentioned teachers among those people they admired (see Table 7:6).

Persons admired Categories	mentioned by respondents in: Childhood	Adolescence
parents	18	8
relatives	11	5
family friends	7	4
teachers	20	15
community leaders	4	8
other	9	25
Total	69	Total 65

TABLE 7:6 : Persons admired by respondents in childhood and adolescence

(Note: Multiple response item)

Teachers rated highly in both developmental stages. The major difference observed in Table 7:6 is that, as children, the respondents admired those who would have been close to home - parents, relatives, friends and teachers (the majority of categories). This may affect initial career thoughts as has been discussed by Douglas et al. (1968).

> "Horizons are limited by the lack of knowledge and job choices are frequently made within a frame of reference that is only wide enough to include those types of employment pursued by members of their families, relatives or friends in the neighbourhood." (p. 99)

In adolescence, the respondents reported, more frequently, admiration of people not directly attached to the home or school. This reflects their exposure to the wider scene. Half of those admired fell into the last two caregories in Table 7:6. The 'other' group included politicians, sports personalities, film stars, singers, war heroes, and famous historical figures. However, in both stages teachers featured strongly.

Not all perspectives were positive as illustrated by respondent 004:

> I don't think I was ever popular at school with the teachers. When I said I was an average achiever, in fact, the first 5 went up (in 5th form), it was incumbent on me, I felt, to be top after that and I was for two terms then the last term I went right down. In fact, when I checked round on the people I'd been to school with I think I probably got the best school certificate results. That always surprised everybody.

She also related a story about how an achievement of the second top mark in music was depreciated by the teacher who said she was surprised by the result, the implication being that the pupil was not expected to achieve. These remarks emphasize how teachers form opinions which may not be supported (the second highest mark is not indicative of a failing pupil) and also, how aware the pupils might be of the teachers' attitudes to them. This kind of incident proved to be in the minority and in general, the impression from the data was one of strong positive memories of teachers and schools.

<u>Able and Active - 'sense of self'</u>

Throughout the contact with the respondents, both in person and in the data, there was present an atmosphere which directly related to the person. It has been labelled 'sense of self' and it encompasses the

idea of self concept. It refers to the ways in which the respondents remembered themselves as schoolgirls. This 'sense of self' emerged through the self-descriptions presented as they noted scholastic achievement levels, the activities in which they participated, and if they saw themselves as leaders. In school, these aspects are reinforced through certain aspects such as the school reputation and policies (e.g., streaming).

Scholastic Achievement: Formally, the school tells its pupils where they stand. The respondents were asked to describe their academic standing in high school. See Table 7:7.

	Respondents reporting:
Category	numbers
High achiever	14
Average achiever	20
Low achiever	2
Total	36

TABLE 7:7 : Reported academic standing in secondary school

The majority of the respondents reported doing well or very well in their high school years. The number of high achievers would have proven their intellectual ability early.

Early Leadership Ability: The respondents were asked

> "Would you describe yourself as a leader in secondary school?"

Twenty subjects responded positively to this question and three more indicated in the interview that they had held some type of leadership position. Thus twenty-three of the 36 felt they were early leaders. The primary leadership roles are listed in Table 7:8.

School leadership roles (e.g., prefect, headgirl)	11
Sports (including school captaincy roles)	4
Guides	3
Dramatics	1
Youth club	1
Church	1
Other (not specified)	2
	23

TABLE 7:8 :List of early leadership roles reported by subjects

As can be seen, the schools provided a large number of opportunities for leadership in roles such as prefects, headgirls, and games captaincies. The women, in their retrospective look, provided reasons why they would have been seen as leaders in adolescence. Two categories emerged out of the reasons given: one, that their ability had been recognized by others, and two, that they and their personalities had affected others.

In the first category respondents made comments such as:

> 018: Well, I was headgirl of my school. I was a prefect within the first year which was an election . . . I was deputy head of my boarding school before I left. I think really because I've always been a forceful thinker and I didn't suffer fools gladly.

> 020: If you had asked me at that time I don't think I would have said to you 'I am a leader', but retrospectively I can see that I must have been because, you know, . . . I was headgirl, or captain of the hockey team, one of the prefects or . . . I was expected to do those things.

> Int: In the positions you led?

> 020: Yes, sometimes it was the others (interviewer's note-not the headmistress) who decided who would be the captain of the hockey team. That was not the staff. That was my peers.

> 035: . . . I was head of the house and I was a school prefect. These sorts of things. We had a fair amount of responsibility for self organization in the school.

> 026: . . . I tended to be the brightest child in the church which meant I tended to take the lead in a lot of things. I didn't like it, I didn't like the church setting.

These remarks suggest that the leadership role was more formal, ascribed to one within an institutional setting although, in some cases, election by peers was encouraged. The last quotation reveals that leading by formal ascription was not welcomed. This comment, made only by this subject, appeared to be related more to the setting than to the activity of leading as this subject went on to say:

> 026: Guides I loved but I wasn't allowed to join them until I left school and home and was teaching in a boarding school and then I did all my badges in about 6 months and became Company leader.

The second category of reasons for leadership illuminates the force of personality which influenced other people.

> 007: Well, I think you see, in the end, I think I've always been someone who gets enthusiastic about things and that draws other people into it. Which came naturally. So that I always used to be the one who organized the tennis . . . I suppose I organized the team if we were going off to play a game. We must all meet somewhere and get on the right bus.

> 016: Yes, I was involved in various groups in a leadership role and I think otherwise it's a sort of sense one has that people look to you . . . .

> 024: If I was in a group it was always I who took the initiative, the others always followed, it always seemed to be me who had that suggestion to make rather than milling around . . . . We had a gang in the village. We were a bit rough neck really. No, we used to go around behind the Guides and take away their trail signs so they couldn't find where they were going. It was the other way about rather than belonging to an organized group. It was the rebel group.

> 014: I was always the leader of gangs, you know. We had things like our own swimming club and we made up badges and we kept records and when you jumped off the top board and when you dived off this board and that. I was always the leading light in these things. . . .

> 032: Yes, but always in the wrong direction . . . I led an army of self appointed prefects as we called ourselves, S.A.P.'s . . . I was a ringleader in naughtiness. Until I became headgirl, then I was stricter than anyone!

The three respondents who had not said 'yes' to the questionnaire item on leadership indicated in the interview that their leadership roles came

"for no good reason except I pushed myself forward." (004)

"When I was a Guide, I certainly wasn't among the initial choices when they were setting up the company as a patrol leader. But after the company had been going for about four months they decided that their numbers were so high that they really must form another patrol and then I was a unanimous decision that _____ was in there, but I think I don't hit people initially as someone of leadership potential." (034)

"I felt I was very much in the middle, although, ... if you were a Guide Captain . . . you had one or two roles which other people would have said you were a leader although I didn't recognize it as such." (011)

There is a sense of "I am willing" in these comments as one respondent said forthrightly, "I pushed myself forward". The difference between these and the previous comments is either, the lack of recognition by others, or by the self. The impression received by reading the first set of comments was that they appeared sure of themselves - "forceful thinker", "I tended to be the brightest", "enthusiastic", "a sense one has that other people look to you", "I took the initiative", and "I was always the leader of gangs". In all, 21 subjects made comments which indicated such confidence. Many of the comments were made in regards to schooling. One (002) had to fight to take science, another saw the work at school as a challenge which she loved (027). As a pupil, one respondent (010) said she was determined to prove her teachers wrong when they said she'd never get into a London Teaching Hospital. She did. Others indicated their achievement in school by making statements like one who did her 'O' levels in 4 years instead of 5 (022) and two others who said:

007: I was top girl . . . I've never had any problem.

Int: You just achieved?

007: If I didn't I would have felt that I'd let the side down perhaps. But I never had any difficulty doing this. I don't think I thought anything of that.

and

> 027: I also thought I was quite intelligent and therefore thought I would succeed in nursing.

One subject (005) who left university and entered nursing did not tell her family what she had done until she had been in nursing for 3 months. Another described a school incident which had angered her

> 004: Before the form split we had a music exam. . . I liked the theory of music and I can remember the teacher reading the results out and I can still see her in my mind, standing there. Some of the results, she said, were very good and somebody had 92 per cent (one girl who all the teachers liked. She was good at everything) and 91½ per cent - me. And I can remember, I went 'aahhh!' And the teacher said, 'yes, I was surprised as well'. And that made me very cross because I knew I was good and I always reckoned that she deliberately marked me ½ mark down.

The belief in her own ability was strong enough so she could look at the teacher's behaviour and not blame herself. Another respondent (001) had a working mother and she welcomed the independence that situation brought. It meant she and her friends could go home and there would be no interfering parent.

The 'sense of self' didn't necessarily mean being clever, hardworking and obedient. On the contrary, subject 032 said, she was "bright but lazy" and it was she who was a "ringleader in naughtiness". Another felt,

> 027: I was an influence in the junior school in the wrong direction. I was terribly naughty and very disruptive.

In her case, the school authorities "gradually moulded me into something they thought was helpful to the school and it was more other people saying to me 'you would be a good leader' and provided the opportunity to do that". Another described her last year at school:

> 034: I almost never put in a full day at school. And I was wily enough not to get found out by my parents or even found out by the teachers in the sense that I went in and got my mark in the register but then disappeared and went out to my own devices, either to the library or to see a film or to go home to read.

And,

> 023: Of course, I have a natural assertiveness which doesn't make me reluctant to say what I think, right or wrong, to speak up in class if I thought something wasn't quite so and all the rest of it.

Such evidence does not encourage the view that some of these women as girls were quiet and conforming, or that they lacked confidence.

This 'sense of self' also seemed to be related to activities other than school work. Work on the leisure activities of young people has shown that these have some predictive value on pupils' achievement (Douglas, Ross and Simpson 1968). Table 7:9 lists the activities mentioned spontaneously by 31 of the 36 respondents. The information emerged from responses to the leadership question and the questions about the people whom they admired when they were children and adolescents.

Activity	Number of times mentioned
Sports	12
Academic (e.g., music, reading)	11
Guides (and Brownies)	11
School activities requiring extra work (e.g., headgirl)	8
Church	6
St John's Ambulance, British Red Cross	5
Dramatics	4
Youth Clubs	3
Nature related (walking, nature study)	3
Other (travelling, parish involvement, political interests, informal group)	7
Total	70

TABLE 7:9 : List of extra-curricular activities mentioned by respondents

(Note: Multiple response item)

Table 7:9 indicates a variety of interests. Since the question was not directly posed there is the possibility that the respondents were involved

with many more activities than they indicated by chance. In addition, it appears that their participation was on-going and substantial. Many mentioned that their Guiding activity was such that they became patrol leaders, one ran the canteen at the youth club, another tutored pupils in mathematics, others captained sports teams, and one worked on her music to the point where she won a prize for the best violinist at a regional music festival.

There are benefits derived from being a leader and being involved in various activities. One respondent, in talking about leadership said:

> O22: . . . things like that, which I suppose are valuable in leadership training for the future. What kind of leadership is another matter. Nice authoritarian leadership,I guess. (referring to school leadership roles of prefect and house captain).

The experience of leadership also helps to develop communication and organization skills. As the above quote indicates, these skills may be at the basic level but they were being practised and those who participated would have had the experience of being involved in community action.

Other kinds of benefits attached to activities were delineated. One respondent pointed out that her range of contacts was broad because of her work in the church. She said

> O34: I think many people don't actually give a great deal of credence to other things that you pick up in the church situation as well which are outside the religious element and I came from a background where language was spoken with a very pronounced _____ dialect, and yet if you sit for too long, Sunday after Sunday, listening to speakers like Leslie Wetherhead and Sangster and Soper, the influence of their diction, their ability to speak is also sort of translated and somewhere along the line, possibly because I am a good mimic, I was able to develop an accent which was outwith and outside anything that was spoken by those with whom I was in contact.

> I think that was influential because had I gone for a nursing post say at the hospital that I went to with the Tommy's matron and a very sort of middle class image and I had gone as my parents spoke I possibly wouldn't even have been in nursing now. So that's a significant influence I think that is not often recognized . . . .

While the view is that activities related to the church will reinforce sex-role stereotyping (Sutherland 1981, Delamont 1980), at least one respondent noted that the usual teenage diet of dancing and dating was not encouraged because of the beliefs of the church she attended. Instead of exposure to the youth culture of that time her adolescence was busy with church activities which included teaching in Sunday School and being a member of the Guide Company and the Youth Club.

Some of the activities listed in Table 7:9, such as Guides and church work, will reflect the traditional roles of women. It may be that

> "Personal relationships, appearance, romance, marriage, and insularity, are the hallmarks of these cultures" (Deem 1978, p. 38, in describing youth culture)

However, the extent to which these activities reinforced societal expectations in the respondents cannot be assessed as they were not asked to list, let alone describe, their participation. It would appear, though, from their comments that other benefits which were not sex-role stereotyped did occur. As young women these respondents had opportunities, both in school and out, which encouraged the experience of leadership and organization. Whether their ability was present and therefore, natural to their roles,or they were given the chance to develop in the roles is not known. What is certain is that they were very active and acknowledged as being able, either by the school, their peers or by both.

Factors Reinforcing 'sense of self': The 'sense of self' generated by activities and scholastic achievement can be reinforced by the family background. As was seen, the majority of the respondents came from middle class families, and almost half of the sample had had the type of financial security which made private schooling possible. Reinforcement of one's self concept can come from the school itself. In this study, the reputation of the school (in the eyes of the respondents) and its policies seemed to affect how they saw themselves.

First, the image of the school seemed to be important. Of the 20 who gave information, 17 indicated that there was something of value in their schools. Eleven noted that the academic standard was high. This was measured by those who said that there was a good number of pupils going on to university or that the expectation was for academic achievement. One subject said that it wasn't just the school which had a high standard but the whole country. She said "In those days everyone sat the 11+ (examination). But in Wales 20 per cent passed, perhaps 7 per cent in other places . . . ." (008). Other references indicated outstanding headmistresses who made the place special, or that the pupils had a range of things they could do. Another mentioned a liberal tendency in the school which again, allowed for a choice of subjects. Only 3 of the 20 made comments indicating they hadn't found much about the school to admire. One wished that her school had been better, another felt it could have done more. However, the majority felt the identity of the school had had attributes which they remembered positively. The effects of this on a young schoolgirl can be seen in the comments of one subject who moved from a school in which she was happy and which was "much much the best academically (of all the schools she attended) to one where

> 006: . . . the last 3 critical years were in a school which had nothing like the same - not the same size nor the same academic standing and which I didn't particularly like.

School policies were another area affecting these women as school girls. Certain policies like streaming according to ability have the effect of telling pupils how they stand within the school. A total of 22 of the respondents provided information on streaming. Sixteen had experienced streaming of some kind. The majority (11) were streamed according to academic ability in which the science stream seemed to be allocated to the top level. Of the 11, 8 were in the top or science stream, and 3 in the middle stream. Therefore,none of the respondents had experienced "the rubbish bin" as one respondent described it. Social streaming had its own connotations. There was a kind of "social cachet" attached to going into certain streams. Four others experienced streaming but did not specify which kind it was. The streaming varied from school to school. In fact, being in the top, or 'A', stream could narrow or broaden subject choice. Overall, streaming appeared to set the scene for comparisons among pupils, and for decisions about one's own ability. Being in the top stream was desireable, being in the 'rubbish bin' was not. Also, and importantly, pupils in the top streams tend to improve their performances and to stay in school longer (Douglas et al.1968). This may be because achieving pupils receive more attention and encouragement from teachers and parents. Other research on boys has demonstrated the same effect and has shown that higher ability boys identify strongly with the school (Lacey 1970, Banks and Finlayson 1974).

Conclusion

Beliefs and attitudes about oneself constitute one's self concept. They determine many aspects of an individual - who one is, who one

thinks he or she is, what one does and what one becomes. These beliefs and attitudes make up the 'self' (Canfield and Wells 1975).

Self concepts are learned. New experiences are interpreted through the beliefs and attitudes thus far accumulated. However,

> "By the time a child reaches school age his self-concept is quite well formed and his reactions to learning, to school failure and success and to the physical, social and emotional climate of the classroom will be determined by the beliefs and attitudes he has about himself." (Canfield and Wells 1975, p. 462)

As this section has described, the respondents' backgrounds were advantaged. They attended schools which were seen mostly in a positive light. Their ability was confirmed officially by the education system and they learned more about their competence through such school policies as streaming. Many were leaders and activity levels were high.

Coleman (1980) reviewed the research related to self concept development and although the evidence is contradictory and limited, he found certain factors which had been replicated. He concluded that high self esteem is linked with self confidence, hard work, leadership potential and ability to make a good impression. Personality and family background also count. Both the picture of the respondents as advantaged, able and active and their self descriptions indicate that their self concept or 'sense of self' was positively confident and reinforced, in most cases, through their schooling experience.

II. <u>The Future - Achievement for What</u>?

One gains a perspective on future roles and achievements from those people in the immediate environment. In this case, the respondents indicated the kinds of expectations parents and teachers had of them and how the school policies affected career planning.

Expectations of Others

That the respondents, as schoolgirls, had demonstrated potential for careers has been shown. They were asked, in the questionnaire, if they remembered anyone having expectations of them. Table 7:10 illustrates those who did have expectations.

People having expectations	Respondents mentioning for:	
	childhood	adolescence
Parents	23	23
Relatives	4	6
Teachers	3	25
Peers	0	2
Others	1	9
Total	31	65

TABLE 7:10 : People having expectations of respondents in childhood and in adolescence

(Note: Multiple response item)

Ten respondents reported no one having expectations of them in childhood. Of the others, most of the expectations came from their parents. Few of the parents focused on career expectations at that time. Eight respondents remembered their parents, or one or the other, suggesting specific careers, nursing being one of those noted. Otherwise, there were exhortations to achieve in school and to be happy. Several respondents said they were encouraged to do well but for 'unspecified' purposes - the efforts were 'to do something'. These vague expectations continued in adolescence where six respondents reported no one having had expectations of them. In some cases there were conflicting hopes for the respondent.

027: (questionnaire response)
Parents: That one would use any talents to the benefit of others.
Paternal aunts: That one would be an actress, artist or politician.

> Headmistress and history teacher: That one would be developed and creative at university or in some occupation.

The vagueness is apparent. The respondent would have had feedback about her ability but not her potential future. Another response indicates much of the same.

> 035: My parents and the teachers at school had positive expectations that I would do reasonably well academically (i.e., that I would be capable of obtaining a scholarship for Oxford or Cambridge) and that I would go into worthwhile work subsequently.

The 'worthwhile work' referred to was teaching (desired by her teachers) and nursing (her mother's choice). Interestingly, only one person remembered that

> 024: My mother did not want me to have a career - just to marry happily and have a family.

The type of encouragement noted by the respondents supports the vague expectations held of them. Only three people said they had had concrete help in the way of tuition or materials. Four had received leadership counselling and one had had religious counselling. The other types of encouragement were general: occasionally about careers, mostly about personal aspects.

Birth order may affect the kinds of expectations and encouragement received by children. Hennig and Hackman (reported in Hennig and Jardim 1978) found that of twenty five women enrolled in the M.B.A. programme at Harvard Business School twenty were either first born or only children. The remaining five had had experiences which were similar to being first born for reasons such as the eldest being very much older. In Hennig's (1970) doctoral work on women executives, all twenty five subjects were first born. This pattern was seen in the light of the first born receiving special attention. Hennig and Jardim (1978) caution that it is the treatment of the child which is the crucial fact, not necessarily the birth ordering. Table 7:11 illustrates the birth order of the 36 respondents in this study.

Category	Respondents Number
Only child	6
First born	9
Second born	10
Third born	7
Fifth born	1
Other : Twin only	1
Twin plus older sister	1
Twin plus younger brother	1
Total	36

TABLE 7:11 : Birth order of respondents

Nearly one half of the respondents were only children or first born. A number in the other categories would have approximated the experience of these first two categories due to large age differences between children or to the deaths of siblings. Also, being a twin may have created a special relationship between parent and child for three of the respondents. Hennig and Jardim (1978) describe the 'special place' of the child through the positive relationship their subjects had had with their parents. Parents featured strongly in the lives of the respondents in this study but to a degree where expectations were related primarily to the personal realm.

What might be more telling is the comparison of the occupations of respondents' male and female siblings. See Table 7:12.

OCCUPATIONS OF BROTHERS (N=18)	OCCUPATIONS OF SISTERS (N=27)
Medicine - 6	Teacher - 5
Dentist	Headteacher
Banking and farming	Nurse - 2
Stock exchange and owner of shops	University lecturer
Pilot	Lawyer
Industrial chemist	Personnel officer
Engineer	Civil servant - 2
Senior lecturer	GPO telephonist
Director of engineering firm	Beautician, owner of kiosk
Newspaper publication	Secretaries - 3
RAF warrant officer	Housewives - 9
Shopkeeper	
Farmer	

TABLE 7:12 : Occupations of respondents' siblings

The brothers' occupations are of higher status than most of the sisters'. This, most likely, reflects the thought that the males needed to gain a better education and subsequently a good post for they would be working all their lives, whereas the eventual expectation for daughters was that they would marry and raise families. The male siblings mirror the findings of Halsey et al. (1980). Boys of fathers' whose occupations were at the professional, senior technical or managerial level were more likely to achieve educationally and occupationally. While the female siblings were also expected to achieve scholastically their efforts appeared to be not directed so much for a future career as for achievement in its own worth. In this way parents can assume that their daughters will follow a traditional path. As one respondent (the youngest) in the study remembered about her brother:

> 027: It was assumed he was going into medicine and he was very carefully prepared in that direction. I mean he could have done something else if he'd wanted to. And that was seen as quite different. That was seen as a major event; whereas, to be a nurse was something you did in preparation for a marriage and so on.

Another respondent put it bluntly:

> 024: At that time people didn't think about careers, daughters having careers. It just didn't come up.

Teachers' expectations reflected the same sort of pattern. Academic achievement of some kind was encouraged as the following remarks indicate:

> 009: It was a headmaster at that time and a headmistress, and both of them were keen on academic achievement, there's no doubt about that.
>
> 023: The first year I was there the headmistress who had been there for years expected us to become ladies. That to her was the important thing, although she must have realized that it was a bit of an impossible task. But she left after the first year I was there and the next headmistress expected us to become academics and ladies as well. Those who had no opportunity to achieve this she had no interest in.

One respondent's experience was that she was finally expected by a single teacher, to achieve:

> 027: But it was a single teacher who encouraged me to take scholarship papers and she was not part of the school system and she was appalled at what she saw was a terrific waste of university potential . . . . and it was she who was a very strong influence in trying to make me go to university.

It would appear, in her case, that her teachers' attitudes about her future had impinged on the advice they were prepared to give.

As Ingham (1981) said of her own schooling experience in the 1960's,

> "Our teachers . . . saw education as an indefinite points system, rather than a direct preparation for adult life." (p. 75)

and

> "If you were good enough to aim for university, that was what you did. It was seen as an end in itself, we were never encouraged to look beyond it." (p. 84)

This description from the literature further illustrates that the messages from teachers and parents were equivocal. Achievement, but for what? If the expectations of others were specifically related to career preparation, career counselling should have been remembered by the respondents. Twenty-three said they had not had any counselling. Of the thirteen who had experienced counselling, parents and teachers featured most often. Careers officers were mentioned twice.

The 'blank future' described by Spender (1982) would appear to apply to most of the respondents in this study. A few were encouraged to think about university and 'worthwhile work' but there were very few who had had the active, concrete encouragement of those around them which respondent 007 indicated:

> Int: Were there people who were interested in what you were hoping to do?
>
> 007: Oh yes, my family was. And I was very lucky because . . . and they would make sure you'd do it in the best possible way so as soon as I switched my (occupational goal) . . . my father immediately

made it his business to find out what was considered to be the best of the hospitals for training. And he made all the initial approaches. He went to see the Matron of what was considered to be the best teaching hospital and it was remarkable really, so I was very lucky.

Int: In many ways he acted as a counsellor?

007: Yes, I suppose so. My stepmother had a lot of contacts. And then I would have . . . a wide variety of things . . . and I was very lucky having those around who were used to weighing up the pros and cons.

The School Environment - Negating Career Planning

While there was a general positive feeling about the schools attended, the respondents isolated factors which would have influenced their career choices. One of these arose because of the practice of subject streaming. While this practice may have given the pupils in the 'A' streams or 'science' streams, a certain prestige, there would have been other, clearly disadvantageous, effects.

> 022: We would be 16 when I was streamed which meant there was a narrowing down of academic spectrum very early in life . . . quite a narrowing of the academic spectrum because we only did 3 subjects - I did chemistry, botany and zoology. So it was very narrow, very scientifically based . . . . I think by that time (the third year in 6th form) there were only 7 of us survived in the science 6th form and I was the only day girl.

The streaming system ensures what Kelly (1981b) described as being set on a course, whether or not the pupils knew it.

The lack of viable options for female occupations meant that teachers' encouragement was geared toward the traditional choice between teaching and nursing. Even university work was seen in terms of preparation for teaching. In one case the respondent had had stage talents but she felt that it was taken for granted that she would go into teaching. Three other respondents' comments illustrate the outlook on their careers.

> 017: In my school you went teaching or you went into an office. It was that rigid - no nursing.
>
> 023: If you had a kind of academic leaning and you went to a school that catered for that then you were automatically going to be a teacher.
>
> 010: My headmistress wanted me to go into teaching, you know, that was the usual thing in that particular school.

The amount of direction exhibited by teachers in some cases was worrying.

> Int: The headmistress would have preferred you to do teaching?
>
> 010: She knew I was set on doing nursing . . . she felt, certainly, that I wouldn't get into a London Teaching Hospital. She told me I wouldn't. That made me more determined. Well, I think she felt I was very much a country bumpkin and London wasn't my scene. I wasn't an academic and London hospitals wanted academics. My English mistress told me I wouldn't get English language or literature and so just to prove that they were wrong, I got it.

This person had had support from other people in her adolescence, in particular the superintendant of the local St. John's Ambulance Service. Thus the effects of teacher attitudes could be offset by the influence of the others. Another respondent related her negative experience:

> 006: You know it was just taken for granted 'well you won't be going to university'. So - I knew we had to get school certificates and things, I knew that. In 11 or 12 subjects. So that was achieved alright. But you know, you'd no ambitions in an academic sense, and it didn't seem attractive at that stage.
>
> Int: And the teachers had no ambitions for you?
>
> 006: That's right . . . . There was no encouragement in that way.

The lack of expectations would appear to leave a pupil floundering. There was no formal counselling offered to this respondent. She referred to herself as a 'late developer'. Another comment illustrates how teachers relay messages of inexpectation:

> 027: But nobody discussed with me what 'A' or 'O' levels I would need to take to get in or whether the combination I was taking was appropriate for any one career that I might want in the future.

This respondent described her selection of subjects as 'lopsided'. Another expressed the feeling that her school could have done more information giving and counselling about higher education with the advent of the 1944 Education Act.

> 017: The school could have done very much more. It could have said 'look you lot, things have changed . . . there are opportunities opening up'.

She was one of the respondents who felt that her career might have been different with fuller counselling.

These retrospective views of school indicate that although the women felt their schools, on the whole, had had positive attributes there were aspects of them which were restrictive. This related to the way in which the school directed its young women into 'appropriate careers'. The view of the proper role for women comes through strongly.

Conclusion

As advantaged, able and active schoolgirls it might have been expected that some of them would have remembered specific career expectations and concrete encouragement in planning their careers. In fact, most reported experiences which would have been typical for the period they lived through, the 1940's and 1950's. Chandler (1980), reporting on research involving adolescent girls in the late 1970's, described a situation which paralleled the school years of the respondents of this study.

> "The girls in our sample, from the brightest to the dullest, from the richest to the poorest, whether from secondary, grammar, comprehensive, public or private independent schools, gave, with really only a handful of exceptions, a very dismal picture of the careers guidance they had received.

> The bright reflected the conveyor-belt attitude to examinations and university places that gave them no leeway and left unexplored their own inclinations." (p. 189)

One respondent illustrated how her family planned her career.

> Int: And that was when the family, in fact, made a decision?
>
> 007: Yes, my family decided I was going to do architecture because I was clearly doing quite well in mathematics, so they thought I could use that and, as I say, I had an aunt who lived with us . . . who was quite an expert painter and she couldn't believe that I wouldn't be able to paint like her, and I just gave in for peace sake (laughed). It would get me out of school and it would stop the family having a row. . . .

In fact, she enjoyed architecture but left after one year as she felt she would make only a second rate architect.

There were parents who wanted their daughters to have financial security through work in case they weren't able to help with support as illustrated by 036:

> Int: Your mother encouraged you towards nursing, your father wanted you to take up teaching. Can you explain why he felt like that?
>
> 036: I think he was thinking about the financial side. I think he was feeling that with being an only child that they were anxious that I should have something secure. And I think he felt that teaching was more secure financially than nursing.

Parents, even in the few cases where there was some type of general support for a career, were stereotyped in their choices for their daughters.

> Int: Your father wanted you to achieve academically but discouraged engineering . . . ?
>
> 005: I think that wasn't that he didn't think engineering had any academic input but I think he thought that this wasn't a job for a girl in the 1940's.

Parents' own occupational aspirations were noted as influencing occupational choices for their offspring. Occasionally, parents

actively intervened to steer their daughters from undesired (in the parents' eyes) occupations to more suitable choices.

While parents and teachers featured most prominently in the guidance of the respondents as adolescents, others were mentioned. Neighbours, relatives and family friends were important to some, but siblings were not noted as crucial. In their study of women involved in dual career families, the Rapoports (1976) found that usually there had been a figure of some strength in their subjects' early years. A family housekeeper and a grandmother were cited as important influences in two of their case studies. While there had been 'figures of strength' and encouragement about achievement, only one respondent had viewed work as a central life concern from a young age.

> Int: Because she (the mother) worked throughout your childhood, did you see yourself as working throughout your adult life?
>
> 001: Oh yes, but also throughout my adolescence. One was expected to contribute to the finances. I was teaching, coaching younger kids in mathematics as long as I remember.
>
> Int: How old were you when you started to coach?
>
> 001: About 14.

This kind of experience introducing work as a necessary endeavour was not common in the early years of most of the respondents. As 003 put it

> "Can I say that I don't ever remember having any difficulties with people. I was a very plump little girl with pigtails and I seemed to bounce through life in a very . . . oh, surrounded by loving, nice people. Friends of my parents . . . we always had a very warm relationship somehow or other. My parents tended to visit a lot with friends, friends visited them and I was always included as was my sister but it was a general atmosphere of support."

The 'general atmosphere of support' or a situation in which no one either discouraged or encouraged did not abet specific long term career planning.

III. Nursing By Design or Default?

That career decisions are neither easy nor straight forward is well illustrated by the biographies of the respondents. The first section describes how families and teachers, in general, viewed the occupation of nursing. Early career aspirations and the factors which impinged on the respondents' decision making are also considered here.

Nursing - Not an Appropriate Career?

Throughout the consideration of teacher and parental expectations, the issue about the lack of career options arose frequently. For a number of the respondents the choice was narrowed even further because of the attitudes towards nursing as an inappropriate occupation.

A total of nineteen respondents related their parents' feelings about nursing. Seventeen of the parents were not in favour of this choice of occupation. The reasons included that the parents felt the work was too demanding, that it paid poorly and that it would be a waste of intellect as respondent 035 noted:

> 035: . . . school was keen that I be a teacher and I don't think the other aunts, uncles or cousins, any of them influenced my career particularly. There was more general disapproval of my going into nursing.
>
> Int: Why was that?
>
> 035: It wasn't considered a suitable career for anyone with sufficient brains to do something else. Now that was much more a school thing. The family never said so but nobody felt it was the ideal perhaps. They wanted me to go to university and I think this could only have led to teaching.

The reputation of the profession was such that it wasn't seen as 'fitting' for one daughter whose father was encouraging her to get into medicine. Another respondent (032) had uncles who were physicians and their attitude was that "one couldn't possibly want to be a nurse rather than a doctor".

The thought that nursing might be an unfortunate choice of occupation wasn't always prompted by negative features of the profession. Occasionally, the parents felt that experience of sickness would have discouraged such professional aspirations. Also, as one respondent described, the family might have viewed the young woman as an inappropriate candidate for nursing.

> 027: She (an aunt) was adamant that I shouldn't go into nursing. I mean they all burst out laughing when I said I was going into nursing because they considered me very impractical. They thought I should be an actress or something like that and this particular aunt who'd been in the era when nursing was very disciplined was adamant that I was not suitable, and was actually amazed when she heard that _____ had accepted me. She thought standards must have gone down terribly. It was not in personal terms, she just thought I was terribly inappropriate in what she saw nursing to be.

While family members worried more about the hard work and poor remuneration in nursing, teachers and schools felt very strongly that the occupation was for those who had low academic performance.

Respondent 022 depicted the situation:

> 022: (Nursing was) certainly not the kind of thing that my school would expect me to do, something that, if I did, my contemporaries at school would find non-understandable in the extreme. . . . Certainly people at school were shocked (after she made the decision to enter nursing) because they didn't see me in this type . . . . Nursing was certainly a very undervalued profession in those days. In my school the whole emphasis was on academic excellence and it wasn't seen that this was any part of nursing.

Another respondent also made it clear how her school stood on the matter of nursing.

> 023: . . . I must confess that, of course, as far as nursing was concerned, the headmistress used to stand on the platform and make such statements as 'And I shall expect every girl in the school, even those who only intend to become nurses, to get a school certificate'. So, you know, there was no doubt where nursing came . . . . It never crossed my mind that I would be one of 'those'.

Headmistresses actively counselled against nursing in favour of university study or teaching. Those who fought to make their own decision became 'those' (as 023 related) or other such non-entities in the eyes of the teachers.

> 021: Oh, I was always going to be a nurse. It was taken for granted . . . .
>
> Int: And that was it? And people accepted it?
>
> 021: Oh yes. I mean through my schooling, by the time I got to the sixth form it was just taken for granted that I would go into the class that was the 'also rans', the non-university people, which wasn't really liked in my school. And that was it.

Only one of the ten respondents who described how their schools felt about nursing related encouragement from the school.

> Int: How did your headmistress feel about your decision of nursing?
>
> 012: She was supportive because her mother had been a nurse and that was fortunate, otherwise she would have said, that is not on - I think she would have said "Go to university first" and probably I would have said "I'd like to do that", but the War came first.

Thus, besides the air of non-expectation surrounding career aspirations of the respondents, there were negative attitudes towards nursing conveyed by parents and teachers. This worked to further narrow occupational choices.

Occupational Goals in Childhood and Adolescence

In their choice of nursing and teaching the majority of the respondents reflected society's view of what constituted appropriate careers for women. Figure 7:3 presents a graph comparing the adolescent occupational goals of the respondents with their childhood goals.

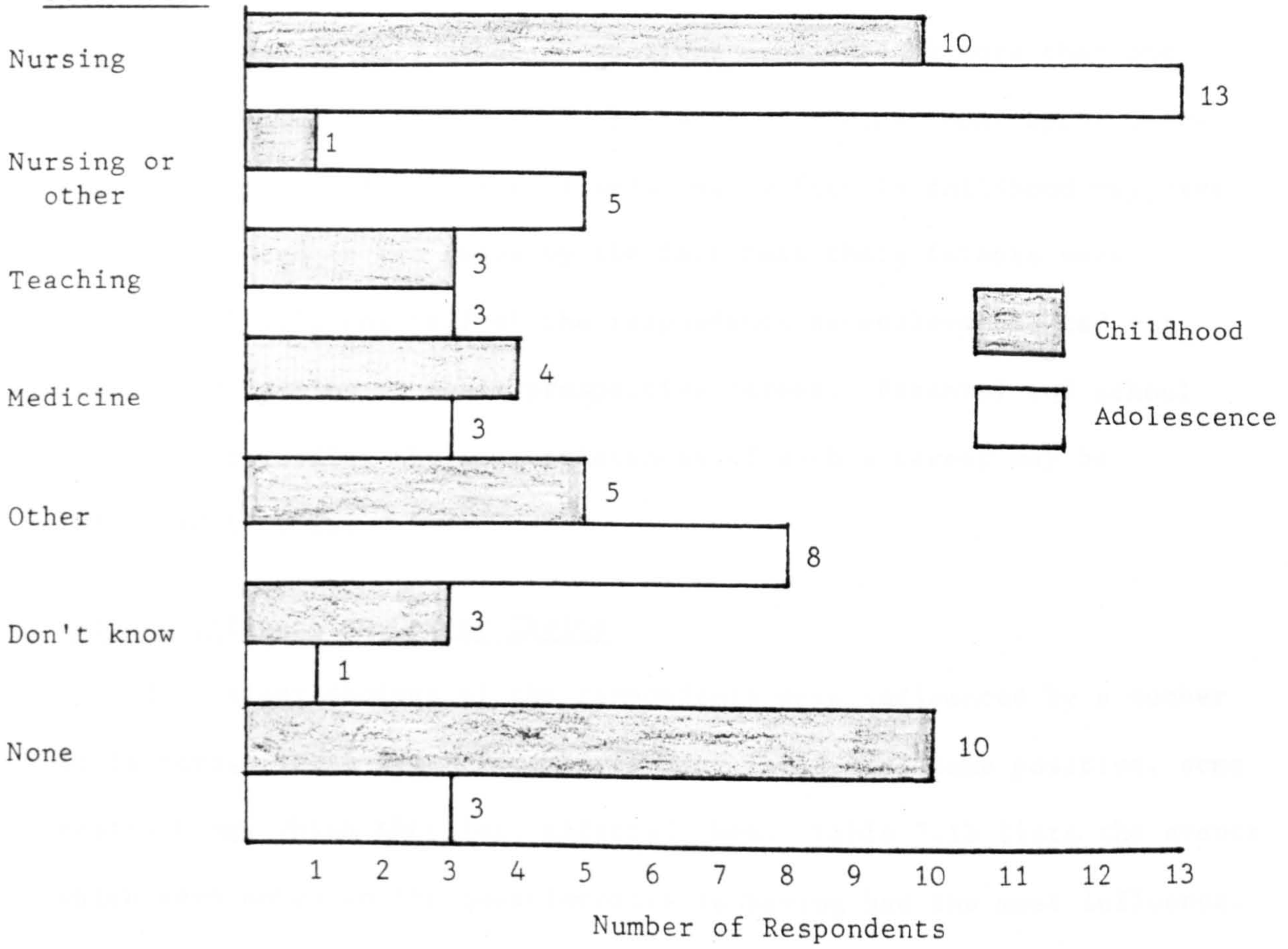

FIGURE 7:3 : Respondents' Occupational Goals in Childhood and Adolescence

Figure 7:3 illustrates several features. First, the number of respondents who, as children, did not have occupational goals, dropped from 10 to 3 in adolescence. It is only in adolescence that the pressure to prepare for some kind of work begins to mount up. Second, the 'other' category increases in adolescence. This would be a time of exposure to a variety of occupations. In childhood this category included architecture, children's companion, and stage work. In adolescence the range of choices widened: farming, academic career, librarian, studying chemistry at university, War work, and window dressing. Other than these expected changes, there are no large differences. The number of respondents wanting to do nursing was ten in childhood and thirteen in adolescence. Nursing was occasionally combined with another occupation, most frequently teaching. In fact, teaching and

medicine were the only other occupations mentioned by more than one respondent which indicates that the range of occupational opportunity was very narrow. The choice of medicine by four in childhood may have been influenced in two cases by the fact that their fathers were doctors. Still, one half of the respondents as adolescents had not identified nursing as their prospective career. Parental and school attitudes regarding the appropriateness of such a career may be reflected in this.

Factors Influencing Career Choice

The career choices of the respondents were influenced by a number of factors. These women remembered many incidents; some positive, some restricting, which they felt affected them. Table 7:13 lists the events which were noted in the questionnaire as having had the most influence.

