

**SCHOOL LEAVERS INTO
NURSING: A STUDY OF HIGH
ACADEMIC ACHIEVING SCHOOL
PUPILS IN SCOTTISH SCHOOLS**

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ABSTRACT

The central objective of the study was to better understand 5th and 6th year school pupils' perceptions of nursing as a career choice and to obtain current data regarding the recruitment situation pertaining to school leavers pursuing nursing as a career choice. This was achieved by utilising a multi-strategy approach which involved the use of a self-administered questionnaire (n = 1062) and the interviews of 20 paradigmatic cases. The school pupils came from 11 schools, with different socio-demographic profiles, from one educational area in Scotland.

The study found that only 8.8% (n = 56) of school pupils who had made a career choice had chosen to pursue nursing as a career, despite the fact that 82.4% of the school pupils in the sample had the necessary academic qualifications to enter the student nurse education programme. Merely 21.2% of all the pupils had actually considered nursing as a career choice.

The findings would appear to suggest that those pupils who had chosen to pursue nursing as a career choice are committed to this choice. As 93% of the pupils would still continue to pursue nursing as a career choice even if they obtained better grades in their examinations than they expected. Equally resolute in their choice were the pupils who had chosen not to pursue nursing. Of the school pupils in the sample who had not chosen to pursue nursing as a career choice 88.5% of the school pupils stated that even though they did not get the exam grades that they expected they still would not pursue nursing as a career. What was also significant was that of the school pupils who had not chosen nursing as a career choice 86.9% of the pupils stated that they would not consider nursing as a career option in the future.

The gender breakdown of school pupils who had made a career choice showed that 2.5% of male pupils who had made a career choice had chosen to pursue nursing. 14% of female school pupils who had made a career choice had chosen to pursue nursing. Further examination in relation to the gender breakdown of those pupils who had chosen to follow nursing as a career revealed that males only accounted for 12.5% whereas females accounted for 87.5%. This would seem to propose that a gender bias still exists in relation to nursing as a career choice.

Nursing was not ranked particularly highly by the pupils as a career choice. Male pupils ranked nursing 13th out of the 14 main career choice categories. While female pupils ranked nursing 8th out of the 14 main career choice categories, this being only slightly better than secretarial/administration.

Parents appeared to have a major influence on the pupils' career choice and there was evidence that parents as well as further significant others were influencing against a career in nursing.

Nursing does not seem to be a popular career choice among school pupils. There is strong evidence from the questionnaire data to suggest that there are a number of problem indicators which could propose that recruitment of school pupils into nursing could prove extremely difficult even with the proposed increase in the number of school leavers entering higher education. This could have a serious impact on nursing care delivery within the United Kingdom as the nursing population continues to age.

The paradigmatic cases interviewed were 20 high academic achieving school pupils who at one stage in their career choice process had considered nursing as a career choice. Despite considering nursing as a possible career choice none of the 20 pupils went on to pursue nursing as a career. The qualitative interview findings appeared to suggest that nursing was not a credible career choice consideration for high achieving pupils. There was a very strong feeling amongst the pupils that nursing would be a waste of their academic qualifications with a belief that nursing was not a career choice for intelligent pupils with good examination grades. Also that they could help people at a much higher level than nursing by becoming a doctor with a prevailing belief that knowledge and caring are polarised – doctors cure and nurses only care for patients.

The status of nursing as a career choice was not high amongst the pupils and this was influenced by the type of person that they had observed who were nurses mostly, in their opinion, women who were weak and had no power within society. Also the perceived nature of the job that nurses do with the prominent belief that what nurses do is principally practical in nature having no intellectual aspects, for example making beds, washing and feeding patients.

The influence of significant others, these being specifically parents, guardians, guidance teachers and careers advisors was very apparent in the data in that they had a very negative view regarding nursing as a career choice for high academic achieving school pupils. Participants reported that their parents were actively and vigorously discouraging them away from a career in nursing because of the pupils' good examination grades and the belief that the pupils could do something better than nursing. Also the participants reported that their guidance teachers and careers advisors

were assertively steering them away from nursing as a career choice because of their perception that nursing was a low status career choice requiring little intellectual ability and was on a par with hairdressing, office work and being a secretary. In addition the school pupils stated that guidance teachers and careers advisors were more interested in and attempted to have a greater influence on the career choice of the high academic achieving school pupils opposed to other less academic pupils. Only two of the pupils stated that they believed that their career choice was their own decision. With the majority of school pupils valuing the opinion of their parents regarding career choice and with parents along with associated significant others being a major influence on the school pupils' career choice and advising against a career in nursing. There was strong evidence from the interview data to suggest that the chances of recruiting high academic achieving school pupils into nursing would appear to be negligible.

There was also evidence that the image of nursing as an occupation was an important determining factor in the school pupils' career choice. The pupils displayed a negative image of nursing and this was influenced by a number of factors. The negative image of nursing depicted in television programmes; the negative image of nursing portrayed by people who are nurses; the sexual stereotype image of female and male nurses; and the image that it is very easy to get into train to be a nurse. What was also concerning was that the pupils had few positive and contemporary images of nursing. Also with regard to the image of nursing the data showed that the pupils considered it important to join a profession. Nursing was deemed not to be a profession and did not merit being a profession because it was believed that the entry to student nurse education programmes is not strictly controlled therefore it is easy to get into nursing.

There was a strong consensus among the high achieving school pupils regarding their image of the archetypical school pupil who would select nursing as a career choice – their view was of a predominantly unexceptional individual who was mostly female, no more than average intelligence, kind, caring, good listener, good practically and can follow task orders. This view of the typical school pupil who would enter nursing as a career, that of a person with a low academic achievement record, conflicts with their own personal typology and thus became a further important dissuading factor regarding nursing as a career choice for them. In addition they also witness a certain non academic school pupil type being encouraged towards a career in nursing which again reinforces their image perception that nursing is not a career choice for high academic achieving school pupils.

The level of education required to be a nurse was thought, by many high achieving school pupils, not required to be at degree level within a university. This was again based mostly on their perceptions of what nurses' do. The high academic achieving school pupils were extremely suspicious of nursing as a university programme and doubtful as to the value of a degree in nursing. This again had an adverse effect on their consideration of nursing as a career choice. These doubts and suspicions were manifest in the following main areas – nursing has much lower entry requirements than the entry requirements for other university degree programmes; a degree in nursing does not have the same value as other degrees; nursing is an easy way to get into university – school pupils that universities would never have given admission to in the past are entering nursing degree programmes with much less qualifications than those required to enter any other university degree programme; and nursing should not be a university programme.

When the high achieving school pupils were asked to think about how nursing could be made more appealing as a career choice for them four main themes emerged: engagement with nurses also detailed and comprehensive information about nursing as a career; proper nursing work experience; links between schools and schools/departments of nursing within universities; changing/improving/losing the stereotypical image of nursing.

Choice of career is one of the major areas of concern for young people nearing the end of their schooling (Alberts et al 2003). In the current discourse on the transition from school to work, career decision making has a pivotal position. With the United Kingdom government's goal of increasing access to higher education to 50 percent of the 18 – 30 year old population by 2010 (DfES 2003) and the rise in the number of school pupils with good examination results at all grades (SQA 2006; DfES 2007). This will boost the number of school leavers entering higher education and the number of pupils trying to decide on which programme of education to choose (Douglass 2003). Even with this substantial increase in student numbers entering higher education the research data would suggest that the vast majority of these school leavers will not pursue nursing as a career.

CONTENTS

ABSTRACT	ii
CHAPTER 1 – INTRODUCTION AND CONTEXT OF THE RESEARCH STUDY	16
• Project 2000 – The Reforms Of Nurse Education	3
• The Health Service Of The Future Will Need Nurses With Sophisticated Skills And An Increased Knowledge Base	3
• Parity With Other Health Professionals And Acceptance As An Academic Discipline	3
• Nursing As A Profession And Why Professionalisation Is Important To Nursing.....	3
• Why Professional Status Is Important To Nursing	3
• The Social Capital And Exclusivity Of Nursing	3
• Nursing As A More Appealing Choice For School Pupils.....	3
• Shortages Of Nurses - Implications For The Health Of The Nation	7
• The Increase In Demand For Nursing Care	7
• Shortages Of Nurses - Nursing Vacancy Rates	7
• The Ageing Nursing Workforce	7
• The Increasing Average Age Of Student Nurses.....	7
• The Declining Enrolment Of School Leavers To Student Nurse Education Programmes	7
• Decline In Student Nurse Applications, The Student Nurse Population And The Future Nursing Workforce.....	7
• The Negative Image Of Nursing.....	7
1.1 How This Research Differs From Previous Studies	9
CHAPTER 2 – RESEARCH QUESTIONS	13
CHAPTER 3 – LITERATURE REVIEW– WHY SCHOOL PUPILS CHOOSE OR DO NOT CHOOSE NURSING AS A CAREER CHOICE	19
3.1 Issues Of Status And Role Of Nurses	26
3.2 School Pupils Perceptions Of Nursing As A Career Choice	28
3.3 The Influence Of Significant Others On Career Choice	45
CHAPTER 4 – RESEARCH DESIGN	49
4.2 Selection Of The Research Design – Multi-Strategy Approach	51
4.3 Sample	57
4.4 Purposive Sampling	58
4.5 Sample Size	59
4.6 Sample Frame	60
4.7 Decision To Use Survey Utilising A Self Administered Questionnaire – The Link From Research Questions To Method	60
4.8 The Decision To Use A Questionnaire	61
4.9 Questionnaire Construction	63
4.10 Piloting The Questionnaire	64
4.11 Distribution Of The Questionnaire	65
4.12 Setting	65
4.13 Cover Letter Explaining Research To School Pupils	66
4.14 Questionnaire Response Rates	66
4.15 Decision To Use Paradigmatic Interviews – The Link From Research Questions To Method	67

4.16	The Research Tradition – Descriptive Phenomenology	68
4.18	In-Depth Informal Semi-Structured Interview.....	70
4.19	Piloting Of The Interview Schedule	71
4.20	School Pupils Feedback – Piloting Of The Interview Schedule.....	71
4.21	Validity And Reliability Of The Interview	72
4.22	Qualitative Sampling	75
4.23	Paradigmatic Cases – Interviews.....	76
4.24	Process, Timing And Setting For The Interviews.....	77
4.25	Data Saturation In The Interviews.....	77
4.26	Tape Recording And Transcription Of The Interviews.....	78
CHAPTER 5 – SUMMARY OF QUANTITATIVE DATA ANALYSIS FINDINGS AND DISCUSSION		79
5.1	At What Age Are School Pupils Making Their Career Choice?.....	82
5.2	Number Of School Pupils Who Had Chosen To Pursue Nursing As A Career Choice.....	83
5.3	How Many School Pupils Have Actually Considered Nursing As A Possible Career Choice?.....	83
5.4	Would The School Pupils Who Had Chosen To Pursue Nursing As A Career Choice Still Pursue Nursing As A Career Choice If They Obtained Better Grades In Their Exams Than They Expected?.....	83
5.5	Would The School Pupils Who Had Not Chosen To Pursue Nursing As A Career Choice Consider Nursing As A Career Choice If They Did Not Obtain The Exam Grades That They Expected?.....	83
5.6	Would School Pupils Consider Nursing As A Career Choice In The Future?.....	84
5.7	Gender Breakdown Of School Pupils Who Had Chosen And Who Had Not Chosen Nursing As A Career Choice.....	84
5.8	Where Does Nursing Rank As A Career Choice Amongst School Pupils?.....	84
5.9	What Is The Level Of Academic Attainment Of Those School Pupils Who Propose To Pursue Nursing As A Career?.....	85
5.10	What Factors Do School Pupils Consider Important In Relation To Making A Career Choice And How Does Nursing Figure In This Career Choice Process?.....	85
5.11	What Are School Pupil’s Images Of Nursing And What Has Influenced The School Pupil’s Images Of Nursing?.....	86
5.12	Why Do School Pupils Think That You Do Not Have To Be Clever/Intelligent To Be A Nurse?	87
5.13	What Are School Pupil’s Reasons For Rejecting Nursing As A Career Choice?.....	87
5.14	What Are The Perceptions Of School Pupils Regarding What Would Make Nursing More Attractive As A Career Choice?	88
5.15	How Much Do School Pupils Value Or Consider The Opinions And Advice Of Significant Others And What Advice Are Significant Others Giving Regarding Pursuing Nursing As A Career?.....	89
5.16	Do School Pupils Who Intend To Pursue Nursing As A Career Choice Come From A Particular Social Class?	89
5.17	Has The Implementation Of The Project 2000 Scheme Of Nurse Education And Its Radical Changes With Regard To The Student Nurse Education Programme, Also The Move Of Nurse Education Into Universities	

Made Any Significant Difference In Relation To Making Nursing More Attractive As A Legitimate Career Option For School Pupils?	90
5.17a Do School Pupils Think That 5 Standard Grades Are the Entry Requirements Of A Profession?	90
5.17b Do School Pupils Think That 5 Standard Grades Are Sufficient To Undertake A University Programme?	90
5.17c Would The School Pupils Be Doubtful As To The Value Of A University Programme Which Only Asks For Standard Grades As An Entry Requirement?	91
5.17d Do School Pupils Think That A Degree In Nursing Has The Same Value As That Of Any Other University Degree?.....	91
5.17e Do School Pupils Think That It Is As Demanding To Obtain A Degree In Nursing As It Is To Obtain Any Other Degree?	91
5.17f What Do School Pupils Think Regarding The Academic Standards Of Nurse Education Programmes?	92
5.17g Do The School Pupils Think That Nearly Anyone Could Be A Nurse?	92
5.17h Do The Entry Requirements To Nurse Education Programmes Give The Message That Nursing Is A Low Status Job?	92
5.17i Do The School Pupils Think That Nursing Should Be A University Programme?	93
CHAPTER 6 – QUALITATIVE DATA ANALYSIS, FINDINGS AND DISCUSSION	94
6.1 Transcription Of Qualitative Interviews	96
6.2 Developing The Thematic Framework	97
6.3 Validating The Data Analysis	99
6.4 The Thematic Framework	100
6.5 School Pupil Identification Code	106
6.6 Theme 1(a) Career Choice Process	109
1(a)1 Crucial Elements In Our Career Choice	109
1(a)2 We Want To Help People But At A Much Higher Level Than Nursing	110
1(a)3 Our Changing Career Aspirations	111
1(a)4 We Now Aspire To Something Better Than Nursing	113
1(a)5 Knowledge And Caring Are Polarised – Doctors Cure And Nurses Care	117
1(a)6 Nursing As A Career Choice Not Viewed As Using Their ‘Grades’ (Standard Grades And Higher Grades) To The Maximum Benefit	118
6.7 Theme 1(b) Status Of Nursing As A Career.....	122
1(b)1 The ‘Ethos Factor’	122
1(b)2 Status Level Linked To The Type Of Person That The Pupils See As Nurses	124
1(b)3 Nursing Viewed As A Last Resort	125
1(b)4 Status Level Linked To The Perceived Nature Of The Job.....	125
1(b)5 Status Level Linked To The Perceived Difference That They Can Make In Their Career	127
6.8 Theme 1(c) Influence Of Significant Others.....	131
1(c)1 Guidance Teachers Advising And Influencing Against Nursing As A Career Choice.....	132

1(c)2	<i>Careers Advisors Advising And Influencing Against Nursing As A Career Choice</i>	134
1(c)3	<i>Friends And Peer Group Advising And Influencing Against Nursing As A Career Choice</i>	135
1(c)4	<i>Fear Factor Related To Telling Friends And Peer Group That They Wanted To Be A Nurse Because Of Sexual Stereotyping Stigma</i>	136
1(c)5	<i>Parents Advising And Influencing Against Nursing As A Career Choice</i>	138
1(c)6	<i>Guidance Teachers And Careers Advisors More Interested In And Attempting To Have A Greater Influence On The Career Choice Of The High Achieving School Pupils</i>	140
1(c)7	<i>Small Number Of High Academic Achieving School Pupils Who Stated That Their Career Choice Was Their Own Decision</i>	143
1(c)8	<i>Conclusions – Influence Of Significant Others - Chances Of Recruiting High Academic Achieving School Pupils Into Nursing Appears To Be Minimal</i>	144
6.9	THEME 2(a) IMAGE FORMULATION	147
2(a)1	<i>Negative Image Of Nursing Depicted In Television Programmes</i>	147
2(a)2	<i>Negative Image Of Nursing Portrayed By People Who Are Nurses</i> ..	151
2(a)3	<i>Sexual Stereotype Image Of Female And Male Nurses</i>	153
2(a)4	<i>Image That It Is Very Easy To Get Into Train To Be A Nurse</i>	157
2(a)5	<i>Few Positive And Contemporary Images Of Nursing</i>	158
2(a)6	<i>Conclusions – Image Formulation</i>	160
6.10	Theme 2(b) Nursing As A Profession	163
2(b)1	What Is A Profession And The Importance Of Joining A Profession	163
2(b)2	<i>Nursing Is Not A Profession</i>	167
2(b)3	<i>Nursing Does Not Merit Being A Profession Because Entry To Student Nurse Education Programmes Is Not Strictly Controlled Therefore It Is Easy To Get Into Nursing</i>	169
2(b)4	<i>Conclusions – Nursing As A Profession</i>	171
6.11	Theme 2(c) Typical School Pupil Who Would Pursue Nursing As A Career Choice	174
2(c)1	<i>Academic Ability Of The Typical School Pupil Who Would Pursue Nursing As A Career Choice And Thus The Perceived Academic Ability Required To Be A Nurse</i>	174
2(c)2	<i>Characteristic Profile Of The Typical School Pupil Who Would Pursue Nursing</i>	178
2(c)3	<i>School Pupil Type That High Academic Achieving School Pupils Witness In School Being Encouraged Into Nursing As A Career Choice</i>	182
2(c)4	<i>Conclusions – High Academic Achieving School Pupils Perceptions Of The Typical School Pupil Who Would Pursue Nursing As A Career Choice</i> ...	185
6.12	Theme 3(a) Where Would You Train To Be A Nurse	187
6.13	Theme 3(b) Nurses Do Not Need To Have A Degree	191
6.14	Theme 3(c) High Academic Achieving School Pupils Doubts And Suspicions Regarding The Credibility Of Nursing As A University Programme	194
3(c)1	<i>Nursing Has Much Lower Entry Requirements Than The Entry Requirements For Other University Degree Programmes</i>	194

3(c)2	<i>A Degree In Nursing Does Not Have The Same Value As Other Degrees</i>	197
3(c)3	<i>Nursing Is An Easy Way To Get Into University – School Pupils That Universities Would Never Give Admission To In The Past Are Entering Nursing Degree Programmes With Much Less Qualifications Than Those Required To Enter Any Other University Degree Programme</i>	199
3(c)4	<i>A Degree In Nursing Is An Easy Degree To Obtain</i>	202
3(c)5	<i>Nursing Should Not Be A University Programme</i>	203
3(c)6	<i>Conclusions - High Academic Achieving School Pupils Doubts And Suspicions Regarding The Credibility Of Nursing As A University Programme</i>	206
6.15	Theme 4(a) Information About Nursing	208
4(a)1	<i>Engagement, Connections And Meeting Nurses</i>	208
4(a)2	<i>Effectual Career Evenings Presentations</i>	211
4(a)3	<i>Accessibility Of Careers Information Also Careers Guidance And Up To Date Information Relating To Nursing From Careers Advisers And Guidance Teachers</i>	213
6.16	Theme 4(b) Work Experience	216
4(b)1	<i>Difficulties And Barriers Regarding Getting A Nursing Work Experience</i>	216
4(b)2	<i>Proper Nursing Work Experience Exposure</i>	219
4(b)3	<i>Schools/Departments Of Nursing Within Universities Should Have Input Into Organising True Nursing Work Placements For The School Pupils</i>	221
4(b)4	<i>Conclusions – The Importance Of A Proper Nursing Work Experience For The School Pupils</i>	222
6.17	Theme 4(c) Links Between Schools And Schools/Departments Of Nursing Within Universities	224
4(c)1	<i>Conclusions - Links Between Schools And Schools/Departments Of Nursing Within Universities</i>	227
6.18	Theme 4(d) Changing, Improving And Losing The Stereotypical Image Of Nursing	230
4(d)1	<i>Education Of Society Regarding The Image Of Nursing By Conveying A Compelling Message About What Modern-Day Nurses Do</i>	230
4(d)2	<i>Nursing Needs To Be Promoted As An Academic Discipline Having Both Status And Value</i>	232
4(d)3	<i>Positive Role Models</i>	235
6.20	Conclusions - Qualitative Analysis Findings	240
CHAPTER 7 – OVERALL CONCLUSIONS AND RECOMMENDATIONS 248		
7.1	The Influence Of Parents And Significant Others On The Career Choice Of The School Pupils	249
7.2	Recommendations Regarding The Influence Of Parents And Significant Others On The Career Choice Of The School Pupils	252
7.3	Work Experience For School Pupils Which Is Reflective Of The Reality Of Nursing	253
7.4	Recommendations Regarding Work Experience For School Pupils Which Is Reflective Of The Reality Of Nursing	256
7.5	The Negative Image Of Nursing	261
7.6	Recommendations Regarding Improving The Image Of Nursing	263

7.7	Suspicious And Doubts Regarding Nursing A University Programme.....	271
7.8	Recommendations Regarding The Promotion Of Nursing As An Academic Discipline.....	274
7.10	Recommendations Regarding The Promotion Of Nursing As A Profession.....	276
	REFERENCES.....	284
	APPENDICES.....	318
	Appendix 1 - Definition Of Terms.....	320
	Appendix 2 - The Radical Changes In Nurse Education In The United Kingdom – Project 2000: A New Preparation For Practice	322
2.1	Project 2000 – The Reforms Of Nurse Education	322
2.2	The Health Service Of The Future Will Need Nurses With Sophisticated Skills And An Increased Knowledge Base.....	324
2.3	Parity With Other Health Professionals And Acceptance As An Academic Discipline.....	325
2.4	Nursing As A Profession And Why Professionalisation Is Important To Nursing.....	327
2.5	Why Professional Status Is Important To Nursing	329
2.6	The Social Capital And Exclusivity Of Nursing	330
2.7	Nursing As A More Appealing Choice For School Pupils	331
	Appendix 3 - Shortages Of Nurses – The Impact Of School Leavers Not Pursuing Nursing As A Career Choice – Implications For The Health Of The Nation	334
3.1	Shortages Of Nurses - Implications For The Health Of The Nation.....	334
3.2	The Increase In Demand For Nursing Care.....	335
3.3	Shortages Of Nurses - Nursing Vacancy Rates	337
3.5	The Ageing Nursing Workforce	343
3.6	The Increasing Average Age Of Student Nurses	344
3.7	The Declining Enrolment Of School Leavers To Student Nurse Education Programmes.....	347
3.8	Decline In Student Nurse Applications, The Student Nurse Population And The Future Nursing Workforce	350
3.9	The Negative Image Of Nursing.....	351
3.10	Conclusion	354
	Appendix 4 - Letter To Director Of Education.....	359
	Appendix 5 - Letter To Head Teachers	361
	Appendix 6 - Cover Letter Explaining Research To School Pupils.....	363
	Appendix 7 - Sociodemographic Profile Of Each School Using The Scottish Index Of Multiple Deprivation.....	365
	Appendix 9 - Validity Of The Questionnaire – Mapping Of Questionnaire Questions To Research Questions	378
	Appendix 10 - Questionnaire – Rationale For Asking The Questions.....	382
	Appendix 11 - Pilot Testing The Questionnaire – What Information Is Required From The Pilot Questionnaire Respondents	388
	Appendix 14 - Spss Codebook.....	398
	Appendix 15 - Determining The Social Class Of The School Pupil Using Goldthorpe’s Social Class Schema	430
	Appendix 16 - Determining The Social Class Of The School Pupil Using The Acorn Geodemographic Tool	432

LIST OF TABLES

Table 1 – Change In the NHS Qualified Nursing and Midwifery Workforce from 1999 to 2003 in the Four UK Countries Whole Time Equivalent (WTE)	338
Table 2 – Expenditure on Non-NHS nursing, Midwifery and Health Visiting Staff as a % of Expenditure on Those Staff in England	339
Table 3 – Number of Nurses Registered with the Nursing and Midwifery Council 1996 – 2003	340
Table 4 – Overseas Admissions to the NMC Register	341
Table 5 – Non-UK and UK Initial Admissions to the NMC Register, and Non-UK as a % of all Initial Admissions	342
Table 6 – Age Breakdown of the NMC Register	345
Table 7 – Breakdown of Entrants to Nursing Programmes in the United Kingdom	345
Table 8 – National Board for Scotland (NBS) Age on Entry to Student Nurse Programme: Cohort Analysis	346
Table 9 – CATCH Statistics Age on Entry of Successful Applicants	346
Table 10 – Total Number of Students Enrolled in Nursing Courses at UK Educational Institutions, in 1995 -1996, 1997 – 1998, and 1999 – 2000. Data from Higher Education Statistics Agency	349
Table 11 – Initial Entries to the NMC Effective Register from Pre-registration Nursing and Midwifery Training in the UK from 1990/1991 to 2002/2003 by Country	349
Table 12 – Application Forms Received for Diploma Level Pre-registration Nursing and Midwifery Programmes	350
Table 13 – Applications and Accepted Applicants by Age and Gender 1999 – 2003	351
Table 14 – Images of Nursing (Hedges 1998)	353

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Laura Neilson – my daughter

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CHAPTER 1 – INTRODUCTION AND CONTEXT OF THE RESEARCH STUDY

From its very beginning as a modern occupation around the start of the 20th century, nursing has been preoccupied with its status (Chadwick and Thompson 2000). This preoccupation extended into society at large and was not just confined to the institutions that provide health care. In the United Kingdom the initial effort was to make nursing a socially respectable, full-time occupation grounded in the authority of both training in the clinical arts and the orders of physicians. Throughout the most part of last century in the United Kingdom nursing has had larger ambitions. It has increased the training level – nurse education is now carried out in universities, it has advanced registration requirements, and has persisted in its search for greater independence and autonomy (Humphreys 1997).

The radical changes within nurse education in the United Kingdom of Project 2000; nursing's identity crisis which has led to nursing's journey towards professionalisation; and nursing's drive to be recognised as an academic discipline provide a fundamental and important contextual position to the study. These are essential areas and cannot be separated from the research study. A summary of the main literature areas examined in relation to this are outlined in the following box list. The literature is discussed fully in Appendix 2 – The Radical Changes In Nurse Education In The United Kingdom – Project 2000: A New Preparation For Practice.

THE RADICAL CHANGES IN NURSE EDUCATION IN THE UNITED KINGDOM – PROJECT 2000: A NEW PREPARATION FOR PRACTICE

- Project 2000 – The Reforms Of Nurse Education
- The Health Service Of The Future Will Need Nurses With Sophisticated Skills And An Increased Knowledge Base
- Parity With Other Health Professionals And Acceptance As An Academic Discipline
- Nursing As A Profession And Why Professionalisation Is Important To Nursing
- Why Professional Status Is Important To Nursing
- The Social Capital And Exclusivity Of Nursing
- Nursing As A More Appealing Choice For School Pupils

Over twenty years ago in 1986 the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) published the report – Project 2000: A New Preparation for Practice (UKCC 1986). This represented a major and radical change in nurse education in the United Kingdom. The preparation of a new single level practitioner who would be knowledgeable in his/her practice across a wide range of professional activities represented a significant shift in emphasis. The new ‘knowledgeable doer’ would be capable of competent practice in hospital and community settings. Training was to be dissociated from service delivery and take place in universities rather than hospital schools of nursing; students were to receive funding through bursaries rather than wages and become independent of employing authorities.

One of the main reasons for this radical change in nurse education was to make nursing more appealing as a career choice amongst school leavers, especially high academic achieving school pupils. The move of nurse education into universities was intended to achieve the aims of a higher, more exclusive entry-gate to the profession, and was thus appealing to the nursing profession on the whole. It was also intended to bring nurse education more into line with education for comparable non-medical health professions,

for example occupational therapy, physiotherapy, speech therapy, dietetics, and hence to improve the status of nursing as a career choice for school leavers. Parity with other health care professionals was important within the debate. Nurses have lobbied for recognition as partners with other professional colleagues in multi-disciplinary care health care for many years yet in the United Kingdom they remain one of the few health care professions not prepared at first degree level for registration. Graduate status would provide the nursing profession with recognisable and formal equivalence to professional colleagues.

Yet, some twenty years after the 1986 report, recruitment and retention of nursing students remain critical issues in contemporary nursing education. These are issues that are neither well researched nor addressed (Law and Arthur 2003). Williams et al (1997) also supports the call for research into school pupils perceptions of nursing as a career choice stating that nurse educators across the country are interested in why school pupils choose or do not choose nursing as a career. They try to capitalise on what attracts school pupils to nursing but, due to lack of research have only been able to hypothesise on what factors influence school pupils in considering nursing as a career.

The government white paper entitled 'The Future of Higher Education' (DfES 2003) set a goal of increasing access to higher education to 50 percent of the 18 – 30 year old population by 2010. Another component of the white paper was an accountability bureaucracy and incentive funding to expand access to universities. Mayhew et al (2004) described this as Britain's leap into mass education, opening up university to the masses not just for the elite. This increased access of 18 – 30 year olds is intended to boost the number of school leavers entering higher education and therefore the number

of pupils looking to enter programmes of education (Douglass 2003). Also the rise in the number of school pupils with good examination results at all grades will mean an increase in better qualified school leavers (SQA 2006; DfES 2007).

With greater competition for secondary school leavers from other professions, the need to attract good quality students into the nursing profession was seen as essential, school leavers being the lifeblood of any profession (Herzog and Neuenschwander 2002). Whitehead et al (2007) support this proposition by stating that with the enormity of career choices available today, nursing must now compete to attract school leavers to student nurse education programmes. Nursing has been a predominantly female occupation, with women having little career choice in the past, so it has not been difficult to recruit student nurses. Naish (1996), for example stated that female school leavers in the past had provided the largest recruitment pool for student nurse education programmes.

Up until the late 1980s the nursing workforce had been characterised by a pattern of high wastage, in which those who left and did not return were replaced by a regular supply of new entrants to training, primarily school leavers (Houltram 1996). Hanson and Patchett (1986) examined the breakdown of entrants to nursing in the United Kingdom each year. They found that the highest number of entrants into nursing were female school leavers accounting for 70%. Current data relating to the breakdown of successful applicants to student nurse education programmes shows that school leavers account for merely 36% in 2004/2005 (CATCH 2005) and only 37.5% in 2005/2006 (CATCH 2006). The RCN (2006) states the average age of a nursing student in 2006 is 29 years compared with 18 years in 1986. This is supported by Mulholland (2005) who

states that the age profile of student nurses is changing with just 20% coming straight from school also indicating an apparent decline in school leavers pursuing nursing as a career.

Schools of nursing are currently perplexed as to how they can meet the challenge of increasing school pupils' interest in nursing as a career. It would appear to be worth investigating, therefore, school pupils' perceptions of nursing as a career and to thereby try to determine why they do or why they do not choose nursing as an occupation, especially given recent efforts by the nursing profession to attract high academic achieving school pupils (Sadler 2003). Many believe that recruitment initiatives need to focus predominantly on attracting more young people particularly school leavers into the nursing profession (Jackson and Daly 2004, Jones 2005, Brostoff et al 2005). It is argued that there is a need for more school leavers to choose nursing as a career option because they are the future of nursing (Snow 2005, Watson et al 2005, Simko and Simmer 2005, Thacker 2005). This is seen as extremely important in view of the ageing nursing workforce and the impact that this, their retrial, could have on the increased health care delivery demands within the United Kingdom.

The need to develop more sophisticated views of how school pupils develop their awareness of nursing as a career lies at the heart of my research. If we do not know how school pupils develop their ideas about nursing and what they think about nursing as a career option we have no evidence base on which to seek to influence their choice.

Before considering the literature in relation to why school pupils choose or do not choose nursing as a career choice it is also fundamentally important contextually to the study to consider the critical impact that school pupils not pursuing nursing as a career choice could have on nursing shortages within the United Kingdom and the severe implications of this for the health of the nation. A summary of the main literature areas examined in relation to this are outlined in the following box list. The literature is discussed fully in Appendix 3 – Shortages of Nurses – The Impact of School Leavers Not Pursuing Nursing as a Career Choice – Implications for the Health of The Nation.

SHORTAGES OF NURSES – THE IMPACT OF SCHOOL LEAVERS NOT PURSUING NURSING AS A CAREER CHOICE – IMPLICATIONS FOR THE HEALTH OF THE NATION

- Shortages Of Nurses - Implications For The Health Of The Nation
- The Increase In Demand For Nursing Care
- Shortages Of Nurses - Nursing Vacancy Rates
- Number Of Nurses Registered With The Nursing And Midwifery Council (NMC) And Number Of New Registrations Each Year
- The Ageing Nursing Workforce
- The Increasing Average Age Of Student Nurses
- The Declining Enrolment Of School Leavers To Student Nurse Education Programmes
- Decline In Student Nurse Applications, The Student Nurse Population And The Future Nursing Workforce
- The Negative Image Of Nursing

The National Health Service in the United Kingdom is struggling to recruit and retain nursing staff in a time of high turnover rates and low morale. The government is tackling the crisis and has a mission to modernise Britain's NHS but change is slow and the problems are complex (Finlayson 2002). Success will depend on NHS staff – in particular whether numbers of nurses can be boosted. Yet the service is struggling to

attract and retain staff in crucial areas particularly nursing. Finlayson et al (2002) reported the extent of recruitment and retention problems in nursing. The underlying causes of these problems included pay, the changing nature of jobs, how valued the staff felt, and other employment opportunities. They also reported nursing staff turnover rates ranging from 11% to 38%. High turnover resulted in higher costs and lower morale and affected patient care. Why 34% of new graduate nurses are not registering to practice was also reported as warranting further study.

