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4 On Becoming A Nurse

JANET HARGREAVES

Abstract

Alice¹, in her mid 80s, is small and slight. Despite some physical difficulties which make walking slow and painful she gives the impression of still being full of vitality and strength. She has a remarkable memory for people and places. Despite the obvious constraints on her lifestyle and the reality of getting older and frailer, Alice is cheerful, humorous and sharp witted.

My mother has always said she had a cousin who had been ‘something in nursing’, but evacuation from the Blitz during the Second World War meant they had lost touch so I did not meet her until she was in her 80s, nearly 25 years after my own nurse training. This chance encounter with Alice became the springboard for doctoral research investigating the discourses that shape and control ‘good’ nursing. Through her life story, further interviews with nine retired nurses from the same generation and documentary analysis of two popular nursing journals I hoped to understand better how nursing had evolved into the often frustrating and ambiguous profession that had shaped my adult life.

Background

Hospital based general nursing, as a distinct occupational group, emerged from the 1850s onwards² as an essential component of the hospitalisation of health and illness, in particular the management and control of the sick poor (Abel Smith, 1960; Dingwall et. al., 1988). It became accepted as a very specifically female occupation which reframed notions of womanhood, bestowed

¹ Alice was determined in the life story to be herself. In respect of this I have used her real first name, but all other detail is anonymous.

² The focus of my thesis was hospital-based adult general nursing in Britain. One of the reasons for choosing this particular group was the very wide influence this phenomenon had internationally. The complex interrelationship between white imperialism, the industrial revolution and the emancipation of women meant that the model of nursing formed in the 19th century in Britain and throughout Europe influenced nursing’s development just about everywhere in the world.

respectability and transcended class. Whilst the contemporary image of nursing is complex; dichotomised between ‘angel’ and ‘whore’ (Kalisch and Kalisch, 1987; Hallam 2000); as an occupational group it remains instantly recognisable and distinctly gendered.³

Alice and I reconstructed her life story together over several meetings. With deference to many key texts (Frank and Vanderburgh, 1986; Nespor and Barber, 1995; Coffey, 1996; Plummer, 2001) this was attempted as a personal collaboration. I tried through discussion and cross checking to maintain ‘fidelity’ (see Blumenfeld – Jones, 1995), thus staying close to her story and placing editorial control in her hands.

As a child of the ‘great war’ generation (Plummer 2001) and daughter of a respectable but unexceptional working class family in London, Alice had a full time, life long career in nursing. She commenced tuberculosis nursing in the south of England in the 1930s and retired as a Director of Nursing Education – the most senior academic post and highest paid post outright in English nursing at the time – in the 1970s. A very significant period of her life between 1945-1955 was spent running the ‘Pre Training School’ for a prestigious Royal Infirmary.⁴ In order to explore the period in more detail I purposefully sought retired nurses who either trained at, or came to work as young qualified nurses at, the same Infirmary during this ten year period. Nine nurses volunteered for semi structured interviews in which I asked them to talk about the experience of transformation from young women into nurses. In my thesis I attempted to understand the discourses that they presented about nursing and nurse education and what they considered to be a ‘good’ nurse. I also visited the Royal College of Nursing archives in Edinburgh, to sample the Nursing Times (NT) and Nursing Mirror (NM) journals for same ten year period.

³ Initially within Britain men were deliberately excluded from (adult general) nursing and the original governing body, the General Nursing Council formed in 1919 refused them entry to the register. This was not changed until after the Second World War. Despite a stronger tradition of men in mental health nursing, and all branches of nursing now having equal status regardless of gender, men remain consistently a relatively small minority of registered nurses.

⁴ Until incorporation into higher education during the 1990s, nursing was taught in training schools attached to individual hospitals or groups of hospitals. Their status reflected the hierarchies that existed within health care. Pre NHS hospitals sponsored by voluntary contributions, usually referred to as ‘infirmaries’ and carrying a Royal charter, were the elite and generally had added status as training grounds for medical students. Municipal and post – workhouse hospitals had lesser status. The London Voluntary Hospitals held the balance of power and set trends. More large cities had their own ‘Royal Infirmary’ which vied with London for status and emulated its lead. Alice and the nurses interviewed, during the 1945-1955 period were employed at a well respected Royal Infirmary in a large city outside of London.