Category	Occurring in Childhood	Occurring in Adolescence
Family death	2	4
Family illness	2	1
Other family crises	5	1
Personal illness	5	1
Christian commitment	1	1
Friends' crises	0	1
War	1	7
Other	4	9
None	16	11
	36	36

TABLE 7:13 : Events Affecting Later Career Listed in Questionnaire

A substantial number of the women reported no significant events affecting their later careers. Sixteen respondents in childhood and eleven in adolescence felt they had not had experiences relating to later careers. Personal and family illness, deaths in the family,

experience of the Second World War and the influence of Christian commitment are discussed in detail.

First, personal and family illness were mentioned by 9 of the respondents. For some this may have initiated an interest in nursing. One woman wrote

> 034: Father developed Parkinson's Syndrome and probably for the first time I came into close contact with 'illness'.

Another, after beginning university,

> 005: I was, at the time, visiting a relative who was dying of carcinoma and I think I was impressed by the work being done by the student nurses.

In the main though, the illness experience came at a time when the decision about nursing had already been made. The result was a 'reinforcement' of the interest. Respondent 004 described two such experiences:

> 004: I was 3 times a hospital inpatient during this period but as I had always wanted to be a nurse I was not influenced by the hospital experience, just interested to see the work I would eventually do.

And

> : At 14 years of age I had a cycling accident ending in hospital where I stayed for 4 hours. I remember telling the staff I was going to be a nurse - 22 years later I was appointed to their hospital as Principal Nurse.

Another reported

> 024: At age 11 I was isolated in a fever hospital for 18 weeks; there I 'fell in love' with the nurses, which strengthened my desire to become one.

Personal illness was experienced more in childhood, a time of fanciful ideas about vocation (Ginzberg 1951 et al.) "Falling in love" with the nurses and the memories of another respondent illustrate that the ideas about nursing were attached to positive, sometimes romantic memories.

Int: Can you remember what the nurses did for you?

(Subject had had serious mastoid problems at age 4)

O10: Oh yes, I can remember having to have dressings done and the elastoplast pulled off the hair and I can remember that they used to get the ether and I couldn't bear the smell of ether, not so much the pulling off the elastoplast but the ether. So they used to come, and I can remember it, they were terribly kind and good. They used to do everything they could to stop me smelling the ether.

Experience of others' illness enabled two respondents to encounter the caring role:

O11: The acute terminal illness of a younger sister whose admission to hospital necessitated my taking on a supportive role to parents and relatives.

O17: Mother's chronic illness and birth of sister . . . developed domestic and caring skills at an early age and the assurance that I could run a house and home if required.

These experiences were positively regarded in a career sense. They reinforced the interest or gave the young women a confidence about their ability to care for others. Two of the respondents had experienced personal illness as negative career factors:

O35: I had two operations and experience of school sanatorium; all more likely to turn me off nursing than turn me on.

O28: Pericarditis age 18 years. Left school, discontinued dancing and stage commitments. Had to look for other possibilities.

In the case of O28, the illness, while curtailing one career, opened up another in nursing. Thus, illness within the family or the individual generally proved to give a positive boost to the image of nursing in that it initiated or sustained an interest for several of the respondents.

The occupational choices of those close to them may have influenced the respondents. Most of the parents did not role model any of the health care professions as only six of thirty four fathers and five of the mothers (36) had been involved in health care. Only one respondent

mentioned a sibling's plans. A brother entering medicine made her

> "Think a little more deeply about my own career. One or two girls in my village with whom I'd gone to school, married village boys. I knew I did not want to do that. Had a great desire to know about life." (030)

Others had had experiences which introduced them to nursing:

> 037: As a Guide undertook voluntary work in a maternity hospital.
>
> 020: While at school, I joined the British Red Cross Society and helped in hospital wards for a few hours on Sundays.

The birth of a younger brother interested another in his development (037). Elderly grandparents requiring care motivated 011 towards nursing and the excitement and the support of a father towards the newly set up National Health Service affected another respondent's commitment to nursing (027). Overall, most did not appear to have been heavily influenced towards nursing by significant others. This reflects both the attitude towards nursing and the expectations, at that time, that young women would marry and devote their time and effort to raising a family, just as most of their mothers had done.

The second factor influencing the career development of the respondents was the experience of death in the family, particularly of the father. Of the six family deaths noted in Table 7:13, 5 were fathers. This had various effects.

> 014: Father's death when I was 11. No longer able to follow medicine as a career – too expensive and too long. Left school after one year in sixth form to work in insurance office.
>
> 038: My father died when I was 12 years old. This affected me in 2 ways, one was a serious effect on school progress, I lost drive and interest in school work. Secondly, social contacts diminished due in part to a drastic reduction in family income and in part to the loss of my extrovert and hospitality-inclined father. The likelihood of proceeding to university was prejudiced.

Fathers, as seen in Table 6:3, were the main breadwinners. Their deaths, therefore, would mean serious financial constraints at a time when university education had to be paid. In two cases the death of the father did mean a change in career from medicine to nursing.

The times through which these women lived were momentous in terms of their careers. The third factor mentioned was the advent of World War Two which changed the lives and careers of many. Throughout the War years a number of the respondents would have been children or teenagers. A few had started nursing already.

The War limited the choice of career options for some who were about to make decisions regarding careers and higher education. Plans had to be changed. Individuals were directed into areas of work and university plans were cancelled.

> 012: The outbreak of war in 1939 came during my final school year. This was the deciding factor which decided me against trying for university entrance and in favour of an apparently more useful and immediately practical field of work and I entered nurse training school in August 1940.

> 016: In fact, I never got to the second course because the war had started and direction of labour became operative and the alternatives for a girl in the relevant age group were to go into the armed forces, into the land army, into munitions or into nursing. And my parents were prepared to accept nursing as the lesser of those four evils and so that really expedited my entry into training as a nurse.

This person had wanted nursing as a career and the War helped her to enter the profession as it did several others.

> 024: The outbreak of war. Up to then I had resisted desire to be a nurse as I hated the thought of leaving home - my mother was against it too . . . . By 1942 the call to go nursing and to serve my country in time of war became one - and hence too strong to be denied.

> 026: Also the war started just as I was about to leave school. I taught for 2 years in a private boarding kindergarten in a secluded country spot and then had no choice but nursing or the forces or land army! That clinched my conviction that I wanted to nurse, in 1942.

An upbringing which stressed service to the community as a Christian duty emerged as the fourth influential factor bearing on the later careers of some of the respondents.

> 026: But the constant pressure of over-zealous parents and religious pressure combined to make me think very seriously about life and vocation. Intellectually I rejected much of this pressure and chose my own career and sought my own philosophy of life. But the background influences were very strong and made me over-conscientious and committed to a vocational course of service.

This commitment occurred in various ways. It was instrumental in helping to make the decision about entering a profession in which 'help' or 'service' would be of paramount importance. Preparation for missionary work was one reason for nursing:

> 016: I developed a deep commitment to the Christian faith and wished to become a missionary. It was with this end in view that I was determined to train as a nurse so that I would be equipped to be a medical missionary.

Faith proved sustaining for another respondent.

> 002: Age 13, while an evacuee during the war, acknowledged my personal acceptance of the Christian faith, rather than just being part of a Christian family. Without this I do not believe that I would have had the courage to 'stick my neck out' and do a number of things for which I felt inadequate.

Another described, during the interview, how the choice of nursing ended up being a religious experience for her.

> 022: It was a very traumatic 3 months that I spent sorting out what I would do having been thrown out of the university. I don't know if it came out in the questionnaire that I come from a very strongly Christian background and so I guess this was, in the end, a religious experience for me - that I will try and listen to what God wanted me to do with my life, and I think being thrown out of the university made me think very deeply about that.
>
> I think in those 3 months, wherever I went I met nurses, which was quite strange because they hadn't forced themselves on my notice before and everything seemed to centre around this and I found it very difficult because I despised nurses and nursing as a not very respectable occupation, certainly not academic . . . .

The school this person attended did not accept nursing as a viable choice yet when speaking with her chemistry teacher from that school, the woman suggested nursing. She continued,

> ". . . and in the end I knew that this was what I was meant to do. I didn't have the emotional energy to do it, I didn't want to do it. I was on holiday in North Devon and I remember just opening my New Testament and the verse in front of me was 'Ye men of Galilee, why stand ye looking up at heaven'. Get on and do it (she laughed). So I put 5 applications in to 5 London Teaching Hospitals . . . ."

Thus, the Christian commitment gave strength and guidance to take up an occupation which was not held in high favour at the time, and which meant hard physical work, long hours and poor remuneration.

Conclusion

Some of the events reported here are those which could be expected in any sample of young people during their school years. Illness - personal or family, death of a significant individual, encountering situations which provoked or directed (as the War did) an interest in a certain occupation and experiencing a commitment to religion or a family ethos - all these can affect thoughts about career planning. What was unusual in this group of women was how much the War affected them. In the questionnaire 8 noted this as the primary event affecting later careers. Of the 8, seven were in adolescence, a prime time for career planning. The War acted as a positive force for some as it directed them into a field they wanted but possibly might not have entered because of parental or school attitudes towards nursing. For others, War blocked opportunities. Thus some of the events, such as War and restricted financial circumstances, shunted some of the women into nursing. Many had expected to enter other occupations (Figure 7:3).

A hypothetical question about "If you had had the type of counselling available today, would you still have been a nurse?" revealed that many, given the opportunity, would not have been in nursing. Of 24 respondents who addressed the question, 13 were quite certain they would have done other things. Most felt they would have gone on to university to do a degree which would have led to teaching. Several regretted that they had not been able to do medicine. Only four felt that they would not have ever wanted to do anything but nursing. Respondent 004 describes how she felt:

> Int: You decided to stay with nursing after one year of Isolation Nursing?
>
> 004: Well, in a way you put the wrong flavour on it because I never thought of leaving. There was just never any question - is there anything else I want to do? That question just didn't ever arise in my mind.

One respondent felt she would not even try to answer the hypothetical question because her attitude was "never look back, always make use of what you have". There were six who replied that they didn't know. The question was, for them, too fantastic. They indicated that the opportunities hadn't existed so careful counselling wouldn't have made a difference. These comments reflect the times through which they matured and the events which shaped their career choices at critical periods. Some of the women in this study entered nursing by default.

The Schooling Years - A Conclusion

In many ways the depiction of the respondents as schoolgirls was not typical of the average schoolgirl. Their backgrounds, on the whole, were advantaged both socially and financially. They were very active adolescents with many acquiring leadership roles early. Their self-descriptions revealed confidence and motivation. Their schooling

experiences were remembered mostly in a positive light. An air of general encouragement and support seemed to have surrounded them.

The predominance of the single sex school may account for some of their experiences. Leadership roles would have been more readily accessible to high achieving girls which a number of these women were. Also, encouragement to achieve had to be directed at some of the pupils in an all-female setting. Very few mentioned dating or other aspects of the youth culture, thus their energies were oriented towards neutral activities such as Guiding or church work. Vance (1978) found a similar profile of female executives in higher education and corporate business. She noted that they were high achievers, and school leaders; that they had been encouraged in a number of activities, and that they dated less frequently. The respondents did show similarities with the average schoolgirl in three main areas: subject preferences, the ambiguous nature of their future lives and parental expectations.

First, as Tables 3:4 and 3:5 of 'O' and 'A' level examinations results demonstrated, schoolgirls have tended to favour examinations in arts subjects. Hard sciences and mathematics were generally not preferred by the respondents although of those who stated such a preference, the single sex school was slightly more represented.

The second feature which was strikingly similar to the description of the educational experience of the average schoolgirl was about the vagueness surrounding their future lives. The expectations of the respondents at that time were distinguishable in one of three ways: no expectations of career; vague expectations to do well scholastically and to achieve worthwhile work; or, specific expectations that did not consider the individual's desires or ambitions. Parents and teachers were significant figures at these times. What is important is that these particular expectations were of young people who were active

achievers, and who, with their advantaged backgrounds could have been predicted to contribute much to a profession. It was shown that these expectations were not noticeable for the respondents' male siblings. This brings forward the third similarity. It can be deduced that, the parents, responding to the social mores of the time, felt their daughters would eventually marry and settle into a traditional role.

> "Parents see themselves as explicitly preparing their children for life; in as much as the roles of men and women are distinct, children will be prepared both explicitly and implicitly for the particular sex-role appropriate to them. In this way the attitudes defining masculinity and femininity are perpetuated in a very real sense . . . ." (Newson et al. 1978, p. 38)

What was introduced at this point in the respondents' lives was the lack of long term planning and control over their own futures. They seemed destined to wait for 'something' to happen to them. In the end, entry into the occupation of nursing was, for some, by default. Those who had decided on nursing did so early in their lives. The decision was not so much one of careful consideration and planning but more of holding on to a notion of what nursing was, perhaps a romantic idea.

Thus, at this point in their lives the respondents proved to have been advantaged, active and able,but the investment in scholastic achievement was not expected to pay dividends through the realization of a career. Yet, at this early point, the respondents matched the background factors of achievers as listed by Lasky (1982): higher social class and good educations; a birth order which allowed the child to be 'special'; parental style of encouragement; and, personalities which showed independence, assertiveness, and intelligence.

CHAPTER EIGHT The Career Development of Leading Female Nurses in England and Scotland

Introduction

With two exceptions the respondents came straight into nursing from a schooling experience which depicted them as able and active. Aspirations for a career were limited and no long term planning had been evident in their last years of schooling. How their subsequent vocational development unfolded is delineated in this Chapter. It is presented in two sections: the early career period and the second career stage.

The Early Period: The Perpetual Probationer or the Long Wait for Recognition

The early career period spans the time from the respondents' entry into the profession until they gained a position above the ward sister level. The characteristics distinguishing this period of their careers are described. First, some profile features are given: their ages at entry, the reasons they chose nursing, and their aspirations as novice nurses. Second, how their careers progressed during this early period is delineated through an analysis of the jobs they held and the educational qualifications they obtained. These factors are then discussed with consideration of the kind of support they experienced. In the conclusion the findings are discussed generally.

The Respondents as Entrants to Nursing

The respondents were mostly under 23 years of age when they entered the profession (see Table 8:1)

Age on entry	Respondents Number
17	2
18	16
19	4
20	5
21	2
22	3
23	1
24	1
34	2
Total	36

TABLE 8:1 : Age of Respondents on Entry to Nursing

Table 8:1 illustrates that the majority (twenty-nine) of the respondents were under 21 years of age when they came into the profession. Other than the two subjects (both aged 34 years) who chose nursing after embarking on other careers, only a quarter (11) of the women had had any other work experience before nursing. Thus, the profession welcomed most of the respondents directly from an educational experience.

The reasons the respondents chose nursing are listed in Table 8:2.

Reasons for nursing	Respondents noting reasons Number
1. Sense of service	12
2. Always wanted to	9
3. No alternative or other plans failed	10
4. Financially possible	2
5. Personal satisfaction	2
6. Other: to be near boyfriend	1
	36

TABLE 8:2 : Reasons for Choosing Nursing

It can be seen from Table 8:2 that the reasons given are not career oriented. Singh (1970), in his study of nurses on an experimental course, found that entrants to nursing are primarily motivated by personal and socializing factors such as wanting to help people, and to be of service to the community. This group of nurses also indicated that over one third (thirteen) of them had entered because of what Singh termed an 'undesirable motive', such as those in categories 3, 4 and 6 in Table 8:2. In contrast, Hockey's (1976) study of Scottish nurses found that only 20 per cent had had undesirable motives for choosing nursing. In the analysis of occupational planning in the school years of the respondents, the findings revealed that the choice of nursing occurred frequently by default. This is reflected in the reasons given in Table 8:2.

Of those who entered the profession at a young age (34), twenty-six reported that they had done very well academically, while 8 reported average achievement. Eight of the eleven who had noted an 'undesirable' reason for coming into the profession reported high levels of achievement. Thus, these motives did not prevent their full academic participation.

The respondents were asked about the aspirations they had had as beginning nurses (see Table 8:3).

Aspirations as a beginning nurse	Respondents noting aspirations Number
To finish training	10
To be a good nurse	4
To progress in a nursing career:	
sister - 10	
tutor - 3	
matron - 1	15
midwife - 1	
To do voluntary work, e.g., missionary service	3
To marry	1
No aspirations	3
Total	36

TABLE 8:3 : Aspirations held by Respondents as Beginning Nurses

While two thirds of the respondents remembered holding aspirations which were lacking in long term prospects, fifteen indicated that they saw their career in nursing progressing. Only one mentioned a top level position. The others noted positions which they saw as attainable since they probably noticed other staff nurses being promoted. Hockey (1976) asked the Scottish nurses in her study what were their plans for the future. She found that only five per cent envisioned the possibility of promotion while sixteen per cent thought that further training or a move into another nursing area were future probabilities. The rest of the sample (79 per cent) had plans which were not related to careers in nursing or career mobility. The learner cohort, like this group, had aspirations to finish or to do further training.

To summarize, the respondents, on average, entered the profession under the age of 21 years, with motivations which were not career oriented. They achieved academically but had, on the whole, short term aspirations, although fourteen envisaged some progress up a career ladder, mostly to ward sister level.

Career Progress - The Lateral Moving Syndrome

The first few years after beginning an occupation are crucial to vocational development. Super (1957a) has theorized that establishment, or creating a permanent place within an occupation, begins around the age of 25. While some shifting may occur, he was of the opinion that establishment began early in the professions; that is,

> "effort is put forth to stabilize, to make a secure place, in the world of work. For most persons, these are the creative years." (p. 41)

The early career progress of these nurses is described in this section in light of what Super has said since his description of

establishing a career was made at the auspicious moment when the majority of the respondents were involved in their early careers. How work experiences and educational attainments form a pattern is discussed.

The Work Experience

The respondents were asked to list all of the jobs they had held since leaving school. Table 8:4 illustrates the numbers of jobs held by various respondents. Training periods are not included. Note: Total includes nursing and non-nursing posts.

Number of jobs held	Respondents reporting Number	%
3 to 5	3	8.3
6 to 8	12	33.3
9 to 11	17	47.2
12 and above	4	11.1
Total	36	99.9 (less than 100 due to rounding)

TABLE 8:4 : Numbers of jobs held by respondents
Note: Total includes nursing and non-nursing posts.

The thirty six respondents had held a total of 324 jobs up to 1981. The range was 10 jobs, with one person having had only 3 positions and two people having held thirteen posts. The mean number of jobs was nine. Eleven people had had 16 jobs before beginning nursing. Therefore, the respondents have had a wide variety of nursing experiences. Most of that experience was gained in the United Kingdom as only one quarter of the respondents reported nursing jobs out of the country.

Reasons for changing nursing jobs show that the respondents valued wide experience in their occupation. Twenty eight people said they left positions to further their qualifications while fourteen said the move was to gain more experience and 17 moved to change their area of nursing. Thirty two reported that job changes were made for promotion.

What may be more important about their work history is the kinds of positions they held at various points. Table 8:5 depicts how mobility occurred for the group up to the eighth career move. Further education has been included as it was a frequent step in the first 8 steps. The implications of this are considered later under 'educational attainments'.

Career Position at various levels	Number of respondents at each occupational move (or step)							
	1	2	3	4	5	6	7	8
Level 1 Nurse training	36							
Level 2 Staff nurse		26	7	5	8	4	2	1
Level 3 Sister		1	8	17	10	5	3	3
Level 4 Tutor/lecturer					2	7	7	12
Researcher						1	4	1
Middle management level - e.g., administrative sister, deputy matron					5	1	7	2
Level 5 High management level - Chief Nursing Officers (or Matrons), Principal Nursing Officers, Area or Regional Nursing Officers							3	6
Officer in professional organization, government, or head of independent nursing body, e.g., nursing research unit							1	6
Other (left nursing temporarily)		2	1		3	1		2
Further education		7	21	13	11	15a	8	3
Total	36	36	36	36	36	36	36	36

TABLE 8:5 : The career progression of the respondents shown up to the eight career move.

Note a : Degrees (N=2) were noted at this step only. All other further education qualifications were non-degree.

The Table (8:5) illustrates that the respondents' first step after training was to be staff nurses or to do further education, primarily midwifery. There were no jumps into senior posts, although one person did become a charge nurse. It would appear from Table 8:5 that there was a gradual career development. After the short period spent at the second step (in the initial staff nurse post, of the 26 who followed this pattern the range of time in post was 6 months to 3 years) many then proceeded to obtain a midwifery qualification which opened up the possibility of a ward sister's post. From the ward sister's post, decisions were made about the various careers in nursing - teaching, administration or community. A closer look at individual patterns of progress demonstrates that the orderly and sensible development implied in Table 8:5 did not occur in reality for a number of the respondents. Figures 8:1, 8:2, 8:3, 8:4 demonstrate how several respondents moved <u>between</u> levels with an occasional move <u>up</u> levels. Note 1) The various moves are numbered on the arrows, 2) the ages of the initial student period indicate when they started training.

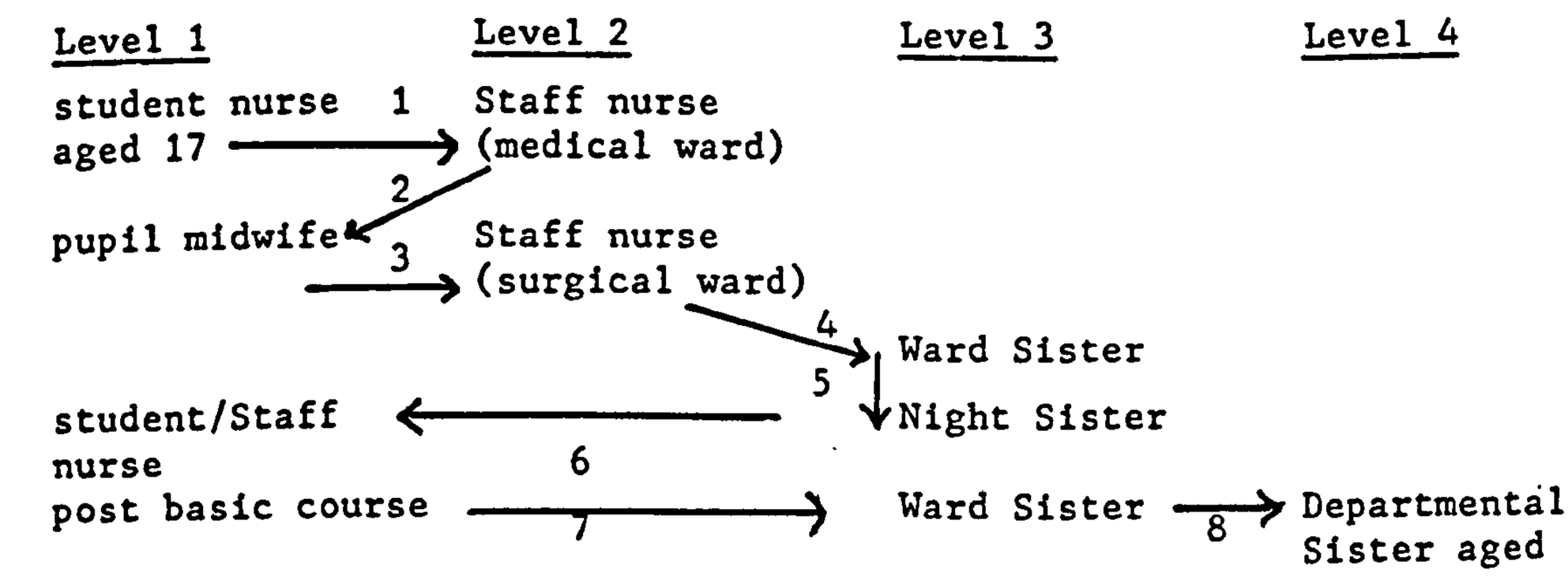

FIGURE 8:1 : The Career moves of Respondent 002 up to age 43

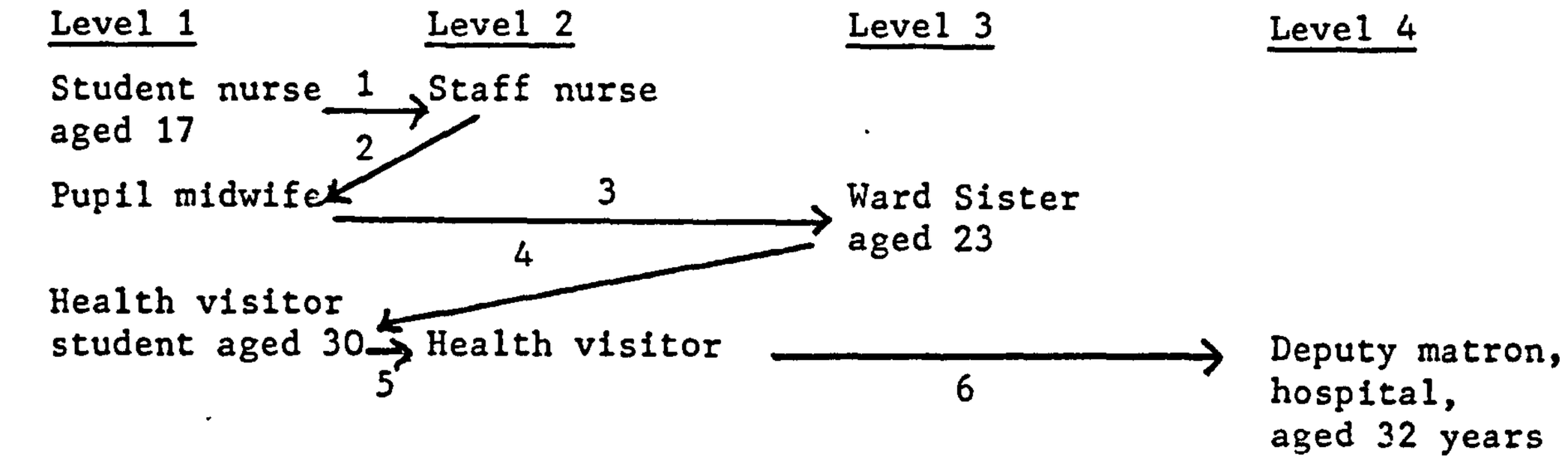

FIGURE 8:2 : The career moves of Respondent 004 up to age 32

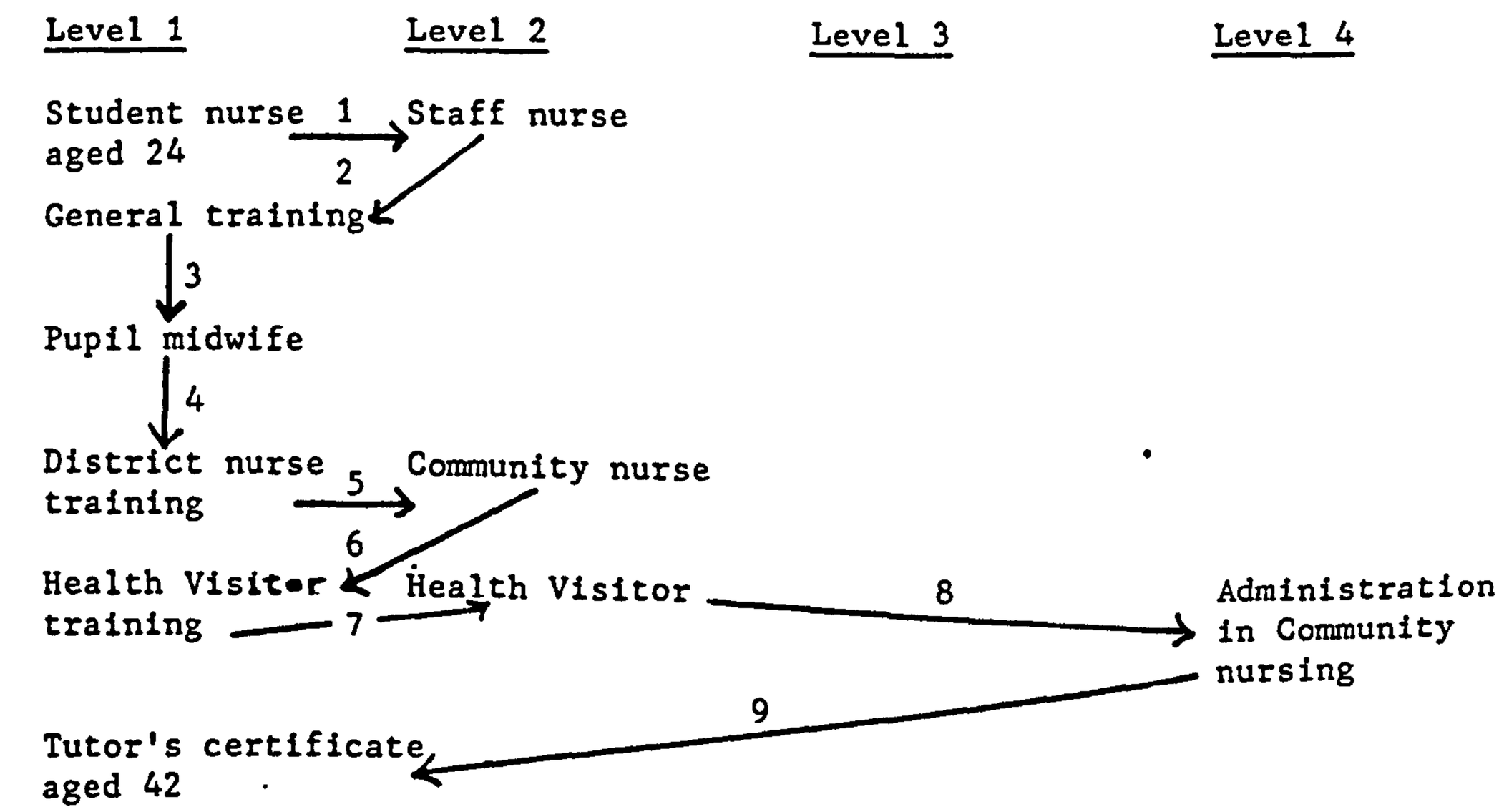

FIGURE 8:3 : The career moves of Respondent 015 up to age 42

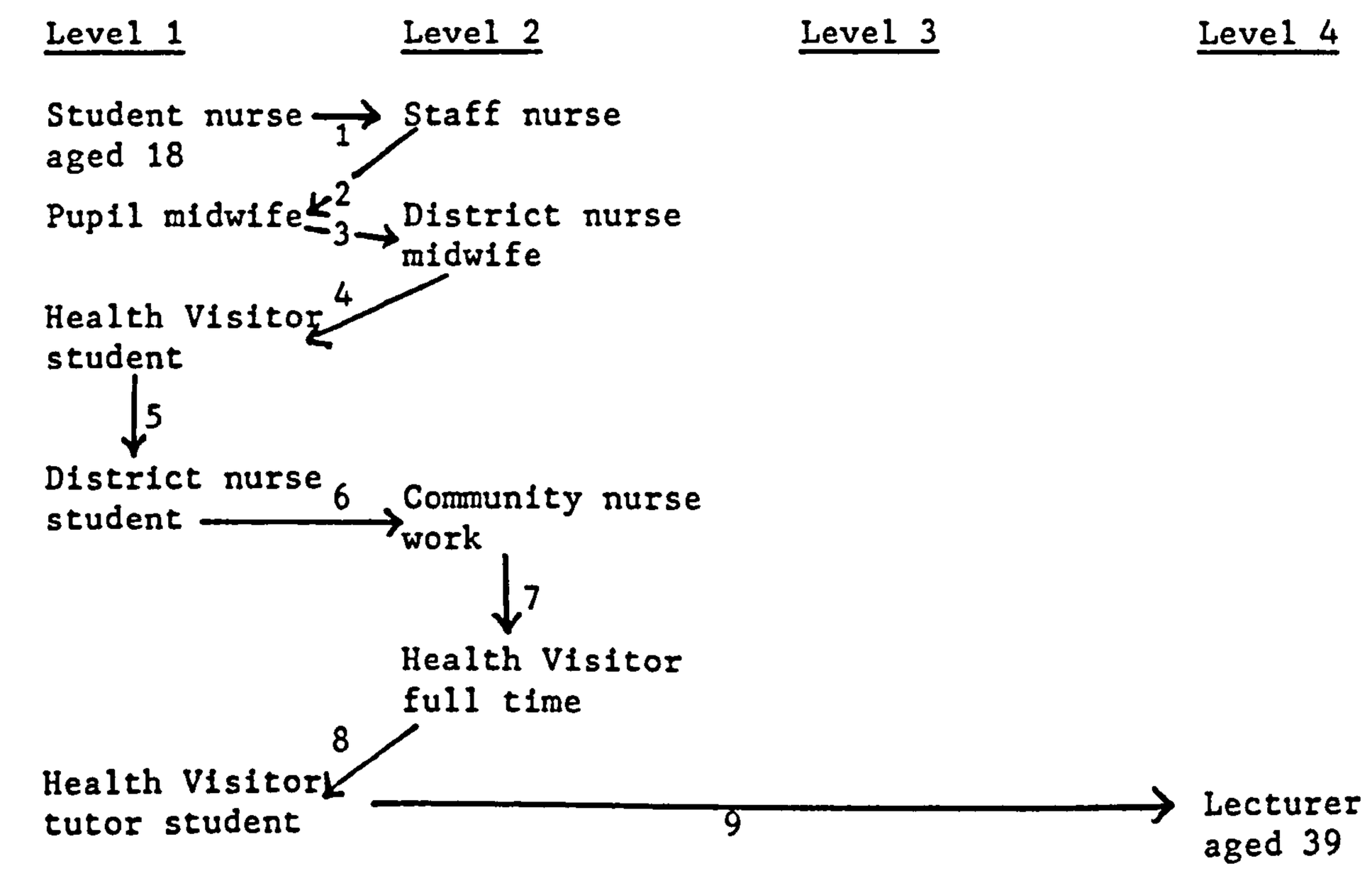

FIGURE 8:4 : The career moves of Respondent 026 up to age 39

These diagrams of career moves are revealing. The lateral moving meant in the case of respondent 002 (Figure 8:1), that career mobility, the moving from one occupational stage to another (Slocum 1974), was very late in coming, at age 43. Respondent 004 (Figure 8:2) illustrates that she undertook 3 moves into 2 different areas (Slocum (1974) referred to this mechanism as occupational mobility) before returning into the area of Health Service administration in which she stayed. The movement pattern of respondent 015 (Figure 8:3) demonstrates the 'certificate gatherer' syndrome to which Dingwall and MacIntosh (1978) referred. They were of the opinion that this kind of movement delays making a commitment to nursing. Respondent 026 (Figure 8:4) did concentrate predominantly in one area (Community nursing) but the distinctions between District Nursing and Health Visiting each time required that she return to the first level.

The data show that most of the respondents had had early periods similar to those seen in Figures 8:1 to 8:4. Table 8:6 shows the various time periods which passed before the respondents attained a position above ward sister (Level 3).

Time periods between first post and obtaining post above Ward Sister	Respondents Number
3-5 years	5
6-8 years	14
9-11 years	6
12-14 years	5
15 and over	5
Total	35

TABLE 8:6 : Time periods between first post and obtaining post above ward sister.

Note: N=35, one respondent had worked part-time most of her career, therefore she has not been included.

It can be seen from Table 8:6 that few of the respondents could be labelled as 'high fliers', as those who went quickly into positions of power, above ward sister level. The range of years was 19, with one person promoted after 3 years, and one waiting 22 years. The average waiting period was 9.4 years. This is similar to the time period Hennig and Jardim (1978) found in the career histories of their female subjects who were successful in the American business world. They felt that this waiting period incorporated the raising of a family or a realization that a career was desired. As thirty-three of the respondents in this study were single, the first explanation is not applicable.

The educational attainment pattern helped to create this period of waiting for promotion.

Educational Attainments

As noted in the respondents' group profile, they (all 36) had a total of 186 qualifications among them (not including the initial nursing qualification), with a mean of 5 and a range of 7. Most of the qualifications were non-degree nursing qualifications (see Table 6:5) with the Midwifery certificate being the most popular (25), followed by the Registered Nurse Tutor qualification (11), Health Visitor certificate (7), the certificate or diploma in Administration (7), and the Registered Sick Children's Nurse certificate (6).

Only 2 people entered nursing with a degree. The other degrees were obtained after qualifying as a nurse. Table 8:7 illustrates the ages at which these first degrees were taken.

Age categories	Respondents Number
31-35	1
36-40	3
41-45	9
46-50	4
51-55	4
56-60	1
Total	22

TABLE 8:7 : Ages at which first degree was obtained after qualifying as a nurse.

Note: N=22 as 12 respondents took no degrees and 2 took their degrees before nursing.

Degrees in nursing were not available in the United Kingdom until the early 1960's. However, these women could have taken degrees in related disciplines. The majority (eighteen) obtained their first degrees after the age of 41. The main areas of study were in sociology, psychology, economics, history and arts. Of those giving reasons for studying for a degree, two thirds cited interest as a major factor.

Career advancement, academic credibility and a desire for more nursing knowledge were other reasons.

The numerous non-degree nursing qualifications were analyzed to determine when the first 'promotive' qualification was earned after the initial qualification (see Figure 8:5). A promotive qualification refers to the type which would be logically needed either to progress (e.g., a ward administration certificate), or a training which would allow a change upwards (e.g., into teaching). The Midwifery qualification, commonly but not officially acknowledged as needed for promotion, is excluded because it did not prove an essential preparation for most of the respondents' careers.

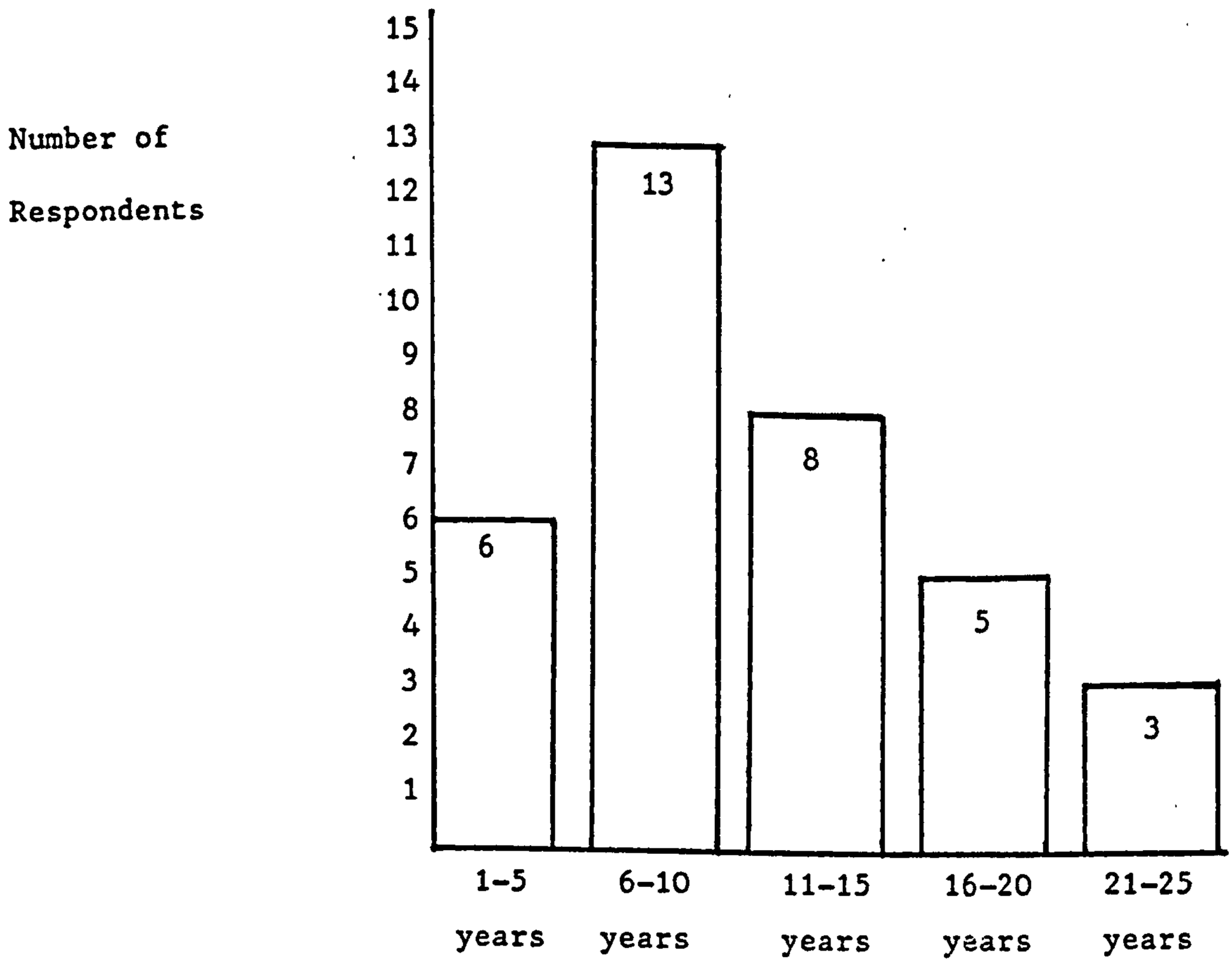

FIGURE 8:5 : Number of years after first qualification, that the first 'promotive' qualification was earned.