The nationwide shortage of nurses in the United Kingdom has attracted much discussion within the nursing profession and nursing literature (Beyers 2001; Finlayson et al 2002; Ross et al 2005; Dinsdale 2000; Johnson et al 2007). A literature review of published literature on the current nursing shortage in the United Kingdom identifies three main areas as the major contributors to the nursing shortage in the United Kingdom. Firstly, the ageing nursing workforce (Buchan 2000a; Buerhaus et al 2000; Gabriel 2001; Hartley 2005), secondly, the declining enrolment of school leavers to student nurse education programmes (RCN 2006; CATCH Application Statistics 2005 – 2006; CATCH Application Statistics 2004 – 2005; Mulholland 2005; Mangan 1998; Naish 1996), thirdly, the persisting negative, stereotypical image of nursing within society, which is an important contributory factor in relation to school pupils being influenced away from nursing as a career choice (Stevens and Walker 1993; Nevidjohn and Erickson 2001; Rossiter 1999).

The media reminds society that the current shortages in young people who are pursuing nursing as a career and those who are leaving the profession has massive implications for the health of the nation (Couch 2003). Mitchell (2003) supports this by stating that

the threat and harm, due to the nursing shortage, to patients is a reality of grave concern. While staffing growth targets have been the focus of policy attention, there is little dispute that the fundamental objective in increasing the number of NHS nurses, and thus reducing the shortages, is to improve the provision of care. There is a growing evidence base on the links between low staffing levels in nursing and a range of negative care outcomes. These include: increased mortality rates (Hartz et al 1989); adverse events after surgery (Kovner and Gergen 1998); increased incidence of violence against staff (James et al 1990); increased accident rates and patient injuries (Australian Resource Centre for Hospital Innovations 2003); increased cross- infection rates (Fridkin et al 1996); and higher rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, and urinary tract infections (Stanton 2004). The recent National Audit Office report on the incidence of hospital-acquired infections in England and Wales also highlighted the possible link between increased incidence of MRSA with staffing shortages, higher use of temporary staff, and skill dilution. It noted that despite the overall increase in the number of clinical staff working in the NHS, staff shortages and reliance on temporary agency staff is a continuing issue for many trusts. Both have been shown to impact on good infection control (National Audit Office 2004). Increased use of unqualified staff, in relation to nursing shortages, has also been shown to influence detrimentally good infection control (Cho 2003).

1.1 How This Research Differs From Previous Studies

The following deficit areas within the literature (These will be discussed in full in the literature review which follows in Chapter 3) have been identified and form the basis for the research questions of the study:

- Previously published studies in some cases are more than a decade old and are not United Kingdom in origin (Law and Arthur 2003).
- No studies give an idea of how many school pupils intend to or do not intend to pursue nursing as a career thus nursing has no conception of the recruitment problem or potential problem. There are no accurate figures in relation to the percentage of school pupils who intend to pursue nursing as a career choice (Rafferty 1997).
- There are no studies which have examined how nurse education's move into universities has had an impact on making nursing more attractive as a career choice for school pupils as stated that it would – one of the main claims of the new nursing educational initiative of moving nurse education into universities was that it would give pursuing nursing a legitimacy as an attractive career option especially to school leavers (Naish 1997). Such changes beg the question - to what extent has this new educational initiative affected perceptions of nursing as a career among school pupils?
- There are no studies which have examined how nursing is perceived as a university programme by school pupils in the United Kingdom, especially as the entry requirements are lower than other university programmes (Williams et al 1997).
- While nursing endeavours to be seen as an academic discipline and attempts to attract high academic achieving school pupils no studies have considered whether this is happening (Hodkinson and Sparkes 1997).
- What is the academic level of school pupils who intend to pursue nursing as a career choice (Reay and Ball 1997).

- What is the message regarding nursing as a career choice that school pupils are receiving from significant others and what influence do significant others have in relation to school pupils career choice (Mau and Bikos 2000; Knowles 1998).
- Does gender bias toward nursing still exist? This is important because males are potentially a huge recruitment pool to nursing. Do stereotypical images of nursing still persist among males? It is essential to explore numbers of males interested in nursing and why they choose or reject nursing as a career choice (Leckey et al 1995; Marsland et al 1996; Marini et al 1996; Francis 1996; Whitehead 1996; Lightbody et al 1997).
- No studies have combined a quantitative and qualitative approach to the extent of my study.
- There are no studies which have carried out in-depth interviews with high academic achieving school pupils who had considered nursing as a career but intended to pursue a health related career other than nursing (Sadler 2003). This is important because nursing is trying to attract these individuals and nursing needs to determine why they are choosing another health related career over nursing – these individuals are the paradigmatic cases in my study.
- Many studies examine the question of nursing as a career choice retrospectively and with individuals who have chosen nursing as a career choice anyway rather than with school pupils at the time they are making their decision .This approach has two weaknesses: (1)it relies on retrospective recall and the inevitable inaccuracy of memory and (2)it fails to capture the reasons why school pupils decide not to enter nursing since these pupils are not sampled (Sonahee 1988; Murray and Chalmers 1990). My study examines career choice at the time that it is happening with 5th and 6th year school pupils. This is significant as school

leavers are the lifeblood of any profession. 5th and 6th year school pupils were chosen because not only were they potential students for nurse education programmes but they are probably those who are most aware of what they want to do when they leave school and what has influenced their decision. Also they are at the point where they have an abundance of educational choices and are aware of the importance of career decisions.

- What are the important factors considered by school pupils when they are making a career choice and how does this compare with what they think nursing has to offer as a career choice (Cohen and Rambur 2004; May et al 1991).
- How many school pupils have actually considered nursing as a possible career choice and where does nursing rank as a career choice amongst school pupils (Tomey et al 1996).
- Current information is required regarding why school pupils are not choosing nursing as a career and how school pupils think that nursing can be made more appealing as a career choice (Williams et al 1997).
- Results of my study could be useful in nurse recruitment to correct misconceptions about nursing and to help 5th and 6th year school pupils perceive nursing in a more realistic and positive way.

CHAPTER 2 – RESEARCH QUESTIONS

So why is nursing failing to attract/recruit the large numbers of school leavers it so desperately requires and how extensive is the problem? In considering school leaver recruitment strategies for nursing it is important to know what kind of experiences influence the decision of school leavers to pursue or not to pursue nursing as a career choice, what sources of information and advice are available and how these impact on the school leaver's decision. Why is there such an apparent lack of interest among school pupils regarding nursing as a career choice and what proportion of pupils are interested in nursing as a career.

The need to develop more sophisticated views of what influences 5th and 6th year school pupils' awareness of nursing as a career and to gain a comprehensive understanding of their perceptions of nursing as a career choice lie at the heart of the research. The central objective of the study is to better understand why school pupils do or do not choose nursing as a career.

To achieve this, the study will examine:

- School pupils' career perceptions in general, perceptions of nursing as a career and indicators regarding school pupils' intentions to pursue nursing as a career choice.
- School pupils' knowledge and image of nursing and factors which influence choosing or not choosing to pursue nursing as a career choice.
- The influence of significant others on school pupils' career choice.
- The legitimacy and credibility of nurse education as a university programme.
- The discernment of high academic achieving school pupils regarding nursing as a career choice.

These form the basis for the main research questions and supplementary questions which have also been developed.

- (1) What indicators suggest that recruitment of school pupils into nursing may be problematic in the future?

Supplementary questions:

- (a) What is the percentage of school pupils who want to pursue nursing as a career?
- (b) What is the gender breakdown of school pupils who want to pursue nursing as career choice?
- (c) What career choices are being considered by school pupils?
- (d) Would the school pupils who had chosen to pursue nursing as a career choice still pursue nursing as a career choice if they obtained better grades than they expected to obtain?
- (e) Would the school pupils who had not chosen to pursue nursing as a career choice consider nursing as a career choice if they did not obtain the exam grades that they expected to obtain?
- (f) Would school pupils consider nursing as a career choice in the future?
- (g) Where does nursing rank as a career choice amongst school pupils?
- (h) What is the level of academic attainment of those school pupils who propose to pursue nursing as a career?
- (i) How many school pupils have actually considered nursing as a possible career choice?
- (j) At what age are school pupils making their career choice?

- (2) What factors influence school pupils to consider or not to consider nursing as a career?

Supplementary questions:

- (a) What factors do school pupils consider important in relation to making a career choice and how does nursing figure in this career choice process?
- (b) What are school pupils' images of nursing?
- (c) What has influenced the school pupil's images of nursing?
- (d) Where do school pupils think that you would train to become a nurse?
- (e) Do school pupils think you have to be clever/intelligent to be a nurse?
- (f) Why do school pupils think you have to be clever/intelligent to be a nurse?
- (g) Why do school pupils think you do not have to be clever/intelligent to be a nurse?
- (h) What are school pupils reasons for choosing nursing as a career choice?
- (i) What are school pupils reasons for not choosing nursing as career choice?
- (j) What are the perceptions of school pupils regarding what would make nursing more attractive as a career choice?
- (k) How do school pupils rank the status of the main health care professional groups?
- (l) Do school pupils think nursing is a gender specific job?

(3) How much do school pupils value or consider the opinions and advice of significant others:

- Parents
- Guardians
- Guidance Teachers
- Careers Advisor

in relation to career choice?

Supplementary questions:

- (a) What advice are significant others giving regarding pursuing nursing as a career?
- (b) Do school pupils who intend to pursue nursing as a career come from a particular social class?
- (c) Do school pupils who intend to pursue nursing as a career come from a school with a particular socio-demographic profile?

(4) Has the implementation of the Project 2000 scheme of nurse education and its radical changes with regard to the student nurse education programme, also the move of nurse education into universities made any significant difference in relation to making nursing more attractive as a legitimate career option for school pupils?

Supplementary questions:

- (a) What do school pupils think about nursing as a university programme?
- (b) Do school pupils think nurse education merits a place in universities?
- (c) Do school pupils think that nurses need to be educated to degree level?
- (d) How do school pupils value a degree in nursing compared to other degrees?

- (5) As the contemporary health care delivery system demands a highly educated nurse with expert knowledge and skills nursing is desperately trying to attract high academic achieving school pupils – are high academic achieving school pupils being attracted into nursing as a career choice and how do high academic achieving school pupils perceive nursing as a career choice?

Supplementary questions:

- (a) What is the career choice process of high academic achieving school pupils and why do they discard nursing as a career choice?
- (b) What is the image perception of nursing amongst high academic achieving school pupils?
- (c) What do high academic achieving school pupils perceive as the level of intelligence required to train to be a nurse?
- (d) How could nursing be made more appealing as a career choice for high academic achieving school pupils?

**CHAPTER 3 – LITERATURE
REVIEW– WHY SCHOOL PUPILS
CHOOSE OR DO NOT CHOOSE
NURSING AS A CAREER CHOICE**

What is noteworthy is that all the main causes of shortages of nurses in the United Kingdom seem to lead back to the fact that school pupils are not considering nursing as a credible career choice. School pupils who were the traditional recruits to nurse education and the lifeblood of the profession are not pursuing nursing as a career as they once did and appear to be disinterested in nursing as a career choice, and this has been apparent for a number of years.

The nursing shortage continues and without intervention will worsen. While recruitment and retention are constantly discussed among nursing leaders, the shortages continue (Joachim et al 2003). The three major contributory factors to the current nursing shortage – the ageing nursing workforce; the decline in Schools of Nursing enrolments of school leavers and the poor image of nursing are all significantly linked to school pupils not pursuing nursing as a career choice. The data reveal that there will be a mass departure of registered nurses from the workplace over the next 10-20 years, in addition to the continuous attrition of those currently employed who leave nursing for various reasons. Furthermore, fewer people are choosing nursing as a career. Based on projected nursing shortage statistics, there is an immediate need for a call to action to protect and support the nursing profession. An adequate supply of skilled professional nurses must be assured to maintain a high quality health care system. If trends continue, the pipeline of younger nurses and currently enrolled students will not be adequate to fill this void. Although retaining registered nurses is of paramount importance, it must be complimented by successful recruitment of the next generation of nurses. Many strategies are currently needed to address a profound nursing shortage that is threatening health care quality. Many believe that recruitment initiatives need to focus predominantly on attracting more young people particularly school leavers into the

nursing profession (Jackson and Daly 2004). One strategy is to increase the interest of school leavers in the profession of nursing. 5th and 6th year school pupil's perception of nursing as a career choice offers important clues toward successful recruitment of the next generation of nurses (Cohen and Rambur 2004). Nursing in the past could depend on 70% of their recruitment from female school leavers. So what has happened and why is there no longer the same interest from school leavers, nursing is perplexed as to the answer to this critical question. It is important to determine school pupils perceptions of nursing as a career choice, how many school pupils are interested in nursing as a career choice, what type of school pupil is being attracted to nursing, how can nursing be made more attractive as a career choice, reasons why school pupils choose or do not choose nursing as a career choice.

Having been involved in nurse education for over 16 years and currently a Lecturer in a School of Nursing I have observed the decline in nursing school admissions and how this has and could have a major influence on healthcare. I have also observed the decline in the number of school leavers entering nursing, this also being supported by an examination of age on entry figures to student nurse education programmes from the available data from the National Board for Scotland (See Table 7 - Age on entry to student nurse programme: cohort analysis,) and the most recent information from CATCH statistics (See Table 8 - CATCH Statistics Age on Entry of Successful Applicants). These show that until recently female school leavers had been the largest number of entrants into student nurse education programmes accounting for 70% of entrants. The figures show that now school leavers account for less than 40% of entrants into student nurse education programmes. School leavers are not being

attracted into nursing. The NHS Plan (DOH 2000) has failed to address the stark fact that young people are not making the choice to pursue nursing as a career.

Recruitment and retention of nursing students are critical issues in contemporary nursing education. These are issues that are neither well researched nor addressed, (Law and Arthur 2003). Williams et al (1997) also supports the call for research into school pupils' perceptions of nursing as a career choice stating that nurse educators across the country are interested in why school pupils choose or do not choose nursing as a career. As they try to capitalise on what attracts school pupils to nursing, they have only been able to hypothesise on what factors influence school pupils to choose nursing as a career due to lack of research in this area. With greater competition for secondary school leavers from other professions, the need to attract good quality students into the nursing profession is essential (Herzog and Neuenschwander 2002). Whitehead et al (2007) support this proposition by stating that with the enormity of career choices available today, nursing must now compete to attract school leavers to student nurse education programmes.

Schools of nursing are perplexed as to how they can meet the challenge to increase school pupils' interest in nursing as a career. Therefore, it would appear important and timely to investigate school pupils' perceptions of nursing as a career and determine why or why they do not choose nursing as an occupation, especially as nursing attempts to attract high academic achieving school pupils (Sadler 2003). The need to develop more sophisticated views of how school pupils develop their awareness of nursing as a career lies at the heart of my research. If we do not know how school pupils develop

their ideas about nursing and what they think about nursing as a career option then we are poorly informed when we seek to influence their choice.

One of the most important concerns for those hoping to recruit large numbers of well qualified young people is the complication of individual choice within both the labour market and the education and training market. Government policy through the 1980's and 1990's has emphasised the marketisation of public sector services, predicated on a commitment to and belief in the power of consumer choice. Understanding such choice processes in relation to nursing is an important research question.

Both labour and education/training markets are 'supplied' with 'consumers' from individual decisions made on the basis of a complex raft of personal responses to perceived environmental conditions, within which government policy can only urge or encourage, rather than dictate, individual choice. The complexity of 'choice', and the over-simplification of a 'rational calculus' view of choice is now becoming clear, however (Jacobs and Van Der Ploeg 2006). The capacity and willingness of individuals to make economically rational, informed choices about careers is context related, and cannot be separated from the social and cultural background and life experiences of young people (Foskett and Hemsley-Brown 1997).

National Health Service employers in the United Kingdom have to operate within a complex labour market. The variety of professions and occupations in the workforce, ranging from doctors to health care assistants, and the wide diversity of local labour markets which make up the national market for recruitment makes human resource planning a mixture of planning, predicting and best guessing in an environment that is

politically highly sensitive (Health Service Management Unit 1996). Against this backdrop the supply of nursing and midwifery staff has proved to be particularly sensitive to fluctuations in the labour market in the past, and there is every reason to believe that in the future, changes in work patterns, education and training arrangements, demographic trends and wider economic factors will continue to impact on the nursing workforce (Ellison et al 1997).

Recruitment to initial nurse training is a crucial element in NHS planning, of course, but the matching of labour market needs and education and training is complex in the extreme. The National Health Service has relied traditionally on a high proportion of female employees in nursing. In the past female employees were less likely to expect a lifetime of full employment; for example, nurses tended to leave the profession in large numbers within years of qualifying. However, the loss of trained nurses to the profession did not constitute a crisis, because there were always so many young female school leavers with the right academic qualifications to replace them (Vousden 1988). However, in the mid 1980s the United Kingdom Central Council (UKCC), the regulatory body for nursing at that time, anticipated a decline in the number of available young recruits as a result of a demographic change (the 'demographic time bomb' predictions) and recognised the need to employ new strategies for nurse recruitment and training, UKCC (1986). As a result, the nature of nurse training has changed rapidly during the last decade and, since the implementation of Project 2000 nurses undertake their initial training in universities and student nurses no longer provide a significant contribution to the nursing labour force. Traditional pre-registration nurse training for both first level Registered Nurse (RN) and second level Enrolled Nurse (EN) have now been discontinued. One of the main aims of Project 2000 was to make nursing more

attractive as a career choice and thus improve recruitment. This was done by ensuring that student nurses were no longer apprentices and therefore not part of the workforce and the students' learning took precedence over the needs of care delivery organisation. Nursing is now a university programme which would make it more credible as a career choice for school leavers but also attract high academic achieving school pupils. The programme was radically modified to encourage student nurses to be autonomous, reflective thinkers, problem solvers, critical thinkers, analytical, life long learners, researchers, readers of research. Whether this is reflected in the perceptions of school pupils is a very important issue and one that needs to be examined.

However, although the number of school leavers declined in the mid 1990s, the total female labour force, in all occupations, increased in the next decade and is expected to continue to increase. The total labour force will grow by up to 800,000, most of whom will be female in the 25 – 44 age group. The Central Statistical Office predicted a rise of 7.9% in female employment between 1988 and 2000, whilst male employment would continue to decline (Central Statistical Office 1989). As the NHS, however, employs a much higher than average proportion of the 'highly qualified' it might be expected therefore, to face strong competition for qualified staff, especially women (Wilson and Stilwell 1992). The field of work for women is also expanding, and nursing is no longer in the privileged position of being one of the few professions open to females (Firby 1990). This is supported by Bosanquet and Gerrard (1985) who predicted that during the 1990s a third of all female school leavers with 5 GCSEs/Standard Grades and 2 'A' levels/Highers would be needed by the nursing profession. These demographic changes coupled with increasing competition for female recruits from other occupations, due to a widening of the labour market for women, would potentially make recruitment of

student nurses difficult. Further support comes from Barribal and While (1996) who states that nursing has traditionally depended upon recruiting large numbers of female school leavers to meet recruitment demands. However the declining number of school leavers in recent years has meant that nursing needs to attract an ever increasing proportion of school leavers in order to achieve this.

A comprehensive literature review of contemporary research literature using CINAHL, BNI and MEDLINE databases revealed the following main themes in relation to school pupils choosing or not choosing nursing as a career.

3.1 Issues Of Status And Role Of Nurses

Existing literature suggests that the public's attitudes and therefore school pupils' attitudes towards the nursing profession appear to be negative (Bampton et al 1986; Grossman and Northrop 1993; Kalisch and Kalisch 1986; May et al 1991). Although the public are aware of the caring and helping aspects of the nursing profession, it is generally associated with weakness, powerlessness, dependence and lacking in knowledge. Such negative attitudes have also been found from some cross-cultural studies (Megnauth 1994, Carlisle 1990, Champion et al 1987, Austin et al 1985) including studies from Saudi Arabia (El-Hamid Mansour 1992) and Kuwait (Meleis 1980). Kohler and Edwards(1990) exploring the status and role of nursing maintains that the standing of nursing is low because it is seen as a feminine profession, with females being the major part of its workforce. This is supported by Lee (1996) who states that in a patriarchal society, historically, the status of females is considered to be inferior to that of males. Women are expected to be subservient wives, mothers and carers of the family. Because nursing is a female dominated career with its focus on

caring, it reflects the domestic roles women play in a patriarchal society; consequently it is viewed as a low status career. The bulk of the literature in this area is North American in origin and thus might not necessarily apply to the United Kingdom. Also much of this literature is over 10 years old. My study will examine school pupils' image of nursing in the context of the United Kingdom and also determine whether stereotypical images of nursing persist amongst school pupils.

In addition to the caring nature of nursing which reflects the domestic roles of women, the low status of nursing is attributed to its supposed apprenticeship system used to train nurses. Nursing students in such a training system are taught to be strictly obedient to hospital policies and doctors rather than be critical in their thinking and to develop their problem solving skills (Bonawit 1992, Meleis 1997). As a result of gender discrimination and the traditional apprenticeship training, nurses are seen as subservient handmaidens of physicians, having limited autonomy and minimal political and economical power in providing health care services (Mechanic 1990).

Rossiter (1999) proposed that the public's attitude and image related to nursing is negative because nursing is viewed as having limited knowledge and economic power, and that to improve the image of the nursing profession, nurse education should be undertaken in universities and nurses should be given economic power and autonomy to manage nursing services. This concept was one of the main reasons for the radical changes in nurse education in the United Kingdom and the move of nurse education into universities was to improve the image and status of nursing and to make it more credible as a career choice for school pupils. Whether this move of nurse education into universities has had any impact on attracting school pupils into nursing has not been

researched. My study will examine this and contribute to a significant deficit area of the literature. Also there is a lack of information regarding whether school pupils are aware of the academic nature of nursing – the requirement to be autonomous, critical thinkers, problem solvers, reflective, researchers, readers of research and analytical. Furthermore school pupils' perceptions of nursing as a university programme has not been addressed.

3.2 School Pupils Perceptions Of Nursing As A Career Choice

Most of the studies in this area originate from the USA and again the most recent studies are in some cases over a decade old. Reiskin and Haussler (1994) found that high school students decision to choose or not to choose nursing was significantly influenced by the congruence between students' perception of an ideal career and nursing as a career. Boughn and Lentini (1999) researched the motivation for choosing nursing as a career and found that there were three important concepts: (1) psycho-social motivation as defined as the desire to care for others; (2) practical motivation and socio-economic attributes, specifically as related to job security and salary; and (3) feelings of power and empowerment.

Regarding psycho-social attributes students choose nursing as a career for a variety of reasons. There are several studies which identified the need to help others, and other humanitarian factors to be important factors in nursing career choice. The results of the following studies showed a majority of subjects continue to identify nursing as caring (Kersten et al 1991; Barkley and Kohler 1992; Grossman and Northrop 1993; Reiskin and Hausler 1994; Stevens and Walker 1993; Williams et al 1991). Caring comments included responses such as helping, giving care and comfort, nurturing, serving,

supporting and sharing. In the study of Grossman and Northrop (1993), 503 senior high school pupils perceptions of nursing as a career were studied, the researchers reported that although only 7% of them listed nursing as their desired career, the majority of pupils (74%) in the study perceived nursing as a career that provided opportunities to care for individuals, families and communities in time of need and help them live healthy lives. Survey results from a relatively small sample of male high school students (n = 126) indicated an overall positive perception of the image of nurses and the profession (Barkley and Kohler 1992). Nursing's caring, nurturing role appears to be well identified in that 91% of subjects rejected the idea that nurses were mean and do not care, and 78% believed nurses were kind and compassionate people. However, the results showed that almost 90% of the respondents were not contemplating nursing as their career. Stevens and Walker's study (1993) used a descriptive design with 641 high school students and attempted to determine why nursing was not selected more frequently as a career. The results showed that willingness to work with sick people and help people were the highest ratings for choosing nursing as a career.

The above studies revealed that caring for sick people was a positive attitude held by the majority of student nurses, senior and junior high school students and this attribute was a major reason they chose nursing as a career. However, there was also a negative attitude held by the students towards the perception of nursing which included working in the hospital performing unpleasant tasks, and working irregular times, including weekends and holidays.

Regarding practical motivation and socio-economic attributes, similar findings were discussed in the study of Williams et al (1997) where open-ended questions addressed

the reasons for choosing nursing, and the most frequently cited reason was job opportunity/security. Those nursing students in the study were likely to choose nursing because of a desire for a profession with job security where they could work with people and capitalise on their interest in science. In another study, the cost of training was perceived as the strongest barrier to attainment of careers in health professions (Thomson et al 1992). From these studies, it was found that perceived high salary and job opportunities were positive attitudes that would significantly influence students' career choice. On the other hand, high educational cost of university programmes could be a negative belief held by students towards nursing.

In relation to feelings of power and empowerment Kohler and Edwards (1990) investigated 306 high school students' beliefs about nurses and nursing. Using a self designed questionnaire, subjects responded to statements about educational requirements for registered nurses along with their working conditions, earning power and social status. Results showed that almost 30% of the subjects believed nursing to be a low status occupation. The same percentage of subjects believed the status of nurses was equal to that of physicians. Lawyers were perceived as having a higher status than nurses by a larger majority of high school students surveyed. Also regarding feelings of power and empowerment an interest in science was listed as a reason students choose to go into nursing. Students in science felt they would succeed in their education, as well as in their day-to-day activities as a nurse (Kersten et al 1991; Williams et al 1991). However, in the study of Thomson et al (1992) the high school students indicated that they were concerned with academic challenges associated with health career education. When they were asked to rate 13 potential barriers to their pursuits of careers in health professions, the difficulty of science subjects in the course remained the factor

perceived as one of the strongest barriers to their attainment of careers in the professions.

Advice from family, friends, school career advisors and nurses, interaction with nurses in practice, interaction with sick people and interaction with students already enrolled in a nursing education programme were found to be common major influencing agents for a student's image of the nursing profession and career choice of nursing (Grossman and Northrop 1993; Kersten et 1991; Rawlins et al 1991; Williams et al 1991; Smadu 1996).

A significant relationship was found between students having a role model who was a nurse and consideration of nursing as a career (Grossman et al 1989; Hendrickx and Finke 1994) The study of Kersten et al (1991) on 752 student nurses found that nurses were major influencing agents for a student's image of the nursing profession and hence making their career choice (40%). The other four top categories were family, self, friends and physician.

The mass media was a significant source of information about nursing. Kohler and Edwards (1990) surveyed 306 high school students in three public high schools on their perceptions of nursing as a career choice. In this study students were also asked their primary source of information about nursing. Results showed that direct encounters with nurses (33.9%) and watching television (29.49%) were found to be more influential in shaping their opinions than through printed media. Of special significance was that only 2.7% of the subjects said their views came from learning about nursing in school. In the study of Barkley and Kohler (1992), 126 male high school students were surveyed on their beliefs about nursing and their primary source of information about

nursing. Subjects' responses were fairly evenly divided among three of the five available sources: television; reading; school based learning; knowing a nurse and observing a nurse.

May et al (1991) explored school pupil's perceptions of an ideal career. Utilising a convenience sample of 1116 mixed age youth found as an ideal career one that was more financially rewarding, more respected and more powerful than nursing. In this study, respondents perceived nurses strongest in the following characteristics: "working hard", "being busy", "caring for people", "not using my brain" and "working with my hands". Changes in perceptions were noted by age – younger school pupils held more positive attitudes towards nursing as a career than senior school pupils. This study did not explore why these changes in attitude occurred and what influenced these attitude changes. This study did not explore why these changes in attitude occurred as the pupils became more senior and what influenced these attitude changes. Also what can be done to maintain a positive attitude with regard to nursing as a possible career choice. My study will examine school pupils' reasons for choosing and rejecting nursing as a career choice again from a United Kingdom standpoint obtaining a current point of view.

Tomey et al (1996) used the tool developed by May et al (1991) in a quasi-experimental design to test the effect of a presentation about nursing on career perceptions. Their sample of 347 male and female high school students indicated that they wanted more appreciation, money, safety, and power from an ideal career than they perceived to be available in nursing. Both the experimental and control groups wanted less caring for people, hard work, working with hands, being busy, and working with high technology from an ideal career than they perceived in nursing.

Other studies have also used a sample of high school students to gain insight into the public's image of a career in nursing. Kohler and Edwards (1990) found that beliefs held by high school students were not consistent with the realities of professional nursing at that time. Stevens and Walker's (1993) findings indicated that demographic characteristics (age, ethnicity, and race), past experiences with nurses/illness, and characteristics preferred in a future career influenced the choice of nursing. Students who selected nursing cited a desire to help people, to do important work, and to work with a variety of people as important reasons for their choice. Dislike of dying people and nurses' salaries were reported as the main reasons for choosing another career in this 1993 sample of 641 high school students. Grossman and Northrop (1993) found high school subjects were influenced significantly by gender, the students' desired occupation, and opinion of parents, friends, and guidance teachers.

The role of gender in the choice of a career is an extremely important concept, because men constitute nearly half of the potential recruitment pool. Nursing has traditionally been considered a female career, yet paramedics and military medics provide abundant examples of men caring for the sick and wounded. Many authors (Christman 1998; Kalisch and Kalisch 1982a; Villeneuve 1994) cite the Nightingale era as the beginning of the withdrawal of men from nursing, with gender segregation persisting in nursing to this day. The male-female balance of enrolments in many professional and occupational education programmes has changed noticeably over recent years. During this time nursing has remained a highly dominated female profession, and men constituted a very small percentage of the nursing workforce. Some authors suggest that more females than males have been employed in the nursing discipline because females have a more positive attitude toward nursing (May et al 1991; Tang et al 1998; Williams et al 1991).

In a cross-sectional study among senior high school students in the United States (Grossman and Northrop 1993), it was found that the occupation of students' mothers had a more significant impact on their choice of career than the occupation of their fathers. The variable of parents' education was identified in the study of May et al (1991) where it was found to be a significant dependent variable when using a scale for measuring attitudes toward nursing as a career. Ratings for nursing were summed so that a higher score indicated a more positive attitude toward nursing and a lower score indicated a more negative attitude. The results showed that adults with high school education or less had significantly more positive attitudes toward nursing than those with a bachelor degree or above. From the study it could be assumed that the higher the educational level of the parent the less positive they were towards nursing as a career. From the aforementioned study of May et al (1991), it was also found that family income also made a difference: those who were in the higher economic levels were significantly more negative in attitude towards nursing as a career choice than those in the lower economic levels. However in the study of Lerner (1991), who conducted a state-wide survey of 2315 Registered Nurses taking the state licensure examination, an attempt was made to identify the major reasons for selecting a nursing career. The constructed questionnaire elicited data pertaining to the Registered Nurses' demographics, educational and employment characteristics as well as their subjective perceptions of work and the profession. With a 97% response rate, it was noted that that 60% of the Registered Nurse's mothers and 50% of their fathers had more than a high school diploma. From the study it could be assumed that as the education level of the parent increased, the students' interest in a nursing career increased.

Again in relation to the United Kingdom, social class and perceptions of nursing as a career choice, and social class and advice from parents regarding nursing as a career choice has not been explored adequately in the literature. My study aims to resolve this.

In high school, students begin to explore various career options, with most people significantly fashioning their attitudes about learning, work, and other enduring adult values during early adolescence (Toepfer 1994). Moreover, certain careers are ruled out at this time. Many young adolescents have sex-stereotyped views of occupations and often have already limited their aspirations (McDonald and Jessell 1992). Job shadowing (Lozada 2001), developing new interests, trying on new roles, work experience (Wright 2001) are strategies that help high school students as they begin to make the decisions that will affect their career options. Without career exploration high school students are unprepared to select career choices (Benz 1996). Dahir (2001) suggests that high school students' exposure to nurses and positive nursing images is an essential step to increasing recruitment into the nursing profession.

Cohen and Rambur (2004) in their exploratory study compared a convenience sample of 301 male and female middle school students' perceptions of an ideal career versus a career in nursing. A post hoc analysis of variations by gender was also done. Of the 301 respondents, 61% were girls, and 39% were boys. The respondents voiced statistically significant differences between nursing and the ideal career in key variables related to autonomy, respect, compensation, and "busyness". When comparing boys with girls, however, there was more congruence between boys' perception of nursing as a career than girls'.

