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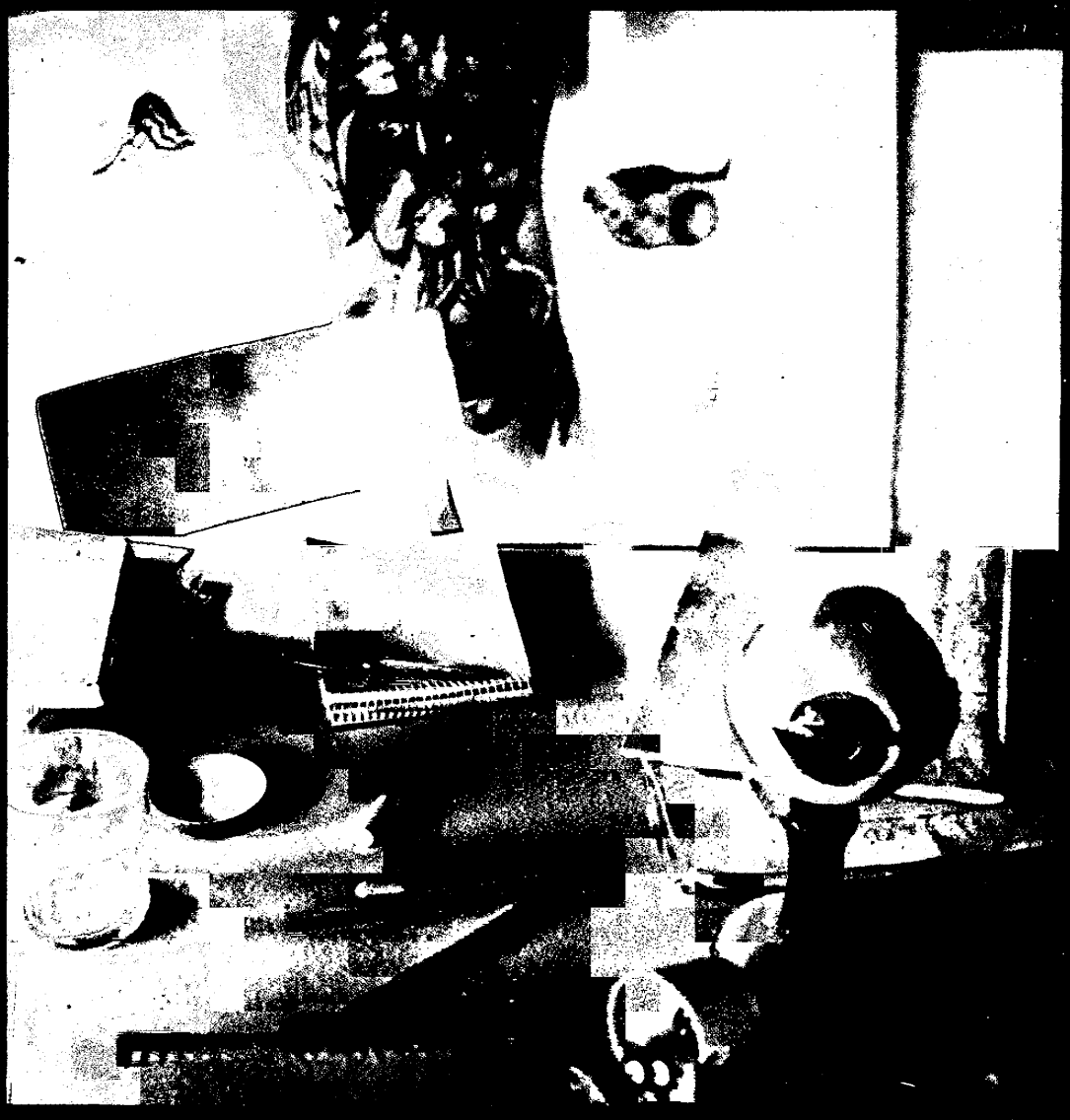

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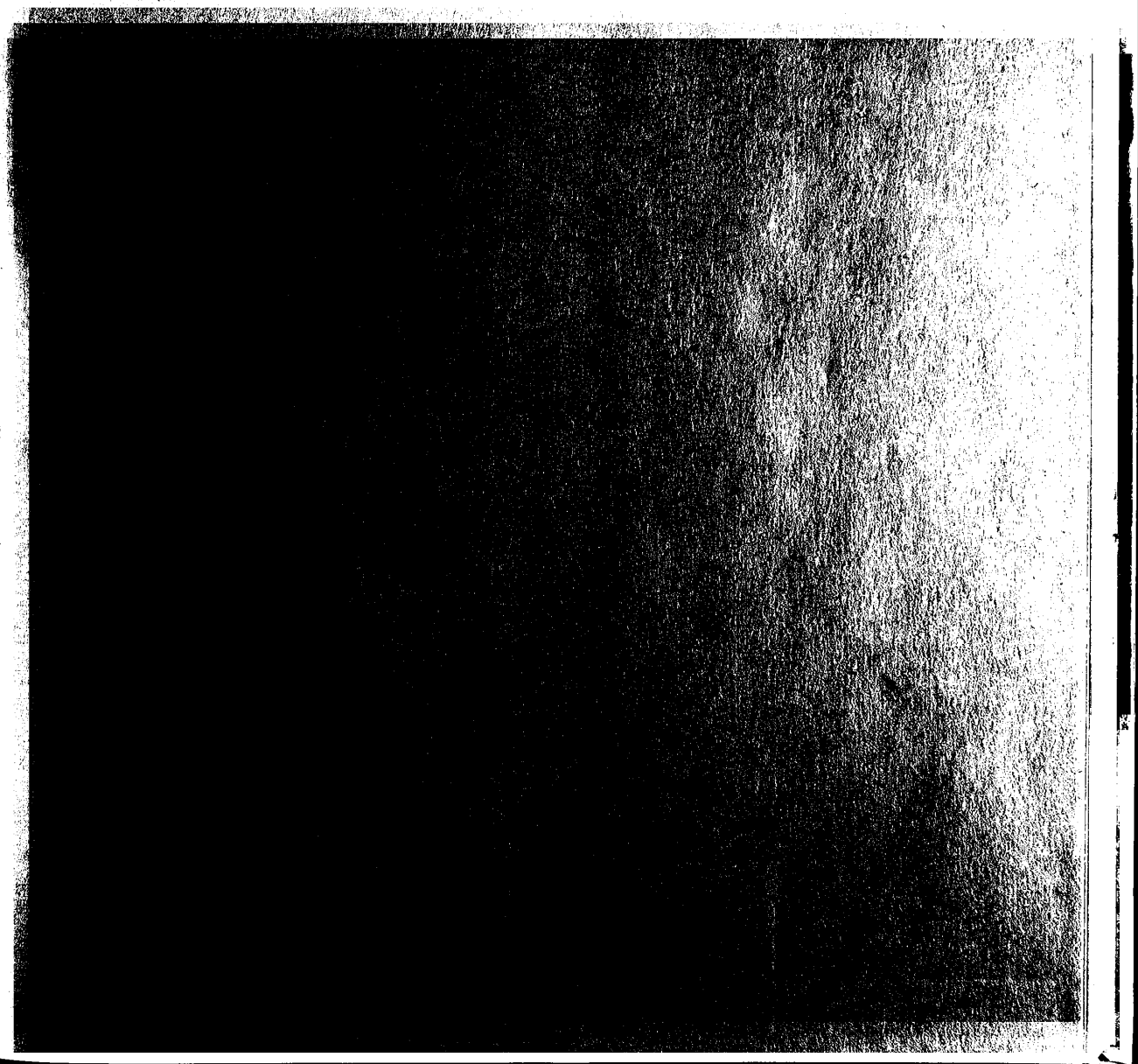

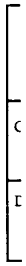

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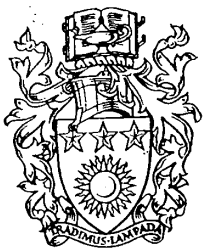

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FACTORS AFFECTING RECRUITMENT OF NURSE TUTORS

A survey carried out on behalf of the King's Fund and the Rcn

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PREFACE

This report is published by King Edward's Hospital Fund for London in agreement with the Rcn.

It contains a survey of factors affecting recruitment of nurse tutors. The conclusions that Miss Dutton draws are her own, and do not necessarily reflect the views of either the Rcn or the King's Fund.

Catherine M Hall CBE SRN
General Secretary
Royal College of Nursing
and National Council of
Nurses of the United Kingdom

R E Peers CBE FHA
* Secretary
King Edward's Hospital Fund
for London

* Until his death in May 1968

FOREWORD

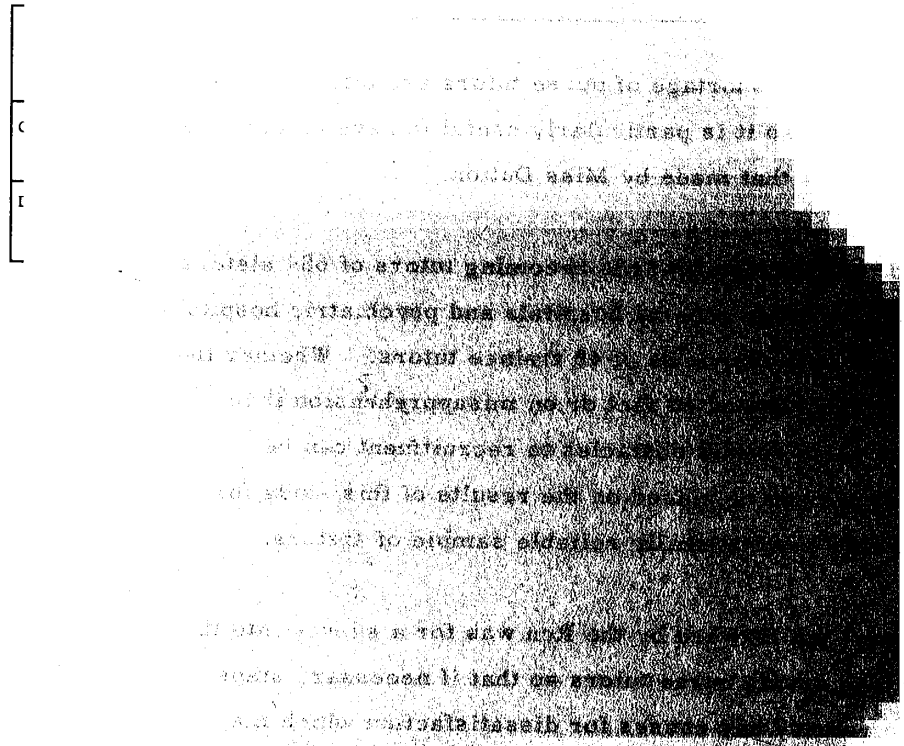
Reasons advanced for the shortage of nurse tutors are often based on guesswork and emotion so it is particularly useful to have an accurate, impartial study such as that made by Miss Dutton.

She has analysed the attitudes towards becoming tutors of 684 sisters in teaching hospitals, other general hospitals and psychiatric hospitals, and compared these with the views of 40 trainee tutors. Whether the attitudes of the sisters depend on fact or on misapprehension it is important to know them so that obstacles to recruitment can be overcome. Reliance can be placed on the results of this study for Miss Dutton has used a statistically reliable sample of sisters.

The original project put forward by the Rcn was for a survey into the reasons for wastage among nurse tutors so that if necessary steps could be taken to remedy any causes for dissatisfaction which may have contributed to nurses leaving teaching in hospitals for other posts, within or out of the hospital service. However, Miss Dutton found that wastage among women tutors was very low for reasons other than retirement so concentrated on examining attitudes responsible for the lack of recruits.

Some of the survey findings may come as a shock to the leaders of the profession: for example, the enormous differences shown in age distribution and educational level between sisters in teaching hospitals, in other general hospitals and in psychiatric hospitals. However, this information may be a relief to many excellent sisters who will feel less abashed at lacking academic qualifications.

All surveys have their limitations and the most striking omission here is that it is restricted to women although the number of men appointed as tutors is increasing. It is very possible that attitudes



towards becoming tutors differ between men and women. Another consideration is that the situation may have changed since the main part of the survey was done in 1966. Unfortunately, as with new hospital buildings, it is impossible with surveys to be absolutely up-to-date - the gestation period is too long.

Perhaps a word of caution should be given about interpreting the results of those questionnaires where the alternatives offered express extreme views. For example, if you do not endorse the comment 'Student nurses have affection for their tutors' you are forced to endorse 'Student nurses are afraid of their tutors'. Some tutors may feel that the ward sisters have been exceedingly critical about them and their work but the obvious fact must be remembered that even when a high proportion of criticism has been given, perhaps by 20 or 30 per cent of the sisters participating, this still means that 70 or 80 per cent have expressed favourable views.

When these limitations are realised, a clear picture emerges of the reasons why many sisters do not consider becoming tutors and various solutions are tentatively offered for remedying the shortage of tutors.

Winifred Raphael BSc
Research Consultant
to the King's Fund

February 1968

AUTHOR'S ACKNOWLEDGEMENTS

This report could not have been written without the generous assistance of the many hospital matrons and the many more sisters, tutors, staff nurses and other hospital staff whose contributions form the basis of the findings contained within it. I should like to thank them for the hospitality I received in making visits up and down the country and, too, for the interest they showed in the survey and the patience with which they answered the many questions put to them.

The enquiry has greatly benefited from the advice and criticism of staff at the London School of Economics and Political Science who were concerned with the planning of it. I should particularly like to thank Mr G G W Kalton and Dr A P E L Sealy who advised me on the design and analysis of the survey from a statistical viewpoint. However, any weaknesses discovered in it are entirely my responsibility.

Finally, I owe a great debt of gratitude to those in the King's Fund and the Rcn who first set the enquiry in motion and whose friendly support has helped me so much in bringing the study to this point of completion. Above all, I would like to record my grateful thanks to the late Mr Peers. I owe much to his kindly encouragement: he was a real friend throughout.

Ann Dutton

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INTRODUCTION

The survey which is the subject of this report was instigated by the King's Fund at the request of the Rcn who were concerned at what they took to be evidence of a serious shortage of nurse tutors. The Rcn felt that it was difficult to recruit suitable candidates and that among those who were already tutors there was a high wastage rate. They wanted research to be undertaken to discover why this was so and to be suggestive of remedies so that the supply of tutors might be increased.

In Section 1 the preliminary explorations are reported. To begin with evidence was sought as to the degree of wastage. It was found that there was no conclusive evidence of a high degree of wastage and that a large proportion of those who did leave could be presumed to have retired. Attention was then turned to the question of recruitment and it was found that not only was there an average of no more than seventy places on training courses each year, but that it was difficult to find suitable recruits to fill even this small number of places.

An expansion in the tutor training programme therefore seemed necessary to meet the need of the profession for a higher proportion of qualified tutors and to improve tutor/student ratios. As a first step research was directed to finding out why more sisters did not become tutors. In consequence, the main survey, reported on in Section 2, concentrated on examining the sisters' attitudes towards tutoring. It was hoped that this would help in finding ways of presenting the role of tutor in a more attractive light.

Men were not included in the survey, partly because available resources would not have covered a separate sample of charge nurses; partly for the more compelling reason that there is not the same reluctance among male nurses to become tutors. [1]

[1] For details of male and female staff in different types of hospital and hospital grades, see Appendix B.

1 PRELIMINARY INVESTIGATIONS

THE QUESTION OF WASTAGE RATE

One reason for setting the research in motion was the belief that the supposed high wastage rate among qualified tutors was due to them taking up other appointments. As a first step in examining the evidence for this belief an inspection was made of the Ministry of Health statistics based on the six-monthly returns from hospitals in England and Wales relating to the number of qualified and unqualified tutors in post. The relevant data are given in the table below.

TABLE 1 Numbers of Nurse Tutors in Post at Different Dates: Ministry of Health statistics

Year	Number of Nurse Tutors			Number of Student Nurses (excluding pupil nurses)
	Qualified	Unqualified	Total	
1.4.61	Not available	Not available	1,623	53,088
1.4.62	"	"	1,653	53,468
1.4.63	"	"	1,708	54,596
30.9.63	1,146	588	1,734	55,661
31.3.64	1,116	634	1,750	54,328
30.9.64	1,131	629	1,760	55,039
31.3.65	1,075	606	1,681	53,886
30.9.65	1,112	634	1,746	55,906
31.3.66	1,106	684	1,790	54,161

As there are considerable fluctuations in the numbers given in successive returns, it is difficult to come to any confident conclusion about general trends. There is no evidence of a rapid decline in the number of qualified tutors although there is a slight overall decline. The fluctuations may also mask a minor increase in the number of both unqualified tutors and student nurses.

It is helpful to consider these figures in conjunction with data showing first, the number of new tutors qualifying each year for posts in the health service, and second, the proportion of the total number of tutors who on average reach retiring age each year.

Until recently, the only sources of supply of qualified tutors have been the three London colleges which run a course for the University of London Sister-Tutor Diploma: the Rcn, Battersea College of

Technology (now University of Surrey), and Queen Elizabeth College. Table 2 shows the total number of diplomas awarded by these three colleges in the given years to tutors returning to posts in the National Health Service in England and Wales.

TABLE 2 Numbers of Nurse Tutors Qualifying for National Health Service Posts, 1962-1966

1962	1963	1964	1965	1966	Total
59	71	70	56	57	313

In 1966 a fourth source of supply was added when Bolton College of Education produced 12 qualified tutors from its one-year course. This brought the total of new entrants to the profession in 1966 to 69.

From these figures it can be calculated that on average 63 newly-qualified tutors enter the profession a year - less than four per cent of qualified tutors in post. Taken in conjunction with Table 1, the figures suggest that perhaps as many as 70 tutors leave the service each year. What happens to them ?

A survey conducted by the Rcn in 1966 throws light on this question. Of the 1,106 qualified tutors in post, 905 were circulated and replies received from 689. The age distribution of this group was as follows.

Under 30	3
30 - 39	120
40 - 49	276
50 - 60	290

This gives a picture of an ageing group of whom a considerable proportion are approaching retirement. Since the replies represented only two-thirds of the tutors in post it is perhaps fair to assume that the total of age group 50 - 60 should be increased by one-third. This means that over the next ten years an average of 30 - 40 tutors will be retiring annually.

Further support for this conclusion can be found in the data quoted in the report of the Salmon committee from the statistical survey they carried out. Table 3 shows the information obtained by the committee on the age distribution of all men and women tutorial staff, both qualified and unqualified.

TABLE 3 Age Distribution of Men and Women Tutors: based on the Salmon report survey

Tutorial Staff	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60+
	per cent	per cent	per cent	per cent	per cent	per cent	per cent	per cent
Women: N = 1022	3	7	12	18	17	21	17	5
Men: N = 412	2	8	20	24	23	18	4	1

Calculations based on these figures show that 43 per cent of women tutorial staff and 23 per cent of men are aged 50 or over. The proportion over 50 in the two groups combined is 37 per cent. This means that an average of 3.7 per cent, or 52 members of the tutorial staff, become due for retirement each year, slightly less than two-thirds of whom are likely to be qualified tutors, see Table 1. Again the inference is that between 30 and 40 qualified tutors can be expected to retire each year.

The average intake of qualified tutors is only 63 a year so that, even if there were no wastage for reasons other than retirement, the present rate of recruitment and training would not ensure more than a very modest expansion. In fact, however, there is wastage from other causes. On the basis of the calculations so far, together with the Ministry of Health statistics, an estimated 30 - 40 tutors not yet at retirement age may be leaving the profession each year.

How far such a rate of wastage - 2-3 per cent a year - should be considered excessive is debatable. Some such wastage is inevitable, particularly in a group who hold a professional qualification which opens up wider opportunities than the one for which it was originally obtained. Apart from those who, for example, marry or become ill, there will be those who wish to explore these other avenues. Bearing these points in mind, the present rate of wastage from such causes does not seem unduly alarming.

This conclusion was reinforced by a detailed examination of the September 1964 Ministry of Health hospital returns. These showed that the overall ratios of qualified tutors to students were not far from the recommendation of the General Nursing Council for the pre-1962 syllabus, of at least one tutor to every 40 - 50 students.

The tables based on this examination are shown in Appendices A1 and A2. The figures in these tables suggested that the rate of wastage

was apparently not having as disastrous an effect on overall ratios as anticipated. Some areas were worse off for tutors than others, see Appendix A2. General hospitals had fewer tutors than teaching or psychiatric hospitals, see Appendix A2. But although there was certainly no superfluity of tutors, there were probably additional explanations of the strongly-held impression of severe shortage.

EXPLANATIONS OF THE IMPRESSION OF SHORTAGE

Distribution of Tutors

A check was made to see if this impression could have been caused by mal-distribution of tutors, resulting in some areas and hospitals having large numbers of students to one tutor, while in others the tutors were under-employed. Wide variations in student/tutor ratios and in training school size were in fact discovered. Charts 1 - 6 at the end of this section illustrate this.

Chart 1 shows the ratio distribution of qualified tutors to student nurses training for the register in acute hospitals with nurse training schools. This ranges from 176 hospitals with one tutor to every 50 students or less (often considerably less; 1 - 6 or 1 - 15), to 124 hospitals with a much higher student/tutor ratio.

Chart 2 shows the distribution of ratios of all tutors, qualified and unqualified, to all nurses in training, both for the register and for the roll, in Hospital Type 01, Acute, only. It reveals that, taking the unqualified tutors into consideration, the distribution peak comes at the ratio of one tutor to 30 - 35 students. However, again there is a wide variation. One hundred and thirty-five hospitals have one tutor to 35 students or less: one hundred and forty-five hospitals have a still higher tutor/student ratio.

Charts 3 and 4 give the same information, for training schools in Hospital Type 12, Mental Illness, as Charts 1 and 2 for acute hospitals. Chart 3 shows the distribution of all tutors to all students and Chart 4 the distribution of qualified tutors to student nurses training for the register only. These charts make it clear that the problem of tutor shortage is much less in psychiatric hospitals than in general hospitals since, in psychiatric hospitals, the distribution peak of the ratios of qualified tutors to student nurses for the register is at a much lower point on the scale, that is, one tutor to 31 - 35 students. Moreover, when unqualified tutors are included, together with students training for the roll, the distribution peak comes at a point where there is one tutor to every 15 to 25 students.

Although these data may seem satisfactory in that, for example, there are 50 hospitals with one qualified tutor to every 35 students or less, there are 42 hospitals where the student/tutor ratio is much higher.

To conclude, the evidence shown in the charts of a wide range of tutor/student ratios led to the assumption that protests about shortage might be coming from hospitals where tutors are overworked, but that such protests need not be taken as representative of all tutors' opinions of their work load.

Variation in Training School Size

Another possible explanation for the impression of severe shortage arose from evidence of variation in the size of training schools, illustrated by the data in Charts 5 and 6.

Chart 5 Sections A and B on this chart show the number of tutors to each hospital in Hospitals Types 01, 02 and 03, Acute. In Section A all tutors, qualified and unqualified, are taken into account; in Section B, only qualified tutors. The chart reveals that it is very common for only one, or not more than two, tutors to be employed in a training school. Section A shows that there are, in fact, 129 hospitals where only one tutor is employed: Section B that there are 112 hospitals with only one qualified tutor.

Chart 6 illustrates the position in Hospital Type 12, Mental Illness, and shows that the position in these hospitals is comparable with that in Hospitals Types 01, 02 and 03, Acute - that a training school employing only one or perhaps two tutors is the rule rather than the exception.

The implication of this evidence is that when a tutor leaves one of these smaller training schools the hospital authorities are immediately faced with a 50 per cent, or even 100 per cent, staff shortage. Until a replacement is found there may be no-one available qualified to run the training school. Moreover, it is probably more difficult to recruit tutors to smaller training schools in possibly isolated areas. If a tutor from one of the larger training schools leaves, this may cause serious inconvenience but clearly it will be easier for alternative arrangements to be made. It would not be surprising in such circumstances if the hospital authorities responsible for the smaller training schools voiced serious concern about the tutor shortage. However, it is by no means certain that the situation could be relieved merely by training more tutors. Qualified tutors might still be reluctant to take up posts in such small schools.

Other Relevant Considerations

Another important finding which helped to clarify the situation was that the General Nursing Council have redesigned their nurse training programmes. The result is that, for training schools in general hospitals using the 1962 syllabus, they now aim at a ratio of students to tutors of 20 or 30 to 1 and an even lower ratio for those in training schools in psychiatric hospitals or for students taking nursing degree courses. Judged in relation to these new standards there is obviously

a very great shortage of tutors. On the assumption that an increase in tutors is required to meet the situation as the GNC have now defined it, the present position is clearly disquieting.

Finally, it was discovered that although the need for an increase in the supply of tutors seemed manifest, recruitment was poor. In spite of there being more applicants for vacancies on the tutor training courses than could be accepted, places remained unfilled because many of these applicants lacked the basic educational qualifications. It was reported that this was particularly true of the women who applied. Men were more likely to have attended evening classes and gained qualifications in this way.

CONCLUSIONS

These investigations led to a reformulation of the problem under investigation. It seemed that although tutors might indeed feel dissatisfaction with their lot this was not leading as many of them to leave the profession as had been supposed. However, enough were leaving to result in what appeared to be a slight overall decline in their numbers, just at the time when a rapid expansion was required. Whether or not the degree of wastage was excessive it was clear that there was an urgent need for something to be done to improve recruitment. Consequently, instead of investigating the tutors' attitudes, it was decided to focus the enquiry on the sisters who are the potential tutors.

Another reason for this decision was that it would have been difficult, if not impossible, to trace a statistically representative sample of tutors who had taken up other occupations. It was also felt that if there were undesirable features in the tutor's role which led individual tutors to take up other employment, a statistically and numerically adequate sample of sisters might give as valid and objective an indication of what these were as the tutors themselves.

The basic research problem now became: why do not more sisters become tutors ?

This report is the result of an attempt to find an answer to this question. It should, perhaps, be emphasised that the opinions expressed in the sisters' responses to the questionnaires reveal the picture of the situation held in their minds. This may or may not be an accurate reflection of the objective situation. However, their views, mistaken or otherwise, will presumably determine their course of action and so are worthy of consideration.

The questions were answered during the period April to June 1966, at which time a number of hospitals had changed over to the new syllabuses.[2] No regard was paid to which syllabus was in use.

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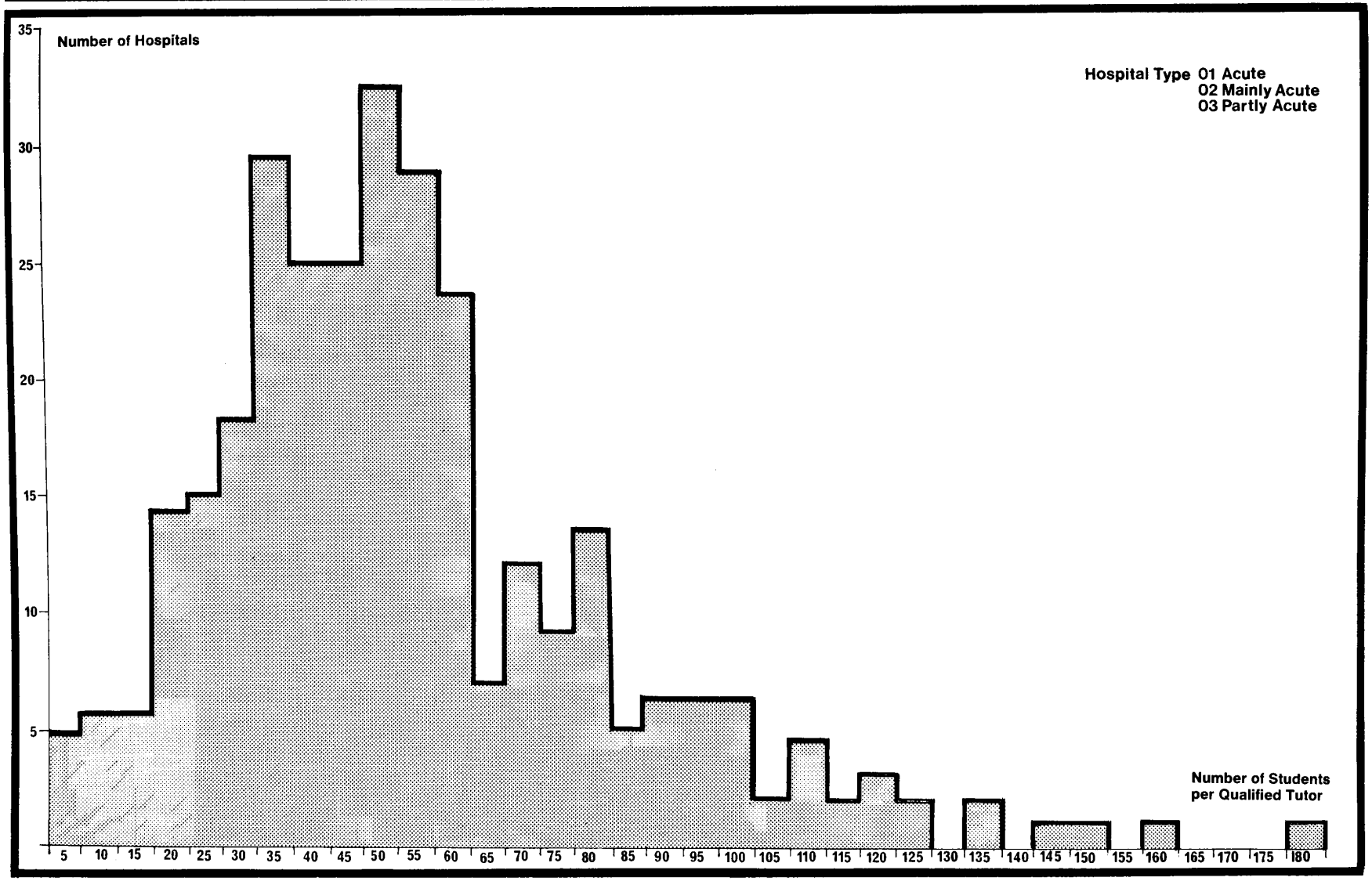
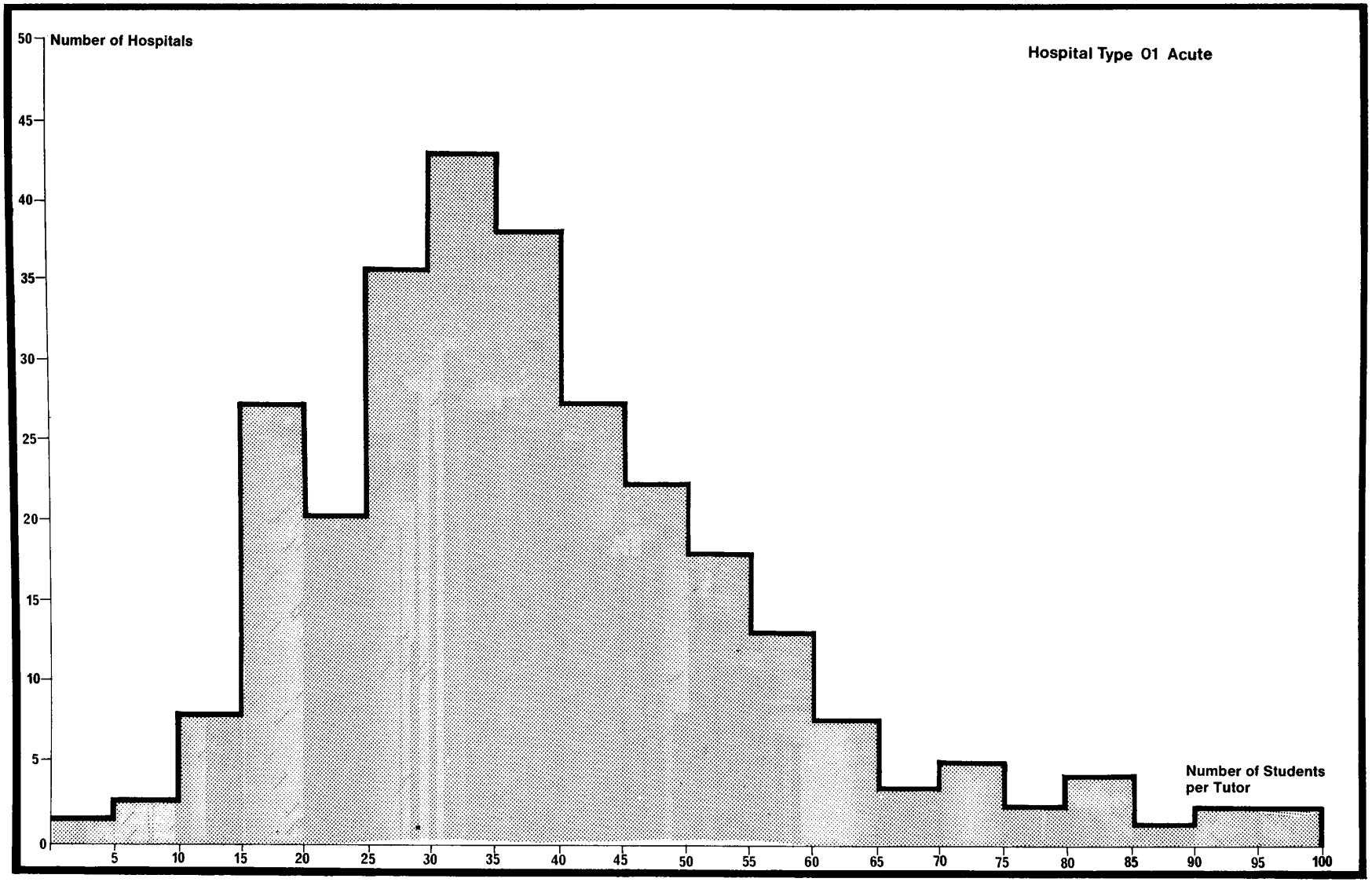
[2] A new syllabus was drawn up for psychiatric hospitals in 1957 and for general hospitals in 1962.