Note : N=35, one respondent never gained a 'promotive' qualification.

Figure 8:5 demonstrates that only six of the respondents earned a 'promotive' qualification within the first five years of practice and that nearly one half (sixteen) did not obtain such qualifications until 11 or more years after initially qualifying. The range was 22 years (between 3 years and 25 years), with a mean of 11.06 years.

The respondents were asked to give reasons for gaining various non-degree nursing qualifications (see Table 8:8).

Reasons for Further Education in Nursing	Numbers of times mentioned
Career oriented:	
To further career	23
To further knowledge	21
Recommended by superiors	8
Required further qualification	5
Non-career oriented:	
Interest	26
Personal reasons	5
Other:	
War work-direction of labour	1

TABLE 8:8 : Reasons for Further Education in nursing.

Note: Not all Respondents gave reasons.

A substantial number of the reasons in Table 8:8 were not career oriented. The category 'recommended by superiors' was of interest as the study wished to identify supportive features of these nurses' careers. Although this reason was given 8 times, only 5 people noted it. The courses these 5 were advised to take would have advanced their careers. They included teaching qualifications and diploma work at university level.

The midwifery qualification is one which appears much abused. Twenty five of the respondents took the Midwifery certificate (9 did Part One only) for reasons such as "needed for ward sister post",

"to complete training" and, it was the "usual pattern". Only two of the respondents pursued careers in Midwifery. Health Visitors could have benefited from such a qualification (although it was not required) and of the 10 who practiced Health Visiting, nine had the qualification. It had become part of the folklore of nursing that the Midwifery certificate was necessary for promotion to ward sister, thus, nurses like respondent 002 (see Figure 8:1) went from staffing on a medical ward into midwifery, gained her qualification and returned to staff on a surgical ward. Her career progress continued in hospital, never in Midwifery.

The late entrants to nursing followed the same pattern. Both started at 34 years of age yet both went on to do their Midwifery qualification. Neither utilized it in any demonstrable manner as one proceeded into teaching and the other into journalism. The expectation to do midwifery was very strong.

An Exploration of the Lateral Moving Syndrome

It has been shown that the respondents spent much of the early period of their career making side-stepping moves which were not conducive to career development. When the lateral movement syndrome was identified from the questionnaire data, the researcher asked interviewees if they could explain why it occurred. The explanation which emerged depicted a 'catch-22' situation (see Figure 8:6).

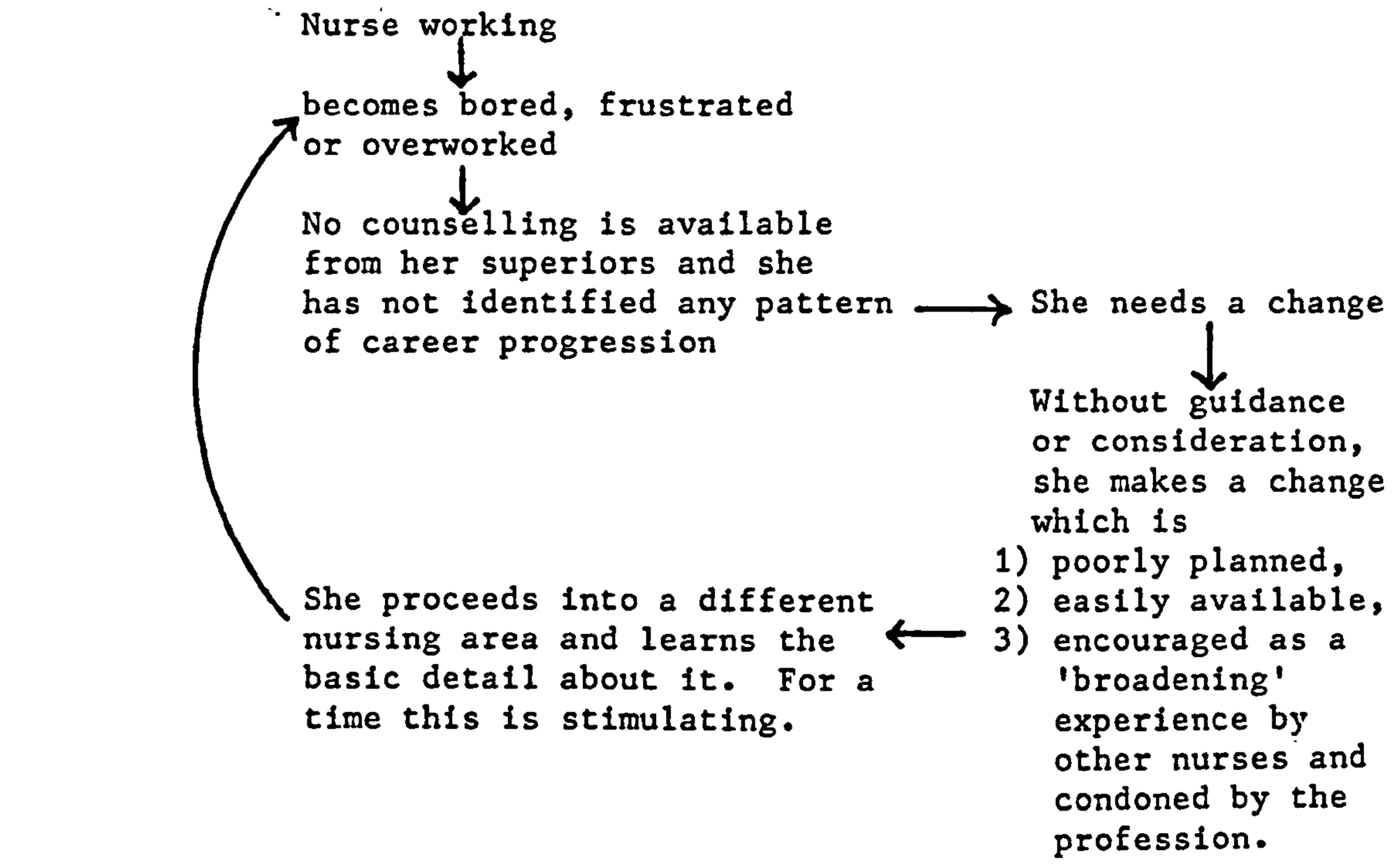

FIGURE 8:6 : A diagrammatic representation of the Lateral Movement Syndrome

The syndrome begins when nurses become bored, frustrated or overworked. As respondent 016 said

> ". . . as far as taking the Health Visitor qualification is concerned, I think that some years ago there were some people who got very tired of institutional life which the hospital certainly was in those days and they saw Health Visiting as a much freer, independent form of living. Also with much more regular hours of work and I think some went into it for that reason."

Another remarked

> 012: It could be that if they are bright that they come to grips with the work that they are doing very quickly, and they inevitably become rather bored with it. In the early part of my career I found two years was as long as I could take. Later on I found 3, more recently, 10 as I was finding a lot of stimulation in the matron's job."

For these various reasons nurses decide on a change in their careers. Their planning is based on what they see and know. Several respondents pointed out that frequently there was no identifiable career structure.

Implied in the following quotations is that, due to a lack of counselling, the nurses are unaware of the best moves to make.

> 027: They've got no experience about how to do that (to move and progress), so they don't necessarily spot the best lateral moves in educational or career terms. So they make errors - as I might have done, doing a diploma rather than a first degree. And then there's a real problem about mobility within the profession for people who have got different skills and if they feel strongly about clinical work, for example, they're stuck with this absolutely appalling non-movement altogether in the profession.
>
> 005: They're up against a wall but they don't know what to do to knock it down and they go laterally to try to acquire some skills or knowledge which will help them to knock down or they get totally frustrated and can see nothing they want in the straight line and so they think maybe they'll go laterally.

In the opinion of one respondent, the implementation of the Salmon Report (Ministry of Health and Scottish Home and Health Department 1966) helped to create an observable career structure. Others disagreed and suggested that the difficulties they encountered continue today.

These lateral moves are endorsed by the profession in several ways. One respondent (035) reported that in her hospital it had been acceptable to do Midwifery although the senior staff looked askance at other courses. There was a general encouragement for what was termed 'broad experience'. This experience was thought to give confidence to consolidate their initial nursing experience. Before the 1970's when degree courses for nurses began to develop more widely and the Briggs Report (Department of Health and Social Security and Scottish Home and Health Department 1972) advocated more university education for nurses, the only easily available courses were in the areas of post-basic clinical work, teaching and management. Linked to the narrow choice of Further Education courses was a tradition which underlay what respondent 027 saw as a lack of intellectual development.

> "There's a whole problem about basic nurse socialization, isn't there, that intelligent people get undermined? And I think that is the real problem, certainly in traditional programmes . . . there is the major anti-intellectual issue about nursing altogether so people can't easily accommodate formal academic training backing the profession . . . ."

Another respondent's (032) comments agreed with these sentiments.

She discussed the eagerness in nursing to adopt short management courses.

> "I'm slightly rabid on management courses - like a lot of sheep dip, put you in at one end and after three weeks hope you get something out at the other end."

In her opinion the year-long, more academic course at the Royal College of Nursing was not popular because it took longer and cost more.

Thus, with the profession encouraging lateral moving, the lack of counselling and perhaps, as suggested by several others, the tendency of the nurse herself to see her nursing life as a short term commitment before marriage, career development adopted multiple side steps. The main problem is that most of the post-basic courses in nursing are concerned with basic detail, not with the encouragement to inquire into practice, nor with innovation. Carter, as early as 1956, wrote of this situation.

> "It would seem that the time is ripe for a review of basic nurse training in Great Britain. Apart from the wastage of manpower involved in keeping student nurses in subordinate positions undergoing successive periods of apprenticeship training, there has hitherto been little scientific study of the optimum content of basic nursing education from a point of view of entering a profession with a wide range of functions of which hospital or bedside nursing is only one." (p. 39)

As the courses offer only short term stimulation soon the nurse begins to search for another route, and the cycle is perpetuated. Some, as respondent 015 (Figure 8:3) demonstrated, make a number of circular journeys.

From the syndrome featured in Figure 8:6 it could easily be misconstrued that occupational moves are unplanned. The discussion thus far suggests that there is planning based on what is available and what is encouraged within the profession. With the group of subjects in this study who did move laterally, one other characteristic was identified which allowed them to break the perpetual cycle. This was the opportunity to do something different. Respondent 022 explained:

> "As soon as I had been through the course (teaching as an unqualified tutor), the tutor in charge, I think, recognized that I had something and said 'you really ought to be thinking of teaching in the future'. And I thought this was preposterous, way out, never imagined that I could do anything like it. And she plagued, and plagued, and plagued me until I went in and lectured within her course and then plagued and plagued, and plagued me later on until I did the tutor's course and also plagued me to be more professionally involved."

With Respondent 024, pioneering work was encouraged.

> "That happened by . . . going around the country saying we really ought to have a research unit based in a university. . . . . Miss _____ said 'Right, you must get your degree and come and set it up'. And she offered me a degree without (me having) the entrance qualifications . . . she was a great person. She opened the door for many people . . . she was the only one I've ever met in nursing who didn't make me ashamed of being ambitious . . . . And that's how I got to do the MSc (aged 44 when she started the degree). People said 'This must be your wildest dream come true', and I said, 'No, it isn't, it wasn't even in my wildest dreams. It never entered my head'."

The belief of another helped as it did in the case of Respondent 026 who, on deciding to leave a lecturer's position, went to see a senior colleague who told her there would be a marvellous opportunity coming up.

> "She said 'There's a job coming up at _____ which will have a lot of opportunity. At the moment it's only a (basic course) but you could develop it into a Department'. So I said 'Rubbish'. I applied and got it. At interview they asked if I'd be interested in setting up a degree. My remit was set."

The opportunities were important facets in breaking the perpetual cycle of the lateral mover. What distinguished these opportunity situations was the respondent's propensity to take risks. As Ginzberg and his colleagues (1951) discussed, chance happenings may occur for everyone. How much effect they have depends on the individual. In each of the quotations above the respondents accepted the challenges. Respondent 007 neatly summarized the attitudes manifest in many of the comments made:

> Int: You were in the right place at the right time. But you did accept the challenges?
>
> 007: Yes. But that's another one of my philosophies in life, because life is a lot of luck but it also means you've got to see the challenge. You've got to see the opportunity and grasp it because once it's gone it may not come again."

A career can be influenced by a number of factors. What comes through clearly is that there is a combination of planning and chance. The respondents were asked about their job changes and while three said they had actively planned their careers, only four said things had happened completely by accident. Twenty-nine felt that their career development had been affected by a combination of planning and accident. What else emerged from these quotations is that people either created or encouraged opportunities for the respondents. This kind of support mostly became available only later in the careers of the subjects. The subject (022) who was urged to go on the tutor's course was 33 years of age when she received such encouragement. Respondent 024 was 47 years old when she finished her Master's degree and Respondent 026 was 46 years old when she took on the position of setting up a degree course for nurses. The next section illustrates the kind of professional support which was available to the respondents in their early career period and how it sustained the lateral moving syndrome.

Early Professional Support

The kind of support which was available to the respondents sustained the slow career development seen in the first decade of work. The two main types of support mentioned by the respondents are discussed: models and mentors.

Models:

The respondents were asked who they had admired in this early part of their career. While ward sisters and tutors in nursing were mentioned most frequently, lecturers and professors (of nursing as well as other subjects) were also noted. Doctors were reported only three times as were leading nurses of the time.

Of more significance than the frequency counts were the reasons given for why these people had earned the admiration or respect of the respondents. In general, it was the practical competence of the nurses which was remembered as the following comments illustrate:

> 001: One ward sister during general training who always had time for patients and students.
>
> 003: Some ward sisters who displayed great ability to combine clinical skills with excellent ward management.
>
> 006: Some ward sisters - those who were helpful, fair and set high standards.
>
> 009: Other peers and trained nurses whom I found in my opinion to be good nurses.
>
> 013: Midwife tutor - dynamic personality; outstanding tutor.

In contrast to these quotations are those which related to people who were outside of nursing:

> 001: One admired a professor of psychology who was 'an intellectual giant'.
>
> 003: A lecturer in the univeristy who fanned the desire to acquire more understanding of events.
>
> 007: Outside lecturers . . . who gave us demanding lectures as opposed to 'chats for nurses' by condescending doctors who acted as though we had IQ's of less than 100, and (at university), lecturers and professors who taught me to challenge ideas and who encouraged debate rather than a regurgitation of facts.

032: A lecturer who was an 'intellectual force and a life enhancer'.

These people who provided intellectual stimulation and challenge were not usually available to the respondents in their early working years as most of them were situated in university settings. As has been discussed, the education received in the early career years was within nursing, at the post basic level. Thus, the nursing models they remembered were traditional. This type of model - competent and practical - would have encouraged a devotion to the work at hand, and therefore, an orientation to the present job. Nurses who care at the bedside are valued, while those who move away into more senior posts may be seen as 'failed' nurses (Jones, Crossley-Holland and Matus 1981).

Mentoring:

The mentor-protégé relationship has been identified as crucially important in early adulthood (Sheehy 1976, Levinson et al.1978). The mentor is someone who successfully helps younger aspirants to meet their goals. The classic definition of the concept includes the distinction that this person is not a parent although work on women's careers (Phillips 1977) has included parental support. In the questionnaire the subjects were asked to list those people who had been actively involved in their careers and examples of involvement were given - advising, promoting, guiding. There were additional requests to identify the person's occupation, sex, the period of the relationship and when in the career the person had been helpful. The mentor concept was followed up in interview when the term 'mentor-protégé relationship' was used synonomously with a 'helping relationship'. The word 'mentor' is not common in the United Kingdom and frequently it had to be explained. The aim of the researcher was to find out to what extent help of any sort had been available to the respondents.

The experience of being mentored was reported by thirty five of the respondents (see Table 8:9). This is similar to Vance (1977) who found that 83 per cent of her sample of influential American nurses claimed to have been mentored.

Number of mentors	Respondents having mentors Number
0	1
1	1
2	7
3	5
4	7
5	2
6	4
7	3
8	1
9	2
10	1
11	1
13	1
	36

TABLE 8:9 : Respondents reporting numbers of mentors

Table 8:9 illustrates that only one person felt she had not had any mentors. The other 35 respondents reported a total of 173 mentors, with a mean of 4.8. The range was 13, one having had no mentors and one reporting 13 mentors. Twenty-one respondents had 4 or fewer mentors while 27 respondents had 6 or fewer. Thus, the experience of being mentored was common.

The mentors were classified in various ways. First, they were considered by sex. Forty-eight were male. Of these, only three male nurses were identified. This meant that 45 of the male mentors and 30 of the female mentors (a total of 75) of the total number of mentors reported (173)) were outside of nursing. The second categorization was by area of influence. Table 8:10 lists the areas the males represented.

Area			
Education N=14	-	Deans	4
		Professors	7
		Lecturers	2
		Postgraduate student	1
Hospital N=11	-	Governor, Group Secretary	6
		Nursing administration	1
		Doctors	4
Government N=4	-	Senior Civil Servants (e.g., Minister of Health, Chief Medical Officer etc.)	4
Personal N=16	-	Fathers	7
		Ministers of Religion	4
		Friends	2
		Colleagues	2
		Husband	1
Other N=3			3
		Total	48

TABLE 8:10 : Categorization of male mentors in respondents' careers

As can be seen in Table 8:10 almost one third of the mentors originated in Higher Education settings. In addition personal figures featured strongly in the careers of the women.

Of the female mentors reported (N=125), 76 per cent (N=95) were nurses. Table 8:11 lists the categories represented by these nurses.

Table 8:11 shows that most of the mentors would have been at a level where they would have had the power to promote the protégé. Administration figures within hospital (ward sisters, Assistant Matrons and Matrons) account for over one quarter of the mentors. Taking into consideration those other levels within the National Health Service hierarchy (first category listed in Table 8:11), forty-three per cent (N=41) of the female nurse mentors were experienced within this sphere. Thus, the effects of the hierarchy did not preclude the development of such relationships. The influence of those in the educational setting

in nursing proved to be an important source of mentoring as they received 34 per cent of the reports.

Area		
Education - N=32	Professor	4
	Senior lecturer	4
	Principal tutor	13
	Tutor	11
Hospital and Health Service Administration - N=41	Ward sister	4
	Assistant Matron and Matron	25
	Chief Nursing Officer	6
	Area and Regional Nursing Officers	6
Government Nursing Officials - N=3		3
Officials from Professional Bodies - N=8	General Nursing Council, Royal College of Nursing and International Council of Nurses	8
Research Nurses - N=7		7
Nursing Colleagues - N=4		4
	Total	95

TABLE 8:11 : Categorization of female nursing mentors in respondents' careers

The respondents were asked to indicate whether their mentoring episodes had lasted for a single occasion, weeks, months or years. Of those noting how long the period of the relationship lasted, most were over a period of years, thus meeting the criteria that such a relationship would be sustained over a period of years (Levinson et al. 1978).

Of importance was when the mentoring episodes occurred (see Table 8:12).

Mentoring episodes occurred in:	Episodes noted Number
Early career (24-35 years)	85
Middle career (35-45 years)	63
Late career (45-60 years)	25
Total	173

TABLE 8:12 : Career periods in which mentoring episodes occurred

The early career period in this study was defined to cover the young adulthood years for it was seen as a crucial period of career development and therefore, for locating and gaining support from others. To do this, a period of 15 years was chosen, from age 20 to 35. Young adulthood has been variously delimited to 18 to 35 years (Havighurst 1972), 22 to 32 years (Sheehy 1976) and 22 to 28 years (Gould 1975). The period chosen incorporated this range of years. It can be seen from Table 8:12 that approximately one half of the respondents experienced mentoring during their early career phase. However, only forty-five of the 173 episodes referred to help from nurses. Closer examination of those noted revealed that a number were available to the respondents in the closing stages of the early career period, thus 18 per cent of the mentoring episodes had had nursing influences in the first few career years. Matrons were mentioned most frequently (20) followed by tutors (5), Assistant Matrons and night superintendants (2) and ward sisters (2). The findings related to later career are discussed in the second part of this Chapter.

To summarize, thirty-five of the respondents reported that they had been mentored. Nearly one half of the mentors were outside of nursing. This finding may account for the large number of mentoring episodes over half experienced after the early career period as the respondents were entering more into the world of Higher Education.

Respondents' Comments on the Lack of Support in Nursing

As nurses were represented in only one half of the mentoring reports at all stages and only 18 per cent in the first career years and had been described, in several instances, as 'positively unhelpful' with early career progress, the respondents were asked, in the interview, their opinion of this apparent lack of support.

Some of the respondents disagreed that nurses had been unhelpful to them personally but they did agree with the others that, on the whole, nurses have not been supportive. Four main reasons were identified for this behaviour: first, that nurses approach their work in a way which is not facilitative of helping with careers; second, that nurses have difficulty in standing outside of the role they've been socialized into; third, that there is a feeling that nursing is about bedside care; and fourth, that if one's career does progress, that this is regarded as unusual. If it is done 'correctly', however, meaning in the right stages, then it is acceptable. These reasons are elaborated using the interview responses.

In the opinion of the respondents, unhelpful nurses are part and parcel of a nursing career experience because of the type of people they are. Their lack of academic education has given them a sense of insecurity as Respondent 032 noted:

> "I think it is limitation of outlook. And our training doesn't, well it may be better now, but it hasn't in the past developed sort of . . . we get rather a lot of power on very slender base in my view. So that those who are not very intelligent need the kind of protection of their status because they're not able to come outside it and I think this is one of the things I find worrying".

Another respondent developed this thought further:

> 021: So you'd have expected the nurses to have got that sort of confidence but I do believe that a nurse's knowledge base is built upon very shaky grounds, and they have learnt to pass exams, they haven't learnt how to make decisions or synthesize that knowledge to use it to best effect. And if they have someone who questions just that little bit further than their knowledge base will allow, there is a tendency to say, to get defensive and I think probably I used to do that as well to start with until I realized that . . . .

The conservative nature of the profession also helps to socialize nurses.

> 027: It's a very conservative profession, isn't it? That doesn't easily take on innovation because it's got no base on which to take that on. It's so out of date now it's in danger of being like a dinosaur and most nurses are in that position. They just cannot afford to take in something that's unusual or disruptive. They genuinely can't afford it in terms of their own personal lives because there's so much bound up in their work, and their whole lives are invested in their work. Enormous limitations of that - both professionally and personally . . . therefore, they defend their position and try to block those other people at all cost.

Respondent 023 spoke of the type of behaviour which emerges from a conservative approach.

> 023: I would also have thought that it has something to do with the tradition of nursing which is you're there to get the job done regardless of whatever. You scrubbed the decks at Scutari whether they needed scrubbing or not, or were going to be improved by the scrubbing. I would have thought that there's something of that mentality built into every nurse. There's something perhaps wrong about wanting to give up what you're doing in order to do something else which may be of benefit to you.

Due to this educational experience and occupational socialization not many nurses are able to stand outside of the roles they've learned so well.

> 032: Of course, there's a certain strength in this, I'm sorry to say, that we need. For the most part people are not quite big enough to stand outside the support of the role and I think people take refuge in it, in their dress and in their authority. I don't think they mean any harm.

One respondent experienced the attitudes of her fellow nurses about her 'proper' role as a nurse when she was advised against moving into teaching.

> 009: I can just see her sitting down now and saying 'You know, you are a leading ward sister . . . it's wrong for you to go into teaching because we should keep encouraging all these people to be better ward sisters. . . .' . . .you know and she gave me a real lecture on it. I wouldn't have said she was unkind but I think that could be seen as blocking, couldn't it?

Nursing was seen as 'delivering care' therefore nurses delivered 'help' to colleagues. As Respondent 002 said "They helped me to do what they wanted,not what I desired".

The strong feeling that nursing is really about bedside care was seen to be reinforced by the status differences created in a hierarchical structure. Respondent 014 addressed this point at some length.

> 014: I think myself it's to do with the whole mores of the nursing profession. I think it's the way, at least it was in the past, of how people were treated, the attitude to the person below you and of course it didn't only apply to between ward sister and staff, it was a much more finely divided thing. It was the second year nurse to the first year nurse and the third year nurse to the second year nurse. It was all the way up and in order to survive . . .some people get so they just sit and wait for something to happen instead of making it happen and I think sometimes a certain initiative, spark, a certain aggression in the technical sense rather than . . . is lost. A certain instinctive behaviour is dulled and the sharp thrust of it is lost and I have had times when I have almost felt this myself. You begin to feel the part of being subservient and you begin to feel yourself in the position where you've got to ask before you do anything, you've got to make sure this is alright before you do it and I know that I have had this feeling on the way up sometimes . . . I know sometimes I've said to myself, this is not like me to be like this therefore, . . . if that can happen to somebody like me who hasn't been in nursing all her life I think it can happen even more to people who have been in nursing all their lives and subjected to this sort of influence that can so easily blunt the sort of sparkle. You don't blunt a sparkle - but you know what I mean.

Those who did progress were 'unusual'. They either rocked the boat, or were seen as unfeminine, or presented a threat.

> 005: I think nurses in general dislike and distrust the unusual and they see the go-getter as unusual. I think, that the average nurse - that's an awful generalization - but I do think that most nurses sitting happily in the normal stream look a bit askance at the person who is trying to climb out of it.

Progress had to be accomplished by going through the 'right' stages. In some instances, the London Teaching Hospitals were said to have expected some high fliers. For example, Respondent 027 had had encouragement from a Matron of a London Teaching Hospital to do doctoral work. Her immediate superior, a Senior Nursing Officer, suggested that upon completion of the degree she might return for a Nursing Officer position. This reflects what Respondent 016 remarked, that,

> ". . . unfortunately some people in senior positions don't have sufficiently wide professional perspective or professional vision or the urge themselves to contribute, either directly or indirectly to the advancement of the profession as opposed to just doing a jolly good job where they are.

This lack of vision means that those who do show promise, like good ward sisters, are asked to wait. Respondent 006 described the situation.

> ". . . one may be almost a defence mechanism because there isn't any shadow of a doubt, whatever the reasons, that the administrator or senior nurse in the hospital situation is always feeling under pressure of shortage of staff and the thought of encouraging yet another one to go is more than they can face. You know, they simply back off. Who will replace them? . . . they may not actively discourage them, but what they'll say to them, is 'You're a bit young yet, you should wait a bit longer'."

In the end the narrow perspective of those who have the power to help young aspirants in nursing results in an early career pattern in which orderly progress is deferred for a lengthy period as is illustrated in the following case examples.

Early Career Development - Two Routes

The career histories of the respondents were studied to identify the common patterns of development. It has been suggested that the lateral moving syndrome was common in the early career period and resulted in a lengthy wait for true career progress to become established. In fact, over one quarter (10) of the respondents experienced a career pattern which was orderly and structured. Thus, there were two patterns which describe the early career development of the thirty six respondents. Two typical cases are quoted to illustrate this.

1. Career by 'Drift' - The Lateral Moving of Respondent 017

> "In those days it was automatically expected that you would do your student training, then you would move along into a staff nurse post . . . . It was expected that you wouldn't really regard yourself as trained until you'd done a year or two of staffing . . . . Certainly this acquaintance said to me, 'Don't go to one of the London Teaching Hospitals because you won't get enough practical experience.' So I said, quite happily, 'O.K.' When I look back on it, it was very casual. Midwifery was much the same. Again, it was the expectation that really you should do Midwifery in order to complete your nursing experience. There was also no getting a sister's post if you didn't do it. That wasn't my motivation as far as I was concerned. In those years, it was a year's training - you did 6 months in hospital and the second part 3 months hospital, 3 months community. And that decided me that I wanted the Community. But I didn't want Midwifery. I didn't have the flair for it . . . . So the obvious thing . . . . By then I'd spotted that there were District Nurses. Although I hadn't a clue about Health Visiting (at that time).
>
> Interviewer: So that was your own decision - after you discovered you liked community?
>
> 017: Yes. Did District Nurse training in London . . . . District Nursing is very depressing or at least it was then. They were all old, they were all dying. It got very depressing after a couple of years and the conditions they were living under weren't very good either . . . and so I thought, well, I'll have a go at Health Visiting. Very casual, didn't know much about it but because I decided fairly late I thought I should go back into hospital and I went to this Casualty Department for about 6 weeks and decided it wasn't for me. So that finished that and then because I had to wait - I'd done a silly thing and hadn't gotten myself organized and I had to wait for Health Visitor training . . . . Then I did the Health Visitor training as a planned thing.

Interviewer: Had you talked to anyone about Health Visitor training?

O17: I was at the stage where I had had hospital and I had had District Nursing. So the only way to move then was to go into Health Visiting. I didn't think about getting out of nursing. Although at one point I did think about it . . . . The Health Visitor training and the job were much the longest. I got to the stage, after 6 years, when I felt I knew most of the answers and I wanted something else . . . . It was the job I liked most . . . . So again an opportunity came up to get a scholarship.

Interviewer: Did the scholarship come up and you decided to apply or did someone tell you about it?

O17: I think I was already restless and the Superintendant of Health Visiting said, 'Look, there's this. Have a go at it.' Again, it was somebody else saying 'Look, here's an opportunity' at a time when it was opportune.

These experiences of Respondent O17 illustrate how a career occurs by 'drift', a phrase she used in describing her career history for the interviewer. By the time she began to teach, the field in which she eventually achieved prominent status, she was 37 years of age. There was little decision-making about her future, her plans 'happened'. An acquaintance felt she shouldn't work in a London Teaching Hospital for 'real' nursing, bedside caring, wouldn't be easily available. Respondent O17 agreed, very casually as she remarked. Her move into the community was directed by a lack of knowledge about Health Visiting, so she subsequently spent two years as a District Nurse and one year as a ward sister before undertaking her Health Visitor training. At each career move, this respondent reflected the motivation identified in the lateral moving syndrome. She wanted something different from hospital, so she went into the community, where District Nursing became rather depressing. Health Visitor training was the next step but after 6 years she wanted some stimulation. This time a senior person encouraged her to apply for a scholarship to do the teaching certificate in Health Visiting and the move, at age 37, started her on an orderly, progressive series of career steps.

2. The Structured Approach - The Orderly Sequence of Career Steps of Respondent 012

012: (for first staff nurse position) . . . we had a limited choice. We had an interview at which we were asked what our future plans were and the expectation was that you would have a staff nurse post . . . . And then you indicated your preference. I, in fact, got the hospital I didn't want and the sort of work I didn't want . . . . I was there for 10 months and then an unexpected vacancy came up for Midwifery (within the same hospital complex) and I think they wanted to fill the place. Doing Midwifery was the accepted thing to do. It was very unlikely to progress in your career without a second qualification and there wasn't the wide range of opportunities then. I wanted to stay in the general field and for some reason that was the accepted pattern. Then relief sister on days and nights and doing all sorts of strange jobs . . . . Good experience . . . . The Matron interviewed us towards the end of our Midwifery training. In fact, I was sent for half way through and was told I was about to be a sister. I was told I was going to be promoted to sister and that was the automatic expectation that you always started as relief sister for a couple of years before you actually got a ward. All very much an established pattern.

Interviewer: So they planned your early career? The tutor course direction was expected also?

012: Well, after a while you either were committed to the ward sister for life or you indicated or somebody understood or they told you that it was not expected that you remain at that level . . . and that you either went into teaching or administration . . . . When I was interviewed here (as student nurse) and asked what I eventually wanted to do I said that I wanted to be a Matron and all this (the jobs) was working that way. . . . Therefore I didn't particularly want to do that (tutor course) but in discussion she said, 'Really this will do you a lot of good and would help.' I've never regretted it - very good advice but I said I didn't want to go on teaching, you see and after 2 years I was very happy to go back into the Service (National Health Service).

Interviewer: I wonder why she didn't want you to go straight into administration?

012: I think actually, I could have been thought to be somewhat reticent and the practice of public speaking would be good. The main thing though was 'This is the way I did it and therefore this is the right way to do it (the Matron's attitude).'

The career progress of Respondent 012 is distinctly different from Respondent 017. She had, first of all, a goal to become a Matron. Secondly, the Matron of the large hospital complex had spotted her potential and therefore created opportunities. The career planning was very much one-sided as the Matron directed the moves. By the time the tutor training and teaching experience were gained, the respondent stepped into the position of administrative sister at the age of 30. She was then nominated by the Matron for a course directly related to her work, a one year experimental course on administration. Upon her return to the hospital, at the age of 32, she was promoted to Assistant Matron. Of the nine posts held at hospital level, eight had been obtained within the same setting. This career profile indicates how the hierarchical setting can be helpful in career development. It provides an observable career ladder and superiors may decide to take on a mentoring role.

This pattern is relatively straight forward when compared with those who had had many lateral moves. Another respondent (036) evidenced the purest of this type of pattern. A staff nurse at 23 years of age, she progressed through a night sister's post to ward sister. Next came a night superintendant post. At the age of 34 she was promoted to Assistant Matron. She had one year out to do an administration course, and then returned to be an Assistant Matron. She achieved Matron status at the age of 38 and then progressed to a Chief Nursing Officer post. This led to a Chief Area Nursing Officer post. The progression was orderly and logical. In her early posts she spent one or two years. As the posts increased in responsibility she had a longer period of time in each. She built on her experience at each stage. There were no lateral moves in her career, and her educational interludes were directly related to administrative work, e.g., a ward sister course and a nursing administration course.

Thus, the early career period of the 10 respondents who experienced a more structured, orderly career progression was not such a long wait for recognition as those who demonstrated the lateral mover syndrome. Yet, there may have been delaying tactics utilized by those in control. The Matrons appeared to be very authoritarian in the planning for their protégés. As Respondent 012 noted, she was encouraged to do the tutor's course and some teaching because that was the route the Matron had pursued. Respondent 036 reported

> ". . . and then I was told that there was a night sister post and would I be interested in applying? And I was not anxious to go on night duty. I didn't like night duty in my training period and I decided that I would take it as it was a promotion for that spell. So that was placed before me one might say as an opportunity I should take. When I was on night duty, or indeed before I went on night duty, I said I wanted a ward sister's post, so I think that to go on night duty might have been used as an encouragement . . . after being on night duty a year or so there will be a ward sister's post for you. So that was, in fact, what happened. In regard to the night superintendant, I did not want to go on night duty again but constantly during these years (about 5) I was asked if I would go on night duty as night superintendant and I declined. I said I don't like night duty, I don't want to be a night superintendant. But then, every 6 months I'd been asked and I got tired of it that eventually I said, 'Alright I will do it for 18 months.' It was being implied that I had a duty to do it at that stage - that a senior ward sister should take a spell on night duty and because this comes through time and time again, my sense of loyalty, I suppose in a way, my commitment to nursing to such an extent, that I said I'd do that, accepting that I didn't want to go on night duty but because it was expected of me in the nursing profession in that particular situation to do a spell as a night superintendant. So of course I did that. Then of course when I finished night duty they said, 'You can't go back on the ward now you must go into administration.' . . .so it was - I suppose I was being persuaded without realizing what was happening.

The Early Career Period - Discussion

The early career period of the majority of the respondents proved to be similar to Super's (1957a) vocational life stage of 'exploration'.

He felt that, for those in the professions, the period of trial, of seeking a vocational place, would be over by the age of 25. An establishment stage, a period of creativity would then begin. Those respondents evincing the lateral mover syndrome with a subsequent delay in upward career mobility had an extended stay in the 'exploration' stage. They were late in accomplishing vocational developmental tasks and were vocationally immature. On the other hand, those respondents (approximately one quarter of the sample) who had followed a structured career pattern were found to have succeeded in the tasks which included choosing a suitable job and developing appropriate skills on the job.

The delay in deciding on a specific career route could be due to two factors. First, the individuals themselves may contribute to the situation. As beginning nurses the respondents' aspirations were generally not career oriented. The lengthy waiting period before a career commitment is made is said to incorporate the time in which marital and childbearing decisions are usually made (Hennig and Jardim 1978, Dingwall and McIntosh 1978). The women may have been expecting to follow a traditional path and when these expectations were not realized, their attentions focused on their careers. Pape's (1978) study of those nurses who use their qualification as a travel ticket, thus creating a kind of touristry, concluded that it is only with the passage of time that most nurses become career oriented. This was borne out by the respondents in this study. Although travelling was at a minimum, the certificate gatherers can constitute another type of touristry in the opinion of Dingwall and McIntosh (1978) and many of the respondents fit that description.

The second factor helping to determine the perpetuation of probation is the profession's attitude towards its members. The long

delay appeared to be cultivated. Professional models were traditional and associated with the bedside and clinical competence. There were few people to advise, guide or promote aspirants in the early years. The professional ambience encouraged conformity; exhorted novices to gain a broad experience; and, provided routes which rarely raised the nurse above a basic apprentice. In each new lateral undertaking the respondents became students again. The certificate gathering did not seem "as part of any rational process of career development" (Dingwall and McIntosh 1978, p. 55). Indeed the respondents seemed to begin a new career ladder with each new qualification and they did not suggest that their multiple lateral moves were planned. They 'happened'. There was also a lack of defined career patterns in both clinical areas and Community nursing. The hospital setting did have observable ladders and individuals opting for administrative nursing careers found that, although a few delaying tactics were employed, they were able to progress steadily. In these ways the profession placed a stamp of approval on the perpetual probationer phenomenon which a majority of the respondents had experienced.

Thus, a number of relatively unproductive career years passed. Super (1957a) has said that the educational attainment and age of an individual may help one to deviate from an expected career pattern. The pattern in nursing appeared extremely inflexible as even the two late entrants (at age 34 and after well developed careers in other occupations) followed the same traditional steps. One remarked at her surprise that she had reacted as did the younger nurses. In addition the two respondents who came into nursing with degrees did not deviate from the pattern in any noticeable manner.

In conclusion, the early promise of entrants who had been academically able was not realized. Most of them endured a prolonged period in which professional growth and career development were denied. Many were caught in a perpetuating lateral movement syndrome because they lacked opportunity and guidance.

The Second Stage - Career Stabilization and Mobility

The process of career development has a continuous nature and usually

> "The behaviour depicted in each stage is based on the potential developed in the preceding stages."
> (Super 1957a, p. 42)

Growth and development occur as an individual learns more about her career and invests in it. In the early career period a majority of the respondents had not made the type of commitment which was either rational or developmental. In this section, the second phase of their careers is described. The career patterns are delineated and the factors which had an impact on the respondents' careers are examined.

Patterns of Career Mobility

The calculation of the number of career steps or moves made by the respondents in their early career periods proved to be a misleading type of analysis. Therefore, the researcher concentrated on the kinds of career movement demonstrated and found that after the long wait for recognition of their potential, the career patterns of the respondents fell into five categories:

1) The steady climbers
2) The joiners - connecting with a structured career ladder
3) The fast movers
4) The pioneers
5) The mavericks

The Steady Climbers

All except one of those respondents (N=10) who had embarked on an administrative career path early in their careers climbed steadily up the hierarchy. Once they reached the top level within the hospital they stepped out into administrative positions within the area or region. The progress of Respondent 036 already described in the previous section illustrated this type. Figure 8:7 summarizes her later career moves.