Rossiter et al (1999) examined the attitudes of Hong Kong high school students towards the nursing profession. The increased development of hospital services in Hong Kong over the last decade has given rise in the demand for more recruits to join the nursing profession. Despite the advancement in education and the improvement in the working conditions, the problem of attracting sufficient new recruits remained critical. The study aimed to examine high school students' attitudes towards the nursing profession and to identify the contributing factors affecting shortages of nurses within the context of Hong Kong. A convenience sample of 375 high school students was recruited. A questionnaire was used to measure their knowledge, attitudes and intention to study nursing. Results indicated that the students were generally knowledgeable about nursing but were reluctant to pursue nursing as a career. However, students who were socially acquainted with a nurse demonstrated a slightly more positive attitude towards nursing and slightly higher intention to pursue nursing as a career compared with those having no social acquaintance with a nurse.

The results of the survey do not augur well for the recruitment of Hong Kong school leavers into nursing, as there appears to be minimal interest in nursing compared with other careers such as business and accounting. It is worthwhile to consider reasons for the apparent lack of interest in nursing. To begin with, Hong Kong's importance as a financial centre and the competitive nature of its society may predispose school leavers towards business and financial careers, especially if they perceive these vocations as providing a more financially rewarding career than a career in the nursing profession. If this perception is indeed a recruitment problem for nursing in Hong Kong (as suggested by the finding that only 36% of respondents considered nursing as well paid), a possible response would be to emphasise to school leavers that nursing provides opportunities

for stable, secure employment with a variety of career paths and options. Furthermore, not all students will be temperamentally suited to a business career. Some who might now consider a business career as 'the only way to go' could find alternative vocations intrinsically more satisfying (more than 80% of respondents agreed that seeing patients recover was fulfilling). In promoting nursing to students, it should be reminded to them that working with other people in a caring capacity can be especially rewarding, and that they should question whether business careers are always as financially rewarding and glamorous as they are often portrayed. Importantly, privatised health care is itself a business enterprise. Private providers of health care need staff with business and management skills as well as medical and nursing knowledge. A career in nursing is therefore not necessarily isolated from the business world. School leavers should be made aware that senior positions in nursing require financial or other management skills, and that nurses with business acumen could be of value to their employers. Respondents' knowledge of nursing was highest for items that reflected the traditional role of nurses as carers, while respondents seemed less aware of recent trends and developments in modern nursing such as health promotion, patient education and collaborative care. With only a minority of respondents aware of the scientific basis of modern nursing, and its requirements in terms of professional judgement, initiative and higher education, many respondents evaluated nursing on the basis of stereotypes that characterise nursing as routine, task oriented and subservient.

Therefore, the results suggested a need for education of school leavers about the nature of modern nursing and its increasing recognition as a skilled profession. Even so, merely educating students about the positive aspects of modern nursing may not be sufficient to persuade them to consider it as a career option, as results from the study

found that increased knowledge was negatively associated, albeit very slightly, with intention to study nursing, despite being positively associated with attitude towards nursing. Thus it would appear that increasing knowledge about nursing alone would not increase intention to study nursing. The three correlations between the knowledge, attitude and intention scales defy straightforward interpretation. While the moderate, positive correlation between attitude and intention is plausible, the finding that knowledge correlated negatively with intention and positively with attitude the authors find this difficult to explain. One clue to this conundrum is the fact that the survey questionnaire featured only positively worded items about nursing. Therefore, high scores on the knowledge scale indicate knowledge of the positive aspects of nursing. However, students familiar with the positive aspects of nursing may have been reacting to negative aspects of nursing, as they perceived them when they determined their intentions towards nursing. These negative aspects of nursing could include shift work, work stress, and confronting morbidity and mortality, all of which were not measured as knowledge items in the questionnaire. Consideration of the perceived negative aspects of nursing may underlie the slight tendency for respondents who were otherwise knowledgeable about nursing to report lower intention towards nursing than other respondents, even though they may respect nurses for the work they do, leading to higher attitude scores. Exactly where and how respondents in this study acquired their knowledge about nursing was not investigated. Also what precisely dissuades school leavers from considering nursing as a career and why they prefer other career options was not investigated. The Rossiter et al study did not determine whether school pupils' career decisions in relation to nursing were based on fundamentally sound information. Although respondents in the study demonstrated reasonably high levels of nursing knowledge, their career decision making could still have been based on misinformation

about nursing and alternative careers. One conclusion from this study is certain if the lack of Hong Kong school leaver interest in nursing, like many countries in the world, is not redressed, one of the most important professions in the work force may face persistent difficulties in recruiting new staff.

Again in a further study which was not done in the United Kingdom, Law and Arthur (2002) examined what factors influenced Hong Kong school students in their choice of nursing as career. Until recently Hong Kong had a dual system where the majority of nurse education was conducted in hospital schools of nursing and smaller numbers in universities. In 2000, the hospital authority decided to close all hospital schools of nursing and allow universities to conduct undergraduate nurse education. Universities in Hong Kong had to think seriously about recruiting students and how to attract quality applicants for a changing health care system (Health and Welfare Bureau 2000). Steps required to be taken to specify the variables that attract school leavers into nursing. Hong Kong is in a state of flux. Its economy is struggling, its health care system is under review, the nurse education system is in mid-change and the reality of being part of China while having strong links with the West, is presenting a challenge to nurse educators. Law and Arthur using a descriptive survey design and a questionnaire developed for the study, 1246 Form 6 students in Hong Kong were surveyed, of these 28% respondents reported that they were interested in studying nursing. The findings indicated that students' decision, to choose or not to choose nursing was significantly influenced by the demographic factors: gender, biology subject pursued, previous academic achievement, mother's occupation, and their perception of nursing as a career score. Students' intention to study nursing was also significantly affected by social influence: parents, school careers masters, friends, past experience with career

activities, and working in hospital. What are the factors that influence school students to consider nursing as a career? In Law and Arthur's sample of Form 6 students in Hong Kong, it was socio-demographic factors, perception of nursing as a career, influence of significant people, and past experiences with nurses (either knowing a nurse personally, visit to hospital or through nursing career activities). The findings of this study concurred with several other studies yet differed from others. This may be attributable to sample size and heterogeneity, differing instruments and associated reliability and validity. Nevertheless, the data from this sample represents a profile of a homogenous sample of Hong Kong Chinese and adds useful baseline data for use in recruitment, education and further research. Contrary to the findings of previous studies, parent's education, father's occupation and family incomes were not found to be predictors of intention which, in this sample, challenges the findings that students who study nursing come from a low socioeconomic background (May et al 1991), and the higher the parent's education the more negative the attitude (Lerner 1991). Personal interactions with nurses were found to influence choice of nursing by Steven and Walker (1993) but this study found that knowing a nurse personally was significantly associated with a positive perception of nursing but not choosing nursing as a career and this was supported by Kohler and Edwards (1990).

Law and Arthurs's study also differed from that of Barkley and Kohler (1992), with perception of nursing as a career significantly associated with choice of nursing, and supported the findings of Grossman and Northrop (1993). The desire to care for others was congruent with other studies (Broughn 1994; Smadu 1996; Williams et al 1991), and the negative perceptions were similar (Kohler and Edwards 1990). Law and Arthur's study found that males have equally positive attitudes to nursing and this

differed to the findings of May et al (1991). Of note was the finding that neither parents, career teachers nor, friends demonstrated a significant influence on student's perception of nursing as a career, except in the case where a mother or close relative was a nurse (Kohler and Edwards 1990). There was a higher proportion of students in this study (28%) who considered nursing as a career but gender, biology study, previous academic achievement and mother's occupation affected student's intention. These findings were supported by Grossman and Northrop (1993) and Tang et al (1998). In summary Law and Arthur's study students had generally positive opinions of nursing. The majority perceived nursing as a career that provides opportunity to care for people and is a financially rewarding career with job security. Students who chose nursing did so because of a desire for a profession with job security where they could care for people and capitalise on their interest in science. Negative perceptions held by more than 50% of students related to lower status of the nursing profession, the high cost of nursing programmes in university, difficulty of the study programme and perceived female orientation occupation of nursing. Law and Arthur do concede that their study is only applicable to Hong Kong but propose that further studies require to be conducted in countries worldwide.

The only recent studies which have looked at school pupils perceptions of nursing as a career choice in the United Kingdom are Firby (1990) and Hemsley-Brown and Foskett (1999). Firby's (1990) study is yet again over 15 years old. This quantitative study indicated that the recruitment problem in nursing was more significant than previously thought. Other research had suggested that the fall in the number of 16 to 18 year olds and the widening labour market would cause some difficulties. The results from Firby's questionnaire clearly demonstrated that interest in nursing as an occupational choice

was small, with less than 2% declaring an interest. Many of the fifth formers had high aspirations for themselves. This was particularly significant for girls hoping to obtain 5 or more subjects in the general certificate of education. They seemed to have replaced nursing with other professions as potential occupational choices. Traditional female applicants with five GCSEs were no longer simply looking to nursing but had widened their horizons to incorporate many occupations which in the past had been considered part of the male domain. The implication for the future was significant as the number of role models for women expands. Nursing was therefore no longer in the privileged position of being one of the few professions available for women. Nursing now had to compete with occupations offering greater prestige and money in the wider labour market. Firby questioned why then had this decline in nursing as a career choice occurred. Results from Firby's study showed that on the one hand nurses were seen as well educated with high social status, serving society and involved in interesting work. Yet they were also viewed as having low pay and working conditions which were unpleasant and hard. There seemed to be a dichotomy between the negative and positive aspects of nursing, and Firby proposed that this was likely to prove significant to the potential recruit. The survey was only carried out in one London borough, with fifth form pupils since this was felt to be an important stage in occupational choice, therefore the results cannot be viewed as being representative of all school children in England and was limited in what it asked of the school pupils. Firby acknowledged this fact by stating that the research needed to be repeated in other locations with a larger more representative sample and required to consider a host of other variables. The findings from the study at that time indicated that nurse leaders needed to take urgent action in relation to recruitment policies for the future and further research was imperative. The widening labour opportunities especially for women, certainly calls for further

consideration. Work needs to be carried out to establish what qualities school leavers are now looking for in their future employment. Until nursing understands all of these issues it will be difficult to address future recruitment campaigns. Nursing should not rely on an intuitive view for recruitment policies. It needs a solid research foundation on which to build future campaigns. This does not appear to have happened and recruitment of school leavers into nursing is now a critical issue and unless nursing can increase its appeal to the school pupils of today it could potentially become, as Firby (1990) proposes, a career of yesterday.

Hemsley-Brown and Foskett's (1999) research, *Career desirability: young people's perceptions of nursing as a career*, is the most recent study in relation to the United Kingdom context. The study examined students' perceptions of nursing as a career at a number of key stages in their education decision-making, and how this information influenced their subsequent career decision either to choose or reject nursing. Perceived salary was not a significant factor in the decision to choose or to reject nursing, and the overwhelming reason for making a career choice in any occupational field was 'interest and enjoyment', although those choosing careers in medicine, including nursing, were more likely to have chosen on the basis of a desire to 'help people'. The notion of 'helping' was frequently mentioned in relation to nursing, and was viewed as a positive and dynamic role. The role of a nurse as a 'carer' was assumed to involve dispensing sympathy without the autonomy to intervene medically. Caring was not offered as one of the main attractions of nursing and, although considered a virtue, was not viewed as a positive role by the majority of those surveyed.

Young people on the whole were ambitious for themselves and wanted to enter careers that offered very good opportunities to reach a high status role (even though they may not achieve this goal eventually). Nursing was seen as having limited career opportunities with a ceiling to seniority and autonomy. Although young people were largely unaware of the changes in nurse education and training since Project 2000, an overwhelming majority assumed that nurse education would take place in colleges, but the role of a nurse after qualifying would be similar to a student nurse undergoing traditional training. The old 'apprentice' image of a young nurse therefore prevails, even though the education and training of nurses has changed significantly. Status and image is partly conveyed through the selection procedures perceived to be in place at the entry gate to some careers. The notion that entry into a profession is highly selective enhances its status and therefore nursing is not perceived as being highly selective or requiring high entry qualifications, largely because young people are expected to remain in education longer and maximise on the qualifications they achieve. In Hemsley-Brown and Foskett's study when asked what sort of people become nurses, young people were unlikely to mention qualifications or achievement but concentrated on stereotypically feminine personality characteristics including 'caring', 'friendly' and being 'kind' to people.

Young people were unlikely to have chosen a career on the basis of their personality characteristics, and were also avoiding occupations that they perceived, however inaccurately, would involve physical labour. Manual or physical labour was associated with low pay and domestic manual labour was associated with low status, and many young people who described nursing as unattractive emphasised the physical demands of the job without acknowledging any intellectually challenging aspects of the role.

Nonetheless, nursing, a predominantly female profession was regarded more highly than the predominantly male profession of engineer (also inaccurately perceived to involve manual labour). This places in doubt the suggestion that nursing is regarded as low status because it is a predominantly female profession. Young people of all ages implied that a desirable career would be one ‘that was not in an office’, that offered ‘variety’, ‘challenge’ and ‘decision making’, that involved ‘practical’ – but not low skilled – tasks, that was intellectually demanding rather than physically demanding and that involved meeting people and ‘helping people’, but in a dynamic role. Significantly, however, although young people expressed their admiration for the work of nurses, this was rarely matched by envy, or desire to become nurses themselves. However the sample size of Hemsley-Brown and Foskett’s study was small and not representative of the population, the literature review was limited and in the findings they only present a list of reasons why school pupils did not consider nursing as a career choice. It was conceded in this study that there was a need to examine many more variables, variable correlations, and establish deeper meaning in relation to why school pupils did not consider nursing as a career choice.

3.3 The Influence Of Significant Others On Career Choice

Parents, families and guardians play a significant role in the occupational aspirations and career choices of their children. Without parental approval or support children and young adults are often reluctant to pursue or even explore diverse career possibilities (Taylor et al 2004). Hendrickx and Finke (1994) have also demonstrated the influential role of guidance teachers and careers advisors in school pupils’ career choices.

Many school pupils, guidance teachers and careers advisors do not value nursing as an intellectual enterprise (Williams 2001). In 1999 the UKCC tried to counter this negative image of nursing and attract a broader range of recruits into nursing by stating that careers services should increasingly target primary and secondary schools to improve the careers guidance offered to young people. Careers services should offer a breadth of advice which encourages access to nursing. May et al (1991) found that school pupils who are in the process of selecting a career perceive nursing as less favourable than other potential careers, contributing further support to the belief that nursing has a negative image problem. May et al (1991) also proposes that intelligent young females are being discouraged from entering nursing by guidance teachers and careers advisors who think nursing lacks intellectual challenge. This is supported by Hendrickx and Finke (1994) who assert that career advice and career counselling has long been a function of the high school guidance teacher and careers advisor. They found that guidance teachers and careers advisors were often not well informed regarding the opportunities available to today's nurse and also often had a negative image of nursing as a career choice. Further support for this comes from Naish (1996) who found that careers advisors had a negative image of nursing which was prejudiced by media presentation of nursing and it was generally felt by careers advisors that nursing was for females with limited academic ability. Parents, guidance teachers and careers advisors have been identified as important influences in high school pupils career decisions (Borycki and Samuel 2001). May et al (1991) suggests that school pupils are not being encouraged to enter nursing by their 'enablers', adults who might potentially influence their career choices, this being a reflection of society's negative attitude towards nursing as a career. This is supported by Blasdell and Hudgins-Brewer (1999) who report that guidance teachers and careers advisors identified compassion, kindness,

obedience, moderate academic capabilities, minimal leadership abilities, and minimal decision making abilities as characteristics for potential nursing candidates. Interest in public affairs, self confidence, assertiveness, leadership skills, and decision making skills are considered important for other professions, such as engineering, medicine, education and social work, but not for nursing. According to Evans (1998) nursing students reported receiving stereotypes of nurses and misinterpretations about nursing from their guidance teachers. Nursing students also reported they were unaware of the magnitude of opportunities available in the profession until they entered a nursing programme (Bolan and Grainger 2005).

Schnautz (2003) found that nurses themselves often contribute to perpetuating the negative image of nursing painting a pessimistic depiction of nursing and actively discouraging nursing as a career choice. This is supported by Pickersgill (2001) who established that nurses who were parents stated vehemently that they would not encourage their children or others into nursing as a career option. O'Donnell (2003) and also Brodie et al (2004) discovered that many nurses alleged that if they could get out of nursing they would because of the ever-increasing stress within the job, projecting a negative image of nursing as a career choice.

3.4 Summing Up Of Literature Review And Why The Study Is Important

I have demonstrated in the literature review that, although previous research studies have examined a number of factors related to recruitment of student nurses and choice of nursing as a career, these findings have not been drawn together to provide a comprehensive overview of contemporary issues. Nor, are there any studies which provide any extensive evidence related to school pupils perceptions of nursing as a

career choice. Previous studies have tended to examine the influence of single factors rather than seeking a more holistic view of why individuals choose or do not choose nursing as a career. In addition, and crucially, I have found and propose that the existing literature is incomplete and that there are significant gaps in the literature, which importantly my study will address. In the absence of research studies my study will provide an extremely important, thorough, current insight into why school pupils choose or do not choose nursing as a career choice, greatly improving understanding of school pupils' perceptions' of nursing as a career choice and which may provide information regarding the initiation of strategies to seek to influence their choice. Also, by expanding the research information regarding school pupils' perceptions of nursing as a career, the study can enhance the recruitment process. Recommendations for change have to start from where the school pupils are so it is imperative to discover how they perceive nursing.

The deficit areas within the literature have been identified as highlighted on pages 8 - 11 and form the basis for the study.

CHAPTER 4 – RESEARCH DESIGN

4.1 Gaining Permission And Access To The School Pupils

In recent years there has been an increase in the number of surveys and other large scale investigations among school pupils (Cohen et al 2002). The structure of the educational system provides a ready made sampling frame in terms of age, sex, educational level, geographical area. If I could obtain access to the whole of the 5th and 6th year pupils in each school, then data could be rapidly obtained by means of self-administered questionnaires completed in the classroom. However, I did appreciate that parents and schools, like many organisations are very sensitive to the presence and activities of researchers. School authorities have special responsibilities to the school pupils and their parents. I, like any researcher could not demand access to a school and school pupils. The school and school pupils would be doing me a favour if they agreed to help and they would need to know exactly what they would be asked to do, how much time they would be expected to give and what use would be made of the information they provided. The school and school pupils had to be convinced of my integrity and of the value of the research before they decided whether or not to co-operate.

My request for permission and access had to go through official channels. I wrote to the Director of Education for the respective educational area seeking permission for an approach to be made to the Head Teachers of the schools in order to conduct the research with school pupils (See Appendix 4 – Letter to Director of Education). Accompanying the formal request was a statement which outlined the aims, design and methods of the research, and included justification for doing it, expressed in terms of its relevance to education and nursing. The questionnaire was also submitted for approval. The Director of Education gave permission for me to carry out the study but did state that access to schools and school pupils would be up to the individual Head Teacher of

the school. I then wrote to each Head Teacher of the secondary schools in the educational area a total of 19 schools (See Appendix 5 – Letter to Head Teachers).

Eleven schools gave their permission and 8 schools refused – the reasons for schools not allowing me access were that my request for access would disrupt the school pupil's classes, that they could not afford me the time and that they had had frequent requests to take part in research and could not accommodate every request.

I then met with the Head Teachers of each school which had granted me permission giving an assurance of confidentiality of any data obtained. The confidentiality applied to the responses of individual school pupils, the names of participating schools and the education authority, none of whom would be identifiable in the thesis. Likewise, no data from individual school pupils will be made available to anyone other than myself and my supervisor. The exact terms of confidentiality were agreed with the Director of Education of the education authority concerned.

Permission was also obtained from the school pupils for them to be part of the study. As was the policy of the educational area all school pupils taking part in the study signed a participation in research consent form giving their consent.

4.2 Selection Of The Research Design – Multi-Strategy Approach

The research design, the overall plan for gathering the data in the research study, and linkage with the research questions was guided by the research philosophical standpoint of pragmatic pluralism (Gorrard and Taylor, 2004), in that a mixed paradigm approach was adopted. The word philosophy comes from one meaning, “wisdom” (Guba, 1990).

All research is based on philosophical beliefs about the world, also called a worldview or paradigm. Paradigm is from a Greek word meaning “pattern”. Thomas Kuhn (1970) first applied this word to science to describe the way people in society think about the world. Some researchers have written about qualitative and quantitative research as incompatible approaches (Paley 2000). The value of one over the other has been argued. However others have recognised that different research methods accomplish different goals, and they advocate using the method appropriate to the research questions and combining methods when this best suits the research goals. This is supported by Colliver (2002) who states that matching research goals with research philosophy is fundamental to the research. When studying school pupils’ perceptions of nursing as a career choice I felt that it would be remiss to ignore measuring what many school pupils perceptions were regarding nursing as a career choice. It would be equally foolish to ignore what the school pupils tell us is important to them regarding their perceptions of nursing as a career choice when I want to understand what it means to them. This information was vital to answering my research questions. How could I investigate the truth without using numbers and words? This research philosophy, rationale for this approach and how it ensures that the research questions were answered will now be discussed.

In order to answer the research questions and, meet the aims and objectives of the study it was important to select the most appropriate design and explain the link from research question to method. In practice the selection of the research design depends largely on the beliefs and values of the researcher. The resources available and cost also the time and how accessible the respondents are (Leedy and Ormrod 2001; Cresswell 1994).

A number of factors influenced the choice of the research methodology. The overriding consideration of the research design was to ensure that the research questions were answered. This was determined in terms of both substantive and methodological issues. Substantively the issue was whether I had selected a design that matched the aims of the research. Methodologically the main design issues were to ensure that the research design provided the most accurate, unbiased, interpretable answers possible to the research questions and whether it yields replicable results.

The central objective of the research was to better understand 5th and 6th year school pupils' perceptions of nursing as a career choice. School leavers are an important group in relation to recruitment and with greater competition for secondary school leavers from other professions the need to attract good quality students into the nursing profession is essential. 5th and 6th year school pupils were chosen because not only are they potential students onto nurse education programmes but they are probably those who are most aware of what they want to do when they leave school and what has influenced their decision.. Also they are at the point where they have an abundance of educational choices and are aware of the importance of career decisions and they have recently or are going through the lived experience of making a career choice. I am interested in the factors in relation to 5th and 6th year school pupils perceptions of nursing as a career choice. To achieve this I propose to examine:

- School pupils knowledge and image of nursing.
- School pupils career perceptions in general.
- School pupils perceptions of nursing as a career.
- Who or what has influenced their career choice.

In order to answer the research questions of the study it was important to construct a picture of the phenomenon of nursing as a career choice amongst 5th and 6th year school pupils and explore the career choice decision making process, also the events, people and situations that impact on this process. The main objective of the study was the description and elucidation of school pupils' perceptions of nursing as a career choice but to answer the research questions I required both quantitative and qualitative descriptive data. I required quantitative descriptive data which involved prevalence, incidence, size and measurable attributes related to school pupils perceptions of nursing as a career choice. Silverman (2001) advocates that this type of data is best obtained using questionnaires. I also required qualitative descriptive data which involved using in-depth interviews to describe variations, importance and meaning of school pupils perceptions of nursing as a career choice. This type of data could only be obtained through in-depth interviews (Rubin and Rubin 2005).

Polit and Beck (2008) suggest that the only judgement of excellence of research design has to do with the fit between one's worldview (paradigm), the research question and the research method. If there is a congruence between worldview, question and method then the researcher has made an excellent choice of design. To answer the research questions of my study and to address the important deficit areas, which were of both a qualitative and quantitative nature, the most appropriate method of design was considered to be a multi strategy method combining a quantitative and qualitative research design within a single project. Layder (1993) states that multi-strategy research refers to research that combines research methods that cross the two research strategies of the quantitative and qualitative paradigms. Integration of qualitative and quantitative approaches is an emerging trend and one that is gaining momentum (Carey 1993). By

using an integrated approach this can make a mutually beneficial and significant contribution to the truth.

There was a strong rationale for utilising a multi strategy method within the study which was driven by the research questions. Research questions 1- 4 of the study were largely quantitative in nature. Whereas research question 5 was qualitative – exploring the school pupils’ lived experience of making a career choice and why nursing was discarded. There were no current studies which had utilised this methodology to explore this phenomenon. Qualitative and quantitative data are complementary, representing words and numbers, the two fundamental languages of human communication required to understand the world (Kaplan 1964). Numbers and words were both needed if I was to fully understand the world of the school pupil relating to their perceptions of nursing as a career choice. In a deeper sense in my study the issue was not quantitative – qualitative at all, but whether I was taking an analytic approach to understanding a few controlled variables or gaining a comprehensive understanding, which was required to answer the research questions, of school pupils’ perceptions of nursing as a career choice.

Multi-method research is often used to develop a comprehensive understanding when there is a body of existing research in which some serious gaps have been identified (Denzin and Lincoln 1994). This was certainly the case with my study in which there was no comprehensive understanding of school pupils’ perceptions of nursing as a career choice and the factors which influenced that choice. The mixed method becomes complimentary by seeking elaboration, enhancement, illustration and clarification of the

results from the quantitative method with the results from the qualitative method (Barbour 1996; Brewer and Hunter 1989).

Shih (1998) argues that if researchers adopt a triangulation approach to establish confirmation or convergence – each method confirming the results of the other method – it is inappropriate to justify the approach that links triangulation to completeness. This is supported by Risjord et al (2002) who propose that when a mixed method approach is conceptualised as a means of convergent confirmation it has only limited relevance for researchers who are seldom concerned with the confirming of one method with another but are attempting to achieve completeness.

Fielding and Fielding (1986), and Murphy (1989) have linked the term triangulation to the goal of completeness. According to their position, mixed methods can be combined in order to reveal the varied dimensions of the phenomenon being studied. When using the mixed methodology within my study my expectation was not for the quantitative and qualitative data sources to converge and confirm one another. Rather the expectation was that each source would contribute an additional piece to the puzzle. This approach would add to my depth and breadth of understanding of the school pupils' perceptions of nursing as a career choice. Mixed methods were selected because of their unique angles in addressing the research questions and because it could capture a more complete, holistic and contextual portrayal of the research questions of the study. Also by utilising a mixed methodology this allows completeness of the research process in respect that the researcher can bring together a more comprehensive account of the area of enquiry (Hesse and Myers 1989). This completeness, as suggested by Sale et al (2002), in addition allows credibility of the research method as by employing both

approaches this enhances the integrity of the findings. Sandelowski (2000) states that by utilising a mixed method approach that the quantitative component provides an account of structures within social life but the qualitative component provides sense of process. The mixed method approach to my study allowed the design of a single research study that answered questions about both the complex nature of how the school pupils made a career choice from their perspective, and why they disregarded nursing, and the relationship between measurable variables.

4.3 Sample

As has been established in the literature review there are no United Kingdom studies which have examined indicators which might suggest if recruitment of school pupils into nursing might be problematic. Thus, nursing has no conception of the recruitment problem, or potential problem, as there is no current quantitative data relative to this. In order to answer research questions 1, 2, 3 and 4 it was important to collect data from a large representative sample of 5th and 6th year school pupils.

As it was not possible to include the entire population of 5th and 6th year school pupils in the study for the following reasons:

- The geographical spread of secondary schools in Scotland.
- The costs involved in relation to trying to collect data from all schools.
- I was conducting the study myself therefore it was not possible to collect data from all schools in Scotland.
- The lifespan of the study would have been hugely increased.

It was for these reasons that I selected a proportion of the potential 5th and 6th year school pupils, the population, from whom to collect data. This proportion of 5th and 6th year school pupils, from one educational area in Scotland, being my sample.

The socio-demographic profile of each secondary school in Scotland is identified using the Scottish Index of Multiple Deprivation (See Appendix 7 – Socio-demographic Profile of Each School Using the Scottish Index of Multiple Deprivation). I was careful to ensure that I included schools from each of these socio-demographic profiles and thus 5th and 6th year school pupils from each of these schools in my sample. In vigilantly selecting my sample this provided data representative of the population of 5th and 6th year school pupils in Scotland from which the sample was drawn. The larger the sample size the more representative of the target population it will be and thus when the study is completed the findings can be generalised to this population. A small sample size in the quantitative component of my study would be unlikely to yield results of significance. This is supported by Shelley (1984) who states that small samples are not likely to yield results of consequence. Within the study the major factors controlling how many school pupils were enough were based on statistical and practical concerns.

4.4 Purposive Sampling

I have assumed that a representative sample can be obtained from one educational area within Scotland. Equally important to the sample representativeness was the degree of ‘fit’ between the sample and the population from which it was drawn. This meant that the sample had to be similar in characteristics to the population. I needed to obtain a representative sample because I wanted to generalise my findings from the school pupils in the sample to all 5th and 6th year school pupils in Scotland. So it was

imperative to generate a sample that reflected the population accurately so that it was a microcosm of the population. Within the study I utilised a purposive or judgemental sampling approach. This involved using only 5th and 6th year school pupils as I wanted to determine 5th and 6th year school pupils' perceptions of nursing as a career choice. The sample was deliberately chosen on the basis that these 5th and 6th year school pupils were the best available people to provide the data to answer my research questions. Also using a purposive sampling approach allowed me to obtain many perspectives of the perceptions of nursing as a career choice, for example males, females, different social classes, high academic achievers, low academic achievers, school pupils from school with different socio-demographic profiles. I used all 5th and 6th year pupils from the 11 schools in the educational area which had allowed me access giving a sample size of 1062 5th and 6th year school pupils.

4.5 Sample Size

As Devane et al (2004) point out there is no definitive answer regarding how large a sample size should be. The decision about sample size was not a straight forward one and was based on a number of considerations:

- **ABSOLUTE AND RELATIVE SAMPLE SIZE** – increasing the size of the sample would increase the precision of the sample. However, a large sample could not guarantee precision so that it is probably better to say that by increasing the size of the sample increased the likely precision of my sample. Fowler (1993) states that although large samples are desirable, the law of diminishing return applies – samples of 1500 to 2000 are often sufficient to estimate the characteristics of the entire population.
- **TIME AND COST** – time and cost considerations became very relevant.

- HETEROGENEITY OF THE SCHOOL PUPILS – yet another consideration regarding my size of sample was the homogeneity and heterogeneity of the population of the 5th and 6th year school pupils in Scotland from which the sample was taken. Because the population was heterogeneous and therefore the variation was great, the implication of this was that the greater the heterogeneity of the population the larger the sample needed to be.
- TYPE OF ANALYSIS – I also had to bear in mind the kind of analysis that I intended to undertake and that certain statistical tests required minimum sample size numbers. In view of the fact that I proposed to employ statistical tests which would be largely descriptive I required a large sample size.

4.6 Sample Frame

Inclusion criteria for the sample, was all 5th and 6th year school pupils. A list of all the 5th and 6th year school pupil's names from each school which allowed me access provided the sample frame for my study. This ensured that none of the 5th and 6th year pupils were omitted and was important in the quantitative part of the study as I sought to ensure a representative sample and thereafter to generalise from the data.

4.7 Decision To Use Survey Utilising A Self Administered Questionnaire – The Link From Research Questions To Method

Given the total number of 5th and 6th year school pupils, the problems with gaining permission and access to school pupils, the financial and time constraints it was not feasible to gather data from the entire population. Therefore an appropriate methodology which would enable the collection of data from a large representative sample had to be decided upon.

Survey design utilising a descriptive, exploratory and comparative approach was used. This allowed examination of the characteristics, attitudes, opinions, knowledge, behaviours and intentions of the 5th and 6th year school pupils regarding nursing as a career choice by asking them to answer questions through a self administered questionnaire. This approach would also allow collection of detailed description of existing variables and use the data to assess current conditions and to identify how nursing can be made more attractive as a career choice – providing a basis for possible new and innovative recruitment strategies. As has been established in the literature review there is a deficit in current data regarding school pupils’ perceptions of nursing as a career choice. By employing a survey utilising a self administered questionnaire approach this allowed the collection of extensive data relating to - description of reasons why school pupils choose or do not choose nursing as a career: exploration of perceptions of nursing as a career; comparison of different school pupil groups, for example gender, social class, academic achievement; influence of significant others on career choice; perceptions of nursing as a university programme.

4.8 The Decision To Use A Questionnaire

The decision to use a questionnaire was based on the following assumptions:

It was my presupposition that the questionnaire was potentially the quickest and cheapest and a relatively confidential method of collecting large amounts of information from a large number of school pupils scattered over a wide geographical area. Questionnaires have been used mainly to collect information on facts, attitudes, knowledge, beliefs, opinions, perceptions, expectations, experiences and the behaviour of individuals – this is what the study questionnaire endeavoured to do in relation to school pupils perceptions of nursing as a career choice. Also rich quantitative and

qualitative data can be obtained using a questionnaire. One of the major advantages of the self-administered questionnaire is the absence of interviewer effect which is considered to be important when dealing with school pupils.

4.9 Questionnaire Construction

A review of the literature ensured that an appropriate, reliable and valid questionnaire or instrument did not exist in relation to gathering school pupils perceptions of nursing as a career choice data that I required to answer my research questions so I had to construct and self design my own questionnaire.