DISTRIBUTION OF RATIOS : QUALIFIED TUTORS TO STUDENT NURSES FOR REGISTER

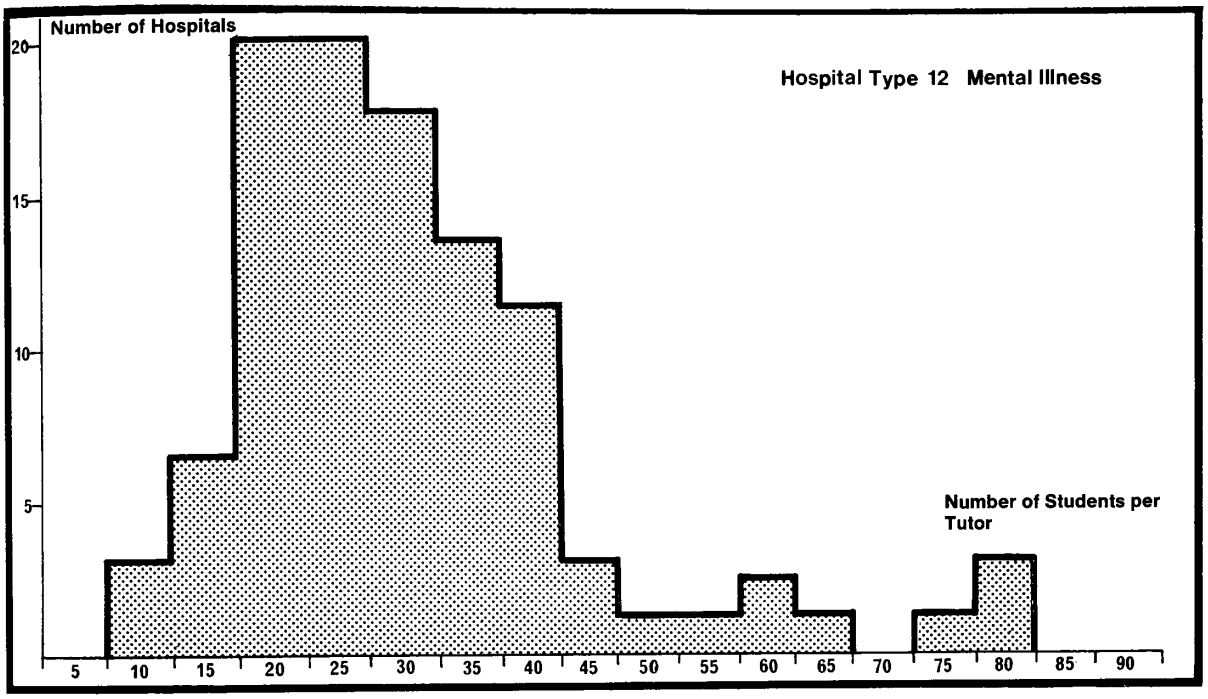
CHART 1



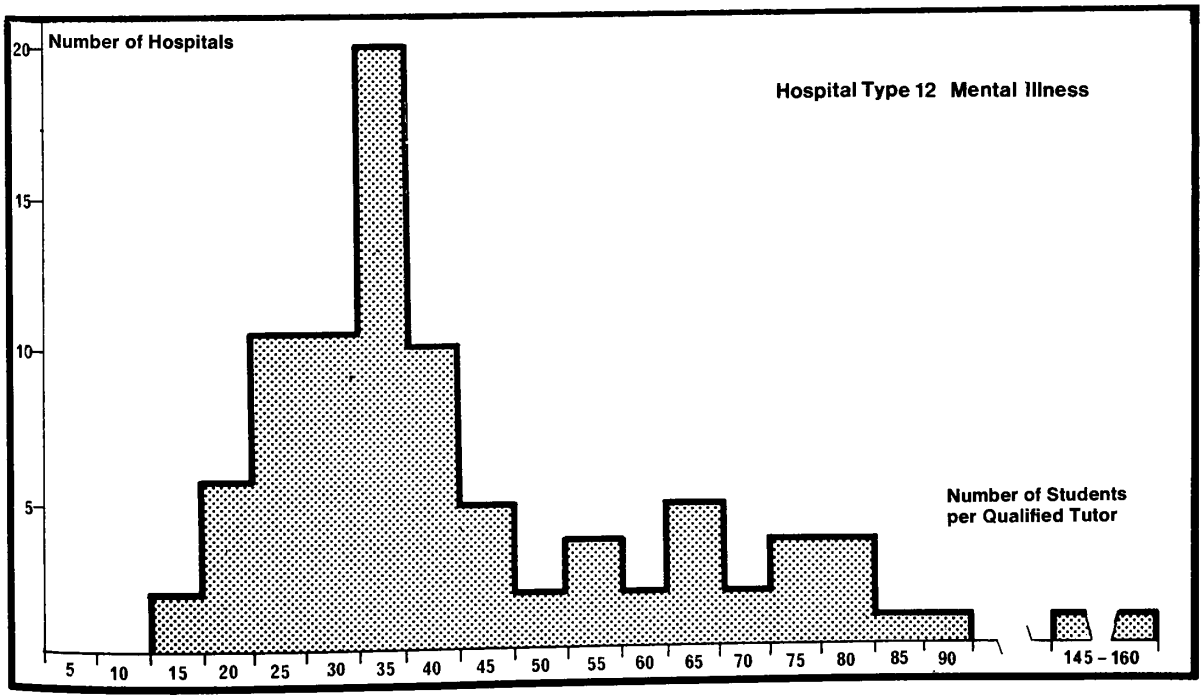
DISTRIBUTION OF RATIOS : ALL TUTORS, QUALIFIED AND UNQUALIFIED,TO ALL STUDENTS FOR REGISTER AND ROLL CHART 2



DISTRIBUTION OF RATIOS: ALL TUTORS, QUALIFIED AND UNQUALIFIED, TO ALL STUDENTS FOR REGISTER AND ROLL — CHART 3



DISTRIBUTION OF RATIOS: QUALIFIED TUTORS TO STUDENT NURSES — CHART 4

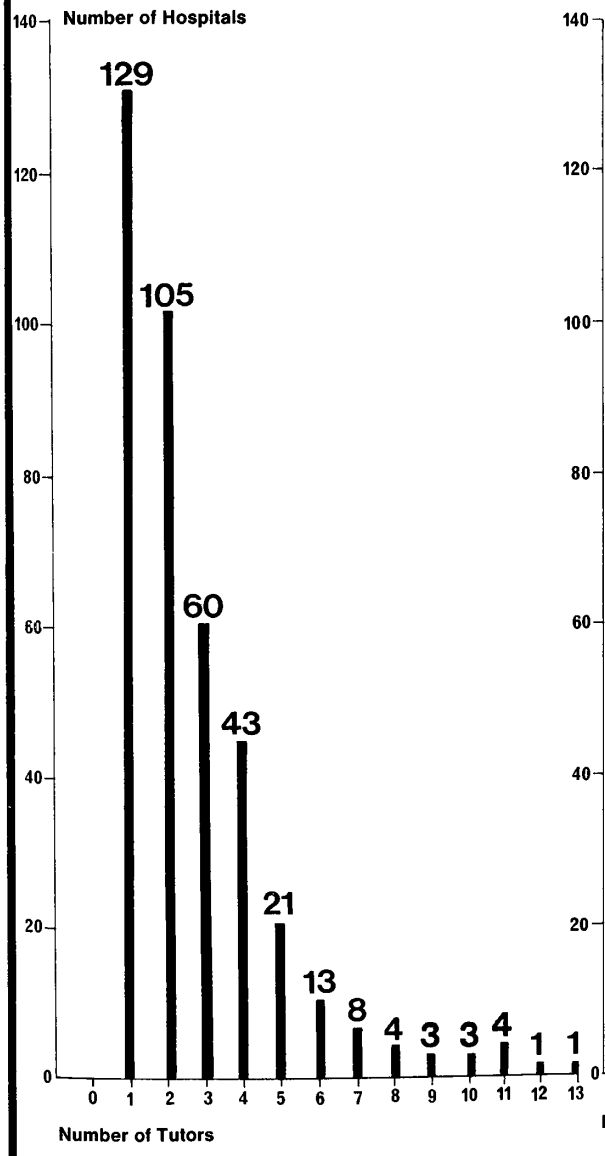


NUMBER OF TUTORS PER HOSPITAL

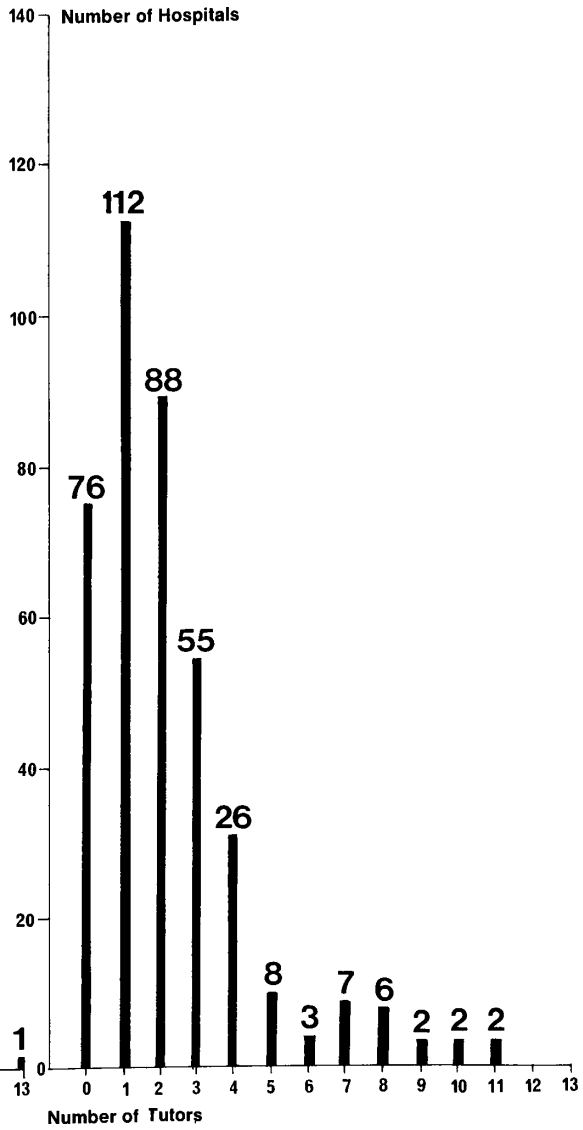
CHART 5

Hospital Type 01 Acute
02 Mainly Acute
03 Partly Acute

All Tutors, Qualified and Unqualified, per Hospital



Qualified Tutors per Hospital

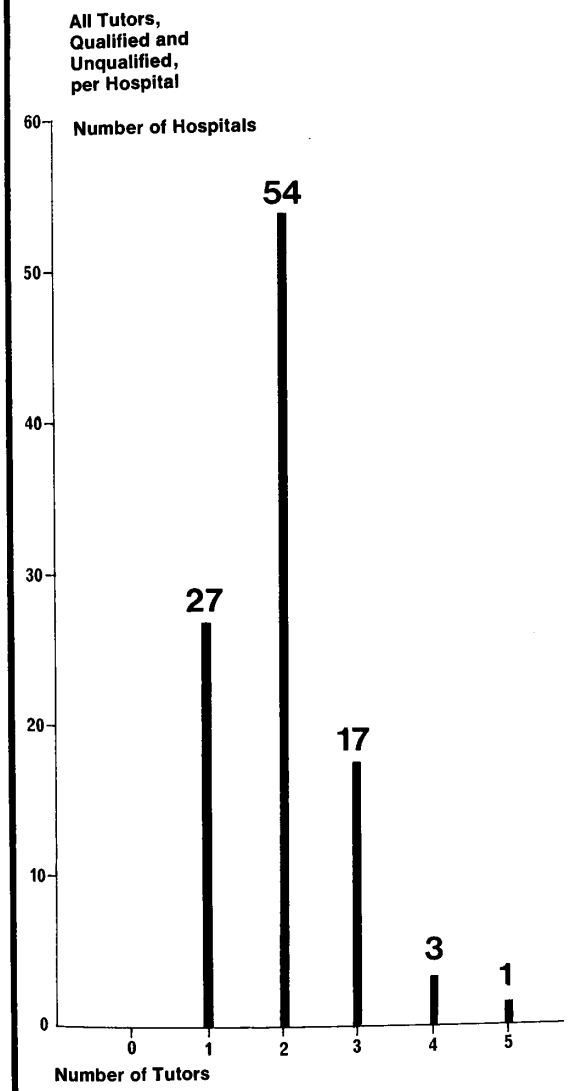


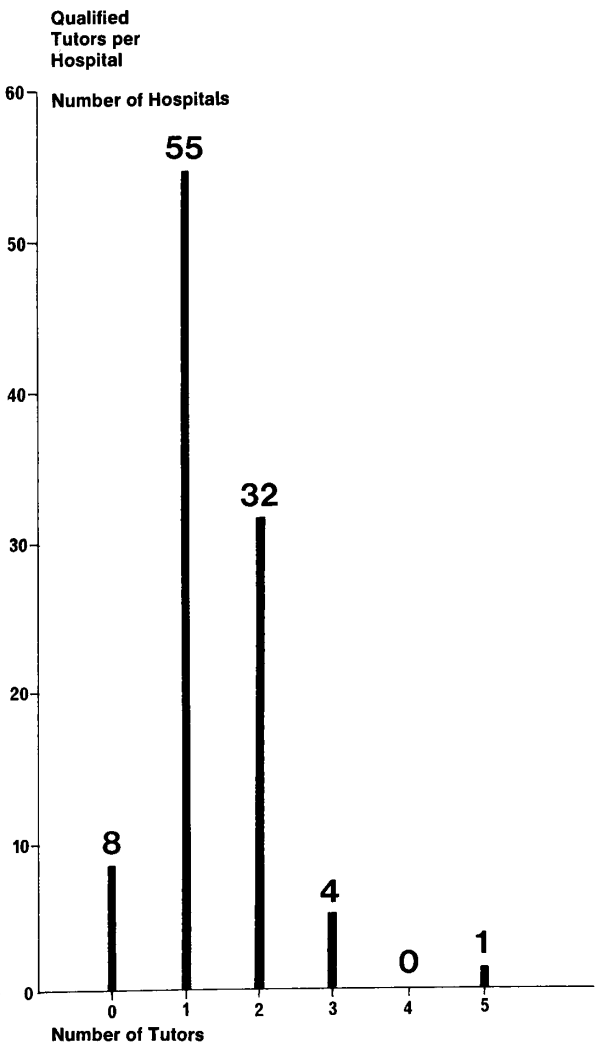
All Tahoe,
Qualified and
Unqualified,
per Hospital
Number of Hospitals
129
103

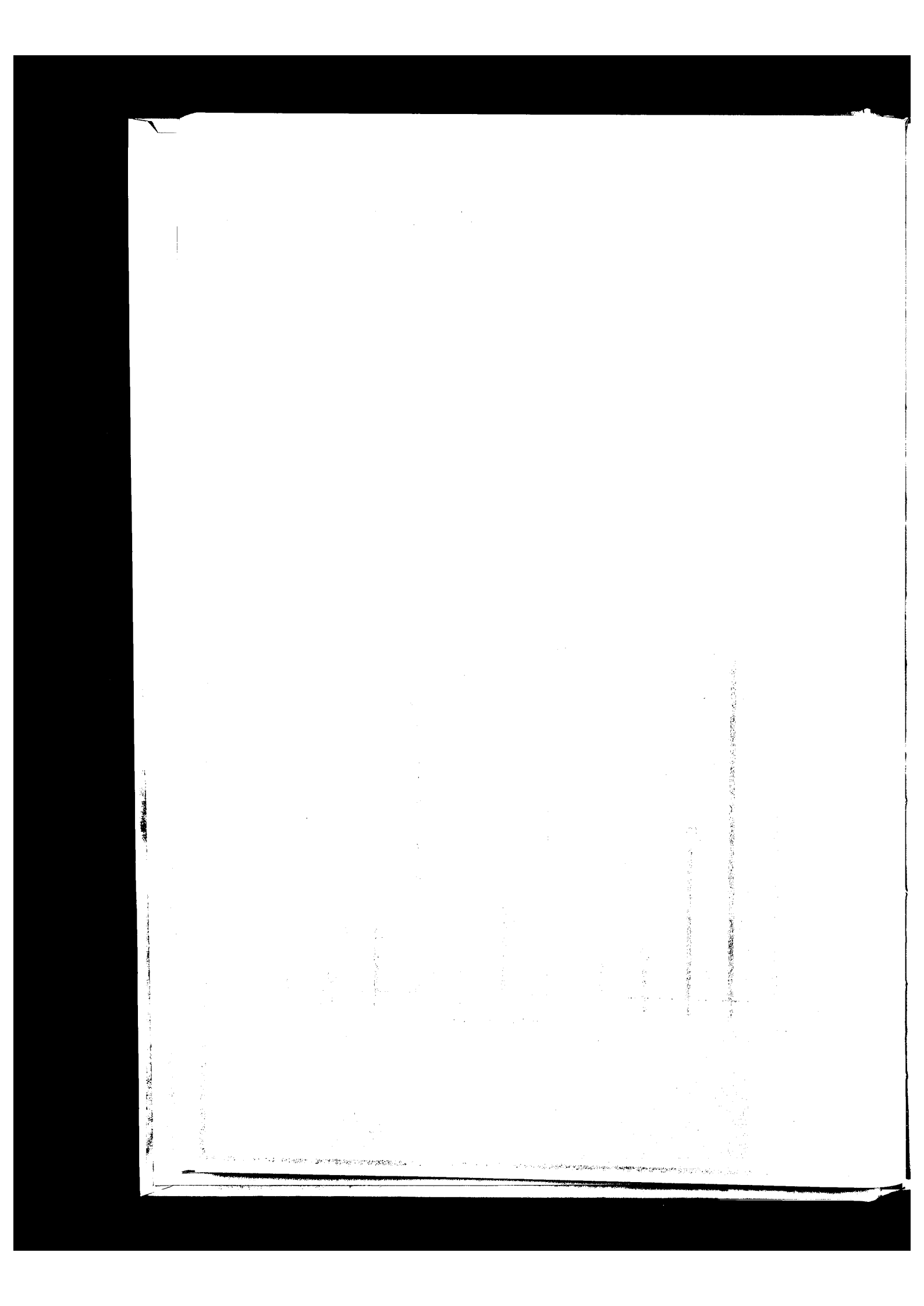
NUMBER OF TUTORS PER HOSPITAL

CHART 6

Hospital Type 12 Mental Illness







2 THE MAIN SURVEY

The main survey was conducted in three different types of hospital in England and Wales: teaching hospitals, that is, hospitals with training facilities for medical students; regional board general hospitals[3] and psychiatric hospitals. Only those hospitals with training schools for the general and psychiatric parts of the register were included. In addition, the same questionnaires as were filled in by the samples of sisters chosen from these types of hospital were also completed by a group of prospective tutors on three London training courses at that time. It was felt that their views would provide an interesting contrast to those of the sisters who rejected the idea of tutoring.

PROCEDURES USED

Method of Sampling

Preliminary Decisions It was discovered from the Ministry of Health's hospital staff returns for September 1964 that there were approximately 400 state registered nurse training schools in general hospitals and 100 in psychiatric hospitals. As there were very few such training schools in relation to the total number in other types of hospital, it was decided to restrict the survey to exploring the views of sisters in these types only.

From the outset it was decided that about 400 sisters from general hospitals would be a sufficiently large sample to provide scope for the use of statistical techniques, yet not so large as to be unmanageable in relation to the resources available. This meant that, keeping to the proportion of training schools in the two types of hospital, 100 sisters from psychiatric hospitals should be interviewed. However, this number seemed rather small in view of the statistical analyses envisaged so it was planned that about 200 should be selected. The sisters defined as eligible to take part were those who had the rank of sister whether or not they were in charge of a ward. No administrative staff or tutors working in these hospitals were included. Moreover, to avoid complications only women were asked to take part. It would not have been desirable to have a sample consisting of both men and women as, by virtue of their sex alone, they would be likely to have different attitudes on many points. This would have made more difficult the interpretation of the responses. To have sampled separately for men would have been a laborious task. However, perhaps a more forceful argument for concentrating on women's attitudes is that they are more reluctant than men to take up tutoring yet they are the larger potential source of supply.

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[3] Referred to hereafter as 'general hospitals'.

Selection Procedure The selection procedure was organised as follows. The country was divided into three geographical areas, taking into account the boundaries of the fifteen hospital regions.

i London Area - covering hospital regions; Oxford; Essex; and the North East, North West, South East, South West Metropolitan Regions.

ii Midland Area - covering hospital regions: Birmingham; Liverpool; Sheffield; Leeds.

iii Outer Area - covering hospital regions; South Western; Welsh; East Anglian; Manchester; Newcastle.

Samples were taken within each of these geographical areas in such a way that returns could be combined to give an overall representative picture.

Lists were made from the Ministry of Health's statistical records of the hospitals with the relevant state registered nurse training schools, showing the number of sisters recorded as working in each hospital. The total number of sisters in each type of hospital in each region was as follows.

		General	Psychiatric
i	London Area	2,247	1,399
ii	Midland Area	1,624	759
iii	Outer Area	1,673	834

It was then decided to select the following numbers of hospitals from each area. As shown by the figures in brackets, some extra hospitals were approached to allow for refusals.

		General	Psychiatric
i	London Area	10 (13)	7 (8)
ii	Midland Area	7 (10)	4 (5)
iii	Outer Area	7 (10)	4 (5)

The relevant hospitals in each area were arranged in order, stratified according to hospital region and by the number of beds in each. A sampling fraction was calculated by dividing the number of hospitals required into the total number of sisters in that area. The hospitals were selected by using this fraction in conjunction with the list showing the number of sisters in each hospital.

Once the hospitals had been selected the matron of each was approached by letter, requesting cooperation. She was asked to supply a list of all

sisters working in her hospital and from this list a sample of 15 was selected with the use of a random number table.

The same procedure was used to select, from the 22 undergraduate teaching hospitals in England and Wales, a sample of seven; four in London, three outside London. Fifteen sisters were selected from each hospital to take part in the manner already described. Where a teaching hospital was, in fact, a group of hospitals, only the main hospital in the group was used.

The response from the selected hospitals was quite good. The final number of each type used in the survey was as follows.

		General	Psychiatric
i	London Area	12	8
ii	Midland Area	10	5
iii	Outer Area	9	4

	London	Outer
Teaching Hospitals	3	3

In addition to these samples, a group was approached consisting of all prospective tutors from National Health Service hospitals attending one of the three London nurse tutor training courses at the Rcn, the then Battersea College of Technology, and Queen Elizabeth College. This group is referred to in the report as the Prospective Tutors. Once again, only women were asked to take part.

The figures below denote the final number of respondents in each sample, and the percentage of the total number of people approached in each sample that this represents. The headings are those used throughout the report to refer to the different groups.

		Number of respondents		Percentage of those approached
Hospital Samples	Teaching Hospitals	87	=	96
	General Hospitals	388	=	83
	Psychiatric Hospitals	209	=	89
	Prospective Tutors	40	=	67[4]

[4] The questionnaires were received by this group shortly before their examinations. This probably accounts for the lower percentage of returns.

Research Procedure

Each of the sisters and Prospective Tutors indicated by the sampling figures in the preceding paragraph was approached and asked to fill in a set of questionnaires. The usual procedure was for the research worker to visit the hospital by appointment and distribute the questionnaires to as many of the sisters as could be assembled at that time. A special effort was made to ensure that at least half would be present. In only a few instances was this not possible. Most of these sisters would fill in the questionnaires there and then, after a brief explanation of the purpose of the research. It was stressed that their responses would be completely confidential. Those sisters who could not be present or who could not stay to complete the questionnaires were left a set to fill in and return at leisure. A covering letter was included to explain the purpose of the research to those who could not be met personally.

Questionnaires Used

The questionnaires used were designed on the basis of opinions expressed in individual pilot interviews, usually tape-recorded, and in other pilot surveys. These pilot interviews were held not only with sisters but with staff nurses, tutors, assistant matrons, matrons and a hospital secretary. About thirty long interviews were involved. As a result of these explorations a clearer picture of the situation began to emerge and, as already stated, it was on the basis of this new understanding that the questionnaires were drawn up. This report summarises the overall picture given by respondents' replies to three of the questionnaires. A brief description of each is given below. The Prospective Tutors did not complete the Anti-tutoring Questionnaire. This would, of course, have been inappropriate.

Work of a Tutor Questionnaire This aimed at eliciting judgments, made as objectively as possible, concerning various factors connected with the tutors' work, from attitudes towards the salary they receive to estimates of their popularity with the medical staff. The respondents were asked to make a choice between opposing statements. The idea was to obtain an impression of the sisters' general attitude towards tutors and tutoring as a background to the reasons they gave for their personal decisions. The result is a fairly crude measure of the trend of feeling and has the disadvantage that the figures give no indication of the strength of the feelings held.

Anti-tutoring Questionnaire Those sisters who did not want to be tutors were asked to rate the importance, in relation to their own attitude, of a number of possible reasons for feeling in this way. They were asked to rate each as 'very important', 'important', of 'little importance' or 'not important'. Figures quoted in the report, of the results, are percentages arrived at by combining the numbers rating a given reason, 'very important' or 'important'. As an alternative the opportunity was given, to those who did not want to be tutors, to state

the fact and then turn to the next questionnaire. The result of this was that about twenty people in the Hospital Samples, in addition to the Prospective Tutors, did not complete the Anti-tutoring Questionnaire.

Reasons for Tutoring Questionnaire This questionnaire had the same form as the preceding one. It consisted of statements presented as possible motives determining a sister's desire to become a tutor, and those completing the questionnaire were asked to show what weight they thought should be attributed to each. Again, the figures quoted are percentages which show what proportion of the respondents rated the given motive as 'very important' or 'important'.

SAMPLE CHARACTERISTICS

It will be remembered that four sample groups were selected, comprising sisters from three different types of hospital (the Hospital Samples) together with a group of Prospective Tutors. Besides filling in the three questionnaires just described, the respondents completed another which asked for demographic data about themselves; age, education level, socio-economic background and so on. This information revealed striking differences between the four groups which help to make the interpretation of their responses more meaningful, see Charts 7 - 9, following pages 12, 13 and 15.