Since its inception in 1948 the National Health Service (NHS) has undergone many restructures. In the last decade multiple changes, revolving around the Department of Health publications 'Making a Difference' (1999) and 'Agenda for Change' (2005), have led to the expectation that NHS staff take on very different roles and responsibilities. Within this reform, nurses are identified as pivotal to the success of the future health services. Understanding the deep seated discourses that form nursing's identity and are perpetuated within nursing, may have some bearing on understanding the challenges faced by current health educationalists and practitioners.

All of the findings from the biographical accounts of Alice and the student nurses are set within the all pervasive influence of the Pre Training School. In this paper I have chosen four specific areas for discussion that I feel particularly illustrate the socialisation from women into nurses; a transformation which led to them still thinking of themselves as nurses rather than 'just' women over 50 years later:

- Personal profile
- The importance of uniform and uniformity
- Behavioural control
- The role of the nurses home

Before exploring these areas it is necessary to give just a little background about nurse training, 1945-1955, in England. State Registered Nurse was a title and occupation create by parliament and regulated by the General Nursing Council which formed in 1919 (Bendall and Raybould, 1969). It consisted of a three year apprenticeship. The majority of time was spent rotating between day and night duty in hospital and community settings with lectures either provided on a day to day basis or in study blocks through the training. 'Pre Training Schools' had started to develop from the turn of the Century and by the 1940s were common to most training establishments. They consisted of between 8-12 weeks of classroom based activities in which the prospective students learned basic bedside nursing, anatomy and physiology. Of equal importance was the opportunity to be socialised into the rituals and routines of nursing practice. The Pre Training School was examined and only students who passed were given a hospital contract and permitted to commence their full training.

Additional requirements were that the students were single and that they lived in the nurses' home. The Infirmary was not unusual in having a nurses' home and pre-training school venue that were isolated from the general public and from the rest of the nurses' accommodation, thus the students were separated from family and former friends, as well as the rest of the hospital community.

Personal Profile

Prior to the period in which these nurses were embarking upon their career the image portrayed of nursing as a respectable middle class occupation had already been established. Baer (1997) argues that Florence Nightingale and other prominent 19th century leaders who created this image chose to portray women as 'special' rather than 'equal', arguing that this would give women the flexibility to develop careers outside the social boundaries imposed in Victorian society. The legacy that this left, of nursing as noble, refined and vocational was in contrast to the percentage of nurses who actually conformed to a background that could be defined as middle class, even in this early period of reform. Research by Maggs (1980) suggests that the picture was mixed. In reality there were not sufficient middle class women to fill the many posts created in the expansion of hospitalised care that ran in parallel with the industrial revolution (Abel Smith, 1960).

However, Hallam (2000) argues that in seeking to justify and maintain their position of relative power within a male dominated society nurses continued to cultivate the image of themselves as feminine, middle class, white Christian philanthropists.

The nurses I interviewed confirmed this view, all were young, white, grammar school educated and identified themselves as coming from '*more or less the right background*', with a shared understanding of behaviour related to class and gender. Minimal make up ('*a little lipstick but no eye shadow*') and no boyfriends were the expectation. Whilst baptism within the Church of England was not essential, daily prayers and weekly church attendance were, with formal permission needing to be sought in order to opt out.⁵ The fact that in all but the most elite nursing schools this profile may have been aspirational made the role of Pre Training School in inculcating certain values and behaviour and weeding out undesirable characters all the more important.