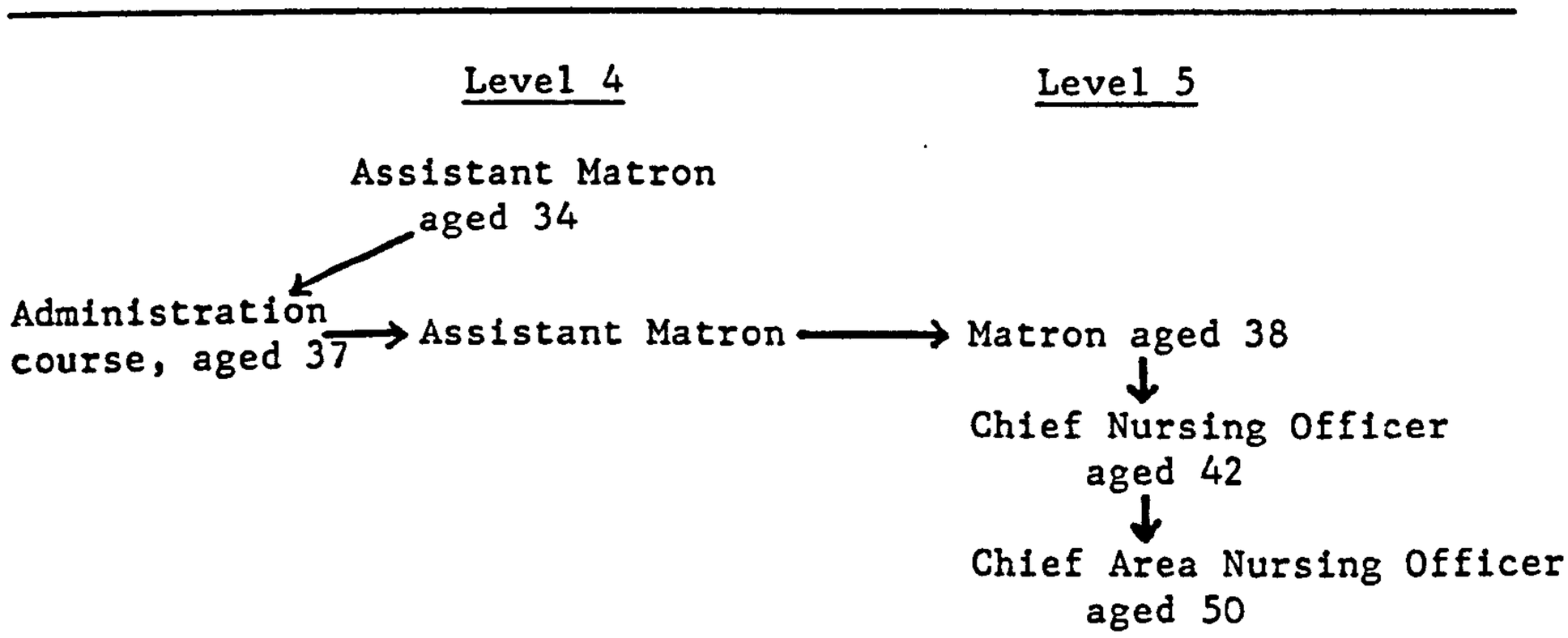

FIGURE 8:7 : The career mobility pattern of Respondent 036 in the second stage

The progression was orderly and logical. The year out to undertake an administrative course was directly linked to her career. After her return to the Assistant Matron post she quickly went on to a Matron's post. The decision to remain in nursing administration had been thought out carefully. Respondent 036 explained why she had considered first, a move into Health Visiting and second, the possibility of becoming a tutor:

> 036: I think, from the point of view of Health Visiting - I was a ward sister at the time and I had 2 very busy wards - a male surgical and a female surgical. . . . I think that I had this very busy ward and they really were very, very heavy and I think at one stage I wondered if it might be an idea to have a change and to have a different approach in nursing for a while and maybe come back into the hospital setting.

> I had a time of looking at the work of a Health Visitor. I've always been interested in dealing with people and interaction with people and I could see that the Health Visitor's role, as I saw it at that stage, was dealing with people, talking with people and maybe education, influencing and whatever. I thought I might enjoy that but then when I looked at it in further depth I realized that it wasn't for me. So I discontinued pursuing that particular line. From the point of view of teaching, it was a little bit further on when I was night superintendant and it was obvious they did not expect me to go back to a ward so then I'd either got to choose administration or teaching and one of the tutors was trying to persuade me to take the certificate in teaching and the administrators were thinking that I should go ahead for administration but I think in my own mind I realized that I was more interested in administration than in teaching. This goes back, of course, to my school days too where there was the line between teaching and administration. Teaching has always been a second choice.

The Joiners - Connecting with a Structured Career Ladder

A number of respondents who had exhibited the lateral movement syndrome in the early phase of their careers made moves which brought them onto a structured career ladder. They did this in one of two ways: by moving into teaching or into administration. In this manner they experienced the orderly upward sequence which had been enjoyed by the steady climbers since their staff nurse days.

Figures 8:8 and 8:9 illustrate the career mobility patterns of two respondents who eventually opted for the teaching route. The first 'promotive' qualification is identified in each case (in a box) to show the difference in the paths before and after the qualification. It can be seen from Figures 8:8 and 8:9 that once a decision had been made to enter teaching, the career progress became methodical, especially in the case of Respondent 017 who had been a classic lateral mover.

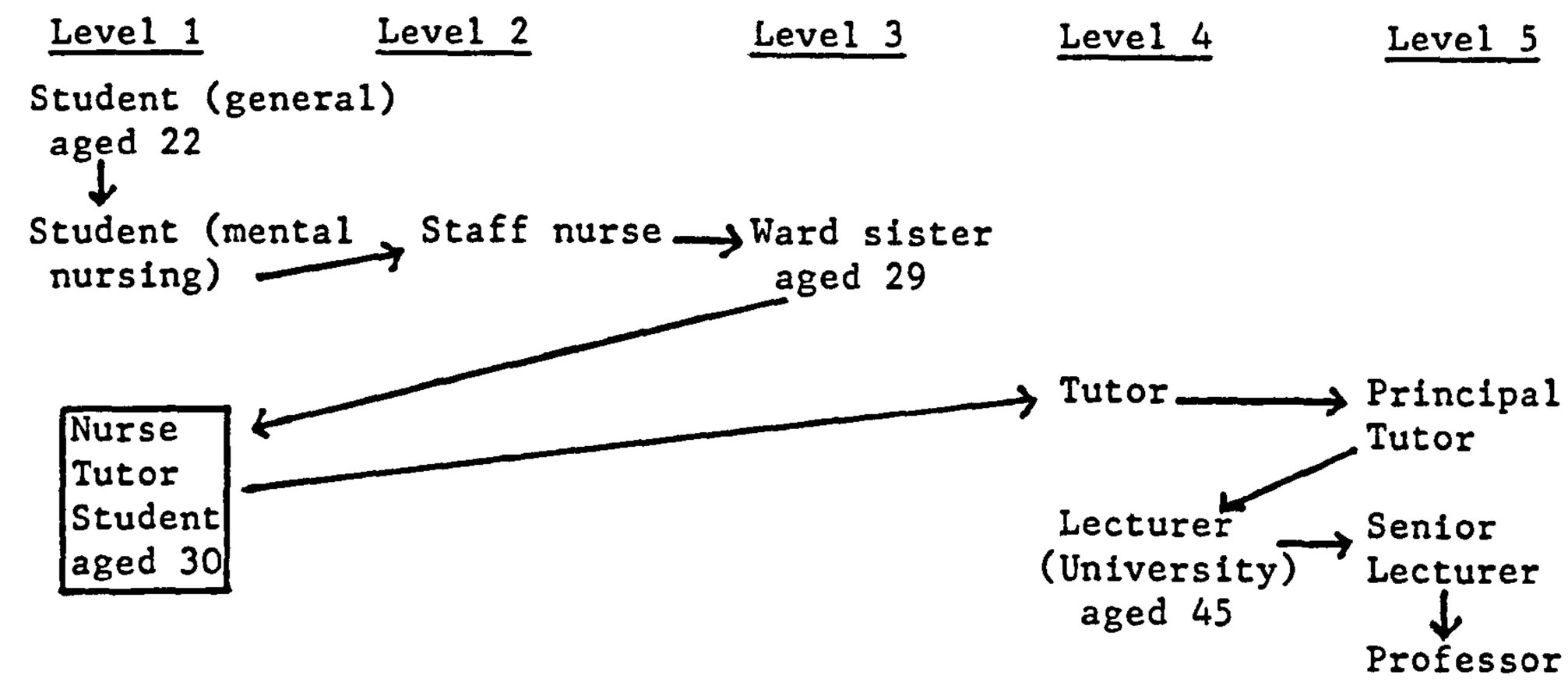

FIGURE 8:8 : The career mobility pattern of Respondent 001

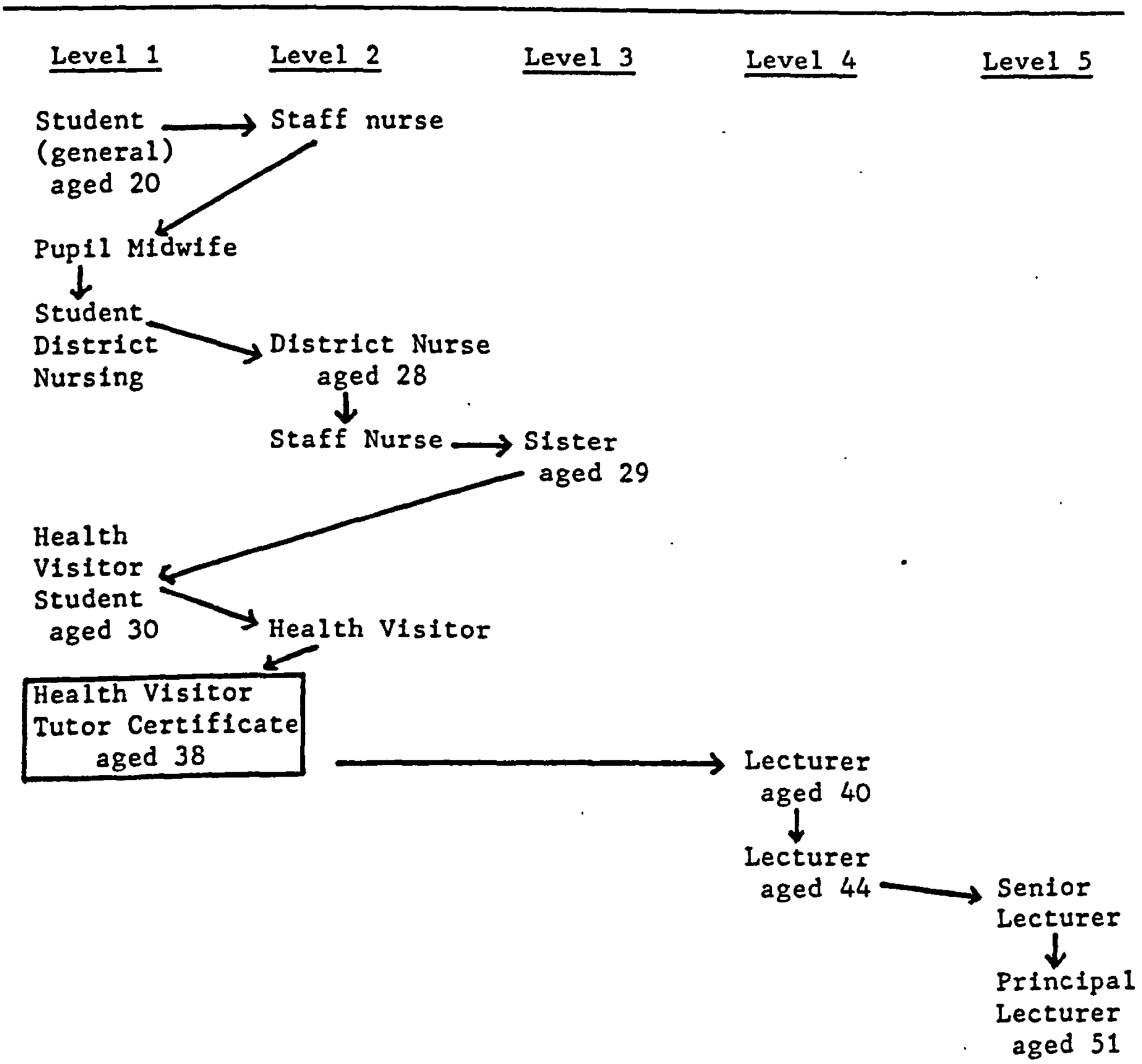

FIGURE 8:9 : The career mobility pattern of Respondent 017

Several switched from the teaching sector, where they had already climbed the career ladder, into administration, thus maintaining the possibility of upward movement. The career mobility pattern of Respondent 032 (Figure 8:10) illustrates this kind of career move.

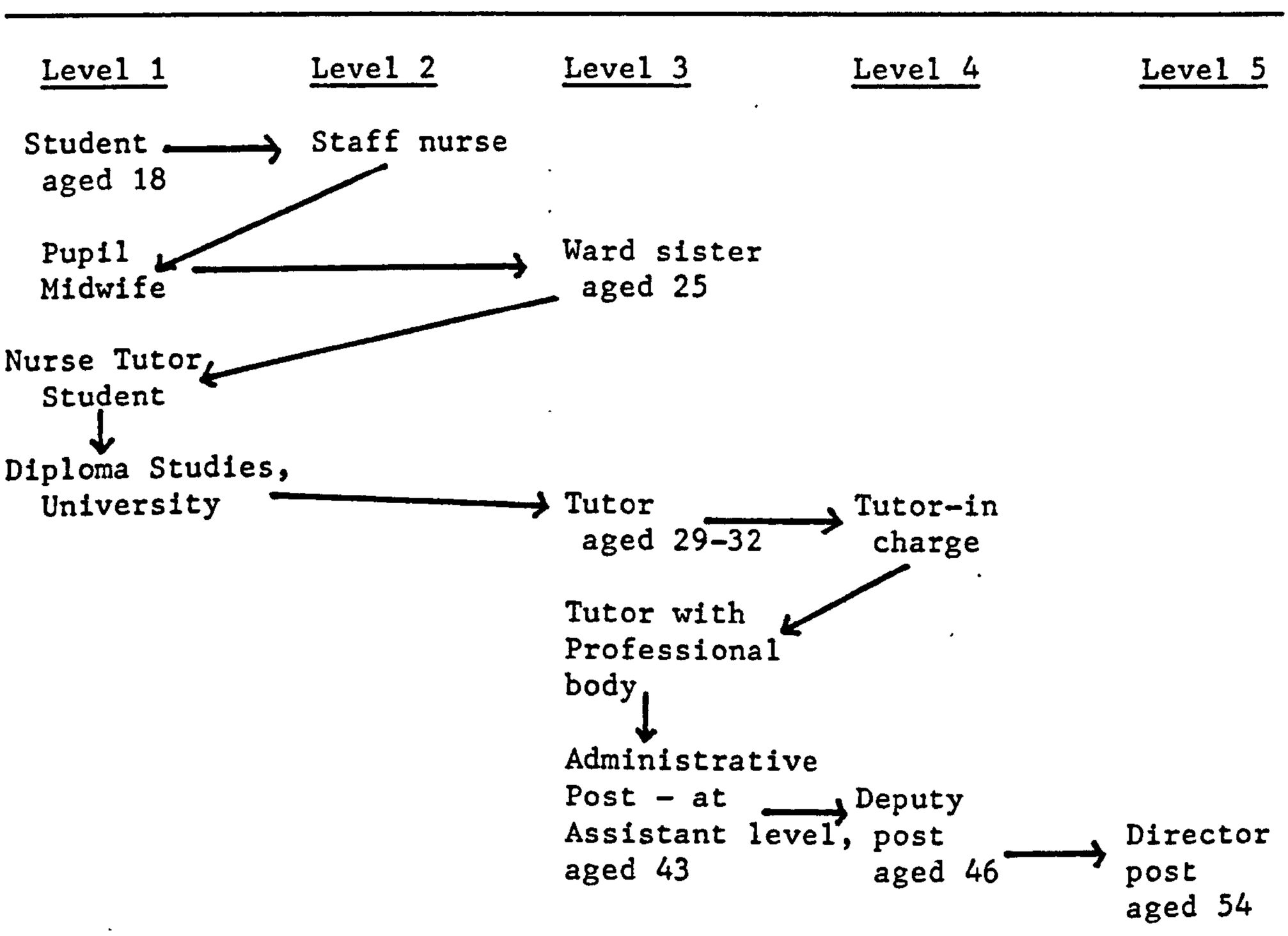

FIGURE 8:10 : The career mobility pattern of Respondent 032

This group, added to the group of steady climbers, made up the majority of the respondents. The last three categories imcorporated small numbers.

The Fast Movers

Six respondents moved quickly from relatively junior positions into very senior positions. See Figure 8:11

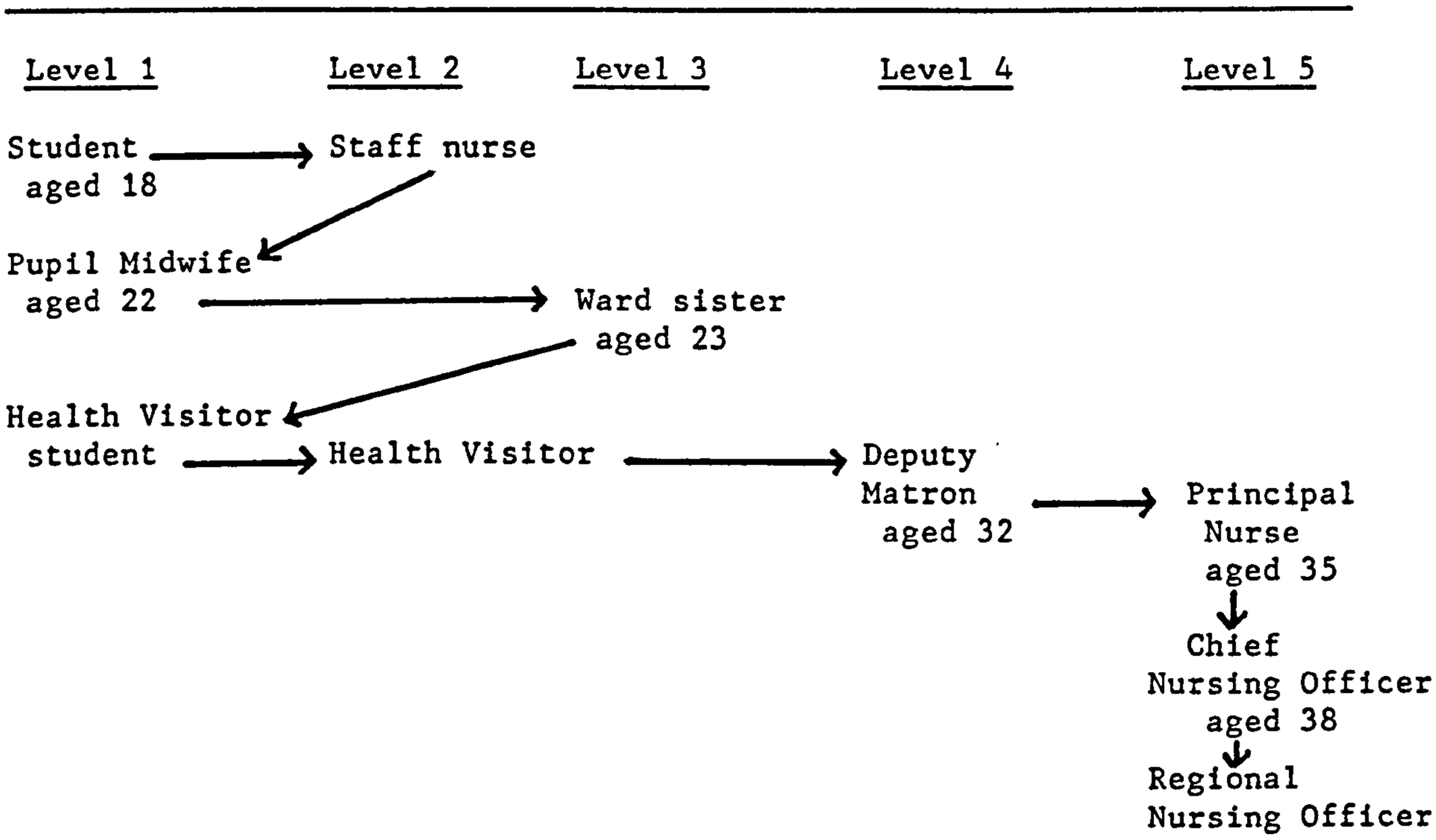

FIGURE 8:11 : The career mobility of Respondent 004

Respondent 004 moved into a Principal Nurse post after little administrative experience. She had been ready for an administrative move after being a ward sister for several years. There had been persuasion to become either a clinical teacher or a tutor which she had resisted. She was also offered an administrative course but her reaction to that was

> "I'm not going to waste the rest of my life sitting in an office ruling lines in a notebook."

This depicted what she thought was the function of higher administration in nursing. As a result of her boredom on the ward and the lack of information on administration she went into Health Visiting.

> "Whatever happened on the ward, I'd done it before and I knew the lot . . . . It was going over the same sort of thing. I considered applying for another ward sister's post because I thought 'I can run that ward, whichever one it is, with my hands tied behind my back.' I decided then that probably I'll have a total change of career. Which is about the only time I've ever thought of it. I wondered about going into social work but I hadn't any 'A' levels

and to do a diploma I'd have to have 'A' levels and go to university so I thought. 'Why don't I do something else?' I thought I'll be a Health Visitor. That's sort of social work, I'll find out if I like it and I'll study for 'A' levels. So I applied to do Health Visiting which is very interesting because I knew at the time I didn't really want to do it. I didn't know what I wanted to do but I didn't want to stay as a ward sister and I didn't want to do these other things like teaching and administration so I went off to do Health Visiting."

She disliked the practice of Health Visiting intensely because of her junior status. She described what happened next.

> "Again, it sounds so trite but it really was like this. I was looking through the nursing press one morning and saw this job advertised in the town where I lived, where I was Health Visiting, for Deputy matron and I thought 'That's my job.' Now it sounds silly but I just knew and I thought 'Well, how ridiculous.' I had no administrative experience and nothing above ward sister. It was a much bigger step than it appears to be today. So I applied for the job and got it, much to my amazement. And really, the decision to move then was because I wanted to go into administration. I wanted to go back into hospital. I missed hospital very much and as I said, I knew I had been a good ward sister and I hadn't enjoyed Health Visiting particularly . . . . Anyway, I went to be Deputy matron and perhaps they were my three unhappiest years because I'm not a good deputy. The matron . . . lived in the Victorian era and I was very young to be a deputy matron . . . ."

The subsequent Principal Nursing Officer post 'happened' in the same way as the Deputy Matron post. She saw the advertisement and applied with, as she admitted "a bit of cheek really", because it was Matron in charge of three hospitals. No 'promotive' qualifications had been attained.

Another respondent (010) progressed from being a tutor to a Principal Tutor. After 2 years, at the age of 33, she applied for and was successful in obtaining a Chief Nursing Officer post. She delineated her rapid succession of moves.

> "Then I was promoted to Senior Tutor post because Salmon came and after I had been doing that for a year I felt that the principles behind the 2+1 ought to be tried in a provincial hospital. So I had the opportunity of applying for a Salmon pilot scheme as Principal Nursing Officer and to my surprise got it. . . . I saw the advert for the post. I was there for 2 years, then what happened during that period was the whole implementation of Salmon, management change, management courses, running a school. I had had experience of running the courses but I hadn't run the school. I was sent on a Senior management course whilst I was PNO education because it was the done thing. Then the post of Chief Nursing Officer came up and I thought 'Here am I having seen someone into a teaching hospital, someone into a pilot scheme, and I thought I might have a go at it. I wouldn't have applied for it had I not been interested but I didn't think for a moment, with the little experience I've had, that I'd get it. But I did. So I then went there and having been in post for 3 months we then had to reapply for our posts because there was an amalgamation of a large mental handicap institution. I went to another interview and thought they won't have me for this but they did. I stayed there until I came here. Now during that time, from '70 to'73 I really gained my general management experience."

Thus, both Respondents 004 and 010 acknowledged that they had not had the administrative experience required for senior posts. The implementation of the Salmon Report accelerated their career mobility.

The Pioneers

It has been suggested that the profession is structured along inflexible lines, that members are expected to conform and to spend a long period proving they can 'nurse'. This kind of environment is inimical to innovation, to creativity. Yet among this group of nursing leaders there were those who went their own way and innovated in nursing. Common to this minority group was the area in which they excelled - nursing research, and the fact that creativity occurred later (in the late 30's for one and the 40's for the other two). One (024) reasoned that

> ". . . you show them you can fight. It takes years to get over the hump but once you're over it, it's so easy."

This respondent's research interest was stimulated by taking an

investigative post outside of nursing. She came back into the profession when she was awarded a grant to do research. This accomplishment had not been easy.

> "I managed to get a grant. I'd been trying to get this research money for many years, I think for 5 years I'd been plugging a research plan. And at that time, of course, there was no money for research in nursing. In fact I went to every Regional Health Authority, Charity - money for medical research, none for nursing. No nurses had ever asked for money before."

In the beginning her pioneering work lacked nursing support. She felt that "out of adversity came advantage". The belief in research made her into the kind of person who went around the country promoting nursing research. She had been the type of nurse who

> "if I saw a doctor coming would flee into the sluice, to be busy giving a bedpan or something, in case he asked me to do something I couldn't do."

Respondent 035 found herself in a position where she had been an unqualified tutor for years and at the age of 39, after nineteen years of nursing, she was stuck. Her experience, deficient in the qualifications officially recognized, could lead her nowhere.

> "There was no way I could get into other work without going back to a staff nurse. If I wanted to go further I'd have to go back to Midwifery because I'd have to get that. If I wanted to go on teaching I wasn't acceptable for any tutor course because I hadn't done the two years in a training school as a ward sister. So there was no hope of getting a teaching qualification and so I took a Sociology degree . . . . And once I was doing Sociology I think probably one could say that the professor who taught me research did influence me strongly because he was very good. He was very interested in Health Service-type research and I got to feel that perhaps this was what we needed in nursing."

From that point on the opportunity to do research occurred and she continued in the field. Thus, for her, pioneering work arose out of necessity.

The Mavericks

There were a small number of respondents whose careers formed no pattern at all. They either broke the rules and did not have the benefit of the legislation which helped to propel others into senior posts or they struck out on their own. In particular, those who ventured into journalism portrayed the second type. Two respondents reflected the first type. They were the youngest in the group. Figure 8:12 delineates the career mobility of Respondent 027.

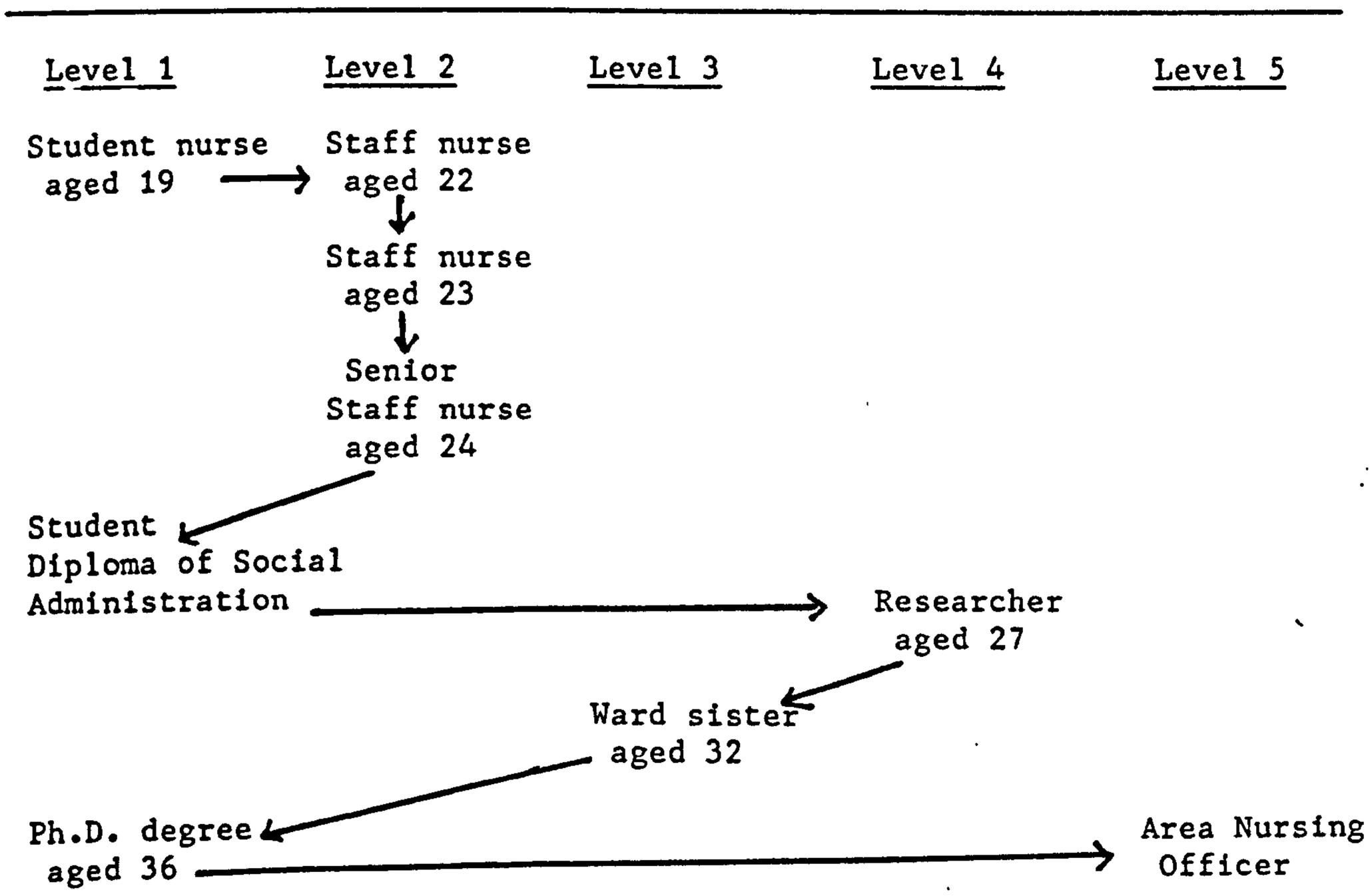

FIGURE 8:12 : The career mobility pattern of Respondent 027

The other respondent (008) has evidenced the same type of lateral moving but without achieving a senior position (see Figure 8:13). She is the one respondent with young children and this highlights the career mobility problems of individuals with young children.

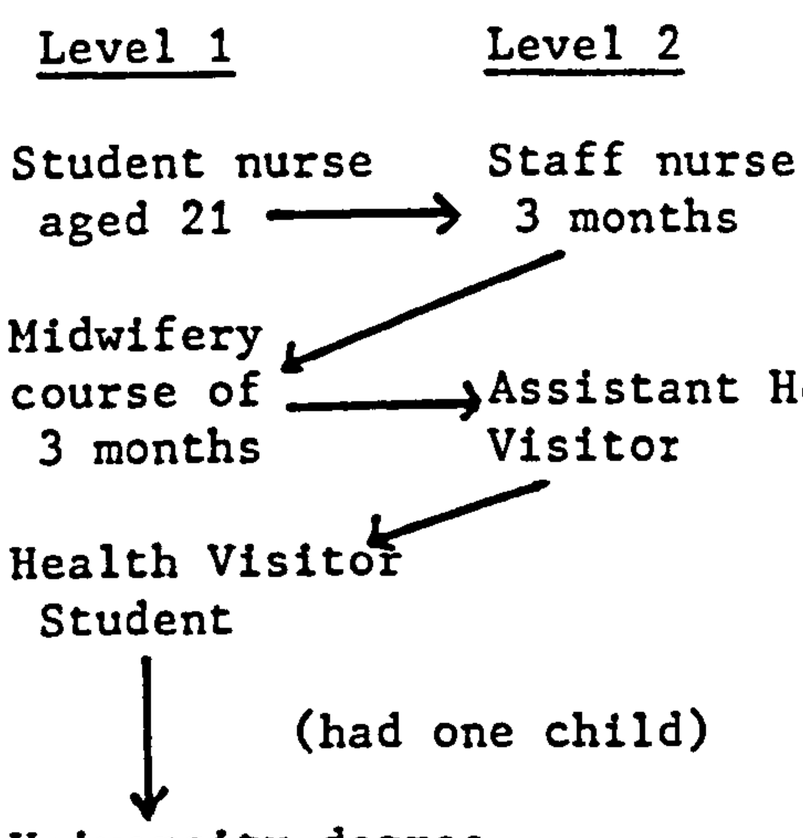

FIGURE 8:13 : The career mobility pattern of Respondent 008

After the attainment of the degree at the age of 32, she explained

> "From that time on, until now, I've never been able to do one proper job and therefore it's been a matter of grabbing whatever was available and would fit in. It's never been just one thing, it's always been 3 or 4. None was completely full time."

This respondent felt that she was unique as a nursing leader because she had remained at the bottom of the hierarchical career ladder. Figure 8:13 demonstrates that her assessment is a true one. She felt that her professional contacts, set up in student days, have been an enormous influence as she has been involved in a number of important national committees. Her impact on the profession has been through this route rather than through formal policy making. While her family commitment reduces her ability to be geographically mobile, her husband's income grants her a freedom to choose the directions in which she has travelled. She recognizes that the profession won't permit her access to top management posts. She prefers not to take a post with one of the professional bodies because she would have to be politically impartial in such a post, and teaching would be feasible for her only in an unorthodox

school of nursing. She has opted to take a part-time clinical post for the practical experience. This compromise position is satisfactory because she has accepted the limitations her family have imposed. As she described her passage from student to the present, she illustrated how she had taken up opportunities which led to new experiences (e.g., public speaking led to lecturing) and opportunities she created herself by using her contacts.

> "I was able to go to people and say 'Where in the country is it possible to do this thing?' That's been significant the whole way through. And I found they were just starting one of these new three month courses here in _____. So I could go December to March."

Conclusion

In conclusion, the five career patterns demonstrate the different patterns of mobility the respondents have followed. All except the 'maverick' pattern have in common a career progression which was stable (in the same area of practice) and orderly. Those adopting the structured career pattern tended to be older once they reached top posts.

The second stage was an exciting time of new challenges, of promotion and of creativity. Super (1957a) has suggested that from the age of 45 years a vocational place has been made and a maintenance stage then occurs in which little innovative work is done. Yet, these respondents, most of whom had made a late commitment to nursing, made their contributions well into the 'maintenance' period. The 'pioneers' especially demonstrated this point. The factors which created the opportunity for career mobility in the second stage are discussed in the next section.

Career Mobility and the Creation of Opportunity

The respondents noted a number of factors which have had an effect on their careers. The help of other people was a crucial aspect, therefore,

an extensive discussion of mentoring is included. The presentation of the various other factors helps to illustrate the dynamic nature of an individual's career.

The Mentors

The respondents reported that they had had 63 mentoring episodes in their middle career years (35 to 45 years). This continuation of a large proportion of the mentoring episodes may reflect the late start of many of the respondents (see Table 8:12). There was a decrease in the reporting of mentoring episodes from 85 episodes in the early career phase, to 63 episodes in middle career and finally to 25 episodes over the years 45 to 60. This decrease over the career phases may indicate that the respondents began to 'mentor' in turn as Levinson et al. (1978) described should happen around 40 years of age.

The mentors incorporated all functions as described in the classic description (Levinson et al. 1978). All questionnaire responses related to type of mentor assistance were tabulated and are shown in Table 8:13.

Mentors were reported to have	Number of respondents noting function
1) taught	30
2) promoted	44
3) modelled	7
4) advised	38
5) guided	77

TABLE 8:13 : Reports of mentor functions

Note: Multiple responses from respondents

Although some mentors were reported to have exhibited all of the functions, most gave support in only one or two ways. Table 8:13 shows that the guiding function was most evident. General encouragement was frequently noted. Parents often guided and also provided financial support. Thus, their guiding had a concrete nature. Other 'guiding'

comments are noted in the following quotations:

001: We supported each other during training and subsequent ward experience and teaching.

002: 'listening ear'.

003: by encouragement and interest.

004: encouragement in writing - encouragement to undertake degree.

005: she told me I was lazy and ought to use my brain and go to university.

017: moral support to persevere on tough part time course while working fulltime.

Very few respondents noted that their mentors had provided models for them. The promotive function was accomplished through providing references and promotions, assistance in obtaining fellowships or entry into university, giving opportunity to innovate, sponsoring for courses or travel awards, or involving the young person in policy making. 'Advice' usually referred to informing about courses, education or positions. Occasionally career strategy was discussed.

The researcher became aware that the questionnaire responses to "How was this person helpful" might have reflected the examples she gave as helping behaviours, that is, advising, promoting, and guiding. This could explain why few mentioned the influence of models. The teaching function, not quoted as an example on the questionnaire, was frequently referred to when noting tutors or lecturers, therefore, this function was easily remembered. The interview data provided more reliable information on mentors' functions.

As the reporting on the questionnaire seemed to indicate that mentoring had had an impact on the careers of the majority of the respondents, this area was probed in the interview. Specifically the researcher asked if the mentor-protégé relationship had been

important to their careers? Would they have been where they were in 1981 without mentor support? Of the 35 women interviewed, twenty one said the support had been crucial, fourteen thought it had been helpful but not essential.

Those respondents who had experienced classic mentoring were in the minority. One respondent described this type of sustained relationship as it had occurred in her career.

> 010: I was very fortunate in that I had one of the top nurses in the country as matron of my training school who did influence me in terms of going back to my training school as a tutor. And who subsequently turned out to be someone who obviously, I don't know if you can call it talent-spotting, but who put me into the 2+1. Encouraged me from there on. Encouraged me to move to the Principal Tutor's post, encouraged me when I moved from Principal Nursing Officer to Chief Nursing Officer and I kept in contact with her right up until she died. . . .

Mentors provided information about which, because of their wider experience, they had knowledge. Attending courses and becoming involved with professional organization work were two critical examples. Through such participation the respondents were able to increase their skills and knowledge and to become visible in the profession. Mentors also encouraged a development in self esteem as one respondent reported.

> 006: I had a very high regard for _____, enormous regard. . . that year in particular gave me a self confidence that I hadn't had before - a self belief that I hadn't had before. Let's put it that way. We had a very sheltered childhood, older and rather old fashioned parents and of course, War. Living in the country we had no contacts or very few. So, in a sense, I said earlier on I was to some degree immature and näive and I would say a late developer. So I would say that I grew up really not at 16, 17, 18 but at 26, 27, 28.

Learning about oneself and one's own ability came through the relationship with a more senior person:

> 036: I think the matron of my training school was a very important one. She, way back when I was in training, followed my career even after I'd left my training school. . . . She was somebody I admired very much . . . I remember going along to see her . . . and she said 'You will go a long way and I will follow your career with interest.' . . . At the time I thought she was talking a lot of nonsense. I thought it was quite out of place for her to indicate at that stage because 'How can she possibly judge at this stage?' And I didn't take any notice. But then, as the years went by and I'm in the same position myself, I can see that she was trying to steer me along the right lines, I suppose, in a sense. She did influence me considerably by these odd statements at times. I was saying to myself, I can't see this but she can and I still couldn't see what she saw in me that was singling me out. Looking back I still can't but obviously she could. I remember one day, from the point of view of leadership, we had to put down names to be representing the student nurses and I, my name was upon the list, and I went up and rubbed it out . . . I turned round and this matron was coming behind me and she said, 'What are you doing? You're rubbing your name out.' I had to admit it and she said 'You just put it straight back on again.' So she did influence me a lot, considerably.

This Matron pushed her young student nurse to accomplish things like doing a hospital broadcast, things which the respondent didn't believe she could do. This kind of 'pushing', of encouragement to risk, occurred at all levels as Respondent 016 admitted.