Social Class Distribution

Chart 7 shows the distribution of the sisters in the different groups in relation to their socio-economic background, that is, their fathers' occupations are categorised according to the Hall-Jones scale. For convenience, three categories may be used instead of the six shown on the chart. For instance, categories 1 and 2 can be combined to form a 'higher' middle class group; 3 and 4, a 'lower' middle class group; 5 and 6, a working class group consisting of manual workers as opposed to 'white-collar' workers. [5]

This results in the table of percentages on page 13.

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[5] The term 'higher' middle class is used in preference to 'upper' middle class, to avoid the assumption that the groupings here are necessarily identical with conventional divisions.

GUIDE TO CHART 7

Social Class Distribution of Sample Groups

Hall-Jones Scale

1 = Professionally qualified and higher administrative

2 = Managerial and executive

3 = Inspectional, supervisory and other non-manual (higher grade)

4 = Inspectional, supervisory and other non-manual (lower grade)

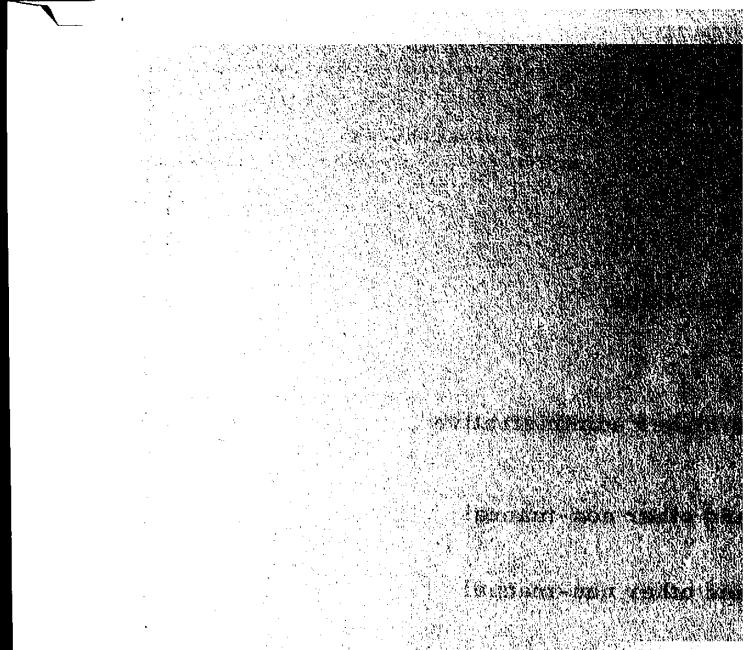
5a = Routine grades of non-manual work

5b = Skilled manual work

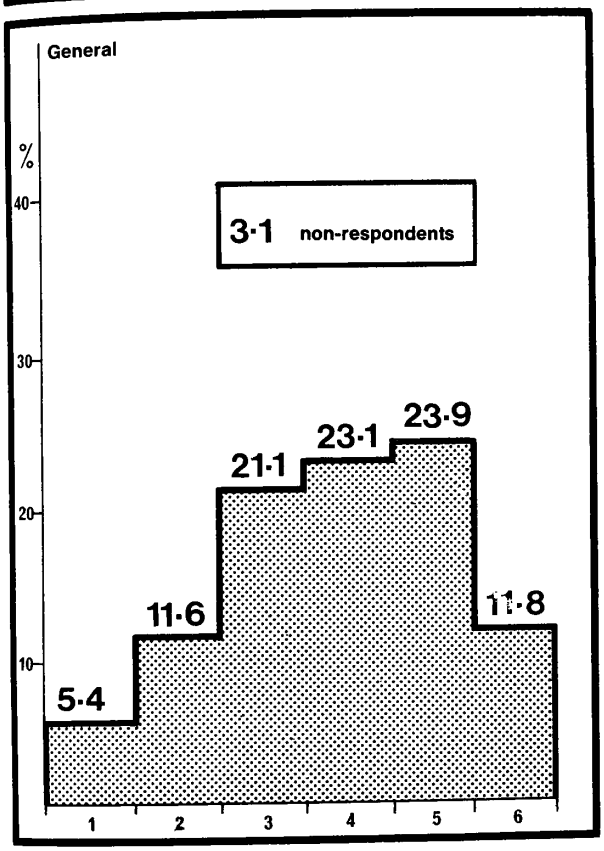
6 = Semi-skilled manual work

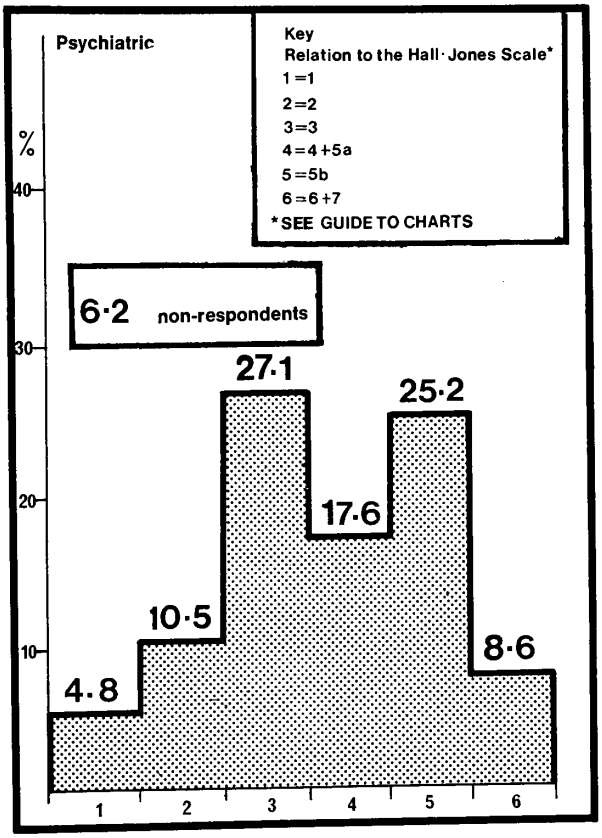
7 = Routine manual work

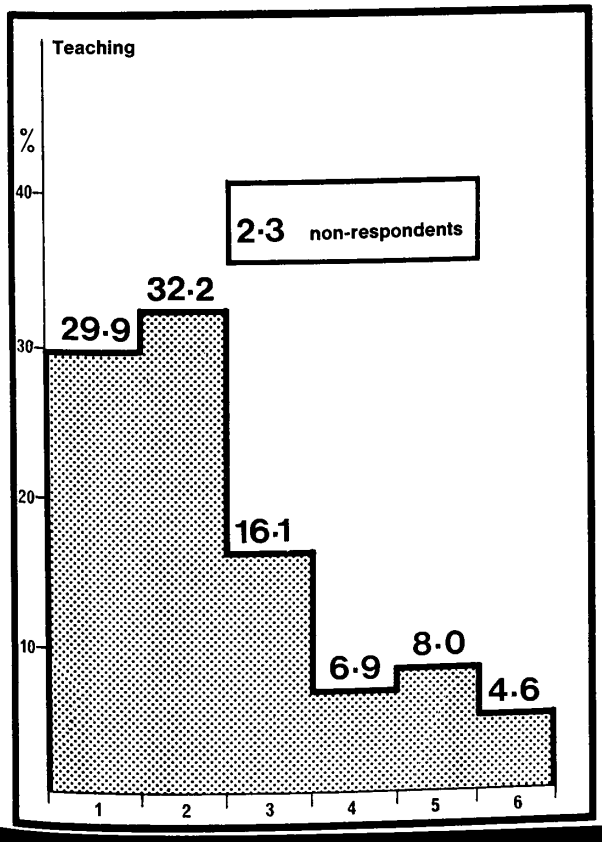
Note The high percentage of Psychiatric Hospital sisters classified as having Social Class Background 3 is due to the fact that farmers were allocated in general to this group and many of the sisters were farmers' daughters. This is probably because so many psychiatric hospitals are in rural areas.

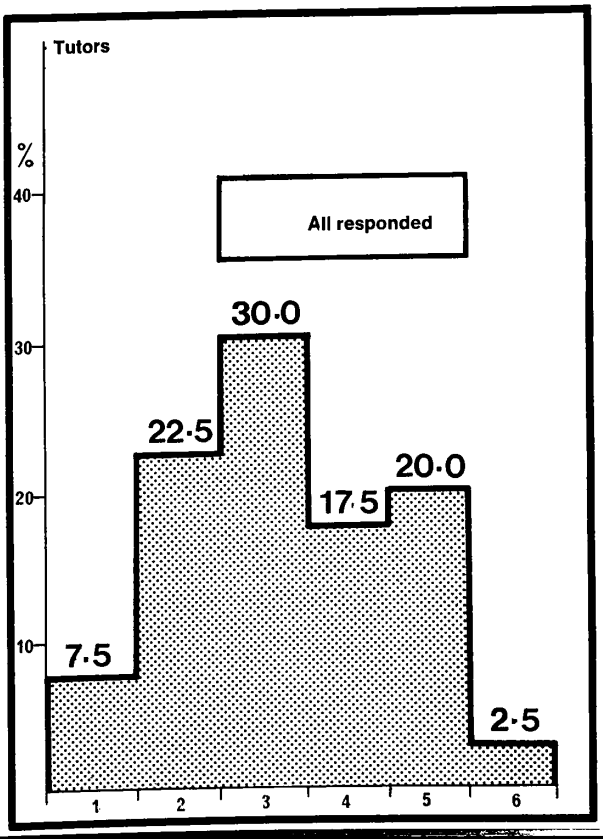


SOCIAL CLASS DISTRIBUTION OF SAMPLE GROUPS — CHART 7









3·1
5·4
29·9
32·2
16·1
6·9

TABLE 4 Social Class Distribution of Sample Groups

Hospital Samples	Higher Middle Class	Lower Middle Class	Manual Working Class	Non-respondent
	per cent	per cent	per cent	per cent
Teaching	62.1	23.0	12.6	2.3
General	17.0	44.2	35.7	3.1
Psychiatric	15.3	44.7	33.8	6.2
Prospective Tutors	30.0	47.5	22.5	0.0

The most outstanding features of this table are the high proportion of Teaching Hospital sisters in the higher middle class group and, by contrast, not only how few of the sisters from General and Psychiatric Hospitals come from such a background but also how many of them have a manual working class background.

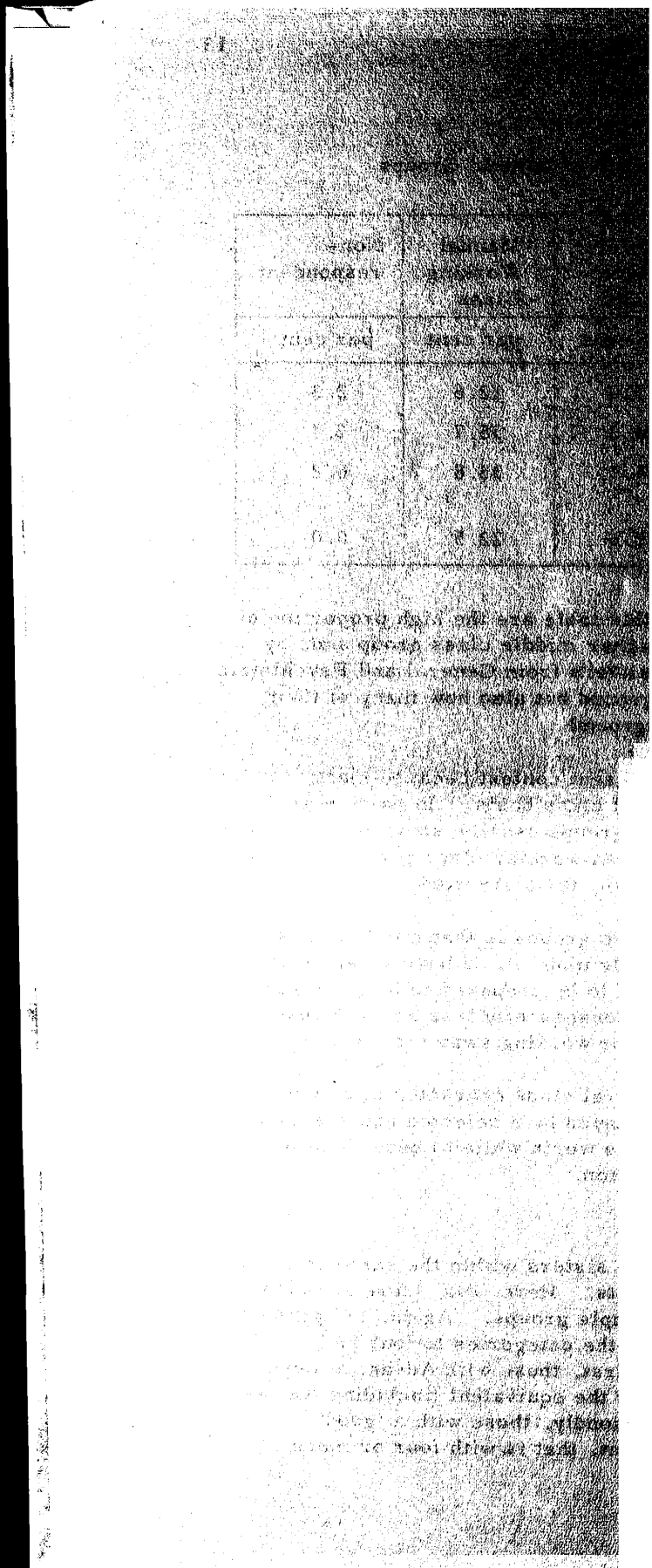
These facts are important in the present context because many attitudes in our society have a social class basis. In particular, there is evidence that middle class groups usually show more interest in and desire for higher education than working class groups and are more likely to want professional status for their work.

Another feature distinguishing the two groups is that middle class groups are more likely to be 'socially mobile', to have a desire to get ahead in their chosen career and to be prepared to be geographically mobile to this end. They are consequently less apt to refuse opportunities which involve a need for working away from home.

It cannot be assumed that these general class characteristics will have a significant effect on attitudes displayed by a selected group such as nursing sisters. However, it seems worth while to bear them in mind as a possible aid to interpretation.

Education Level

Chart 8 shows the distribution of the sisters within the samples in terms of their educational attainments. Here, too, there are very striking differences between the sample groups. Again, the presentation may be simplified by reducing the categories to four and grouping the sisters as follows. First, those with Advanced level General Certificate of Education, or the equivalent (including the few with even higher qualifications); secondly, those with a 'good' Ordinary level GCE, or the equivalent, that is, with four or more



GUIDE TO CHART 8

Distribution of Sample Groups by Educational Attainment

Group 5 includes those who claimed to have 'O' level GCE (or equivalent) but could not give the number of subjects. As 55 per cent of Psychiatric Hospital sisters are over 45 it is understandable that some with certificates may have forgotten this detail. Thus, some classified as Group 5 should possibly be in a higher group.

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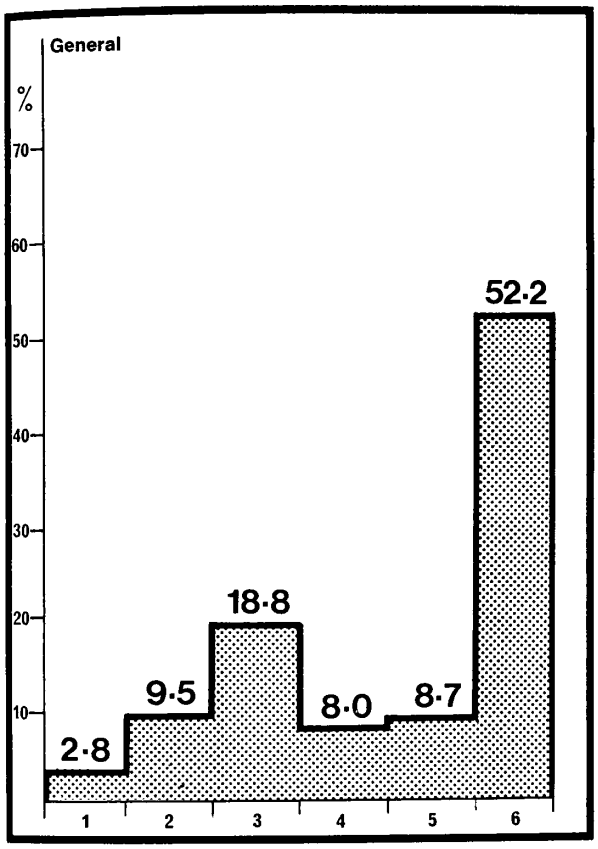
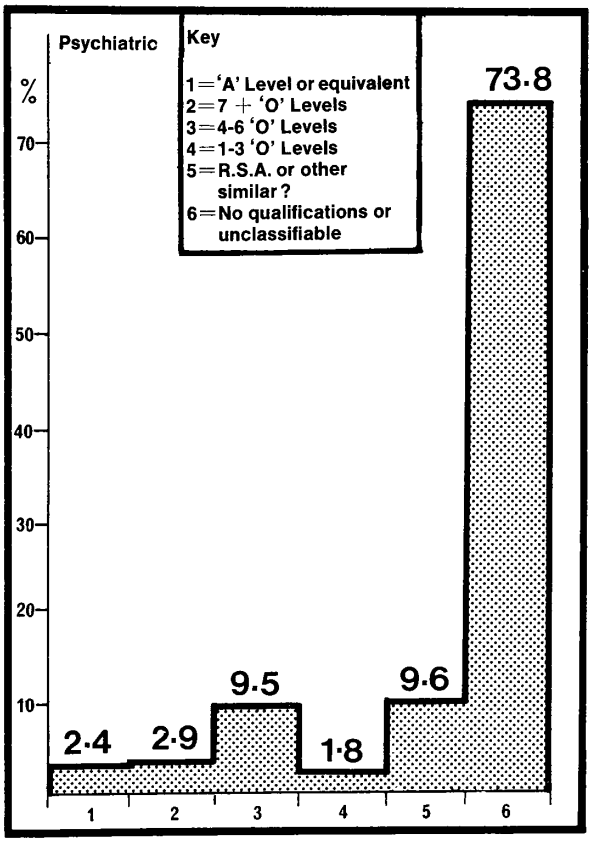
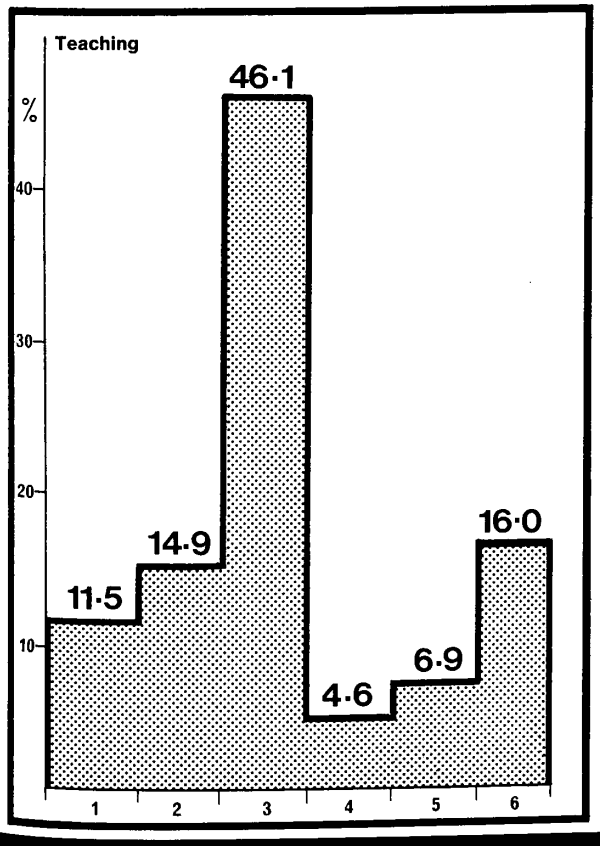
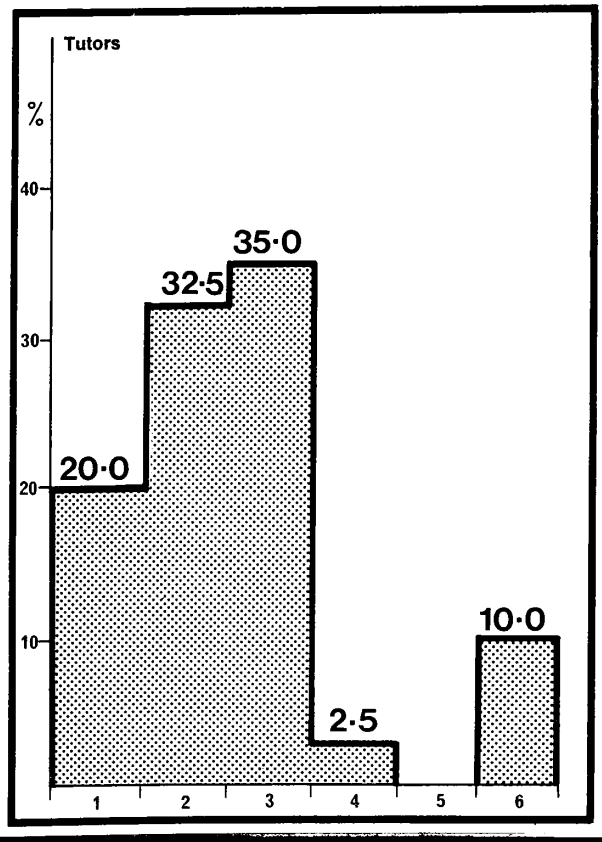
DISTRIBUTION OF SAMPLE GROUPS BY EDUCATIONAL ATTAINMENT CHART 8









subjects; thirdly, those with a 'weak' Ordinary level GCE, or the equivalent, with one to three subjects; and, finally, those with lesser or no academic qualifications together with a few whose qualifications were unclassifiable. This grouping results in the table below.

TABLE 5 Distribution of Sample Groups by Educational Attainment

Hospital Samples	'A' Level	'Good' 'O' Level	'Weak' 'O' Level	No 'O' Levels and Unclassifiable
	per cent	per cent	per cent	per cent
Teaching	11.5	61.0	4.6	22.9
General	2.8	28.3	8.0	60.9
Psychiatric	2.4	12.4	1.8	83.4
Prospective Tutors	20.0	67.5	2.5	10.0

As before, there is a very marked difference between the distribution of the Teaching Hospital sample (together, this time, with the Prospective Tutors) and that of the samples from General and Psychiatric Hospitals. Perhaps the most outstanding feature is the very high proportion of sisters in the General and Psychiatric Hospitals who have either no academic qualifications or rather minor ones. The implication is that only a minority of these sisters would be able to go forward to take the nurse tutor's course even if they wished to do so. More than 60 per cent in General Hospitals do not possess the minimum three 'O' level passes. In Psychiatric Hospitals, the figure is more than 82 per cent.

The average level of educational attainment within the group of Prospective Tutors is considerably higher even than that of the Teaching Hospital sisters. It certainly appears from these charts and tables that, in terms of their academic attainments, tutors are something of a race apart, particularly in relation to the sisters in General and Psychiatric Hospitals. This may help to explain some of the attitudes sisters hold towards them, and some of the differences in outlook between the Prospective Tutors and the groups of sisters, which became apparent in this survey.

Age Distribution

Once more for the sake of clarity it seems best to combine some of the categories in Chart 9, showing the age distribution of the sisters in the different samples, with the result shown in the following table.

TABLE 6 Age Distribution of Sample Groups

Hospital Samples	Under 30	30 - 45	Over 45
	per cent	per cent	per cent
Teaching	42.5	42.5	15.0
General	30.5	41.7	27.8
Psychiatric	13.3	31.4	55.3
Prospective Tutors	10.0	85.0	5.0

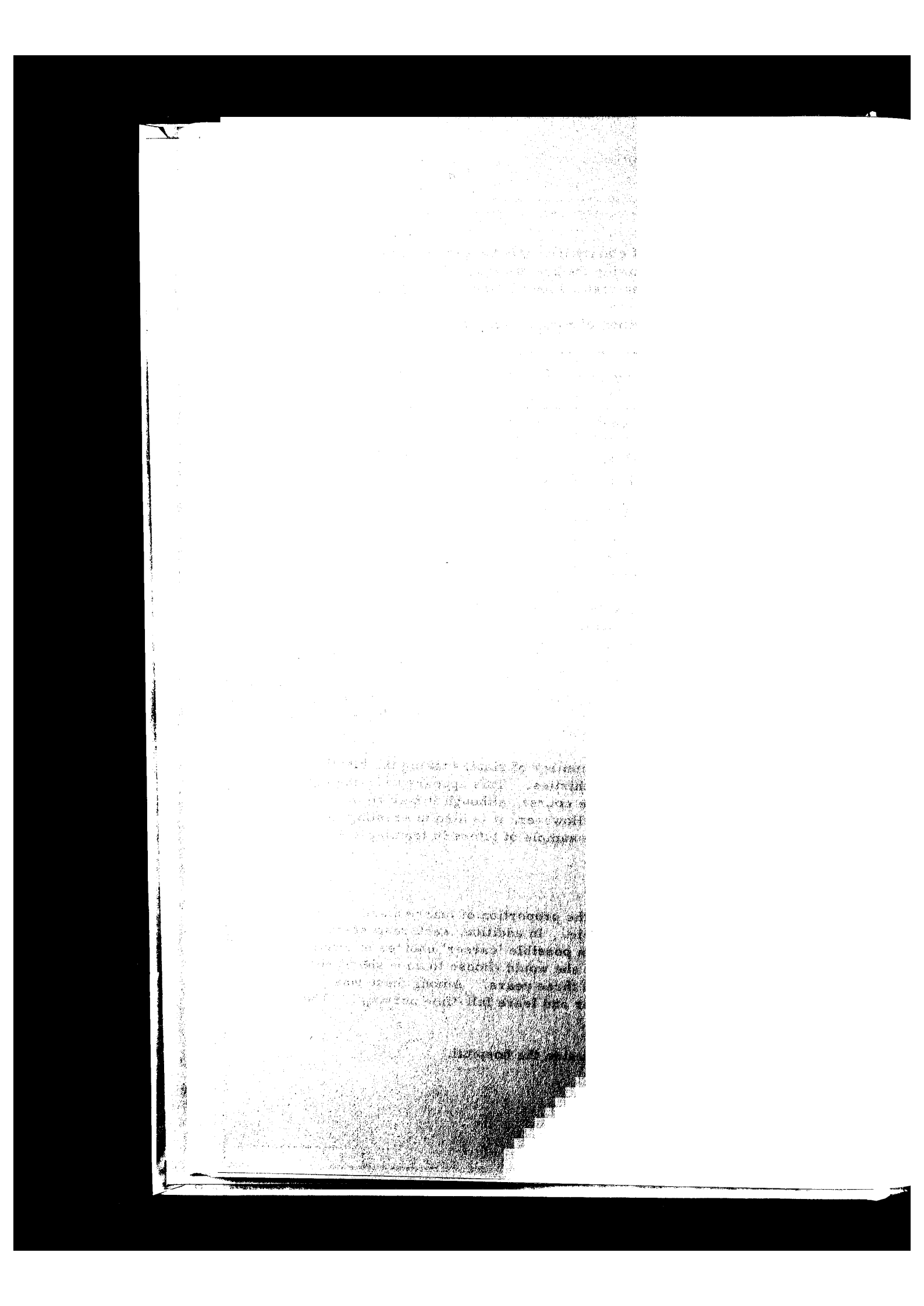
A first noteworthy feature of this table is the high percentage of Teaching Hospital sisters still in their twenties - just over 40 per cent. In very marked contrast we find that in the Psychiatric Hospital sample 55 per cent are over 45; in fact, almost 40 per cent are over 50. Because of their high average age and their comparative lack of educational qualifications very few sisters in Psychiatric Hospitals would be in a position to take the tutor's course even if they wished to do so.

Another striking feature is the number of sisters taking the tutor's course, who are in their early thirties. This appears to be the age most preferred for beginning the course, although it may be the result of the selection policy. However, it is also interesting to find that almost a quarter of the sample of tutors in training are over 40.

The Question of Marriage

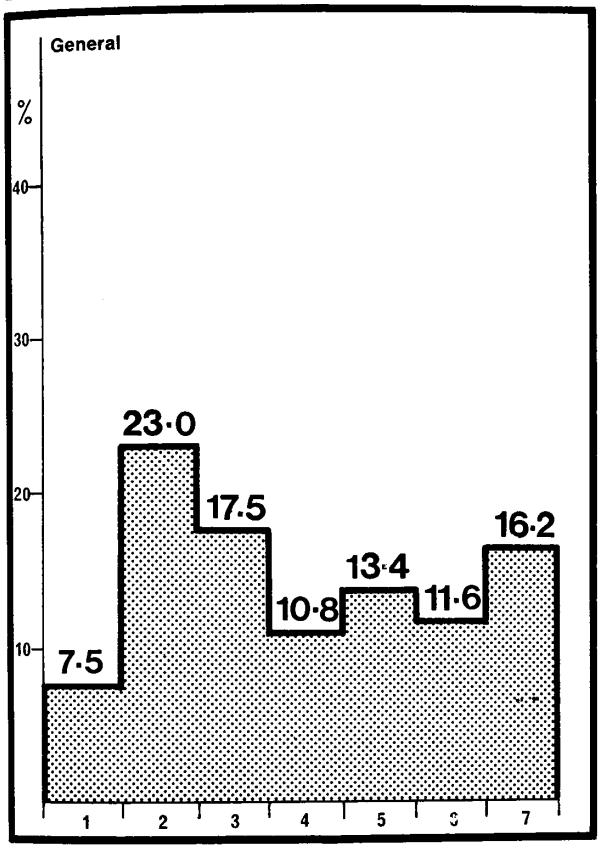
Information was obtained as to the proportion of married and unmarried sisters in each sample. In addition, each respondent was asked to rank a list of seven possible 'career' choices in order of preference according to what she would choose to do if she were making a change during the next three years. Among these was 'Get married to the right partner and leave full-time nursing'. The other six were as follows.