Alice supports this view in her explanation of what she was looking for in recruits at interview:

... a reasonable level of intelligence and common sense . . . but also wanted to know about their feelings, why they wanted to nurse and we were quite interested in their general approach and how they spoke (the Queen's English) ... We felt character and motivation were almost as important as education you know. not a job but a profession. (Alice)

For Alice *profession* raises the status of nursing from just a *job* to something internalised though attitude and state of mind, I am not sure that she would

⁵ One nurse remembered that two Roman Catholic nurses were required to work at bandage rolling during the Church service as an alternative 'duty'.

have recognised the masculine characteristics that Davies (1995) suggests are associated with being a professional, rather, the sense of importance and gravity placed on the role of the nurse is evident in the discourses within the interviews. The nurses did not talk about themselves in terms of profession or even vocation, but of privilege and power:

In those days the general public thought that nurses knew every thing, it did not matter that you were first day on the ward, it was blind faith, that whatever you were told to do in hospital was right for you. (Nurse interview)

A very privileged position to be a nurse - people feel safe to be with you. (Nurse interview)

These reminiscences are in contrast to their parallel assertion that they were very young and innocent: *'still in ankle socks'*. This presents an interesting area for analysis with regard to the expectations regarding their obedience which will be explored in more detail below.

I would argue that the Infirmary [the main location for the life story and interviews] played a particular role as one of the 'best' provincial schools. In order to maintain its reputation as being on a par with the London teaching hospitals it presents itself as a prestigious alternative for recruits and a beacon for other schools in the region. A self-reporting news item about the nurses' home at the Infirmary from the Nursing Times, reinforces this view:

Records of concert music are borrowed and the more knowledgeable amongst us supply introductions to each item. It is a peaceful pleasant gathering at which the proceedings are helped along by tea and at which dressing gowns are not frowned upon. (NT, 6.1.45)

A further important aspect of the public profile of nursing was its dual utility: it combined a respectable occupation for single women and a training ground for upwardly mobile marriage opportunities. The Nursing Times again aptly sums this up:

Parents who oppose their daughters who choose nursing as a profession often have in mind that marriage is the most desirable career for those whose happiness we have at heart. Could there be any better training for marriage and motherhood than this? - nursing both as an art and as a profession is above all else a woman's job - -what is the art of nursing ? The art of nursing lies latent in many women, in and out of hospital, and in most mothers. (NT, 16.3.46)⁶

⁶ Whilst for the main part this view of nursing as a preparation for marriage and motherhood would not be expressed today, there are echoes of this philosophy in the work undertaken as a children's nurse by Lady Diana Spencer as suitable and worthy preparation for Royal marriage.

All nine of the nurses I interviewed married; most within months of completing their training. Several married doctors who they had met whilst on duty and all asserted that their training had affected the way they thought of themselves and the way they behaved and brought up their families. By contrast Alice was a career nurse who remained single. As supported by Tilly and Scott (1987), it is not surprising she reached a higher professional position than any of the others.

If the background to the nursing image is a respectable profile, then the foreground is occupied by the uniform.

The Importance of Uniform and Uniformity

The function of the nurse's uniform was threefold. Firstly the detachable cuffs and apron were a practical way of maintaining a clean appearance at a time before disposable aprons and more easily laundered fabrics were available. The cap to a lesser degree also acted as an aid to hygiene as hair could be firmly secured underneath it. However the function of the cap and the uniform were equally related to rank and prestige, with each grade of nurse and hospital having its own design. Finally the uniform served to remove all traces of individuality from the nurses, including as it did the requirement for the hair to be hidden under the cap and for no makeup or jewellery, thus minimising the presence of their physical and sexual selves.

There was a taken-for-grantedness for both Alice and the nurses about the importance of the uniform. They show that it was frequently uncomfortable, poorly designed and impractical: however as a badge to be proud of and a shield to hide behind its significance outweighed these difficulties. It was a measure of rank and had a clear value as protection from physical, emotional and sexual closeness to the patients they were nursing. All had almost identical group photographs taken in Pre Training School. All could describe in detail the precise requirements for the uniform from their training, down to the shop from which the exact pair of shoes had to be purchased.