> Interviewer: If they hadn't been there would you have been at the top?
>
> 016: No. I would say it was their persuasion. They had decided, you know, that I could do whatever it was that was coming up and they persuaded me but I don't think I would have moved so rapidly through my career because each job which I did I loved and was very reluctant to leave it. And therefore, unless someone had said 'You really ought to do this and we do need you to do this.' I don't think, well, I'm quite sure, I wouldn't have been moving from being ward sister as quickly as I did and certainly if I hadn't taken that travelling fellowship I wouldn't have had such a great time as night superintendant. I think without any doubt the people's vision for me and their powers of persuasion had a great deal to do with my career pattern as it turned out to be.

The mentors permitted innovation through which the younger nurse developed skills and, in the classic sense "gains a fuller sense of (her)

own authority and (her) capability for autonomous, responsible action." (Levinson et al. 1978, p. 99). Respondent 003 reported on an instance in which this function was illustrated.

> 003: . . . the one person who I would see in that role (of helper) was the Matron of the maternity hospital who was an extraordinary patient lady and she was a great enabler and I have thought that that's a terribly important role. One could go , talk to her about things you'd like to do and she'd enable you to do it and that meant that you had the opportunity to explore problems. For example, I tried out team nursing and patient allocation way back in '64. I went down to see her and said 'I'd like to try this' and she said 'Fine you go ahead and speak to the doctors. On one condition that you don't get any more staff than any of the other wards.' And I said, 'Fair enough.' After that I was left to get ahead with it and I spoke with the professor because I was in the professorial unit and various other doctors and we completely messed that ward up because we mixed the ante-natal with the post-natal and we made their lives hell I should think. It was so interesting. We wrote a few papers out of it and proved a few things and didn't prove others.

Another important feature of the mentor was her willingness to use her own established set of contacts to promote a protégé.

> 016: Again that was where quite a lot of persuasion was involved. The Matron of the hospital in which I was Senior Assistant Matron drew my attention to the advertisement when it appeared in the press and asked would I be interested because she thought that this was a very special sort of job. She thought I could do it and I said, 'No, I wouldn't be interested at all.' Because my ambition at that time was to be a Matron in due course and indeed, to return to my training hospital as a Matron. And so we left it there and an appointment was not made on the first round and the post was readvertised so the same Matron called me in to her office and drew my attention to the further advertisement and said 'I really do think you ought to apply.' And I said the same thing . . . and then she said to me 'I do wish you would because the honorary officers of the College (and they were friends and colleagues of hers) are pressing me very hard to get you to apply for this job and so would you at least go and see them? So that they don't think I haven't been co-operating.' So I said I would come and see them and I came to see them and they were getting very anxious that I should apply and we just talked about the job and in the end I said I would consider it and after some further pressure I put in an application. There were other candidates but I was appointed.

The support given or offered meant that careers did progress. Many respondents were of the opinion that they would otherwise have stayed in one field and wouldn't have had the experiences nor the upward career mobility. The experience, in many cases, helped to stop the lateral mover syndrome.

In Phillips' (1977) study of women and their mentors she noted that some of the mentors had been "invisible godparents". In this type of relationship the protégé is promoted without her awareness.

> Interviewer: Can you remember anyone paving the way for you?
>
> 011: Probably the Senior Tutor in Health Visiting but then that was because of her retirement. You could see that she would be saying that because I worked with her. I think in that respect you could hear her say 'I think Miss _____ could.'
>
> Interviewer: You were never actually told this?
>
> 011: No, I haven't been aware of the kind of counselling or preparation that goes now into this work. It happened.

Another spoke of the same phenomenon.

> Interviewer: It seemed that the mentor-protégé relationship was important?
>
> 008: Yes, because the experience that I had of finding myself in a world that I didn't like and I was finding difficult to tolerate, if you've got somebody who is able to say to you 'When you feel bad about it. I'll support you.' Nobody said that in those words but they said it in so many other ways.

This silent mentoring was common. The Matron was a powerful figure in the period when most of the respondents were entering their second career phase. Once she had identified potential in a young nurse then the opportunities were created for her. This was not a relationship which incorporated mutuality, rather it was a directive situation where the Matron planned and one went along.

Of those who reported that the mentor-protégé relationship had not been an essential career element they felt that people had been helpful

at times but that their own personalities would have enabled them to succeed. As Respondent 013 said

> "That's very difficult to answer. I was very grateful for their help. But I think that I would have been motivated without it. I think, perhaps, that they indicated to me that I was able to do something. The fact that they had faith in me was a comforting factor and made me want to go on. But I think I would have gone on anyway . . . I think I was ambitious enough, if you can use that word."

Being in the right place at the right time had been crucial to these respondents' vocational development. Two felt that occasionally the mentoring received would have held them back had they gone along with the advice given.

> 024: . . . had I listened to a lot of people who tended to give advice, had I taken it, I wouldn't have got anywhere. That first research, somebody said to me 'Oh it's too big, it's too big, you'll never cover all this, it's too ambitious.' . . . You see. This is what was said to me. Had I listened, that project would never have been done.

and

> Interviewer: You mentioned five helpers, but also mentioned discouragement was built into the system. If you hadn't had these people do you think you would be where you are now?
>
> 023: One of these people was positively unhelpful. That matron of the mental hospital fought tooth and nail to keep me on as an Assistant Matron rather than let me go on the tutor course. It was absolutely against her whole . . . . She was helpful as a model, as a person, as an individual but not helpful at certain times, e.g., with decisions.

These comments uncover the complexity of such relationships. Both parties have to be willing to make an investment and to participate. The motives of each are critical to the outcome. The experience of Respondent 038 described how the relationship can be bittersweet.

> "I don't think I would have applied for the post at _____ if I hadn't had a letter from one of the tutors who had taught me and who was in fact a woman in her late 50's when I joined _____ and was very much my senior. I don't think I would have thought of applying for it if she hadn't encouraged me to do so. And certainly she was somebody to whom I feel I owe a great deal in many ways. . . . It was more that I went into a friendly welcoming atmosphere. In many ways, although I say I owe that particular woman a tremendous amount, I also regarded her, I think quite justly, as being pretty old fashioned. She was prepared to accept that I did some mad things, things she didn't really approve of and I did find it necessary to have to take a fairly determined line sometimes when she was tempted, because of her own stage in her career, to be critical of young people. She saw me as being very young. But this never was a problem. Not in the time that I was actually working directly with her. There were problems later . . . ."

The mentor in this case later blocked a very prestigious move which was accomplished by the encouragement of those outside the immediate work situation.

Of all the comments on mentoring no one had been assigned such a person. The activity occurred spontaneously and in most cases it was initiated by the mentor rather than the protégé.

In summary, the encouragement and recognition of senior people created opportunities and nurtured in the protégés a propensity to risk. This, on occasion, removed the protégé from the perpetual cycle of lateral moving and started her upward career mobility. The relationships generally depicted mentors who facilitated or directed careers. Counselling and discussion with the protégé was not the norm. In some ways, the protégé was the silent partner, doing as suggested or told. While mentoring in its richest, most constructive form may not have been available, the type of mentoring which did occur, was invaluable to sixty per cent of the respondents and helpful to the other forty per cent.

Other Factors Influencing Career Mobility

A variety of factors were listed by the respondents as contributing to their occupational success. They were also asked about those factors which hindered their progress. In this section both kinds, positive and negative, are delineated.

Overview

The respondents were asked to state personal and professional factors which aided or obstructed their career progress. Table 8:14 shows the positive factors while Table 8:15 lists those which had a negative influence.

Helpful Factors	
Personal	**Professional**
1. Personality - self disciplined, hard working, confident, risk taker, determined. (44)	1. Help from senior people. (10)
2. Family background - stability, expectations to do well. (14)	2. Opportunities were made available. (9)
3. Faith. (8)	3. Good basic nurse training.(5)
4. Identification of skills. (6)	4. Strong interest in particular area. (5)
5. Good basic education. (5)	5. Chance. (4)
6. Supportive friends, spouses. (6)	

TABLE 8:14 : Factors listed by respondents (N=36) as being helpful to career

Factors which hindered career progress	
Personal	**Professional**
1. Personality - too lazy, shy, lack of confidence, non-conforming, intolerant. (7)	1. Lack of vision within the profession. (6)
2. Domestic ties. (4)	2. Lack of degree. (3)
3. Personal illness, family illness. (4)	3. Financial remuneration poor in nursing. (2)
4. Lack of commitment to nursing in early career. (2)	

TABLE 8:15 : Factors listed by respondents (N=17; 19 felt there had been no obstruction) as hindering career progress

McGee (1979), in her study of women college and university professors, listed significant factors found in the advancement of their careers. While personal qualifications ranked highly with the support of others, it was work experience which was seen to be most important. This is not reflected in Table 8:14. Personal and family background factors were noted most frequently by the women in this study. There is much less emphasis on professional accomplishments through which McGee's subjects stated visibility can occur.

The reasons McGee's subjects gave for why women do not advance to leadership positions were, in order of importance, discrimination or prejudice against women, lack of experience or preparation, personal characteristics and reluctance to risk. Only one respondent in this study felt that being a female had had an influence and to her, it has been both a positive and a negative force. Nursing, as a female dominated profession, probably does not encourage individuals to level charges of sex discrimination. The most important factor noted by the respondents was a weakness of the profession. One wrote

> "The fact that the nursing profession makes little recognition of the needs of its academic members and most of us have had to struggle against tremendous odds to achieve our qualifications and to establish opportunities and precedents for future growth. The lack of vision and the lack of support and insight for service areas (with some important exceptions) has made progress difficult and led to inadequate resources." (026)

These results show that the respondents link their success primarily to forces within themselves. The professional ethos was something over which one attempted to triumph. Thus, personality factors were important as was faith. Respondent 026 commented

> "I am sure my own personal Christian faith has helped me to survive the many difficulties and led me to one or two excellent friends who 'stood by'. It has also given me the will to fight for standards, values and quality of nursing care, through education."

Domestic Commitments

There is an assumption that single women have the time and energy to commit themselves to their careers. Sixteen of the respondents had responsibility for other people. Fourteen were single respondents. Table 8:16 lists the kinds of responsibilities.

Responsible for	Number of respondents
Mother	5
Father	1
Parents	5
Parent (unspecified)	2
Mother with elderly relative	1
Children	2
Total	16

TABLE 8:16 : Domestic responsibilities of respondents (N=16)

That this kind of responsibility can negatively influence a career was noted by Respondent 036 who said

> "My parents both died before I reached the age of 37. I would not have been able to concentrate to the same extent in nursing administration from the age of 37 with the previous domestic commitments."

Family illness had meant stopping work in early career for 2 respondents. They accepted that it was their duty to care for dying relatives. Two others related stories about caring for mothers while working full time. The deterioration of the elderly towards the end of their lives meant that caring involved a great deal. For example, the initial companionship and domestic help was changing due to the advancing age of Respondent 004's mother.

"I live with my mother or she lives with me. In a way, I suppose, I'm fortunate. She's 78 now, a bit disabled. She's always done the housework - the cooking and everything. Some years ago when I began to get concerned that people would say 'You never do anything', I talked to my mother about this and she said 'Look you go out to work and earn the money, this is my role.' Now it's becoming more difficult. I have to do more in the house and I find this very difficult to accommodate to because I want to do it my way and get on quickly and that is becoming a bit of a problem because I would prefer to do the lot."

The significance of other kinds of domestic commitments in the lives of single women has rarely been discussed in the literature. Hockey (1976) in her study of Scottish nurses found that one half of the single subjects over 40 years of age were responsible for dependants. Yet, Rosenow (1982), in writing about social support for career oriented females, considered only the case of married women with children.

Domestic Support - The Wifely Duties

A constant feature of everyday life which can impinge on career time is housework. It is essential for it incorporates duties to maintain life - cleaning, shopping, meal preparation. Twenty-seven of the respondents reported that they had had help in this area. Most of the help had been hired (twenty-four) but mothers, friends sharing residences, and a sister were also mentioned. Respondent 038 voiced her need for a 'wife':

"I've always managed to have at least weekly help. I would have liked to have had much more and on many occasions I have said what I think many single women in my situation have said, that I wish I had a wife. It is difficult and I cannot, for the life of me, see why it is that we don't have more housekeeping help. I think it's partly the salary but possibly we live in circumstances where it could be a bit crowded; partly because some of us like domesticity, I do - cooking, etc. But there's no doubt that during the time I was working there were many occasions I would have been very glad to come back to a hot meal. This really was tough and I used to think, perhaps when I

> was having a very long meeting with my male colleagues, they were quite happy to go on to 7 pm because of their wives. They could ring up and say 'Could you keep something for me because I'll be late?' But I had to go back and get it ready and sometimes I did resent that."

Another respondent described how she had come to the decision to engage domestic help.

> 003: I share a house with a friend and we have a housekeeper and so quality of life is good. But for other top nurses it worries me that the groups that they work with are all men and I know perfectly well, because I've done it myself, that the meetings go on and on and then they close and you are tearing off to try and find food on the way or at least I used to. Whereas the men are going home to wives and meals all ready. The fact that we are running two careers - it is little recognized and that does annoy me sometimes. I made that decision (to have domestic help) very very deliberately because it came to a point one time when I was trying to read papers, do work, dust around the house, do the washing and the ironing and it was always under pressure. You couldn't leave the washing more than a few weeks otherwise you'd be running out of clothes. There was always this commitment and pressure and I suddenly sat down one day and thought, 'What are we doing with our lives?' So we made this deliberate choice to get adequate help.

Those who shared with friends found the emotional support invaluable. Not only did they not have to worry about household responsibilities but the other person readily provided hot meals, moral support and a listening ear.

Living without this kind of domestic support meant difficulties. Respondent 006 laughingly described her working week with regards to meals.

> "Very difficult. No, not difficult - I quite enjoyed doing it but it meant you never paused for breath. It was very hard work. I used to say I fed quite well Saturday, Sunday, Monday, Tuesday; Wednesday, Thursday and Friday were a bit thinner. (laughter). The weekend, and when that ran out you just waited until the next weekend."

In general, domestic support was seen as highly desirable. Men who are married may not appreciate how much their wives' activities free them for their work. One respondent felt that the male colleagues in her work setting expected her to arrange the 'wifely' duties at work.

> 018: . . . I do feel that that really is a difficulty with women. When you're an _____ with a team of all men . . . when it comes towards Christmas time, the one they look to to organize the Christmas activities for the staff, they look to the women. And yet they have all their Christmas cards bought for them and written for them. They only have to go out and get a present for the wife and quite often I'm the one that's bought the present for the wife. This is interesting. You're the clever woman one minute but you're the little woman who knows what the wife would want the next . . . . It does mean that it takes a tremendous amount out of a woman and you can be extremely tired because you're trying to do both things. I've always said that a good woman needs a wife.

In this way male colleagues further arrange to be free for their work. Kanter (1977) also found that the secretaries in the multinational corporation she studied were expected to take on wifely duties like remembering birthdays and seeing to the comfort and welfare of guests. Thus, men in leadership positions command social and practical support which is not generally available to women unless they pay for it at home.

Professional Factors Influencing Career Mobility

A number of professional facets thought to be of influence to careers were explored in the questionnaire. They included support extended by institutions of employment, the doctor's role in nurses' career development and events, such as legislation, which had had an impact.

Institutions of Employment: Only eight respondents felt that they had never had any concrete encouragement from the institutions in which they had been employed. The others listed numerous kinds of help. Most

important of all was financial help. Secondment was reported nine times as well as gestures such as continuing superannuation payments while the respondents were on leave of absence and supporting applications for scholarships. Leave of absence was granted for further study or study travel. Time off was allowed to pursue scholarly work such as research projects or to be involved in committee work. Encouragement was frequently forthcoming to become professionally oriented or to take up new and challenging posts.

Further comments from the respondents demonstrated that, on the whole, they felt positively towards their careers in nursing. When asked if they had suffered as a result of having chosen a career in nursing, 22 said 'no' while those who responded affirmatively mentioned poor financial remuneration (6) and health problems as a result of nursing, one being a back ailment. One said she had missed marriage and two wondered if their concentration on work had disadvantaged them socially.

All felt they had been rewarded in some manner for their careers. They felt there had been opportunity for self-actualization, satisfaction and influencing the directions the profession has followed. The comments of one respondent reflected this:

> 016: The opportunity to influence developments in nursing in the key position I hold and in the various spheres in which I am, or have been, involved. The satisfaction of seeing the developments which have taken place over the last twenty five years. The opportunity to plan for future developments, and to lay the foundations for such developments . . . .

Many of them saw this as the principal reward, of contributing to the 'core needs' of society (027).

The Institutional Setting Continued - The Doctors

Within the circle of professionals around the nurses in the early part of their careers, physicians also have the power to create opportunities, to mentor. Only five doctors were noted as mentors in the questionnaire (4 males, 1 female). In the first interviews with the Scottish nominees the influence of Consultants was occasionally mentioned. Subsequently the other nominees were asked if Consultants had played any role in their career development.

Most of those interviewed referred to contact in the post-training period. It was as if doctors could not have had any impact before that time. One said that she was 'too junior' to be noticed. Unfortunately in this post-training period many of the respondents had proceeded into areas where there was little or no contact with physicians, for instance, Health Visiting and teaching.

The Consultants' feedback which was remembered was mainly of two kinds. First, there were those who indicated that they felt it was a waste for the respondents who aspired to leave their ward sister post.

> Interviewer: . . . Did the Consultant ever indicate to you, when you were on your way to something else, how they felt about it?
>
> 034: Yes, they did. Because in that theatre situation I replaced the senior theatre sister. I therefore served and scrubbed with the senior Consultants and they all evidenced great surprise and actually some antagonism towards the Matron for daring to suggest that I be removed from the theatre situation and into teaching - what good, you know, would I do there whereas I was doing a great deal of good from their point of view in that situation. But I'm not unenlightened enough to think that it was because I enhanced their situation but that here they were going to have to get used to someone else, and here I've trained this one in my way.

All of the respondents (N=8) noting the 'what a waste' response felt as Respondent 034 did. Another said

> 021: Oh yes, they all do that. You forget about it.

The second, more frequent, kind of reaction received from Consultants was more favourably depicted. Some had adopted a teaching role. Others indicated that they thought highly of the nurses and acted as referees for subsequent posts. Another described how she became involved in an important change in patient care.

> 002: In other words, I'd been nursing in this Cardio-Thoracic ward for about one year when . . . one of the consultant anaesthetists said, 'We think it would be a good idea to keep those who need ventilation in one place. Can we use some of your side wards?' I said 'Sounds interesting. Could be hard work, could also be interesting. I'll speak to the junior sister as long as someone shows me one end of the respirator from the other.' They sent me to Oxford for 2 weeks. Then after we had been doing that for a couple of years they got some money from the Nuffield Fund to build an ICU and I was included in the working party (with Matron). It was, I think, unusual in those days to have a ground floor nurse in this sort of thing.

Doctors were recognized as powerful and, in those days, as Respondent 032 noted, they generally had their way.

> Interviewer: Had you asked to go onto the medical wards or were you placed there?
>
> 032: I think that the physician in charge of those wards asked for me.
>
> Interviewer: Can you say why?
>
> 032: I liked medicine and I was good. As a student I was often left in charge of the wards. And he was a man called Dr. _____, a general physician, and I took some interest in some of the things he was interested in, psychological aspects of some patients who were, for example, unable to walk for no apparent reason. No organic reason. As far as I can remember he asked that I should be appointed. . . . Well, I don't know if he asked that I be appointed but he indicated that this would be acceptable. In those days you see . . . they were very powerful. And a lot went on behind the scenes. If the senior physician wanted somebody then he generally got them.

The doctor, as an integral part of the nurse's working life, can indicate how he feels about the work she is doing and of what he thinks she is capable. The respondents did occasionally encounter medical

gestures which encouraged career development but primarily the attitude was short term and focused on the job to be done.

Events Affecting Career Mobility

Events which cannot be controlled by the individual can impinge on one's life at any point. Some are idiosyncratic as were domestic commitments while others have a universal effect.

Legislation affecting nursing has influenced a number of the respondents' careers. Twenty two said that they had not felt any impact. This was partially because several were outside the structures affected and partially because some respondents had left that career stage when the impact would have been particularly powerful. Respondent 021 concurred with this point when she wrote

> "If there had been a 'Salmon' type nursing structure with proper management posts above the level of ward sister earlier in my career, I anticipate that I would have progressed up the management ladder rather than going overseas or doing work study which led me into research."

The Salmon Report (Ministry of Health and Scottish Home and Health Department 1966) created a number of management posts and therefore, the opportunity to progress. Those respondents illustrating the 'Fast Mover' career pattern particularly benefited from the implementation of the report. The National Health Service Reorganization of 1974 did much the same, while the Briggs Committee report (Department of Health and Social Security and Scottish Home and Health Department 1972) recommended the institution of National Boards of Nursing, Midwifery and Health Visiting to replace the existing statutory organizations like the General Nursing Council. A number of the respondents have high level posts in these new Boards.

Some respondents experienced these changes with some tension as they were forced to reapply for their positions or new positions because

their present posts were being phased out. In each case however, the alternative posts meant career progression.

Conclusion to the Career Development of Leading Female Nurses

It was Hockey's (1976) opinion that

> "Nursing provides a career structure with beginners entering as learners and purposefully making their way up a predetermined ladder . . . ." (p. 93)

While she went on to say that a number of differing career patterns do emerge, this was related primarily to whether or not breaks in service had occurred. The analysis of the career histories of the respondents has shown that variations in career pattern existed in the lives of those who have worked steadily since entering the profession. Of importance were the factors which influenced the various developments. These were analyzed in two distinct stages: the early period and the second stage.

The early period was characterized by non-career oriented motives and limited aspirations. Two main career patterns were delineated. First, the majority of the respondents spent most of the first career decade making lateral moves which prevented any upward progress. Second, over one quarter of the respondents followed a pattern which was structured and in the hospital setting. These people generally had the guiding hand of the Matron at their backs. Their early career moves were planned for them. The lateral movers lacked guidance and their early careers were more 'by drift'.

Once into the second career stage the haphazard movement of the early period disappeared for a large number who made moves which introduced them to a structured career ladder either in administration or teaching. Mentoring was important to some careers. Legislative changes propelled several others into senior positions at an early age

but most progressed stage by stage to their responsible positions. Even the pioneers in research stayed with that area and exhibited a stable progression. A small number of mavericks demonstrated career patterns which were unorthodox. Generally, their reputations had been earned outside of the nursing career ladder structure. In this second phase vocational growth occurred and vocational maturity was gained as the respondents established their careers. It was a period of challenges and creativity.

This career progression pattern meant that career orientation in nursing occurred with increasing age. It may be that the profession was set on a course which only encouraged those who had 'paid their dues' with long years of waiting as it was shown that respondents reported few helping relationships in the early part of their careers. Also, there had been a vague reference to gather 'broad experience' but the opportunities were those which maintained the nurse at a low status over a long period. The respondents were a group of leaders who were well acknowledged to have contributed to the profession, yet in their early careers opportunities to innovate, to be creative and to be visible were not afforded them generally. Recognition of their potential came much later. The lateral mover syndrome complicated the situation because it would have been difficult for tutors on post-basic courses and ward sisters in different clinical areas to promote protégés. They would not have had the power to create opportunity. These were the people to whom the lateral movers were exposed each time they made a short term change.

The respondents were asked, as leaders, to comment on issues affecting the careers of the younger generation of nurses (see Appendix L for analysis of their comments). Their perspective was that opportunities

need to be available at an early age but they do not perceive themselves in that role as they feel they are at a distance from the younger generation. The long waiting period may create a generation gap, in that, those who should be mentoring are preoccupied with their own career development for it may just be getting under way. Leaders in nursing, such as the respondents, are not readily accessible. The young generation, suffering from a lack of aspiration, concommitant with a dearth of information and counselling, learn very late about how to make contacts. A 'trial and error' pattern becomes a reality.

Two major factors seemed to break this dominant pattern: the intervention of others and/or remaining on a career ladder, completing the steps methodically in the pattern officially countenanced by the profession. Those seeking a career path outside the structured setting found their career development considerably enhanced once they 'returned to the fold'. The intervention of senior people within the hierarchy was an easier task. The old management system with the Matron as supreme authority of nursing was much shorter and she was able to spot and follow talent which presented very early in the classroom. Those respondents who moved out of hospital into ill-defined career structures also removed their chances of being helped upwards. The hierarchical effects worked favourably for a number of the respondents.

Vance (1977) in her study of contemporary American influentials in nursing asked her subjects what were the major disadvantages of belonging to a predominantly female profession. Of interest here are those factors listed as internal to nursing. The subjects said that nurses had a self-image problem, a lack of career commitment, a lack of power and political know-how, a limited perspective and family and personal responsibilities. The first four factors may be generated during the long wait seen in

the early career period. An individual's self-esteem is reinforced by what happens to her. If opportunities are not available one cannot grow and develop a sense of personal power and authority, nor can the political process be manipulated without trial and error during younger days when the desire to try is greater than the desire for security. The loss to nursing during the early years is understandable. An extended professional 'weeding out' may lose those with drive to attain, ambition to succeed, exactly those who are needed for leadership in nursing.

CHAPTER NINE Summary and Concluding Discussion

The career histories of thirty six leading female nurses in England and Scotland have been explored in this descriptive survey. In this chapter a summary of the methodology and the findings are presented. In the light of the literature review and the findings, a model of career development is proposed. A general discussion compares the theoretical perspective with what was reality for the women in this study. Recommendations for further research conclude the chapter.

Summary

The study presented in this thesis took the form of an exploratory and descriptive survey of the career histories of thirty six leading female nurses in England and Scotland. The theoretical views propounded since the late 1940's have been formulated primarily from the study of male career experience. Whether or not these views also explain the female career experience has been questioned (Osipow 1968). A further difficulty delineated by Browne (1981) is that no existing model incorporates the interaction of the various factors which can have an impact on career development.

The design of the study reflects the fact that no model was utilized as a comprehensive framework. The literature review explored socializing, educational, professional, and organizational factors which may contribute to a distinct female experience of career.

Preliminary interviews were conducted to assess the relevance of the features gleaned from the literature review and to aid the development of the postal questionnaire. Thirty nine subjects were nominated to the study by 105 (48 per cent of those who were invited to nominate) of their nursing peers who were in officially recognized positions of influence

within education, service, research and professional and statutory bodies in both England and Scotland. A list of criteria describing sources of influence (Vance 1977) guided the nominators' selections. This reputational method generated 176 names and those most frequently mentioned (5 times or more) were arbitrarily chosen as the study population. Two measures of external validity were used to check the names on the nominated list. Agreement rates of 69 per cent and 72 per cent were found. The selection method, while acknowledged as being problematic in studies of influence (Wolfinger 1960, Dahl 1961, Presthus 1964, Parry 1969), was considered acceptable for the present study of career histories, although it limited the generalization of the findings. What is described in the study pertains only to this group of subjects.

Thirty-six of the subjects initially approached completed the lengthy postal questionnaire which took the form of a life history. Interviews were conducted with 35 of the respondents to probe certain areas. The methodological triangulation produced a massive amount of rich data which was analyzed quantitatively and qualitatively.

First, a profile was drawn of the respondents. They averaged an age of 56.5 years and the majority (thirty-three) were single. Their family backgrounds were predominantly middle class (thirty-one had fathers who came from while collar occupations). Most had been born in the United Kingdom. Professionally, they were well qualified in nursing areas and twenty-four had obtained university degrees. A large proportion (twenty-six) had been formally recognized for their contributions to nursing. They represented various areas within the profession and four-teen per cent were retired at the time of the study.

As the study had adopted a developmental approach the early lives of the respondents were examined. As schoolgirls, they were, in general,

advantaged, able and active. Their families' privileged positions meant that one half of the sample attended private schools. Three quarters had been educated at single sex schools. They achieved academically and reported numerous extra-curricular activities. In spite of this early promise of potential the expectations of teachers and parents for the working futures of the respondents were reported as having been vague. Little career counselling had been available. Nursing, for various reasons, had not been an acceptable occupation. By adolescence, thirteen had decided to enter nursing. Most of the others came into the profession through the influence of a number of other factors which included fathers' deaths and subsequent lack of financing for university study and the intervention of the Second World War when direction of labour occurred. Two of the respondents were late entrants, coming from established careers in other fields. In this period of their lives the respondents had few long term plans about their lives and careers.

The respondents' nursing careers were analyzed in two periods. The early career period incorporated the crucial interval in which professional growth and development is normally encouraged. Characteristics of career mobility were delineated in the second career phase. The group's early career history demonstrated that the respondents had personal and social motives for entering the profession. Thirteen came in with 'undesirable' motives (Singh 1970). These amorphous motives were reflected in the low level of aspiration reported about themselves as beginning nurses. Two thirds of the respondents remembered holding aspirations which lacked long term prospects. At this point in their careers the respondents followed one of two paths: a popular path which manifested a lateral moving syndrome wherein occupational mobility

but not career mobility was the main feature over an average of 9 years; and, a structured path in which a minority of the respondents progressed steadily through a prescribed career ladder. Those respondents who made a number of lateral moves found that their upward career mobility began with the help of a mentor, a more senior nurse who, in some way, suggested or created opportunity for promotion. However, there was a paucity of such help in the very early career years. The post-basic education system in nursing was identified as a prime suspect in maintaining the lack of mobility in the respondents' early careers.

The second career phase, for most of the respondents, was a period of establishment and growth in a selected area of nursing. Five career patterns were identified: The steady climbers; the joiners who climbed onto a career ladder; the fast movers; the pioneers and, the mavericks. The majority of the respondents fitted into the first two patterns. Numerous factors had influenced the career development in this second phase. Mentors' functions had been essential to the progress of two-thirds of the subjects. Support and opportunities for advancement or innovation had also been provided by chance, legislation, employing institutions, Christian faith and domestic support. The respondents reported that their own personalities had probably had the most impact on their accomplishments.

Throughout the discussion on career progress, factors which hindered development were outlined. Professional socialization and the attitudes generated against nurses who achieve were mentioned frequently. The domestic commitments of single nurses were also explored. Six-teen of the subjects had or had had responsibility for dependents.

In conclusion, the career histories of the 36 respondents illustrated that most of them had spent a long period in their early

careers without direction. How this long wait for recognition was supported by the profession through a process of successive training periods was explored. The second career stage included establishment of a career and upward mobility mentoring had proved to be an important factor in changing the tendency for lateral moving. In general, the respondents did not appear resentful of the career patterns they had experienced. They reported a high level of satisfaction with their nursing careers.

Towards a Theoretical Perspective of Female Career Development

It was suggested, in the conclusion to the literature review, that certain theories of vocational development are inadequate explanations of the female career process. The theories were not categorically rejected but served to give direction for explanation of the continuing processes which have had an impact on the lives and careers of thirty six leading female nurses. Through the extensive literature review and the study a perspective on female career development began to emerge. This is discussed in this section.

A Model of Female Career Development

The model of career development proposed here incorporates pertinent aspects of a number of other theoretical perspectives for they proved valuable indicators for the present study. Thus, the proposed model reflects Super's (1953) view that

> ". . . originality is more generally the result of a rearrangement of the old than the actual creation of something new: the rearrangement is original because it brings out details or relationships which have been missed or points up new applications." (p. 187)

Previous work has proposed three different approaches. First, there are those psychologists who focused on the individual. Super (1953) delineated vocational life stages and described the process occurring in

each. He also (1957a) formulated vocational developmental tasks which, if accomplished in various life stages, lead to vocational success. Determinants of the process within an individual were also discussed and included self-concept and role, personal factors and situational factors. Other theorists have enlarged on the role of these determinants. For example, Blau et al. (1956) expanded on the socio-economic factor and Roe (1957) and Holland (1959, 1966) concentrated on the individual's needs and traits.

In the second approach the individual as the central actor in his own life and career was removed by Kanter (1977) who argued that organizations of employment 'create' people. She related upward career mobility to the structure of opportunity and power in an organization and to the proportional distribution of different kinds of people. The distribution aspect related more to males and females in large corporations. In this structuralist way she focused on the forces acting on the individual within the work setting.

These two perspectives presented extreme views but both explored facets integral to any experience - the individual involved and the circumstances contributing to the construction of the experience. Interactionist research has developed another side. Becker et al.'s (1961) study of medical students and Melia's (1981) work on student nurses has suggested that the individual, as an active participant in the process, seeks understanding and the best kind of adaptation. This implies a high level of dynamism and adds to the depiction of the career process as a complex multi-faceted phenomenon.

Assumptions Underlying the Model

The assumptions underlying the model indicate that career development is a complex process which is

1) ongoing throughout the lifespan.
2) characterized by behaviour which is vocationally oriented.
3) dynamic. The process is progressive and interacts with multiple influences. What has happened in the life of an individual provides the base upon which new behaviour is built. Super (1957a) has delineated this process:
   a) The individual, faced with a new task of vocational development,
   b) brings to bear upon that task his potential for and his repertoire of behaviour,
   c) has some degree or success in handling the task,
   d) incorporates whatever has been learned in this experience, and
   e) uses this learning to add to, or modify, his existing repertoire. (p. 45)

   In this way, the process is individualized.
4) patterned. Each individual charts a career pattern which is dependent on the decisions which have been made at crucial points.
5) capable of being guided. Through role modelling, counselling and the provision of opportunity the career process can be directed along certain lines.
6) a compromise between all the factors having an impact on the individual. Some of these factors are outside the control of an individual. For instance, the world economic recession of the 1970's and 1980's has created an unemployment situation which individuals must accommodate in their career planning.

Factors Having an Impact on Career Development

The model illustrates that the multiple factors which can have an impact on female career development are in three categories: individual forces, significant others, and environmental forces. Occupational decision making is influenced by the dynamic interaction of these factors which operate throughout the life span. See Figure 9:1 for a diagram of the model.

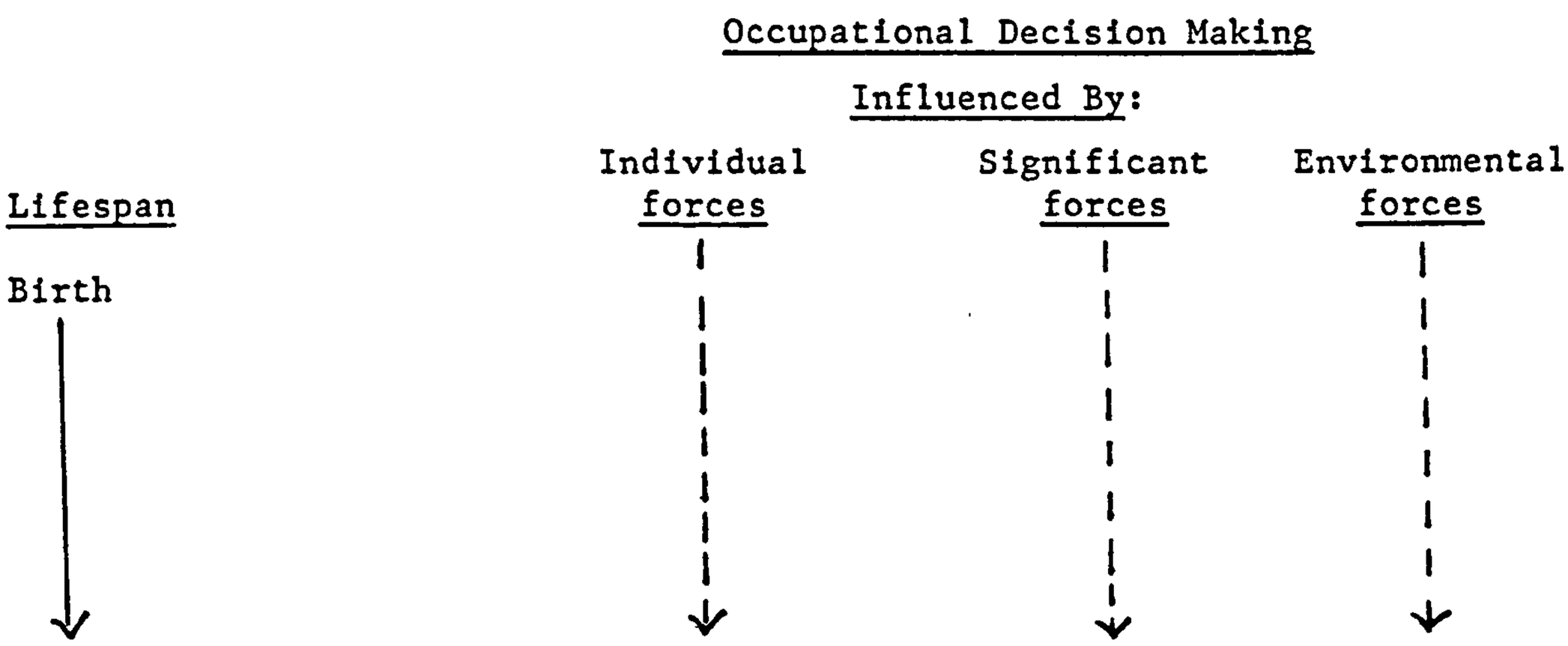

FIGURE 9:1 : Major factors influencing occupational decision making

Note: The lifespan is a continuous, inevitable process, and is therefore denoted with a solid line. The other forces may or may not have an impact therefore they are marked with a broken line.

Individual Forces

These refer to those abilities which the individual demonstrates and the extent to which she feels able to exercise her potential. Sex roles are important as occupational participation may be encouraged on the basis of assumed sex differences (Chetwynd and Hartnett 1978). Thus, the individual's investment in her sex role identity may help to determine career choices and mobility. Marriage and children have been found to contribute to differing career patterns for men and women (Super 1957b, Rapoport and Rapoport 1976). The sex role identity forms part of an individual's self concept.

Other psychological characteristics include the intelligence level of the individual, her talents and interests. The values and attitudes one holds about achievement and work may affect vocational behaviour and therefore, career development. This may be determined by membership in a particular socio-economic class (Douglas et al. 1968). Personality traits and needs may direct career motivation and choice (Holland 1959, 1966, Roe 1957).

Super (1957a) has noted that individual physical characteristics such as height and weight may determine career patterns. Handicaps would need to be assessed.

Previous experiences may have a bearing on careers. Education, work experiences and extra-occupational activities may help to prepare an individual for an occupation and consequently for career mobility. The degree to which success has been achieved may determine the motivation to pursue a career.

These individual forces constitute what the Rapoports (1976) have labelled a 'cognitive map'. This refers to the conceptions an individual has of who does what, what is allowed and how one sets about to organize one's life. Cognitive maps are drawn early in life and are

> "so imprinted on one's mind that they become automatic guides to behaviour. To depart from them requires effort, and to change them is a difficult process indeed." (p. 308)

Significant Others

Throughout life one relates to people who may have an influence in the formation and maintenance of one's self concept and aspirations. These people, in turn, are affected by their own particular individual forces which predispose the type of interaction to which they will be receptive. These include the following people:

1) Parents or Significant Others: Those involved in the care of the young child indicate to her what they expect of her through the roles they adopt when relating to her, the toys and books they buy for her and the activities in which they allow the child to participate. The values and attitudes of these people towards education and work may be adopted by the child. The 'special relationship' that is created between the parent (or significant other) sets expectations and aspirations.

Parents are replaced by other significant persons with whom 'special relationships' are formed outside of the work setting. These include friends and partners (e.g., boyfriends and husbands) whose attitudes and behaviour can affect career aspirations and mobility.

2) Teachers: The child spends an important part of her life in school during which time she is exposed to the expectations of the wider society and she learns more about herself and her aptitudes and abilities through her accomplishments in school. How teachers relate their expectations, biased by factors other than ability, is crucial. Giving occupational information and counselling about subject choices, aptitudes and future careers is an essential function of the schooling system.

3) Peers: The adolescent's identification with her peer group is important. If neither academic success, nor work aspirations are valued, the adolescent may be influenced to adopt the same attitudes.

4) Others: Relatives, family friends, Ministers of Religion, persons encountered through extra-curricular activities (e.g., Guides, sports) also have an impact on the self-concept. They provide recognition of one's abilities and in some cases can influence the development of skills, by providing opportunities for learning and improvement.

5) Persons Within the Work Setting: Those people with whom the individual works provide feedback about performance whether they mean to or not. The experiences and opportunities in this setting help to determine if particular career paths will be pursued.