The questionnaire instrument development consisted of the following steps:

- Defining the constructs to be measured.
- Formulating the items.
- Assessing the items for content validity.
- Developing instructions for the school pupils as the respondents.
- Pre-test and pilot test the questionnaire.
- Estimate reliability and validity. (See Appendix 9 – Content validity of the questionnaire – mapping of questionnaire questions to research questions and Appendix 10 – Content validity of the questionnaire – Rationale for asking the questions).

To meet the aims of the research the questionnaire was constructed to measure the following principle content areas:

- Demographic details – gender, school, number of academic qualifications, social class.
- Perceptions of nursing.
- Images of nursing.
- What has influenced these images?
- Nursing as a career choice.

- Important factors with regard to career choice.
- School pupil's knowledge of student nurse education programmes.
- Reasons for choosing nursing or not choosing nursing as a career.
- Influence of parents, guardians, carers regarding career choice.
- Influence of guidance teachers, careers advisors regarding carer choice.

4.10 Piloting The Questionnaire

The primary reason for the pilot study was to pre-test the newly designed questionnaire instrument, this was deemed the most efficient way to find out the quality of the questionnaire. The pilot study group were 19 in number, 5th and 6th year school pupils similar to the intended study subjects. The questionnaire was administered within their school which would be the same as the conditions in the actual study. Steier (1991) states there is no set number of persons needed for a pilot study but a fairly common number is 10 subjects. The purpose of the pilot study was to attempt to establish the reliability of the items, with specific reference to the identification of factors which were superfluous or ambiguously designed and to eliminate such factors from the questionnaire – the pilot study school pupils were asked to complete the questionnaire then asked to complete a comments sheet (See Appendix 11 - Pilot testing the questionnaire – what information is required from the pilot questionnaire respondents). The comments sheet was designed utilising Oppenheim's Framework for critiquing questionnaire design (Oppenheim 1992).

The pilot study determined that there was no ambiguity or extraneous material in the questionnaire. There were however some typographical errors which were highlighted by the pupils. The feedback from the pilot study school pupils was in general positive.

The adjustments following the pilot work were made to the questionnaire. The questionnaire (See Appendix 8 – Copy of questionnaire) was then ready for distribution to the school pupils.

4.11 Distribution Of The Questionnaire

Having been granted access to the schools and permission to administer the questionnaire I met with the designated liaison person who had been assigned to me from each school. I met with these individuals who were – Deputy Head Teachers, Head of Guidance, Guidance Teachers or Head of year to discuss how I could access all the 5th and 6th year pupils, also we discussed the aims and importance of the research and the questionnaire to ensure that if there were any questions from the school pupils regarding the questionnaire that they could be answered in my absence. I was then invited to speak at the 5th and 6th year assembly at each school about the research, the importance of the research, the questionnaire, the completion of the questionnaire, what would be done with the data and the follow up interviews. The questionnaires were able to be administered when all the 5th and 6th year school pupils were all together in the week for personal and social development classes. I gave out the questionnaires in some of the schools. In the other schools the designated liaison person took responsibility for distribution and collection of the questionnaires. I was then able to collect all the completed questionnaires.

4.12 Setting

One education authority was chosen – the localities within the education area provided significant contrasts in both contemporary socio-economic conditions and economic and social history. This would enable contrasts in perceptions to be drawn out from

pupils from different schools from different areas and diverse socio-demographic profiles.

4.13 Cover Letter Explaining Research To School Pupils

The cover letter was extremely important and is considered by many researchers to be the single most important factor in motivating respondents to complete the questionnaire (Bijur et al 2002; Bowles 1986 Harvey et al 2002; Larroy, 2002). When the cover letter was being constructed I tried to imagine myself as the recipient. What approach or what information would impress me most and make me want to complete the questionnaire. I decided that the letter should be brief and contain the following information:

- Introduction of myself as the researcher and the organisation were I worked.
- Purpose of the research.
- How they were selected.
- Importance of the research and why they should answer the questionnaire.
- How the data will be used.
- Confidentiality.
- My contact details.
- Thanking them for completing the questionnaire.
- My personal signature on the letter.

(See Appendix 6 – Cover letter explaining research to school pupils).

4.14 Questionnaire Response Rates

Because I was able to access all 5th and 6th year school pupils when they were together on the school timetable the only non-respondents were those 5th and 6th year school

pupils who were not in class on that day. My questionnaire was therefore not vulnerable to the problem of low response rate.

4.15 Decision To Use Paradigmatic Interviews – The Link From Research Questions To Method

Research question 5 could only be answered by in-depth qualitative interviews. As it related to the individual, lived experience of making a career choice and consideration of how nursing figured in this process.

By integrating a quantitative and qualitative approach I gained the co-operation of the survey sample and this enabled me to be in a good position to collect more in depth data with a subset of the initial school pupils. This became enormously important within the study. What emerged from the quantitative data from the questionnaires was what Heidegger (1962) refers to as cases which shine. Flyvbjerg (2003) refers to these as paradigmatic cases. Cases that highlight more general characteristics of people from groups in question, the paradigmatic case transcends any sort of rule based criteria of determination. No standard exists for the paradigmatic case as it sets the standard (Christensen 1987). These paradigmatic cases were high academic achieving school pupils who had considered nursing as a possible career choice within their career preference cluster but had ultimately disregarded nursing and decided to pursue medicine or another health care profession as a career choice. These were exactly the type of school leaver that nursing was now attempting to recruit, these paradigmatic cases provided the opportunity, which had not emerged in previous research, to gain closeness to the real life situations and the multiple wealth of details regarding why these high academic achieving school pupils disregarded nursing as a career choice. It

was important to develop a nuanced view of the school pupil's reality. Also the school pupils' concrete, context-dependent experience was important because the school pupils were or had recently lived through the experience of making their career choice. It was important to view the world and gain meaning from the perspective of these school pupils, this being achieved via continued proximity to the lived reality of the school pupils and via feedback from the school pupils. Great distance from the school pupils, relying only on questionnaire data, and lack of feedback could have easily led to a stultified perspective.

4.16 The Research Tradition – Descriptive Phenomenology

The research tradition within which the qualitative part of the study was undertaken had its roots in descriptive phenomenology or eidetic phenomenology – the focus being what people experience in regard to a phenomenon (Husserl 1970). Phenomenology inherent in a philosophical tradition developed by Husserl and Heidegger, is an approach to thinking about people's life experiences. The phenomenological researcher asks the question: What is the essence of this phenomenon as experienced by these people and what does it mean. The phenomenological approach was considered to be the correct approach and especially effectual in the study as the phenomenon of high academic achieving school pupils and their perceptions of nursing as a career choice has been poorly conceptualised. A phenomenological approach is seen as fundamental to understanding the life experiences of humans. As nursing attempts to recruit high academic achieving school pupils it was important to understand their experience of making a career choice and how nursing figured in this process.

Phenomenological research seeks understanding through description of lived experience using interviews and discussion. The objective is to gain rich descriptions of the experience under review, being as faithful as possible to the meanings attributed to the experience by the participants. The role of the researcher is to assist the participants to explore their experience and, without imposing their own biases and interpretations on the data, seek to identify core themes and essences within the material gathered through applying descriptive or eidetic phenomenological methods. I came to the research with a clear desire to enquire into and attempt to understand the experiences of high academic achieving school pupils who had considered nursing as a possible career choice within their career preference cluster but had ultimately disregarded nursing and had decided to pursue medicine or another health care profession as a career choice.

The main source of data in the qualitative part was the in-depth interviews/conversations with the high academic achieving school pupils, with myself and the school pupils being full co-participants. I had constructed an interview schedule which helped the school pupils to describe the lived experience of making a career choice which included disregarding nursing as a career choice, without leading the discussion. Through the in-depth interview/conversations I attempted to gain entrance into the school pupil's world and to have full access to their experiences as lived. I believed that the social reality had a specific meaning and relevance structure for these school pupils living, acting and thinking within it. By a series of common sense constructs they had pre-selected and pre-interpreted this world which they experience as the reality of their daily lives. It was these thought objects of the school pupils regarding nursing as a career choice which determined their behaviour regarding choosing or not choosing nursing as a career. Social reality has a meaning for the school

pupils and therefore their action is meaningful. That is, it has meaning for them and they act on the basis of the meanings that they attribute. I was extremely interested in determining the school pupils' process and influences regarding their construction of meaning regarding their perceptions of nursing as a career choice. It was important for me to gain access to the school pupils' common sense thinking and hence interpret their actions from their point of view. The method of analysing the data employed a hermeneutic approach – looking for themes and sub-themes and gathering them into a description of experience that did justice to the meanings identified by the school pupils. Maggs-Rapport (2000) states that typically, phenomenological studies involve a small number of study participants – often 10 or fewer. I was able to interview 20 school pupils.

4.17 Interview Of The Paradigmatic Cases

Qualitative interview is a broad term used to denote a family of interviews that share the common purpose of studying phenomena from the perspective of the respondent. Interviews are frequently used in qualitative studies and are used to obtain factual data about people as well as measure their opinions, attitudes and beliefs about certain topics (Rubin and Rubin 1995). Thus I selected qualitative interviewing as a means of data collection because it was well suited for exploration of the school pupils' perceptions of nursing as a career choice.

4.18 In-Depth Informal Semi-Structured Interview

The method of qualitative interview utilised was in depth, informal and semi-structured. The tool of data collection was the interview schedule. Within the interviews I was also trying to know all possible ways in which these high academic achieving school pupils

viewed and experienced the phenomena of nursing as a career choice. I was attempting to uncover new perspectives and gain new insights to achieve a broad and unique understanding of high academic achieving school pupils' perceptions of nursing as a career choice. The interview schedule also allowed me the opportunity to ask the school pupils the important 'why' questions which I could not do in the self-administered questionnaire which was more about obtaining quantitative data.

4.19 Piloting Of The Interview Schedule

I was able to pilot the interview schedule with two high academic achieving school pupils that I knew. The main concerns were:

- Whether the school pupils understood the questions in the same way.
- Did they think that the questions were relevant?
- How long, on average, the length of time that the interview would take.
- To consider the school pupils views regarding the interview schedule.

4.20 School Pupils Feedback – Piloting Of The Interview Schedule

The feedback from the piloting of the interview schedule was positive:

- There was general understanding amongst the school pupils of the questions asked.
- The questions appeared to the school pupils to be pertinent.
- The interviews took from 45 to 60 minutes to complete.
- The interview proved not to be an onerous task for the school pupils.

4.21 Validity And Reliability Of The Interview

Following reflection regarding trying to substantiate reliability and validity I rejected the concepts of reliability and validity relating to the qualitative interviews of my study trying to offer instead 'accuracy', 'truth' and 'credibility'. In order to achieve this and to ensure the rigour of my qualitative interviews I adopted the following strategies of trustworthiness and authenticity as suggested by Lincoln and Guba (1985) and Guba and Lincoln (1994):

TRUSTWORTHINESS

Trustworthiness is made up of four criteria each of which has an equivalent criterion in quantitative research:

- **CREDIBILITY** – credibility parallels internal validity. The significance of this stress on multiple accounts of social reality was especially evident in the trustworthiness criterion of credibility of my qualitative interviews. I was of the belief that if there can be several possible accounts of an aspect of social reality, it was the feasibility or credibility of the school pupils account that I arrived at that was going to determine its acceptability to others. The establishment of the credibility of my qualitative interview findings entailed the process of returning to the school pupils during the interview to confirm that I had correctly understood what they had told me and to find out whether or not they agreed with the data. This is often referred to as respondent validation or member validation (Miller and Dingwall 1997). Validity was also enhanced because the school pupils were helped to understand the questions as I was able to ask for clarifications and probe for further responses when necessary.

- **TRANSFERABILITY** – transferability parallels external validity. Because my qualitative interviews entailed the intense study of a small group of school pupils who shared certain characteristics it was the depth rather than the breadth that was important to determine in the qualitative interviews. My qualitative interviews were oriented to the contextual uniqueness and significance of the high academic achieving school pupils’ perceptions of nursing as a career choice. Whether my findings would hold in some other context or even in the same context at some other time is an empirical issue. Instead in the qualitative part of the study I endeavoured to produce what Holliday (2002) calls thick description – that was, rich accounts of the details from the high academic achieving school pupils. Guba and Lincoln (1994) argue that a thick description provides others with what they refer to as a database for making judgements about the possible transferability of findings to another milieu.
- **DEPENDABILITY** – as a parallel to reliability in quantitative research. Punch (2005) proposes the idea of dependability and argues that to establish the merit terms of this criterion of trustworthiness researchers should adopt an auditing approach. In relation to the qualitative interviews in my research this involved keeping records of all phases of the qualitative interview process – formulation of interview schedule, selection of high academic achieving school pupils, fieldwork notes, interview transcripts and data analysis decisions in an accessible manner. Although I did not engage peers to act as auditors, but as is suggested by Shamo (1989), the information was readily available for anyone to audit in an accessible manner.
- **CONFIRMABILITY** – confirmability parallels objectivity. Confirmability is concerned with ensuring that while recognising that complete objectivity is

impossible in qualitative research the researcher can be shown to have acted in good faith (Lawler et al 1999). In relation to my research I have tried to demonstrate that I have not overtly allowed my personal values or theoretical inclinations manifestly to sway the conduct of the research and findings derived from it.

AUTHENTICITY

In addition to the four trustworthiness criteria, Guba and Lincoln (1994) suggest criteria of authenticity. These criteria raise a wider set of issues concerning the wider political impact of research. The criteria are:

- FAIRNESS – I have tried to represent the different viewpoints of the high academic achieving school pupils relating to their perceptions of nursing as a career choice.
- ONTOLOGICAL AUTHENTICITY – my research was not actually about helping the school pupils to arrive at an improved understanding of their social milieu but rather to allow the nursing profession to better understand the situation of school pupils' perceptions of nursing as a career choice.
- EDUCATIVE AUTHENTICITY – again my research was not about helping the school pupils to appreciate better the perspectives of other school pupils regarding nursing as a career choice but about trying to gain insight into the high academic achieving school pupil's perspectives of nursing as a career choice so that the nursing profession could better understand these perspectives.
- CATALYTIC AUTHENTICITY – hopefully my research will act as an impetus for nursing to engage in action to change the perceptions of the school pupils

and improve the recruitment of high academic achieving school pupils into nursing.

- TACTICAL AUTHENTICITY – my research I hope will empower the nursing profession to take steps necessary for engaging in action in relation to improving the perceptions of the high academic achieving school pupils regarding nursing as a career choice.

4.22 Qualitative Sampling

Decisions regarding the composition of the sample for the qualitative part of the study emerged and were modified as data from the questionnaires were analysed. As previously mentioned it had been the intention to interview a number of school pupils from various categories after the completion of the questionnaires – male and female high academic achievers who had chosen and who had not chosen nursing, male and female with minimum qualifications who had chosen and who had not chosen nursing, pupils from different social classes, pupils who had a parent or parents who were nurses. But what emerged from the quantitative data from the questionnaires were the paradigmatic cases. These paradigmatic cases were high academic achieving school pupils who had considered nursing as a possible career choice within their career preference cluster but had ultimately disregarded nursing and decided to pursue medicine or another health care profession as a career choice. These were exactly the type of school leaver that nursing was now attempting to recruit into the student nurse education programmes within universities and also to raise the academic profile of nursing.

4.23 Paradigmatic Cases – Interviews

Twenty paradigmatic cases were interviewed. The interview schedule was introduced to the school pupils (See Appendix 12 – Introduction to interview schedule – Paradigmatic Cases) and focused on four main areas (See Appendix 13 – Paradigmatic Cases – Interview Schedule):

- Why they arrived at their career choice decision.
- Why they have a particular image of nursing.
- Perceptions of nursing as a university programme.
- How could nursing be made more attractive as a career choice for high academic achieving school pupils?

Campbell (1975) states, after all, man is, in his ordinary way, a very competent knower and qualitative common sense knowing is not replaced by quantitative knowing. There was vitally important information to be gained from these paradigmatic cases which could not be gained from a purely quantitative approach.

4.24 Process, Timing And Setting For The Interviews

Determining the most appropriate time for conducting the interviews did not present as huge a challenge as I had envisaged. Again for the purposes of the interviews I was allowed access to the 5th and 6th year school pupils when they were all together in the week for personal and social development classes. All schools afforded me the use of a room which ensured privacy and no interruptions for the interview.

Holstein and Gubrium (1995) also Gubrium and Holstein (2001) states, that it is unlikely, that any phenomenon could be explored in-depth in less than half an hour. On the other hand, Axinn and Pearce (2006) proposes limiting the length of time of the interview to one hour because of interviewee fatigue. I was aware that interviews which lasted for over an hour would tire the school pupils and cast doubt on their ability to concentrate on the task at hand. My interviews with the school pupils reflected this and lasted 55 – 60 minutes. I did all the interviews myself therefore reducing variability error.

4.25 Data Saturation In The Interviews

Guest et al (2006) states that in the qualitative interview process the researcher reaches a point of data saturation in which no new data is emerging.

At 20 interviews saturation of data I felt had been reached in that no new data was emerging and at this point I decided to do no more interviews.

4.26 Tape Recording And Transcription Of The Interviews

The interviews were tape recorded and transcribed.

My rationale for this was:

- The qualitative interview entailed detailed attention to what the school pupils were saying – the tape recording of the interviews was I felt mandatory as I needed to transcribe these interviews and look for meaning – this would allow me to thoroughly examine what the school pupils had said.
- I was interested in what the school pupils had to say and if this aspect was to be fully woven into an analysis it was necessary that I had a complete account of the series of exchanges in the interview. Also because I wanted to be highly alert as to what the school pupils were saying – following up interesting points made, prompting and probing where necessary – I thought that it was paramount that I was not distracted by having to concentrate on writing down notes about what was being said.
- I was conscious that the use of the tape recorder might disconcert the school pupils and they might become self-conscious or alarmed at the prospect of their words being preserved. The tape recorder was positioned out of eyesight of the school pupils when I interviewed them. Any fears of the tape recorder disappeared, if they had been there in the first place, amongst these confident, articulate, high academic achieving school pupils.
- The tape recording helped to correct the natural limitations of my memory and the intuitive glosses that I might place on what the school pupils said in the interview.

**CHAPTER 5 – SUMMARY OF
QUANTITATIVE DATA ANALYSIS
FINDINGS AND DISCUSSION**

PREFACE

The quantitative data presented in this chapter are descriptive in nature. The purpose of the data is to provide a background overview to set the scene for the main qualitative study. The data was also particularly useful for identification of the qualitative study sample. Although the data is presented in a descriptive format there is on-going advanced statistical analysis of the dataset which will be published in the future.

The chapter will examine and discuss quantitative data from all 5th and 6th year school pupils in the sample (n = 1062) who completed the self administered questionnaire regarding their perceptions of nursing as a career choice. This allowed research questions 1, 2, 3 and 4 to be answered from a numerical perspective. This was important because of the deficit areas which had been identified in the literature review regarding no current quantitative United Kingdom studies which give an idea of how many school pupils intend to or do not intend to pursue nursing as a career thus nursing has no conception of the recruitment problem or potential problem. Therefore there are no accurate figures in relation to the percentage of school pupils who intend to pursue nursing as a career choice. In addition there were no existing studies which had examined school pupils' knowledge and image of nursing; school pupils career perceptions in general; school pupils perceptions of nursing as a career; who or what had influenced their career choice.

The self administered questionnaire allowed the collection of data regarding the characteristics, attitudes, opinions, behaviours and intentions regarding nursing as a career choice from a large representative sample. This was achieved by accessing pupils from schools with diverse socio-demographic profiles.

As well as trying to gain an understanding of the 5th and 6th year school pupils' perceptions of nursing as a career choice it was also important to determine indicators which might suggest that recruitment into nursing of school pupils might be problematic. Because this required the use of a large representative sample and given the total number of 5th and 6th year school pupils, the problems with gaining permission and access to school pupils, the financial and time constraints, the non feasibility of trying to interview large numbers of pupils a self administered questionnaire was utilised. This was considered to be the quickest, cheapest and completely confidential method of collecting large amounts of information from a large number of school pupils.

The research questions of the study determined the type of data which was collected in the questionnaire administered to the school pupils and thus the statistical analysis which was applied. As most of the data utilised was nominal or ordinal data, and the principal objective of the quantitative component of the study was to describe the current situation and obtain a clear representation in relation to school pupils perceptions of nursing as a career choice, descriptive statistics in the form of frequency tables were primarily used to analyse and present the data. There is much support for this descriptive approach (Burns 2000; Munro 2001; Lobiondo-Wood and Haber 2006; Polit and Beck 2008). There is also considerable support in the literature for keeping the statistical analysis uncomplicated and straightforward (Gorard 2006; Gorard 2003; Gorard and Taylor 2004; Anderson 1994; Scott and Mazhindu 2005; Bryman and Cramer 1992). The quantitative data was analysed utilising the SPSS package, the codebook for this is located in Appendix 14 – SPSS codebook.

SUMMARY - QUANTITATIVE ANALYSIS FINDINGS

Dominating the quantitative findings was a pervading weight of evidence of a number of indicators which appear to suggest that recruitment of school pupils into nursing could prove to be greatly problematic. There was also much evidence to propose that most of the school pupils were not interested in a career in nursing. Every school, with their diverse socio-demographic profiles, showed similar findings.

The sample of 1062 5th and 6th year school pupils came from schools from one educational area within Scotland. The schools used in the sample had varying socio-demographic profiles.

5.1 At What Age Are School Pupils Making Their Career Choice?

Most of the school pupils in the sample 70.8% (n = 447) made their career choice between the ages of 14 and 16 years, with the highest number 29.4% (n = 185) making their career choice at 16 years of age. This would appear to indicate that school pupils are still thinking about and considering their career choice up to the age of 14 years – suggesting that they could still be influenced regarding their career choice up to this age. This is also significant because the school pupils do not seem to be disregarding nursing or any other career until they reach 14 to 16 years of age.

This poses the question of should nursing be focusing recruitment campaigns at this age group – the under 14 year olds - as leading up to this age appears to be the important career forming years for the school pupils.

5.2 Number Of School Pupils Who Had Chosen To Pursue Nursing As A Career Choice

Only 8.8% (n = 56) of the school pupils who had made a career choice had chosen to pursue nursing as a career. This being despite the fact that 82.4% (n = 874) of the school pupils in the sample had, the necessary academic qualifications to enter the student nurse education programme.

5.3 How Many School Pupils Have Actually Considered Nursing As A Possible Career Choice?

Merely 21.2% (n = 226) of all the pupils had actually considered nursing as a career choice.

5.4 Would The School Pupils Who Had Chosen To Pursue Nursing As A Career Choice Still Pursue Nursing As A Career Choice If They Obtained Better Grades In Their Exams Than They Expected?

However the findings would appear to suggest that those pupils who had chosen to pursue nursing as a career choice are committed to this choice. As 93% (n = 52) of the pupils would still continue to pursue nursing as a career choice even if they obtained better grades in their examinations than they expected.

5.5 Would The School Pupils Who Had Not Chosen To Pursue Nursing As A Career Choice Consider Nursing As A Career Choice If They Did Not Obtain The Exam Grades That They Expected?

Equally resolute in their choice were the pupils who had chosen not to pursue nursing. Of the school pupils in the sample who had not chosen to pursue nursing as a career choice 88.5% (n = 860) of the school pupils stated that even though they did not get the exam grades that they expected they still would not pursue nursing as a career.

5.6 Would School Pupils Consider Nursing As A Career Choice In The Future?

What was also significant was that of the school pupils who had not chosen nursing as a career choice 86.9% (n = 874) of the pupils stated that they would not consider nursing as a career option in the future. This is concerning as Schools of Nursing are now relying more and more on recruiting mature entrants to student nurse education programmes in view of the declining number of school pupils entering nursing. This could suggest that even recruiting mature entrants into nursing might be problematic in the future.

5.7 Gender Breakdown Of School Pupils Who Had Chosen And Who Had Not Chosen Nursing As A Career Choice

The gender breakdown of school pupils who had made a career choice showed that 2.5% (n = 7) of male pupils who had made a career choice had chosen to pursue nursing. 14% (n = 49) of female school pupils who had made a career choice had chosen to pursue nursing. Further examination in relation to the gender breakdown of those pupils who had chosen to follow nursing as a career revealed that males only accounted for 12.5% (n = 7) whereas females accounted for 87.5% (n = 49). This would seem to propose that a gender bias still exists in relation to nursing as a career choice and that barriers still continue regarding nursing as a career choice for males.

5.8 Where Does Nursing Rank As A Career Choice Amongst School Pupils?

Nursing was not ranked particularly highly by the pupils as a career choice. For male pupils, when ranking career categories in order of popularity, nursing ranked 13th out of the 14 main career choice categories. While for female pupils when ranking career categories in order of popularity nursing ranked 8th out of the 14 main career choice

categories, this being only slightly better than secretarial and administration work. The low male and female pupil ranking positions relating to nursing as a career choice could be a further indicator of possible problems in recruiting school pupils into nurse education programmes as the findings seem to suggest that nursing is not a popular career choice among school pupils.

5.9 What Is The Level Of Academic Attainment Of Those School Pupils Who Propose To Pursue Nursing As A Career?

In relation to academic attainment of those school pupils who had chosen nursing as a career choice, the majority of the school pupils, 66% (n = 37) who had chosen to pursue nursing as a career choice had 0 to 5 standard grades. 34% (n = 19) of school pupils who had chosen to pursue nursing as a career choice had 6 to 8 standard grades. This is again concerning for nursing as nursing attempts to recruit high academic achieving school pupils but the majority of school pupils 66% (n = 37) who had chosen to pursue nursing as a career choice have between zero and five standard grades. In addition 39% (n = 22) of the pupils who had chosen to pursue nursing as a career did not have the minimum entry standard grades required. Of those pupils who have chosen to pursue nursing as a career 85.7% (n = 48) had no higher grades. This is yet again alarming for nursing as nursing attempts to recruit high academic achievers

5.10 What Factors Do School Pupils Consider Important In Relation To Making A Career Choice And How Does Nursing Figure In This Career Choice Process?

The pupils commented on important factors which they took into account when making a career choice, these being money/high income; having high status/high social standing; having power; making a difference; caring/helping others; development of self; job satisfaction/being happy; joining a profession; a career which is interesting;

opportunity for promotion; secure career and job security; and entering a career which is valued by society. Nursing did not figure highly in relation to these factors and this again seemed to dissuade many of the pupils from nursing as a career choice.

5.11 What Are School Pupil's Images Of Nursing And What Has Influenced The School Pupil's Images Of Nursing?

The main source of images regarding nursing was television with well over half the pupils, 55.4% (n = 588), reliant on television programmes regarding their information relating to nursing. What is important here is that most school pupils seem to be reliant on television programmes such as Casualty, Holby City and ER for their image formulation regarding nurses and nursing. How accurate the fictional television programme portrayal of nurses and nursing are is questionable. But terrible storylines are often attached to nurses: with nurses becoming prostitutes to pay the bills, nurses who kill their husbands and nurses who abuse the system to get their own way (Jaeger 2007). The findings relating to school pupils image of nursing were concerning. What appears to be apparent when analysing school pupils' images of what nurses do is that the school pupils are not aware of the intellectual and cognitive components of nursing, these never being considered in the pupils' responses relating to image regarding what nurses do. It also seems to be evident that nursing is not getting the message across to school pupils and school pupils are not aware regarding the intellectual and cognitive factors required in modern day nursing. Indeed when analysing the responses it would appear that some pupils are not entirely sure what nurses do. Contemporary nursing requires practitioners to be problem solvers, critical thinkers, autonomous practitioners, analytical, researchers, research literature readers and, life long learners. The school pupils' images of nurses and nursing are very stereotypical with nursing being viewed as performing practical, intimate tasks and taking orders from doctors. Also the school

pupils' images of nurses and nursing were outdated and this could be an important reason as to why so few school pupils go on to pursue nursing as a career choice.

5.12 Why Do School Pupils Think That You Do Not Have To Be Clever/Intelligent To Be A Nurse?

Seventy-three percent (n = 776) of the school pupils appeared to hold the belief that it was not a requirement to go to university to be a nurse or to have a university education to become a nurse. This again could be significant as to why high academic achieving school pupils do not appear to be interested in a career in nursing and also why only a small number of school pupils have decided to opt for nursing as a career choice. In addition 36% (n = 382) of the school pupils stated that they thought that you did not have to be clever / intelligent to be a nurse. This is still over one third of school pupils who do not think that it is a requirement to be clever /intelligent to be nurse. This seemed to be apparent because the pupils believed that nursing was a repetitive and practical job. That doctors always give nurses orders and tell them what to do. In addition there was a discernment that the entry conditions for nursing were low and that anyone could be a nurse, the main requirement being that you just have to be kind and caring.

5.13 What Are School Pupil's Reasons For Rejecting Nursing As A Career Choice?

The pupils who had not chosen to pursue nursing gave a number of main reasons for their choice. Nursing had a negative image and was considered to be a low status job which was not challenging. A large number of the pupils stated that they did not want to waste their educational qualifications but wanted to put their qualifications to good use and that this involved aiming for something higher than nursing. Pupils also expressed

that they did not want to become a nurse because they would find it difficult to deal with death, illness and disease. Also some pupils disliked the sight of blood and were squeamish. In addition some of the pupils were deterred from a career in nursing because they had suffered a negative care experience. Numerous pupils articulated that they had been dissuaded by significant others from a career in nursing. There was concern regarding the nature of the work patterns of nurses, for example shift work, working long hours, having to work weekends and public holidays, highlighted as a reason for not choosing nursing. Many of the pupils stated that they were just not interested in nursing as a career.

5.14 What Are The Perceptions Of School Pupils Regarding What Would Make Nursing More Attractive As A Career Choice?

The pupils identified a number of reasons regarding their perceptions of what would make nursing more attractive as a career choice. Proper work experience was considered to be important so that the pupils could know more about nursing and determine the truth about what nursing is really like. There should be more recognition in the media and within society for the important work that nurses do. Nursing should have a higher profile and be promoted more positively. Also nurse education programmes should have a higher status. The pupils were also of the opinion that higher wages/improved salary and better working conditions/work patterns might make nursing more appealing as a career choice. Also an improved career structure and opportunity for promotion was another reason given by some of the pupils. For some pupils there was nothing that they could think of that would make nursing more attractive, stating that they were just not interested.

5.15 How Much Do School Pupils Value Or Consider The Opinions And Advice Of Significant Others And What Advice Are Significant Others Giving Regarding Pursuing Nursing As A Career?

Parents appeared to have a major influence on the pupils' career choice with a large number of pupils 88.6% (n = 941) stating that their parents were a key influence on their career choice. In addition the vast majority of pupils, 82.7% (n = 878), stated that they valued the opinion of their parents regarding their career choice. Also influential in the career choice process were guidance teachers and careers advisors. There was evidence that some parents as well as further significant others were influencing against a career in nursing. The pupils reported that this took the form of parents, guidance teachers and careers advisors disapproving of nursing as a career choice for them. The significant others were discouraging regarding nursing as a career choice also advising that nursing would be a waste of their academic qualifications. Furthermore, advising that they should be aiming for something better than nursing and stating that they would not be suited to nursing. A further interesting finding relating to significant others influence on career choice was that pupils reported that even some parents who were nurses were persuading against a career in nursing.

5.16 Do School Pupils Who Intend To Pursue Nursing As A Career Choice Come From A Particular Social Class?

A further recruitment problem indication related to the social class of the school pupils attracted to nursing. Social class was determined using Goldthorpe's Social Class Schema (See Appendix 15 – Determining the social class of the school pupils using Goldthorpe's Social Class Schema) and the Acorn Geodemographic Tool (See Appendix 16 – Determining the social class of the school pupils using the Acorn Geodemographic Tool). No pupils from social class 1 or 2 chose to pursue nursing. Most pupils who had chosen to pursue nursing as a career came from social class 3

and 4. Importantly if nursing is going to be viewed as a legitimate career choice and a profession it needs to reflect membership from the different social classes. Otherwise it could perpetuate an image, among the school pupils, that nursing is a job for the lower social classes.

5.17 Has The Implementation Of The Project 2000 Scheme Of Nurse Education And Its Radical Changes With Regard To The Student Nurse Education Programme, Also The Move Of Nurse Education Into Universities Made Any Significant Difference In Relation To Making Nursing More Attractive As A Legitimate Career Option For School Pupils?

5.17a Do School Pupils Think That 5 Standard Grades Are the Entry Requirements Of A Profession?

A significant recruitment problem indicator related to what the pupils thought about nursing as a university programme. Most of the pupils, 59.8% (n = 635), thought that five standard grades were not the entry requirements for a profession. This could have an impact on the standing of nursing regarding the school pupils' perception of nursing as a valid career choice, in that because of the perceived low entry requirements nursing is not viewed as a true profession and loses legitimacy as a career option.

5.17b Do School Pupils Think That 5 Standard Grades Are Sufficient To Undertake A University Programme?

In addition most of the school pupils, 65.2% (n = 692), did not think that five standard grades were sufficient to undertake a university programme which

again could create doubt and suspicion regarding the credibility of nursing as a university programme. This could also impact on the pupil's decision not to study nursing at university.

5.17c Would The School Pupils Be Doubtful As To The Value Of A University Programme Which Only Asks For Standard Grades As An Entry Requirement?

The findings also seem to suggest that most school pupils, 62.7% (n = 667), were suspicious of the credibility of a university programme which you can gain entry to with only five standard grades.