The discourses within the interviews and Alice's transcript show how these functions of the uniform were embedded into the everyday expectations of the nurses. One quote serves to illustrate the extent to which the uniform changed totally the nurses self perception and thus help to minimise the potential role confusion between innocent girl and nurse:

and of course we had no contact with men until we were on the wards and that was a completely different thing [in role - in uniform] but you would never have dreamed of [trails off into silence]. (nurse interview)

The silences within the transcripts relate either – as in this case – to sexual self awareness, or to emotional closeness, illustrating for me Foucault's (1979) assertion that the gaps and silences within a discourse are significant and powerful. The uniform for this nurse is the means through which a clear distinction between acceptable and unacceptable physical closeness to men could be managed. It's almost as if she can see herself as two different people: an innocent, respectable girl who has no contact with or knowledge of men and a nurse who can have very intimate, knowledgeable contact within a defined set of circumstances which are mutually understood. Savage (1987) says that the uniform serves to suppress individual sexuality and create a 'disembodied sexuality' thus the 'girl' becomes 'nurse'.

The extent to which the uniform functioned as it would in a military setting to render the individual person invisible is reinforced in the lack of any use of names. The most important thing in a hospital setting was not who an individual nurse was but the position occupied within the hierarchy. This uniform governed work, level of responsibility and social behaviour, down to who you could speak to and where you were permitted to sit and eat. For the most part they learned to refer to themselves and each other simply as 'nurse':

no-one was called by their first name, and you really did think you had arrived when sister called you by your second name. (nurse interview)

The uniform also acted as a device to bond students to their particular nursing school. The Infirmary housed one of two nursing schools within a large city, where the other school was attached to a former municipal hospital and workhouse. In consequence the Infirmary students were encouraged to see themselves as far superior to the other training school.⁷

I can remember going on a visit to ____ and the nurses wore earrings and we were horrified, absolutely horrified!! And we came back and the sister tutor said 'you will have noticed that some of the nurses were not properly dressed I do hope that you will never ever do that'. (nurse interview)

The significance of their 'horror', reinforced by the tutor conveys the certainty that their superior discipline in terms of their physical appearance was a measure of the better class of their nursing school.

⁷ This situation is typical of a number of cities within England where fierce rivalry existed between nursing schools.

The extent to which the wearing of the uniform transformed you into a nurse and for the Infirmary into the sort of nurse they wanted to be associated with is revealed in two extracts from the data where nurses retold stories in which a sanction was applied for wearing the uniform inappropriately. The first, dating from the last few months of World War Two, told with warmth and humour, demonstrates how quickly and effectively unsuitable recruits were identified and removed:

Women were being called up, she was an actress, or she would have liked to have been, so she was sent to a munitions factory, but she decided she would like to do nursing - she 'heard the call' [laughter] very dramatic! we all arrived at PTS we all had our hats on well her hat was a particularly soggy one she arrives like this with all her makeup on - very glamorous, and was promptly sent to get washed and when she came back - every eyebrow, everything went - this pale completely naked face - she did not last long! [Laughs] (nurse interviews)

This woman, on day one of Pre Training School, failed the test, which was that she had to quite literally wash off her individuality and become the image if she wanted to be accepted. Her inability to see this or her defiance at the convention sets her apart. As with the reference to nurses at the 'other' hospital wearing earrings, this illustrates the discourse amongst the Infirmary nurses that they were superior to nurses who trained elsewhere.

One of the many functions of Pre Training School was to give students an opportunity to practice perfecting the uniform appearance which was expected of them. The '*coveted nurse's uniform*' (NM 12.4.47) is not just a matter of clothing. Uniformity included dress, appearance, hair style and makeup. It also, on a very practical level was the first 'test' that the nurse could understand and was prepared to obey rules.

The second story is very different and relates to a particular shift:

I will never forget that once during my training I twisted my ankle and I had a pot on - -you never thought of going off sick so I went on duty with a pot on and one black shoe and stocking and Matron remonstrated me I'd no right to be walking round like that and I said but Matron I have a pot on - it does not matter you should be wearing black shoes and stockings! (nurse interview)

I have reflected a lot on the significance of this memory, re-examining it in context with the rest of the interview and the themes from the analysis. On one level this reinforces the invisibility of the individual and the attitude of senior people to junior staff. The 'purposeful bullying' that occurs here, (as identified by Starns (2000)), is a recurrent theme evident in many of the interviews and in the Journal extracts.