The Environment

The environment surrounding the individual occurs on several levels.

1) The home is the immediate personal setting which the individual experiences directly and from which one makes tentative forays into the outside world. Whether it provides a stable base and the people in it express interest in the individual's growth and development by encouragement or active participation may well influence the child's and later, the adult's, attitude to risk-taking, planning and career decision making.

2) The school or institutional setting affords more scope for the individual's development. Support for critical assessment of one's abilities; the creation of opportunities in which an individual tests and stretches her capacities in as many options as possible to identify strengths and weaknesses; and, career counselling, should be three of the concerns of these settings.

3) The community in which the first two environments are located also has meaning. The cultural background and socio-economic facets may modify the kinds of activities which are valued and provided by the community.

4) Surrounding and permeating the more personal environments are those macroscopic, or societal influences. Included here are laws, government policies and economic factors which affect everyone in the population to some degree. Values and attitudes are maintained or directed through interventions occurring at societal level. For instance, Shertzer and Stone (1976) have listed several factors which are out of the individual's control but which must be considered in career decision making. One is the accelerated increase in human knowledge which has created new work specialities. The changing role of women since 1970 is a second factor. More married

women with children are working or returning to work after raising their children. A third factor is the rapid growth in technology which has changed the character of some jobs. All of these are identifiable social trends. Less amenable to objective scrutiny are the prevailing attitudes and their effects on female access to careers. Sex-role socialization is an important sub-theme in career development which, as its effects are unmanifested and unquestioned, shape aspiration and achievement. The forces which shore up the sex-role belief system exist within all levels of the environment.

The Life Span

The career process is developmental and is influenced throughout the life span of an individual by forces within oneself or those exerted by significant others and the environment. There are crucial stages during which decisions are made about the future. These stages are unique to each individual depending on the experiences she has had. In Table 9:1 five of six stages are listed with changes or additions to Super's (1957a) vocational developmental tasks but they are not delimited by age ranges. This accommodates the experience of those who start later such as the case with some females and the young unemployed. Thus, these individuals would not be labelled vocationally immature.

Vocational Developmental Tasks

Table 9:1 lists the vocational developmental tasks of the individual. Two kinds of changes and additions have been made. First, the major activity is identified in each stage: vocational role identification, experience of vocational activities, vocational choice, vocational development (which includes exploration and experience of work as well as work changes) and eventual vocational stabilization. Second, the one

Vocational Developmental Tasks of the Individual (Super 1957a)

Life Stages	Changes or additions
Pre-School Child	(Vocational Role Identification)
1) Increasing ability for self help	
2) Identification with like-sexed parent	2) Identification with like-sexed work model
3) Increasing ability for self-direction	
Elementary School Child	(Vocational Activities Experience)
1) Ability to undertake co-operative enterprises	5) Experience of a variety of cross-sex-typed vocational behaviours
2) Choice of activities suited to one's ability	
3) Assumption of responsibilities for one's acts	
4) Performance of chores around the house	
High School Adolescence	(Vocational Choice)
1) Further development of abilities and talents	5) Assessment of one's abilities and talents
2) Choice of high school or work	
3) Choice of high school curriculum	
4) Development of independence	
Young Adult	(Vocational Development)
1) Choice of Further or Higher education or work	5) Seeking a mentor
2) Choice of curriculum in Further or Higher education	6) Choice of career pattern, e.g. whether or not marriage and children will be incorporated
3) Choice of suitable job	7) Commitment to career pattern chosen
4) Development of skills on the job	8) Demonstrating co-operative vocational behaviour
Mature Adult	(Vocational Stabilization)
1) Stabilization in an occupation	4) Providing mentor assistance
2) Providing for future security	
3) Finding appropriate avenues of advancement	

TABLE 9:1 : Super's Vocational Developmental Tasks – Changes and additions

Tasks required of Significant Others and Various Environments for Vocational Development

Life Stages	Significant Others	Environment			
		Home	School or work organization	Community	Society
Pre-School Child (Vocational Role Identification)	1) Providing a variety of cross-sex-typed work models 2) Providing experience of a cross-sex typed activities	1) Providing a non-threatening atmosphere in which to experiment			1) Providing support services for working mothers
Elementary School Child (Vocational Activities Experience)	1) Identification of aptitudes and abilities 2) Providing cross-sex typed role models in work and life	1) Supporting school and extra curricular activities 2) Gathering information on careers 3) Collaborating with school when career decision-making occurs	1) Collaborating with significant others to identify aptitudes and abilities 2) Providing a range of activities to grow & develop 3) Guidance for choosing subject options 4) Providing cross-sex typed work role models	1) Providing activities to develop individual (eg. Guides, church groups, sports)	1) Financial co-operation for the development of community resources & activities
Secondary School Adolescence (Vocational choice)	1) Providing satisfactory work models 2) Utilizing resources to gather career information	1-3 Same as above 4) Encouraging further development	1-4 Same as above 5) Supporting the identification of career choice	1) Same as above	1) Same as above 2) Ensuring that employment is a possibility

	Significant Others		Environment		
		Home	School or work organization	Community	Society
	3) Supporting vocational dreams	5) Supporting the identification of career choice (psychological, social & financial)	4) Supporting and providing information for further career planning		3) Legislating equal access to education & employment, dependent on ability and aptitude
				(Professional community)	
Young Adult (Vocational development)	1) Giving support in early career period of trial	1) Supporting choice of occupation	1) Arranging for special career guidance	1) Accepting individual's choice of career pattern	1) Enforcing equal opportunity legislation
	2) Acting as mentor to aid career mobility	2) Providing domestic support to free time for career or family	2) Encouraging motivation	2) Providing policies which encourage career development (education, scholarly work)	2) Providing support services for working mothers
			3) Supporting ambition		3) In case of career obstructions created by national emergencies, provision of opportunity for education & employment for those late to develop
			4) Providing observable career ladders		4) No age limits on financial backing, or entry to education and/or work
			5) Providing satisfactory work models		
			6) Providing support services for working mothers		
			7) Providing adequate remuneration		

			8) Providing of growth producing activities
			9) Providing of access to mentors
Mature Adult (Vocational stabilization)	1) Recognition of work attainment	1) Supporting	1) Encouraging professional activities
	2) Accepting individual as an equal		2) Providing activities which consolidate or maintain level of skill

TABLE 9:2 : Tasks required of significant others and various environments for the vocational development of an individual

change and seven additions to the list of vocational developmental tasks construe the special considerations of the female experience. The pre-school female child, in forming her identity, needs to be exposed to female work models if she is to incorporate the idea of work as part of her future life. This initial identification has to be reinforced through experience of cross-sex-typed vocational activities. In secondary school (and Further or Higher Education) the female student may need specific help to assess her capabilities, especially if her previous experiences have been tied to traditional sex-role expectations. The reality of the female reproductive function is embodied in the Young Adulthood life stage. What is emphasized is that there is a choice about pursuing a career or the wife-mother role. How much meaning this has to career development in the short- and long-term must be contemplated. In Mature Adulthood, the individual is expected to mentor, in turn. Thus, the additions to Super's (1957a) list relate to the fact that others are important to the career decision making of an individual. Table 9:2, therefore, itemizes the critical tasks required of these others and the different environments. The list is intended as a preliminary, not an exhaustive, definition of tasks.

The Research Findings Discussed Using the Proposed Model

The model helps to review the findings in a meaningful way so that a picture of the respondents' lives is built up and one is able to identify irregularities in their career histories and to decide, in the light of the analysis results, what these suggest. Thus, the model provides a unifying framework through which the findings, as a whole, can be examined. The first 5 life stages provide the outline for the discussion and within each one three strands of the model are examined.

Pre-school Influences

The respondents grew up in families where the majority of their mothers presented traditional role models. Identification with their mothers would have led the respondents to see themselves primarily as wives and mothers. Reinforcement of this ideal came from the society around them. In the 1930's, the time through which a majority of the respondents grew up, most married women did not work outside the home. This fact was verified by their mothers' roles.

The family situation was financially secure as most of the fathers had had white collar employment. A number of respondents felt that their family background had been very stable and had provided a firm base from which to build. For several, their parents continued to have a valuable contribution to make to their later career progress.

Thus, in their early lives the respondents' lacked female work role models in the home and the world about them but the financial security of the family promised an advantaged position.

The Schooling Years - Elementary to High School

The respondents described themselves as advantaged, active and able. These personal attributes have been noted to be of significance in the vocational development of males (Super 1957a, Slocum 1974). In the case of the respondents this was confirmed. Their advantaged background meant that almost half were schooled privately. Most of them achieved academically and a number of activities in and out of school were noted. These activities enabled the respondents to be responsible in areas outside of home, to be independent and to try out leadership roles. The self descriptions which emerged as they remembered incidents revealed that most had felt confident about their abilities.

The schooling experience had been seen in a favourable light. The respondents spoke highly of teachers and their schools. Three quarters attended single sex schools and this may have had important psychological and socializing implications (Deem 1978, Sarah, Scott and Spender 1980, Spender 1982). The respondents were exposed then to female role models in positions of responsible employment. Also, they may have had more opportunity to participate fully in school activities and school subjects. The policy of streaming worked to increase their self esteem as most of those who were streamed academically were placed in top streams. This told them about their intellectual capabilities and aptitudes. At the same time, however, the streaming did narrow career options at an early age, therefore effectively directing the subsequent career paths of some of the respondents.

Late adolescence is a critical time for making decisions about careers. Only one third, in adolescence, had decided on nursing. There was little career guidance and the teachers tended to have limited career orientations. Teaching as an occupation was encouraged, nursing was not. Parents' expectations did little to mitigate the schools' attitude. There were vague expectations to do well, to be content. A few parents wished their daughters to be financially secure and occupations were considered from that point of view; however, the parents appeared to reflect the view that women will marry and work in the home. In contrast, the expectations of the male siblings of the respondents has meant achievement in a greater variety of prestigious occupations. There were few occupational choices or diverse role models for women when the respondents were seeking career information. Few worked for any length of time before nursing and therefore exposure to other career possibilities did not occur.

Critical events occurring in their adolescence years had decisive effects on their careers. The deaths of fathers meant, for several, that there would be no financial support for university education. The Second World War and the consequent direction of labour meant either that the respondents came into nursing or remained in it.

Thus, while individual forces appeared to assure a strong vocational beginning,the lack of expectation and counselling on the part of both parents and schools resulted in poor planning. Rosenow (1981) found the same pattern of non-expectation in her study of the careers of female American nurses. She interviewed 10 influential nurses and a control group of 10 nurses and discovered that only 3 of the 20 had been encouraged to pursue careers. Most reported that their families had held low aspirations for them. The 'hidden curriculum', those attitudes which are conveyed through limited expectations, effectively directed behaviour which was not strongly oriented towards vocation.

Young Adulthood

The entry into nursing was not a purposeful move by many of the respondents. Their motives reflected this fact. Over one third had taken up nursing because they had no alternatives at the time. Their aspirations as neophyte practitioners were short term as most remembered wanting to finish or to become ward sisters. Most of the respondents evidenced a 'lateral moving syndrome' in which much occupational mobility was experienced but career mobility, or upward progress, was delayed. A long wait, on average 10 years, ensued before careers began to move.

This period was characterized by little career counselling, few mentors and scarce opportunity for career movement except along lateral lines. Two environments had had a vital role: the employing institutions and the profession's policies at the time. First, the structure of the

institutions in which the respondents trained and most were initially employed. Hierarchical structures have been found to restrict the free flow of communication (Blau and Scott 1966, Revans 1966) and Portnoy (1975) in her case study of blocked mobility in nursing felt that this limited the networking nurses needed, to build a power base. Status differentials can be rigidly enforced when authority and power have been formally attributed. Workers are kept in their places. Those without power have not the freedom to achieve (Kanter 1977). While the hierarchy may exhibit those characteristics which inhibit career development it also provides an identifiable career ladder for those aspiring for more responsible posts. On the ladder above one's place are superiors who do have the power to promote. A small number of the respondents were spotted by senior nurses who advised and guided them on various aspects of their careers.

The second environment which had an impact on the respondents career progress in the early period was created by the official and unofficial policies of the profession. The educational opportunities which were sanctioned by the profession were those which did not further develop the skills which may have been identified during the initial training period. Instead, successive apprenticeship periods were encouraged. The career process was not thought out logically. The unofficial expectation in the profession, which was allowed to exist, was that any second qualification, preferably a midwifery certificate, was needed for promotion. There was an unreserved regard for 'broad experience' which was not assessed for its significance to either the individual or the profession.

Another pervasive feature of the profession was its reluctance to deal with the attitude of nurses towards promotion. This was seen as removing oneself from 'proper' nursing. That policy makers in the

profession have far more impact on patient care was not recognized. In a way this feature was reflected in the lack of provision for relevant progressive education. All of these factors contributed to a powerful professional socialization. Thus, the system of beliefs built up in the profession was reflected in the values espoused and the lack of provision of opportunity.

Compounding the effects of the hierarchy and professional socialization was sex-role socialization. This had had a distinct and observable effect in late adolescence but was less easily identified in early career. The respondents themselves made few comments. The influence was more implicit than explicit. For instance, it was remembered that if one married one had to leave the profession. Also, the lengthy wait for opportunity seemed to indicate that the profession waited out this period so as not to invest in nurses who would marry and leave. Vance (1977) in her study of influential American nurses noted the same lack of explicit recognition of socialization factors.

> ". . . The relatedness of the concerns and problems of women in society with those of nursing did not come through clearly in the opinions and perceptions of these nurse leaders." (pp. 192-193)

This is not a surprising comment. Socialization effects are so pervasive so as to be unquestioned by most nurses. A recent study has found that Nurse Practitioners felt uncomfortable speaking of the Women's Movement and its influence on their role (Simmons and Rosenthal 1981).

Overall, the first career decade of the respondents was one of little growth and development. The individuals' own early lack of commitment and planning and the prevailing strategy within the profession of 'waiting to see' meant that very little career mobility occurred.

Young Adulthood into Middle Adulthood

The second career phase was characterized by opportunity and career mobility. The respondents reported many instances of institutional support and mentoring. Generally they conveyed the idea that their careers in nursing had been highly satisfying.

Conclusion

Critical career decisions which were made by the respondents and those influencing them at various periods tended to be directed by the norms within society at that time and to be oriented to the present. The pattern of lateral moving indicates that there has been a wastage of potential leadership over a period of time when the motivation to learn and the ability to give energy and time to creative endeavours is at its peak. Building a solid foundation from which future scholarly work would emerge and enhance the profession's image as well as contributing to the individual's satisfaction was denied the respondents in their early career years.

Recommendations for Further Research

The study focused primarily on single women who have distinguished themselves in the profession and who may be

> ". . . reflections and symbols of a profession's strengths and achievements, its values, needs, and concerns, its goals and problems." (Vance 1977, p. 189)

However, it has not been proven empirically that they or their experiences are representative of most nurses. Fogarty et al. (1970) found in their study of women in top jobs in the United Kingdom that

> "The characteristics of young highly qualified women to-day are described as being different from those women of similar abilities and qualifications who are now middle-aged, and these again as different from those of the generation of career women moving into retirement." (pp. 15-16)

Thus, although the literature review suggested that female vocational development continues to be hampered by sex-role socialization and recent journal articles have been critical of the lack of clinical career structure (Glen 1983, Whyte 1983), the traditional promotion route in nursing (Logue 1983) and nursing's traditional image (Salvage 1983), there is no research evidence that the experiences reported in this thesis are similar to other nurses' experiences. What the study has done is to raise new possibilities for research (Babbie 1973). These are outlined below.

Career History Research

The developmental approach to the study of career histories needs to be replicated with different groups of nurses.

1) Men in the profession: Men make up a small proportion of the nursing population but they have captured a large number of top posts in the profession (Austin 1974, Jones, Crossley-Holland and Matus 1981, Nuttall 1983). A study on the Nursing Officer post (Jones, Crossley-Holland and Matus 1981) found that the males seemed to be more career-oriented than the females. Thus, male nurse biographies should be studied to examine their career aspirations, qualifications, advancement patterns and sources of support.

2) Other groups of female nurses at various ages and levels: Are nurses to-day being supported and prepared for logical career mobility?

3) Married nurses: Tierney (1982) has been critical of the profession's lack of social support for married nurses in spite of the fact that married women are working more than ever before. This reflects badly in a profession which is dominated by female nurses. The experience of married nurses with and without children needs to be researched.

Career Support

Support in nursing for careers can come from several areas. Each can be examined to discover if such support exists.

1) Institutions of employment: Case studies of different organizations (comparing on variables such as size, whether teaching or non-teaching, location, etc.) can explore occupational opportunities and career development programmes. The views of nursing and hospital administration on career development for staff members can be collected and examined. The effects of hierarchical structures on career mobility in nursing needs to be delineated further.

2) Medical Consultants: As persons with potential impact, they could be surveyed for their attitudes toward nurses having careers, and their views on their role in nurses' careers.

3) Nursing Management Courses: A prime function of nurse managers is to identify and promote nursing talent. Do nursing management courses orient individual nurse managers to this responsibility? Course content can be surveyed to assess the priority given to this aspect of their work. How specific concepts such as modelling, mentoring and careers for women are reviewed by prospective nurse managers should be explored.

4) Personal support systems: How much non-work responsibility is carried by female nurses, both married and unmarried? Are there differences between them and male colleagues at the same career level. What kinds of non-work support is available to these nurses?

Mentoring

Mentor-protégé relationships may not be amenable to study for three reasons. First, a relationship may not be identified until it has been discontinued. Second, it may not be a relationship from the point of view of one of the respondents. Third, such relationships, in the classic sense may be rare and not readily available to women. Reports from protégés that one has been mentored are valuable sources for study; however, the researcher has serious doubts about mentors claiming they have been of assistance to protégés. It is the perception of the protégé which is paramount although the needs of the mentor require further exploration. Several types of study may be possible:

1) A retrospective examination. Reports of such relationships after they have ended may provide a useful follow-up study.
2) An observation period in an organization may identify mentoring activities which could be studied.

Education in Nursing

The lateral movement syndrome found in the careers of nurse leaders was perpetuated by certificate gathering at the post-basic level. As early as 1956 Carter questioned the rationale behind this phenomenon. There has been a proliferation of such courses and an aura of respectability has been granted them by a professional organization, the Joint Board of Clinical Nursing Studies (JBCNS). Rogers and Powell (1982) have been following up nurses who hold JBCNS certificates to decide

> ". . . about the relevance of present post-basic clinical education . . . . We need to know why they decide to take post-basic courses; what they think of them; and how far they make use of that education in their subsequent work. Only when this sort of information is available can rational decisions be made for the design of future post-basic education." (pp. 1-2, emphasis in original)

The study had a specific objective to trace career mobility changes over a period of time. Thus, the final analysis may help to explore further the relation of post-basic courses to career mobility.

A further study should be done to compare the career mobility of nurses who take degrees with those who complete JBCNS or other certificate courses.

Further research into the opinions of nurses at varying levels as to what is required for and what would facilitate career progress is needed. The nominal impact of nurse graduates on the profession to date (Scott Wright, Gilmore and Tierney 1979, Montague and Herbert 1982) suggests that a differing process of education, in itself, will not transform the reluctance of senior nurses to recognize and use talent, no matter at which age it occurs.

Career Counselling Research

The state of career counselling in nursing requires examination.

1) A survey of Schools of Nursing at both the diploma and degree levels to describe their career guidance resources. Who is responsible for the co-ordination of such resources? How do these people themselves feel about careers in nursing?
2) A survey of attitudes of the ward sister grade and above, about giving career advice to students, staff nurses, ward sisters (those who are under 30 years of age).
3) Action research with students in their last year of training or education. Exploration of their potential, their aspirations and the steps which are best for rational development and promotion by a researcher trained in counselling skills and psychological testing. The researcher would also have to be cognizant of the wider implications of professional policies (formal and informal) and the

socio-economic climate as well as extra-nursing influences (e.g., parents, boyfriends, peers). Follow-up studies could be planned for evaluation of the concentrated intervention.

Networking

The power to effect change can be influenced by the strategic alliances one maintains. This study of nurse leaders revealed that they felt their contacts were important. How these networks are created and used in nursing should be evaluated. Whether or not they are set up at lower levels, for example, among staff nurses and ward sisters, is another question for study.

Professional Socialization

How nurses come to value bedside nursing to the detriment of development and promotion of the self and the profession needs to be explored in some depth.

Conclusion

There is a need to ensure the development and retention of young competent nurses in the profession. Recent cuts in expenditure on career services in schools indicate that those entering the profession will need career guidance more than ever before (O'Connor 1983). A reputation for encouragement and support of nurses' careers will enhance the status of nursing as an occupation. In turn, wastage rates may decrease and there may be willing and well-prepared candidates for leadership positions at all levels. These consequences can only strengthen the profession's image, positively affect the individual nurses' self concept and, in turn, influence patient care for as Hughes (1978) has noted

> "The carer's understanding of himself then, is of prime importance in his understanding of and implementing of care . . . . If the carer has not attained sufficient understanding of

> his own needs, motives, attitudes, personal values and so forth . . . , this can create a potentially dangerous situation within the relationship . . . ." (pp. 53, 59-60)

The nurse and her career are integral parts in the interrelating web of individuals, organizations and Society. Gaining control of her career destiny is as crucial an issue in nursing as directing nursing practice.

References

Note: Abbreviations used in text

DES = Department of Education and Science

DHSS = Department of Health and Social Security

MOH = Ministry of Health

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APPENDIX A

Article:

Hardy, L. K. (1982)

Nursing models and research -

a restricting view?

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Nursing models and research – a restricting view?

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Nursing models and research – a restricting view?
The question is asked, Do some nursing models present a restricting view? If so, then the type of research in nursing may be restricted also. The author examines the writings of several nurse theorists to demonstrate the development of a singular focus, the patient. This consideration is followed by an introduction to the thoughts of critics on the narrow perspective embraced by some nurses. Blind acceptance of any nursing model is questioned. The use of a model must be accompanied by discussion, exploration and adaptation. No one model provides a true picture for all nursing situations.

COMPLEX NATURE OF NURSING

The complex nature of nursing has eluded definitive description. In an article on scientists, Judson (1980) summarized a state of affairs which is comparable to that in nursing.

> 'Science is enormously disparate... Nobody has succeeded in catching all this in one net. And yet the conviction persists–... that behind the diversity lies a unity' (Judson 1980).

It is this search for a unity which has been responsible for years of discourse on theory and models in nursing. While critical analysis of this trend is beginning (Grypdonck 1980, Schröck 1981) many practitioners in the profession utilize existing models to guide their practice, their research, and their thinking. Some are finding that the problem with the acceptance of what exists, is that these representations of reality make them

> 'acutely uncomfortable. The descriptions don't seem to fit what goes on in the doing... They seem at once too abstract and too limited...'

and they

> 'don't prepare one for... the variety of things to think about, the variety of obstacles and traps to understanding, the variety of approaches to solutions' (Judson 1980).

These thoughts of Judson's illustrate the present situation with nursing models which has concerned this researcher. It seemed desirable to place her proposed research about nurses as people into the context of a nursing model to demonstrate its relevance to the profession. In an examination of some models it was discovered that narrow interpretations of nursing by the nurse theorists has created specific difficulties in the presentation of what nursing is and what affects it. The contributions of several major authors on models will be considered to develop a retrospective understanding of the developments in the field. This consideration will be followed by an introduction to the thoughts of others who have been critical of the narrow path some nursing theorists have pursued. It will be demonstrated, through this analysis, that blind acceptance of nursing theorist reflections is no longer *de rigour*, and that thoughtful consideration, utilization and adaptation of models is now necessary.

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Throughout the discussion, the existence of nursing theory is acknowledged, not argued.

CONSIDERATION OF THE CONTRIBUTIONS OF SEVERAL NURSING THEORISTS

Statements about nursing models generally convey the idea that the model presented *tries* to illustrate all dimensions of nursing. There was agreement on this in the early part of this century.

> '...both Isabel Hampton Robb and Linda Richards explained the curative influence of the nurse by assuming that the feelings or inward workings of the mind became visible in facial expressions and in the motions of the body. Because the feelings and actions of patients reflect those of others, only enlarging considerably upon them, results could be helpful or harmful' (Allemang 1974).

Thus, nursing had to do with the interaction between patient and nurse with the ultimate goal of caring helpfully. This early 'model' seems to have been largely ignored when nurses began to adopt philosophical analyses of nursing.

The changes in thinking were heralded in 1960 by a book entitled, *Patient-Centred Approaches to Nursing* (Abdellah *et al.* 1960). The push was for *comprehensive* patient-centred care. This pioneering technique (as acknowledged by King 1971 and Stevens 1979) influenced the narrow view of nursing which began to detract from the status of the nurse as an individual and developed the concept of patient or client to the point that it became the overriding concern of most nurses.

In fact, the nurse was not forgotten by Abdellah and her colleagues. They felt that very often nurses made patients dependent in an effort to meet their own needs. There is agreement with the aforementioned early Twentieth Century view that the nurse may be responsible for creating 'a climate in which patients may develop nursing problems'. This aspect is dealt with in the list of nursing skills to be utilized in patient-centred care. Therapeutic use of self is one of eleven skills. Here the nurse identifies her own feelings, needs and goals; assesses her own growth; and, uses approved moral and ethical values. However, the emphasis, as the other ten skills indicate, is clearly on patient care.

Nursing knowledge

It was over 20 year ago that Abdellah and her associates wrote that nursing knowledge should be identified in order to control adverse effects to patient care. What constitutes nursing knowledge is the question with which few nurses grapple. The authors of *Patient-Centered Approaches to Nursing* planted a seed in their garden of thoughts. While they cultivated a primary idea which centred on the client, the nurse herself was to be considered also. Germination did not occur as the up and coming nurse theorist gardeners chose to nurture the main area of Abdellah's treatise, that is, patient-centred care.

This bias in viewing nursing has repeated itself and is easily picked out in the nursing literature. In the 1970s the titles of books and articles began to reflect the growing concern with theory and models e.g. *Towards a Theory for Nursing* (King 1971). The author asked an exciting and promising question in her preface 'What are some of the social and educational changes in the United States that have influenced changes in nursing?' She goes on to discuss aspects which primarily concern clients. That the nurse, as a member of society, would have been affected is not developed to any great extent.

There are many areas in the book which could have redressed the balance between the nurse, society and the client. However, King's orientation is evident. In describing previous efforts to provide a framework for nursing the emphasis was on the client. This belief is not held sacred by others. Dickoff & James (1975) suggested that this seemingly single goal of nursing may be 'a mistake or, at least, a nonfruitful or even somewhat dishonest aim...'.

King went on to quote Simmons & Henderson (1964) who remarked that research and the lack of it in nursing 'depends on knowledge of the past attitudes held towards nurses...' There is no analysis of this statement; no questioning as to what these 'past attitudes' were and whether they continue to exist. Here it seems that the two concepts of human being and nurse can be divorced from one another.

Yet the variables King identified in nursing situations seem to demonstrate that the client is interacting with the nurse and the environment, each of which have their own characteristics. The writing which accompanies the list precludes such an interpretation. The implicit examination of the nurse is never made explicit.

Another chapter deliberated about social systems as a dimension of nursing. King concluded it by stating 'knowledge of the influence of social systems on the behaviour of individuals and groups is relevant for nurses'. It is the opinion of this researcher that this particular knowledge is *essential* to assessment of the behaviour of both nurse and client.

In spite of recognizing that nurses have difficulty functioning and utilizing their knowledge in complex health care systems, King never came to grips with the issue of the nurse as an individual and its effects. She effectively skirted any critical examination and seemed to hope that the 'nurse' issue would look after itself when she wrote:

> 'In the process of responding to the needs of individuals, nurses themselves advance in maturity as they gain greater understanding of human behaviour'.

In her conclusion to the book King continued to claim 'nurses, as individuals, are an integral part of this framework... the perceptions of the nurse, of the health client, of the physicians, and of other professions are critical in a nursing situation'. This was well said but it was never really explored. Perhaps the possibilities apparent in King's framework will be developed further by others.

Two other nursing authors deserve attention as their work has been widely read and referenced. Riehl & Roy (1974, 1980) have presented an overview of a number of nursing models in their book *Conceptual Models for Nursing Practice.* They defined a model as 'a conceptual representation of reality' (Reihl & Roy 1974). To elucidate their meaning they used the illustration of a car model. Perhaps this is a clue to how some nurses view models. In the past, car designers used to prefer to enhance the aesthetics of the machine. Defective brakes, obstructed views and petrol guzzling were never obvious parts of the 'model'. However, today these same problems are considered in the model of a car is seen in the advertising of petrol economy and efficiency of parts. Nursing continues with the same perfect models which do not attempt to reflect the reality with which most nurses are painfully aware.

Riehl & Roy (1974) cast a critical eye on the medical model which they saw as narrowing. The same critical eye was not turned on nursing because it seemed that the profession was one up on the doctors. That is, nursing's emphasis is on patients, not diseases. One track is one track, however defined.

They claimed (Riehl & Roy 1980) that as nursing models have developed over time, there were three essential elements which gained clarity: the goal of nursing, a concept of the patient, and the mode of nursing intervention. The concept of patient centred care seemed to be continued in the work of Riehl & Roy.

Interestingly, the ideas of Robert Chin are included in a chapter written by him in both the 1974 and 1980 editions of Riehl & Roy's publication. In developing ideas on system models and developmental models, Chin proposed an alternative to the usual systems model, namely, an intersystem model. He suggested that the change agent (the nurse) create her own system. This would then allow exploration of 'the internal system of the change agent' (Reihl & Roy 1974). He went on, in systems language, to say

> 'Helpers of change are prone at times not to see that their own systems as change agents have boundaries, tensions, stresses and strains, equilibria and feed back mechanisms which may be just as much part of the problem as are similar aspects of the client systems'.

He also stated that:

> 'We can be misled into an utopian analysis of conflict, change-agent relations to client, and family relations if we neglect system differences'.

Total situation approach

Chin appeared to be advocating a total situation approach. This is the antithesis of the thinking of some nurse theorists and may explain why his ideas seem to have been rejected (in the last chapter, 1974 edition) or associated (in the last chapter, 1980 edition) with interaction theory which has been used to refer to the client and his environment. In general, the models presented by Riehl & Roy are client focused. Chin's contribution is an anomaly in the book.

The case for the inclusion of the nurse as a person in the study of nursing has been raised by Burgess (1975). She stated in her doctoral dissertation that she had found no studies done on the actual self esteem of graduate nurses, that is, those people who compose the largest body of health care workers in the USA. She stated,

'Paradoxically, nursing has long had a passionate interest in the self concept of patients but has not manifested an equal interest in the self concept of nursing practitioners as persons'.

The adoption of the singular concern of patient care in nursing models has led to a restricted view of nursing. The resultant lack of adequate exploration of what nursing is about which has prompted the development of a body of critical analyses, the other view, to counteract the effects of such limiting pictures.

THE OTHER VIEW

The search for a unity has enabled nurse theorists to explore a foreign field, that of philosophy. Ideas and approaches to thinking have been borrowed or adapted. This has involved a watering down of the original ideas and also, a possible misunderstanding of the philosopher's thoughts (Grypdonck 1980). Nurses have tried to grasp the meaning of theory and models to utilize in nursing. However, some seemed to have stopped their study of a particular philosophy once they've adapted the ideas for use in nursing.

The resulting jungle of tangled ideas, logic, theories and philosophies is one in which few dissenting voices have been heard. In Grypdonck's opinion premature closure has occurred (Grypdonck 1980). She feels an exploration into the philosophy of science is needed after 25 years of nursing research. Her doctoral dissertation contains a cogent argument developed from a philosophical perspective. She identifies the particular school of philosophical thought, neopositivism, that some nursing theorists have followed. The difficulties that this path has created are also discussed. If one is to believe Grypdonck's thesis, it would appear that nursing knowledge of theory and models has been secured from an insecure base. This metatheoretical thinking in nursing has been like a set of blinkers.

Dickoff & James (1980) are two others who have been severely critical of this trend of thought. 'They emphasize that nurses artificially leave aside the nurse, the setting, the dynamics...' In fact, Grypdonck (1980) argues that

'Limitations and imperfections, unacceptable situations, horrors in nursing should have a distinct place in the frame of reference of the scholars in nursing'

Thus, it appears to some that the study of other situational aspects may have relevance in nursing research and knowledge. Certainly Robert Chin's ideas on the importance of the change agent support this. Lamonica (1979), in discussing systems theory, seems to have been influenced by the same type of perspective as Chin and Grypdonck.

'Since the client is seen as being largely influenced by many other people and environmental factors, all relevant aspects then become part of the system. Each person or aspect is felt to have a relationship with and in the client's care... The size of the piece of pie allotted to each facet of the system reflects the relative importance of the factor in the client's world' (Lamonica 1979).

This flexible view allows for analysis of the nurse, both as a professional and as a person. Why this view is not held widely may be explained by Stevens.

"Most nursing theories deal with the 'ought' not the 'is'... Unfortunately, the strong drive toward the 'ought' may impair its own achievement. Like other professions, nursing might be better off to start with a clear picture of what is. If one clearly knows where the profession is... Then it may be easier to set future directions and to assess where changes... are most needed". (Stevens 1979).

She also questions, 'how can students be educated to enter a practice world whose reality is carefully denied?'

Stevens advice to start with the 'is' may appear to take the profession back to the time before the advent of nursing models. What has been developed revolves around the issue of what is proper study in nursing. Leonard *et al.* (1975) emphatically state that research about nurses is not nursing research. However, in the discussion of applying behavioural science theory to nursing they indidcate the following.

'To us, it means a demonstration of how insights available through these general theoretical perspectives can be used to improve the effectiveness of nurses in caring for patients'. (Leonard *et al.* 1975).

They then state, illogically, that only patient study can improve this effectiveness. Rigid views of nursing models produces this kind of contorted thinking, the kind which bends itself to fit the limitations of a model rather than the kind which questions, evaluates and adapts a model so that it more closely resembles reality.

The patient

The patient does not become the lost entity in this promotion for a broader perspective in nursing models. Indeed, Grypdonck (1980) addresses this point by saying that although the focus of nursing research should continue to be the patient (her question about any research is, 'What difference does it make to the patient?'); there should be a broad interpretation of the focus as questions about nurses may influence practice favourably. The practice theory of Dickoff & James is embraced by Grypdonck (1980) as one which does offer more scope for an exploration of nursing. A world view may emerge (Hardy 1978). If nursing is truly at a pre-paradigm state (as described by Kuhn 1970) then exploration is essential. Grypdonck (1980) and Hardy (1978) accept that this is what is happening. Unfortunately, as has been illustrated,

'energy (is) going into attempts to justify one of several embryonic paradigms rather than into purposeful, orderly research. Confusion prevails as to what exactly nursing should be studying' (Hardy 1978).

One wonders why such confusion persists. Is it that 'nursing theorists are held captive by ... myths ... of complete explicitness, of an absolute order of things, or of given absolute simples' (Dickoff & James 1975)? Whatever the reasons for the confusion, the beginning nurse researcher is left floundering in this sea of myths and, far from giving direction, existing models appear to encourage a narrow perspective and an elitist preoccupation with higher thoughts on research for the sake of knowledge rather than the reality of practice.

CONCLUSION

To the novice nurse researcher the questioning attitude of nurses to-day is helping to dispell the myths of perfection in nursing, of a solitary aim of care. The new outlook is stated by Chin & Jacobs (1978).

'The *process* of developing theory and not a specific outcome, should be emphasized. That is, the *process* has greater value than the *product*' (their emphasis).

This viewpoint helps to avoid the argument about the proper kind of research in nursing and allows for an exploration and research of various perspectives that can enrich any discussion on the complex nature of nursing.

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APPENDIX B

Article:

Hardy, L. K. (1983)

The emergence of nursing leaders -

a case of in spite of, not because of.

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The emergence of nursing leaders – a case of in spite of, not because of

Leslie K. Hardy, RN, BN, MSc.

SUMMARY: Sharing is an important concept in nursing. In this paper it is explored as a feature of professional development in order to ascertain the status of sharing in the profession. Four factors are considered. First, there is a question related to whether or not nurses demonstrate the characteristics needed for sharing. The argument is that female sex role socialisation precludes nurses from developing the requisite qualities. Second, the status of men in the profession and its potential effects are discussed. Third, the concept of mentoring as seen in the research on women and nurses is developed. Fourth, the critical implications of the type of organisation nurses work in are presented. Each of these factors impinge on the ability to share and the quality of the sharing. This may mean that leaders in nursing emerge in spite of, not because of, the professional sharing that occurs.

It would be difficult to separate the idea of sharing from caring. To care, one should be able to share, to support, to participate and to have something in common with others when valuing them. It follows that caring and sharing go on at all points of the continuum from patient to chief nursing officer. We accept that nurses care for patients but who cares for those who do the caring?

In attempting to address this question I look at one area where nurses can support one another; that is, in their own professional development. A career has been defined as 'the sequence of occupations in the life of an individual'[1].

However, a multitude of factors can affect careers which makes consideration of the concept complex. Four questions related to a number of the factors are posed here, in the hope that some light will be shed on who helps nurses in their careers.

1. Are nurses capable of sharing?

In considering the issue of whether nurses share with one another in regard to professional development, I returned again and again to the type of personality characteristics one needs in order to be capable of sharing. Some of these characteristics are self-confidence, ability to communicate empathy and ideas, willingness to risk oneself and to trust others, respect for the others whom you feel are worthwhile, available time and energy for the involvement, and commitment to the idea of sharing and personal development.

In our society, something referred to as the 'sex role system' may help to preclude nurses from developing the qualities I have just mentioned. Such a system creates a division between the sexes by doing three things. First, it assigns, based on sex, certain personality traits. Women are supposed to be passive, tender and subjective. Aggression, dominance and objectivity are attributed to men. Second, it produces a division of labour. Nurses are female; doctors are male. Third, it propagates the idea that anything male is to be valued more highly than those things associated with women. These three aspects, it is said, pervade our society and create attitudes which prevent men and women from developing their potential[2].

In Britain, the nursing profession contains members of both sexes. If as products of this society they reflect the attitudes thrown up by this sex role system, the division created must cause communication, therefore sharing, problems.

Do these differences have a basis in fact? The evidence provided by Maccoby and Jacklin's[3] review of research into sex differences has emphasised that there is no proof of the existence of real sex differences. Even those studies which have stood up to scrutiny have recorded only small differences in that girls have better verbal ability and that boys are slightly more aggressive and do better in certain kinds of mathematical and spatial tests.

How is it, then, that the sexes adopt roles as outlined by the sex role system and what does this mean in terms of sharing and careers?

Socialisation begins very early. Parents enhance the stereotyped images of femininity and masculinity. In a very real sense they prepare their children for life and if they've never questioned their own restricted roles, they will perpetuate the system[4]. Girls are encouraged to play house and to think about careers which would be an extension of their nurturing natures, for example, teaching and nursing. Both these professions can be used in the mothering role which, it is expected, they will eventually take on. Boys roam the neighbourhood, doing 'boyish' things and think about working for the rest of their lives.

The school rubber stamps the parents' expectations. Dale Spender has asked, in fact, if indoctrination to the sex role *status quo* is the real task of education[5]. I will refer to two aspects to illustrate how the sex role system works in education.

First, children find out a great deal about their future place in society indirectly. Curricular materials picture the woman in the home[6,7]. This image must affect how girls view the possibility of working. It may be seen as temporary, merely a passage to the time of matrimony and children. The reality of women working is that in 1980, 65% of all women worked and 62% of all married women work, and this has been shown to be an increasing trend[8]. The boys see their male role models outside the home, in challenging careers.

Second, research on the interaction between teacher and pupils in mixed schools has shown that the boys demand and get more attention than the girls[9].

The results of such socialisation can be seen in concrete terms. The girls drop subjects such as physics and mathematics or, if they do carry on, they fail more frequently than boys. Girls take up more courses than boys in further education but fewer in higher education[8]. The girls seem to 'learn to lose' as they lower their ambitions and begin to believe in their inferiority. The boys 'learn to win' and go out into the work world armed with confidence and ambition, just as is expected of them.