5.17d Do School Pupils Think That A Degree In Nursing Has The Same Value As That Of Any Other University Degree?

There seemed to be a belief amongst nearly half of the pupils, 46.5% (n = 494), that a degree in nursing did not have the same value as other degrees. This could be linked to the previous expressions by the pupils regarding their discernment of the low entry requirements to nursing compared to other university degree courses and again could become a dissuading factor in their decision not to pursue a degree in nursing.

5.17e Do School Pupils Think That It Is As Demanding To Obtain A Degree In Nursing As It Is To Obtain Any Other Degree?

There was also a belief amongst over a third of the pupils, 37.9% (n = 403), that it was less demanding to obtain a degree in nursing compared with obtaining any other degree and that most people could be a nurse. Again this could be

linked to the lower entry requirements relating to nursing education programmes. Once again this could have an impact on the pupils' perception regarding the perceived lesser value of a degree in nursing.

5.17f What Do School Pupils Think Regarding The Academic Standards Of Nurse Education Programmes?

There was a thought amongst over a third of the pupils, 36.6% (n = 389), that the academic standard of nurse education programmes was not high. Again there seems to be some doubt regarding the academic standard of nursing degree programmes which again could be linked to the lower entry requirements. This once more might be an influencing factor as to why pupils do not pursue a nursing degree programme.

5.17g Do The School Pupils Think That Nearly Anyone Could Be A Nurse?

Nearly half of the pupils, 46.8% (n = 497), appeared to think that anyone could be a nurse. This furthermore might be a contributory factor as to why so few pupils have chosen to pursue nursing as it may be viewed as not requiring outstanding, skilled individuals to be a nurse.

5.17h Do The Entry Requirements To Nurse Education Programmes Give The Message That Nursing Is A Low Status Job?

A high percentage of over two thirds, 67.3% (n = 715), of the pupils were of the opinion that the entry requirements to nurse education programmes of 5 standard grades gave the impression that nursing was a low status job. This

image might again be an influencing factor as to the low number of school pupils who have chosen to pursue nursing.

5.17i Do The School Pupils Think That Nursing Should Be A University Programme?

Finally with regard to their thoughts about nursing as a university programme a large number of the pupils, nearly two thirds, 58.7% (n = 624), were of the opinion that nursing should not be a university programme. There has been doubt throughout regarding the status of nursing as a university programme and this appears to further substantiate the pupils' suspicions of nursing as a university course. There does seem to be a prevalent belief that nursing does not merit a place within universities. This conceivably could be based on the stereotypical images which were expressed previously by the pupils regarding the image of what nurse's do not requiring a university education. This may also be due to the entry requirements for nursing not equating with the entry requirements for other degree courses. Again this could be an influencing factor regarding the pupils not follow a career in nursing.

Nursing does not seem to be a popular career choice among school pupils. There is strong evidence from the questionnaire data to suggest that there are a number of problem indicators which could propose that recruitment of school pupils into nursing could prove extremely difficult even with the proposed increase in the number of school leavers entering higher education. This could have a serious impact on nursing care delivery and ultimately the health of the general public within the United Kingdom as the nursing population continues to age and near retirement.

CHAPTER 6 – QUALITATIVE DATA ANALYSIS, FINDINGS AND DISCUSSION

The chapter allows insight to be gained, through the narrative from the paradigmatic interviews, into the lived experience of how the school pupils arrived at their career choice decision and where nursing figured in this process. The narrative will be discussed in relation to the main themes which emerged of career choice process; image of nursing; nursing as a university programme; how nursing could be made more appealing as a career choice for high academic achieving school pupils and the sub-themes which emerged from the central themes. The qualitative data discussed and analysed gave a qualitative perspective to enable the answering of research questions 3, 4 and 5.

The questionnaire data which gave part of the answer to the research questions provided the quantitative answers but what was also required was to gain insight into the lived experiences of these high academic achieving school pupils to answer the qualitative 'why', 'what' and 'how' questions. As Banister et al (1994) declares qualitative interviewing allows entry into the world of the interviewee. This was achieved through the qualitative paradigmatic cases interviews.

The study demanded more than just counting numbers; it was also about grasping and describing a sense of the experience of the high achieving school pupils making a career choice and why they discarded nursing as a career choice. In the research design the decision was made to interview these 20 high achieving paradigmatic cases, who had considered nursing as a possible career choice within their career preference cluster but who had ultimately disregarded nursing and had decided to pursue medicine or another health care profession. The rationale for this was that as nursing endeavours to achieve acceptance as an academic discipline, and as the health care delivery system demands a

highly educated nurse with expert knowledge and skills, nursing needs to attract these school pupils with high academic grades. As these are the school pupils that nursing is so desperately trying to recruit this was a unique opportunity to gain insight into their experience of making a career choice. The first purpose of the interview was to understand and describe, rather than to explain. (Dilthey 1987)

Description in the qualitative analysis is based on Husserl's philosophy of phenomenology (Husserl 1970) – description of the meaning of the high academic achieving school pupils experiences of making a career choice and why and how they discarded nursing as a career choice. When using the research tradition of descriptive phenomenology this provided a path of information leading from the research question through samples of the high academic achieving school pupils words and the thematic interpretations leading to the final synthesis that elaborated the lived experience as a narrative that detailed the descriptive language from the school pupils and used it to convey the meaning of the lived experience of making a career choice and ultimately answering the research question.

6.1 Transcription Of Qualitative Interviews

Audio tapes were used to record the 20 paradigmatic cases interviews. These were transcribed and analysed after the interviews typically within a few days by the author. Transcription involved textual structuring (Silverman 2001) that derives from ordinary common sense textual practice – left to right, progressively downward nature derived from broader sources that are familiar in our culture, originating for instance, in the formatting of the scripts of plays, from courtroom transcripts as presented in court and newspaper reports.

Computer software such as N-Vivo and NUD*IST, which were trialled thoroughly then rejected, can be used to analyse interview text but they tend to impersonalise the process (Attride-Stirling 2001). This is supported by Webb (1999) who states that using computer programmes to analyse qualitative data becomes an impersonal procedure. Traditional manual methods of organising qualitative data have a long and respected history allowing closer contact and familiarity with the data. Also it was felt that having a process of analysis of qualitative data that is basically cognitive turned into an activity that is mechanical and technical was not the way to proceed.

6.2 Developing The Thematic Framework

Analysis of the qualitative interviews was based on a phenomenological method adapted from Colaizzi (1978) which linked with my research tradition of descriptive phenomenology. The approach involved the following stages:

STAGE 1

All transcripts were read in order to gain an overall view and feeling for them. The analysis of the transcripts was an active process in which the data was scrutinised carefully and deliberately. Insights would not and could not spring forth from the data unless I was completely familiar with those data. The transcripts were read over and over in search of meaning and deeper meaning. The first stage of analysis was one of familiarising myself with and comprehending the data, striving to make sense of the data.

STAGE 2

Each transcript was then reviewed again breaking the data up into as many categories as could be identified from each of the four question areas. A category was a group of words, phrases or statements which had similar meanings and/or connotations. Significant statements were extracted from each of the transcripts. This involved synthesising or sifting of the data.

STAGE 3

Formulated meanings were extracted from each significant statement which involved spelling out the meaning of each significant statement.

STAGE 4

Formulated meanings were clustered into manageable themes based on their similarities relative to the four question areas. Themes were statements or narrative from the school pupils that referred to an important issue. The theme categories development was based on scrutiny of the interview data. Data analysis yielded 14 significant themes but what also emerged from the main themes were sub themes which enhanced the clarification of the main theme. Annells (2007) advocates the use of sub themes in phenomenological studies to illuminate the main themes which identify and explore human experience. This is also supported by Lindseth and Norberg (2004) who state that utilising sub themes in narrative research further emphasises the essential meaning of the main themes. Further substantiation comes from Fossey et al (2002) who endorse the ability of using sub themes, to elucidate further, experience dimensions of human lives and social worlds. Cutcliffe and McKenna (1999) state that in semi-structured interviews the questions guide the search for answers and that the themes emerge from

the answers given in relation to these questions. This is supported by Tesch (2002) who proposes that the organisation of theme categories can come from the question itself. This first step in analysing the interview data was to organise them and the main organisational task was developing a method to classify and theme the narrative from the interviews. My main aim was primarily descriptive to achieve a description of the high academic achieving school pupils reality of their perceptions of nursing as a career choice and their experience of making a career choice thus I used concrete categories. Finding commonalities and uniqueness in these individual themes allowed me to crystallise the constituents of the phenomenon of high academic achieving school pupil's experience of their perceptions of nursing as a career choice. The result was a description of the general structure of this phenomenon.

STAGE 5

Putting the themes together to describe the whole and answer the research questions. This allowed integration of the findings into an exhaustive categorisation of the phenomenon.

6.3 Validating The Data Analysis

Boyatzis (1998) advocates for and describes expert validation as the process whereby one or more experts in the methodology and/or subject matter are called upon to verify the findings. This is usually done by giving all the transcriptions to experts and letting them analyse the data. Findings can thereafter be compared. More typically the researcher will make a sample of transcripts and the themes extracted available to the expert for discussion. To ensure my theme interpretation through experts a large sample of transcripts and themes were discussed therefore with my supervisor and also two

experienced qualitative researchers in my own organisation who provided the expert validation. They both confirmed and agreed with my theme areas and interpretations.

One of the first tasks was to make sure that the transcription of the audio tapes was an accurate version of what was said during the interview. Some researchers ask some of their participants to verify the interpretations made of their descriptions for validation of the findings. It was felt that participant validation was not an appropriate method in this study because of the difficulties in going back and gaining access to the school pupils for a further period of time. To ask the schools and the pupils for access to their time for a further meeting was pushing the good relationships which had been built up. The school pupils might not have understood the interpretation intended for researchers, and disagreements between the school pupils from different schools would have been impracticable to resolve.

6.4 The Thematic Framework

As explained above the following themes and sub-themes are developed from the narrative answers to the questions. Many of the themes and sub-themes emerged from the school pupils own words.

QUESTION 1 – CAN YOU TELL ME WHY YOU ARRIVED AT YOUR CAREER CHOICE DECISION AND WHY YOU DISCARDED NURSING AS A CAREER CHOICE?

THEME:

1(a) Career choice process.

SUB – THEMES:

- 1(a)1. Crucial elements in our career choice.
- 1(a)2. We want to help people but at a much higher level than nursing.
- 1(a)3. Our changing career aspirations.
- 1(a)4. We now aspire to something better than nursing.
- 1(a)5. Knowledge and caring are polarised – doctors cure and nurses care.
- 1(a)6. Nursing as a career choice not viewed as using their ‘grades’.

THEME:

- 1(b) Status of nursing as a career.

SUB – THEMES:

- 1(b)1. The ‘ethos factor’.
- 1(b)2. Status level linked to the type of person that the pupils see as nurses.
- 1(b)3. Nursing viewed as a last resort.
- 1(b)4. Status level linked to the perceived nature of the job.
- 1(b)5. Status level linked to the perceived difference that they can make in their career.

THEME:

- 1(c) Influence of significant others.

SUB – THEMES:

- 1(c)1. Guidance teachers advising and influencing against nursing as a career choice.
- 1(c)2. Careers advisors advising and influencing against nursing as a career choice.
- 1(c)3. Friends and peer group advising and influencing against nursing as a career.
- 1(c)4. Fear factor related to telling friends and peer group that they wanted to be a nurse because of sexual stereotyping stigma.

1(c)5. Parents advising and influencing against nursing as a career choice.

1(c)6. Guidance teachers and careers advisors more interested in and attempting to have a greater influence on the career choice of the high achieving pupils.

1(c)7. Small number of high achieving school pupils who stated that their career choice was their own decision.

QUESTION 2 – HOW WOULD YOU DESCRIBE NURSING’S IMAGE AND WHY WOULD YOU DESCRIBE IT IN THIS WAY?

THEME:

2(a) Image formulation.

SUB – THEMES:

2(a)1. Negative image of nursing depicted in television programmes.

2(a)2. Negative image of nursing portrayed by people who are nurses.

2(a)3. Sexual stereotype image of female and male nurses.

2(a)4. Image that it is very easy to get into train to be a nurse.

2(a)5. Few positive and contemporary images of nursing.

THEME:

2(b) Nursing as a profession.

SUB – THEMES:

2(b)1. What is a profession and the importance of joining a profession.

2(b)2. Nursing is not a profession.

2(b)3. Nursing does not merit being a profession because entry to student nurse education programmes is not strictly controlled therefore it is easy to get into nursing.

THEME:

2(c) Typical school pupil who would pursue nursing as a career choice.

SUB – THEMES:

2(c)1. Academic ability of the typical school pupil who would pursue nursing as a career choice and thus the perceived academic ability required to be a nurse.

2(c)2. Characteristic profile of the typical school pupil who would pursue nursing.

2(c)3. School pupil type that high academic achieving school pupils witness in school being encouraged into nursing as a career choice.

QUESTION 3 – HOW WOULD SOMEONE TRAIN TO BE A NURSE?

THEME:

3(a) Where would you train to be a nurse.

SUB – THEMES:

- No sub – themes.

THEME:

3(b) Nurses do not need to have a degree.

SUB – THEMES:

- No sub – themes.

THEME:

3(c) High academic school pupils doubts and suspicions regarding the credibility of nursing as a university programme.

SUB – THEMES:

3(c)1. Nursing has much lower entry requirements than the entry requirements for other university degree programmes.

3(c)2. A degree in nursing does not have the same value as other degrees.

3(c)3. Nursing is an easy way to get into university – school pupils that universities would never have given admission to in the past are entering nursing degree programmes with much less qualifications than those required to enter any other university degree programme.

3(c)4. A degree in nursing is an easy degree to obtain.

3(c)5. Nursing should not be a university programme.

QUESTION 4 – HOW COULD NURSING BE MADE MORE APPEALING AS A CAREER CHOICE FOR HIGH ACADEMIC ACHIEVING SCHOOL PUPILS?

THEME:

4(a) Information about nursing.

SUB – THEMES:

4(a)1. Engagement, connections and meeting nurses.

4(a)2. Effectual career evenings presentations.

4(a)3. Accessibility of careers information also careers guidance and up to date information relating to nursing from careers advisors and guidance teachers.

THEME:

4(b) Work experience.

SUB – THEMES:

4(b)1. Difficulties and barriers regarding getting a nursing work experience.

4(b)2. Proper nursing work experience exposure.

4(b)3. Schools/departments of nursing within universities should have input into organising true nursing work placements for the school pupils.

THEME:

4(c) Links between schools and schools/departments of nursing within universities.

SUB – THEMES:

- No sub – themes.

THEME:

4(d) Changing, improving and losing the stereotypical image of nursing.

SUB – THEMES:

4(d)1. Education of society regarding the image of nursing by conveying a compelling message about what modern - day nurses do.

4(d)2. Nursing needs to be promoted as an academic discipline having both status and value.

4(d)3. Positive role models.

THEME:

4(e) Nothing can be done to change the perception of nursing as a career choice for high academic achieving school pupils

SUB –THEMES:

- No sub – themes.

PRESENTATION OF THE DATA

Geertz (1997) states, the power of the quote, should never be underestimated and that narrative is a fundamental form for making sense of experience. This is substantiated by Bal (1997) who proposes that narrative gives meaningful structure to experiences that have been lived through by the participants. Narrative can also illuminate quantitative data. This was important because through making sense of the school pupils' answers a description can emerge of their perceptions of nursing as a career choice. What must be organised and presented are quotations from interviews. Sufficient quotational data should be presented to illuminate and support whatever analysis the evaluator presents in narrative form, Patton (1990).

The following are quotes from the transcribed interviews of the paradigmatic cases and are categorised in relation to the themes and sub-themes which emerged from each of the four question areas of the interview.

6.5 School Pupil Identification Code

The following school pupil identification code was formulated to identify gender, number of higher grades/standard grades and the deprivation rating of the school catchment area for each pupil. The high academic achieving school pupils were pupils who had obtained 3 higher grades plus and 7 standard grades plus.

M = male pupil

F = female school pupil

HG = number of higher grades obtained by pupil

SG = number standard grades obtained by pupil

DR = deprivation rating of school catchment area – levels of deprivation:

- MDA = most deprived area
- VDA = very deprived area
- ADA = average deprivation area
- MINDA = minimal deprivation area
- LDA = least deprived area

**PARADIGMATIC INTERVIEW
QUESTION 1 – CAN YOU TELL ME WHY
YOU ARRIVED AT YOUR CAREER
CHOICE DECISION AND WHY YOU
DISCARDED NURSING AS A CAREER
CHOICE?**

**THEME 1(a) CAREER CHOICE
PROCESS**

PARADIGMATIC INTERVIEW QUESTION 1 – CAN YOU TELL ME WHY YOU ARRIVED AT YOUR CAREER CHOICE DECISION AND WHY YOU DISCARDED NURSING AS A CAREER CHOICE?

6.6 Theme 1(a) Career Choice Process

An important area of the research was to attempt to understand the school pupils' experience of making a career choice and why they discarded nursing as a career choice within this process. Despite considering nursing as a possible career choice at one stage in their career choice process, the evidence for this coming from the questionnaire data where they were asked to state the careers that they had considered – this being their career choice cluster, none of the 20 high achieving school pupils went on to pursue nursing as a career. Three main areas became evident from the data in relation to how they made their career choice and how nursing was discarded. These were fundamental considerations relative to their career choice; the belief that doctors cure people and nurses only care for them; and that pursuing nursing would be a waste of their qualifications.

1(a)1 Crucial Elements In Our Career Choice

There was evidence that the school pupils were active agents in their quest of making a career choice. The crucial elements of their career choice which emerged were a desire to help people; their career aspirations both from a realistic and idealistic perspective; their self concept; the status and prestige of the various occupations; and how they viewed themselves, where they wanted to go and what they wanted to achieve in their lives. These elements were reviewed and revised largely due to how well the pupils did in their standard and higher grade examinations.

1(a)2 We Want To Help People But At A Much Higher Level Than Nursing

The element of a desire to help people was prominent in most of the school pupils' narrative and seemed to articulate well with the philosophy of becoming a nurse and the pupils' early intentions of pursuing nursing as a career choice:

"Always been interested in helping people". "I did want to do nursing.... helping people".

(F/HG = 5/SG = 8/DR = VDA)

"My granddad died of cancer I helped look after him".

(F/HG = 3/SG = 7/DR = VDA)

There was a strong initial desire by many of the school pupils to become a nurse:

".... from what seems like an early stage in my life I wanted to be a nurse and saw myself only wanting to do this".

(F/HG = 5/SG = 7/DR = ADA)

".....up until 5th year I was set to do nursing".

(F/HG = 4/SG = 7/DR = MDA)

For some of the school pupils there was a belief of a calling to be a nurse:

"This might sound a bit daft but I think that this is what I was meant to do".

(F/HG = 3/SG = 7/DR = VDA)

However doing well in their standard grades and higher grades was hugely influential in their discarding of nursing as this caused the pupils to re-evaluate the level of help that they could give people and the impact that they could have. This desire to help people now took on a new level which exceeded their perceptions of how much nurses could help. The following was typical of this new level of perception:

“I got good grades in my Highers and this really gave me a boost – my confidence soared, I suddenly saw things differently – it showed me that I had the potential to help people at a higher level than nursing could ever allow me to do”.

(F/HG = 5/SG = 7/DR = MINDA)

“I would like to enter a career that helped people and made a positive difference to their lives – nursing could sure but medicine because of the level of help that as a doctor I could give people”.

(M/HG = 5/SG = 8/DR = MINDA)

1(a)3 Our Changing Career Aspirations

All of the pupils talked about their career aspirations, which was where they assessed the accessibility of their considered career choices. For the pupils this appeared to be a joint product of compatibility (suitability) and accessibility. Their career aspirations were divided into perceived realistic aspirations – what the school pupils think that they can aspire to, and perceived idealistic aspirations – the ultimate that the school pupils would like to aspire to but was thought to be out of reach. Prior to obtaining their examination grades nursing was a realistic career aspiration for many pupils:

“The group of careers that I had sort of settled for that were safe, of which nursing was one, and I knew that I could do them became a group of possible career choices”.

(F/HG = 5/SG = 7/DR = MINDA)

“...nursing I saw this as a good, secure job, with opportunities for development and promotion”.

(F/HG = 5/SG = 7/DR = ADA)

“I did want to do nursing”.

(M/HG = 3/SG = 7/MDA)

But again the influence of achieving good examination grades was manifest regarding the pupils' re-valuation of and changing career aspirations, and their rejection of nursing. Pupils' perceived idealistic career aspirations now became a reality:

“I did want to do nursing but I did really, really well in my Highers and got good grades – I then began to question my choice about nursing as now other better careers in my eyes were available to me – so it was very easy now to eliminate nursing as it didn't rate with these other careers”.

(F/HG = 4/SG = 7/DR = MDA)

“I got good grades in my Highers so careers that I thought were out of my reach, unattainable for me – my wished for careers, dream like, now became a reality..... I saw nursing now in an inferior form”.

(F/HG = 4/SG = 7/DR = MDA)

“I had thought about nursing but now in reality because of my grades and the better choices that are now available to me I did not want to do it”.

(F/HG = 5/SG = 7/DR = ADA)

1(a)4 We Now Aspire To Something Better Than Nursing

The changing self concept of the pupils also appeared to influence their rejection of nursing as a career choice. The self concept referred to the school pupils' view of themselves and was strongly influenced by their perceived abilities, their academic achievements, their values, what they wanted to achieve in their lives and where they wanted to be in society. The self concept was the object of cognition (the “me”) – the mental act or process by which knowledge of the career was acquired including perception, intuition and reasoning but also reflected the school pupils as the act or (the “I”). The school pupils identified the occupations that they most preferred by assessing the compatibility of different occupations with their images of themselves and their images of the occupations. Compatibility related to congruence and person – occupation fit. The greater the perceived compatibility (suitability) the stronger the school pupil's preference. Occupations that conflicted with core elements of the self concept were strongly rejected. During the career choice process nursing had once been a career which fitted with their self concept but as they made their final career choice nursing was no longer compatible with their self concept. Re-evaluation of self and the rejection of nursing as a career is evident in the following in which one pupil emotionally mentions that nursing would “condemn” her to an undesirable way of life:

“I would say that my family do not have a lot of money and we are very much working class my mum is a cleaner and my dad is a labourer with the council.

I see how they struggle for money to give my brothers and sisters and me the things that we need.

I know that they have made sacrifices so that I could stay on at school and will also do for my brothers and sisters if they stay on at school.

I don't mean this in a cruel or unappreciative way but I don't want a life like that I want something better, I feel that being a nurse would just condemn me to the same life as my mum and dad".

(F/HG = 4/SG = 7/DR = MDA)

Again there were numerous examples from the pupils of nursing being rejected as it becomes incompatible in relation to what the school pupils want to achieve in their lives and how they view themselves:

"Nursing was something I thought about when I was in 1st or 2nd year but it doesn't even rate as a possibility now – it doesn't fit with where I see myself going".

(F/HG = 5/SG = 9/DR = LDA)

"I suppose it was to do with what I like and what I don't like.

What I can I see myself doing and what I would be happy doing.

Thought about nursing pushed it back now – it's not for me now I wouldn't be happy doing it or suited to it".

(F/HG = 3/SG = 7/DR = VDA)

“Yes I did consider nursing as a possible career choice but for me it was very easy to ditch it.

I had a number of career choices that I thought about based mostly on their reputation – some that were more acceptable than others.

Nursing I did consider but it was probably less acceptable than most of my choices and one that I did not broadcast to my friends”.

(M/HG = 3/SG = 7/DR = MDA)

“Medicine struck me as something that really interested me and that I would be good at.

I also considered the subjects that I was good at and it seemed just to fit.

I gave thought to how happy and satisfied that I would be doing medicine and I could see myself doing this for the rest of my life.

Also it would provide me with the kind of living and life that I want”.

(M/HG = 5/SG = 8/DR = MINDA)

“Medicine is what I have always wanted to do – it wasn’t a decision I have always been drawn or called towards it even from a young age.

I considered what I would be satisfied in doing and how I could gain knowledge and skills and use this knowledge and these skills to help people.

I could make a better career out of medicine and progress further than nursing could ever offer”.

(F/HG = 5/SG = 7/DR = MINDA)

By the time that the pupils had reached 6th year there appeared to be a total rejection of nursing as it was not compatible with their changing self concept:

“I had thought about nursing but in 6th year I weighed up the good and bad points of each of my possible career choices then I suppose I ranked them in relation to my own aims, the grades that I had achieved and how I wanted my life to turn out – nursing wasn’t even a consideration after this”.

(M/HG = 4/SG = 7/DR = VDA)

“Yes I did consider nursing as a possible career choice but for me it was very easy to reject it. I was constantly refining my possible career choices when I got to about 5th and 6th year eventually I seemed to have two circles – my inner circle of 2-3 career choices that I really wanted to do and which I believed really were suited to me because of what the job involved, the interests that I had, the skills that I had and the good grades that I got and also people were telling me that I could do these things. The outer circle were careers that I had thought about of which nursing was one but now in reality because of my grades and what people were telling me about these choices I did not want to do and saw myself not doing”.

(F/HG = 5/SG = 7/DR= ADA)

Doing well in their standard grade and higher grade examination had an influence on the pupils’ self concept causing the pupils to review their perceived abilities, their academic achievements, their values, what they wanted to achieve in their lives and where they wanted to be in society. View of self changed and this seemed to be significantly linked to nursing now being perceived as an inferior career choice for them.

1(a)5 Knowledge And Caring Are Polarised – Doctors Cure And Nurses Care

What was also important in the career choice process was the prestige level of the occupation which for the pupils was influenced by the perceived intellectual complexity of the duties of nurses and doctors. This appeared to mean that the occupational prestige hierarchy was also a ladder of demands for intelligence ascribed to nursing and medicine. This was witnessed in the following theme in which doctors are seen to cure and nurses perform the caring.

When comparing nursing and medicine as career choices what is apparent is that in the eyes of the high academic achieving school pupils knowledge and caring are polarised. Doctors are seen to cure patients:

“I still want to help people but at a much higher level as a doctor being able to cure them”.

(F/HG = 5/SG = 8/DR = MDA)

“Doctors are the people who really save lives”.

(M/HG = 4/SG = 7/DR = ADA)

Whilst nurses are seen by the high achieving pupils as only caring for patients:

“Nursing is about social care and caring for the basic needs – comfort and eating. Medicine is much more of an intellectual challenge for me thus having the knowledge and skills to cure people”.

(F/HG = 4/SG = 8/DR = LDA)

“Nurses do not use sciences they care for patients whereas a doctor uses the science to help cure people. A nurse can only care for the patient”.

(F/HG = 5/SG = 8/DR = VDA)

Knowledge and caring seem to be polarised – the high academic achieving bright school pupils are the ones who are going to be doctors and save lives and the less bright school pupils are more suited or required for the more routine tasks of nursing. The high academic achieving school pupils are very much of the opinion that doctors cure patients whereas nurses only care for them. What is also notable from the high academic achieving school pupils’ interviews is that the work of the nurse is not seen as academic but viewed as practical and routine.

1(a)6 Nursing As A Career Choice Not Viewed As Using Their ‘Grades’ (Standard Grades And Higher Grades) To The Maximum Benefit

The importance and value of their standard grades and higher grades was evident again in the discarding of nursing as a career choice. In the interviews the school pupils referred to their level of achievement in their standard grade and higher grade examinations as their ‘grades’. What was also apparent in the high achieving school pupils’ career choice process was that they had very strong feelings regarding the importance of using their examination grades to the maximum benefit:

“I have good grades I want to do something important, make a difference, be respected – making life and death decisions”.

(F/HG = 5/SG = 7/DR = ADA)

“I thought about careers that interested me but also I wanted to make sure that I used my good subject grades”.

(M/HG = 4/SG = 7/DR = VDA)

“I needed to consider careers which were interesting, challenging and allow me to use the good grades that I got – nursing is not this”.

(M/HG = 4/SG = 7/DR = ADA)

A prevailing theme which was mentioned by nearly all the pupils was the significant feeling that pursuing nursing was a waste of their grades and that nursing was very clearly not viewed as utilising their examination grades efficiently.

“Being a nurse would be a waste of my grades, what I am, what I have become and what I can become”.

(F/HG = 5/SG = 8/DR = VDA)

“Nursing is not for intelligent pupils, I am better than this and I think most clever pupils with good grades are”.

(F/HG = 4/SG = 7/DR = MDA)

“I did think about nursing but I have pushed it further and further away as a career choice as I see what I can really do with my grades and do something important”.

“When I got my grades which were better than I expected it was easy to get rid of nursing”.

(F/HG = 5/SG = 8/DR = VDA)

Despite considering nursing as a possible career choice at one stage in their career choice process the high academic achieving school pupils all disregarded nursing as a career choice in a very similar way. Nursing is a very fragile career choice consideration for high academic achieving school pupils. Nursing appears to sit on a tolerable boundary of career choices acceptable to them but once the school pupils get good examination grades or better examination grades than they expected the school pupils reach a new realisation of what career choices are possible for them and nursing quickly moves to become an unacceptable career choice. This also relates to the school pupils perceived idealistic career aspirations becoming perceived realistic career aspirations because of the examination grades that they obtain. The more successful the school pupils are in obtaining standard grades and higher grades the less attractive nursing appears to become as a career choice and the chances of them considering nursing decline. Once again there is strong evidence here that suggests that attracting high academic achieving school pupils into nursing will be hugely problematic.

**PARADIGMATIC INTERVIEW
QUESTION 1 – CAN YOU TELL ME WHY
YOU ARRIVED AT YOUR CAREER
CHOICE DECISION AND WHY YOU
DISCARDED NURSING AS A CAREER
CHOICE?**

**THEME 1(b) STATUS OF NURSING AS A
CAREER**

PARADIGMATIC INTERVIEW QUESTION 1 – CAN YOU TELL ME WHY YOU ARRIVED AT YOUR CAREER CHOICE DECISION AND WHY YOU DISCARDED NURSING AS A CAREER CHOICE?

6.7 Theme 1(b) Status Of Nursing As A Career

The status of nursing as a career choice was not high amongst the pupils in all schools. The status of nursing as a career, regarding influences and thoughts, was the same for the majority of the pupils. The ascribed status of nursing by the school pupils was linked to: the influences of the school which they attended; the type of person that they had observed who were nurses; the perceived nature of the job of nursing – what nurses actually do; the minimal impact that nurses actually have; and the consideration that nursing as a career choice would now be a last resort.

1(b)1 The ‘Ethos Factor’

There was evidence of an ‘ethos factor’ of the school relative to nursing as a career choice apparent from the school pupils from the one school in the sample with a socio-demographic profile of least deprived catchment area. The ‘ethos factor’ was based on structural features as proposed by Garg et al (2002). This related to the position and academic standing of the school and also the philosophy of the school:

“At this school we are constantly reminded that the school has a reputation for producing smart, intelligent pupils, it is reinforced to us that we can and should make a difference in our careers – what big difference could I make as a nurse and what difference do nurses make – not much.”

(F/HG 4/SG = 8/DR = LDA)

Again the structural features influence of the school was apparent in the following:

“I can’t think that any of the pupils at this school would seriously consider nursing as a career choice as most of our parents are professional people – my father is Professor of mathematics at the university. I think that at this school most of the pupils come from good families and are middle or upper class and aspire to better careers than nursing”.

(M/HG = 5/SG = 7/DR = LDA)

Also there was evidence of structural influences as proposed by McWhirter et al (2000) important in shaping the career choice of the school pupils. This related to academic achievement grouping in which school pupils were guided towards certain career choices in view of their academic achievement:

“I cannot imagine anyone being a nurse from this school it is not what our parents or the school would expect of us or expect or encourage us to do with our Highers, I think that it would be frowned upon if we chose nursing. We would be letting the school and our parents down if we chose nursing”.

(F/HG = 5/SG = 9/DR = LDA)

If this is typical of the influence of structural features in the middle/upper class schools socialising the pupils into certain career areas this perceptible low status of nursing will perpetuate inter-generationally. Also the probability of attracting pupils from least deprived catchment areas into nursing becomes negligible and this also links with the fact that no school pupils from social classes 1 and 2 in the sample chose to pursue nursing as a career choice.

1(b)2 Status Level Linked To The Type Of Person That The Pupils See As Nurses

The status of nursing as a career choice was also viewed as low because of the type of person that the school pupils see as nurses:

“My brother’s girlfriend is training to be a nurse she didn’t need amazing results in her exams and although she is helping people she doesn’t have to do anything thought provoking”.

(F/HG = 4/SG = 7/DR = MDA)

Nursing was also predominantly viewed as being women’s work in the opinion of both male and female pupils:

“Women are usually always seen as being nurses this gives the suggestion that nursing is women’s work and that because nurse are mostly women nursing has no real power – nurses are weak individually and as a group.

Doctors are viewed usually as men and medicine is seen as very powerful – nobody tells doctors what to do not even the government”.

(M/HG = 5/SG = 7/DR = LDA)

“Nursing has little standing as a career choice because it is still very much seen as being one of these jobs which is gender defined – women’s work”.