However I think its greater significance is in highlighting the point at which two equally important requirements clash: to always be available for duty and to always be correctly dressed. The expectation as shown here that you simply did not take time off sick unless you were incapable of getting to the ward is repeated in many of the interviews. It is also a recurring theme in the journals. These include numerous letters on health and sickness and an article (NM 24.2.45) suggesting that poor health and a worrying incidence of Tuberculosis amongst nurses is due to both 'foolish heroism' on the part of nurses who do not recognise their symptoms and report sick and nursing administration which sees the nurses as 'pairs of hands' having no concern for their individual welfare.

So the nurse has a dilemma: to go on duty inappropriately dressed, or to call in sick. She chooses the former as this seems to match the expectations of her. This then gives the Matron a dilemma: which she resolves by ignoring the nurse's injury and telling her off for being incorrectly dressed (an *Infirmiry* nurse never wears her uniform improperly!).

Clearly in all life history research there are issues of recall and the Matron may well remember the same incident differently, but the discourse feels like a true representation from the nurse's perspective. The nurse has sustained an injury, thus demonstrating poor judgement and commitment to duty, subsequently this has put her in a position where she cannot comply with the uniform regulations. It is congruent with the discourse that she would be told off on both counts.

Savage (1987), Summers (1988) and Starns (2000) all identify the uniform as a significant element in nurses' identity so it is not surprising that the nurses recounted many uniform related incidents. The importance of this detail is illustrative of the power invested in such discipline as described by Foucault (1991:136):

For the disciplined man . . . no detail is unimportant, but not so much for the meaning it conceals within it, as for the hold it provides for the power that wishes to serve it.

The 'policing' of correct uniform etiquette is carried out at every level from the individual nurse to the hospital Matron.

Behavioural Control

All of the above resulted in a working ethic which reinforced control of behaviour through hierarchies in obedience, communication and task allocation:

We were taught unquestioning obedience, no-one ever asked why we did that, we knew we did it and it could have been dangerous, but we didn't really know, we were taught you did it without question and this lasted throughout training, we rarely questioned why we were doing it we automatically thought it was right.

(nurse interviews)

The combination of careful selection and early inculcation into the rules of the hospital ensured that obedience and discipline were automatic. Indeed, a number of the nurses including Alice when asked cited this as one of the hallmarks of a good nurse.

Although my own experience of training left me with no doubts about the reality of nursing practice I still found the lengths to which this blind obedience took the nurses striking. The incident below happened after Pre Training School but whilst the nurse was in her first year of training. It is half an hour after she should have been dismissed at the end of one of many 12 hour night shifts.

I was once in such a panic that I set fire to the curtains round the bed! (Laughter) I had to give morphia⁸ did this sort of - -it comes on a tray and you had to melt the morphia tablet on a spoon, and this was my last job before I went off duty and I was very, very tired and very well - -it was ½ past by this time and I had this job to do and there I was behind the screens and the screen went onto the Bunsen burner and it lit, and I knocked it and the mess went on the floor - the flame went on the floor sister - - -was sat at her desk & looked at me - & all this was happening and she looked at me and I put it out she did not come and help me nobody came to help me they just looked at me.

(nurse interview)

The nurse is under extreme duress for a number of reasons:

The work is difficult and mistakes have serious consequences for patients; the work is carried out in an atmosphere of distrust and hostility; this bullying atmosphere is made possible because of the clear power differentials; and the nurse is chronically sleep deprived.

Hospital based health care took place in wards which were managed by a very small number of registered nurses supported by a team of students. Because of this I would argue that the environment created was one in which the student nurses had to be able to cope with ambiguous and stressful situations, for long periods of time with minimal supervision. Whilst the

⁸ Morphia was supplied as powder form which needed to be mixed with a warmed fluid before it could be drawn into a syringe and injected, hence the Bunden burner. Screens were not permanently around each bed, but were mounted on wheels and placed round patients to offer some privacy. The distance between beds was small, making the space available once the screens and treatment trolley were in place very limited.

interviews also record examples where they were well supported the sense that the ward environment was hostile is present in almost all of the exchanges.