I think this type of socialisation is reinforced in nursing and I support my claim as follows. First, and most obvious, students in nursing encounter senior nurses who, in the parental tradition, also have sex

role expectations. Second, we believe that our practice in the profession is data-based and we urge nurses to use the Nursing Process. This method demands questioning and thinking yet the reality is that our actual practices do not encourage this: Gott[10] looked at teaching in nursing and found that traditional teaching methods were still largely employed. Discovery learning and problem solving (read questioning and thinking) were still regarded as esoteric. So the quiet, passive girls who predominate in the profession get on with their rote learning.

The third point concerns the type of socialisation which occurs within the profession. The students Melia[11] interviewed reported that they were expected (and they themselves expected) to 'fit in' with ward sisters and the nursing auxiliaries with whom they worked most. One wonders, if the nursing auxiliary is the role model for students, how can we expect aspirations?

It seemed that being liked by the staff was important to these students. Again, as women, they were accommodating others, because it seems the others were more significant. They saw that their progress was 'contingent upon their creating a favourable impression on those above them'[11]. However, the way of doing this was not to use new found knowledge or to explore but 'to do'.

This type of socialisation maintains the system as it presently stands even though this may be inimical to personal and professional sharing and growth, both between the sexes and within each sex.

2. Will men in the profession make the situation worse?

Men have been very successful in nursing. A report in the early 1970s showed that men made up 17% of the nursing population yet they held one-third of all top posts in British hospitals[12]. It has been suggested that top posts should go to men because they are more stable[13]; however, no empirical evidence supports this suggestion.

Other areas said to benefit from male participation in nursing are: increased professional recognition and status[14]; and more effective bargaining[15]. The distinct message here is that men are more capable and it seems that the sex role system works very well in promoting the interests of men in nursing.

What particularly concerns me has to do with the attitudes that men hold of women workers. One is that women, although seen as capable, do not make good supervisors because workers would be uncomfortable with a female boss[16]. Also, few men think that it would be a 'good' thing if more women held top posts[17]. These attitudes have no basis in fact. A 1972 survey[18] reported that 75% of the male and female executives who had worked with female managers had reacted favourably.

Another attitude led male managers to believe that women were not dependable workers[19]. The truth of this matter is that high turnover rates are true of all employees (both sexes) who are under 25 and in low income clerical jobs[19]. Also, it has been shown that over a 10-year working period where men had an average of 2.3 jobs, women had an average of 2.1 jobs[20]. Many male managers also believe that women will work until marriage—yet 62% of married women work.

So, the myths abound. If the men who occupy top positions in nursing are typical of men in our society, I predict that we will see even more men at the top, as they will promote one another. In one study it was found that men who were in posts where they were responsible for employing people believed that a female applicant was likely to be inferior to a male one[17].

A more insidious aspect to the condition of male attitudes is that women may also believe them and in the face of these negative attitudes held by both sexes and the lack of female role models at the top, aspiring women may feel inhibited from attempting career progress.

Thus, the presence of more men in nursing may mean even less involvement and co-operation than exists at present.

3. Are nurses capable of mentoring?

Mentoring is a kind of relationship from which both participants gain. It may be the essence of what is meant by sharing in a professional capacity. The information has been gleaned from Daniel Levinson's writings[21].

The act of mentoring may encompass several functions. The mentor teaches the protégé so that there is a development of ability in relation to the work; he uses influence to promote the protégé's cause and reputation, guides the protégé by welcoming and initiating him/her into the world of work, advises at critical stages, and provides a model which the protégé can admire and perhaps seek to emulate. The typical mentor is eight to 15 years older than the pupil and is a transitional figure.

The relationship may endure over an average of from two to three years with eight to 10 years being the upper limit. Young people cease to need a mentor at around the age of 40. Presumably, this is when they, in their turn, begin mentoring.

At its best, the mentoring relationship helps to realise a dream. The mentor fosters the development of the young protégé by believing in the person, sharing ideals and by giving the dream the crucial 'you are all right' blessing. The young person is protected, buffered from attacks of superiors and given space in which he/she can work creatively, make mistakes and grow.

It is in the early years of a career, from the age of 20 to 35 that relationships of this sort are most productive. Mentorship is considered a crucial career feature, along with excellence and productivity. Lack of such relationships is seen as a major obstacle in the professional development of an individual and may also affect ego development.

Much of the writing in this area indicates that women have not experienced mentorship as men have. Reasons for this include that there are few women in positions of leadership and those who are may not be able to provide satisfactory mentoring owing to the stress of trying to maintain a position in a male dominated occupation. Also, men at the top may not want to mentor women.

Hennig's study[22] of 25 managerial women in the States indicated that all had had male mentors who were of paramount importance to their careers.

Phillips' study[23] of the career development of women managers and executives in business and industry found that mentoring was more common than originally thought, as 61% of her subjects had had mentors.

She indicated that there were two main types: primary mentors who approximate the description already given and secondary or partial mentors who are numerous in life and appear at various times.

These studies are of women in male dominated professions. What about in a female dominated profession? I have been studying the career histories of 36 leading female nurses in Scotland and England, and mentorship was one area of exploration. The preliminary analysis shows that the 36 women had a total of 158 mentors. Twenty three (64%) of the women had four or fewer mentors and 75% (n = 27) had six or fewer. Thus, the experience of mentorship was not uncommon.

What may be more important is, who were the mentors? The women reported that 26% of the mentors were men. Only one of these was a male nurse. Of the 117 female mentors noted, 84% were female nurses. These people tended to be matrons, tutors and professional association executives.

What was a less positive finding was that only 43.4% of the mentoring episodes occurred in the crucial early part of the career which spanned the ages of 20 to 35. It also appears from this beginning analysis that the majority of the relationships fit into Phillips'[23] category of secondary or partial.

The paucity of primary mentors may affect the careers of female nurses in that development may be slower, but it is gratifying that there is evidence of some kind of mentoring. The loss of female role models owing to the large proportion of men at the top in the profession may eventually affect the numbers and kinds of mentoring available to women. At the same time, I have unanswered questions about the numbers and kinds of mentors available to men in nursing.

While there appears to be some evidence that some nurses have been mentors, the ability to mentor may be affected by the type of organisation in which nurses work.

4. Does the nursing environment encourage sharing?

Nurses work in an hierarchical structure. This fact has important side-effects. First, there is an obstruction to lateral communication which may preclude teamwork. Auld[24] has suggested that the adherence to rules and regulations, centralisation and resultant limited accountability may block creative and original thinking and mean dissatisfaction with the restrictive work setting. Second, the stratification which occurs works effectively to keep us in our place and structures our working lives[25]. For instance, first-year students do first-year work, and ward sisters do not attempt the tasks of the senior nursing officer.

This stratification has critical implications. There may be easy acceptance of specialists which may not be justified and which leads to the idea that there are experts to whom one should defer[26]. Gilmore, Hunt and Bruce[27] illustrated this phenomenon clearly in their study when they described how nurses working in general practice teams deferred to the doctors even in decision making about agenda preparation for the team meetings.

These hierarchical structures imply superior-subordinate relationships which are in opposition to what is suggested in the concept of sharing.

The work environment of nurses, therefore, may produce features which hinder not only effective communication between staff members, but may also deprive 'subordinates' of initiative and motivation to develop themselves professionally.

Conclusion

I have drawn four main conclusions from the preceding discussion:

1. Nurses may have been socialised to a condition which means they have not the character, strength or inclination to share with one another.

2. The increasing proportion of male nurses in positions of authority may mean a loss of female leadership in nursing with, therefore, a resultant loss of role models at this level. This may affect the aspirations of novice female nurses.

3. Mentoring illustrates the essence of sharing, yet the evidence is that female nurses may not have this crucial relationship available to them in its richest, most constructive form.

4. The work environment in nursing may be in opposition to the creation of a sharing atmosphere in which nurses are encouraged and facilitated to achieve.

These conclusions may appear to be depressing. I came across a quotation which, when I altered it slightly, gave me hope. In nursing we do have available to us the 'subversive potential of nurses ['women' in original] learning from one another'[28].

To me this statement promises change, challenges and exciting times of sharing and developing. The word subversive also brings to my mind images of the resistance movements of World War II—the thought of fighting for freedom. Of course, looking at it this way one then has to define the enemy. From this text it seems as if the enemy may be each one of us. If this is so, nursing leaders do emerge 'in spite of', and the word 'sharing' may be just that—a word.

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Copies of the full proceedings of the study day are available. Contact Miss H. Sinclair, c/o Department of Nursing Studies, George Square, Edinburgh

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APPENDIX C

Title: Non-probability sampling - Exploration of the Reputational Method

Paper given at the XXIII Annual RCN Conference, University of Durham, 26-28 March, 1982

NON-PROBABILITY SAMPLING - EXPLORATION OF THE REPUTATIONAL METHOD

Introduction

The preferred type of sampling in research is the probability sample which is drawn in such a way that it is more accurate and representative of the population under study. However, a large number of studies in nursing and other professions employ methods of nonprobability sampling (Polit & Hungler 1978). This kind of sampling is usually less expensive and more convenient to use (Abdellah & Levine 1979). The use of one type of nonprobability sampling, the reputational method, will be discussed and demonstrated through the research of this investigator.

Use of the Reputational Method

The research on the career histories of leading female nurses in England and Scotland called for the identification of such persons. That these women were influential was an important characteristic to the study; however, the concepts of 'influence' and 'power' were not, in themselves, to be studied. The problem of identifying these women became a concern. The investigator, new to the United Kingdom, was unfamiliar with the power structure within the profession. Therefore, inside information could not be utilized. Unfortunately, no magical lists existed. Positional leaders could have been identified through the Hospitals and Health Services Year Book (1981); however, although some of these people are influential , many have gained their positions more through a steady climbing of the ladder than through their influence to change the profession in significant ways.

Accidental sampling, a nonprobability method, could have been used by asking one person in an influential position such as one of the Professors of Nursing, to name 10 influential nurses and these, in turn, could be asked to name 10. This is called 'snowballing'. A 'convenience' sample could have generated a list of names simply by using the Royal College of Nursing's list of Fellows, those who have been honoured for their contributions to the profession. As there was time to explore a method, the decision was taken to use the 'reputational method' which involves 'purposive' and 'judgemental' sampling.

A list of criteria describing nurse influentials was adapted from Vance (1977) and sent to 223 positional nurse leaders in England and Scotland. These people were asked to use the criteria to nominate or judge female nurses of influence who were living in 1981 but who may have retired within the previous five years. These 223 nominators were purposefully chosen in regards to areas in nursing and geographical locations (see Table 1) using The Hospitals and Health Services Yearbook (1981) and The Directory of Schools of Nursing (1980).

In each defined Health Region (England) and Health Board (Scotland) the most populated areas were chosen (see Tables 2 and 3). The assumption was that nurses in urban areas are exposed to more nursing activities and therefore are more able to identify those nurses active at a national level. All University nursing departments in those regions were included also. In each area the schools of nursing with the largest enrolments were included. Positional leaders were selected as nominators as Vance (1977) found that "the lower a nominator was in the formal ranks of the profession, the less able that person was to name the influentials or leaders".

The total return rate after one follow-up was 72% or 160 of 220 requests (3 of 223 requests were duplicate requests). Fifty-five (55) of the 160 responses (34% of those returned) felt unable to comply

with the request. Another 60 did not reply. Thus, 105 of the 220 positional leaders (48%) returned completed forms (see Table 1). In Babbie's (1973) opinion any response rate over 50% is adequate. Thus, the response rate borders on adequate and was considered acceptable.

The analysis of response per area and geographical region is illustrated in Tables 2 and 3. In England, East Anglia and Devon are not represented in Education or in the Health Authority. In Surrey, the Health Authority was not represented. In all, the area of education has a 50% response rate and the Area Health Authorities had a 42% response rate (based on 220 potential responses).

The Scottish nomination scene had more difficulties. When only one request was made the chances of non-completion were high. Two areas were not represented at all: Tayside and the Borders. Education was not represented in the health board areas of Grampian/ Shetland/Orkney, Argyll and Clyde, Forth Valley, Fife, Lanarkshire, Lothian, and the Borders. Of 15 requests, 5 (30%) were completed. The Health Authorities were not represented in the Health board areas of the Western Isles and the Highlands. Thirty-one requests were made, 13 (42%) were completed.

The utilization of the nomination technique generated 863 mentions of persons. The average nominator listed 8 names. After frequency counts were performed the list reduced to a total of 176 names, the range was that 90 persons were nominated once and one person was nominated 65 times (see Table 4). The arbitrary cut off point was at the 23% most frequently mentioned. This meant that those nominated 5 times and more (40 persons) would be included in the sample. It was discovered that one of the 40 was active in Welsh nursing and as that area had been specifically excluded, the sample reduced to 39 female nurses.

Two measures of external validity were used on this list of 39 names. First, the Royal College of Nursing list of Fellows for 1981 was compared with the list obtained from nomination. The female RCN Fellows numbered 29. Twenty (69%) of the names nominated agreed with the Fellow list. Second, working under the assumption that the popular nursing press would report on those influencing the profession, certain sections of the journals, Nursing Times [circulation as of Sept. 18, 1980-59,350] and Nursing Mirror [circulation as of Aug. 30, 1979-57,582] were scanned for the years 1974-1975 and 1979-1980. It was hoped that the earlier editions of 1974-1975 would report on those who retired before 1979-1980. Note was taken of the names mentioned in the 'News' and 'People' sections, profiling articles, reports of conference speakers, and articles in which certain persons were asked for their opinions about important issues. Those in the news because of notoriety, for example, negligence case reporting; 'Nurse of the Year' competitions; and, the news reported in relation to union affairs; were not included.

Frequency lists were drawn and combined for each year and journal. Those who were mentioned 10 times and more were included in the final listing of 32 names. Of these names, 23 (72%) agreed with the nominated list. An analysis of the missing 28% revealed that a number were Scottish nominees. Both journals are based in London and their reporting tends to be in regards to that area. Also, the names generated by the scanning of the journals included persons who were new to certain influential positions and who would receive publicity but perhaps not the recognition of the nominators at this early point of their tenure.

The utilization of this type of measure to validate the nominated list suffers from the fact that mention in the nursing press may indicate personality but not necessarily influence. Selection of certain years also, may miss certain names. Certainly the percentage of agreement in both measures of external validity was high. However, are these nominated people really the influentials in nursing?

Evaluation of the Method

The question ending the last section is pertinent in the discussion of the difficulties associated with using the reputational method which, in this research, employed the judgements of nurses in positions of influence and purposive selection of other aspects by the investigator.

An historical perspective on the use of the method is helpful. Political scientists have utilized the reputational technique in the study of influence and power. One of the first researchers to exploit the method was Floyd Hunter (1953, 1959). To study community decision makers in 1953, Hunter used various stages to uncover the names of his leaders. Each stage was thought to be a check on the previous one. He first looked at lists of civic organizations, business persons and government personnel and named 175 leaders. Fourteen people who represented various community factions judged the names and agreed on 40 people, of whom 27 were interviewed. These 27 named 10 leaders out of the 40. These, then, were Hunter's community decision makers.

The difficulties arising from Hunter's use of the method have been critically discussed (Wolfinger 1960, Parry 1969). First, the judges were not asked to validate their choices. No sphere of decision making was defined in each case. Thus, a different set of judges might have made other selections. Second, the definition of power held by Hunter may not have been the same held by his 'expert' judges. Third, no clear account is given by Hunter as to how he arrived at his list of 40 names.

Originally it was assumed by the method that "reputations for influence are an index of the distribution of influence" (Wolfinger 1960). This attribution of power through reputation by Hunter is not warranted as demonstrated by the questions posed by critics.

If, in fact, the desire is to study spheres of power, rather than reputed influence, it has been suggested that other methods be used. For instance, a study of the decision making can find out who figures prominently and how they work (Dahl 1961). Combining both reputation and decision making methodologies helps to reveal those influentials who work behind the scenes. Presthus (1964) used this combination to study two small communities in New York State and he discovered considerable differences in the people identified by both methods. The reputational method tended to identify those whose resources gave them a potential for influence and nominators tended to name those people they thought 'should' be influential. Presthus felt unable, like Wolfinger (1960), to recommend the use of the reputational method as the sole device for exploring influence.

The emphasis in these studies was the study of influence and in them, use of the reputational method, on its own, "leads in part to a study of perceived influence (emphasis this author), but also to the definition of influence by the raters rather than by the researcher, and that definition may be affective rather than functional." (Lasswell 1965)

Some recent studies have been cautious given the difficulties associated with the technique. Suleiman (1978) in his study of elites

in French society set out to avoid the pitfalls encountered in trying to define the elite by studying the organizations in which they are involved. Von der Mehden (1980) examined the character of collective judgement about areas of Africa. He used the reputational method to collect 52 scholars but he made direct reference to the problems of the technique by enclosing the word, sampling, in quotation marks and by stating that he was not attempting to infer characteristics of all African experts from his sample of 52.

At least one nurse researcher has used the method. In 1977, Vance identified contemporary influentials in American nursing. Although she discussed the concepts of influence and power she did not study the spheres of decision making of these people. A group profile of the influentials was drawn and Vance looked at sources of influence in general. In spite of acknowledging the shortcomings of the method she felt secure enough to identify, by name, those people nominated there by implying influence. Her research is open to all of the criticisms of the method.

Von der Mehden's (1980) mention of the statistical limitations of the use of reputational measurement is important. One cannot generalize with any of the nonprobability methods as not every element in the population has a chance of being represented (Polit & Hungler 1970). This must be remembered and stated even though unconscious bias may be made conscious through purposive selection.

Thus, the reputational method cannot claim to identify persons of influence as it names persons who are perceived by some to have influence. In the research of this investigator decision making and spheres of influence were not to be studied. What was needed was the names of women who were seen by others to have influence in nursing in England and Scotland. Sampling of positional leaders would not have satisfied the aims of the research as it was desired to study the career histories of women who have been seen by others to have made or are making their marks on nursing. Some may have climbed the ladder in a conventional manner, others may not have risen to the top in that way. By sampling positional leaders only, there was a possibility the second group wouldn't have surfaced. In the end, analysis of the data will reveal if the reputational technique has met the aim of the sampling.

The final point to be considered is that the present research is of an exploratory nature. Precise representativeness is not necessary (Babbie 1972) and Diers (1979) has noted that purposive sampling may be more appropriate in exploratory work.

Conclusion

This presentation of one of the nonprobability sampling methods, the reputational method, has discussed and demonstrated its use in research on the career histories of some of the leading female nurses in England and Scotland. Utilization of the method requires cautious interpretation of the data and the awareness and honesty of the researcher when reporting.

Table 2: English Health Regions

REGIONS	AREAS	EDUCATION REQUESTS MADE	EDUCATION RESPONSES completed	EDUCATION RESPONSES refusals + non-response		HEALTH AUTHORITIES REQUESTS MADE	HEALTH AUTHORITIES RESPONSES completed	HEALTH AUTHORITIES RESPONSES refusals + non-response	
NORTHERN	- TYNE AND WEAR	3	1	2		4	2	2	
YORKSHIRE	- WEST YORKSHIRE	5	4	1		6	2	4	
TRENT	- SOUTH YORKSHIRE	2	1	1		5	4	1	
EAST ANGLIA	- CAMBRIDGESHIRE	1	0	0		2	0	1	repeat (1)
NORTHWEST THAMES	- HERTFORDSHIRE	7	5	2	repeat (1)	6	2	3	repeat (1)
NORTHEAST THAMES	- LONDON AREA	5	2	3		6	2	4	
SOUTHEAST THAMES	- KENT	4	3	1		2	1	1	
SOUTHWEST THAMES	- SURREY	4	2	2		1	0	1	
WESSEX	- HAMPSHIRE	1	1	0		2	1	1	
OXFORD	- BERKSHIRE	1	1	0		2	1	1	
SOUTHWESTERN	- DEVON	2	0	2		2	0	2	
WEST MIDLANDS	- WEST MIDLANDS	6	2	4		8	4	4	
MERSEYSIDE	- MERSEYSIDE	3	1	2		4	1	3	
NORTHWESTERN	- GREATER MANCHESTER	7	2	5		11	5	6	
		51 (50)	25	25	(1)	61 (59)	25	34	(2)

Table 1: Nursing Areas from which nominators were chosen

COUNTRY	AREA	REQUESTS MADE	RESPONSES COMPLETED	REFUSED
ENGLAND	EDUCATION	51 (1)	25 (50%)	25
	HEALTH AUTHORITIES	61 (2)	25 (42%)	34
SCOTLAND	EDUCATION	15	5 (30%)	10
	HEALTH AUTHORITIES	31	13 (42%)	18
BOTH COUNTRIES	OTHER - STATUTORY BODIES, RESEARCH, PROFESSIONAL BODIES	65	37 (57%)	28
TOTALS:		223	105 (48%)	115
		3 (minus duplicates)		
		= 220		

Table 4: Nominated list frequencies

Times nominated		Nominees
65		1
57		1
46		1
45		1
36		1
35		1
33		1
22		2
21		1
17		2
16		1
12		2
11		3
10		2
9		5
8		2
7	(40) top 23%	5
6		3
5		5
4		7
3	(86) top 50% Nominated most frequently	13
2		26
1		90
	Total	176

Table 3: Scottish Health Boards

	EDUCATION			HEALTH AUTHORITIES		
	REQUESTS	RESPONSES		REQUESTS	RESPONSES	
HEALTH BOARDS	MADE	completed	refusals + non-response	MADE	completed	refusals + non-response
WESTERN ISLES	-	-	-	1	0	1
HIGHLAND	1	1	0	1	0	1
GRAMPIAN/SHETLAND/ORKNEY	1	0	1	4	2	2
TAYSIDE	1	0	1	1	0	1
ARGYLL + CLYDE	1	0	1	3	1	2
FORTH VALLEY	1	0	1	2	1	1
FIFE	1	0	1	3	2	1
GREATER GLASGOW	4	2	2	6	2	4
AYRSHIRE + ARRAN	1	1	0	3	1	2
LANARKSHIRE	1	0	1	1	1	0
LOTHIAN	1	0	1	4	2	2
BORDERS	1	0	1	1	0	1
DUMFRIES + GALLOWAY	1	1	0	1	1	0
	15	5	10	31	13	18

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APPENDIX D

Letter (with criteria for nominating and nominating form) and follow-up letter sent to nominators of influential female nurses

Nursing Research Unit,
University of Edinburgh,
12 Buccleuch Place,
EDINBURGH EH8 9JT

July, 1981

Dear

This letter is written to enlist your help in a study I am conducting on influential female nurses in England and Scotland.

The purpose of this research is to explore the life histories of those women who are acknowledged, by their peers, to be leaders in nursing. A group profile will be drawn and the data will be analysed for patterns in developmental and career stages.

Selection of the sample for study is being done through the reputational method. That is, I am asking you, as a peer of these women, to name those whom you consider influential in nursing today. A list of criteria describing the characteristics of these women and their work is enclosed. The women you name must be living but may have retired within the past five years. Name as many women as you feel meet a number of the criteria. They can represent any area of nursing: hospital, community, administration, education, government, research, etc.

Your identity will be kept in strict confidence. Please return your nomination sheet(s) at your earliest convenience in the stamped self addressed envelope I have included.

Thank you for your help.

Yours sincerely,

Leslie K. Hardy, RN, BN, MSc Ned.,
Doctoral Student,
Department of Nursing Studies

Enc.

CRITERIA TO DESCRIBE THOSE WOMEN WHO ARE INFLUENTIAL IN NURSING IN ENGLAND AND SCOTLAND

Note: The women you nominate should meet a number of the criteria listed. Some of the criteria are interrelated. The list is not in rank order of importance.

	CHARACTERISTIC	SHOWN BY
1.	Intellectual Ability	decision making skills, ability to think originally about nursing, writing scholarly works.
2.	Academic Credentials	possession of higher degrees, utilization of such degrees through teaching, research.
3.	Personality and Charisma	acknowledgement of others that she possesses a personality which attracts notice.
4.	Communication Skills	writing, speaking, reading, using other methods to communicate (e.g. T.V., radio)
5.	Expertise in a specific area of the profession	recognition of others of this expertise due to her speaking and writing on this area.
6.	Interpersonal Skills	her ability to work with diverse groups.
7.	Ability to mobilize groups	organizing others to act on, speaking and writing about a cause, acting as a mentor for others, demonstrating interest in other nurses.
8.	Involvement in professional organizations	being a member or office holder in such organization.
9.	Has position of recognized power and prestige	being seen to hold such a position which may be of formal authority.
10.	Research related abilities	doing research, teaching, advising or consulting about research; and/or obtaining funds for research projects.
11.	Willingness to take risks	speaking out knowledgeably from her position of authority or power; being seen to welcome and implement new ideas.
12.	Political access	utilising her position to influence policy making at all levels.
13.	Creative	being imaginative and developing original ideas about nursing.
14.	Innovative	being seen to engage in "change activity"; being known for developing changes in a particular area.
15.	Access to economic resources (government or private)	acknowledgement that she has this access.
16.	Credibility within the Profession	being seen as someone who is committed to nursing, whose hard work is respected, who is asked to respond and to give opinions.
17.	Enjoys support of colleagues	being recognized by fellows, through awards, election to office, support for nursing concerns.
18.	Professional awards	holding awards which recognize contributions to the profession.
19.	Visibility in nursing and non-nursing community	invitations to speak in other countries, to other professional bodies. Publishing in other countries. Holding awards not related to nursing.

(adapted from Vance, C.N. (1977) A Group Profile of Contemporary Influentials in American Nursing, unpublished Doctoral Dissertation, New York: Columbia University Teachers College, pp.18-20)

THE NON-CONFORMISTS - THE CASE OF INFLUENTIAL FEMALE NURSES IN ENGLAND AND SCOTLAND

Nominator: ______________

NOMINATION LIST

NAME	POSITION (last position if retired)	ADDRESS	If retired please tick
		Add sheets as needed	

Nursing Research Unit,
12 Buccleuch Place,
Edinburgh EH8 9JT,
27 August, 1981.

Dear Nursing Colleague,

I am concluding the selection of the sample for the study of influential women in Nursing in Scotland and England. In July I wrote asking if you, as a peer to these women, would nominate those whom you considered met certain criteria. Of the 223 people taking part in this task, 123 have responded to date and that is in spite of holiday intervention.

The purpose of my research is to study the life influences of those leading women in nursing. At no time will I identify them by name. The data will be analyzed by group.

I wish to reiterate that the confidentiality of your response is assured. The code number on your form is to facilitate follow-up of non-response only, hence this letter.

If you have already replied, please accept my grateful thanks. I would appreciate hearing from those who do not wish to participate. Just send back the stamped self-addressed envelope with the blank numbered nomination form.

Thank you for your time and cooperation. I look forward to receiving your nominations at your earliest convenience.

Yours sincerely,

Miss Leslie K. Hardy,RN,BN,MScNed.(Edin.)
Doctoral student, Dept. of Nursing Studies
University of Edinburgh

Supervisor:
Professor A. Altschul

APPENDIX E

Letter sent to those pretesting the postal questionnaire

Nursing Research Unit,
University of Edinburgh,
12 Buccleuch Place,
EDINBURGH EH8 9JT
June, 1981.

Dear

This letter is written to enlist your help in pretesting the questionnaire I will be using in my study of influential female nurses in Scotland and England.

The purpose of the study is to explore the life histories of these women to discover if there are any patterns. The questionnaire is lengthy as it covers several areas of importance in developmental and career stages. A group profile will also be drawn. It is hoped that a pilot study will be done in September with the main study beginning in October.

Please complete the questionnaire and return it to me. This will help me to check the validity of the items. I hope you will be able to indicate ways of improving it. Point out on the form those questions you believe are 1) poorly worded, 2) ambiguous, or 3) unanswerable. Specify changes you believe would correct any problems. In addition, please note at the end of the questionnaire the amount of time it took to complete the form and other comments on your interest in it, the flow from area to area, and the sequence of the areas. Most importantly, do you think that those women, nominated to be in the study, will respond to this questionnaire?

I recognize that the information you provide is highly confidential. Your identity and your responses will be kept in strict confidence.

If possible, please return the questionnaire, in the self addressed envelope, within one week. There is to be a series of four pretests and your responses will help the next group of pretesters.

I thank you, in advance, for your time and interest in helping me with my research.

Yours sincerely,

Leslie K. Hardy, RN, BN, MSc Ned,
Doctoral Student,
Department of Nursing Studies.

Enc.

APPENDIX F

Postal Questionnaire

IDENTIFICATION OF SUPPORT STRUCTURES IN THE CAREERS OF LEADING FEMALE NURSES IN ENGLAND AND SCOTLAND

GENERAL INSTRUCTIONS: This questionnaire is in five sections. After each question, either tick the line which is most appropriate for you or write in your answer in the space provided. Use the overleaf of a page if needed. Thank you.

Code ____

Col 1-3 Code ____
Col 4 Card 1
(for coder use only)

SECTION 1 : YOUR FAMILY

	Col no	Code
1. Please list your grandparents occupations (if known):		
maternal grandmother _____	05	
maternal grandfather _____	06	
paternal grandmother _____	07	
paternal grandfather _____	08	
2. Were your parents alive during your childhood?		
Mother: Yes ____ Father: Yes ____	09	
No ____ No ____		
Don't know ____ Don't know ____	10	
3. Which of the following describes your Mother's highest level of educational attainment?		
junior school ____ University _____		
secondary school attendance ____ other (specify) _____	11	
secondary school Certificate ____ _____		
don't know _____		
4. Which of the following describes your Father's highest level of educational attainment?		
junior school ____ University _____		
secondary school attendance ____ other (specify) _____	12	
secondary school Certificate ____ _____		
don't know _____		

Code ____ Code ____

	Col no	Code
5. What was your mother's occupation before she married? _____	13	
6. Please list the occupations your parents or those caring for you, had while you were living at home:		
Mother _____	14	
Father _____	15	
Other (guardian or step parents) _____	16	
7. Please list your brothers and sisters and state how much older or younger than you they are (example: Brother + 5; Sister - 3) _____ _____ _____	17	
8. Please list the occupations of your brothers and sisters _____ _____ _____ _____	18	

SECTION 2 : DEVELOPMENTAL YEARS

CHILDHOOD (4-12 years)

1. What do you remember as being your main occupational goal at this age? _____ _____	19	
2. If you were aware of anyone having expectations of you at this point in your life, name those people and describe what their expectations were.	20	
	21	

p.3

Code ____ Code ____

Col no.	Code
22	
23	
24	
25	
26	

3. Describe the people you particularly admired during your childhood.

4. As a child (4 to 12 years), did you experience any event which you consider affected your later career? If so, please explain what and how.

ADOLESCENCE (13-18 years)

5. Was your secondary school:

private ____ single sex ____

or : ALSO : or

state ____ coeducational ____

p.4

Code ____ Code ____

Col no.	Code
27	
28	
29	
30	
31	

6. Overall, how would you describe yourself academically in secondary school:

high achiever ____

average achiever ____

low achiever ____

7. While in secondary school, which subject areas did you prefer? Please state the reasons for your preferences.

8. Would you describe yourself as a leader in secondary school?

Yes ____

No ____

9. If you were aware of anyone having expectations of you during adolescence, name those people and tell what their expectations were. Indicate whether these were positive or negative.

p.5

Code ____

Code ____

Col no.	Code
32	

10. If anyone actively encouraged you in any of your pursuits at this time, give their relationship to you and tell how they helped you.

33	

11. Describe the people you admired during your adolescence.

34	
35	

12. At this point in your life, did you receive any counselling about your future career?

Yes ____

No ____

36	
37	

13. If yes, who did the counselling _____

_____

14. What was your occupational goal at this time _____

_____

38	

p.6

Code ____

Code ____

Col no.	Code
39	

15. As an adolescent, did you experience any event which you consider affected your later career? If so, please explain what and how.

p.7

Code ____

Code ____

SECTION 3 : FURTHER EDUCATION (Including nurse training)

1. List all qualifications earned since leaving secondary school. Start with the first and include any in progress.

Age (approx)	Qualification	Field of Study	How financed	Reasons for Undertaking	Col no.	Code
					40-41	
					42	
					43-44	
					45-46	
					47	
					48	
					49	
					50	
					51	

p.8

Code ____

Code ____

2. Why did you decide to become a nurse?

3. Overall, how did you achieve academically as a young student (whether or not you were in nursing)?

high achiever _____

average achiever _____

low achiever _____

4. Describe those people you particularly admired during any of your periods of further education.

5. Tell how people actively encouraged your progress during your academic and training periods.

Col no.	Code
52	
53	
54	
55	
56	

p.9

Code ____ Code ____

Col no.	Code
57	
58	
59	
60	

6. If there was anyone who discouraged you during your academic and training periods, describe how they did this.

7. Relate any significant experiences during your further study which affected your career.

8. During various periods of further education, were you simultaneously responsible for:

Period 1 age 20 to 30	Period 2 age 30 to 40
a full time job _____	a full time job _____
a part time job _____	a part time job _____
family (children, husband, or parents?)	family (children, husband, or parents?)
_____	_____
other. specify _____	other. specify _____
_____	_____
none of above _____	none of above _____

p.10

Code ____ Code ____

Col no	Code
61	
62	

8. (continued)

Period 3 age 40 to 50	Period 4 age 50 to 60
a full time job _____	a full time job _____
a part time job _____	a part time job _____
family (children, husband, or parents?)	family (children, husband, or parents?)
_____	_____
other. specify _____	other. specify _____
_____	_____
none of above _____	none of above _____

p.11

Code ____ Code ____

SECTION 4 : CAREER HISTORY

1. List all fulltime employment you have had since leaving secondary school: USE OVERLEAF IF NEEDED.

Age (Approx)	Position	Type of setting (e.g. Hospital, community, government, educational institutions)	Reason(s) for leaving

Col no.	Code
63	
64-65	
66-67	
68	
69	

p.12

Code ____ Code ____

2. When did you decide that you were committed to a career in nursing?

3. What aspirations did you have as a beginning nurse?

4. Would you say the job changes in your nursing career:

   have been actively planned _____

   OR

   have occurred by accident _____

   OR

   have been a combination of the above. _____

5. At any time in your career, did you stop to re-examine the choices you had made, the direction in which you were headed and the life style you had chosen?

   Yes ____ No ____

Col no.	Code
70	
71	
72	
73	

p. 13

Code ____ Code ____

6. List the people who have been actively involved in your career (for example, by advising, promoting, guiding): USE OVERLEAF IF NEEDED.

Occupation of person	Sex M or F	How was this person helpful	Period of time of relationship, single occasion, weeks, months years)	Time of involvement in career: indicate early (20-35), middle (35-45), or late (45-60 years.

Col. no.	Code
74-75	

7. If you have ever refused a job which would have meant advancement in your career, state why you declined the job.

8. List the factors (personal and/or professional) you believe were most helpful in the development of your career.

9. List the factors (personal and/or professional) you believe were obstacles in the development of your career.

Code ____ Code ____

Col. no.	Code
76	
77	
78	
79	
80	
CARD 2	
Code 1-3 Col. 4	Card 2
05	
06	

Code ___ Code ___

Col. no.	Code
07	

10. List the ways in which employing institutions, with which you were associated, helped your career progress.

11. During your nursing career there has been legislation which has affected the health care system (e.g., creation of NHS, Salmon, Brigg's). If your career was affected, describe how.

12. What would you identify as your rewards in nursing?

Code ___ Code ___

Col. no.	Code
08-09	
10	
11	
12	

13. List any honours or awards you have received in recognition of your service to the profession.

14. Have you suffered in any way as a result of having chosen a career in nursing?

15. During your career, and adult life, did you experience any event which you consider affected your career? If so, please explain what and how.

Code ___ Code ___

	Col no.	Code
SECTION 5 : DEMOGRAPHIC DATA		
1. Year of birth _____	13-14	
2. Place of birth _____, _____ (city or village / country)	15	
	16	
3. Marital Status at present: single _____ married_____ separated _____ divorced _____ widowed_____	17	
4. If ever married, give age at which you made this commitment _____	18-19	
5. If ever married, give your partner's occupation _____	20	
6. If you have children, please list their ages _____	21	
7. Please state your present occupation(s) _____ _____ _____ _____	22	

Code ___ Code ___

END OF QUESTIONNAIRE

Would you like a summary of the results of this study?

Yes ___ No ___

Thank you for your time and effort. If you wish to add any other information, or comment, please do so.

Please return to : Miss Leslie K. Hardy
Nursing Research Unit
University of Edinburgh
12 Buccleuch Place
EDINBURGH EH8 9JT

APPENDIX G

Correspondence sent to subjects

1) initial letter with consent form

2) cover letter for postal questionnaire

3) follow-up letter

4) letter to subjects after completion of interviews

UNIVERSITY OF EDINBURGH
Department of Nursing Studies
ADAM FERGUSON BUILDING, 40 GEORGE SQUARE, EDINBURGH EH8 9LL.
Head of Department: Professor Annie T. Altschul Telex 727442 (Unived G).
Tel. 031 667-1011 Ext.

October 15, 1981

Dear

You have been nominated by your colleagues as one of the influential female nurses in this country. A total of 105 nurses in key positions in England and Scotland named the women they considered to be leading figures in the profession. The purpose of this letter is to contact some of those nominated to enlist their participation in the study which is explained below.

I am conducting an exploration into the career histories of those women who are acknowledged to have influence in a predominantly female profession. This area has not had the attention of researchers. Examination of support structures in the careers of leading female nurses may give direction to those nurses in the position of guiding potential leaders. Your co-operation is vital for a full description of a group of influential female nurses.

The questionnaire I would like to send you has 53 questions. Approximately one-half of the items require ticks or one sentence responses; the rest are open-ended. It should take between one to two hours to complete. Some of the respondents have had a longer career and will need more time. The format is designed to take you from the past to the present and asks for information in various developmental, educational, and career stages. A brief section asking for demographic data ends the questionnaire. I am asking, also, if you would be available for a personal interview if it could be arranged.

Your identity will be kept in strict confidence. The code number facilitates follow-up only. The transcription of tapes, if used in the interviews, will be done by me and, subsequently, the tapes will be erased. Your answers will be used in combination with others to create a group profile of each variable under study.

I have enclosed a consent form for you. One question is included in regards to availability for interview. Please return the form at your earliest convenience in the stamped addressed envelope. The questionnaire will be sent to you immediately upon receipt of the signed consent. Those unable to participate should return the form unsigned.

Thank you for your help. If you would like further information, please ring me collect at 031-667-1011 ext. 6770 (business) or 031-229-1140 (home).

Yours sincerely,

Miss Leslie K. Hardy, RN, BN (McGill)
MScNed (Edin.),
Doctoral Student,
Department of Nursing Studies.

Academic Supervisor:
Professor A. T. Altschul
Department of Nursing Studies.

Enc.

UNIVERSITY OF EDINBURGH
Department of Nursing Studies
ADAM FERGUSON BUILDING, 40 GEORGE SQUARE, EDINBURGH EH8 9LL.
Head of Department: Professor Annie T. Altschul Telex 727442 (Unived G).
Tel. 031 667-1011 Ext.

Code no. _____

I, the undersigned, agree to participate in the research of Miss Leslie K. Hardy who is a doctoral student in the Department of Nursing Studies at the University of Edinburgh.

I understand that the research will be examining the support structures in the careers of influential female nurses such as myself in the hope that the findings may give direction to those nurses in the position of guiding potential leaders in the profession. I am being asked to complete a questionnaire and to participate in an interview. My identity will remain confidential and I know that the information collected on the questionnaire and in the interview, if I agree below to having one, will be analyzed with all of the responses to create a group profile.

Signature .....

Date .....

Would you be available for personal interview if it could be arranged? (Please tick one)

Yes .....

No .....

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ADAM FERGUSON BUILDING, 40 GEORGE SQUARE, EDINBURGH EH8 9LL.
Head of Department: Professor Annie T. Altschul Telex 727442 (Unived G).
Tel. 031 667-1011 Ext.

October , 1981

Dear

I have received, with grateful thanks, your consent to participate in my study on the support structures in the careers of influential female nurses. Enclosed, please find the questionnaire I am asking you to complete and return in the stamped addressed envelope at your earliest convenience.