(F/HG = 5/SG = 8/DR = VDA)

Nurses were in addition viewed as being weak and having no power in society:

“I do not think that nursing has high status or power within society – they are not treated with the same respect as doctors for example by the government or by the management in hospitals.

I think also what maintains this image is that doctors seem to come from the upper more powerful social classes and nurses seem to come from the working and lower social classes”.

(F/HG = 3/SG = 8/DR = MINDA)

1(b)3 Nursing Viewed As A Last Resort

There was further evidence of the low status level of nursing as it was viewed now very much as a last resort career choice for most high academic achieving school pupils:

“I would only consider doing nursing if I really screwed up my grades”.

(M/HG = 3/SG = 7/DR = MDA)

“I would only do nursing if I could not do something better in the medical field”.

(F/HG = 5/SG = 7/DR = ADA)

1(b)4 Status Level Linked To The Perceived Nature Of The Job

The low status level of nursing amongst the high academic achieving school pupils was also affected by their erroneous perception of the nature of the job of nursing captured in the following:

“Nurses make beds and wash old men”.

(M/HG = 3/SG = 7/DR = MDA)

“Nurses change beds and clean and feed old people”.

(M/HG = 5/SG = 7/DR = LDA)

The status level of what the school pupils think that nurses do also seems to be an important factor in deterring them from a career in nursing. Prominent was the belief that what nurses do is principally practical in nature:

“Nurses do the practical stuff – they care for the sick in hospital, serve meals, help self-esteem, encourage, help patients to get dressed or help patients with things that they cannot do for themselves”.

(M/HG = 5/SG = 8/DR = MINDA)

There was also a feeling that because of what the school pupils thought that nurses did, that to be a nurse you did not have to be clever:

“You do need some qualifications to get into nursing but I do not feel that you have to be very clever though because of what they (nurses) do”.

(F/HG = 5/SG = 8/DR = MDA)

“You do not have to be very clever or intelligent to be a nurse because it does not take a genius to clean up patients and deal with dead bodies”.

(F/HG = 5/SG = 8/DR = VDA)

“Nursing is more practical and bedside skills – I cannot think of any intellectual aspects associated with nursing”.

(F/HG = 3/SG = 7/DR = VDA)

It was considered by the school pupils that it was more important to be kind and caring to be a nurse rather than be intellectual:

“I don’t think you need academic qualities to be a nurse – more importantly you need to be kind and caring”.

(F/HG = 4/SG = 7/DR = MDA)

Nursing is viewed by these high academic achieving school pupils as not having any cognitive aspects related to it but very much practical in nature and therefore undemanding, and not requiring a high degree of intelligence to do it. This point was poignantly reinforced by one pupil:

“Anytime that there is bad news or the doctors have to give bad news the nurse goes off to make tea – are they (nurses) not clever enough or important enough to give bad news”.

(F/HG = 4/SG = 8/DR = LDA)

1(b)5 Status Level Linked To The Perceived Difference That They Can Make In Their Career

The low status of nursing was also related to the perceived difference that the pupils could make in their careers. The high academic achieving school pupils felt that they would not make a difference in their career if they pursued nursing and that they would be wasting their qualifications if they chose nursing. This was mentioned by many of the school pupils and the following was typical of their articulations:

“Doctors make a real difference to patient’s lives – curing cancer, developing new technology, new operations, transplants to save lives, doing work in other countries.

Nurses are never ever seen as making vital differences to people's lives like curing them or saving their lives.

Doctors make a difference”.

(F/HG = 4/SG = 7/DR = MDA)

Doctors were perceived as making a real difference to patient's lives and this contributed to a strong motivation to obtain a credible qualification and training which could positively impact on patient's lives. A nursing qualification was viewed as being inferior and not befitting of these pupils. Again the following was representative of this stance:

“I wanted to get a good qualification and medicine is an extremely valuable qualification which only a select few can achieve.

A nursing qualification does not have the same value – I feel that I would be wasting my qualifications, I have very good grades and that I am a bit too clever to be a nurse.

I want a job where I can make a difference, doctors clearly make a difference to people's lives, and I am able too and have scope to use my brain”.

(M/HG = 5/SG = 8/DR = VDA)

“I think that there is a lot of competition for places to study medicine and that if I passed the course I would get an impressive qualification and that I would be entering an elite profession and that I would be stretched and challenged and I would have to stay at the top of my abilities because the standards of the course are so high.

I think that if I did nursing – because of my grades in biology and chemistry it would be too easy I could do it without much effort.

It would not challenge me and would waste my grades so what would be the point. As a doctor I would make a definite difference, doctors are the one's that make a real contribution to patient's lives".

(M/HG = 5/SG = 8/DR = MINDA)

**PARADIGMATIC INTERVIEW
QUESTION 1 – CAN YOU TELL ME WHY
YOU ARRIVED AT YOUR CAREER
CHOICE DECISION AND WHY YOU
DISCARDED NURSING AS A CAREER
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**THEME 1(c) INFLUENCE OF
SIGNIFICANT OTHERS**

PARADIGMATIC INTERVIEW QUESTION 1 – CAN YOU TELL ME WHY YOU ARRIVED AT YOUR CAREER CHOICE DECISION AND WHY YOU DISCARDED NURSING AS A CAREER CHOICE?

6.8 Theme 1(c) Influence Of Significant Others

The influence of significant others – parents, careers advisors, guidance teachers and friends/peers is very apparent from the interview data in that the significant others have a very negative view regarding nursing as a career choice for high academic achieving school pupils and are actively dissuading the high academic achieving school pupils from a career in nursing. What was also evident was the significant others inertia in relation to career choice. This was where the school pupils were viewed by the significant others in a certain way in relation to their academic qualifications – the school pupils were viewed as being able to do certain jobs in relation to their academic qualifications – thus high academic achieving school pupils were viewed as being able to do something better than nursing as a career. This had a profound effect on the school pupils and their decision not to follow nursing as a career choice. The message from the significant others was that nursing was not a career for high academic achieving school pupils and the school pupils were very receptive to this message. What is also stark is that this negative message regarding nursing not being a career choice for high academic achieving school pupils was coming from all significant other sources – parents, careers advisors, guidance teachers and friends/peers.

1(c)1 Guidance Teachers Advising And Influencing Against Nursing As A Career Choice

Guidance teachers who provide information and advice regarding career choice for school pupils, and who are influential concerning the career choice of the school pupils are steering the high academic achieving school pupils away from a career in nursing . This is substantiated in the following narrative which was typical of many pupils:

“I was told by my guidance teacher that nursing was for ‘thickos’. I don’t know if he was being funny or not but it has stuck in my head.”

(F/HG = 4/SG = 8/DR = MDA)

Reinforcing this was the witnessing of the encouragement of pupils with average, lower grades towards nursing by guidance teachers:

“I see guidance teachers advising girls with low academic qualifications to do nursing. The advice that I get from my guidance teacher is that people like me with good grades should not be doing nursing”.

(F/HG = 5/SG = 7/DR = MINDA)

“I think that I would say that it seems to be low to average grades females who are encouraged by guidance and careers teachers to do nursing because this is seen as a suitable area for them to go into.”

(F/HG = 5/SG = 9/DR = LDA)

The message from the guidance teachers was that you would only do nursing if you could not achieve anything else. Again the following was typical for a number of pupils:

“The advice that I got from my guidance teacher is that I should only consider nursing as an option if I can’t be something better in the medical field”.

(M/HG = 3/SG = 7/DR = MDA)

Further evidence of the strong influence that the guidance teachers could have and were having on the pupils’ career choice and their power in persuading school pupils away from nursing as a career was evident in the following:

“They always refer to your grades when you go for your careers talks with them.

When my guidance teacher saw that I was considering nursing one of the things he said to me quite forcefully was come on look at your grades girl is this really what you want to use them to do you need to think seriously about this ‘nursie’ thing.

I was influenced by him (guidance teacher) and it did have some part in me moving away from nursing as a career choice – I got the message loud and clear from him (guidance teacher) that nursing was not really a career choice for pupils with high grades”.

(F/HG = 5/SG = 7/DR = ADA)

“I was told by my guidance teacher that nurses don’t need to know as much as doctors and that nursing is a job for pupils with much less qualifications than me.

I was told that I had too many qualifications for nursing – what would be the point of studying highers when I wouldn’t use them.

Once I said medicine a lot of people, including my guidance teacher, said yes and helped me make that decision and supported that decision.

I think if I had said nursing as a career choice I certainly would not have gotten the same encouraging response”.

(F/HG = 5/SG = 8/DR = MDA)

This influence of guidance teachers and the advice that they are giving regarding nursing not being a career choice for high achieving pupils again does not augur well for recruitment of high achieving pupils into nursing.

1(c)2 Careers Advisors Advising And Influencing Against Nursing As A Career Choice

There was, in addition, evidence of careers advisors who also provide information and advice in relation to school pupils’ career choice, and who are also influential and significant concerning the career choice of the school pupils, dissuading the high academic achieving school pupils from a career in nursing. Again the following narrative was typical of what the majority of school pupils stated regarding advice about nursing as a career choice from their guidance teachers:

“The careers advisor said to me after looking at my grades and hearing from me that I would like to be a nurse said it is so easy to get into nursing - you don’t require highers to do nursing so why would you want to do it?”

(F/HG = 4/SG = 7/DR = MDA)

“A lot of my teachers and careers advisor, when they asked what I was thinking of doing when I left school and I told them that I might like to be a nurse, looked at my marks for standard grades and highers and told me that I could do something more intellectual than nursing.

They seemed to be giving me the message that being a nurse was not for somebody who had the good marks that I had gained in my standard grades and higher”.

(F/HG = 5/SG = 7/DR = MINDA)

“Careers people are not that good but she (careers advisor) did encourage me away from nursing towards medicine because of my grades”.

(F/HG = 5/SG = 7/DR = VDA)

Once again there was patent evidence regarding the active dissuading of high achieving pupils away from nursing as a career choice.

1(c)3 Friends And Peer Group Advising And Influencing Against Nursing As A Career Choice

There is evidence from the interview data that even the high academic achieving school pupil’s friends and peer group are advising and influencing against a career in nursing this is observed in the following dialogue:

“My friends I think would be disappointed if I had chosen nursing because they know that I could do so much better than nursing with the grades that I have”.

(F/HG = 4/SG = 8/DR = LDA)

“I would be embarrassed to tell my friends that I had chosen to do nursing because it’s a pretty low status job”.

(M/HG = 5/SG = 8/DR = MINDA)

“I don’t think that my friends would mind if I said that I was going to be a nurse but they did say when I said to them a while back that I might like to do nursing that I could do better than nursing because of the grades that I got”.

(F/HG = 5/SG = 8/DR = VDA)

Again, even amongst their friends and peer group, there seemed to be a feeling that higher achievers should be aiming for something better than nursing as a career. This also impacted on the pupils’ consideration of nursing as a career choice.

1(c)4 Fear Factor Related To Telling Friends And Peer Group That They Wanted To Be A Nurse Because Of Sexual Stereotyping Stigma

There was also indication of a fear factor of telling their friends and peer group that they wanted to be a nurse because of an apparent sexual stereotyping stigma attached to being a nurse. This is made very graphic by the high academic achieving school pupils in the following narrative and comes from both a male and female perspective in which male nurses are seen as being homosexuals and female nurses are viewed as being sex objects with doubtful morals. Males were extremely worried about how their sexuality would be perceived, the following being typical of this:

“I would be frightened that my friends would think that I was a poof if I chose to be a male nurse”.

(M/HG = 3/SG = 7/DR = MDA)

“I would be concerned about what my friends might say if I chose nursing as a career. They would almost certainly call me a poof”.

(M/HG = 4/SG = 7/DR = VDA)

A few of the male school pupils mentioned and were worried about their supposed diminishing credibility with females if they were known to have chosen nursing or were thinking about nursing as career:

“I don’t have a girlfriend but I would like to - being a male nurse would not do anything for my credibility”.

(M/HG = 4/SG = 7/DR = VDA)

Some of the male pupils even stated that they would hide the fact that they wanted to be a nurse and would just be vague about working in a hospital:

“I don’t think that I would broadcast it to my friends if I was thinking about doing nursing or had chosen to do nursing.

I would keep it quiet and probably just say that I wanted to work in a hospital.

Why would I be like this well too much stigma attached to being a male nurse for example gay/homosexual”.

(M/HG = 3/SG = 7/DR = MDA)

Female pupils were also concerned about the sexual stereotype attached to being a nurse, the following being characteristic of this:

“Hypothetically, because I would never be a nurse, I would be concerned about what my friends and others would think about me wanting to be a nurse.

I would not want to be taken as a decadent women, with no sexual values – nurses are seen as easy for doctors – they will sleep with any doctor”.

(F/HG = 5/SG = 7/DR = MINDA)

“The sexual stereotype is always there and seems to be reinforced when you view TV programmes and films, and if you see nurses on adverts they are always female with short skirts and big boobs – really not what any intellectual female like myself would want to be seen as”.

(F/HG = 4/SG = 8/DR = LDA)

There also seemed to be a suggestion that the school pupils hold masculinity and femininity images of occupations. Career choice reflecting a concern with doing what is considered appropriate for one’s sex – male occupations and female occupations. This can rule part of the occupational world out of bounds for being the wrong sex type. This was particularly true, amongst the school pupils, in which there was still a prevalent belief that nurses who are males are homosexual and that many nurses who are females have a reputation for low sexual morals.

1(c)5 Parents Advising And Influencing Against Nursing As A Career Choice

As has been established it was very evident that the high academic achieving school pupils are very aware about utilising the good examination grades that they have achieved but what is also clear from the interview data is that this perception of utilising their grades is being reinforced by the significant others and that nursing as a career would be a waste of these good results achieved at standard grade and higher grade level. This is evidenced in the following discourse relating to the influence of parents

discouraging the high academic achieving school pupils away from nursing as career choice:

“I do not want to appear boastful but because of the good grades that I got I was encouraged to do medicine and probably discouraged from nursing. People – my mum and dad, my friends, guidance teacher and careers teacher – reinforced that I would waste my qualifications going into nursing”.

(F/HG = 5/SG = 7/DR = MINDA)

Again the parental influence was witnessed in a number of instances with the following extracts being typical within the interviews:

“Because of the good grades that I have my mum did say that I could do far better than be a nurse also what a waste of my grades when I could do so much more for people and their families if I was a doctor”.

(F/HG = 5/SG = 7/DR = ADA)

“My mum and dad said that I have too many qualifications what would be the point of studying highers when I wouldn’t use them doing nursing”

(F/HG = 3/SG = 8/DR = MINDA)

In three of the interviews there was a less overt parental influence in which the pupils seemed to exhibit feelings of guilt because of the belief that if they chose nursing that they would be letting their parents down:

“Mum wanted me to do medicine because of my good grades but I think also she would like the status of having a daughter who was a doctor, nursing just does not have the

same status or position. I want to make her proud of me because of all that she has done for me”.

(F/HG = 5/SG = 8/DR = VDA)

“After the sacrifices that my mum and dad have made so that I could stay on to 6th year and the good grades I got – I don’t think that me choosing something like nursing would be any way to repay them”.

(F/HG = 5/SG = 8/DR = MDA)

“I want them to be proud of me I don’t think they would be if I did nursing. I think that they would be hurt if I chose to waste my highers on nursing”.

(F/HG = 5/SG = 8/DR = VDA)

A number of studies (Knowles 1998; Marjoribanks 1997; Mau and Bikos 2000; Smith 1991; Wilson and Wilson 1992) have found that children and young adults cite parents as an important influence on their career choice. This important influence was evident in the interview data that parents were actively dissuading their children from a career in nursing and once again highlights the extreme difficulties in recruiting these high achieving pupils into nursing.

1(c)6 Guidance Teachers And Careers Advisors More Interested In And Attempting To Have A Greater Influence On The Career Choice Of The High Achieving School Pupils

There was also indication that guidance teachers and careers advisors were more interested in and attempted to have a greater influence on the career choice of the high

achieving school pupils, influencing two high achieving school pupils to reconsider and change their original decision to pursue nursing as a career choice:

“I think that the guidance teachers and the careers advisor at this school are more interested in the pupils with good grades – this is certainly my experience.

I had chosen to do nursing but I got better grades than expected.

Their attitude seemed to change toward me – nursing was okay when they thought that I would just get a few grades but when I got my results they tried to move me away from nursing which I eventually did do”.

(F/HG = 5/SG = 8/DR = VDA)

Again this was evident in the following:

“Suddenly they seemed more interested and I was given more information about possible university courses – they were now suggesting that I rethink doing nursing in view of my grades.

I have now reconsidered doing nursing and will not now be doing nursing partly due to their influence”.

(F/HG = 5/SG = 8/DR = MDA)

Also the high achieving school pupils appeared to be being groomed towards particular careers and significant others were compounding an image of nursing as a low status career choice on a par with hairdressing, office work and being a secretary:

“I think that some pupils are groomed towards certain careers – pupils with good grades – things like law, medicine, psychology, teaching are suggested.

Pupils with grades that are not so good – males are encouraged to get a trade and females are encouraged towards hairdressing, nursing, office work and being secretaries.

I think the message is that nursing is not a career choice for the more clever school pupils but is at the same level as hairdressing, office work or being a secretary”.

(M/HG = 5/SG = 8/DR = MINDA)

“My parents, careers people, guidance teachers did not really influence me my career choice is my decision and they have supported this.

However they did offer advice on career pathways which I could consider and that were possible because of the grades which I achieved – nursing was never mentioned”.

(F/HG = 5/SG = 7/DR = MINDA)

Guidance teachers, careers advisors and parents have been identified as important influences in high school pupils’ career decisions (Borycki and Samuel 2001). May et al (1991) suggests that school pupils are not being encouraged to enter nursing by their ‘enablers’, adults who might potentially influence their career choices, this being a reflection of society’s negative attitude towards nursing as a career. The narrative from the pupils support these research findings and is yet further evidence of the difficulties facing nursing in relation to trying to recruit high achieving school pupils.

1(c)7 Small Number Of High Academic Achieving School Pupils Who Stated That Their Career Choice Was Their Own Decision

What is also surprising, and viewed in the following discourse, was that there were only two high academic achieving school pupils who said that their career choice was their decision and only one of these school pupils who said that their family would support whatever career choice that they made:

“My mum says that what ever I choose to do is basically up to me.

Nobody has discouraged me it is very much my choice”.

My family would support me what ever I did”.

(F/HG = 3/SG = 8/DR = MINDA)

“Not worried about what other people think about my choice.

Everybody has their own opinion.

It is my decision.

I do what I want.

The image of male nurses has changed – I do not regard them as gay/homosexual”.

(M/HG = 4/SG = 7/DR = VDA)

This was concerning as it does suggest that the majority of pupils are influenced by significant other regarding their career choice and that these significant others are advising compellingly against a career in nursing.

1(c)8 Conclusions – Influence Of Significant Others - Chances Of Recruiting High Academic Achieving School Pupils Into Nursing Appears To Be Minimal

Overall the suggestion here is that with the majority of school pupils valuing the opinion of their parents regarding career choice and with parents along with other significant others influencing career choice and advising against a career in nursing the chances of nursing recruiting high achieving school pupils is minimal. Research done by May et al (1991) has indicated that the attitudes of children toward nursing grow more negative as they progress through the school system. Additionally Grossman et al (1989) has shown that young children often have many false impressions about nursing that are not productive to the selection of nursing as a career choice. There is much to suggest that it will be a challenge trying to change school pupils' negative attitudes towards nursing as a career choice. But this could be even more difficult if parents, guardians, guidance teachers and careers advisors all hold negative attitudes towards nursing and are actively dissuading school pupils away from nursing as a career choice.

The suggestion here is that with the majority of school pupils valuing and being influenced by the opinion of their parents regarding career choice and with parents along with other significant others influencing career choice and advising against a career in nursing the chances of nursing recruiting high academic achieving school pupils would appear to be negligible. The advice from significant others would appear to be an important influencing factor in the career choice of the high academic achieving school pupils. Their information and views on nursing seemed to be extremely negative and outdated. Thus, parents, guidance teacher and careers advisors need to have appropriate information about nursing. Leonard and Iannone (2000) propose that nurse educators need to address these significant others to enhance the

perceptions of school pupils regarding nursing as a career choice. The importance of this was highlighted in a study carried out by Hodgeman (1999) who found that although pupils may have positive perceptions of nursing at younger ages, they are easily diverted from this interest when not provided with advisors who have current information and support them when needed.

This influence of significant others and the advice that they are giving regarding nursing not being a career choice for high achieving pupils again does not augur well for recruitment of high achieving pupils into nursing.

**PARADIGMATIC INTERVIEW
QUESTION 2 – HOW WOULD YOU
DESCRIBE NURSING’S IMAGE AND
WHY WOULD YOU DESCRIBE IT IN
THIS WAY?**

THEME 2(a) IMAGE FORMULATION

PARADIGMATIC INTERVIEW QUESTION 2 – HOW WOULD YOU DESCRIBE NURSING'S IMAGE AND WHY WOULD YOU DESCRIBE IT IN THIS WAY?

6.9 THEME 2(a) IMAGE FORMULATION

Image of an occupation is an important determining factor in career choice (Hodkinson and Sparkes 1997). Thus it was vital to understand the school pupils' image of nursing and how these images were formulated. The pupils' negative image formulation of nursing was influenced by a number of factors. The negative image of nursing depicted in television programmes; the negative image of nursing portrayed by people who are nurses; the sexual stereotype image of female and male nurses; and the image that it is very easy to get into train to be a nurse. What was also concerning was that the pupils had few positive and contemporary images of nursing.

2(a)1 Negative Image Of Nursing Depicted In Television Programmes

The high achieving school pupils' main source of images regarding nursing appears to be through television programmes. What was important here is that the high achieving school pupils seem to be reliant on television programmes for their image formulation of nurses and nursing and they believe that these television programmes give a true representation of what nursing is like:

"I and I think that most people get our images about nursing and nurses from TV programmes which seem to give a true picture about what nursing is like".

(F/HG = 5/SG = 7/DR = ADA)

"I don't have too much information about being a nurse – most information comes from watching TV programmes".

(F/HG = 3/SG = 7/DR = VDA)

A recurrent image of nursing amongst the school pupils was the disparity of importance and power relative to nurses and doctors. Doctors were viewed as being important and powerful whereas nurses were seen as being powerless and weak:

“Usually sacrificed by doctors in that if doctors make mistakes doctors can usually pass the blame onto nurses – I certainly would not want to be in a job where I was considered to be some unimportant person where when the doctors felt like it could blame me for their mistakes – no way.

Doctors have the power – they give the orders to nurses”.

(F/HG = 5/SG = 8/DR = MDA)

“Nurses on these programmes - Casualty, ER, Holby City are depicted as just being kind and helpful, never seen as using their brains or making any major life saving decisions – it does not inspire me to be one (a nurse) or commit the rest of my life to being a nurse”.

(F/HG = 4/SG = 8/DR = LDA)

“Nurses are shown as females, trying to bed a doctor, they are always being told what to do by doctors and seem certainly to be less essential than doctors”.

(M/HG = 5/SG = 8/DR = MINDA)

Two of the pupils gave detailed and thought provoking examples of this image disparity and thus poorly reflected image of nursing in television programmes:

“Doctors are seen to be more important than nurses – in one episode of ER because of budget cutbacks 2 nurses were sacked so that one doctor could keep his job”.

(M/HG = 3/SG = 7/DR = MDA)

“In some episodes of Casualty – some nurses are portrayed as brainless, sex mad bimbos out to try to romance doctors and get a doctor for a husband”.

(F/HG = 5/SG = 7/DR = MINDA)

This image of nursing subservience again appeared influential in deterring the pupils from a career in nursing.

Nearly all of the high achieving pupils mentioned an image portrayal of nursing being stressful and having to work long and unsociable hours:

“The negative image about nursing for me comes from a number of sources – TV mostly but also newspapers, magazines, even nurses themselves that nursing is stressful, underpaid, long hours, working weekends and Christmas, not intellectually challenging but physically challenging”.

(M/HG = 4/SG = 7/DR = VDA)

“A lot of negative images about nursing on the news, on television programmes and in the magazines I read – lots of paperwork, stress, understaffing, poor pay”.

(M/HG = 5/SG = 7/DR = LDA)

“Nurses are overworked, dedicated, they work very hard, long shifts – I certainly could not imagine myself doing that”.

(F/HG = 3/SG = 8/DR = MINDA)

“I think that nursing has a negative image – they always seem to be overworked, stressed, low pay and are being told what to do by doctors.

I get my main image sources from TV programmes where nurses seem to get the menial jobs – even paramedics seem to do so much more for the patients.

Nurses always seem to be spoken to like a piece of faeces by doctors who think that they are better because they have more qualifications”.

(F/HG = 5/SG = 7/DR = MINDA)

As was viewed in the school pupils’ narrative these television programmes are strongly influential and in the opinion of the school pupils do not portray nursing in a positive way, and this is also a factor which seems to put high academic achieving school pupils off a career in nursing. Nursing and medicine have a complex relationship and one which has downsides certainly in terms of the ways in which this relationship is understood by pupils and the wider public. This relationship is mediated through a relatively small number of TV programmes (Kalisch and Kalisch 1982a; Kalisch and Kalisch 1982b) and seems to have changed little in the last 40 years. According to Bacon et al (2000), Kiger (1993) and Rossiter and Yam (1998) the stereotypical images of nurses and nursing persists. The nurse is depicted as a sex symbol or in a subordinate role and we can see parallels with the 1960s carry on doctor film and recent episodes of casualty.

2(a)2 Negative Image Of Nursing Portrayed By People Who Are Nurses

Several of the school pupils stated that nurses themselves were telling them not to do nursing and were frequently vocalising how bad that nursing was:

“My mum is a nurse and she is hardly a good advert for a positive image of nursing – she is always moaning about the job and if she could get something better”.

(F/HG = 4/SG = 7/DR = MDA)

“Even nurses that I know as far back as when I started thinking about what I wanted to be discouraged me regarding a career in nursing saying I should do something better – this hardly creates a positive image about being a nurse if nurses are telling me not to do it”.

(F/HG = 5/SG = 7/DR = MINDA)

“My auntie is a nurse and I hear her talking about how bad nursing is.

If she says this, and she does it every day, then it must be how it is.

Nursing is not for me”.

(M/HG = 4/SG = 7/DR = ADA)

“I know nurses and my mum has friends who are nurses – some have given up nursing and changed their job because they hated it the others seem to moan all the time about the job”.

(F/HG = 4/SG = 7/DR = MDA)

The high academic achieving school pupils in relation to their image of nursing were also influenced by the negative portrayal of nursing by people who are nurses. This was

described by some of the school pupils who had direct experience with nurses, this experience proved not to be a positive one:

“I have first hand experience of being a patient in hospital and they (nurses) seem to spend a lot of time standing around talking – this is not a good image to present to the public”.

(M/HG = 5/SG = 9/DR = MINDA)

“My sister and I used to do a paper round in the hospital – taking newspapers around the wards – and all the nurses used to call us ‘dear’ and ‘pet’.

I am sure they meant well and were very caring but I do not want to succumb to being a gibbering idiot like this”.

(F/HG = 3/SG = 7/DR = VDA)

Two of the pupils even mentioned their pessimistic image of nursing being affected by the increase in reports of nurses abusing their position and questioning the type of person who is being attracted to nursing:

“The caring, good person image of nursing has changed for me when I see on TV and hear on the radio nurses in court for killing and harming the people they are supposed to be looking after – it makes me think about the type of person who is attracted to nursing now”.

(F/HG = 4/SG = 8/DR = LDA)

“Look at how many nurses have, been charged for being cruel to old people in nursing homes”.

(M/HG = 5/SG = 7/DR = LDA)

Takase et al (2006) states that if nursing wants to recruit high achieving school pupils then all nurses must share a responsibility for projecting a positive image of nurses and nursing. The evidence from the interview data would strongly suggest that this is not happening and in view of this image becomes another factor in the pupils not choosing nursing.

2(a)3 Sexual Stereotype Image Of Female And Male Nurses

The high achieving school pupils still appear to hold very stereotypical images of female and male nurses. Female nurses are viewed as sexual objects and male nurses are viewed as being homosexuals and this becomes yet another dissuading factor regarding nursing as a career. Most of the school pupils referred to their stereotypical image of the female nurse as being one of blonde, sexy appearance and short skirt. The following quote being common of most pupils' comments:

“The sexy image of the female nurse in her short uniform again hardly creates a positive image”.

(F/HG = 4/SG = 8/DR = LDA)

Many of the pupils were concerned regarding the perpetuation of this outdated image of nursing within society which is reinforced in television programmes as has been highlighted. But the sexual stereotype, for the pupils, seems to be emphasized in many other avenues of society particularly in advertising and social events:

“Even when you see people at fancy dress parties the nurse is always female with the blonde wig, big chest, short white uniform, stockings and high heels”.

(F/HG = 3/SG = 7/DR = VDA)

“I remember Anthea Turner the TV presenter did something about nursing on TV recently and she was dressed in the short skirt and black stockings – this is never going to change or move on the clichéd image of nursing if prominent, influential people portray nursing in this way”.

(F/HG = 5/SG = 9/DR = LDA)

“Any advertisements which use nurses the nurses are always female with short skirts and big boobs – gives the image that intelligence is not a pre-requisite required to be a nurse”.

(F/HG = 5/SG = 8/DR = ADA)

For many of the female pupils the image of the nurse conflicts with how they perceive themselves and how they want to be viewed:

“I would never want to be a nurse – I would be very much concerned about what people would think of me and the popular image that nurses have.

I would not and do not want to be viewed or seen as an easy woman with no sexual morals - nurses are seen as easy for doctors – they will sleep with any doctor.

The sexual stereotype is always there and seems to be reinforced when you view TV programmes and if you see nurses on adverts or in films they are always female with short skirts and enormous chests – really not what any intellectual female would want to be seen as”.

(F/HG = 5/SG = 7/DR = MINDA)

“The ‘porno’ (pornographic) image of the sex mad female nurse – and this seems to be the common perception – this hardly creates a positive message about being a nurse for female pupils who have good grades”.

(F/HG = 3/SG = 7/DR = VDA)

The enduring sexual stereotype of male nurses being gay came from both male and female pupils. This was captured in the following quote and was representative of numerous pupils’ thoughts:

“Male nurses are gay – most of them.

There is a strong belief that male nurses are bummers”.

(M/HG = 3/SG = 7/DR = MDA)

Some pupils observed the difficult time that male pupils got at school from other pupils if they mentioned that they were considering or wanted to be a nurse which again is an indication that the male nurse stereotype persists:

“I know some males who are considering nursing and there seems to be this sexuality issue – why would you want to be a nurse, as only gay men are nurses.

These males get a hard time at school”.

(F/HG = 5/SG = 8/DR = VDA)

“I think for males it would be alright once they were on the course at college or university but in school if they said that they wanted to be a nurse they would get a really hard time because it is not a macho job certainly at this age – the idea about male nurses going around is that they are gay or homosexual”.

(F/HG = 4/SG = 7/DR = MDA)

Also with regard to sexual stereotypical image of nursing there was a feeling among many school pupils that nursing was a job for women and not for men. This seems to suggest that the pupils have a categorisation image of what are male and what are female occupations. This was evidenced in the following opinions and was common amongst most pupils:

“My sister’s boyfriend did not get the grades for the course that he really wanted so he has chosen to do nursing.

It was considered very strange because he is a tall boy, really big built and I just pictured him in a nurse’s outfit.

Still stigma attached to males being nurses – it is not considered a manly job”.

(F/HG = 3/SG = 8/DR = MINDA)

“I think that nursing is populated by women so for a man to try to do this may be seen to be strange”.

(M/HG = 4/SG = 7/DR = VDA)

According to Gottfredson (2002) adolescents distinguish occupations/careers along a masculinity – femininity dimension. Adolescents also hold masculinity and femininity images of occupations often referred to as sexual stereotypes. Career choice reflects a concern with doing what is appropriate for one’s sex – male occupations or female occupations. This can rule part of the occupational world out of bounds for being the wrong sex type. School pupils ascribe a sex type rating to occupations/career choices and this was present in the interview data.

An important sentiment which seems to manifest from the school pupils' discourse is that if nursing does not engage in trying to change this trite image of nursing which is entrenched within society recruiting high achieving pupils into nursing will continue to be difficult.

2(a)4 *Image That It Is Very Easy To Get Into Train To Be A Nurse*

There was also a strongly held image amongst most of the high achieving school pupils that it was very easy to get into train to be a nurse:

“There is such a nursing shortage that they will take anybody in to be a nurse.”

(M/HG = 5/SG = 7/DR = LDA)

“Because of the shortages of nurses anyone can get into be a nurse.”

(F/HG = 4/SG = 8/DR = LDA)

“The image that I get about nursing is that they are so short of nurses that they would take anybody”.

(M/HG = 5/SG = 8/DR = VDA)

This supposed easiness of admission into nursing appears to create doubt and suspicion regarding the credibility of nursing as a career for high achieving school pupils. This concern was again common in most of the narrative:

“I also know that you can train to be a nurse with just standard grades.

I have also read that there is a shortage of nurses so I imagine they are not too choosy about who they take or grades that they accept – it certainly seems the case when I see some of the pupils who have been accepted to do nursing at my school.