Amongst all of the stories about practice that Alice and the nurses told me the Bunsen burner story offers the most powerful image of the way in which the nurses assimilated to their role. Firstly the acceptance of the fact that this was *her* work – she could not leave the ward until she had finished the tasks assigned to her, even though it was now some time beyond the point at which she should have been relieved from her spell of duty. She cannot walk away, break down, or ask for help.

Secondly the sister appears to make a decision that the nurse can cope: she expects the nurse to finish her task and to sort out the mess she is causing, without expecting others to leave their assigned tasks. Thirdly no other nursing staff on the ward will dare go to the student's assistance because the sister has not moved. The sister is demonstrating the level of power she has over each individual nurse and over the organisation of the ward.

This model of nursing work supports the disciplinary concepts of Foucault (1991) and was analysed by Maggs (1983) where he makes the connections between the development of nursing's role in hospital organisation in the late 19th century with the development of the modern factory in the industrial revolution: the business of looking after people who are hospitalised becomes the 'work' of the nurse and is fragmented into packages of time limited tasks.

The obsession with routine and ritual is repeated in autobiographical accounts from the 1930s -40s (Arthur, 2001a, 2001b) here training to nurse is described as a 'race against the clock' in a task oriented, highly ordered hierarchical organisation. Had there been a serious risk of the ward burning down, presumably the sister would have intervened.

The situation the nurses were in also meant that they had to carefully manage their behaviour with relation to patient contact:

there was a distance wasn't there - don't get too close it could end up (silence) - -I don't think we were ever told that (silence) - -I mean you didn't sit on the bed, and if you had a few spare minutes you did not go and chat to a patient, no matter how much they may have appreciated it, or needed it - you went and cleaned the sluice or something. (nurse interviews)

The silences in the quote were accompanied by eye contact and imply a shared understanding of unwritten nursing codes that 'getting too close' is a) dangerous for the nurse's emotional security and b) foolish professionally. Working in the sluice and thus busy with cleaning activities is an acceptable way for the nurse to spend time where talking and listening to patients anxieties is not.

The Role of the Nurses' Home

Thus far two significant locations have been explored: the Pre Training School and the hospital wards. The third place in which these nurses spent time was the nurses' home. Students were enrolled in batches of 20-30 several times per year, and for the period of Pre Training School lived and worked together closely. For the rest of their training they frequently moved rooms, they also moved to a separate sleeping block when they were on night duty. However they continued to identify with their 'set' and maintained life long friendships.

The interviews indicate that this intensity was deliberately created by the way that Pre Training School was managed. The students were excluded from other students in training through having separate bedrooms and dining area and later at the Infirmary living in a separate geographical location. They wore a different uniform which singled them out. They followed a strict routine, including mealtimes and bedtimes, they also quickly learned that further codes around dress and behaviour were expected of them when they were out of doors and off duty which effectively regimented their week wherever they happened to be.

All of the nurses said how important the nurses' home was to personal support and survival, so fitting in socially was essential. Alice refers to recruits needing to speak 'the Queens English', but this appears to be more than just correct grammar. I was interested in one nurse's memory from her first days in Pre Training School which I did not at first understand:

And the particular memory I had that afternoon we were sitting around and she got up and said 'I'll go for a wee' and I was horrified. (nurses interviews)

Looking at this in the context of the transcript and her eye contact with me at the time, it's clear that the 'horror' she felt was that she was unaccustomed to being in the company of people who would use such a graphic expression for going to the toilet. Learning acceptable boundaries of language and behaviour was part of the process of socialisation and an indication of education or class. In addition within nursing the body's functions and fluids are associated with the 'dirty work' (Lawler, 1991) that nurses undertake and thus become both more prominent in the nurses understanding and yet more in need of controlling and hiding.