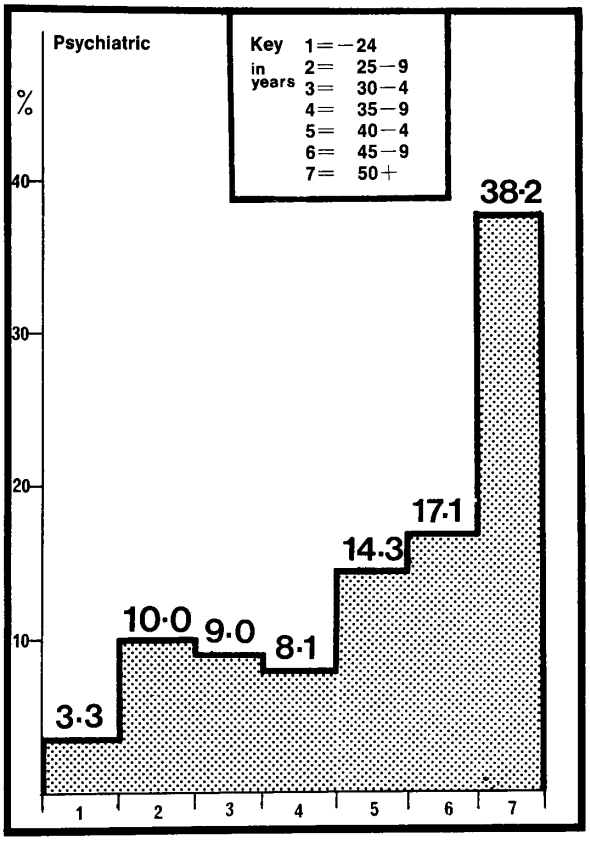
Take up nursing work outside the hospital,
e g in industry

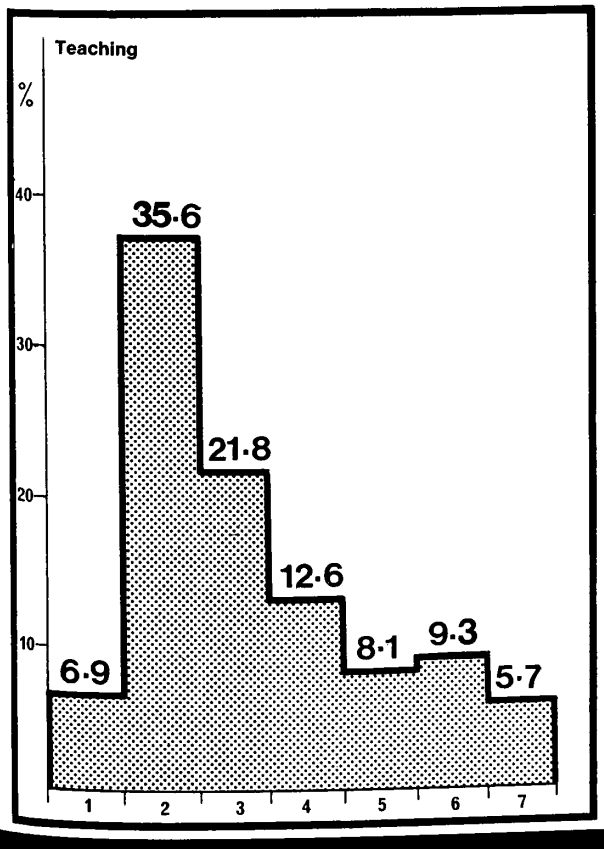


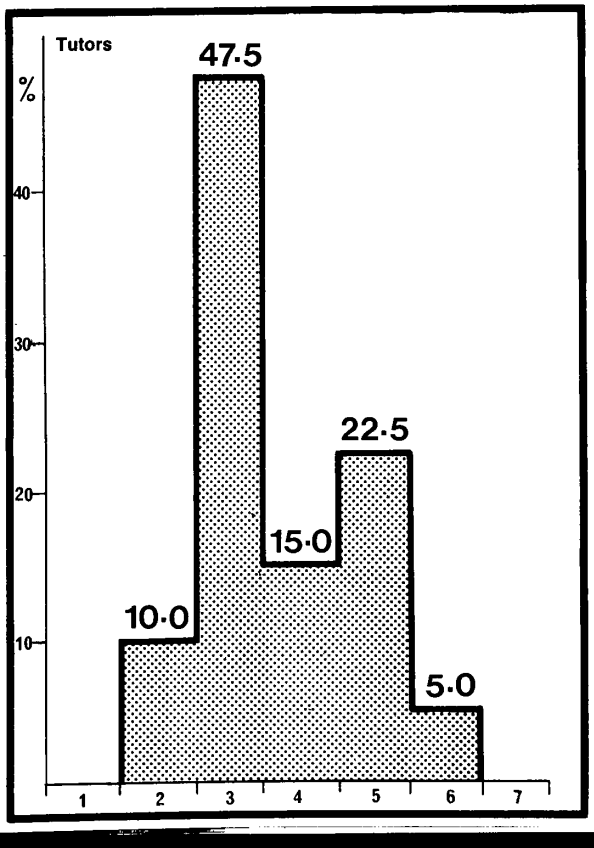
AGE DISTRIBUTION OF SAMPLE GROUPS

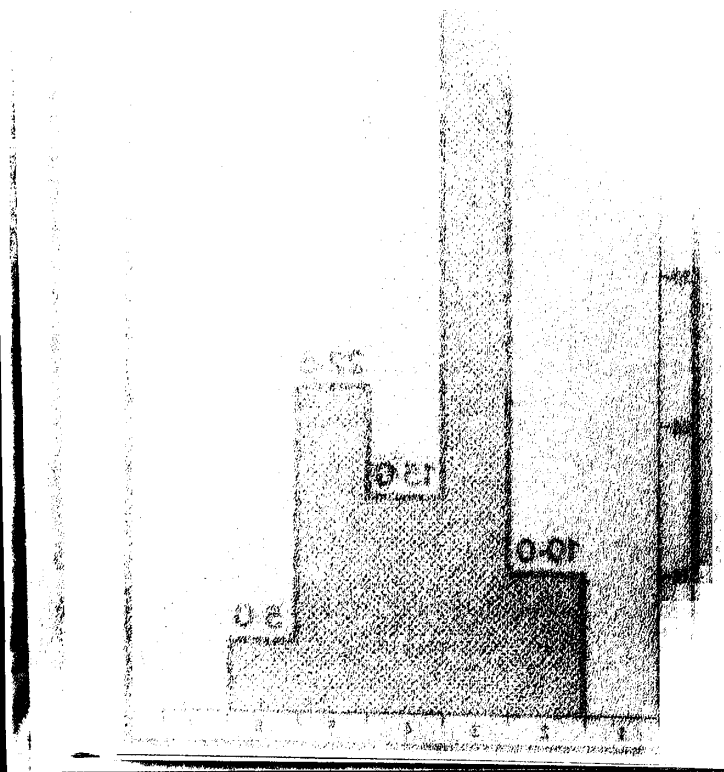
CHART 9











Become an assistant matron

Take the tutor's course and become a tutor

Work in an entirely different job outside nursing

Take some extra course such as midwifery and gain experience in this new field

Vary your experience as ward sister by working in a different type of ward, changing hospitals or travelling abroad

The vital point in the present issue was to find how many of those who were not married would make 'Get married to the right partner and leave full-time nursing' their first choice. The percentage of sisters in each sample who were: already married; unmarried but whose first choice was to marry; unmarried but whose first choice was something different, are shown in the following table.

TABLE 7 Choice of Marriage Made in Different Sample Groups

Hospital Samples	Already married	Single, first choice marriage	Single, choice other than marriage
	per cent	per cent	per cent
Teaching	13	69	18
General	34	30	36
Psychiatric	56	11	33
Prospective Tutors	10	53	37

The proportion of married sisters in each of the Hospital Samples appears to increase in accordance with the rise in the average age of the sample, see Table 6. The small percentage of married sisters in the Teaching Hospital sample may be explained by their comparative youth. However, general observation in the hospitals suggests that the high proportion of married sisters in Psychiatric Hospitals could be due to the fact that many of them are recruited from married women living in the villages and small towns near the hospitals they serve, whose families have grown up. It is worth noting that the sample of Prospective Tutors contained a smaller proportion of married sisters than any other although in average age they were most similar to the General Hospital sample of whom 34 per cent were married.

It is interesting, too, to find that data relating to the percentage of married ward sisters and women tutors, quoted in the Salmon report, which were obtained from a much larger sample although on a slightly different basis, are in broad agreement with the findings here. Information about ward sisters was obtained from a sample of one-third of the non-teaching hospitals in England and Wales and from all women tutors. This revealed that, including part-time staff, 41 per cent of ward sisters and 22 per cent of women tutorial staff were married - again, fewer married tutors than ward sisters.

The significance of these facts from the point of view of tutor recruitment is that a very high proportion of the unmarried sisters, particularly those in the younger, better qualified Teaching Hospital sample, say that their first choice for a change of occupation would be to get married. Evidence to be quoted later shows that the majority of sisters think that chances of marriage are less if a nurse becomes a tutor and that tutors are 'more dedicated to having a career than most other nurses'. It seems clear that there are some grounds for associating being a tutor with being unmarried, and that this may be one deterrent to potential recruits.

CONCLUSIONS

According to the criteria used, sisters in Teaching Hospitals have reached a markedly higher educational level and come, generally speaking, from a higher socio-economic background than those in the other hospital samples. A greater proportion in Teaching Hospitals are young - in their late twenties - and, probably in consequence, comparatively more are unmarried.

Psychiatric Hospitals are noteworthy for the very high proportion of sisters with no academic qualifications and of sisters over the age of fifty. This may provide a partial explanation of the fact that so many tutors in Psychiatric Hospitals are men.[6] Very few sisters would be in a position to take the course even if they wished to do so.

The sisters in General Hospitals were much more evenly spread over the whole age range than those in the other hospital samples, with a slight preponderance of sisters in their late twenties. It is again rather surprising to find that so high a proportion - more than 50 per cent - have no academic qualifications. Over 60 per cent do not possess the minimum three 'O' level passes which would, according to the University of London Extra-Mural Year Book, entitle them to consider taking the tutor's course.

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[6] Ministry of Health statistics for all tutorial staff, 30 September 1964

	Male	Female
Psychiatric Hospitals	215	51
Other Hospitals	305	1,253

The Prospective Tutors are academically well qualified. The majority have either 'A' level or good 'O' level GCEs. If, as seems to be the case, this educational standard is a prerequisite for being accepted on the tutor training course, then the field for recruitment within the nursing profession is rather a narrow one in relation to the total number of nurses who have reached the grade of sister. This conclusion is reinforced by the finding that so many of the younger, more highly qualified, sisters are first and foremost looking forward to getting married. In consequence of this they may well be reluctant to commit themselves to a further two years training.

As the subsequent discussion of the survey results will show, Teaching Hospital sisters give different reasons for not taking up tutoring, and have a different view of those who do, than the sisters in the other hospitals. Sisters in Psychiatric Hospitals are probably influenced in the views they express, not only by their own special characteristics but also by the fact that there is a larger proportion of male tutors in Psychiatric Hospital training schools.

The differences in the characteristics of the sisters in the several Hospital Samples help to explain some of the discrepancies in opinions expressed. However, what is more remarkable is the consensus in outlook of sisters from such different backgrounds. These similarities and differences are examined more closely in the next section.

RESEARCH RESULTS: WORK OF A TUTOR QUESTIONNAIRE

The first of the three questionnaires used in this survey aimed to elicit judgments on various factors connected with the work of a tutor. Respondents were asked to consider pairs of contrasting statements and to tick whichever one of each pair they considered more true.

The figures indicating the choices made by members of the different sample groups are shown in the tables and the implications of the responses are discussed. The figures are percentages and show the proportion of respondents in each sample who endorsed the statements in the left-hand column. The alternative statements endorsed by the rest of the respondents are shown in the right-hand column of the table.

As pointed out in the previous section, this questionnaire is a fairly crude measure of the trend of feeling. Too much weight cannot be put on the absolute percentages, but contrasts between opinions expressed by those in the different sample groups are often illuminating.

The statements are arranged in four tables under the following headings.

Work Conditions

Requirements of the Work

Social Attitudes Tutors Can Expect to Encounter

Evaluative Opinions

TABLE 8 Work of a Tutor Questionnaire: Work Conditions

Statements 1-5	Percentages endorsing statements in left-hand column				Alternative statements
	Teaching	General	Psychiatric	Tutor's Course	
	N = 86	N = 386	N = 208	N = 40	
1 Tutors' salaries are too low	50	52	56	87	Tutors' salaries are high enough
2 Tutors have little free time	57	50	52	90	Tutors have much free time
3 Training school accommodation is usually rather inadequate	55	46	39	75	Training school accommodation is usually very good
4 Classes in the training school are often too large	89	58	43	77	Classes in the training school are often too small
5 Tutors often have difficulty in obtaining the teaching equipment they need	54	46	49	80	Tutors are usually provided with all the teaching equipment they need

Work Conditions

The most striking feature of this table is the pessimistic outlook of the majority of the Prospective Tutors on the tutor's course. It is perhaps to be expected that they would not enthuse about their future working conditions: naturally, they would see room for improvement.

However, their uniformly pessimistic response is a little surprising. Material to be quoted later suggests that this may in part be a defensive reaction; an effort to steel themselves for the difficult social position they expect to occupy when they return to hospital.

In contrast, the sisters in the Hospital Samples are almost evenly divided in their opinions about the tutor's working conditions except on the question of training school accommodation and class size. From remarks passed by the sisters as they filled in the questionnaires, it seems probable that where they are evenly divided this is because they were not well informed and were answering more or less at random. For example, a number of them said they had no idea how much tutors were paid.

The comments on class size are particularly interesting. Eighty-nine per cent of sisters in Teaching Hospitals said classes were too large, an exceptionally high proportion in contrast to 58 per cent in General Hospitals and 43 per cent in Psychiatric Hospitals. Responses to statements about training school accommodation fit in with opinions on class size: the higher the proportion who thought classes were too big, the higher the proportion who thought training school accommodation inadequate.

The high-prestige Teaching Hospitals inevitably attract a greater number of student nurses than other types of hospital. The result seems to be that their training schools are comparatively overcrowded. Abel-Smith[7] quotes Ministry of Health Circular NCC 17 to the effect that Teaching Hospitals in 1959 had more than twice as many student nurses to each 100 beds than General Hospitals. The ratios of tutors to students, quoted in Appendix A1, suggest that Teaching Hospitals are rather better off for tutors than General Hospitals but this does not necessarily mean that the students are not taught in large classes. It may also be that classes are too large for the training school accommodation available rather than because of a shortage of tutors.

Charts 1 - 4 , following page 7, show that in the other hospitals there is a wide range in training school size and in the ratio of tutors to students. This means that in some only one tutor is employed as student numbers do not justify a second tutor.

A problem facing many hospitals is that they can only maintain a nursing service by attracting student nurses. Consequently, although a hospital may be poorly sited or too small to have a training school an effort is nevertheless made to maintain one. One way of overcoming the difficulties involved is by grouping hospitals in an area to form a single training unit. Unfortunately, this often involves irksome journeys between hospitals for students and staff and although

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[7] Abel-Smith, Brian, A History of the Nursing Profession, William Heinemann Ltd, 1960, p 228.

the tutors may officially be working together, in fact they still remain rather isolated from one another. It was recognised some time ago that small training schools are uneconomic in terms of both staff and equipment. Qualified nurse tutors may well be reluctant to work in such schools because of the professional and social isolation in which they would find themselves. However, a number of these schools still remain.

TABLE 9 Work of a Tutor Questionnaire: Requirements of the Work

Statements 1-5	Percentages endorsing statements in left-hand column				Alternative statements
	Teach-ing	General	Psych-iatric	Tutor's Course	
	N = 86	N = 386	N = 208	N = 40	
1 Successful tutoring requires a placid temperament and much patience	39	61	64	42	Successful tutoring requires a vigorous and independent personality
2 A good tutor has to have a varied and flexible approach	74	72	79	97	A good tutor has to stick closely to the given syllabus
3 To become a tutor you need to do a lot of hard work	71	55	46	87	To become a tutor you need to be very intelligent
4 It is always necessary for a tutor to spend much time keeping lectures up to date	85	81	88	100	Once a tutor's lectures are prepared only minor changes are needed later
5 The tutor's most important task is to help students with the human and psychological problems of nursing	56	50	62	87	The tutor's most important task is to see that student nurses learn their nursing theory

Requirements of the Work

The charts giving the educational and social background of the different sample groups show that sisters in the Teaching Hospital and Prospective Tutor samples have a higher educational level and socio-economic background than those in the General and Psychiatric Hospital samples. This may explain differences in response shown in Table 9; for example, the fact that so high a proportion of those in General and Psychiatric Hospitals stress the need for a tutor to be 'very intelligent' while in the other samples the stress is laid on 'hard work'. Evidence quoted later shows that sisters in General and Psychiatric Hospitals are more apt to see the tutor as distinguished from themselves on intellectual grounds and to give as a reason for not being a tutor the fear of intellectual inadequacy. Given this fear, it is perhaps natural to find they associate successful tutoring with 'a placid temperament and much patience' rather than with 'a vigorous and independent personality'.

The discrepancy in role expectations suggested by this contrast between the ideal image of the tutor held by the Prospective Tutors and by these sisters may account for some of the tension and discontent reported as arising from time to time between the two parties. Tutors attempting to act in a vigorous and independent manner are likely to feel frustrated and out of place and to be resented by those who feel a good tutor is one with a placid temperament and much patience. Moreover, to student nurses in General and Psychiatric Hospitals, unskilled academically and often lacking in self-confidence, a calm, patient person will be more reassuring and helpful than a more aggressive personality who may intimidate them through not understanding their needs. This, too, would accentuate feelings of mutual frustration.

Another interesting discrepancy is between the proportion of Prospective Tutors and that of sisters in all types of hospital who see the tutor's most important task as 'to help students with the human and psychological problems of nursing' rather than to help them learn their nursing theory. This belief that the tutor's primary task is to teach nursing theory may be linked with the fact, which emerges later, that a majority of sisters feel tutoring to be unattractive because it is too theoretical. If it were more generally accepted that helping young students with the many 'human and psychological problems' they encounter was a vital part of the tutor's role, tutoring as an occupation might seem less divorced from nursing, where the human interest of the work is its paramount attraction to most nurses.

On the other hand there is a potential danger in tutors taking too much for granted that their chief task is to help students with'human and psychological problems'. Of course, it is good for them to aim to help students in this way and evidence gathered in the pilot interviews suggests that there is a real need for this. However, it is possible

TABLE 10 Work of a Tutor Questionnaire: Social Attitudes Tutors Can Expect to Encounter

Statements 1-5	Percentages endorsing statements in left-hand column				Alternative statements
	Teaching	General	Psychiatric	Tutor's Course	
	N = 86	N = 386	N = 208	N = 40	
1 Tutors are rather cold-shouldered by the administration	37	38	42	72	Tutors are given full support by the administration
2 Tutors are not very popular with other nursing staff	69	69	60	82	Tutors are very popular with other nursing staff
3 The doctors think more highly of ward sisters than of tutors	90	86	78	82	The doctors think more highly of tutors than of ward sisters
4 Student nurses are afraid of their tutors	32	28	26	2	Student nurses have affection for their tutors
5 Student nurses tend to feel patronising towards their tutors	23	17	19	5	Student nurses have a great respect for their tutors

Social Attitudes Tutors Can Expect to Encounter

In view of the comments made in the discussion of Table 9 about student/tutor relationships, it is interesting to find that between a quarter and a third of the sisters consider that students are afraid of their tutors, rather than that they have affection for them. The long pilot interviews elicited several stories of how, as students, the interviewees had gone through periods of anxiety and tension in the course of their school work or ward experiences and had found the tutor unapproachable or intimidating. There was considerable

evidence that many student nurses feel a real need of some kindly, sympathetic person to turn to during periods of tension. All students are liable to feel tension in relation to their work but student nurses, most of them very young, have the additional anxiety of meeting sickness and death for the first time. It is therefore even more important for them to have a confident and encouraging relationship with their tutor.

Several tutors interviewed showed a clear awareness of such problems and expressed the feeling that it was one of the most important and rewarding aspects of their work to be able to help students in this way. Clearly those in training had a similar attitude. If, despite this feeling, students do not receive the support and help they need from the tutors this may be due to the various ambiguities surrounding the tutor's role, some of which have already been touched on. Another explanation may be that tutors are, to too great an extent, cut off from intimate contact with hospital life. As will be shown later there seems to be a general belief that this is so. In such circumstances it is difficult for them to play a supporting role effectively. In consequence, this is one more factor contributing to frustration and misunderstanding.

A very high proportion of sisters in all the samples, including the Prospective Tutors, consider that doctors think more highly of ward sisters than of tutors. This recalls an incident described by a vivacious young tutor in a teaching hospital who, shortly after she had qualified, met a doctor she knew, in the hospital corridor. The doctor, noticing her tutor's uniform, exclaimed in mock horror, 'Good God, I thought you were normal! ' This tutor was about to take up an administrative post supervising the equipment of new hospital buildings. She told the story as an illustration of the attitude of 'avoidance' tutors encountered, which, together with a number of other frustrations, had led to her decision to take up other work. The fact that a majority of the sisters answering this questionnaire consider tutors 'not very popular', rather than 'very popular', with other nursing staff helps to substantiate her opinion. It is also significant that between a third and a half of the sisters consider that tutors are 'rather cold-shouldered by the administration'.

Once again, the Prospective Tutors envisage their position in an even more unfavourable way than the sisters in the Hospital Samples except that they have very positive expectations about their relationships with the student nurses.

The final picture of tutors is of a group of people in a somewhat alien, estranged and consequently unattractive position.

that tutors, with their high level of intellectual expertise, may underestimate the skill and attention required by non-academic student nurses to help them master the theoretical aspects of nursing. Comments were heard in the course of the survey about the anxiety felt by student nurses when tutors seemed sarcastic or intolerant of their questions: also, about tutors who gave talks on 'human and psychological problems', which were above the heads of their audience, at the expense of detailed theoretical training.

No doubt most tutors do rapidly adjust to the situation as they find it, but more than one tutor commented that the preparation given on their training course did not adequately prepare them for the situation they encountered in the nurse training schools. For example, there were complaints that they had been led to expect too high a level of intellectual ability in their future students.

Insofar as these observations and comments regarding the discrepant hopes of tutors, sisters and students are generally valid, they are important in the present context because frustration so caused may well be an important factor determining attitudes and decisions of the tutors and sisters.

TABLE 11 Work of a Tutor Questionnaire: Evaluative Opinions

Statements 1-11	Percentages endorsing statements in left-hand column				Alternative statements
	Teaching	General	Psychiatric	Tutor's Course	
	N = 86	N = 386	N = 208	N = 40	
1 Working as a tutor gives you a rather artificial approach to life and people	64	60	38	17	Working as a tutor gives you a deeper understanding of the human problems in nursing
2 Tutoring limits your chances of meeting new and interesting people	65	55	25	30	Tutoring gives you more chance of meeting new and interesting people
3 Working as a tutor gives people a rather narrow outlook	64	53	26	12	The challenge of tutoring develops the best in people
4 If you want to marry you should stay a ward sister	67	65	73	47	If you want to marry you should become a tutor
5 If you become a tutor your nursing skills are rather wasted	60	57	43	22	To become a tutor is an excellent way of using your nursing skills
6 Tutors should have lower status than they do	21	18	20	2	Tutors should have higher status than they do
7 The ward sister plays the more essential part in the training of the student nurse	62	66	67	42	The tutor plays the more essential part in the training of the student nurse

Continued overleaf

TABLE 11 Continued

Statements 1-11	Percentages endorsing statements in left-hand column				Alternative statements
	Teach-ing	General	Psych-iatric	Tutor's Course	
	N = 86	N = 386	N = 208	N = 40	
8 The tutor's work is repetitive and dull	70	62	41	10	The tutor's work is varied and interesting
9 Tutors are rather cut off from hospital life	75	82	62	55	Tutors are fully involved in hospital life
10 Tutors are always tied to routine	39	49	35	20	Tutors have many opportunities for showing initiative
11 Tutors have poor promotion prospects	36	51	46	50	Tutors have good promotion prospects

Evaluative Opinions

The statement which attracts the strongest consensus of opinion in this section is that 'tutors are rather cut off from hospital life'. It is particularly heavily endorsed by the sisters in General Hospitals (82 per cent). This is important because by far the largest number of training schools, about 400 in all, are situated in General Hospitals and, as is brought out by the questionnaires to be considered later in this report, the impression of isolation is stated to be a strong deterrent from becoming a tutor.

The Prospective Tutors, and to a lesser extent the sisters in Psychiatric Hospitals, have generally a positive and favourable image of the tutor's work. In contrast the majority of those in Teaching and General Hospitals take a more favourable view. They see the tutor's work as repetitive and dull, mentally constricting, socially limiting and a waste of nursing skill. This may in part be the impression left on their minds from their training period. However, a high proportion of tutors in post at present are in the older age groups. This is particularly true of the women tutors who predominate in Teaching and General Hospitals, as shown by the quotation from

the Salmon committee's statistical survey, Section 1, Table 3, page 4. It is not possible that up-to-date teaching techniques are not being introduced rapidly enough into these hospitals, due to a lack of refresher courses or for other reasons.

In spite of the pessimistic opinions expressed by the Prospective Tutors about other aspects of their future role, on the whole they are enthusiastic about the work itself. The fact that the majority of sisters in Psychiatric Hospitals also have a favourable image of the tutor's work, suggests that it should be possible, in other types of hospital, to promote a better understanding of its more rewarding aspects. Although the sisters in the Hospital Samples are more or less evenly divided on the question of tutor's pay, a very great majority (79 per cent, 82 per cent and 80 per cent, respectively) feel that tutors should have higher status. This suggests that the unfavourable evaluation of the tutor's work and position is not merely the result of a generalised hostility to tutors but that the sisters, in making their other assessments, were genuinely trying to be objective.

About two-thirds of the sisters in Teaching Hospitals feel that tutors have good promotion prospects, and about half the respondents in the other samples feel the same. Well over two-thirds of the sisters in all the hospitals taken together think an important motive for becoming a tutor is the hope of further promotion, although many sisters outside the Teaching Hospitals think this hope is not well-grounded, see Table 20, page 49. Perhaps this belief helps to reinforce the view of nurses in General and Psychiatric Hospitals who feel that tutors have much 'courage and initiative', see Table 18 page 46. They presumably see them as taking great risks. However, less than half the Prospective Tutors admit to the hope of future promotion as an important incentive for becoming a tutor. Since they see the actual work of a tutor in a more attractive light than the other sisters, this is understandable.

The fact that almost two-thirds of the ward sisters consider that they themselves play the more essential part in the training of the student nurse, helps to explain more fully the tension reported as arising from time to time between tutors and ward sisters; for example, when the tutor visits the wards to instruct students. It is relevant to quote here the finding reported in the next section, see Table 14, page 36, that almost two-thirds of the sisters give, as an important reason for not becoming a tutor, the fact that 'class-room teaching is not realistic because things are not done in the same way on the ward'. Again, as shown in this table, the frank opinion of the majority of sisters in General and Teaching Hospitals appears to be that to become a tutor is a waste of nursing skill. With sisters holding these views it is understandable that Prospective Tutors should be apprehensive about their relationships with other nursing staff, see Table 2, page 3, and hesitate to venture on the wards to give instruction to students.

The position of the students in these circumstances must be even worse since each party may give them quite different instructions and they will not know which to follow. In fact this was one of the complaints most frequently heard during the pilot interviews, though not from the students themselves since they were not included. In some hospitals strenuous efforts were being made to break down barriers of rivalry and suspicion and come to agreement about what students should be taught but from all accounts this agreement seemed difficult to achieve. Often tutors were blamed for making things more difficult by shutting themselves away in the school and keeping aloof. However, this is understandable since the ward is the ward sister's territory and tutors are inevitably at a disadvantage there.

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The prospect of having to deal with over-large classes may clearly act as a deterrent to tutoring. In addition, the suggestion was made that where there is a small training school with only one, or perhaps two tutors, the tutor may suffer a degree of professional and social

Nightingale discipline that upsets nurses

By JOHN PRINCE
Health Correspondent

HOSPITAL patients and the nursing service suffer today because of the strict discipline enforced by Florence Nightingale to make hospitals and nurses less disreputable, says a report published last night.

Worried by a lack of nurse tors, who play an important t in producing successive erations of nurses, the Royal lege of Nursing asked King ward's Hospital Fund to in- tigate why able and experi- ed sisters dislike the idea of coming tutors.

Miss Ann Dutton, lecturer on iology, London University, ried out the inquiry. It ered 54 teaching, general and chiatric hospitals.

Rigid code

t took Miss Dutton back to rence Nightingale and the de- rable hospitals and drunken, miscuous and dirty nurses of se days.

Miss Nightingale introduced a id code of conduct and de- nded dedicated and heroic self-sacrifice of her recruits. Hospitals and nurses, largely through her influence, have been transformed, but the old stern tradition still lingers in some hospitals.

So the greatest single remedy for the problem of shortage of tutors, says Miss Dutton, would be to foster friendly, co-operative relationships between the different groups of hospital staff.

The present disharmony is a cause of student wastage and of the unpopularity and isolation of many tutors. It also has a baleful effect on the recovery of patients.

Miss Dutton concludes: "It would appear that in hospitals as in other spheres constant, vigilant effort is required to counter the insidious constraints on human sympathy and warmth imposed by anxiety and bureaucratic trends."

("Factors Affecting Recruitment of Nurse Tutors." The King's Fund, 15s.)

The Olympics flame being kindled on a Toltec pyramid at Mexico City, during a rehearsal for tonight's ceremony. capital for the opening of the XIXth Gam

Dispute over role of

By LLEWELLYN CHANTER
Commonwealth Correspondent

THE great importance which Mr. Ian Smith, the Rhodesian leader, has always attached to the representative functions of tribal chiefs could easily become "the" obstacle to be overcome during the present talks.

Mr. Smith regards them as the sounding board of African opinion on the ground that they are the traditional representatives of their tribes and, as such, know the wishes and aspirations of most of the African peoples.

This representative capacity has been a subject of disagreem between both Conservative Labour Governments and Smith.

When the question Rhodesia's independence coming to a head in 1964, Smith invited the British G ernment to send observers t tribal "Indaba" where cons tion on independence would place.