So I suppose nearly anyone can get into be a nurse – this is certainly not the case with medicine.

Doctors are superior – they make the important judgments and tell nurses what to do”.

(F/HG = 5/SG = 8/DR = MDA)

The image that nursing is not too selective regarding candidates, partly due to a shortage of nurses, again appears to make the pupils question whether nursing is an appropriate career for high achieving school pupils. This belief again seems to turn the pupils away from a career in nursing.

2(a)5 Few Positive And Contemporary Images Of Nursing

What was concerning regarding the high achieving school pupils image of nursing was that only three school pupils had a positive image of nursing and only one school pupil appeared to have a contemporary image of nursing.

The positive image exhibited by the pupils in itself contained no great desire to be a nurse and the positive portrayals were very much superficial in nature using phrases such as “... *nurses help people*” and “... *nurses are really friendly and treat you well*”, indicating a lack of insight into what the modern day nurse actually does. This is witnessed in a more detailed form in the following narrative:

“I think nurses have a positive image – nurse help people.

Nurses care for people and reassure them when they are in upsetting situations.

Nurses are a symbol of trust”.

(F/HG = 3/SG = 7/DR = VDA)

Again a positive image is revealed of helping save peoples' lives but associated with this is a picture of doctor's assistant:

"I have a positive image of nursing – you are helping a lot of people, you are assisting doctors.

It is positive because you can come out of hospital knowing that you had helped save 20 lives in the course of a day.

I have a high regard for anyone who chooses to be a nurse".

(M/HG = 4/SG = 7/DR = ADA)

One pupil had first hand experience of being a patient but again his image although positive was superficial and devoid of any present-day nursing role:

"I think that nursing has a positive image.

I have been a patient in hospital – nurses are really friendly and treat you well".

(M/HG = 4/SG = 7/DR = VDA)

Only one pupil referred to the expanding role of the nurse making a tenuous connection between contemporary role and the academic ability required to fulfil that position.

Also the impact that nurses can have on saving lives:

"I think the image of nursing that most people have is washing and cleaning patients but there are now nurses who are doing jobs that doctors used to do – at my surgery the nurse takes blood and uses the heart recording machine".

(F/HG = 5/SG = 7/DR = MINDA)

2(a)6 Conclusions – Image Formulation

More than 30 years ago Beletz (1974) commented that society's perception of the nurse was in sex-linked, task orientated terms – a female who performs unpleasant technical jobs and functions as an assistant to the doctor. Unfortunately, the findings from the interviews in most instances would support that this is still the general perception of nursing amongst the high academic achieving school pupils. Nursing care is frequently conceived in terms of task performance and not as using independent thought or decision making skills to fulfil its responsibilities.

In addition, the high achieving pupils', appreciation for the field of medicine is far greater than for that of nursing. Both medicine and nursing require a great deal of knowledge and skill on the part of practitioners. However, the privileges, rewards, status, prestige and importance expected by doctors and afforded them by society are clearly seen as superior, by the school pupils, to those generally bestowed upon nurses. Campbell-Heider et al (1994) for example makes the point that medicine is seen by society as being far more eminent than nursing. The findings from the interviews demonstrate that the differences persist in relation to the opinions of the school pupils – nurses are seen as nice and caring but not particularly well educated. Given the strong influence of such images and perceptions, it does seem that until the school pupils recognise the value of nurses to the extent that they recognise the value of doctors, the image of nursing will not change substantially. If the school pupils lack understanding of the contributions nurses make to health care or the benefits received from nursing care, the high academic achieving school pupils will never see nursing as having full professional status and thus nursing will never have the credibility of a career choice for high academic achieving school pupils. Therefore, the school pupils need to be made

aware of these contributions and to be more accepting of nursing as an important health discipline and profession.

**PARADIGMATIC INTERVIEW
QUESTION 2 – HOW WOULD YOU
DESCRIBE NURSING’S IMAGE AND
WHY WOULD YOU DESCRIBE IT IN
THIS WAY?**

**THEME 2(b) NURSING AS A
PROFESSION**

PARADIGMATIC INTERVIEW QUESTION 2 – HOW WOULD YOU DESCRIBE NURSING’S IMAGE AND WHY WOULD YOU DESCRIBE IT IN THIS WAY?

6.10 Theme 2(b) Nursing As A Profession

With regard to the image of nursing the pupils progressed on to talk about professions and nursing as a profession. The discussions revolved around three main areas of what is a profession and the importance of joining a profession; nursing is not a profession; and that nursing did not merit being a profession because it was believed that the entry to student nurse education programmes is not strictly controlled therefore it is easy to get into nursing

2(b)1 What Is A Profession And The Importance Of Joining A Profession

The high achieving school pupils appeared to have a clear and very similar criteria perception regarding what a profession is which was based on status, prestige and money:

“Profession is someone who is a doctor or a lawyer.

Prestige – people look up to them”.

(M/HG = 5/SG = 8/DR = MINDA)

“....earn large salaries compared to other members of society.

Professions are careers that are respected by the public like doctors, teachers, ministers, lawyers”.

(F/HG = 5/SG = 8/DR = ADA)

Profession criteria was also based on power and respect:

“These are the individuals that society looks up to.

They are higher than the rest of society and have a powerful influence.

Regarded highly by people”.

(M/HG = 5/SG = 8/DR = MINDA)

“Can trust these people..... upstanding members of society....have power. Society requires these professionals to function.

Professions are jobs that are important to society.

Valued and needed by people.

Special knowledge and have power and control in society”.

Professions are important to society – they have standing like doctors, lawyers, teachers”.

(M/HG = 4/SG = 7/DR = VDA)

The final set, of criteria were the limited amount of people who can gain and are allowed to have the specialist skills and knowledge of a profession:

“Professions are also difficult to get into – you need excellent high grades to get into medicine – there is a very high academic standard to get into professions – the work is important and can only be done by a select number of people – you need to be extremely clever to enter a profession”.

(F/HG = 4/SG = 7/DR = MDA)

“Very specialised, sought after knowledge.

Control who get in – must have a high academic level.

Pick and choose who can get in”.

(M/HG = 5/SG = 8/DR = MINDA)

“Only a certain amount of highly intelligent people can get into a profession because you have to maintain a high standard, it is hard to get into a profession because the grades asked for are high.

They have specialist knowledge”.

(M/HG = 5/SG = 8/DR = MINDA)

“A profession is any job where you have to get proper qualifications like medicine, law, teaching, ministers, chartered accountants.

Set limits on entry standards – only want people with high grades.

Would want to restrict entry.

Qualification which has great value”.

(F/HG = 5/SG = 7/DR = MINDA)

“A profession is a bit more than just a job it has the same standard and recognition throughout the world.

People in a profession have specialist knowledge, have status, have power and professions have very strict guidelines as to who can enter or join”.

(M/HG = 4/SG = 7/DR = VDA)

“Professions are also difficult to get into - you need excellent high grades to get into medicine.

There is a very high academic standard to get into professions – the work is important and can only be done by a select number of people.

You need to be extremely clever to enter a profession”.

(F/HG = 5/SG = 8/DR = ADA)

They were also all in agreement regarding the importance of joining and being part of a profession:

“It is important for me to enter a profession – I have worked hard for my grades and I want this to be recognised.

I want the respect and rewards for the profession of medicine which I intend to join”.

(F/HG = 5/SG = 8/DR = MINDA)

“It is important for me to enter a profession because it gives status, worth, money and it’s about being recognised as being good at something”.

(M/HG = 5/SG = 7/DR = LDA)

“It is important to me to enter a profession – having worked hard for my grades I want a career that has prestige that gives me money and a good lifestyle”.

(F/HG = 4/SG = 7/DR = MDA)

“It is important for me to enter a profession because it proves to me and other people that I have achieved something quite outstanding in my life that is why I want to be doctor.

That I have achieved something that few others can achieve.

That I am important.

That I have knowledge and skills which are valued and required by society”.

(F/HG = 5/SG = 8/DR = ADA)

“I have been thinking about that a lot recently (what is a profession and is it important for you when making a career choice to join a profession – why?) and I think that it is a lot easier to get a job rather than enter a profession. Then I think it would be harder because you would be doing the same thing day after day, so it would be easier short term just to get a job”.

(M/HG = 5/SG = 8/DR = MINDA)

“It is important that I enter a profession – I worked hard for my marks I want a career that has status, that gives me money and a good way of life”.

(F/HG = 5/SG = 8/DR = ADA)

These strongly held views regarding what a profession is and the importance of joining a profession again were powerful influences regarding the career choice of the high achieving school pupils. What was also significant was that in their discourse regarding occupations which they considered were professions nursing was never mentioned.

2(b)2 Nursing Is Not A Profession

Moving on from the pupils’ perceptions of what constitutes a profession and the importance of joining a profession the pupils discussed their thoughts of nursing as a profession and were clearly of the opinion that nursing did not equate as being a profession. Nursing did not, for the majority of pupils, have the same level of prestige,

status or respect that profession occupations such as medicine, law or teaching had and was thus dismissed as a profession by the school pupils:

“I don’t think that nursing is a profession. Professions are careers that are respected by the public like medicine, teachers, ministers, lawyers”.

(F/HG = 5/SG = 8/DR = MINDA)

“Nursing is not really a profession – they do not have huge status like doctors, their qualification is a diploma. Looking at what nurses do – nurses give old men sponge baths, nurses do nothing but talk to patients and empty their bedpans – I do not think nursing is a profession”.

(M/HG = 5/SG = 7/DR = LDA)

There was some uncertainty amongst two pupils regarding nursing as a profession one pupil stated that *“nursing is a kind of profession”* but then reverted to a perceived level by stating nursing was *“not truly a profession, not the same as law or medicine – nursing is not at this level”.*

(F/HG = 5/SG = 7/DR = ADA)

One other pupil thought *“to a certain extent nursing is a profession”* but again mentioned the reduced standing of nursing *“I wouldn’t see it as high a profession or at the same level as medicine”.*

(F/HG = 3/SG = 7/DR = VDA)

What appears to be an influencing factor regarding their career choice and what dissuades these pupils from a career in nursing is that the high academic achieving

school pupils do not think that nursing is a profession and that their discernment criteria of a profession did not articulate with nursing. This is important as the high achieving school pupils have already stated determinedly how important it is for them to enter a profession.

2(b)3 Nursing Does Not Merit Being A Profession Because Entry To Student Nurse Education Programmes Is Not Strictly Controlled Therefore It Is Easy To Get Into Nursing

As has been established the high academic achieving school pupils held the belief that only certain people with high qualifications can enter a profession, that there is a strict criteria regarding entry and that professions rigorously control who can enter a profession. What was prevalent in the interview data was that because of the perceived ease of entry into nursing it was not considered to meet the strict criteria of a profession and it was generally felt that most pupils in the school had the entry qualifications for nursing:

“You need to be extremely clever to enter a profession.

This is not the case with nursing its pretty easy to get into compared with medicine. Most pupils could be a nurse but only a few of us could be doctors. Medicine is really tough to get into the interview is really hard”.

(M/HG = 5/SG = 8/DR = MINDA)

“It appears to me that there is always a shortage of nurses so to increase the number of nurses they would take nearly anyone and this would reduce the standard of nursing – this would not happen in a true profession and absolutely not in medicine”.

(M/HG = 4/SG = 7/DR = ADA)

One pupil graphically summed up the general feeling of the high achieving school pupils regarding entry to student nurse education programmes:

“I know girls from my year who went for the nursing interview and they said it was quite easy and you really just had to turn up to get in”.

(F/HG = 4/SG = 7/DR = MDA)

Other pupils expressed similar views

“... they seem to be taking anybody to be a nurse – this is hardly controlling who enters”.

(M/HG = 3/SG = 7/DR = MDA)

“It seems very easy to get into nursing I think that they would take anyone.

Anyone can be taught to be a nurse. The low grades that you can get into nursing with, gives the message that they would accept anyone into nursing”.

(F/HG = 5/SG = 7/DR = AVA)

The pupils then proceeded to talk about nursing being nothing outstanding as a possible career choice as most people could do it:

“But what would it prove to get into nursing – that you are just the same as lots of others, nothing special – this is not a profession”.

(F/HG = 4/SG = 8/DR = LDA)

“I think that most school pupils would have the grades and be able to get into nursing – so I hardly think that nursing is a profession”.

(M/HG = 5/SG = 7/DR = LDA)

“It is quite easy to get into nursing....nursing cannot be a profession because anyone with at least a scrap of intelligence could be taught to be a nurse”.

(F/HG = 5/SG = 9/DR = LDA)

“I know someone who is a nurse and she is not exactly Albert Einstein.

I know nurses who have very few and no qualifications – so it would indicate to me that you do not have to be clever to be a nurse”.

(M/HG = 4/SG = 7/DR = ADA)

The high achieving school pupils do not view nursing as being too difficult to get into and that this for them does not reflect the academic qualifications that they have obtained as they link high academic entry requirements with the importance of the work, the status of the occupation within society, and the difficulty of entry to train for a profession

2(b)4 Conclusions – Nursing As A Profession

What is clear from the narrative is that high academic achieving school pupils consider it very important to enter a profession. They also have a strong, uniform idea of what constitutes a profession and what a profession is. Furthermore they are also very clear regarding the advantages of joining a profession and that nursing in their opinion is not a profession or not a profession which has the status of the traditional professions such as medicine, law and teaching. The narrative from the high academic achieving school pupils also shows that because nursing is not considered to be a profession, and therefore has low status as a career preference, this impacts on how they view nursing as a possible career choice.

Despite the developments in nursing knowledge and use of this knowledge, the school pupils do not seem to recognise the unique contributions of nursing knowledge to health care. In fact the interview findings would suggest that the school pupils are not even aware of the existence of nursing knowledge. The school pupils' image of nurses and their knowledge is an obstacle to nursing achieving full professional status because the knowledge base itself is important to professionalisation and full professional status will not be reached in the eyes of the school pupils without the recognition of the unique knowledge base by the school pupils.

**PARADIGMATIC INTERVIEW
QUESTION 2 – HOW WOULD YOU
DESCRIBE NURSING’S IMAGE AND
WHY WOULD YOU DESCRIBE IT IN
THIS WAY?**

**THEME 2(c) TYPICAL SCHOOL PUPIL
WHO WOULD PURSUE NURSING AS A
CAREER CHOICE**

PARADIGMATIC INTERVIEW QUESTION 2 – HOW WOULD YOU DESCRIBE NURSING’S IMAGE AND WHY WOULD YOU DESCRIBE IT IN THIS WAY?

6.11 Theme 2(c) Typical School Pupil Who Would Pursue Nursing As A Career Choice

There was a strong consensus among the high achieving school pupils regarding their image of the archetypical school pupil who would select nursing as a career choice – their view was of a predominantly unexceptional individual who was mostly female, no more than average intelligence, kind, caring, good listener, good practically and can follow task orders. This view of the typical school pupil who would enter nursing as a career, that of a person with a low academic achievement record, conflicts with their own personal typology and thus becomes a further important dissuading factor regarding nursing as a career choice for them. In addition they also witness a certain non academic school pupil type being encouraged towards a career in nursing which again reinforces their image perception that nursing is not a career choice for high academic achieving school pupils.

2(c)1 Academic Ability Of The Typical School Pupil Who Would Pursue Nursing As A Career Choice And Thus The Perceived Academic Ability Required To Be A Nurse

The high achieving pupils started by discussing their thoughts on the academic ability of the typical school pupil who they thought would pursue nursing as a career. Many of the pupils used derogatory terms such as “**thickos**” and “**dim**” to describe these pupils. Also several of the pupils were quite explicit in their description of the type of pupil that they thought would enter nursing:

“Heh I know some pupils who have been accepted into nursing and they must be some of the thickest people in the year – I wouldn’t let them look after my dog”.

(M/HG = 5/SG = 8/DR = MINDA)

“Nursing is a job for thickos.

And that is not me”.

(F/HG = 4/SG = 8/DR = LDA)

“Nursing is a job for the dim. I would be very surprised if any of the S5 or S6 pupils with good grades would want to be nurses”.

(F/HG = 5/SG = 9/DR = LDA)

Again one pupil describes her friend as not being particularly clever in an academic sense and that she was trying to support her to get her exams so that she could become a nurse:

“One of my friends wants to be a nurse and she is not that academic – we are trying to help her and support her through her exams”.

(F/HG = 5/SG = 7/DR = MINDA)

This discussion led on to their perspective on how little intelligence was required to become a nurse and this was a view exhibited by nearly all the high achieving school pupils:

“It seems to me that if you are vertical and breathing you are in”.

(M/HG = 5/SG = 8/DR = MINDA)

“You don’t require highers to do nursing and a lot of pupils who leave school in fourth year go to college if they can’t be bothered with school and go into nursing.

It’s not mentally taxing”.

(F/HG = 4/SG = 7/DR = MDA)

“The typical school pupil that I would see pursuing nursing as a career choice would have a certain degree of intelligence – no more than average – you do not need lots of standard grades or higher grades to clean up shit”.

(F/HG = 4/SG = 8/DR = LDA)

“They would not have a high amount of academic qualifications but they would have to have an average level of intelligence to pass the nursing exams”.

(M/HG = 4/SG = 7/DR = VDA)

“Nursing is probably a perfectly good career choice for I think girls with poor grades”.

(M/HG = 5/SG = 7/DR = LDA)

“I know nurses that are not particularly bright”.

(F/HG = 5/SG = 9/DR = LDA)

“Mainly people who are ordinary and have average grades”.

(F/HG = 5/SG = 8/DR = MDA)

“The typical school pupil that I think would be attracted to nursing would be of average intelligence certainly no more than that and have average grades”.

(M/HG = 5/SG = 8/DR = VDA)

Common sense was viewed as more important than intelligence by a number of pupils, with intelligence being seen as a bonus in relation to becoming a nurse:

“To be a nurse I think that intelligence is an added bonus not a requirement to be a nurse.

Nursing involves a lot of common sense and patience rather than academic knowledge.

I don't think that you have to be very clever or intelligent to be a nurse as I think in a way nursing is just a bit of common sense”.

(F/HG = 5/SG = 8/DR = VDA)

In addition pupils who were adept practically rather than academically were viewed to be those who would pursue nursing

“I think that the usual school pupil who would want to be a nurse would be more practical than academic”.

(F/HG = 5/SG = 8/DR = VDA).

There was also the belief among some high achieving pupils that a few pupils who wanted to do medicine and did not get the examination grades had to settle for nursing instead:

“I would describe the typical school pupil that I think would go for nursing as probably somebody who is not a high achiever but average.

Someone who, wanted to do medicine but does not have the grades, so they do nursing instead”.

(F/HG = 5/SG = 7/DR = ADA)

“The typical pupil from this school that I think would be interested in nursing as a career would not be a high academic ability pupil.

They have tried to get high grades but have not been able to get these”.

(F/HG = 5/SG = 7/DR = MINDA)

The narrative from the interview data substantiates the high academic achieving school pupils’ perceptions of the low academic ability of the representative school pupil who would pursue nursing as a career choice which again was at variance with their own perception of self and formed yet another deterring factor regarding nursing as a career choice for them.

2(c)2 Characteristic Profile Of The Typical School Pupil Who Would Pursue Nursing

The high achieving pupils were all very definite and in agreement regarding the characteristic profile of the typical school pupil who would pursue nursing as a career choice using terms such as **“unexceptional”, “unremarkable”, “mundane”, “simple and straightforward people”** to describe these individuals.

Many of the high achieving pupils held the view that typically these school pupils were not outstanding or dynamic pupils with the inference that they would not be able to undertake a demanding, high level job. This was conveyed in the use of derisive idioms:

“Pretty unexceptional people really”.

(M/HG = 4/SG = 7/DR = VDA)

“They would be simple, practical, straightforward people”.

(F/HG = 5/SG = 7/DR = ADA)

“Gentle, plain people”.

(M/HG = 5/SG = 8/DR = MINDA)

Another main representative profile feature of the typical school pupil was that they would be good at following orders without question, more a follower than a leader:

“They would be patient, reliable, follow orders, give them tasks to do and they would follow them through to completion.

Quiet people who tend to be dominated. Usually do what other people tell them. Follow others”.

(M/HG = 5/SG = 7/DR = LDA)

“Placid, not outspoken – more introverted”.

(M/HG = 4/SG = 7/DR = VDA)

“Can follow instructions. Quiet, calm, individuals”.

(F/HG = 5/SG = 7/DR = ADA)

“Good at following orders and seeing things through. Good practical people”.

(F/HG = 5/SG = 7/DR = MINDA)

“Someone who works hard. Followers – able to follow orders and instructions.

Quiet, introverted people”.

(F/HG = 5/SG = 8/DR = VDA)

“...able to follow instructions accurately. Not opinionated, quiet within their peer group”.

(M/HG = 5/SG = 8/DR = MINDA)

There was also the feeling that the typical school pupil who would pursue nursing would be female and come from a working class background because this was viewed as a good job for working class pupils:

“Be more likely to be working class because its (nursing) probably seen as a good job for working class girls. Mostly female”.

(F/HG = 5/SG = 7/DR = ADA)

“I think that most pupils wanting to do nursing would come from a working class background – they see nursing as a being a good job for working class people and that is the level their career ambitions are aimed at. Usually they are female”.

(M/HG = 5/SG = 7/DR = LDA)

“I think they would mostly come from a working class background because I think for them it is a decent job and they are getting a training that can get them work in a number of places with reasonable money”.

(F/HG = 5/SG = 7/DR = MINDA)

Also within their profile of the typical school pupil who would pursue nursing was the belief that these individuals would be kind and caring but not the most intelligent of school pupils:

“Sensitive and caring.

Not so good at theory and studying but good at practical things.

Like to chat but have very little of interest to say but would be good making undemanding conversation with patients”.

(M/HG = 5/SG = 7/DR = LDA)

“Caring and sensitive”.

(M/HG = 4/SG = 7/DR = VDA)

“They would be caring and get on well with people.

Want to help people”.

(F/HG = 5/SG = 7/DR = ADA)

“Good listening skills. Talk to people. Understanding.

Would have a lot of friends because I think they would help people with their problems”.

(F/HG = 5/SG = 7/DR = MINDA)

“Friendly, caring and kind people.

Their interests would be limited.

Pupils with not so good grades.... nursing is adequate for the pupils that I have described”.

(F/HG =5/SG = 8/DR = VDA)

“They would be kind, caring, sensitive, girls who are of average intelligence or below average intelligence but are gentle, plain people”.

(M/HG = 5/SG =8/DR = MINDA)

There seemed to be a real feeling that pupils who chose to pursue nursing were not held in high regard by the high achieving pupils. These pupils appeared to be viewed as being quite different from the high achieving school pupils having only limited options in what they could do and what they could achieve.

2(c)3 School Pupil Type That High Academic Achieving School Pupils Witness In School Being Encouraged Into Nursing As A Career Choice

What also impacted on the high achieving school pupils’ thoughts on the typical school pupil who would pursue nursing, and ultimately on their thoughts of nursing as a career choice, was the characteristic school pupil that they observed in their schools being encouraged towards a career in nursing. Many of the high achieving pupils described the pupils that they witnessed being encouraged towards nursing as a career at their school. Even from different socio-demographic schools the typology was surprisingly similar being one of low to average academic ability, predominantly females who could

not decide or were having difficulty making a career choice and were seen to take subjects with perceived low academic worth.

Many of the pupils described the typical pupil that they saw being persuaded toward nursing as being principally female with poor to average grades and who were finding it difficult to make a career decision:

“In this school certain school pupils are encouraged towards nursing as a career choice – usually females not the brightest”.

(F/HG = 4/SG = 7/DR = MDA)

“I have known some girls in the school – average grades not going to get highers being encouraged by guidance teachers and careers advisor to think about doing nursing or hairdressing – because these are jobs women can do and are not too demanding”.

(F/HG = 5/SG = 7/DR = MINDA)

One school pupil made the point regarding poor academic level in very explicit terms:

“I think that I would say that it seems to be low to average grades girls that are encouraged by guidance teachers to do nursing, along with office work and hairdressing because these are seen as jobs that are brain wise not too demanding and they would probably be good at”.

(M/HG = 4/SG = 7/DR = VDA)

Again in quite explicit terms one pupil proposes that most non-academic females can be trained to be a nurse:

“Certain girls in my year who do not have great grades and cannot make a decision or do not know what they want to do with their lives are encouraged to try nursing – I think this is because a lot of teachers think that nursing is a woman’s job and that most females can be nurses and that most non-academic females can be trained to be a nurse”.

(F/HG = 5/SG = 7/DR = ADA)

The high achieving pupils saw these pupils who chose nursing taking subjects that had perceived little academic worth amongst the high achieving pupils:

“They do the standard grade in care which is not really an academic subject and this is well known in the school not to be a subject that the clever school pupils would take.

A lot of females who do this standard grade go on to college to do the access course to nursing – so caring/nursing is not viewed as a good career choice and is reinforced as not being a good career choice for school pupils with good grades”.

(F/HG = 4/SG = 7/DR = MDA)

These subjects were viewed as low level subjects that less academic pupils would take but were also seen as subjects that would allow entry into nursing education programmes.

The pupils that the high achievers see being encouraged to consider nursing as a career again conflicts with how these pupils view themselves and what they perceive that they can potentially achieve. Nursing for the high achieving pupils has become a career choice associated with less academically able pupils and thus is not a credible career choice and this was being powerfully reinforced within the school environment:

“It’s kind of degrading for the good grade pupils even asking them to think about nursing as a career when you look at the donuts doing nursing from this school.

The school pupils with good grades are steered towards going on to university”.

(F/HG = 4/SG = 7/DR = MDA)

2(c)4 Conclusions – High Academic Achieving School Pupils Perceptions Of The Typical School Pupil Who Would Pursue Nursing As A Career Choice

There is a strong consensus among the high academic achieving school pupils regarding their image of the archetypical school pupil who would select nursing as a career choice – their view is of a predominantly unexceptional individual who is mostly female, no more than average intelligence, kind, caring, good listener, good practically and can follow task orders. This view of the typical school pupil who would enter nursing as a career, that of a person with a low academic achievement record, conflicts with their own personal typology and thus becomes a further important dissuading factor regarding nursing as a career choice for them. In addition they also witness a certain non academic school pupil type being encouraged towards a career in nursing which again reinforces their perception that nursing is not a career choice for high academic achieving school pupils.

**PARADIGMATIC INTERVIEW
QUESTION 3 – HOW WOULD SOMEONE
TRAIN TO BE A NURSE?**

**THEME 3(a) WHERE WOULD YOU
TRAIN TO BE A NURSE**

PARADIGMATIC INTERVIEW QUESTION 3 – HOW WOULD SOMEONE TRAIN TO BE A NURSE?

6.12 Theme 3(a) Where Would You Train To Be A Nurse

By asking the school pupils to consider where someone would train to become a nurse this gave some insight into the academic level that the high achieving school pupils ascribed to nursing. What was significant was that when asked to reflect on where someone would train to be a nurse not one of the 20 high achieving pupils thought that nurses would be educated within a university.

Quite a few of the pupils stated that they thought that nurses would be educated within a further education college and do an apprenticeship in the wards of hospitals:

“I think that you would go to college but also learn to be a nurse on the wards from other nurses”.

(F/HG = 5/SG = 9/DR = LDA)

“Not sure where you would train to be nurse I would think in a further education college and a hospital”.

(M/HG = 3/SG = 7/MDA)

Other pupils thought that student nurses would learn what they needed to know through a trainee/apprenticeship system on the wards:

“I would think that they do like an apprenticeship in a hospital and they pick up what they need from the sister and other trained nurses in the wards”.

(F/HG = 5/SG = 8/DR = VDA)

“To be a nurse they can learn what to do on the wards”.

(F/HG = 3/SG = 8/DR = MINDA)

The feeling that nurses would be trained within a further education college or undergo an apprenticeship type training in the wards was based on a theme which has emerged many times in the data - the belief amongst the majority of pupils of what nurses do:

“Nothing that I can think of that nurses do requires a high level of intelligence - mostly people with average or not so average grades that go into nursing – hardly university types”.

(F/HG = 5/SG = 9/DR = LDA)

“You have to be trained but I wouldn’t say you have to be intelligent, it would help but for most nursing courses I don’t think it’s necessary”.

(F/HG = 5/SG = 7/DR = ADA)

Again linked to the belief regarding what nurses actually do and articulated prominently in one pupil’s comments was the conviction that nurses needed to go to college to understand what doctors are telling them in their directives:

“I don’t know a great deal about how someone would train to be a nurse.

Probably need to go to a further education college because – they need to understand what doctors are telling them; need to know about conditions; need to know about medicines; need to know about diet. Doctors still tell nurses what to do so you only need to be of average intelligence”.

(F/HG = 5/SG = 7/DR = MINDA)

“I imagine that you would need a diploma from a further education college to be a nurse for what they do. I don’t think you need a degree to be a nurse”.

(F/HG = 3/SG = 8/DR = MINDA)

The high academic achieving school pupils did not think that nurses should be trained within a university but within a further education college or by serving an apprenticeship in a hospital. This appears to indicate that high academic achieving school pupils think that nurses do not need to be educated at university level which further impacts on their negative view of nursing as a career choice.

**PARADIGMATIC INTERVIEW
QUESTION 3 – HOW WOULD SOMEONE
TRAIN TO BE A NURSE?**

**THEME 3(b) NURSES DO NOT NEED TO
HAVE A DEGREE**

PARADIGMATIC INTERVIEW QUESTION 3 – HOW WOULD SOMEONE TRAIN TO BE A NURSE?

6.13 Theme 3(b) Nurses Do Not Need To Have A Degree

The level of education required to be a nurse was thought, by many high achieving school pupils, not required to be at degree level within a university. This was again based mostly on their perceptions of what nurses do. The following expressions were typical:

“I cannot think why you would need a degree to be a nurse they don’t do anything clever”.

(F/HG = 5/SG = 8/DR = VDA)

“I cannot think of anything that nurses do that they would need a degree for – it could be taught in a further education college – I do not think that nurses need that level of education (degree level)”.

(F/HG = 5/SG = 7/DR = AVA)

This was compounded, again in the opinion of many pupils, that anyone can be trained to be a nurse with not a great deal of further education:

“I do not think that you need a degree or to go to university to be a nurse – anybody can be a nurse if they have the right training – an apprenticeship system in a hospital would be enough with some attendance at a further education college”.

(M/HG = 5/SG = 7/DR = LDA)

Just one pupil conceded that a nurse would require a degree but only if they were a specialist nurse

“I think that you only need a degree if you are a specialist nurse”.

(F/HG = 4/SG = 7/DR = MDA)

What was also significant regarding the high academic achieving school pupils thoughts regarding training to be a nurse was that they did not think that nurses required to have a degree and could not think of anything that nurses did that necessitated them to have a degree. Again this gave an insight into the academic status ascribed to nursing by the high academic achieving school pupils and a further compounding factor regarding the school pupils’ antipathy of nursing as a career choice.

**PARADIGMATIC INTERVIEW
QUESTION 3 – HOW WOULD SOMEONE
TRAIN TO BE A NURSE?**

**THEME 3(c) HIGH ACADEMIC
ACHIEVING SCHOOL PUPILS DOUBTS
AND SUSPICIONS REGARDING THE
CREDIBILITY OF NURSING AS A
UNIVERSITY PROGRAMME**

PARADIGMATIC INTERVIEW QUESTION 3 – HOW WOULD SOMEONE TRAIN TO BE A NURSE?

6.14 Theme 3(c) High Academic Achieving School Pupils Doubts And Suspicions Regarding The Credibility Of Nursing As A University Programme

The high academic achieving school pupils were extremely suspicious of nursing as a university programme and doubtful as to the value of a degree in nursing. This again had an adverse effect on their consideration of nursing as a career choice. These doubts and suspicions were manifest in the following main areas – nursing has much lower entry requirements than the entry requirements for other university degree programmes; a degree in nursing does not have the same value as other degrees; nursing is an easy way to get into university – school pupils that universities would never have given admission to in the past are entering nursing degree programmes with much less qualifications than those required to enter any other university degree programme; and nursing should not be a university programme.

3(c)1 Nursing Has Much Lower Entry Requirements Than The Entry Requirements For Other University Degree Programmes

The high academic achieving school pupils resolutely focused on the fact that nursing programmes had much lower entry requirements than the entry requirements for other university degree programmes and this generated doubt as to the value and credibility of a degree in nursing.

For the majority of the high achieving pupils the entry requirements for nursing did not equate with the entry stipulations for other university degree programmes and this was an area of serious concern regarding nursing as a valid university course:

“I cannot think of any other university programme which only asks for standard grades as an entry requirement.

I would be suspicious and doubtful as to the value of a university programme which only asks for standard grades as an entry requirement”.

(F/HG = 4/SG = 7/DR = MDA)

“I cannot think of any other university programme that you can gain entry to with simply standard grades”.

(M/HG = 4/SG = 7/DR = ADA)

A lot of the pupils found it impossible to accept the inequality in relation to the entry requirements for a nursing degree programme and the entry requirements for other degree programmes:

“I would be unconvinced of a course that only asks for standard grades all other university programmes demand higher grades.