The interviews are tentatively scheduled for December (Scottish nominees) and January and February, 1982, (English nominees). Time and place of interview will be negotiated with those who are able to speak with me.

I deeply appreciate your decision to give of your time and energy so that the research can be as complete as possible.

Yours sincerely,

Miss Leslie K. Hardy, RN, BN (McGill), MScNed (Edin.),
Doctoral Student,
Department of Nursing Studies.

Enc.

UNIVERSITY OF EDINBURGH
Department of Nursing Studies
ADAM FERGUSON BUILDING, 40 GEORGE SQUARE, EDINBURGH EH8 9LL.
Head of Department: **Professor Annie T. Altschul** **Telex 727442 (Unived G).**
Tel. 031 667-1011 Ext.

November , 1981

Dear

Two weeks have passed since I posted to you a questionnaire designed to explore the support structures in the careers of influential female nurses.

If you have already returned the questionnaire please consider this note a "Thank you" for your valuable help.

If you have not had a chance to complete the form, may I ask you to do so as soon as you can? Your participation is vital to the success of the study.

Yours sincerely,

Miss Leslie K. Hardy, RN, BN (McGill), MScNed (Edin.),
Doctoral Student
Department of Nursing Studies

UNIVERSITY OF EDINBURGH
Department of Nursing Studies
ADAM FERGUSON BUILDING, 40 GEORGE SQUARE, EDINBURGH EH8 9LL.
Head of Department: Professor Annie T. Altschul Telex 727442 (Unived G).
Tel. 031 667-1011 Ext.

Nursing Research Unit,
12 Buccleuch Place,
EDINBURGH EH8 9JT
March 5, 1982

Dear

I am deeply grateful to you for your participation in my study on the identification of support structures in the careers of leading female nurses in England and Scotland. Of those asked to participate, 92% were able to complete questionnaires and 34 persons have been interviewed (out of a possible 36).

For your interest, I will be giving two papers which derive from the study.

1. Non-probability Sampling - Exploration of the Reputational Method. To be given at the RCN Research Conference March 26-28, Durham.
2. The Emergence of Leaders in Nursing - A case of in spite of rather than because of?
   Very preliminary results on the support structures identified in the study. To be given at the Nursing Studies Association, University of Edinburgh, Study Day, May 1, 1982, venue - Western General Hospital, Edinburgh.

A summary of the study results should be sent to you in late Spring of 1983.

I am indebted to you and every respondent to this study who gave of time and labour; and, who, in spite of bad weather and British Rail strikes, made every effort to accommodate my wish to interview. Your continuing interest in this piece of research has helped to maintain my motivation.

Thank you.

Yours sincerely,

Miss Leslie K. Hardy, RN, BN, MScNed(Edin.)
Doctoral Student

APPENDIX H

Interview Schedule

INTERVIEW SCHEDULE CODE NO. _____

Permission to use tape recorder: _____ YES

_____ NO

Reaction to questionnaire.

SECTION 1: FAMILY

- arising from questionnaire

- Describe the relationship you had with
  a) your parents
  b) your siblings
  c) relatives, friends, others

SECTION 2: DEVELOPMENTAL YEARS

- arising from questionnaire

- If your occupational goal changed in adolescence, can you remember why this happened?
- If you felt you were a leader in adolescence can you give me an example of how you led?
- Elaboration of events affecting career.

SECTION 3: EDUCATION

- arising from questionnaire

SECTION 4: CAREER HISTORY

- arising from questionnaire

- If career choices actively planned - Could you give me an example of how you actively planned a job change?
- If choices were re-examined - At what points in your life did you make these examinations? (?related to life events) How did you change course?

- If factors which were helpful or set up obstacles, were noted as primarily personal, prompt for further professional factors.
- Do you see the mentor-protégé relationship as an important adjunct in your career development? Would you see it as important to young nurses today?
- Would you say you are a model for the younger generation of nurses? Why or why not?
- Would you say that your contacts in the profession are or have been invaluable?
- Most of the women in this study have never married. Can you suggest why this is so?

- Have you had any domestic support in your busy career?

- Is there anything else you would like to share?

THANK YOU. SUMMARY OF RESULTS TO COME IN 1983.

APPENDIX I

Supplementary Interview Questions

SUPPLEMENTARY INTERVIEW QUESTIONS

SECTION 3: EDUCATION

- Many of the women in the study went to schools which had high academic standards. Was your school one of these? Did streaming occur?
- Most of the respondents had no career counselling in Secondary School. Of the few who did, the counselling tended to be of a negative nature. Many were advised not to go into nursing. Do you think your career path might have been different if you had experienced full counselling sessions about careers?

SECTION 4: CAREER HISTORY

- Review all posts.
- Very few of the women in this study have had straight forward career progression. There have been many lateral moves before settling into the nursing area which they have pursued with success. Can you indicate why you think this has occurred?
- This lateral moving has meant, generally, that the pursuit of one area has begun late, at about age 30. The women in this study are generally over 50 years of age. Do you think there is room for young leaders who are in their early 30's?
- In the first few interviews, the consultant physician seemed to play a role in encouraging or discouraging career progress. Have you been, at any stage in your career when you were working closely with these physicians, the recipient of their reactions to any career move?
- As they've listed the people who have helped them most in their careers, most of the women have not noted their nursing colleagues and some have made a point of saying no help was forthcoming at all. Why do you think this has been happening?

APPENDIX J

Respondents' reactions to the research instrument, the postal questionnaire

Respondents' Reactions to the Questionnaire

As questionnaire length has been linked to response rate it was decided to ask the respondents how they reacted to the questionnaire. The response rate of 36 out of 39 indicated a generally positive reaction, but it was desired to probe further to see if the conclusion of Berdie (1973), that it is the meaningfulness of the instrument which determines response rate rather than length, would be upheld.

In all, 26 of the 34 interviewees responded directly to the query. Others who were asked, did not react to the length of the instrument or to the content of the questions, but developed areas they would have liked to have seen included. For instance, one respondent thought personality analysis might have been very pertinent. Of those who did state their reactions, 19 noted positive items, 13 noted negative items although in some cases, both positive and negative items were mentioned by the same people. Other concerns (8 people) related to the method emerged. All the comments indicated that the interest of the respondents had been captured. This was probably the main motivating force to complete and return the very lengthy questionnaire.

It was clear to the researcher that although asking a question about reactions to a questionnaire would take time from the interview questions, it also was an invaluable way of getting into the interview, as it allowed the respondents to 'clear the air' or to expand on the experience the questionnaire had provided.

Those who made the positive comments attributed them to interest, fascination, thought provocation and potential use. Two quotations illustrate this.

> 026:I think I was very interested in it because it is a topic that has interested me and I felt that there were a lot of areas it was going to open up that were appropriate. I think there are many areas in peoples' backgrounds that were pertinent to career patterns which haven't been fully researched . . . .
>
> 036:I found it interesting from the point of view of my considering why I had taken certain stages in my career and I don't think I had previously done this. I had never sat down and thought who had influenced me, why I had taken certain steps or why I hadn't (emphasized in interview) taken certain steps.

These reactions illustrate the interaction between the instrument and the respondent. That these women were asked to consider a part of their

personal history for the first time may have provided them with the incentive to complete the questionnaire.

The negative comments related to the relevance of some of the questions, especially those of an historical nature such as grandparents' occupation. Others found some of the questions repetitive and, therefore, irritating. This related primarily to the questions of admiration of certain people in childhood, in adolescence, and in their early nursing career. The comprehensive and historical nature of the questionnaire, that is, of exploring as many areas of life as possible, led some respondents to wonder what was being studied. Also, for some, recall was difficult. The use of the word 'admiration' was inappropriate for some as they felt 'respect' was more suitable. It was explained that admiration would include respect. The word admiration was seen to be too encompassing, too flamboyant. One respondent said there were certain but not all qualities she would have wanted to emulate. The word 'admiration' seemed to suggest the entire person to her. The interview situation allowed these difficulties to be discussed.

One person felt strongly about the relevance of the research to nurses to-day.

> 017:I doubted the value of the thing. Given this is to enable you to say this is what to do if you intend to get to the top - the opportunities and experiences are so different to people of my generation. I honestly can't see . . . It might be very interesting as a sort of what this lot have in common and they're held to be at the top of their respective bits of the profession . . . .

This is the kind of response which could be seen as an attack on the study. The researcher acknowledged the remark without defensiveness and returned to it at the end of the interview when a further exploration of sex-role socialization took place.

A different concern was elicited from respondent 024:

> It also took a long time. I felt resentful perhaps of some of the questions. On second thoughts I was a bit irritated. Particularly, I think, about enquiries of one's parents and background. I felt I was betraying if I said too much about my parents because I came from a poor background. I felt I was betraying them if I said too much.
>
> Int:You felt I was probing in a personal area?
>
> 024:Yes, and my parents are dead now and I felt betraying them in some way, talking about their background and education. That's just one way of feeling.

This highlights the difficulty with postal questionnaires which ask intimate details. The face to face interview may be a better method for eliciting such data.

In spite of finding the questionnaire long and having doubts about certain questions or areas, the respondents demonstrated that, in certain ways, they were motivated to complete it. The fact that an interview session was to take place proved facilitative as 008 indicated.

> 008:I think I wrote some rude remarks on it actually. Umm. I've never thought about the details that far back in my family history so it was difficult to answer. In fact, I have no idea what my great grandparents did for a living. And otherwise some of the questions I felt were a bit general. I would have liked a bit more guidance as to what kind of thing you wanted. Of course, once I knew that you wanted to interview then I was a bit short and sharp on the questionnaire anyway.

A number of respondents were concerned with how to answer and the opportunity to discuss the questionnaire aired their concerns.

> 009:I felt it was fine. I think what worried me was whether indeed, I was answering it fully enough for what you wanted. I think that was my major concern. It's simple enough if you know that you're going to be interviewed after and you can follow through any points or make them but I think the anxiety was that if it wasn't possible to arrange an interview, that, in fact, I hadn't said all that needed saying.

This type of comment indicated the level of involvement in the exercise and the concern about affecting the research itself. Another's comments indicated that her responses were as true as she could make them.

> 034:Well, I thought that, in responding to it, most of the questions were in general fairly repetitive or required a fairly repetitive response and therefore, there was a temptation in many respects to say 'refer back to'. On the other hand, I did attempt to put in something under each heading. The questionnaire may have been deliberately slanted in order to do that to see if there was any ambivalence there or not. But it wasn't an easy one to fill in and you know, one got the sense of "am I really doing this with tongue in cheek or is this really an honest reason for me to starting nursing." And I think in many respects one, in looking back over it, you think to yourself, it seems such a fragile sort of reason to put in under that heading but nevertheless, as far as I have believed, this really was the initiation and this is really where it started and although it seems a fragile basis sometimes, on which to build something and you, I think if others were like me, I felt tempted to go back and re-do it and put something that was, what

shall I say, much more esoteric and academic. But I really thought, 'no, let's put it as I see it'. (laughing).

Int:Thank you for not going back. It was the spontaneous answer I wanted, first thing out of your mind.

This respondent went on to caution

034:I think though, Miss Hardy, one has to be careful because I think over a period of years, and all of us would have been in nursing for a few years, you do come to a situation where you rationalize why you did a certain thing and so therefore I'm not sure that some of those weren't following years of rationalisation and the true reason hasn't been lost in antiquity. So there we are.

Another's comments on the research indicated the same type of concern:

007:I suppose when I filled it in, I thought to myself, does this represent me? And as I was filling it in I decided that how I answered it was as much influenced by how I see what happened in the past as what happened in the past.

Int:It was your perceptions (yes). In looking at support it is your perceptions which are significant. There may be people who feel they've been helpful but you did not perceive them as such.

007:That's right. I think I decided I would answer it as I honestly know it but what I wasn't sure about - I hoped I hadn't missed out . . . But I don't think so. I think what I did think was that it would be very difficult to know on the basis of the questions as to whether I was a special type who got to my place because I have or whether I got my place because someone recognized my talents and therefore encouraged me. I assume those are the two possible hypotheses that you would have and I wasn't too sure if the way in which I answered it would be really helpful, although on reflection maybe it was. I didn't feel there was anything you asked that I felt in any way inhibited about answering. I just hoped that I remembered what were the issues which might have had a contribution.

These spontaneous comments, which went beyond "It was easy, interesting . . . ." show a deeper level of involvement. The exercise not only provoked thoughts about one's own experience but about the research itself. Perhaps it should have been expected that these concerned professionals would have responded in this way. However, these were very active people who were being asked to complete a lengthy questionnaire and to agree to an interview.

Analyzing the responses to the interview question "How did you feel about the questionnaire" in this way,illustrates that the instrument was meaningful to different people in different ways thus supporting Berdie's (1973) opinion that relevance overrules length. The opportunity to air views seemed to be an important indicator as to the validity of the responses. This approach, while taking interview time, introduced the session, reminded the respondents of the general area of research, and engaged them in an objective manner by inviting their reflections on a task which had been asked of them.

APPENDIX K

Single Sex Schooling and Schoolgirls' Achievement

Single Sex Schooling and Schoolgirls' Achievement

The discussion on the effects of single sex schooling for girls has been ongoing for some years. In the search for a solution to end the gender differentials in achievement, the single sex school appears to have gained favour. In this appendix the evidence for the ability of single sex schools to affect positively girls' achievement levels is considered. Other factors such as the expectations of girls and their behaviour in single sex schools will also be discussed in order to examine the strength of the argument for the single sex school.

Consideration of the arguments is complicated by the fact that comprehensive research has not yet been carried out and research that has been done is problematic. First, the unrecognized sex bias of researchers may influence the interpretation of findings. Second, Shaw (1980) has noted that the enthusiasm for co-education makes the assessment and comparison of performances of both sexes difficult in any setting and that the move to comprehensive schooling has taken place over a long period in which other changes in the educational system have occurred. Third, Byrne (1978) has argued that performance in girls' schools may not be as good as it could be due to the lack of resources to upgrade science and technical facilities. True comparisons of achievement should be made only when such variables have been controlled. Fennema (1980) agreed with this view as she found that male and female mathematics achievement had been compared without controlling for the number of mathematics courses which had been taken. Significant findings may arise when other variables such as teacher qualifications, vacancy levels, social class and parental expectations are controlled. The research difficulties may be compounded as the opportunity for doing rigorous research will become more difficult since the number of single

sex schools for girls fell from over 1,200 to under 900 in the years 1975-1979 (O'Connor 1982).

The Evidence on Single Sex Schooling

The comparison between boys' and girls' achievement, which underlines the extent of sex differentiated achievement, has been a major factor in raising the cry against co-education, and therefore, in favour of single sex schooling. Although most of the conclusions about differential achievement have been reached by comparing girls with boys in mixed sex settings, comparisons between various other combinations of groups have revealed interesting findings. In their longitudinal study of pupils at secondary school, Douglas and his colleagues (1968) used a battery of tests on their sample of 5,362, mainly middle class, young people in order to identify the success of the 1944 Education Act which had promised equal access, dependent on ability, to education. While social class factors were the primary concern of the investigators, sex-linked differences were discovered. In sex-segregated grammar schools which had smaller classes and more middle class pupils, the average leaving ages for both sexes were higher than in the mixed grammar school. There were material differences between the girls' and boys' grammar schools as the boys' schools tended to be larger and have a higher proportion of graduates on the staff. Boys' schools have received more financial aid in the past (Byrne 1975) and therefore, the schools were able to attract graduates who, by virtue of their degree, earn higher salaries than non-degree teachers. The girls' schools, on the other hand, were smaller than mixed grammar schools, had fewer graduates and more teaching vacancies. So the picture built up by the investigators was of girls' schools which were suffering some level of deprivation. With regards to achievement levels of girls, they found that middle class girls at mixed schools reached higher

educational standards than middle class girls in single sex schools. The reverse held true for middle class boys who seemed to be at an advantage in single sex schools. Both working class boys and girls achieved better standings in single sex schools than those in mixed sex schools.

R. R. Dale (1969), in his argument for co-education concluded other achievement results. From his analysis he found that, academically, boys did not do as well in single sex schools; whereas girls did better in single sex schools than in mixed sex schools. In spite of these findings he decided to overlook these achievement differences in favour of the social advantages that he felt co-education offered girls. He found that girls and boys 'preferred' the mixed sex setting. These sidestepping conclusions have earned Dale the criticism of a number of authors. Wood and Ferguson (1974) point out that generalization from Dale's data is difficult because the findings were from the 1920's and were confined to Northern Ireland. Also, his concern was only about grammar schools (Deem 1978). Douglas, Ross and Simpson's survey (1968), while admitting a bias towards middle class pupils, did cover many more types of schools. Byrne (1978) cautioned that Dale's samples were small and his findings should be treated with care for they now predate most of the comprehensive reorganization in education. Finally, several authors (Byrne 1978, Shaw 1980, Deem 1978, Lavigueur 1977) have discussed the sexist bias of Dale. He seems to have based his study on stereotyped views. For example, he stated that it is natural for girls to respond fully to women and boys to men (Byrne 1978) and that, for girls, social learning is more important than academic achievement (Shaw 1980). In spite of the criticisms, Dale's findings have been used as weighty evidence for the desirability of co-education.

In response to Dale's 'proven case for co-education', Wood and Ferguson (1974) looked at 1973 data based on 100,000 pupils taking London University G.C.E. 'O' level examinations. In 13 subjects they compared the results of grammar schools with those of comprehensive schools. They found that boys from single sex schools have the edge on mixed-sex schools boys in more than half of the subjects, although boys from the mixed-sex schools were at the top in the traditional mathematics syllabus. The case of girls was less clear. Mixed-sex school girls do less well in both mathematics syllabi and it appeared that girls from single sex schools were leading in more subjects. As to school types, there seemed to be more resistance to sex stereotyping in single sex schools; that is, boys do better in arts subjects and girls do better in science in these schools. However, in a comparison of sexes across school type, the co-educated pupils did as well as the single sex school pupils. In fact, co-educated females did very well in Nuffield chemistry and led the field over boys and girls from single sex schools and their co-educated opposite sex. Wood and Ferguson concluded that they were unable to confirm Dale's claim that co-education is superior. The opposite is also true. The case for single sex schooling is not at all clear.

Thus, the evidence on scholastic achievement is confusing. Differences in subject uptake have been proven. Both the DES Survey (1975) and the study of Ormerod (1975) revealed that sex-linked polarization of subjects is more marked in mixed sex schools than single sex schools. That is, girls were less likely to choose science in mixed-sex schools even though in these settings they were more likely to have the choice of taking it. However, Byrne (1978), while looking at the DES Survey statistics found that even in single sex schools

there were differences in the percentages of pupils being offered access to subjects and the percentages actually taking them up. For example, 62 per cent of girls in single sex schools were offered physics, while only 14 per cent actually studied the subject. In mixed-sex schools, 75 per cent had the opportunity to take physics and only 11 per cent actually made use of the chance. Thus, while the gap between opportunity to study and studying certain subjects was wider in mixed sex schools it was very evident in single sex schools also.

The Argument for All Girls' Schools

The research findings are confusing and no clear cut argument can be made on the side of single sex schooling with relation to achievement levels or uptake of subjects. Still there are advocates of single sex schooling for girls who acknowledge that achievement findings are inconclusive. They argue that such schooling experience can counteract the behavioural effects of co-education (Sarah, Scott and Spender 1980, Spender 1982, Deem 1978). First, it is reasoned that girls will not have to defer to boys in single sex classes or to face their ridicule. Second, teacher attention and concern will be focused on the girls in the absence of boys' attention-seeking behaviour. Third, girls' interests will be considered. Fourth, girls will have the opportunity to achieve, to lead and to see themselves as able. Fifth, the girls' experiences will be seen as valid and this may help to build confidence. Sixth, they may be protected from messages of what their role in life is expected to be. Seventh, while there may not be the same choice of subjects as in mixed sex schools, there is the freedom to choose. Eighth, as there is no competition for resources, the timetable is not constructed in a manner which differentiates between the sexes - e.g., science for boys, arts for girls. Ninth, there will be an emphasis on

academic learning as the single sex school is not likely to indicate to its pupils that achievement is unimportant. Tenth, it is possible that mathematics and science will be taught by women and those subjects may not then acquire a masculine image. Eleventh, there will be female role models in responsible positions as headmistresses. Finally, a general point was made by Tobin and Fox (1980) who suggested that single sex classes for mathematics and science may be more appropriate

> "since some of the elements needed to encourage girls would not be justified in a mixed sex class." (p. 188)

The description by Mary Ingham (1981) of her experience of a single sex grammar school, and that of her fellow classmates whom she surveyed, offered support to single sex schooling for girls.

> "We had our own world, and you could go right to the top of it. With the boys I felt sure we should have shrunk into the old stereotypes, where they forged ahead while we froze into giggling self-consciousness or frittered ourselves away on dog-like devoted attentiveness in class. They would have claimed physics and chemistry, leaving us to potter on with soft-bellied biology, and of course, the arts. But the only candidates for the newly furbished science laboratories were us, and we were actually encouraged to take physics and chemistry because they carried more weight at O' level than biology." (p. 52)

Ingham's retrospective descriptions give light to the many variables involved in the argument for single sex schools. She was clever; she had passed examinations to get a place in the grammar school; the school had resources for teaching science; and, her teachers sounded highly motivated. She also mentioned that her parents saw a grammar school education as an "opportunity", "a better start". Thus, they were motivated with regards to education for females. However, she did say that her teachers and parents

> ". . . saw education as an indefinite points system, rather than a direct preparation for adult life." (p. 75)

In her follow-up of her school mates she discovered many who had chosen the traditional route of wife and mother.

Conclusion

The debate on single sex schooling has not depended on achievement statistics which are inconclusive in any case. There may be important psychological and socializing implications for the continuation of single sex schools or single sex classes within mixed sex schools. The evidence from the research on affirmative action in mathematics and science demonstrates that, with preferential treatment, girls can reach boys' achievement levels. How much is achieved in the long term has not yet been measured. Sarah, Scott and Spender (1980) make a point which may well be crucial to the argument.

> "While girls who are educated in single sex schools may ultimately discover numerous obstacles in the path of entering male areas . . . they may at least be in a position to choose such a hazardous course for at the end of their schooling they may possess the necessary qualifications to enter this territory." (p. 62)

What is known, then, is that girls achieve differentially at school. How to predict, successfully and invariably, a move from that position is not yet fully understood. In general, factors which inhibit the development of personal effectiveness (McAmmond 1978) are:

1) environments which prevent individuals from initiating change;

2) overstructuring or understructuring the course that is open to any individual and her decision making;

3) no provision of effective role models.

As yet, there is no evidence that these factors are overcome in the single sex school setting.

APPENDIX L

Issues affecting the careers of younger nurses -

Comments from Nursing Leaders

Issues affecting the careers of younger nurses: Comments from Nursing Leaders

The women in this study have developed careers in nursing. They have reached positions which command recognition and respect as evidenced by first, their nomination to the study by their peers, and second, that twenty-six have had their contributions to the profession officially honoured (see Tables 6:8, 6:9). In turn, they are the bestowers of opportunity on the next generation of nurses. Thus, their opinions were sought on four issues: the possibility of young leaders; the value of the mentor-protégé relationship to younger nurses; themselves as models; and, the significance of their network of contacts in the profession.

Young Leaders for Nursing - A Possibility?

The respondents themselves were mostly middle-aged in 1981 (the mean age of the sample was 56.5 years). Only two subjects were under 45 years of age (see Table 6:1). They were asked if they thought there was room for younger leaders in the profession. This question was analyzed fully in Chapter 6; therefore, a summary of their remarks is given here.

Only one person voiced negative feelings about leadership positions for younger nurses and this was related to her own experience of waiting so long for recognition. The others were of the opinion that leadership should not be qualified by age but by ability. They felt that there were more opportunities to lead ideologically through university lecture-ships and research endeavours. Those positions with heavy executive responsibility were seen to need broad experience and therefore, would be inappropriate for young leaders even though fifteen of the respondents themselves had attained such positions in their 30's.

What was made clear by the respondents was that young people need early opportunity for career development.

Mentorship - 'Putting money on Particular Horses'

The respondents were unanimous in agreeing to the idea that mentorship was an important facet in developing younger nurses. As one (021) put it "We've got to put our money on particular horses and help them to run the right course". The helping behaviours which signify mentoring range from being of some assistance at particular career points to being an essential feature of career development. There was a general feeling that whatever the form of helping, it was not readily available to young nurses.

> 021: I'm quite sure it's important and I think one of the sadnesses about our particular system is the fact that people are not spotted and not helped into the right positions and given the right experiences and introduced to the right people early enough in their careers. I'm quite sure that we've got to get back to that sort of thing, and help people along.

Why mentoring is a critical career factor was explained. Respondent 016 felt that

> "those with leadership qualities should be encouraged to develop . . . because any profession is as good as its leaders and unless you have the leadership within the profession the potential of the profession is not going to be developed."

Others thought there was a responsibility to develop the individual personally. Feedback was seen to affect the self concept of young nurses (002). Respondent 003 remembered that the Briggs Committee Report (Department of Health and Social Security and Scottish Home and Health Department 1972) found that a common experience of nurses was to have their work criticized rather than praised. She said

> "I think if we could get people to build on strengths rather than weaknesses I'm sure that nurses would feel more secure in testing out some new ideas and in beginning to enjoy their role more and looking at ways and means of trying alternative methods of approach to patient care, and so on."

The recognition of one's potential by senior nurses could also aid the novice to form a professional identity.

Various mentoring activities were listed by the respondents. They included role modelling and counselling. Respondent 034 commented that

> "there is far too little sound counselling from the personal point of view . . . unless we start to get it right and we start to imbue into nurses first of all their own individual responsibility for their professional development and their individual need to seek counselling. . . ."

Encouragement was also identified as a helping behaviour as was giving advice and information. Even more important was the opportunity to discuss one's ideas with a more experienced person. Respondent 038 described two aspects to a helping relationship - the active part and the creation of an atmosphere of 'affectionate tolerance' which was conducive to risk taking.

> "Tolerance is the word I'd like to stress most. . . . When younger candidates do things that appear way out there's a great temptation to say 'We've done that before' and therefore damp them down. I think what is important is to say 'Well, let's try it'; 'Try it again' and then give support if it falls down."

The evolution of the helping relationship was seen to be complicated by a number of factors. Several emphasised that there are two people involved and both have to participate actively. The protégé has to be ready to accept advice, to move on. Respondent 004 spoke from her experience of helping others.

> "Well since I filled in that questionnaire I've been thinking about the people that I have tried to help and to what extent does one actually influence people in what they do. I get very annoyed with people who ask my advice and don't take it. But I can easily think of two people whom I think I've influenced, whom I think they are where they are today because of my influence. I can think of one or two more if I put my mind to it. Mind you I can think of a lot who have not moved. I can think of one person particularly whom I spent a lot of time with trying to persuade her to do a variety of things and she got annoyed with me in the end and said 'Look I'm happy as a ward sister and I want to stay there'."

The reaction of the ward sister may reflect that the prolonged period endured before receiving recognition has a detrimental effect on self-concept. During the interviewing period two incidents occurred which further illustrated the point of Respondent 004. Two different interruptions from colleagues of the interviewees prompted similar remarks:

> "Well we're talking about helping younger nurses and that person who was in here is a good example. She is very talented but won't recognize it. I've tried to create opportunities over the past two years but she won't, or can't, work on them."

That the mentor-protégé relationship meets the needs of both participants was described by Respondent 032:

> "I got 3 or 4 exceedingly good members of staff by keeping tabs on them. When the time came I said 'Look here, there's a post at _____.' There is _____, she did the overseas ward sisters' course, she was absolutely first class. And another one who I got running refresher courses . . . . And quite a few other people . . . I don't know if I did it so much for their sake as for ours. . . . Yes, I think I did consider whether it was good for them, certainly _____ was a very young woman and I thought it was a good chance and it has stood her in very good stead. She went from us to _____ and then to _____."

Another Respondent (001) recognized the degree of responsibility that mentoring carried.

> "From my professional capacity it worries me. It worries me that I may have influence that I don't really want to have and that I simply don't know. In fact I think it's an abuse of a teacher's position. In the other way around, I'm not sure. It's good to know that someone puts ideas into one's head. But it's an awfully dangerous thing to do."

In general the comments indicated that a helping relationship in some form is critical to the personal and career development of young nurses. However, this orientation was not as evident as it was in the writings of Atwood (1979) and Wolf (1982) who advocated an institutionalized mentoring to encourage cost effectiveness in nursing care. The

tendency of the respondents mirrored the opinion of May (1982) who related mentoring to the scholarly development of nurses. She, like the respondents, saw possible constraints to the development of professional helping relationships. Thus, the mentor-protégé relationship was desired for nurses who are trying to innovate. Respondent 027 explained, in a nutshell, what an impact mentors can have:

> "I remember _____ always saying 'The cream always rises to the top', but I think if you have to do it by yourself it takes a long time to float up there. I think the real thing that senior people have to offer to people coming along is this ability to spot somebody who you can take shortcuts with or you can push quickly and to give them the chances to do that because they know the sorts of rungs in the system and the sorts of risks they think a person can take. I mean you going into it having no idea what's involved but I think one of the skills of really senior people in the profession and outside, is to spot potential material and actually make sure that people have the opportunities to get to key posts quickly and that has to be done by individual people."

The Respondents as Models

One of the aspects of being a mentor is to provide a model for young nurses. Thus, the respondents were asked if they saw themselves in that capacity. Only three said they did not. Sixteen were very clear about their responsibility to be professional models and sixteen gave responses which equivocated between seeing that they might be models but hoping that their worst qualities would not be emulated.

Those who said that they did not regard themselves as models gave differing reasons. One felt her work in a professional organization was not easily observable to young nurses. It hadn't occurred to another to set an example and the third said

> 007: Never. I always saw myself as having so much to learn that no one could possibly model after me.

Those who were very sure of the roles they portrayed said they thought that they had modelled even while they were students. To one, the hierarchical structure within hospital meant that everyone above the first year student was a model for those coming along. Positions which enabled direct contact, such as ward sister, or night sister, were mentioned most often as modelling positions. One respondent remembered

> 036: . . . also patients that you see 8 or 9 years later and they have said 'We admired the way you ran the ward.' Oh yes, I think nurses have said to me 'I always remember how you did A, B, C. and D', as indeed, I remember ward sisters.

She went on to say

> "I suppose you don't appreciate it if you don't think people are watching you to that extent but I suppose they are."

It is the move away from direct patient care which creates a visibility problem. There is little opportunity for feedback. Respondent 006 remarked on this:

> ". . . the moment you get into administration proper then you have an awful problem of lack of credibility. You're a changed animal."

This respondent said she definitely had been a model as a staff nurse, ward sister and night sister, but once into administration her evaluation was "I don't know if I was a success or not." Specialist roles in nursing, for instance, doing nursing research or holding a joint appointment were automatic modelling situations.

The comments of Respondent 023 illustrate how a number accepted their responsibility even though it was not easy.

> 023: Oh, I'm afraid so. The greatest responsibility one has in life, isn't it. It isn't something you can control. Oh dear, I wish you hadn't reminded me. Well, I'm sure, I'm absolutely certain that when I went to that mental hospital as a doubly qualified staff member that I was a model for everybody and I probably didn't

> realize it and didn't behave accordingly . . . .
> I think because I've been a psychiatric nurse, I've
> been a model in a way for people who aren't quite
> sure what that ought to mean. But by being a more
> acceptable presentation, I mean they aren't even sure
> what they are looking for. I've got a nasty feeling . . . .

Several respondents, in recognizing their role modelling, deliberately used this knowledge to get staff as one described:

> 005: Yes, as a Principal Tutor. I think I was,
> quite intentionally. I think because _____ had been
> when I was in _____. She had a great thing that
> every young tutor should be shown what it was like
> to be a Principal Tutor, to be allowed to begin to be
> involved in the administration of the School of Nursing
> and in your second and third years you used to sit in on
> interviews of prospective candidates and help plan the
> block programme and this sort of thing. I did the same
> thing at _____ and therefore I was never short of staff,
> because it got around that you got trained for the
> future here . . . I would offer a programme to a newly
> qualified tutor if she'd come to do 3 years. In the
> end she would have had a chance to look at every
> aspect of nursing.

Another (010) said much the same thing when she described how she used to "take the nurses with me when I did things". Thus, this kind of modelling incorporated a teaching role.

What emerged from the comments of those who felt ambivalent was two-fold. First, they felt they had been models when they were in positions close to the bedside or to students. Administrative positions, it was suggested, carried a power which had negative connotations. The comments of Respondents 011 and 004 illustrate this feature:

> 011: Not really. They know me as a person. They meet
> me at the beginning and throughout the term for various
> reasons but it's linked with reasons for coming to see
> me which could be disciplinary, rather than teaching or
> becoming a role model to them.

> 004: The Area Nursing Officers tend to see you as being
> divorced from what they do and you don't know what's going
> on in their patch anyway. They have this anxiety that
> you're supposed to be monitoring them so that the relation-
> ship is not a particularly easy one and I wouldn't have
> thought that any of them see me in that sort of situation.
> The odd one or two might.

The second point to emerge from those who were unsure of the extent of their modelling had to do with being seen as the correct kind of model. A number hoped their professional competence had had an impact as Respondent 001 described.

> "I don't think so. I think that in a micro way, in contact with some psychiatric patient maybe, but then I haven't been doing this for some time. I tried to think back to the things I was reasonably good at. I don't know why but I think I'm reasonably good at calming disturbed situations - I have no idea why that happens, it does happen . . . I think from that point of view, yes . . . but beyond that I hope not. I'm not at all keen on the idea of being a professional model. On the whole my reputation has been provocative . . . I don't take to fools easily. . . . I can be extremely critical. I can't see how one can use me as a model, as one who disturbs the situation."

The fear that others might imitate their behaviours was reiterated by Respondent 038 who said

> "It's always difficult to decide what are one's own qualities that might be of value. There are two things I can actually remember people saying to me. One said 'One thing I do admire about you is your tenacity', so perhaps I do hang on. And the other was when I was defending the policy of _____ to a moderately hostile audience; certainly with some quite hostile medical colleagues. One of the educationalists, writing to me afterwards, said 'I did admire the way you defended your case with such panache'. I wondered if this sort of slight flamboyance is of value."

Both Respondent 001 and 038 revealed that they were unsure that nurses should be critical or slightly flamboyant. This group who felt ambivalent about their status as role models tended to remember, disapprovingly, the very qualities that helped them to survive.

In conclusion, the idea of being a model seemed acceptable although close to one half of the respondents were uncomfortable with the thought of influencing others in the wrong way. Most felt that their effective modelling had occurred at lower levels in the profession. This may be due to the lack of feedback once one is in a position of power. As

Respondent 035 said,

> "You know I got the most marvellous letters when I retired. So there must have been something . . . ."

A disquieting finding was that positions higher up were seen as inaccessible for modelling or as positions from which power is exercised in an unwelcomed way. Yet, these are the leadership positions which should be highly visible and act as career models. They are also the positions which have the power to create opportunity.

Contacts in the Profession

Thus far it has been suggested that opportunities have much to do with people in the profession. The experience of mentoring, although occurring later in the careers of most of the respondents, helped to break the vicious lateral mover circle. Respondent 021 agreed:

> ".... Yes, I'm quite sure looking back, that my career really started to take off at the point in time when I started to know people who had influence. And I'm sure that that is helpful."

The respondents were asked if their contacts in the profession had helped to accomplish certain work goals. There was evidence that an 'old girl network' began to be established when the respondents embarked on the first 'promotive' qualification. For instance, undertaking the tutor's course at the Royal College of Nursing exposed individuals to others who had a similar career commitment.

Contacts in the profession were seen to have a supportive or an instrumental impact. The instrumental was described by Respondent 034:

> "I think they are important. I think it's important not only to have contacts on par, on level, but to know who can get things initiated below that level and above. I think it is imperative. You can't, in any situation in nursing, go it alone . . . . And to be able to say what it is you want, to be able to present a case very adequately and to persuade colleagues is very important. And I think to be prepared to know when the right moment is not there for you to achieve what you want and if you have these contacts you can learn to sense from their

> tone of voice - that this is something you must drop at the moment . . . I'll wait another five weeks and I'll get it then. You can't do that unless you really know the people that you are contacting."

Pioneering work, in the eyes of Respondent 002 would have been impossible without contacts. Getting contacts involved so that they have an investment in a project and will work for its success seemed essential.

How a network of contacts evolves was delineated. As already mentioned the attendance at courses which are of promotive value was one way. Former students in positions of influence provide another approach. A favourite mechanism was conference attendance and committee involvement. Respondent 018 was forthright in admitting she used conferences to meet others.

> "I never missed an opportunity if I was at a conference, of saying 'Could I have an hour of your time' or 'Would you have dinner with me' or you know, say I've got this problem 'How would you approach it' and they were tremendously helpful."

Another respondent (009) spoke at length of her experience

> "I think, for example, that my active involvement in professional affairs for the College in educational terms, began probably in '57 or '58, in fact marginally then. But then when I was Principal Tutor in 1960 I would say, then I found that the conferences that I went to, where you met other tutors . . . those were very important and you met an awful lot of people from whom you learned a lot and shared a lot. I think the international contacts that I had were tremendously helpful . . . . Six of us were selected to go to an International Congress - and that was an interesting thing because that Matron believed that those 6 people who went should be of mixed age groups and experience and they should certainly all go and come back and give an account of what had happened. So it was the first time that I had ever had to go and attend a conference like that . . . I realized one of the people who went was very senior . . . and she unobtrusively made sure that we all came back with something complimentary. It was like an umbrella. It was very interesting. I think that was helpful."

Again what emerges is that this respondent was given an opportunity and encouraged to be involved. Sometimes the contact network was more formal and more easily created because a particular post demanded extensive travel and meeting other nurses. On the other hand, those in stationary posts found they had to build up their own network by approaching others.

The contact network seemed to occur primarily after the first career decade which was not unusual as this decade has been described as a period of little support and direction. One respondent (008) did find that she was able to create a valuable network of contacts as a student. She was the chairman of the Student Nurses Association which afforded contact with the Royal College of Nursing. There she found

> "the kind of intellectual breadth to be able to tolerate a non-conformist and they were super because they were people who said 'Don't worry. Put up with it (training) the world is a better place outside. Put up with this. There are lots of interesting things to do'."

These leaders helped her to channel her aggressive behaviour and gave her approval. Later,

> "through my . . . RCN contacts, I was able to go to people and say 'Where in the country is it possible to do this thing?' And that's been significant the whole way through."

The person (024) who reacted negatively to the idea of using contacts felt that it was unethical to participate in power wielding. She related an incident where she had applied for a high level post and several people at a party indicated that they would support her application. She reported

> "I reacted to this angrily. If I can't get the job on my own merits, on what I've got to offer, then I don't want it. In fact I walked out of that party in anger."

The other respondents felt that contacts provide support, help one to accomplish work goals and, in the early career period, can aid career planning.

Conclusion

These women, leaders in nursing, responded positively to the needs of the younger generation of nurses. They identified that needs for mentoring are not being met and that this could, in turn, affect the development of future leaders. Whether or not these attitudes have been translated into action was not assessed. There seems to be a discrepancy between an intellectual acknowledgement of gaps in the provision of opportunity and their own crucial role in filling the gaps. Many, in discussing professional modelling, felt their impact on younger nurses had been in positions of direct contact. What was not explored was the power they had to affect career development in the positions they held in 1981. Yet, studies of the Nursing Officer (Carr 1978, Jones, Crossley-Holland and Matus 1981), the key role for spotting potential and having the recognized power to encourage it, have illustrated that the role is a 'failed' one with many limitations imposed upon it by the lack of support from above and the lack of credibility in the eyes of those who occupy positions below. Thus, the inability of middle management to intercede and the reluctance of high level nursing professionals to operationalize their power to create opportunity for younger nurses may mean a perpetuation of the career patterns described in this study , of a lack of leadership and of high wastage rates as young nurses leave to seek personal growth elsewhere.