Mr. J. B. Johnston, then Br High Commissioner, replied behalf of Sir Alec Douglas-Ho then Prime Minister, that su meeting "would not provide clusive evidence of the wishe the people." Mr. Wilson adh to this view.

The position of the students in these circumstances must be even worse since each party may give them quite different instructions and they will not know which to follow. In fact this was one of the complaints most frequently heard during the pilot interviews, though not from the students themselves since they were not included. In some hospitals strenuous efforts were being made to break down barriers of rivalry and suspicion and come to agreement about what students should be taught but from all accounts this agreement seemed difficult to achieve. Often tutors were blamed for making things more difficult by shutting themselves away in the school and keeping aloof. However, this is understandable since the ward is the ward sister's territory and tutors are inevitably at a disadvantage there.

The appointment of clinical instructors - sisters who are attached to the training school but whose main task is to help and instruct students on the wards - may serve as one way of bridging the gap between training school and ward. Nevertheless, some commentators feel the clinical instructor is 'neither one thing nor the other' and that such a position can only be attractive in the short term, perhaps to a sister who wants to work part time.

The general situation sketched here is clearly a very unsatisfactory one and it would seem desirable for every effort to be made to encourage more cooperation between wards and training school, in order to promote better understanding.

SUMMARY

The issues which emerge as important from the responses to this questionnaire may be summed up as follows.

1 There was considerable variation of opinion between samples, about class size and training school accommodation. A majority in Teaching Hospitals thought classes often too large while a majority in Psychiatric Hospitals thought they were often too small. The opinions of those in General Hospitals lay midway between these extremes.

This agrees with what is already known about the size of training schools and tutor/student ratios: that Teaching Hospitals have large training schools, often with large classes; that there is a wide variation in tutor/student ratios and training school size in General and Psychiatric Hospitals, see Charts 1 - 6; and that tutor/student ratios are better in Psychiatric Hospitals than in the others, see Appendix A2.

The prospect of having to deal with over-large classes may clearly act as a deterrent to tutoring. In addition, the suggestion was made that where there is a small training school with only one, or perhaps two tutors, the tutor may suffer a degree of professional and social

isolation which could inhibit her from making as valuable a contribution as she otherwise might. Moreover, sisters seeing the conditions in which the tutor works may be influenced against becoming tutors themselves.

2 Evidence was found of a discrepancy between the tutor's role as perceived by the sisters and by the Prospective Tutors. The tutors tended to have an ideal picture of themselves as hard working, vigorous and independent, exercising a humane and liberalising influence. The sisters, especially those in General and Psychiatric Hospitals, saw the good tutor as someone placid and patient, highly intelligent but more interested in theoretical than in human problems.

It was suggested that these differing role expectations might well lead to mutual frustration with consequent tension and antagonism. Where this situation continues to arise sisters will, predictably, be less likely to consider tutoring as a career for themselves.

3 There is some evidence, from the opinions expressed about the attitudes of other hospital staff to tutors, that they are felt to be rather unpopular. The Prospective Tutors seem particularly aware of this. It seems desirable to find a more precise explanation of this comparative unpopularity so that remedies may be introduced, since it will be difficult to recruit new members to an alien and unpopular group. This question is discussed in more detail later in the report.

4 A majority of the sisters in General and Teaching Hospitals express an unfavourable opinion about the nature and value of the tutor's work. This suggests that strenuous efforts should be made, either to make the work itself more valuable and interesting or to correct the misunderstandings which have created this derogatory, stereotyped view of the tutor's activities, apparently held by so many sisters. The Prospective Tutors and the sisters in Psychiatric Hospitals have a much more favourable impression of the work. However, as the charts illustrating sample characteristics show, the majority of sisters in Psychiatric Hospitals are too old to consider taking up tutoring and in any case lack the necessary educational qualifications. This means that new recruits to tutoring will be found predominantly among sisters in General and Teaching Hospitals. Consequently, it is their impressions which are more relevant.

RESEARCH RESULTS: ANTI-TUTORING QUESTIONNAIRE

This questionnaire was designed to explore the sisters' feelings about the work of tutoring in an attempt to discover which aspects of the tutor's role had most effect in deterring each of them personally from taking up the work. They were asked to rate possible reasons for not wishing to be a tutor, on a four-point scale:

'very important', 'important', 'of little importance', 'not important'. The figures quoted in the following tables show the percentage of sisters in each sample who ticked the reason as 'very important' or 'important'. Those sisters who were planning to be tutors were asked to say so in response to a preliminary question and this group did not complete the questionnaire.

The pilot interviews showed that reasons given for not wishing to be a tutor could be categorised for convenience under a few broad headings. Similar headings are used for the grouping of the reasons and the responses given, reported in the tables which follow. These headings are given below.

Attractions of the Ward Sister Position

Critical Impressions of the Tutor's Social Position

Critical Impressions of the Work of a Tutor

Personal Difficulties Anticipated

Critical Impressions of the Characteristics of Tutors

In each table the reasons quoted are arranged in rank order according to the proportion of the respondents in the General Hospital sample who attributed importance to them. If the opinions expressed by those in the Teaching or Psychiatric Hospitals had been taken as a guide to ranking, the order would have been much the same as there is a remarkable consensus of opinion among sisters in the various samples despite their very different characteristics.

TABLE 12 Anti-tutoring Questionnaire: Attractions of the Ward Sister Position

Statements 1-11	Percentages of sisters ticking statements 1-11 as either important or very important		
	Teaching	General	Psychiatric
	N = 84	N = 364	N = 191
1 You would miss the excitement of having to cope with emergency situations on the wards	65	76	61
2 You wouldn't have the same feeling of really helping humanity	66	74	62
3 It is better to be at the centre of things as you are as a ward sister	67	72	60

Continued overleaf

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...ching	General	Psychiatric
[illegible]	N = 364	N = 191
	76	61
	34	62
	[illegible]	40

[illegible]

TABLE 12 Continued

Statements 1-11	Percentages of sisters ticking statements 1-11 as either important or very important		
	Teaching	General	Psychiatric
	N = 84	N = 364	N = 191
4 You cannot really use your practical skill as a nurse	69	72	61
5 Tutoring could never give the same degree of satisfaction as nursing	68	72	60
6 You can teach more effectively as a ward sister	55	67	57
7 You have more responsibility as a ward sister than as a tutor	54	63	57
8 As a tutor you are no longer in touch with the deep issues of life	59	63	48
9 Ward sisters are more highly respected than tutors, on the whole	40	42	32
10 Doctors have more respect for nurses on the wards than for tutors	47	37	30
11 Student nurses have more regard for ward sisters than for tutors	28	31	35

Attractions of the Ward Sister Position

It is clear from these responses that a high proportion of all the sisters value and enjoy their work because it gives them a sense of intimate personal involvement in vital and exciting issues. They value the feeling that they are 'really helping humanity' through the exercise of their practical skill. In contrast they think that 'tutoring could never give the same degree of satisfaction'. The fact that they are whole-heartedly dedicated to their role seems, when the responses to this questionnaire are taken overall, to be the predominant reason why they do not wish to consider other types of nursing. A staff nurse interviewed commented that she felt no real

promotion was possible beyond the position of ward sister. It seems probable that most sisters would agree with her.

Having said this, there are certain differences in the responses of the sisters in the various sample groups that are worth stressing. On the whole, the sisters in Teaching Hospitals have a more cool-headed approach than those in General Hospitals. It will be observed that it is the group of General Hospital sisters who give the statements most emphatic endorsement. Perhaps they may be described as having a more 'vocational', as opposed to a 'professional' approach, meaning that they show rather more evidence of being emotionally identified with their role. The fact that, in contrast with those in the Teaching Hospitals, a higher proportion consider they can 'teach more effectively' as ward sisters than as tutors may in part be a reflection of this emotional attitude. However, there could be more objective reasons to account for this, connected with their own more practical abilities and what many sisters appear to feel is the unsatisfactory situation of tutors in many General Hospitals.

It is possible that the cooler approach of those in Teaching Hospitals is due to the fact that a higher proportion are from the middle classes. It is characteristic of middle class groups to take a cool, 'professional' line. Another possible explanation is that a greater number of Teaching Hospital sisters are in their twenties and hoping to marry and leave nursing. This may mean that they have a less complete emotional involvement in their present role.

The fact that the sisters in Psychiatric Hospitals give the statements less enthusiastic endorsement may well be because they are, on average, considerably older and the pace of life in a Psychiatric Hospital is usually calmer than in other types of hospital considered in this report.

TABLE 13 Anti-tutoring Questionnaire: Critical Impressions of the Tutor's Social Position

Statements 1-12	Percentages of sisters ticking statements 1-12 as either important or very important		
	Teaching	General	Psychiatric
	N = 84	N = 364	N = 191
1 You are cut off from patients	85	85	76
2 There is little cooperation between tutors and ward sisters	37	59	56

Continued overleaf

TABLE 13 Continued

Statements 1-12	Percentages of sisters ticking statements 1-12 as either important or very important		
	Teaching	General	Psychiatric
	N = 84	N = 364	N = 191
3 You are cut off from hospital life	64	59	51
4 You have to work on your own rather than as a member of a team	36	52	51
5 Tutors do not have the same chance of showing human sympathy as other nurses	41	50	48
6 It is difficult to think of tutors as really being nurses	38	46	41
7 It is such a lonely job	38	46	36
8 Tutors are shown too little consideration by the administrative staff	24	42	40
9 The work of a tutor is too impersonal	43	38	28
10 You lose contact with the medical staff	52	37	36
11 Tutors are not allowed as high a status as they deserve	23	34	42
12 You have to work in an all-female atmosphere	56	22	10

Critical Impressions of the Tutor's Social Position

The feeling that by becoming a tutor you are 'cut off from patients' comes first in the ranking of reasons for not wishing to be a tutor, made after combining all the tables. Although this is also true of the sisters in Psychiatric Hospitals there is a significant difference in the proportion who feel this strongly. Likewise, a smaller proportion of those in Psychiatric Hospitals feel that an important deterrent from becoming a tutor is that you are 'cut off from hospital life'.

	32	18
	34	42
	37	31
	38	29
	42	40

In any case, as shown in Table 4, page 13, more of them than those in the other Hospital Samples think that 'tutors are fully involved in hospital life' (38 per cent as opposed to 25 per cent and 18 per cent). This helps to explain their response, but it may also be that day-to-day life in a Psychiatric Hospital is less exciting and absorbing than in a General Hospital so they mind less the idea of being cut off from it.

Some other rather striking differences in attitudes are brought out by Table 13. It seems that the sisters in General Hospitals are those most impressed by what they feel to be the isolated position of the tutor. They are most likely to be put off by the idea that it is 'a lonely job' where 'you have to work on your own rather than as a member of a team'. They, too, have the strongest feelings about lack of cooperation between tutors and ward sisters and, marginally, lack of consideration shown by the administrative staff to tutors. The sisters in Psychiatric Hospitals seem to hold similar impressions. However, in contrast, those in Teaching Hospitals attribute much less importance to these issues. There is a particularly marked contrast between the feelings of those in General and Psychiatric Hospitals and those in Teaching Hospitals about lack of cooperation between tutors and ward sisters.

The question of the tutor's status does not seem to be of major importance but again it is the sisters in General and Psychiatric Hospitals who appear to be most adversely affected by it.

Given the more lively interest to be expected in Teaching Hospitals in contrast to other hospitals in acquiring a theoretical understanding of medical problems, together with the higher educational level of the nursing staff which makes it easier for them to appreciate an intellectual approach, the indication that tutors in such hospitals have a higher status and receive more consideration and cooperation than elsewhere, is not unexpected. Nor is it surprising, in view of the fact that training schools in teaching hospitals are large and employ a number of tutors, that fewer sisters in these hospitals should associate tutoring with working 'on your own' rather than as 'a member of a team'.

The other striking difference in attitudes brought out here concerns the importance attributed by the sisters in the different samples to being 'cut off from the medical staff' and working in 'an all-female atmosphere'. It is those working in Teaching Hospitals who attach the most importance to these points. This is understandable: there are more young medical staff in Teaching Hospitals while the sisters are, generally speaking, also young with a comparable background of education and interests. In addition, in comparison with the other Hospital Samples there is a high proportion of male tutors in Psychiatric Hospitals, which helps to explain the lack of concern of these sisters with these issues.

TABLE 14 Anti-tutoring Questionnaire: Critical Impressions of the Work of a Tutor

Statements 1-15	Percentages of sisters ticking statements 1-15 as either important or very important		
	Teaching	General	Psychiatric
	N = 84	N = 364	N = 191
1 Classroom teaching is not realistic because things are not done in the same way on the ward	52	62	68
2 It involves too much theoretical work	59	60	50
3 The work is too repetitive and monotonous	51	62	45
4 You lose touch with new and up-to-date methods	42	57	51
5 You have too little opportunity for keeping up to date with new methods	37	53	47
6 Tutors are not provided with up-to-date equipment	27	48	49
7 There is no opportunity for showing initiative	36	42	41
8 Classes are too large	49	40	42
9 You have to spend your free time in marking and preparation	49	39	40
10 The work they do at the moment does not seem to be well planned	20	38	38
11 The promotion prospects are few and inadequate	21	29	39
12 The pay is not high enough	12	29	39
13 The teaching situation in the school is so rigid and formal	27	27	31
15 Living accommodation provided for tutors is not very good	16	24	37

14 Anti-tutoring Questionnaire
of the Work of a Tutor

Statements 1-15	
Classroom teaching is not realistic because things are not done in the same way on the ward	
It involves too much theoretical work	
The work is too repetitive and monotonous	
You lose touch with new and up-to-date methods	
have too little ...ity for keeping ...ith new ...	
not provided ... equipment	
...	

Critical Impressions of the Work of a Tutor

The point which heads the list here, that 'class room teaching is not realistic because things are not done in the same way on the ward', is one which was very frequently raised during the pilot interviews. It is true that the sisters, inclined as they are to have a very practical, down-to-earth approach and to be suspicious of theorising, may underestimate the value of providing students with a detailed theoretical groundwork for their nursing skill; for instance, it is useful for students to learn how to set a trolley in the traditional manner even if simplified procedures are used on the ward. This was one example given of discrepancy between teaching and practice. However, in principle it cannot be a good thing for quite different procedures to be taught in the school from those in use on the wards. Where this happens it is probably due to the lack of cooperation between tutors and ward sisters, stressed by so many sisters as an important factor influencing their attitudes to tutoring, see Table 13.

The sisters not only feel that different things are taught in the school and on the ward. As is brought out by responses to statements 4 and 5 a high proportion feel that some of what is taught is out of date. Considerably more of those in General and Psychiatric Hospitals feel this than those in Teaching Hospitals though there too the proportion is quite high. On the same theme significant differences are found between the responses of the various groups to statements 6 and 10. Compared with the sisters in Teaching Hospitals a high proportion of those in General and Psychiatric Hospitals say they are put off tutoring because tutors are 'not provided with up-to-date equipment' and 'the work they do at the moment does not seem to be well planned'. Impressions of this kind, which are fairly widespread, cannot but do harm to the image held of the tutor's role. It seems either that efforts are needed to improve the objective situation by means of tutor refresher courses or provision of new equipment, for example, or that better communications should be fostered to break down the barriers caused by misunderstanding. Perhaps both measures are required.

Other points against working as a tutor, put forward by a majority of the sisters, are that 'it involves too much theoretical work' and that 'it is too repetitive and monotonous'. It is to be expected, given their preference for practical work with people, that most sisters would find tutoring too 'theoretical' for their liking. They may not appreciate how much need and opportunity there is for tutors to exercise skill in human relations. Student nurses are also people, and, being faced so young with the challenge and responsibilities of the nurse's work, they need the wise, kindly guidance which a tutor with a ward sister's experience could give. As mentioned earlier it is this aspect of the tutor's role which a number of tutors interviewed found most rewarding. Again, if the sisters feel that the tutor's work is 'repetitive and monotonous' it can only be because they have

not had sufficient experience of modern teaching techniques. It may well be that the approach to teaching in some nurse training schools is still rather rigid and old-fashioned. Or perhaps sisters are over influenced by their own experience in the training school.

Whatever the explanation, the fact that so many sisters hold the impressions described in this last paragraph underlines the need to modernise nurse training schools where necessary and to make the sisters aware of this 'wind of change'. One way of doing so might be to involve them more closely in the work of the training school. As will be seen from the responses quoted in Table 15, page 39, many sisters admit that their lack of knowledge and experience of the tutor's work is one of the important factors determining their reluctance to take up tutoring.

Finally, it seems worth-while to point out what comparatively little importance the sisters attribute to the questions of pay, living accommodation and promotion prospects. There are significant differences in the attitudes of the groups and it is the sisters in Psychiatric Hospitals who feel most strongly. This may be because there are so many more male tutors in these hospitals, often with families, for whom these issues loom larger than for the single female tutors who predominate elsewhere. The sisters have probably been impressed by their stronger feelings on these subjects, some evidence of which was provided in the pilot interviews.

TABLE 15 Anti-tutoring Questionnaire: Personal Difficulties Anticipated

Statements 1-7	Percentages of sisters ticking statements 1-7 as either important or very important		
	Teaching N = 84	General N = 364	Psychiatric N = 191
1 You have to be good at speaking in public	74	74	73
2 It is difficult to know whether you are clever enough to pass the exams	46	61	63
3 You need special qualifications which I have not got	42	60	69
4 The training course is too long	46	53	57
5 The maintenance grant while you are studying is not large enough	42	49	56
6 You never have a chance to try out the work, so it is too risky	31	46	49
7 The training course is too difficult	32	40	45

Personal Difficulties Anticipated

It is very unexpected to find that fear of speaking in public should, by their own account, play so important a part in determining the attitudes of the sisters towards becoming tutors. It is even more surpising to find that in this respect there is nothing to distinguish the comparatively well educated sample of sisters in Teaching Hospitals, with all their special advantages, from the rest. In the overall ranking of reasons for not wishing to become a tutor, this comes third.

One obvious remedy is for more sisters to have experience in the training school. This would also dispose of the objection that 'you never have a chance to try out the work, so it is too risky' to which a high proportion of the sisters attribute importance. The sisters visiting the training school could give occasional talks, help with

Assignment 3-Y

Anticipated

examinations and join in seminar discussions with students. Besides increasing their self-confidence this would give them a chance to see if they enjoyed the work. Another, more long-term, solution would be to give students in the training school the opportunity to play a more active part in the training programme. They could take it in turns to introduce group discussions or give short talks to the rest of the class. This would not only accord with modern educational principles but would also establish in the students a groundwork of confidence in their power of exposition and, perhaps, of enjoyable teaching experience, which might bear fruit in improved recruitment figures for the tutor's course some years later.

A high percentage of the sisters, particularly those in General and Psychiatric Hospitals are put off the idea of tutoring because they do not possess the basic paper qualifications. The information obtained on the educational level of the sisters taking part in the survey reveals that this is indeed a genuine difficulty. A possible remedy would be to encourage sisters, unqualified tutors and other nurses to attend 'sandwich' courses, or other part-time classes in institutions near the hospital, to gain the necessary qualifications. Some might then proceed on a similar basis to work for the Sister-Tutor's Diploma. The shortened course for the preparation of nurse tutors recently established at the Bolton College of Education seems to be an example of a fruitful experiment. It might be valuable to experiment by setting up flexible training schemes for nurses in other parts of the country. If there were a chance of becoming qualified by part-time study near home, difficulties stressed here about the course being 'too long' and the maintenance grant 'not large enough' would be diminished, if not eliminated. At the moment it is usually necessary to come to London for training. This can be expensive and it cuts across other commitments sisters may have in their home areas.

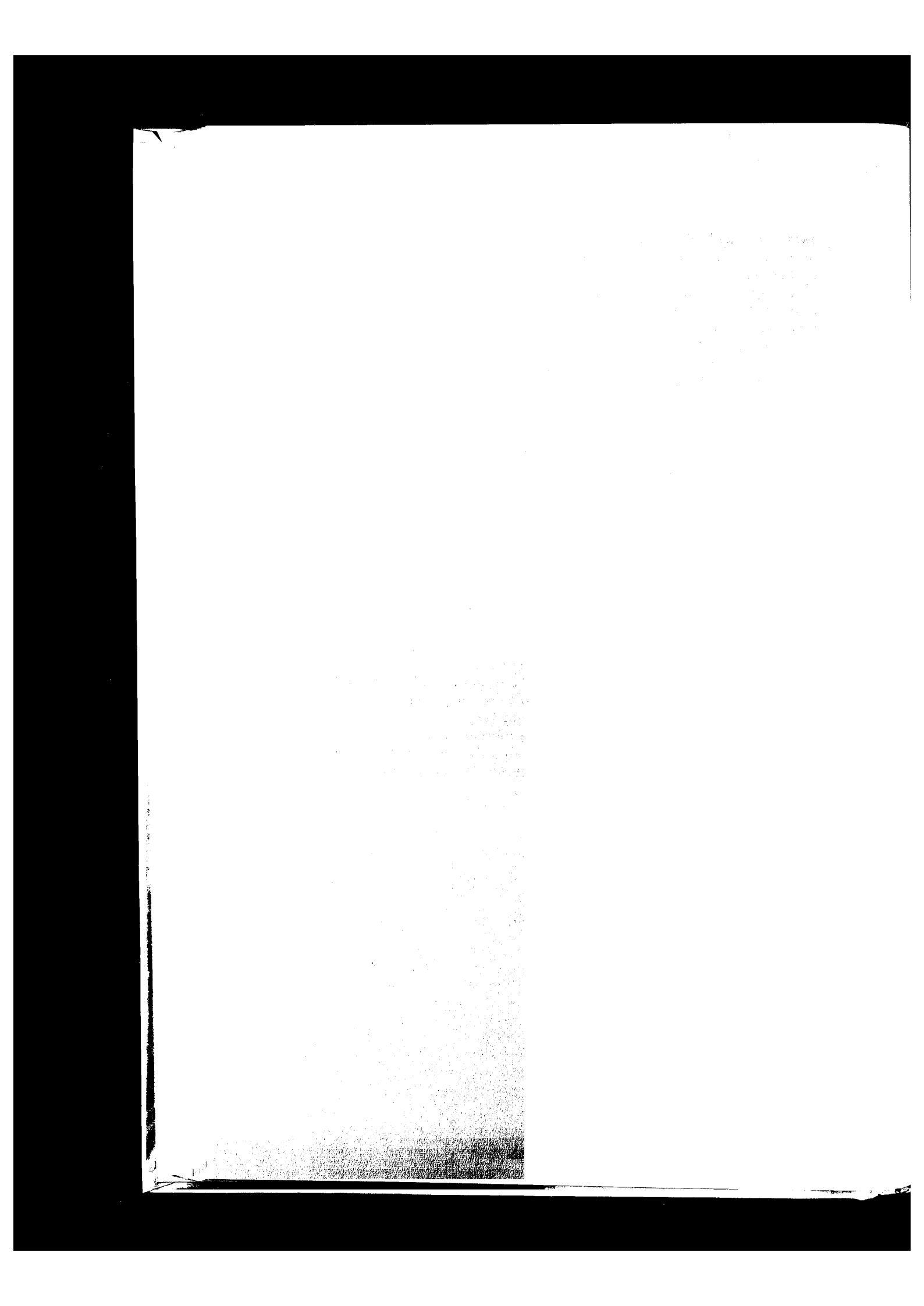
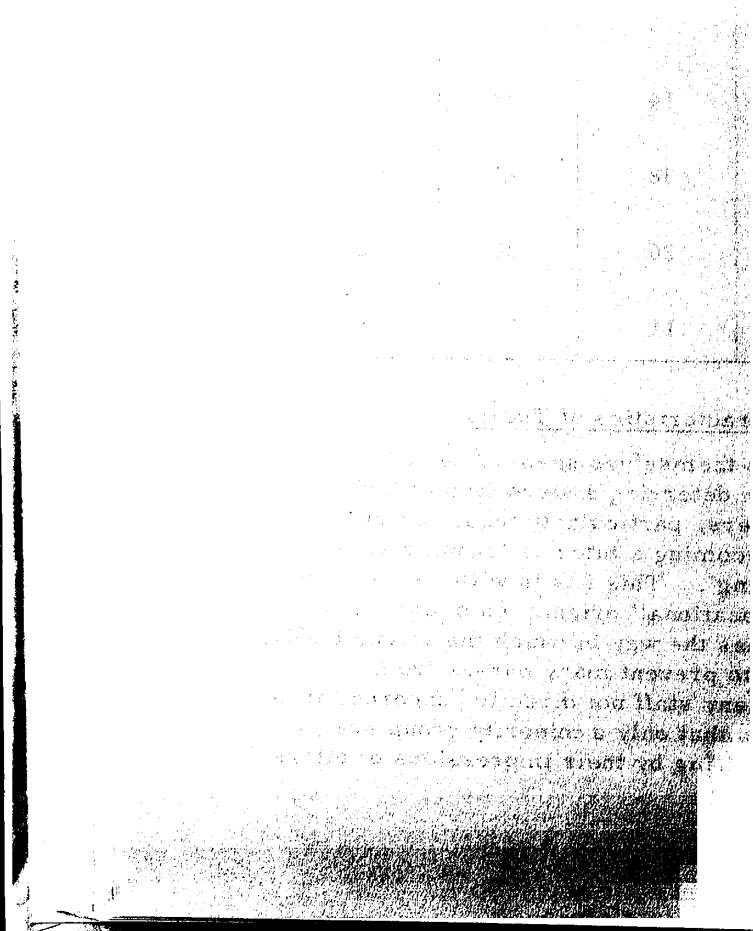


TABLE 16 Anti-tutoring Questionnaire: Critical Impressions of the Characteristics of Tutors

Statements 1-9	Percentages of sisters ticking statements 1-9 as either important or very important		
	Teaching	General	Psychiatric
	N = 84	N = 364	N = 191
1 To become a tutor is running away from the real challenge of nursing	34	43	39
2 Tutors never seem to enjoy life much	30	35	30
3 Tutors seem to have fewer outside interests than other nurses	24	29	25
4 Tutors you meet are often rather off-putting	32	27	22
5 Tutors are so serious and introverted	19	27	21
6 Tutors seem to be rigid, unsympathetic people	14	28	24
7 Tutors are often rather narrow, dull people	38	25	17
8 Tutors often seem so old-fashioned in dress	20	20	12
9 Tutors seem rather weak and ineffective	11	19	18

Critical Impressions of the Characteristics of Tutors

Poor impressions held of tutors themselves seem to be of less importance than other factors in deterring sisters from tutoring. A rather high proportion of sisters, particularly those in General Hospitals, apparently regard becoming a tutor as 'running away from the real challenge of nursing'. This fits in with the assumption made earlier about the more 'vocational' orientation of nurses in General Hospitals, and underlines the way in which the strong feeling of nursing as a vocation seems to prevent many nurses from appreciating the contribution of any staff not directly concerned with the care of patients. It appears that only a minority group are adversely influenced towards tutoring by their impressions of tutors.



Even so this minority comprises nearly one-third of the sisters.

There are a few interesting differences between the sample groups. For example, the Teaching Hospital sisters seem the most likely to think tutors narrow and dull. This agrees with the fact brought out in Tables 9, page 21, and 17, page 44, that Teaching Hospital sisters are less likely than the others to credit tutors with higher intelligence and wider intellectual interests than other nurses. On the other hand those in Teaching Hospitals are considerably less likely than the others to be put off by the impression that tutors are rigid and unsympathetic. There are various possible explanations for this. Training schools in teaching hospitals may have a more flexible, 'permissive', atmosphere; the tutors may be younger and more adaptable; or perhaps students in General Hospitals are more likely to feel at a loss when faced with the demands of the training course and so be in greater need of sympathy and encouragement.

SUMMARY

This questionnaire was designed to reveal the factors that influence the personal decisions sisters make concerning the possibility of becoming tutors. From the evidence here the chief of these factors seem to be as follows.

1 A first, very important, influence appears to be the counter-attraction of their present position. Caring for patients on the wards clearly has a strong vocational appeal which tutoring lacks. Moreover, they feel their present role involves more responsibility and status than that of a tutor. This outlook is particularly marked among the sisters in General Hospitals although a high proportion of sisters in the other Hospital Samples feel the same. Some explanations of these discrepancies are suggested.

2 Other consequences of tutoring which a majority of the sisters feel to be important deterrents are that tutors are cut off from patients and from hospital life. The feeling that they are socially isolated is particularly strong among General Hospital sisters. This finding is in line with the point discussed earlier concerning the relative size of training schools in General and Teaching Hospitals, which is, that the small training schools in many General Hospitals inevitably result in more professional and probably also social isolation for the tutors.

3 Another important deterring factor is the impression held by many sisters that what is taught in the training school is insufficiently related to what goes on in the ward. In addition many of them appear to feel that, far from the training school giving a lead in introducing new knowledge and new techniques, what is taught there is out of date.

4 A high proportion of sisters are discouraged from the idea of tutoring by a fear that they might be intellectually inadequate. As would be expected from the charts showing the lower level of intellectual attainment of those in General and Psychiatric Hospitals compared with those in Teaching Hospitals, it is the two former groups who express most concern about this. However, almost half of those in Teaching Hospitals feel the same. Many sisters admit that one reason for their feeling of apprehension is that they have never had a chance to try out the work. A suggestion was made that they should be given such opportunities to help them make a realistic assessment of their potential skill. It was also suggested that it should be made easier to obtain qualifications by providing courses more accessible to those living away from London.

5 It is interesting to find that questions of pay, promotion prospects and living accommodation do not apparently influence the attitudes of a high proportion of the sisters although it is noteworthy that there are significant differences in the importance attributed to these issues by the different sample groups. Some possible explanations are suggested.

6 Feelings the sisters have about the personal qualities of the tutors they have encountered do not seem to be a particularly important determinant of their own attitudes. Nevertheless, the differing emphases revealed by their responses are illuminating and some possible implications are discussed.

RESEARCH RESULTS: REASONS FOR TUTORING QUESTIONNAIRE

In this questionnaire the sisters were asked to indicate which motives they thought most important in determining the decisions of sisters who became tutors, by rating a variety of possible motives. Once more, they were asked to make the rating on a four-point scale; 'very important', 'important', 'of little importance', 'not important'. Figures quoted here show the percentage of sisters who ticked the motives as 'very important' or 'important'.