It would appear that the Pre Training School period was an opportunity to get a feel for what being a nurse was going to entail and to moderate behaviour and attitudes which did not conform; it also gave both the hospital and the potential recruit a period of grace in which either could withdraw with minimal difficulty.

Despite the indication that the nurses home was full of innocent fun, all of the nurses remembered that a small number of people had left during Pre Training School. This seems not to have been talked about very much, in particular where one student may have been pregnant:

we were 28 of us all together, 3 dropped out during PTS. One, we did not know why she just disappeared overnight, I feel she might have been pregnant, because she just disappeared. Two did not like it. (nurses interviews)

I could not get a feel from the interviews of whether this has been a big event; rather, having failed to pass through the initial filtering system, the lost recruits ceased to have any relevance for the nurses, reinforcing their special bond. The discourse suggests that they felt that they were the chosen ones, who in all aspects were good enough to progress to the next stage.

The subtleties in the discourse: knowing the correct way to refer to the need to urinate, the correct amount of makeup to appear appropriately feminine but not *'tarted up'* and the confident assumption that a young woman who disappears is probably pregnant were clearly not acquired overnight, but can be seen to be related to class, upbringing and education, as well as familiarity with the popular image of nursing. In addition the recruitment process which favoured a middle-class background and the role modelling provided by the tutors were used to effect in the Pre Training School in order to quickly identified people who did not fit in.

On Becoming a Nurse

My chance encounter with Alice and the subsequent interviews with retired nurses led me to a wonderfully rich exploration of nursing. As I have engaged in the process of data gathering and analysis I have been frequently struck by the seeming gulf between the innocence and youth of the nurses and the awful reality of hospital based adult nursing. The nurses' self image as innocent and naïve young women contrasts with the difficult, intimate and at time dangerous activities they were expected to engage in.

Hallam (2000) discusses the ambiguity between the required image of nurses to be angelic and virtuous, whilst having knowledge of and exposure to what she calls the 'hidden physical'. The discourses surrounding dress and behaviour identified here show some of the means through which this ambiguity was managed.

The data leads me to believe that the Pre Training School performed an essential function in reinforcing the discourse which led the students to accept the stressful reality of ward work and the way they were treated as normal.

Combined with the safe haven of the nurses' home it gave them time to get to know each other and bond together as a group, for the cultural norms to be embedded and for them to develop a level of compliance.

Chapman's (1983) research identified the use of ritual and routine as a way of nurses distancing themselves from anxiety. It may thus be argued that the combination of exact rules in terms of clothing and appearance, combined with detailed and ritualised forms of etiquette and communication distanced the nurses emotionally and physically from patients and made the process of transition from girl to nurse more possible. This, along with the filtering system of recruitment and Pre Training School meant that the 'good' candidates were socialised into seeing loyalty, obedience and service as essential to becoming good nurses.

Furthermore the nurses' home gave them a geographical location which seems to have been a haven to which the nurse could return and to have acted as a buffer to soften the impact of entering this difficult and dangerous world in which people suffered pain and illness which they could not control and in which the sexual ambiguity of their intimate relationship with patients was not fully understood and could not be articulated.

I could detect no sense of confusion in the nurses telling of their stories. The discourse does not seem to allow for any dissonance between on the one hand espousing the virtues of care and their sense of privilege at being nurses and on the other colluding with a system that treated them so poorly.

It would appear that the harsh reality of ward life, long days of hard physical work, repetitive domestic chores and petty rules is compensated for by the protective environment they created for themselves in the nurses' home and their image of themselves as privileged and valued people. Perhaps this is as much part and parcel of the discourse around what education was trying to achieve as the more overt classroom and ward based activities. Alice and many of the nurses were very clear that learning to nurse had been a wonderful experience:

there were a lot of compensations you know we used to go to the pictures for nothing saw all the films before the public saw them and we could go to one of the theatres for 4pence halfpenny - - and go in the gods, and we used to get free tickets for the grand theatre it was the golden days of nurses you know the public thought you were wonderful and you know we may have worked really, really hard and we did - your feet nearly killed you when you came off duty - but you were looked after
(nurses interviews)

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