As with the previous questionnaire the motives suggested are categorised under a few broad headings, as follows.

Intellectual Advantages

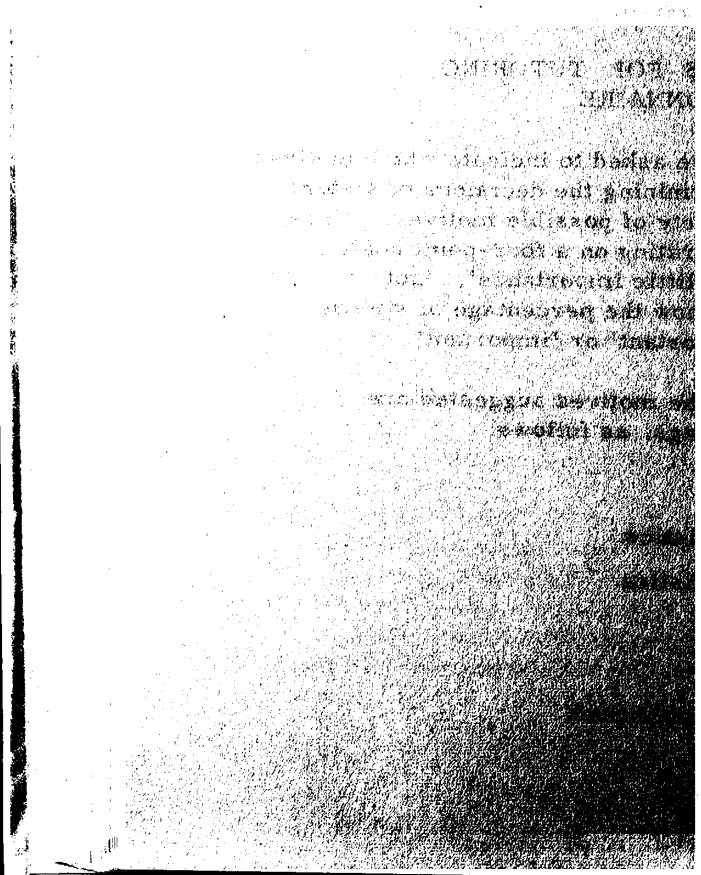
Positive Personal Characteristics

Negative Personal Characteristics

Advantages Sought

Dislike of Present Position

Relationships with Other Hospital Staff



In each table, as before, the motives quoted are arranged in order of the importance attributed to them by the respondents in the General Hospitals, and what seem to be the interesting implications of these responses are discussed.

TABLE 17 Reasons for Tutoring Questionnaire: Intellectual Advantages

Statements 1-6	Percentages of sisters ticking statements 1-6 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
1 They have a gift for putting things across	94	96	94	90
2 They have the right qualifications to find the course easy	75	82	84	37
3 They like exploring new ideas	67	78	82	80
4 They like to go deeply into things	62	75	77	55
5 They are more intelligent than most other nurses	53	61	62	47
6 They have wider intellectual interests than most other nurses	39	56	65	79

Intellectual Advantages

An overwhelmingly high percentage in each sample group stress the importance of having 'a gift for putting things across' as a motive for becoming a tutor. This stands first in the rank order of all the motives, made on the basis of the sisters' assessments. It even takes first place in the combined judgments of the Prospective Tutors. It appears to be a corollary to the discovery made previously, that a very high proportion of the sisters give as an important reason for not becoming a tutor the fact that 'you have to be good at speaking in public'.

It seems a little strange that this technical requirement should loom so large in their minds. It may well be that they hold a stereotype

of the 'born teacher' as a person gifted with a ready flow of words in all circumstances. Some support for this idea is supplied by the fact that the motive which has second place in the overall ranking in all the Hospital Samples is that tutors are 'people who have always wanted to be teachers', see Table 20, page 49. Far fewer Prospective Tutors themselves share this opinion.

Such a stereotyped conception can do nothing to improve tutor recruitment. It may lead those who hold it to overlook other, equally important characteristics of a good tutor. It may also discourage them from even considering the possibility of becoming tutors themselves by its implication that only someone with an inborn gift for teaching can hope for success in this field. In addition, it may do further harm by increasing the sense of psychological distance between sisters and tutors working in hospital. There is already evidence of a strong feeling that tutors are 'cut off from hospital life' and so set socially apart. Where the idea develops that they are people of quite a different type from other sisters, there will be so much the less incentive for making efforts to bridge the gap and integrate them more fully in hospital activities. These considerations further support the suggestions made above that the situation might be improved if more efforts were made to associate the sisters with the work done in the training school and, too, if some method could be devised whereby tutors had more responsibilities in the wards.

The fact brought out earlier that comparatively few sisters, at least in General and Psychiatric Hospitals, have 'the right qualifications to find the course easy' explains the stress the respondents lay on this as a determinant of would-be-tutors' decisions. The tutors themselves, however, seem to take their background qualifications for granted. Similarly, the Prospective Tutors, in comparison with the sisters in these two samples, lay less stress on the importance of having superior intelligence. It is rather interesting, though, to find that, whereas they are apparently unwilling to claim superior intelligence, they do feel they have wider intellectual interests 'than most other nurses' and put this forward as an important motive for becoming a tutor.

Only a minority of the sisters in Teaching Hospitals agree with the Prospective Tutors on this last point. Teaching Hospital sisters have an educational background nearer to that of the Prospective Tutors than those in other sample groups, which means they probably have more intellectual interests in common with them. Apart from this, it is noteworthy that sisters in Teaching Hospitals are more likely than those in the other groups to play down idealism or special gifts as important for tutoring. They emphasise more utilitarian factors such as desire for change or future promotion, as will be shown later. Another reason for their attitude may be that because of the exceptionally large classes reported as commonplace, at least

in some Teaching Hospitals, tutors have less chance of forming personal relationships with their students and so sharing interests with them. This last may also be a factor helping to determine the view held by Teaching Hospitals sisters that tutors are 'narrow and dull', see Table 16, page 41.

TABLE 18 Reasons for Tutoring Questionnaire: Positive Personal Characteristics

Statements 1-7	Percentages of sisters ticking statements 1-7 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
1 They are keen to raise the standard of nursing care	84	84	88	92
2 They have a warm desire to be of help to young nurses	73	81	83	75
3 They want to introduce new and up-to-date nursing techniques in the hospital	59	76	85	82
4 They want to introduce more lively attitudes into hospital life	43	76	63	72
5 They are interested in psychological problems	58	65	73	65
6 They have a great deal of courage and initiative	36	62	78	47
7 They want to create a less formal, more friendly atmosphere among nurses	40	52	72	70

Positive Personal Characteristics

A high percentage in each group agree with the general statement that tutors wish 'to raise the standard of nursing care' and 'to be of help to young nurses'. This is natural. It would in fact be difficult for them to reject these motives as important without holding a very cynical view of tutors. However, there are interesting discrepancies between the groups in response to the more precise statements; for example, 'they want to introduce new and up-to-date nursing

techniques in the hospital' and 'they want to introduce more lively attitudes into hospital life'. The Teaching Hospital sisters seem particularly reluctant to credit tutors with a forward-looking, idealistic approach and are less likely to interpret their decision to teach as being determined by special intellectual gifts, see Table 17.

The statement which evokes the most significant difference in the responses of the Teaching Hospital sisters and those in the General and Psychiatric Hospitals is that people who become tutors have 'a great deal of courage and initiative'. Thirty-six per cent in Teaching Hospitals stress the importance of this, as opposed to 62 per cent and 78 per cent, respectively, in General and Psychiatric Hospitals. This fits in with the general impression which emerges from other responses that Teaching Hospital sisters are less likely to see tutors as vigorous and enterprising people. It will be remembered that 38 per cent of them say they are put off tutoring because tutors are often narrow, dull people.

It is interesting that those in General and Psychiatric Hospitals should so emphatically endorse the idea that tutors have a great deal of courage and initiative. It confirms the impression obtained in the pilot interviews that the sisters in these hospitals admired tutors in many ways but nevertheless felt incapable of emulating them. From the point of view of tutor recruitment it might be better if these sisters did not consider that becoming a tutor required such exceptional qualities.

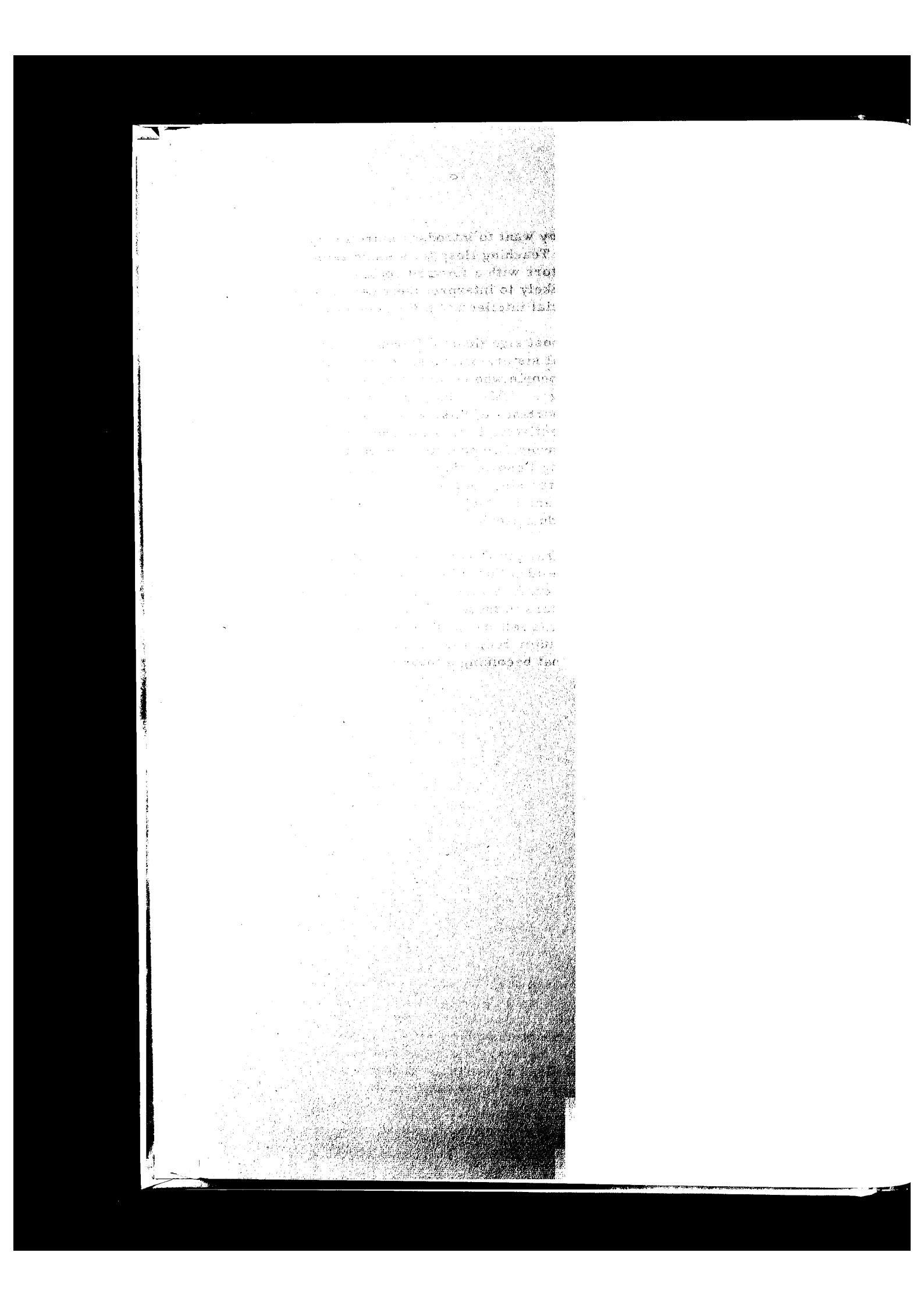


TABLE 19 Reasons for Tutoring Questionnaire: Negative Personal Characteristics

Statements 1-7	Percentages of sisters ticking statements 1-7 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
1 They have more head than heart	37	51	49	12
2 They are not very good at practical nursing	27	35	38	7
3 They find it difficult to be really sympathetic with sick people	20	33	41	5
4 They like a job in which they can stay aloof from people	15	28	30	7
5 They are not good at teamwork	17	27	33	5
6 They are of the type to enjoy just plodding along	15	28	30	7
7 They are afraid of making mistakes	16	24	28	5

Negative Personal Characteristics

Just as the Teaching Hospital sisters were less likely to see tutors as motivated by strong positive feelings, so they appear equally reluctant to see them as motivated by strong negative attitudes. This is true of the responses to all the statements in this table; most significantly to numbers 3 and 4, 'they find it difficult to be really sympathetic with sick people' and 'they like a job in which they can stay aloof from people'. It will be remembered that the Teaching Hospital sisters were far more likely to see tutors as narrow and dull (38 per cent) than rigid and unsympathetic (14 per cent).

These figures underline the impression that the tutor as a person plays a more important part in the lives of the sisters in General and Psychiatric Hospitals than of those in Teaching Hospitals: therefore, the former groups attribute more importance to her

TABLE 13

values and personality characteristics. This is in accord with the 'vocational' orientation described earlier, particularly of those in General Hospitals, in contrast to the cooler, 'professional' orientation of those in Teaching Hospitals.

It is not surprising that so few Prospective Tutors endorse these negative motives as important. That any of them do so is probably because they were asked to answer in relation to their image of the 'typical' tutor rather than to give a description of themselves.

TABLE 20 Reasons for Tutoring Questionnaire: Advantages Sought

Statements 1-15	Percentage of sisters ticking statements 1-15 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
1 They are people who have always wanted to be teachers	76	87	88	54
2 They want to work more independently	71	75	82	50
3 They want to have a more responsible position	58	75	77	55
4 They want to extend their experience in order to qualify for further promotion	63	74	70	39
5 They want to have a wider influence	55	69	74	35
6 They are more dedicated to having a career than most other nurses	58	63	65	20
7 They want a change	62	59	55	45
8 They want higher prestige	33	53	65	35
9 They want better hours	55	52	59	55

Continued overleaf

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TABLE 20 Continued

Statements 1-15	Percentage of sisters ticking statements 1-15 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
10 They want to have more time for their own reading and thinking	46	50	44	44
11 They feel it will give them more freedom	46	48	41	49
12 They want more pay	38	45	59	47
13 They want a job they can more easily combine with their social life	43	38	40	50
14 They want to feel important	17	34	43	9
15 They want an easier life	21	21	22	19

Advantages Sought

The statement which heads the list here is that tutors are 'people who have always wanted to be teachers'. The fact that most of those in the Hospital Samples believe that sisters who become tutors are satisfying a longstanding ambition to teach has already been discussed, together with the contrast between this opinion and that of the Prospective Tutors themselves.

For the rest, it is interesting to find how high a proportion of those in the Hospital Samples see the tutor as seeking greater independence. A far smaller percentage of Prospective Tutors endorse this. Sisters on the wards work more awkward hours than tutors. This may influence their view of what is attractive about the tutor's work. The desire for independence is associated by those in General and Psychiatric Hospitals with a wish for wider influence and a more responsible position. Teaching Hospital sisters lay much less emphasis on the last two factors and comparatively more on the tutor's wish for a change and to extend her experience in order to qualify for further promotion. Similarly, they are far less likely than the other Hospital Sample groups to think tutors are aiming at higher prestige, a feeling of importance or even more pay.

Once again the point is underlined that, apart from the question of pay, Teaching Hospital sisters feel that tutors are concerned with practical advantages rather than with more nebulous considerations such as status, for example. However, this may well be because they do not see the role of tutor as carrying any particular status. The fact that pay does not seem to them as important a motive as to those in the other groups is probably because their youth and socio-economic position prevent money worries from affecting them so closely. The older sisters in the Psychiatric Hospitals, where many of the tutors are men with families, see this as much more important.

The Prospective Tutors give the highest percentage of endorsement to 'they want better hours' and 'they want to have a more responsible position', although they are hardly more than lukewarm about any of these statements. Apart from denying that 'they want to feel important', which is understandable, the statement they most emphatically reject is that 'they are more dedicated to having a career than most other nurses'. This, too, is understandable. The alternative to a career for a woman is commonly understood to be marriage. A high percentage of all nurses want to marry and leave full-time nursing and they feel that to become tutors would lessen their chances of marriage. The Prospective Tutors show, in their response to questions in Table 7, page 16, that they are no more averse to the possibility of marriage than other sisters.

This interpretation of the discrepancy in response may not seem entirely convincing as it is based on inference from circumstantial evidence and the word 'marriage' was not explicitly used in this questionnaire. There are, however, other grounds for thinking that tutoring may have acquired what is, in view of the need for recruitment of tutors, an unhelpful association with the unmarried state, see The Question of Marriage, page 15.

A number of people in the pilot interviews pointed out that most nurses in their twenties did not want to embark on a two-year training course because of possible marriage arrangements which would involve them giving up nursing altogether, at least for a time. Thus, those who took the training course either did not wish to marry or had given up the idea of early marriage. In the admittedly small sample of Prospective Tutors taking the course most were, in fact, in their early thirties and 90 per cent were unmarried.

Just as the stereotype of 'born teacher' may be unhelpful to tutor recruitment, so may the stereotype of 'spinster', perhaps to an even greater extent. It might be worth-while in the circumstances to make specific efforts to encourage more married sisters to train as tutors.

At the moment tutor training, except at Bolton, involves the upheaval of coming to London for a two-year course which would probably be unsatisfactory to many married sisters. An extension of part-time courses on the model of the one developed at Bolton might be the answer.

Similar arrangements for part-time study might be provided for certain sisters in their twenties even if they had no immediate wish to become tutors. Those who in fact remained single would have laid the foundation for a varied career which they could embark on in due course without too much extra effort. Those who married would be in a better position to return to nursing as teachers if they wished, after suitable refresher courses and further training. If salary increments could be gained as a result of achievements on such training courses a reasonable proportion of sisters might take part.

The general aim underlying these arrangements would be to minimise rather than accentuate the difference between nursing theory and nursing practice, in such a manner as to bridge the gulf between 'practical' nurses and tutorial staff. This, in the present context, seems the most important point to emphasise. To determine the precise methods to attain this end would of course require further study. It seems impracticable at present to implement the Platt report which would mean establishing a much greater degree of separation than exists between the nurse training school and the wards. It was hoped that friction between the two sides would be reduced by such separation. However, this could probably be achieved by a more complete integration, if it were carried out with imagination and flexibility. The recommendation in the Salmon report for the reorganisation of senior nursing staff structure should, if adopted, lay the foundation for better relationships. The ideas put forward here are tentative suggestions for encouraging the development of such reorganisation.

TABLE 21 Reasons for Tutoring Questionnaire: Dislike of Present Position

Statements 1-8	Percentages of sisters ticking statements 1-8 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
1 They like to work steadily without having to face sudden emergencies	50	59	48	10
2 They don't find ward life a challenge any more	42	44	42	32
3 They find ward work physically too tiring	44	39	33	29
4 They find the pressure of ward life too much for them	45	39	33	29
5 They want a routine job which won't make too many demands upon them	31	40	31	5
6 They have found that nursing is really the wrong job for them	29	31	37	10
7 They feel they are getting too wrapped up in the hospital world	24	27	28	44
8 They find hospital routine too rigid	16	26	30	27

Dislike of Present Position

In this section the motives for change endorsed by the highest percentage of Prospective Tutors, although still a minority, are that 'they feel they are getting too wrapped up in the hospital world' and 'they don't find ward life a challenge any more'. But they reject firmly statements such as 1, 5 and 6 with derogatory overtones, such as that 'they want a routine job', that 'they cannot face up to sudden emergencies', and so on.

The sisters in the Hospital Samples, particularly the younger group in the Teaching Hospitals, are more likely to consider that sisters become tutors to escape strain and tension, see statements 3 and 4. It is not surprising that they do not consider 'getting too wrapped up in the hospital world' an important motive since being cut off from hospital life is, in their view, one of the serious disadvantages of tutoring.

It is worth commenting here that during the course of pilot interviews with individual tutors in the hospitals, several expressed regret that they had so little contact with the wards and the life of the hospital. It seems therefore that this wish to escape from involvement in the hospital world may not be lasting or, alternatively, such tutors may break away completely and be among those who leave to find other jobs.

TABLE 22 Reasons for Tutoring Questionnaire: Relationships With Other Hospital Staff

Statements 1-6	Percentages of sisters ticking statements 1-6 as either important or very important			
	Teaching	General	Psychiatric	Tutor's Course
	N = 87	N = 388	N = 209	N = 40
1 They have friends who are tutors	41	36	38	40
2 They do not want to be assistant matrons	51	35	38	69
3 They are persuaded to by the matron or someone else in authority	43	32	34	19
4 They want to be more like the doctors	14	25	24	17
5 They have always felt out of place among other nurses	12	17	23	2
6 They think other nurses are rather superficial	5	13	11	0

Relationships With Other Hospital Staff

The most striking figure here is the 69 per cent of tutors who give as an important motive for tutoring the fact that they do not want to be assistant matrons. This is probably an expression of the tension which often seems to exist between the training school and administrative staff. It will be remembered that in the Work of a Tutor Questionnaire, see Table 10, page 24, 72 per cent of Prospective Tutors felt that tutors were 'cold-shouldered' rather than 'given full support' by the administration. Only a minority of those in the Hospital Samples expressed this view.

Having friends who are tutors seems to be considered quite important as a motive for tutoring, as much by the Prospective Tutors as by the other sisters. This being so, there is all the more reason to foster such friendships by encouraging closer cooperation between sisters and tutors.

The Hospital Samples, particularly those in Teaching Hospitals, attach importance to the persuasiveness of matron or others in authority, but the Prospective Tutors attribute much less weight to this. They are also less likely to agree that 'they want to be more like the doctors' and resoundingly reject the idea that they feel out of place among other nurses or think them superficial. The higher proportion of Psychiatric sisters who think that tutors have previously felt out of place can probably be accounted for by the larger number of male tutors in Psychiatric Hospitals. This also explains the fact that tutors and sisters in Psychiatric Hospitals differ more from each other generally than those elsewhere.

SUMMARY

The sisters were asked, through their responses to this questionnaire to put themselves in the position of those who become tutors and to suggest motives important in determining their decision. It was felt that this might help to give a more rounded impression of the sisters' attitudes to tutors and tutoring than an exploration of their negative feelings, alone. The findings which emerged are summarised below.

1 An extraordinarily high percentage of sisters apparently assume that possessing 'the gift of the gab', that is, a special ability to 'put things across', is an important determinant of a sister becoming a tutor. This may be associated with the very high proportion who also feel an important factor to be that such sisters 'have always wanted to be teachers'. It was suggested that the respondents probably have a stereotype of the 'born teacher' by which they categorise nurse tutors, and that the existence of such a stereotype may be inimical to tutor recruitment. Giving more sisters experience of work in the training school might help to break down this barrier.

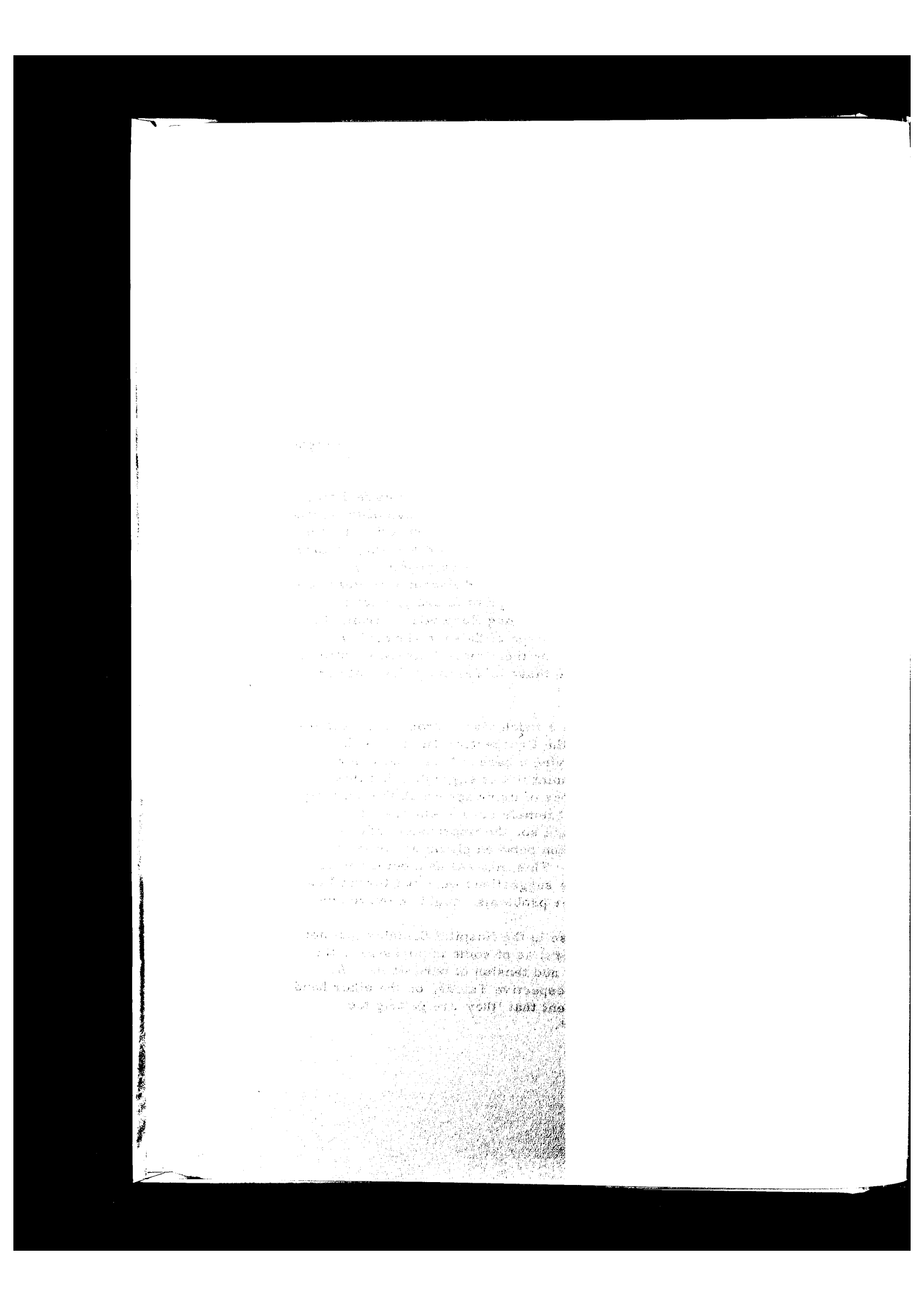
2 The majority of nurses in General and Psychiatric Hospitals think that idealistic motives and very positive characteristics, such as possessing courage and initiative, are important in determining the decision of sisters to become tutors. Those in Teaching Hospitals are broadly in agreement but in some respects more cool and sceptical in their appraisal.

3 The positive motives attributed by those in General and Psychiatric Hospitals to tutors are counterbalanced to some extent by the comparatively high proportion who see their decisions as determined by certain negative characteristics, for instance, desire for a job in which they can stay aloof from people, see Table 19. Once more, those in Teaching Hospitals lay less weight on these personal factors.

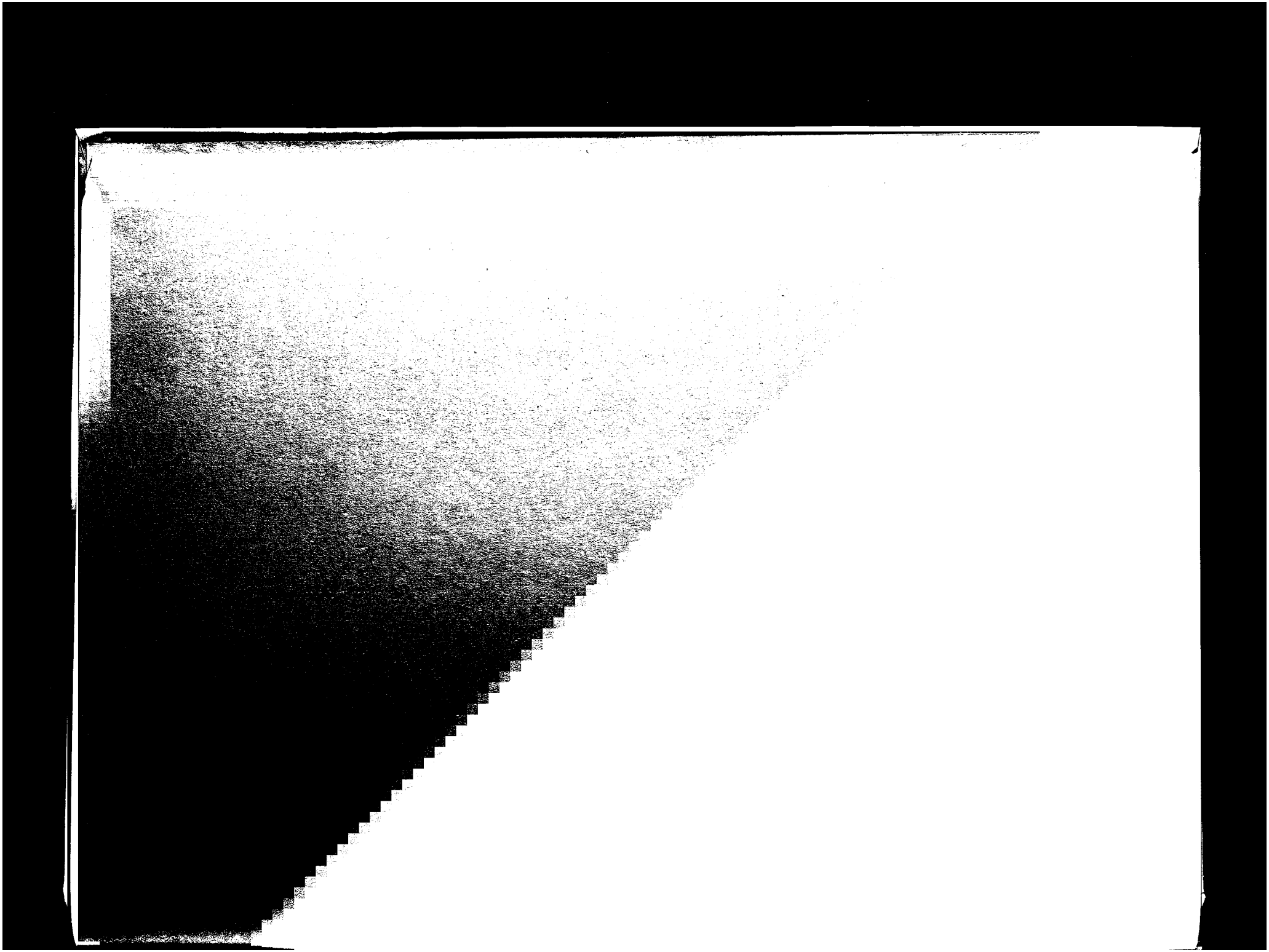
4 A high percentage of sisters in all Hospital Samples feel that desire for greater independence is an important motive of those who take up tutoring. A far smaller proportion of Prospective Tutors stress this. Other important motives in terms of advantages hoped for are: desire for wider influence and more responsibility, particularly stressed by those in General and Psychiatric Hospitals; and desire for a change together with hope of future promotion, particularly stressed by those in Teaching Hospitals. Again, the impression is conveyed that the opinion of those in General and Psychiatric Hospitals is coloured by their more 'intense vocational' involvement in their career while those in Teaching Hospitals are more 'cool' in their approach.

5 Another motive endorsed by a much higher proportion of those in the Hospital Samples than by the Prospective Tutors, is that tutors are 'more dedicated to having a career than most other nurses'. In discussion of this point it was suggested that this discrepancy is related to the hopes of marriage which the majority of nurses entertain. Since most female nurses who take up tutoring are unmarried and remain so, the impression may be created that there is an association between giving up hopes of marriage and becoming a tutor. This may act as a deterrent to those who hope to marry. Some suggestions were put forward as to how this impression, and other problems, might be overcome.

6 Another motive seen by those in the Hospital Samples (but not so much by the Prospective Tutors) as of some importance is the desire to escape from the strain and tension of ward work. A rather high percentage of the Prospective Tutors, on the other hand, endorse as important the statement that 'they are getting too wrapped up in the hospital world'.



7 Having friends who are tutors is regarded as quite an important motive, not only by those in the Hospital Samples but by the Prospective Tutors too. Being persuaded by matron is less important in the view of most Prospective Tutors than in that of the other respondents. However, they are very insistent on the importance of not wishing to be assistant matrons. This may reflect the resentments which arise between training school and administration. Much was heard of these resentments in the course of the research, other consequences of which were pointed out earlier in the report.



3 FINAL CONCLUSIONS

SUMMARY OF OVERALL FINDINGS

The time has come to attempt, in a final summing up, to provide as clear an answer as possible to the question, Why do not more sisters become tutors ? It must be re-emphasised that it is the sisters' subjective views which have been explored. It cannot necessarily be inferred, without further evidence, that their opinions are objectively justified. Sometimes such evidence does exist and attention has been drawn, in the course of the report, to instances where this is so. Nevertheless, if a high proportion of sisters from different types of hospital all have critical opinions on a particular issue, this would seem to deserve further investigation. It might serve as a prelude either to making objective changes or to eradicating misunderstanding; for example, by improving communications or by better publicity.

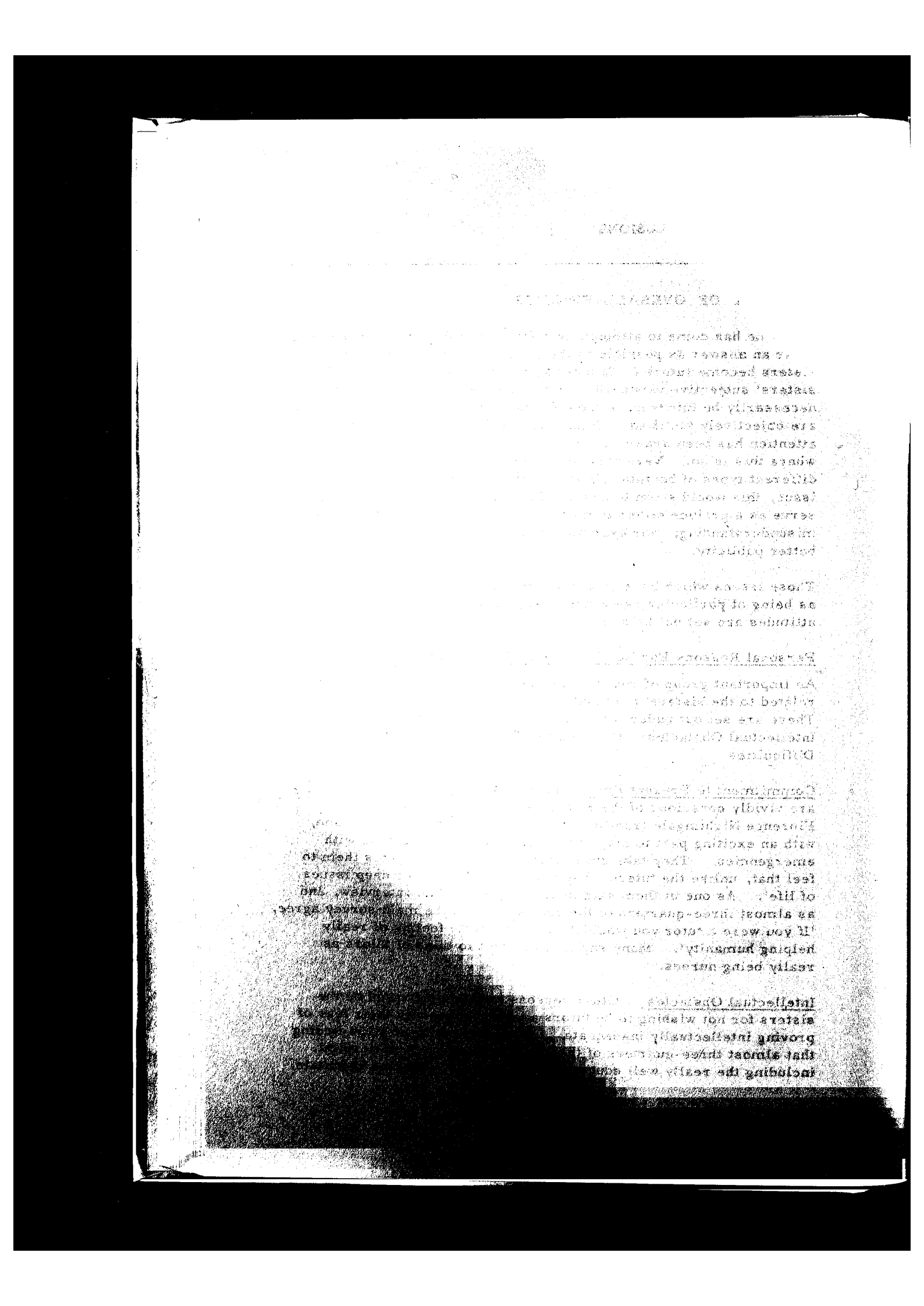
Those issues which have emerged from the questionnaire responses as being of particular relevance in accounting for the sisters' attitudes are set out below.

Personal Reasons For Not Wishing To Be a Tutor

An important group of reasons for not wishing to become a tutor are related to the sisters' personal characteristics and circumstances. These are set out under the headings: Commitment to Present Role; Intellectual Obstacles; Pay, Status, Promotion Prospects and Other Difficulties.

Commitment to Present Role Most of the sisters reveal that they are vividly conscious of their role as nurses conceived in the Florence Nightingale tradition, that is, calm, capable, feminine, with an exciting part to play at the centre of things, coping with emergencies. They take great pride in this. It inspires them to feel that, unlike the tutors, they are 'in touch with the deep issues of life'. As one of them said in an early individual interview, and as almost three-quarters of the respondents in the main survey agree, 'If you were a tutor you wouldn't have the same feeling of really helping humanity'. Many say it is difficult to think of tutors as really being nurses.

Intellectual Obstacles Other reasons strongly endorsed by the sisters for not wishing to be tutors are connected with their fear of proving intellectually inadequate. Most interesting of all is finding that almost three-quarters of the sisters in each type of hospital, including the really well educated ones from the Teaching Hospitals,



are afraid of speaking in public and gave this as an important deterrent.

Other fears are expressed. Nearly two-thirds of the sisters in General and Psychiatric Hospitals and nearly half of those in Teaching Hospitals (again rather surprising) feel that they might not be clever enough to pass the examinations, or that they need special qualifications which they lack. Study of the chart showing the educational level attained by the sisters in the different groups suggests that they may be correct in this assessment of themselves, except that those in the Teaching Hospitals may be underestimating their ability in this respect also.

Pay, Status, Promotion Prospects, and Other Difficulties It is interesting to find that only a minority say they are deterred from tutoring because pay is too low. Those in Teaching Hospitals (12 per cent) attach the least importance to this; those in Psychiatric Hospitals (39 per cent) attach the most; 29 per cent of General Hospital sisters stress the point. Rather more sisters in Teaching Hospitals are concerned about the tutor's status and promotion prospects; 23 per cent and 21 per cent respectively. The proportion of those in General and Psychiatric Hospitals similarly concerned corresponds to the proportion in each concerned about pay.

A greater number of sisters appear to be deterred by more immediate material concerns. Nearly half think they would not find the maintenance grant, made during their study period, large enough; while slightly fewer are put off because they feel that a two-year course is too long.

Another difficulty, the importance of which is stressed by almost half the respondents, is that since they have never had a chance to try out the work it would be too risky to consider taking it up. This seems an obstacle for which it should be comparatively simple to find a remedy.

Reasons For Not Wishing to be a Tutor, Related to the Sisters' Perception of Tutors and Tutoring

A second important group of reasons for not wishing to become a tutor is related to the conception the sisters have of the tutors' work, their social position and personality characteristics. These are set out under the following headings: Sisters' Perception of the work of Tutors; Sisters' Perception of the Social Position of Tutors; and Sisters' Perception of the Personality Characteristics of Tutors.

Sisters' Perception of the Work of Tutors As shown in Table 11, page 26, the majority of sisters in Teaching and General Hospitals hold a negative image of the tutor's work. They see it as dull and repetitive, rather a waste of nursing skills and tending to foster a

narrow outlook and an artificial approach to life and people. On the other hand, a larger majority of those in Psychiatric Hospitals and, as might be expected, the Prospective Tutors themselves, endorse the alternative, positive picture; that the work is varied and interesting, a good use of nursing skill, that it deepens understanding of the human problems in nursing, and that it develops the best in people.

When asked why they personally do not wish to become tutors, the negative image held by those in Teaching and General Hospitals is confirmed as a majority give their view that 'the work is too repetitive and monotonous', see Table 14, page 36. Again, this seems less important as a deterrent to those in Psychiatric Hospitals. On the same theme, about 40 per cent in each group say they are put off because tutors have 'no opportunity for showing initiative'. This percentage closely corresponds to the proportion who endorse the similar statement in Table 11, page 26, that 'tutors are always tied to routine'.

The objection to the tutor's work which attracts the strongest support is that 'Classroom teaching is not realistic because things are not done in the same way on the ward', see Table 14. A majority in all three groups, more than 60 per cent in General and Psychiatric Hospitals, stress the importance of this point. There is probably a relationship between this view and the fact that in General and Psychiatric Hospitals about 50 per cent of respondents say they are put off tutoring because tutors lack up-to-date equipment, have too little opportunity for keeping in touch with new methods and therefore lose touch with the latest developments. In the Teaching Hospitals 42 per cent think tutors lose touch with new methods but fewer think they lack up-to-date equipment or have too little opportunity for keeping abreast of new developments (27 per cent and 37 per cent, respectively, see Table 14).

Although there is no direct evidence, a connection probably exists between these views concerning the lack of realism in classroom teaching and what is felt, particularly by those in General and Psychiatric Hospitals, to be lack of cooperation between tutors and ward sisters, and between tutors and administrative staff, see Table 13, page 33.

Sisters' Perception of the Social Position of Tutors Responses to a number of different statements in the survey indicate that many of the sisters see the tutors as working in a rather isolated, lonely, position and that this is an important factor in deterring them from tutoring. To a somewhat surprising degree the Prospective Tutors endorse their judgment.

About 40 per cent of the sisters in Teaching and General Hospitals, fewer in Psychiatric Hospitals, are prepared to state that an important reason why they do not wish to be tutors is the 'it is such a lonely job', see Table 13, page 33. Responses to other statements help to elucidate what they may mean by this and, too, bring out further features of the tutor's position which they find off-putting.

A very important point is their feeling that tutors are 'cut off from patients'. More than three-quarters stress this, see Table 13. Also, a large majority stress the importance of the fact, as they see it, that tutors 'are cut off from hospital life', see Table 13. These statements may usefully be related to other responses evaluating the effect of tutoring. More than half of those in Teaching and General Hospitals (only one quarter of those in Psychiatric Hospitals) think that 'tutoring limits your chances of meeting new and interesting people', see Table 11, page 26. Thirty per cent of the Prospective Tutors are prepared to say the same, despite the better working hours and more convenient social life to which the majority of them look forward, see Table 20, page 49.

With regard to the sisters' conception of the attitudes of other hospital staff to tutors, we find that an average of almost 70 per cent of the sisters in the Hospital Samples and 2 per cent of the Prospective Tutors think of tutors as 'not very popular' rather than 'very popular' with other nursing staff, see Table 10, page 24. The pessimistic view of the Prospective Tutors here is rather surprising. In addition, 50 per cent in General and 56 per cent in Psychiatric Hospitals (only 37 per cent in Teaching Hospitals) say 'there is little cooperation between tutors and ward sisters', see Table 13. About 40 per cent of the sisters in the Hospital Samples and 72 per cent of the Prospective Tutors see tutors as 'cold-shouldered by the administration' rather than 'given full support', see Table 10. A similar proportion, about 40 per cent, in General and Psychiatric Hospitals say further that the fact that 'tutors are shown too little consideration by the administrative staff', see Table 13, is an important deterrent to them. Again, far fewer, 24 per cent, in Teaching Hospitals endorse this.

When it comes to their estimation of doctors' attitudes to tutors, between 80 per cent and 90 per cent, not only of sisters in the Hospital Samples but also of Prospective Tutors, consider that doctors think more highly of ward sisters. All the same, despite popular opinion on this point, doctors' attitudes may not be of great significance in determining the sisters' decisions except, perhaps, in Teaching Hospitals. Fifty-two per cent of the sisters there say that losing contact with the medical staff is an important deterrent from becoming a tutor. On the other hand, slightly less than 40 per cent in General and Psychiatric Hospitals say this is important. Another objection to tutoring, probably related to the last, felt to be important by 56 per cent of Teaching Hospital sisters, is that 'you have to work

in an all-female atmosphere', see Table 13, page 33. Far fewer in the General and Psychiatric Hospitals stress this, no doubt in part because there are more men in their training schools - a majority in Psychiatric Hospital training schools.

Next comes the sisters' estimates of the attitudes of student nurses to tutors. The majority of sisters feel that students regard their tutors with affection and respect. A sizeable minority, just over a quarter, think that students are afraid of their tutors and about 20 per cent that they feel patronising towards them. On these issues there is a very marked discrepancy between the conceptions of the sisters in the Hospital Samples and the Prospective Tutors who take a much more optimistic view, see Table 10, page 24.

The importance of human relationships in determining attitudes towards tutoring and subsequent decisions made, is underlined by the extent to which not only the sisters in the Hospital Samples but also the Prospective Tutors agree that a significant motive for becoming a tutor is that of having friends who are tutors. About 40 per cent in each group stress this, see Table 22, page 54. This suggests that recruitment might be improved if more friendly relationships between ward sisters and tutors were fostered. Certainly it may be surmised that insofar as sisters see tutors as an isolated and unpopular group this will be a deterrent to them.

Sisters' Perception of the Personality Characteristics of Tutors

Table 11, page 26, reveals that a substantial majority of sisters in Teaching and General Hospitals see the work of a tutor as constricting, fostering a narrow, artificial outlook rather than deepening understanding and bringing out the best in people. The importance of negative views of the personality characteristics of tutors in determining the sisters' own attitudes is more accurately illustrated by the responses recorded in Table 16, page 41. This shows that between a quarter and a third of sisters in General Hospitals find tutors 'rather off-putting' and that this is important in deterring them from tutoring. Thirty-five per cent endorse such statements as: 'tutors never seem to enjoy life much'; 29 per cent that they 'have fewer outside interests than other nurses'; between 25 per cent and 30 per cent that they 'are so serious and introverted', 'rigid and unsympathetic', 'narrow and dull'. Only a slightly smaller proportion of those in Psychiatric Hospitals express the same views. In Teaching Hospitals a considerable minority also hold negative impressions although they lay stress on different statements; for example, 38 per cent describe tutors as 'narrow and dull', while only 14 per cent think them 'rigid and unsympathetic'.

It may be that the negative view these nurses have of tutors can be explained in part by their feeling that 'to become a tutor is running away from the real challenge of nursing'. At any rate, about 40 per cent of all the sisters think this is an important reason for not becoming tutors themselves.

Finally, further light is thrown on the sisters' conception of tutors by the responses recorded in Table 20, page 49. This shows that, again, about a third of the sisters, or rather more in each of the Hospital Samples, think sisters choose tutoring for such reasons as that they want a routine job which will not make too many demands upon them or that they have found nursing is really the wrong job for them. As might have been predicted, these somewhat derogatory assumptions are almost unanimously rejected by the Prospective Tutors.

The belief that tutors are those who have discovered that nursing is the wrong job for them may be related to the feeling endorsed by almost 90 per cent of respondents in General and Psychiatric Hospitals, that tutors are people who have always wanted to be teachers. Only just over half of the Prospective Tutors agree to this. It is suggested that the sisters may hold a stereotype of the tutor as a 'born teacher' and that this may be bad for recruitment since it implies that someone who has not always had a desire to teach would be less likely to make a success of teaching and should not attempt it.

Reasons For Not Wishing To be a Tutor, Explained in Terms of Background Statistical and Demographic Data

In this section an attempt will be made to show how some of the attitudes expressed by the respondents may be related to the background data illustrating the variety in the size of training schools and their tutor/student ratio and, also, to the demographic characteristics of the sisters in the different sample groups, see Charts 1 - 6 in Section 1. This will serve to draw together the various interpretations of the sisters' responses based on such differences which were made during the course of the report.

Effect of Differences Between Training Schools Charts 1 - 5 in Section 1 reveal that there is a wide range of variation in the size of training schools and in the ratio of tutors to students within the schools. It is hypothesised that these facts play an important part in determining the sisters' conception of tutoring and help to explain some of the differences in opinions expressed. A straightforward example is that a high proportion of those in Teaching Hospitals think that classes are 'often too large'. Thirty per cent fewer of those in General Hospitals share this opinion, while in Psychiatric Hospitals a majority think classes are 'often too small', see Table 8, page 19. These opinions correspond to what is known of variations in training school size and tutor/student ratios in these different types of hospital. The trend of opinion on the adequacy of training school accommodation is in the expected direction, given the views on class size; that is, the higher the proportion thinking classes too big, the higher the proportion who consider training school accommodation inadequate. However, it is the General and Psychiatric Hospital groups rather than those in the Teaching Hospitals who complain of tutors not being provided with up-to-date equipment - almost 50

[illegible]

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Effect of Differences Between [illegible]

Section 1 reveal that there [illegible] training schools and in the [illegible] schools. It is hypothesized that [illegible] in determining the sisters [illegible] some of the differences in opinions [illegible] example is that a high proportion [illegible] that classes are often too large [illegible] General Hospitals share this [illegible] a majority think classes are often [illegible] These opinions correspond to what [illegible] school size and tutor/student [illegible] hospital. The trend of opinion on the [illegible] accommodation is in the expected [illegible] size, that is, the higher the proportion [illegible] higher the proportion who consider [illegible] inadequate. However, it is the General [illegible] rather than those in the Teaching [illegible] not being provided with up-to-date [illegible]

per cent, as opposed to 27 per cent. Here, too, differences are in the direction which might have been predicted.

It is also argued that these differences in the size of schools help to explain why so much smaller a percentage of Teaching Hospital sisters than of those in the other Hospital Samples are put off tutoring because 'you have to work on your own rather than as a member of a team', see Table 13, page 33, since in many smaller training schools only one tutor is employed.

Effect of Differences in Demographic Characteristics of Sample Groups Demographic data relating to the educational level, socio-economic background and age of the sisters in the different sample groups have been referred to during the course of this report in an effort to explain differences in responses.

To begin with, discrepancies revealed in the concept held by different groups of the tutor's functions and the characteristics of a successful tutor have been explained in terms of these data. One example discussed earlier in the report was of the way in which the Prospective Tutors, together with the sisters in Teaching Hospitals, stress that a successful tutor needs to have 'a vigorous and independent personality' while those in General and Psychiatric Hospitals lay relatively more weight on the need for her to have 'a placid temperament and much patience', see Table 9, page 21. These two opposing groups also differ in the relative stress they put on hard work in contrast to intelligence as a requirement for becoming a tutor. Demographic data relating to the educational level of the sisters in the different groups help to explain this. Those in the Teaching Hospitals, with a higher educational level, emphasise as predominant the need for hard work; the others, the need for high intelligence. It is argued that these discrepancies are important because, to some extent, tutors' acceptability and popularity with the sisters will depend on how far they match up to the sisters' conception of what they should be.

The cool, down to earth appraisal of the tutors' motives for tutoring and the lack of stress laid upon their personality characteristics by the sisters in Teaching Hospitals, in contrast to those in the other Hospital Samples, was also tentatively attributed in the report to the differences in background. It was suggested that the Teaching Hospital sisters had a more 'professional', as opposed to 'vocational', orientation and that this is a middle class characteristic they might be expected to display. This may also be a result of differences in the size of the training schools in the various types of hospital. It may be difficult for students in Teaching Hospitals to develop personal relationships with their tutors because of the size of the training schools, and, possibly the size of classes. However, where the tutors have companionship among their professional colleagues they may be less concerned with developing personal contacts with students than a single tutor in a small training school.

The greater concern apparently felt by the Teaching Hospital sisters about their relationships with the medical staff is also more understandable if the demographic data are taken into consideration. It was suggested that they are more concerned first, because they are younger and more of them are unmarried; secondly, because, with their educational and socio-economic background, they are likely to have more in common with the younger doctors working in the teaching hospitals. Similar characteristics may explain, too, the high percentage of those sisters who do not want to be tutors because it means working 'in an all-female atmosphere'.

The lack of concern about this issue displayed by the sisters in Psychiatric Hospitals is easily explained by the fact that the majority of the tutors in these hospitals are men. It may be added that the greater stress laid by Psychiatric sisters on the question of pay promotion and living accommodation is probably due to their having been influenced by the male tutors. It became evident from conversations held during the course of the research that male tutors, often with families, have strong opinions on these points.

The Effect of Ambiguity Surrounding the Tutor's Role

Another important point revealed by the questionnaire responses was that of the different conceptions of the tutor's role, held by the Prospective Tutors and the Hospital Samples. The majority of Prospective Tutors see this as being primarily to help students with the human and psychological problems of nursing. A sizeable proportion of sisters in the Hospital Samples feel that 'the tutor's most important task is to see that student nurses learn their nursing theory', see Table 9, page 21. Clearly, there is ground here for misunderstanding and conflict. In fact, in earlier pilot interviews such conflict was reported. One group of sisters complained that tutors spoiled students by encouraging them to dwell on their psychological and personal problems, with the result that they were less willing to accept discipline on the wards. Explosive situations could result from such disagreement, with the problem of the student/ward sister relationship on the one hand and the reputed lack of cooperation between tutors and ward sisters on the other.

This particular issue illustrates the more general problem of the ambiguity surrounding the tutor's role in the hospital. Mention is made in the Salmon report of the unsatisfactory definition of the tutor's sphere of influence and authority in many hospitals. One of the Salmon committee's aims was to formulate a plan for rationalising the social structure of hospitals so that the function and sphere of authority of different staff members would be more clearly demarcated. Some such reform would seem to be a prerequisite for establishing a harmonious relationship between the training school and the rest of the hospital. This in turn should make it easier for ward sisters and tutors to cooperate in training and helping the students without the fear that either is stealing a march on the other.

If the Salmon committee's proposals are brought into effect they should also help to dispose of objections to tutoring based on the feeling, expressed by more than 40 per cent of General and Psychiatric Hospital sisters, that 'tutors are shown too little consideration by the administrative staff', also, that they 'are not allowed as high a status as they deserve', see Table 13, page 33. The latter opinion is endorsed by 23 per cent of sisters in Teaching Hospitals; 34 per cent in General Hospitals, and 42 per cent in Psychiatric Hospitals. In addition, the proposals should remove another objection to tutoring based on the belief that 'promotion prospects are few and inadequate' (Teaching Hospitals 21 per cent, General Hospitals 29 per cent, Psychiatric Hospitals 39 per cent), see Table 14, page 36. How far these improvements would go towards overcoming the other, more strongly endorsed, objections to tutoring encountered here remains to be seen after the reforms have been introduced.

GENERAL DISCUSSION OF THE RESEARCH FINDINGS

As shown, the survey has brought out a variety of factors particularly influential in determining the attitudes of hospital sisters to tutors and tutoring. An attempt will be made here to relate these to what is already known from other sources of the traditional social structure and ideological outlook found in hospitals. This is important because so often the outlook of individuals is determined more by the particular social context in which they find themselves than by their own personality characteristics.

In the earlier discussion, instances have been given in which knowledge of the sociological characteristics of the different groups considered, their socio-economic background, educational level, age, and so on, makes the attitudes they express more understandable. This implies that the characteristics of individual nurses also help to determine their outlook despite the stress laid above on the importance of institutional traditions. This earlier discussion will be used here as the background to more general consideration of the tutor's role and the function of training schools.

Relation of Opinions Expressed to Hospital Traditions and Ideological Outlook

Various research studies have brought out features of the established hospital tradition which may throw light on the complex relationship between those working in the training schools and those on the service side of the hospital. First, it may be useful to see the present hospital situation in relation to a historical context.

Florence Nightingale (Woodham-Smith)[8] was very anxious to establish a system of nurse training which would forever dispel the previous

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[8] Woodham-Smith, Cecil, Florence Nightingale 1820-1910, Constable and Company Ltd., 1950.

association of nursing and nurses with drunkenness, promiscuity and dirt. To this end she was rigidly insistent on strict discipline and encouraged an attitude of religious dedication in her recruits which led them to discount all personal needs in face of the demands of their vocation. Of course, hospitals in those days were quite deplorable institutions. The heroic self-sacrifices of her pupils were necessary to change the situation.

In more recent times this rigid code of conduct, established as part of the nursing tradition in the Victorian era, has come under question. Hospitals are no longer the terrifyingly disreputable places they were. Moreover, women today expect more freedom in their personal lives if only because, unlike their Victorian predecessors, they have many and varied careers open to them (including marriage) which offer this advantage.

There is evidence that hospital traditions have not everywhere been modified to meet this new situation and these new expectations. Often, still, as appears from a variety of personal stories and research reports, there exists an implicit assumption that because nurses are following a 'vocation' rather than a 'career' they should therefore be prepared unquestioningly to discount their own feelings and personal needs and be prepared to have them discounted by others. This attitude, together with the insistent and necessary discipline of the hospital world, seems sometimes to result in an atmosphere of impersonal, bureaucratic rigidity. There is a strong emphasis on hierarchy: generally speaking, nurses on different levels are not encouraged to fraternise with their superiors or inferiors. Separate dining arrangements made for different groups in many hospitals illustrate this policy. In the case of student nurses, the prevailing 'impersonality', that is, the extent to which human relationships are controlled by status considerations and the pattern of hospital routine, is enhanced by the way in which they are so frequently moved from ward to ward. This makes it difficult for them to form lasting relationships with either patients or ward sisters.

It is not surprising that this code, firmly embedded in hospital tradition and ritual, should have been described as bureaucratic. Its stress is on uniformity of procedure, strict role-differentiation, hierarchical grouping, and the subordination of the individual to the system. All these features, apparently accepted for their own sake rather than for any particular purpose, are characteristic of most well established, well organised social institutions; for example, the Civil Service, the Army, the Roman Catholic Church and other churches. Also, it should be remembered that the Army and religious orders served as models for Florence Nightingale in drawing up her original code for the nursing profession.

This organisational streamlining may lead to greater efficiency in

routine situations but there is often a price to pay in terms of its psychological effect on the organisation's individual members. Nurses, as human beings, will still have personal needs and personal feelings, even though they are trained to discount them. Generally speaking, sacrifices clearly demanded by a given situation will be made willingly, but where the necessity for them is not apparent except in terms of bureaucratic tradition a residue of discontent and misery may be left. The effect of this may be all the more pernicious if the feelings themselves are repressed.

There is considerable evidence that the strain felt by nurses is caused, not only by their inevitable, tragic encounters with sickness and death, but also by the features of the hospital regime just described. For example, MacGuire[9] in her study of student nurses in the induction period, found that one of the chief sources of student nurses' dissatisfaction was their experience of 'a general lack of meaningful relations with other people in the hospital'. She also found that the student nurse, according to the senior staff, was 'not expected to become involved with the patients and staff of a particular ward'. Her involvement was expected to be with her own 'set' - those students who entered the preliminary training school at the same time as herself. 'The set is regarded .... as the focus for an involvement which will allow the student nurse to move freely from ward to ward while giving her a basic emotional stability.' Unfortunately, in practice it appears that it is impossible to keep the set as a viable body throughout the training period. In consequence, MacGuire found that for the students 'the break up of the set which had been an all important unit to them in the first few weeks of training was a major source of discontentment', but that the full implications of the strong sense of identity between the members of a particular school intake did not seem to be recognised by the senior nursing staff. The conclusion drawn from this evidence for present purposes is that nurses, in this case student nurses, do feel the need for sympathetic personal relationships with colleagues to sustain them in their work, but that this is not sufficiently allowed for by the nature of the organisation and consequently by the staff who express its ethos.

Revans[10], in his report of research carried out in a number of hospitals in the north of England, provides further support for this conclusion. He quotes evidence from a study of one particular hospital, admittedly one with a severe student wastage problem, of the difficulties experienced by student nurses in beginning hard work. 'What really shocked and confounded them was that they sensed so little understanding; they felt offered so little help that they gained confidence neither in themselves nor in their seniors. The only

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[9] MacGuire, Jillian M, From Student to Nurse: The Induction Period, Oxford Area Nurse Training Committee, 1961, pp 77-78.

[10] Revans, R W, Standards for Morale, Oxford University Press for Nuffield Hospitals Trust, 1964, p 49.

sympathy and support they recognised was from their struggling colleagues in the same training school set . . .'

In this same hospital a number of the sisters interviewed showed a lack of concern about integrating the student nurses into hospital life by explaining things to them. Some said they had no time; others that because students were moved so frequently they could not develop any team spirit on the ward and systematic instruction was hindered. In some wards the interviewers found evidence of concealed hostility between senior and junior sisters which exacerbated the situation.

The account of this hospital might be dismissed as one exceptional, unfortunate case but that the significance of the attitude displayed is confirmed by more extensive research. We have the evidence from MacGuire's study quoted above. In addition, Revans[11] found, in a further study based on two conferences and a sample of sisters drawn from 28 hospitals, that there was a significant relationship between the degree of support the sisters felt they received from matron, administrative and medical staffs, and ancillary departments, and the extent to which they, in turn, displayed supportive attitudes towards their student charges. (Even more important, perhaps, there appeared to be strong evidence that harmonious relationships between members of the hospital staff actually improved patient recovery rates.)

Revans[12] draws from his research data the general conclusion that in order to lower wastage rates among students, improve patient recovery rates and reduce antagonism between groups of staff (perhaps in the present context we may think of ward sisters and tutors), 'It is essential to engender within many of the hospital staffs as they now exist this concept of an organic unity, of a mutual dependence and of the necessity for each individual to perceive more clearly his or her role in the total process.'

Menzies[13] has a different interpretation of what have been described here as the bureaucratic aspects of hospital life. She draws attention to certain similar features; the encouragement of detachment and denial of personal feelings and the attempt to eliminate the need for decisions by emphasis on ritual task performance, but explains them, from a psychoanalytical viewpoint, as attempts to control the anxiety inevitably experienced in a hospital setting. She considers, however, that they result in an immature evasion of anxiety rather than in the mastering of it by the acceptance of such

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[11] Revans, R W, op cit, p 66.

[12] Revans, R W, op cit, p 94.

[13] Menzies, Isabel E P, A Case-Study in the Functioning of Social Systems as a Defence against Anxiety, Human Relations vol 13 no 2, 1960, Tavistock Publications (1959) Limited.

feelings by all concerned, together with cooperative efforts to work through them and reach a higher level of understanding. She feels that in consequence of the present denial of such emotion hospital staff are often inhibited from responding creatively and positively to new situations and opportunities.

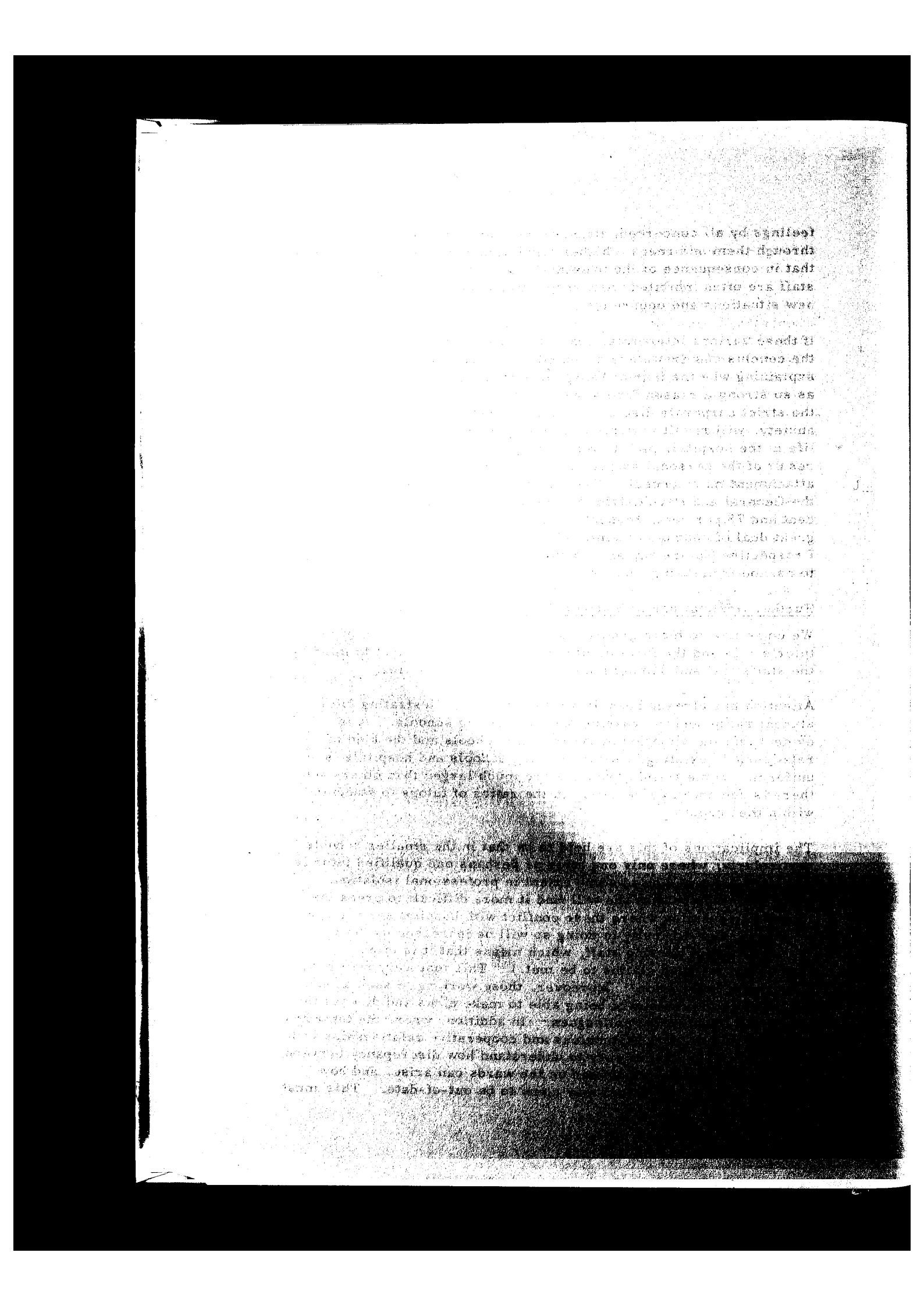
If these various interpretations of the present hospital situation and the conclusions drawn are accepted, they may go some way towards explaining why the fear of being 'cut-off from hospital life' is seen as so strong a reason for not wishing to be a tutor. Predictably, the strict corporate discipline imposed, reinforced by underlying anxiety, will result in nurses becoming intensely attached to group life in the hospital, partly from a very real loyalty and partly as a result of the personal anxiety and sense of insecurity which such attachment may conceal. They may explain, too, why so many of the General and Psychiatric Hospital sisters in particular, 62 per cent and 78 per cent, respectively, think of tutors as showing 'a great deal of courage and initiative', and also why almost half of the Prospective Tutors say an important reason for becoming a tutor is to escape from being 'too wrapped up in the hospital world'.

Further Implications of Statistical and Demographic Data

We come now to more general ideas concerning the nature of the tutor's role and the function of training schools, brought to mind by the statistical and demographic data referred to earlier.

Attention has already been drawn to the charts illustrating tutor/student ratios and the varying size of training schools. It is evident that the situation in the training schools and the kind of relationships existing between training schools and hospitals is not uniform. Some training schools are much larger than others and there is considerable variation in the ratios of tutors to students within the schools.

The implications of this are held to be that in the smaller schools particularly, where only one tutor or perhaps one qualified tutor is employed, she will be to some extent in professional isolation. One result may be that she will find it more difficult to press the claims of education where these conflict with hospital service needs. (Of course, her difficulty in doing so will be increased by the very real shortage of nursing staff, which means that it is often impossible for such claims to be met.) This may very well prove a source of frustration. Moreover, those working in such schools will miss the stimulous of being able to make plans and discuss their ideas with like-minded colleagues. In addition, where the tutor has not been able to form harmonious and cooperative relationships with other hospital staff it is easy to understand how discrepancy between what is taught in the school and on the wards can arise, and how what is taught in the school may come to be out-of-date. This must



be professionally discouraging for the tutor and, too, may be the cause of sisters and other hospital staff losing respect for her authority as a teacher. There is evidence in the report of this, see Table 14, page 36.

Theoretically, in a large teaching hospital training school employing several tutors, it should be easier for them to find time to specialise in particular types of nursing and to keep abreast of all new developments. There will also be a greater variety of more advanced medical work going on, providing opportunities for up-to-date experience. However, according to one interview report, these advantages may be offset by the large classes in such schools.

Not only are there wide variations in the character of training schools, but also, of course, in the characteristics of the students. It is clear, for example, from the charts showing the academic background of sisters taking part in this survey, that in general those in Teaching Hospitals had reached a much higher educational standard when they began their nursing career than those in General and Psychiatric Hospitals. There is good reason to suppose that these differences are also true of the students in the same hospitals. MacGuire[14] found that 52 per cent of non-Teaching Hospital students in her sample, as opposed to 7 per cent of Teaching Hospital students, had no 'O' level passes. Sixty-eight per cent of non-Teaching Hospital students had less than three 'O' level passes. Similar percentages are quoted in Focus on Nurse Recruitment[15] for hospitals in the Sheffield region: 'excluding the large preliminary training schools with a high reputation, 60 per cent of the girls accepted for nursing training had fewer than two 'O' level passes.' In contrast, MacGuire found that 52 per cent of her Teaching Hospital students had six 'O' level passes or more. As she remarks, 'The range of initial academic qualification is wide yet the syllabus followed by all student nurses in training for the general register is the same as are the preliminary and final examinations. It is doubtful whether some of the student nurses with no certificate stand any chance of passing the state examinations. The more highly qualified, on the other hand, may find that the academic work is not sufficiently stimulating to hold their interest.'[16]

It is surely unreasonable to expect the less academically-gifted students to achieve the same level of theoretical knowledge as those more gifted in this way, yet this seems to be the official policy. If, in pursuit of this policy, an academic standard within the scope of students in Teaching Hospitals but out of reach of the majority of

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[14] MacGuire, Jillian M, op cit, Table 7, p 26.

[15] Marsh, David C and Willcocks, Arthur J, Focus on Nurse Recruitment, Oxford University Press for the Nuffield Provincial Hospitals Trust, 1965, p 19.

[16] MacGuire, Jillian M, op cit, p 32.

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those in other hospitals, is set for them all, the result would inevitably be frustration and misery for both tutors and those students attempting to rise to an unrealistic ideal.

These considerations raise the difficult question of how far it is reasonable to have officially uniform expectations with regard to the training of these different groups of student nurses. Abel-Smith, in A History of the Nursing Profession[17], has brought out very clearly the nature of the long-standing conflict between the desires of those who wish to up-grade nursing as a profession by requiring ever higher academic standards of nursing recruits, aiming to have them treated as students rather than apprentices, and the intractable fact that the majority of nurses are girls who are not and never were academically gifted and who regard nursing as a practical vocation for which they are quite prepared to serve an apprenticeship.

Such considerations raise further queries, this time with regard to the role of tutors. The more emphasis that is laid on the importance of mastering the theoretical aspects of nursing, the more difficult does the task of a tutor working with less academically gifted students become. She may be driven to impose on them dull note-learning of theoretical points they find difficult to understand in an effort to get them through their examinations, and suffer frustration and unpopularity in consequence. Again, the fact that there is so much stress laid in nursing circles on the need to raise the standard of entry to the profession; the need for nurses with better academic qualifications; and so on, may possibly be one source of resentment between sisters and tutors. As the tables reveal, most of the sisters have a level of academic attainment below what is officially said to be desirable. No doubt they feel they are competent in their work and it may be that it is in the face of this implicit criticism of themselves and their standards that they develop a feeling of suspicion and hostility towards tutors, whose role it is to be concerned with the more academic aspects of nursing. The authors of Focus on Nurse Recruitment[18] point out that they met with a generally accepted belief in the 'intelligence' of nurses which was not supported by the school-leaving results of the actual entrants. If this image of the nurse's intelligence is widespread, those whose achievements in fields conventionally regarded as tests of intelligence are not noteworthy, even poor, may thereby be made to feel ill at ease in their relationships with the tutorial staff. This may help to explain the rather grudging attitude towards tutors and their work displayed in the survey responses which makes cooperation more difficult and the tutor's task harder.

Of course much experimental work in the field of nurse education is going on. The 1962 GNC syllabus, as it is introduced, will help to ensure that the theoretical aspects of the training are more closely

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[17] Abel-Smith, Brian, op cit.

[18] Marsh, David C and Willcocks, Arthur J, op cit, p 19.

integrated with practical experience. It may turn out that the greater stress laid on relating theory to practical experience will mean that the same amount of theory, or possibly more, can be absorbed even by those not academically gifted without so much painful effort. Likewise, the stress laid by the GNC on the importance of the active participation of students in their educational programme through group discussions and seminars should help towards this end.

Another advantage of stressing a practical, experiential approach is that it may correct the current impression that training school work is over-theoretical, which seems to act as a deterrent to potential tutors. Ward sisters too will be less likely to be inhibited by intellectual diffidence from cooperating whole-heartedly with tutors in student training. This may make it easier to arrange for ward sisters to give classes and demonstrations in the training school from time to time and so have teaching experience. (It will be remembered that many of them said that to become a tutor was too risky since they had had no experience of the work.)

Another sphere for cooperation between tutors and ward sisters is suggested by a comment made in the Platt report.[19] Having quoted various criticisms of the hospital service the authors say, 'The conclusion is inescapable that the present form of training fails to give the student an adequate understanding of human, social and psychological problems ...' and that this hinders the provision of a therapeutic environment for patients. Revans[20] has shown, as quoted earlier, that strain and tension between groups of hospital staff (and for our present purpose we may quote tutors and ward sisters) have an adverse effect on patients and students. There is evidence in this report, too, of difficulties caused by such tension. If those most concerned with the training of students, that is, tutors and ward sisters, were working sympathetically together this should provide a partial remedy by helping the students themselves to show a more sensitive awareness of human and psychological issues. Sisters and tutors might also join together, for example, to run discussion groups in which such problems were worked through with students. On such topics both tutors and ward sisters should have equally valuable contributions to make. This again should make tutors and the work of tutoring more attractive to all concerned.

SUMMARY

In this last section of the General Discussion some large and complex issues were raised, such as the effect bureaucratic tendencies in hospitals have on human relationships within these hospitals and that

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[19] The Royal College of Nursing and National Council of Nurses of the United Kingdom, A Reform of Nursing Education: first report of a special committee on nurses' education (chairman, Sir Harry Platt), 1964, p 13.

[20] Revans, R W, op cit.

of the ever-present anxiety, which is an inherent part of hospital life, in exacerbating such relationship problems. An attempt was made to demonstrate the relevance of these issues to an understanding of the position of tutors, students and ward sisters in particular, in order to show their possible effect on tutor recruitment. Variation in training schools and the particular quality of the students was given more detailed consideration, since it was felt that the problems of establishing harmonious relationships between training schools and hospitals, and of recruiting more tutors, were made worse by lack of realism in the understanding and expectations of those concerned. However, although such attitudes may still be current it was pointed out that the experiments being made in nurse education, exemplified here by the 1962 GNC training syllabus, may go a long way towards establishing a more lively and realistic situation in which all can work together in a cooperative and friendly way.

To conclude, if a single remedy for the problem of the shortage of tutors were to be put forward, based on the findings and arguments in this report, it might be this: to foster friendly, cooperative relationships between the different groups of hospital staff by every means possible within the existing situation. No doubt the desirability of this is already accepted by everyone, in principle. However, this report and the others quoted suggest that the need is more urgent and the consequences of disharmony more far-reaching than might at first be suspected. Indeed, this disharmony seems not only to be a significant contributory factor in student wastage rates and the poor image of tutoring but also to show a negative correlation with patient recovery rates. It would appear that in hospitals as in other spheres constant, vigilant effort is required to counter the insidious constraints on human sympathy and warmth imposed by anxiety and bureaucratic trends.

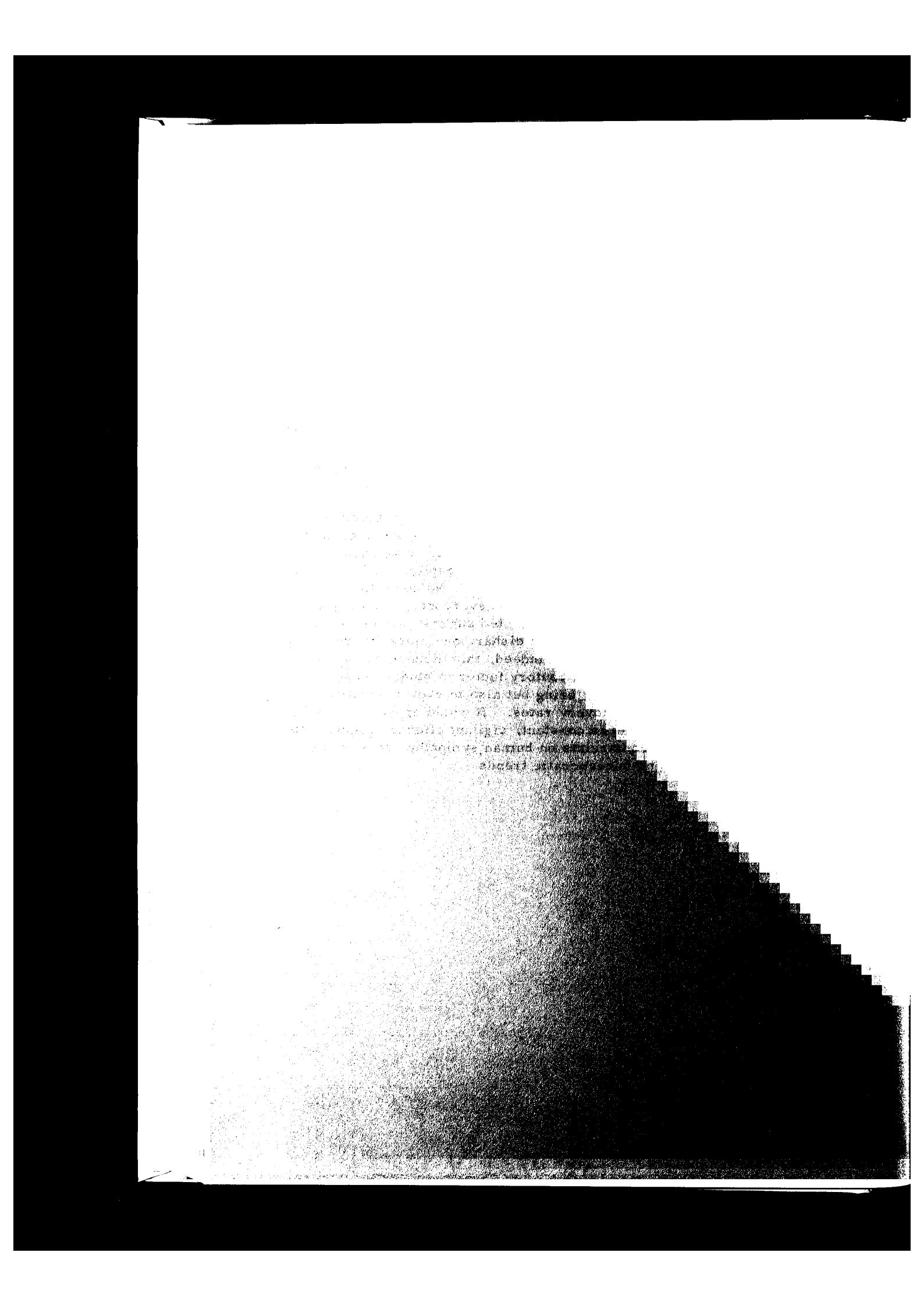

TABLE OF RATIOS OF TUTORS TO STUDENTS IN DIFFERENT TYPES OF HOSPITALS, SEPTEMBER 1964

APPENDIX A1

	Region	Students and pupil nurses per tutor	Students and pupil nurses per qualified tutor	Student nurses only per qualified tutor
1	Newcastle	31	60	53
2	Leeds	37	64	54
3	Sheffield	35	63	55
4	East Anglian	29	40	37
5	NW Metropolitan	53	73	63
6	NE Metropolitan	34	49	44
7	SE Metropolitan	30	43	37
8	SW Metropolitan	35	47	42
9	Oxford	33	62	55
10	South Western	31	49	45
11	Welsh	35	64	54
12	Birmingham	35	58	50
13	Manchester	44	76	68
14	Liverpool	43	68	60
15	Wessex	33	60	48
20	Undergrad Teaching	42	48	46
21	Postgrad Teaching	41	50	47
22	Provincial Teaching	32	44	45

TABLE OF RATIOS OF TUTORS TO STUDENTS IN DIFFERENT HOSPITAL REGIONS, SEPTEMBER 1964

APPENDIX A2

	Hospital Type and number of beds		Students and pupil nurses per tutor	Students and pupil nurses per qualified tutor	Student nurses only per qualified tutor
1	Acute	279	40	56	52
2	Mainly Acute	71	42	58	52
3	Partly Acute	40	45	86	62
4	Mainly Long-stay	26	35	145	72
5	Long-stay	22	39	127	53
6	Chronic	11	38	136	63
7	Pre-convalescent	0	0	0	0
8	Convalescent	1	9	0	0
9	Rehabilitation	0	0	0	0
10	Isolation	2	5	9	6
11	Maternity	2	39	59	59
12	Mental Illness	100	27	41	41
13	Mental Subnormal	39	21	46	46
14	Orthopædic	19	40	67	65
15	TB and Chest	18	33	61	38
16	TB Chest Isolation	3	24	48	38
17	Children Acute	16	58	75	73
18	Eye	6	34	207	201
19	Other Hospitals	37	29	66	42

	Hospital Type and number of beds		
1	Acute		
2	Mainly Acute		

APPENDIX B

DETAILS CONCERNING MALE AND FEMALE STAFF IN DIFFERENT TYPES OF HOSPITAL AND HOSPITAL GRADES

The figures supplied by the Ministry of Health and shown in the following table, indicate the number of student nurses, both pre-registration and post-registration, recorded in the hospital returns dated 30 September 1966. A column showing the percentage of male students in the total number in each category has been added to aid interpretation of these figures.

Numbers of Student Nurses in England and Wales at 30 September, 1966

Hospitals	Pre-registration students				Post-registration students			
	Total	Female	Male	Male percentage of total	Total	Female	Male	Male percentage of total
Teaching	12,304	12,274	30	.2	579	518	61	10
Psychiatric	7,376	3,954	3,422	46	523	302	221	42
Other	32,331	31,324	1,007	3	2,951	2,327	624	21
All	52,011	47,552	4,459	9	4,053	3,147	906	22

A number of interesting facts emerge from this table. It appears that about a third of all male nurses begin their career in psychiatric hospitals and that they form a much higher percentage of the student body in these hospitals (46 per cent) than in any other type. Taking all hospitals combined, men comprise only 9 per cent of the pre-registration student body.

Another interesting fact revealed by this table is the greater enthusiasm shown by male nurses than female nurses for post-registration training. Again taking all hospitals together, men form 22 per cent of the post-registration students, while they were only 9 per cent of the total number of pre-registration students.

This evidence of what appears to be the stronger 'career' orientation of male nurses is supported by the statistical data quoted in the Salmon report, indicating that, at ward sister/charge nurse level, charge nurses form approximately 24 per cent of the total number (5,251 out of a total of 21,017).

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DETAILS OF MALE AND FEMALE ADMISSIONS TO DIFFERENT LUNATIC ASYLUMS IN

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Above this level, however, according to the Salmon report data it seems that women tend to have a higher proportion of the senior appointments. It is true that at the deputy matron level men still comprise 26 per cent of the total (904 out of 2, 469) but at the level of matron they form only 10 per cent (210 out of 2, 045). Again, at the level of departmental sister/departmental charge nurse, men form only approximately 6 per cent of the total (153 out of 2, 344). There are no men holding senior midwifery appointments and men form only 11 per cent of 'other senior nursing staff' (362 out of 3, 213).

A rather different picture is revealed when the relative proportions of male and female tutorial staff are considered. The figures in the table below are not taken from the Salmon report but are based on records made from Ministry of Health files for the purpose of this present survey. They show the numbers of male and female tutorial staff, qualified and unqualified, in the two main categories of hospitals with training schools: regional board general hospitals, and hospitals for mental illness (including, in this context, mental subnormality). They are referred to here as 'general' and 'psychiatric' respectively.

Numbers of Tutors in Different Categories in General and Psychiatric Hospitals

Hospitals	Qualified Tutors				Unqualified Tutors			
	Male	Female	Total	Male percentage of total	Male	Female	Total	Male percentage of total
General	166	612	778	21	54	280	334	16
Psychiatric	143	19	162	88	70	28	98	71
Totals	309	631	940		124	308	432	

It will be noted that the percentage of male tutors in psychiatric hospitals is very high indeed, especially if qualified tutors only are considered. In fact they comprise only 88 per cent of the total. By contrast men comprise only 21 per cent of the qualified tutors in the general hospital category. Simple calculations will reveal that, on combining qualified and unqualified tutors in both categories of hospitals, male staff form 31 per cent of the overall total.

These figures seem to confirm the statement quite frequently heard that to become a tutor is an important path of advancement for men. However, the table below, showing the breakdown into sex groupings

of the total number of tutors qualifying each year over the past few years, does not suggest that the proportion of male to female tutors is increasing. Although other openings for advancement are more easily available to women than to men, yet women so far outnumber men, particularly in non-psychiatric hospitals, that they are still the largest potential source of new recruits to tutoring.

Numbers of Men and Women Qualifying for the University of London Sister-Tutor's Diploma in Given Years

Year	Total Nos. qualifying for the Sister-Tutor's Diploma		
	Men	Women	Total
1960	21	43	64
1961	25	42	67
1962	29	44	73
1963	35	50	85
1964	30	45	75
1965	22	48	70
1966	35	33	68

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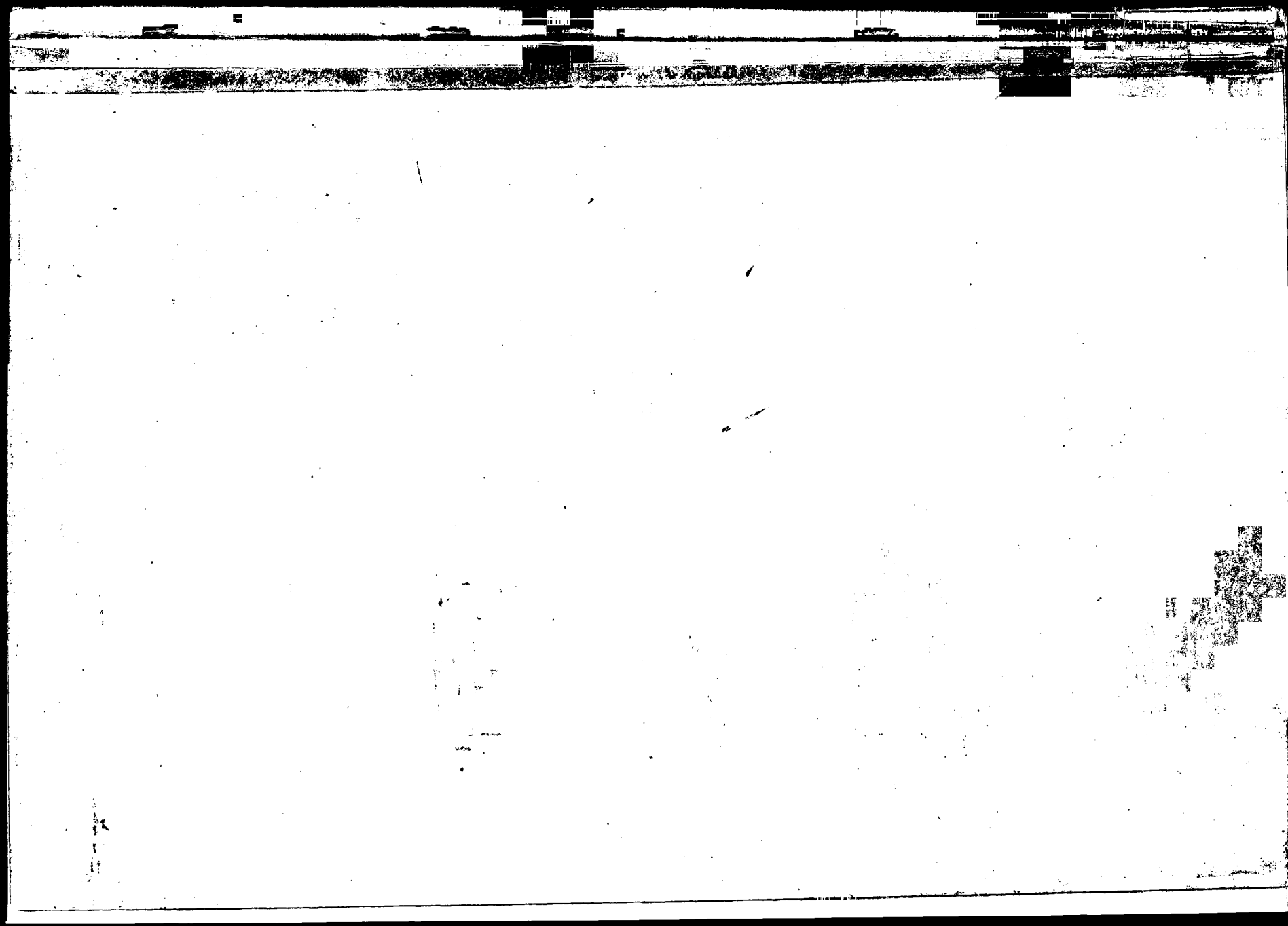
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