I am quite shocked that a university programme only asks for standard grades – it seems to me that they are hardly trying to attract high flyers.

I think it shows how desperate the country is for nurses that they are dropping the grades that far”.

(M/HG = 5/SG = 7/DR = LDA)

“The nursing course entrance requirements suggest that it is a lower level course than a university course and that to me identifies the people who would go on this course – pupils with lower grades.

Not pupils with good grades – these are the types of pupils that would normally go to university.

Indeed any other university course that I know about, asks for highers at good grades and are competitive to get into”.

(M/HG = 5/SG = 8/DR = MINDA)

“What is the point of having nursing within a university and as a university programme when the entrance requirements are only standard grades – I think it would be far better placed in a further education college where most courses ask for standard grades to get in – this would appear to me to be the most appropriate place for it”.

(F/HG = 5/SG = 7/DR = VDA)

It was also felt by many of the pupils that standard grades were easy to obtain and that all other university programmes that the pupils were aware of asked for excellent grades at higher level:

“5 standard grades are no way the entrance requirements that I would think are suitable to undertake a university programme – maybe a college course.

For university you need ‘A’ grades at higher level.

There are no university programmes which you can only get into with just standard grades”.

(F/HG = 4/SG = 8/DR = LDA)

“I would be unconvinced and uncertain of a university course which only asks for 5 standard grades to get in.

5 standard grades are too easy to obtain to get into university.

There are no other university courses that I know of that let you in with only standard grades”.

(F/HG = 5/SG = 8/DR = MDA)

“The course (nursing) belongs in a further education college if the entry requirements are 5 standard grades”.

(F/HG = 3/SG = 7/DR = VDA)

3(c)2 A Degree In Nursing Does Not Have The Same Value As Other Degrees

Following on from the pupils’ unease regarding the entry requirements to nursing programmes was the progression to a distrust regarding the value of a degree compared with other degrees. The high academic achieving school pupils appeared to disagree that a degree in nursing had the same value as other degrees. They were unconvinced and sceptical that the nursing degree programme compared intellectually and was at the same level as other university degree courses because of the discrepancy in relation to the entry requirements.

It was thought by several pupils that by offering nursing as a degree programme, where the entry requirement was only standard grades, that this devalued the university. The following was typical of this feeling:

“Devalues the university if they are offering a degree programme which you can enter with just standard grades – I have heard of widening the entry gate but this is ridiculous – if it continues like this a degree in nursing will be meaningless”.

(F/HG = 5/SG = 9/DR = LDA)

“I would be wary as to the value and status of a degree programme in which you can enter with only standard grades – what does it say about the university running the programme”.

(M/HG = 5/SG = 8/DR = VDA)

It was certainly evident that the low entry requirements substantiated a belief among many pupils that a degree in medicine was far superior to a degree in nursing:

“I don’t think that a degree in nursing has the same value as other degrees especially not a degree in medicine where you have to get all ‘A’ grades”.

(F/HG = 5/SG = 7/DR = MINDA)

“You ask why I want to do medicine and would disregard nursing – I think that the status and value of a medical degree is far superior to a degree in nursing”.

(F/HG = 5/SG = 8/DR = MDA)

“A nursing degree does not have the same status or value as a degree in medicine”.

(F/HG = 4/SG = 7/DR = MDA)

There was also a certainty among a number of pupils that a degree in nursing did not have the same value as other degrees:

“I don’t think a nursing degree has the same worth as other degrees.

I think that nursing should maybe be a further education programme”.

(M/HG = 4/SG = 7/DR = VDA)

“I would appear to me that a degree in nursing does not have the same value as other degrees – no other university course only asks for just standard grades to get in – I just can’t believe this.

It also shows that it is much easier to get a degree in nursing than any other degree”.

(F/HG = 5/SG = 7/DR = ADA)

“It doesn’t seem to me that it (nursing degree) has the same value or importance as other degrees”.

(F/HG = 3/SG = 8/DR = MINDA)

3(c)3 Nursing Is An Easy Way To Get Into University – School Pupils That Universities Would Never Give Admission To In The Past Are Entering Nursing Degree Programmes With Much Less Qualifications Than Those Required To Enter Any Other University Degree Programme

There was also a belief amongst most of the high achieving pupils that school pupils that universities would never have admitted in the past are now entering nursing degree programmes with much less academic qualifications required to enter any other university degree programme and that this was an easy way to get into university. Some pupils described nursing as a “back door entry into university” and “nursing is an easy route into university”. This view is demonstrated further in the following expressions:

“Too me this doesn’t seem right I worked hard for my grades to get into university.

Seems like nursing is a back door entry into university”.

(F/HG = 5/SG = 7/DR = MINDA)

“Nursing seems to be an easy way to get into university”.

(M/HG = 3/SG = 7/DR = MDA)

“But nursing is an easy route to get into university”.

(F/HG = 3/SG = 7/DR = VDA)

There was also an inference in the subsequent dialogue from the high achieving pupils that school pupils who enter student nurse education programmes are inferior to students on other university courses:

“Pupils who universities would never touch or look at before with much less grades than they would need to get into any other university course are doing nursing – I needed ‘A’ grades in my highers to get into medicine”.

(M/HG = 5/SG = 7/DR = LDA)

“I could see nursing being appealing to pupils with lower grades – they could get into do a degree whereas before university would have been closed to them”.

(F/HG = 5/SG = 7/DR = MINDA)

“You need 5 standard grades to get into be a student nurse – it kind of sounds like anyone can get into do a degree in nursing – I think most pupils could get 5 standard grades – so most pupils could be nurses if they wanted to, most pupils can’t be doctors”.

(F/HG = 5/SG = 8/DR = VDA)

“It seems to me that they are letting anyone onto the nursing degree course”.

(F/HG = 4/SG = 8/DR = LDA)

“I get the suggestion that a nursing degree is less challenging and easier to get into”.

(F/HG = 4/SG = 7/DR = MDA)

There was also an idea expressed that some pupils who in the past who would not have been able to gain entry into university could now obtain a degree even though they might not in actual fact want to be nurses:

“Some pupils will jump at the chance to get a degree but might not necessarily want to be nurses.

(F/HG = 5/SG = 7/DR = MINDA)

“Some pupils will get into university who shouldn’t have and get a degree even though it is a low status degree it is a degree.”

(F/HG = 4/SG = 8/DR = LDA)

“It does seem an easier way to get into do a degree”.

(M/HG = 5/SG = 8/DR = VDA)

There was in addition concern that because of the perceived low standard of a degree in nursing that this would devalue other degrees:

“I am a bit worried that this devalues people who have real degrees”.

(F/HG = 5/SG = 7/DR = MINDA)

“It wouldn’t appeal to me because I have standards and want to get a good degree not a ‘mickey mouse’ one like nursing”.

(M/HG = 5/SG = 7/DR = LDA)

This association with easy entry into university onto a programme that is considered inferior by the high achieving pupils once again became an important factor regarding the credibility of nursing and ultimately their disregard of nursing.

3(c)4 A Degree In Nursing Is An Easy Degree To Obtain

Leading on from the discussions regarding the perceived undemanding entry requirements for nurse education programmes, nursing was seen as an easy degree to obtain. The high achieving pupils in their deliberations believed that the same effort was not required to obtain a degree in nursing as would be required to get any other degree and thus was a simple degree to acquire:

“It seems as if you do not have to work as hard to get a nursing degree”.

(M/HG = 3/SG = 7/DR = MDA)

“It would appear that it is quite easy to obtain a degree in nursing – so what satisfaction would I get from doing a degree that is easy to get and has little value – what next a degree in plumbing?”

(M/HG = 5/SG = 8/DR = MINDA)

“It would seem that the programme is less challenging and you do not need much brains to do it – it would be too easy”.

(F/HG = 5/SG = 9/DR = LDA)

A degree in nursing was viewed by many of the pupils as not being at the same level as other degrees with several pupils suggesting that it was not a “proper” degree:

“It would seem that it is fairly simple to do a degree in nursing don’t think I would view it at the same level as a proper degree though”.

(F/HG = 5/SG = 8/DR = VDA)

The belief that nursing was an easy degree to obtain and that it was somehow not accepted as a degree evidently was another factor which caused the pupils to abandon nursing as a career choice.

3(c)5 Nursing Should Not Be A University Programme

Finally in the high achieving pupils’ discussions on where you would train to be a nurse there was categorical agreement amongst the pupils that nursing should definitely not be a university programme. The pupils deemed university education to be about higher learning and nursing was seen as not requiring advanced learning. This was graphically articulated by one pupil but many other pupils continued on the same theme:

“University courses encourage you to think about things and challenge things and to develop intellectually – nurses do not need to think about things – they do them and move on to the next patient or doctors and other health professionals tell them what to do”.

(F/HG = 5/SG = 9/DR = LDA)

“A university education to me is about higher learning – why would a nurse need higher learning for what they do?”

(F/HG = 5/SG = 7/DR = MINDA)

Again the narrow view of what contemporary nurses do was prominent in influencing the pupils’ thinking regarding nursing’s need for a university education. The following was typical of what several pupils stated that “nurses wipe arses”:

“I cannot see why nursing should or needs to be a university programme. I do not think that what nursing is about merits a place in a university – it does not involve deep thinking like medicine or law or science – they (nurses) wipe arses for goodness sake”.

(M/HG = 5/SG = 8/DR = VDA)

Yet again there was evidence from a number of pupils regarding their thoughts on the predominantly practical aspect of nursing being a major reason as to why to be a nurse did not require a higher education:

“I think that nursing should be a college course because most courses at college are practical in their nature like hairdressing, joinery, bricklaying and secretarial work and nursing comes into this category”.

(F/HG = 5/SG = 7/DR = ADA)

The high achieving pupils had a decisive idea about higher learning at a university and nursing, in their belief, did not figure as requiring a university education.

3(c)6 Conclusions - High Academic Achieving School Pupils Doubts And Suspicions Regarding The Credibility Of Nursing As A University Programme

The high academic achieving school pupils undoubtedly seem to be put off nursing as a career choice due to their doubt as to the value and credibility of a degree in nursing because of the fact that nursing has a much lower academic entry requirement compared to the academic entry requirements for any other university degree programme. They are also unconvinced and sceptical that the nursing degree programme compares intellectually and is at the same level as other university degree courses because of the discrepancy in relation to the entry requirements.

There is also a belief amongst the high academic achieving school pupils that school pupils that universities would never have admitted in the past are now entering nursing degree programmes with much less academic qualifications required to enter any other university degree programme. There was also the inference, by the high academic achieving school pupils, that school pupils who enter student nurse education programmes are inferior to students on other university courses.

The high academic achieving school pupils cannot see the relevance of having nursing education programmes at degree level because of their perceptions regarding what nurses' do, which they consider does not require a university education.

They furthermore believe that a degree in nursing does not require the same academic effort and thus is an easy degree to obtain. This belief is reflected in the lower academic entry requirements for nursing compared to other degree courses.

**PARADIGMATIC INTERVIEW
QUESTION 4 – HOW COULD NURSING
BE MADE MORE APPEALING AS A
CAREER CHOICE FOR HIGH
ACADEMIC ACHIEVING SCHOOL
PUPILS?**

**THEME 4(a) INFORMATION ABOUT
NURSING**

PARADIGMATIC INTERVIEW QUESTION 4 – HOW COULD NURSING BE MADE MORE APPEALING AS A CAREER CHOICE FOR HIGH ACADEMIC ACHIEVING SCHOOL PUPILS?

When the high achieving school pupils were asked to think about how nursing could be made more appealing as a career choice for them four main themes emerged: engagement with nurses also detailed and comprehensive information about nursing as a career; proper nursing work experience; links between schools and schools/departments of nursing within universities; changing/improving/losing the stereotypical image of nursing.

6.15 Theme 4(a) Information About Nursing

The high academic achieving school pupils stated that being able to access and acquire up to date information regarding nursing as a career could potentially make nursing more appealing as a career choice. They highlighted the main areas relating to acquiring up to date information regarding nursing as a career choice which needed to be improved and these are identified in the following sub-theme areas: engagement, connections and meeting nurses; effectual careers evenings presentations; accessibility of careers information also careers guidance and up to date information relating to nursing from careers advise and guidance teachers.

4(a)1 Engagement, Connections And Meeting Nurses

The high academic achieving school pupils felt that if they had been able to meet with and engage with nurses to get a true perspective about nursing and to ask questions about nursing, this at present did not happen within any of the schools, that this could

possibly explicate nursing as a career choice in a more positive manner. One pupil put this into perspective regarding how important actually talking with nurses might be:

“More information about nursing as a career – detailed information, for example different areas of nursing – from the people who know – the nurses”.

(F/HG = 4/SG = 8/DR = LDA)

Many pupils supported this need for engagement with nurses with the following being typical of their comments:

“More information.

Talks in school”.

(M/HG = 3/SG = 7/DR = MDA)

“More nurses coming into school to talk to the pupils about what they do and what nursing involves”.

(F/HG = 3/SG = 8/DR = MINDA)

Another pupil following on from this admitted her own ignorance regarding nursing but also highlighted that she thought that many pupils were in a similar position:

“I don’t really know what nursing involves and I am sure that there are many in my year that are the same – maybe if we did it might make a difference to school pupils choosing nursing and who better to tell us than nurse themselves”.

(F/HG = 5/SG = 7/DR = ADA)

Some pupils supported this viewpoint of not knowing about nursing and because of this lack of knowledge they felt sure that stereotypical views of nursing would persist. With

these views continuing to have a negative influence on how nursing was seen as a career choice:

“No nurses come into the school to correct these probably false stereotypical images so they just continue”.

(M/HG = 4/SG = 7/DR = ADA)

Continuing with the theme of nursing stereotypes many of the pupils thought that getting male nurses into the school to talk to male pupils about their role would also be beneficial:

“Even getting male nurses in to talk to the males but not the pansy, effeminate ones might make a difference to interest in nursing as a career. Male nurses probably get better promotion”.

(F/HG = 3/SG = 7/DR = VDA)

In addition a number of pupils felt that ensuring that the scholarly side of nursing was made visible and clear might have a positive effect on changing the attitudes of high achieving pupils:

“If the academic side of nursing could be more visible, for example, the work of the specialist nurse practitioner”.

(F/HG = 5/SG = 8/DR = VDA)

Most of the pupils had picked up on the need for nurses to be passionate about their jobs and that these were the nurses who should be addressing the pupils as some pupils had encountered some negativity from nurses regarding their work:

“Talks from nurses in schools but nurses with an encouraging attitude towards nursing – some nurses that I know and have spoken to tell me that you do not want to do nursing and are never passionate about the job that they do”.

(F/HG = 5/SG = 7/DR = MINDA)

Finally one pupil did propose an interesting, novel suggestion regarding engagement and making connections with nursing in schools. This involved thinking about how nursing might be incorporated into the school curriculum to raise awareness:

“If nursing was introduced early on in the school curriculum.

Courses which you could take in school which related to nursing would stimulate interest”.

(F/HG = 5/SG = 8/DR = MDA)

Engagement with and meeting nurses was considered to be important by the high achieving school pupils as being a possible way forward in attempting to make nursing more appealing as a career choice.

4(a)2 Effectual Career Evenings Presentations

The high academic achieving school pupils also thought that nursing presentations at school career evenings were another important method for getting information across to school pupils about nursing as a career choice. But these required to be more productive and in the opinion of the school pupils this was an opportunity which was not exploited. In that they felt nursing should always be represented at these school career evenings, nursing stands should be given a prime site and not hidden away in a corner, as appeared to happen:

“The nurses who come to careers evenings are usually shoved away in the corner and missed by a lot of people. People from the big universities seem to get the central stands and most of the pupils go to these”.

(M/HG = 4/SG = 7/DR = ADA)

“At the careers evenings I have never seen any nurses there”.

(F/HG = 5/SG = 9/DR = LDA)

There was a need to formulate a method for attracting high academic achieving school pupils to the nursing information stands. The necessity to get the pupils to these information stands at careers evenings was considered to be important by the pupils but remains extremely difficult because of the negative image of nursing that persists amongst the pupils:

“Need to attract pupils at careers evenings.

Nurses stands are not popular at careers evenings because of nursing’s image seem to be bypassed certainly by the pupils with high grades – need to think about getting people to come to the stands for information about nursing”.

(F/HG = 5/SG = 8/DR = VDA)

“Male pupils tend not to want to be seen getting information from the nursing stand.

Some pupils do go to the nursing stand but only because of the freebies - the pens, note pads, water bottles”.

(M/HG = 4/SG = 7/DR = ADA)

4(a)3 Accessibility Of Careers Information Also Careers Guidance And Up To Date Information Relating To Nursing From Careers Advisers And Guidance Teachers

The difficulty in getting proper advice regarding nursing as a career was brought up by a number of pupils and seemed to fall into the two main areas of getting up to date information and accessibility of careers information. The high achieving school pupils thought that if the careers advisors and guidance teachers had been able to give up to date information with regard to nursing as a career that this was vitally important as often careers advisors and guidance teachers are the only source or first source regarding career information. In the opinion of the school pupils careers advisors and guidance teachers had limited knowledge about nursing and their knowledge was not up to date. This information was therefore not getting to the pupils to help inform their choice regarding career. The following was typical of their thoughts:

“Guidance teachers have limited knowledge about nursing and certainly not knowledge which is up to date. How can this help pupils make an informed choice about nursing as a career”.

(F/HG = 5/SG = 7/DR = ADA)

Also the school pupils felt career advice relating to nursing needed to be easily accessible as a number of pupils recounted their difficulties in trying to obtain an appointment with the careers advisor and endeavouring to access information about nursing in the school’s careers library was limited:

“I do not find the careers advisor approachable or helpful.

If I can't get an appointment with the careers advisor – have to find my own information about possible career choices in the school careers library – how it is set out makes it difficult to find information. Also information is limited.

I have to go into town to careers centre but hard because left up to the pupil – cannot get one-to-one guidance”.

(F/HG = 5/SG = 8/DR = MDA)

“Careers advisor is only here (in school) on a Tuesday lunchtime – difficult to get an appointment for a one-to-one meeting”.

(M/HG = 4/SG = 7/DR = ADA)

If the pupils cannot access career information regarding nursing or if barriers are placed in their way in trying to obtain this information in the opinion of the pupils this does not help in trying to generate interest in nursing as a career among high achieving school pupils.

**PARADIGMATIC INTERVIEW
QUESTION 4 – HOW COULD NURSING
BE MADE MORE APPEALING AS A
CAREER CHOICE FOR HIGH
ACADEMIC ACHIEVING SCHOOL
PUPILS?**

THEME 4(b) WORK EXPERIENCE

PARADIGMATIC INTERVIEW QUESTION 4 – HOW COULD NURSING BE MADE MORE APPEALING AS A CAREER CHOICE FOR HIGH ACADEMIC ACHIEVING SCHOOL PUPILS?

6.16 Theme 4(b) Work Experience

The very important and extremely pertinent theme of work experience emerged when the high academic achieving school pupils were asked about how nursing could be made more appealing as a career choice for them. The high academic achieving school pupils appeared to think that proper work experience in nursing could be influential in making nursing more attractive as a career choice. The pupils raised three main problem areas in relation to work experience. The difficulties and barriers in obtaining an appropriate work experience in nursing in relation to the attitude of teachers towards a nursing work experience. They felt very strongly that school pupils were not given a proper nursing work experience exposure, often the school pupils were sent to a nursing home or a care home. In addition, that Schools/departments of nursing within Universities should have input into organising true nursing work placements for the school pupils.

4(b)1 Difficulties And Barriers Regarding Getting A Nursing Work Experience

The pupils felt that teaching staff at the schools who organised the work placements placed barriers in their way and were generally unhelpful regarding work experience in nursing. One high achieving female school pupils gave an articulate, enlightening and graphic account of her high achieving friends struggle to get actual work experience in nursing which is evidenced in the following narrative:

“I think that there is nothing like hands on experience of nursing to spark an interest and maybe help the pupils make a definite decision about their career choice. My friend who has really excellent grades was undecided about what she wanted to do when she left school and was interested in getting a work placement in nursing but the teachers seemed to come up with all sorts of barriers when pupils want a nursing work experience:

- 1. Problems with insurance but all NHS Trusts and hospitals carry normal public liability insurance to provide sufficient cover.*
- 2. School pupils are not allowed to take up work experience in the NHS but any pupil in school year 10 and above can be offered work experience.*

My friend had to find these things out for herself – she was persistent but how many school pupils give up because they are given no help and are lost to nursing”

(F/HG = 4/SG = 7/DR = MDA)

This was not the only high academic achieving school pupil who experienced difficulties and barriers in relation to trying to secure a nursing work experience. A number of pupils recounted their similar experiences and their eventual giving up:

“I was interested in getting a work placement in nursing to see what it was like because I wanted to be a nurse. But none of the teachers seemed that keen to help me – it was not on their list of available placements. I got the feeling that the teachers thought that it was a worthless, insignificant job. I gave up because no one seemed interested.”

(F/HG = 5/SG = 7/DR = MINDA)

“Work experience we do that in 3rd year but if you put down for nursing you don’t get it because the school cannot organise it”.

(F/HG = 3/SG = 7/DR = VDA)

The high achieving pupils did seem convinced of the importance of a work placement and highlighted the fact that many good candidates could be lost because of this ineptitude in organisation of placements:

“A lot of pupils are undecided about a career choice and might make good nurses but it is not actively promoted in the school and if they had a proper work placement and shadow a nurse they would get a true picture about what nursing involves – they would be able to come across all aspects of caring for patients. But once again it comes back to how difficult it is to organise a nursing work placement – it is easy to get an office work placement and a placement with a business”.

(F/HG = 5/SG = 7/DR = MINDA)

“Thorough work experience which involves discovering about the role of the nurse and what they actually do.

Not ignoring those who want this type of experience, or teachers saying it is too difficult to organise”.

(M/HG = 4/SG = 7/DR = VDA)

“Nursing was not an option on offer at our school for work experience – if it is not available how can we try it”.

(F/HG = 5/SG = 7/DR = ADA)

The pupils have stated emphatically that because of difficulties and barriers also the apparent unhelpful attitude of teachers that they are not getting the opportunity of a relevant work experience in nursing. Therefore how can nursing expect pupils to make an informed choice if they cannot access a realistic experience? There must be

agreement with pupils' opinion that many good and prospective candidates could be lost to nursing and that nursing is not utilising an important means in influencing school pupils to pursue nursing.

4(b)2 Proper Nursing Work Experience Exposure

Moving on from their discussions concerning the difficulties and barriers regarding getting a nursing work experience, there was a unanimous feeling that any nursing placements offered should reflect a true perspective of nursing. The pupils were in no doubt that this was not happening and their concerns revolved around three areas. That the nursing placements given were care homes or nursing homes for elderly people, this did not give an accurate insight into nursing for the pupils. Also the persons in charge of the patients in these placements were mostly carers with no nursing qualifications or experience.

The high achieving school pupils were clear that they felt that school pupils should be given a proper nursing work experience exposure and not as was being done by the schools sending the pupils to nursing homes or care homes:

“There has to be proper work experience to learn the truth about nursing”.

(F/HG = 5/SG = 7/DR = MINDA)

“Proper work experience – finding out exactly what nurses do.

Did work experience in 4th year but there was only very limited nursing work placements and these were mostly in old people homes”.

(F/HG = 5/SG = 8/DR = VDA)

“Proper work placement and experience in nursing”

(M/HG = 5/SG = 8/DR = VDA)

There was a strong opinion that this did not give them a true reflection of nursing or what nursing is about and could potentially put high achieving school pupils off a career in nursing. The following was typical of this feeling:

“I think that a proper nursing work placement in a hospital would be really valuable but when I tried for a nursing work placement I was sent to a nursing home also other pupils who got a nursing work experience got an old peoples home or a nursing home. I think that this gives the wrong impression about what nursing is really like and going to be like and must put a lot of school pupils off. It most certainly put me off”.

(F/HG = 5/SG = 8/DR = MINDA)

“Not sending pupils who genuinely want a nursing work placement to care homes full of ‘coffin dodgers’ and ‘wrinklies’ pretending this is a nursing work experience – pupils then believe that this is what nursing is like and this puts them off doing nursing”.

(M/HG = 4/SG = 7/DR = VDA)

They also mentioned another important influencing factor, which they considered could deter the school pupils from a career in nursing, the fact that many of these care homes are not even being managed by nurses but by carers who have a college caring qualification not a nursing qualification thus the value of a nursing qualification is further questioned by the school pupils. This was observed in the subsequent discussions:

“They send you to a nursing home – that is not real nursing and its carers who work in them and who are in charge who have Level 2 SVQs, you can get an SVQ at Level 2 if you can write your name. Makes me wonder do you really need to study for nursing qualifications if these people can look after patients with an SVQ”.

(M/HG = 3/SG = 7/DR = MDA)

“Not sending pupils to urine smelling care homes where the person in charge is a teenager with an SVQ”.

(F/HG = 5/SG = 7/DR = ADA)

4(b)3 Schools/Departments Of Nursing Within Universities Should Have Input Into Organising True Nursing Work Placements For The School Pupils

The high achieving school pupils were of the opinion that schools/departments of nursing within universities should provide input into organising real nursing work placements for the school pupils. There was an inference that schools/departments of nursing should be actively involved in helping to organise placements. The schools/departments of nursing were seen by the pupils as having influence and connections regarding arranging the placements which could allow the pupils to experience what nursing is really like as opposed to a restricted view portrayed in nursing homes or care homes. This is distinguished in the following deliberations which were typical of various pupils:

“There should be strong connections between schools and universities if they want us the school of nursing should help us to, or arrange work experience for us.

Work experience should be included in 4th, 5th and 6th year not just 3rd year”.

(F/HG = 5/SG = 7/DR = MINDA)

“The school needs to organise it thoroughly, maybe it would even help if schools of nursing and hospitals were involved in organising work placements for pupils who wanted to do nursing”.

(F/HG = 5/SG = 8/DR = VDA)

4(b)4 Conclusions – The Importance Of A Proper Nursing Work Experience For The School Pupils

Osgood et al (2006) state, that the role played by work placements in the subsequent career choice of school pupils is important. Pumfrey and Schofield (1982) also propose that work placements can be a factor which helps pupils to determine their future career direction. The majority of respondents in a study by Semple et al (2002) valued work experience – teachers, pupils, parents and employers reported that work placements can give pupils a sense of achievement and increase their motivation towards a career. A key message to come from Pentherbridge (1997) research is that while work experience is only one part of the way in which young people learn about the world of work it is highly valued from choice of subjects in school to decisions made about future careers. A short work placement may not always be an indicator of definite career intentions or post-school destinations but nonetheless can be a factor which shapes their career choices (Ahier et al 2000). Relevant work experience featured highly in the opinions of the pupils regarding engendering an interest in nursing as a career but the present system requires to, be improved and developed if it is to have any significant influence on school pupils’ choice of nursing as a career.

**PARADIGMATIC INTERVIEW
QUESTION 4 – HOW COULD NURSING
BE MADE MORE APPEALING AS A
CAREER CHOICE FOR HIGH
ACADEMIC ACHIEVING SCHOOL
PUPILS?**

**THEME 4(c) LINKS BETWEEN
SCHOOLS AND
SCHOOLS/DEPARTMENTS OF
NURSING WITHIN UNIVERSITIES**

PARADIGMATIC INTERVIEW QUESTION 4 – HOW COULD NURSING BE MADE MORE APPEALING AS A CAREER CHOICE FOR HIGH ACADEMIC ACHIEVING SCHOOL PUPILS?

6.17 Theme 4(c) Links Between Schools And Schools/Departments Of Nursing Within Universities

The high achieving school pupils also considered that strong and formal links between schools and schools/departments of nursing could influence the appeal of nursing as a career choice. The school pupils believed that schools/departments of nursing should take an interest in the school pupils as a major problem regarding nursing as a career consideration was that their contact with nurses in school was minimal so their knowledge regarding nursing as a career was negligible. Compounding this was the fact that the school pupils' perceptions about nursing were often influenced by television programmes so they did not have a true insight of nursing as a career.

A number of school pupils in their narrative, which follows, mentioned extremely favourably how successful the link between their schools and the science department of St. Andrews University had been. They give examples of visits to the science department as well as how links with the department generated interest in careers in science and even influenced some of the school pupils to such an extent to change their career options. They seemed positive that a similar venture with schools of nursing could have the same impact:

“If our school had links with the university school of nursing and we got to visit hospitals and the school of nursing that might make a difference and stimulate an interest in nursing as a career.

XXX University has a connection with our science department and the 5th and 6th years get to visit the science labs at XXX and do experiments also to find out about interesting careers that you can do with science. It is a really interesting and enjoyable time and this gets the pupils thinking that this might be a great area to have a career in.

Maybe if schools of nursing did the same it would stimulate an interest in nursing as a career”.

(F/HG = 5/SG = 7/DR = ADA)

“I remember when we were taken to XXX Uni to see the science department and were involved in and allowed to do experiments.

They also told us about all the exciting and fascinating career possibilities – they really promoted it to us.

Many of my year changed their career choice options to the science field after this visit and the various talks.

There is also a liaison officer from the science department at XXX that linked with and visited the schools in local authority.

They made you feel that they were interested in you and they were really enthusiastic about science and that science was the most important subject and greatly mattered.

Maybe if the nursing department in the university did this as well it might inspire pupils to be nurses”.

(F/HG = 5/SG = 7/DR = MINDA)

Some pupils thought that to have greater impact that this link needed to be made in the first year of secondary school or even earlier in primary schools:

“Connection between nursing school and local secondary schools.

I think that this right from first year would foster an awareness and an interest in nursing or certainly make it more acceptable to both males and females as a career”.

(M/HG = 5/SG = 8/DR = VDA)

“Linking university schools of nursing with primary schools and secondary schools – getting involved even with youngsters could foster an interest in pursuing nursing as a career choice”.

(F/HG = 4/SG = 8/DR = LDA)

Again the discussion pertaining to links returned to a theme which had been mentioned earlier. The lack of school pupil perspective related to nursing because of inadequate connections with nurses:

“We don’t even have links with nurses in the school – no nurses come into the school to talk about what they do.

We have a school nurse but she is just there for health checks and jabs”.

(M/HG = 4/SG = 7/DR = VDA)

“Because we do not see nurses regularly I think nurses are seen mostly as being hospital based.

I think that if they got young nurses or student nurses who are keen to come into the school to talk about nursing it would make a difference and foster an interest so it is not just viewed as older women who do it that it is a job for young people”.

(F/HG = 4/SG = 7/DR = MDA)

***4(c)1 Conclusions - Links Between Schools And Schools/Departments Of Nursing
Within Universities***

The school pupils picked up on how enthusiastic the scientists were regarding their subject area and how they stressed the importance of careers in science. Also the school pupils got a prevailing impression that they as school pupils were really valued and important, and they were really made to feel welcome. The high achieving school pupils appear to question why schools/departments of nursing within universities have not made the effort to link with schools as other university departments have. Nursing cannot afford to ignore this opportunity to really engage with school pupils regarding nursing as a career choice in a meaningful and productive way but this should start early in primary schools during the early formative years.

Redding et al (2004) describe a unique approach to the linking of high schools and departments of nursing within universities, in the United States, in an attempt to recruit pupils into nursing. This innovative approach involved developing the “Teens Experiencing Nursing” programme which was affectionately known as the TEN Camp, which was a series of experiential summer camps for high school pupils. The programme was developed to benefit the university by acquiring prospective students and future nurses. The programme provided opportunities for 20 school pupils to explore careers in professional nursing through active involvement in an academic environment and a hospital practice setting. In the evaluation all pupils arrived at the camp saying that it was something interesting to do for the summer. All left saying that they wanted to be a nurse. Buss et al (2003) also in response to a significant and concerning reduction in high school leavers entering nurse education programmes in the USA created a programme for high school students to learn more about nursing – a

nurse camp. The aim of the camp was for high school students to learn more about nursing and to make nursing more attractive as a career option to male and female students. In the feedback all the participants stated enthusiastically that they would think about nursing as a career now more than they did before. Innovative interventions like this camp could prove invaluable in trying to attract school pupils into nursing in the United Kingdom.

**PARADIGMATIC INTERVIEW
QUESTION 4 – HOW COULD NURSING
BE MADE MORE APPEALING AS A
CAREER CHOICE FOR HIGH
ACADEMIC ACHIEVING SCHOOL
PUPILS?**

**THEME 4(d) CHANGING, IMPROVING
AND LOSING THE STEREOTYPICAL
IMAGE OF NURSING**

PARADIGMATIC INTERVIEW QUESTION 4 – HOW COULD NURSING BE MADE MORE APPEALING AS A CAREER CHOICE FOR HIGH ACADEMIC ACHIEVING SCHOOL PUPILS?

6.18 Theme 4(d) Changing, Improving And Losing The Stereotypical Image Of Nursing

The pupils seemed to be very definite and in agreement that in order for nursing to be considered as a career choice by high achieving school pupils that there required to be change, improvement and loss of the current stereotypical image of nursing. The pupils considered this occurring in three main areas. Education of society regarding the image of nursing by, conveying a compelling message about what modern-day nurses do. Nursing needs to be promoted as an academic discipline having both status and value. Finally nursing requires to, have positive role models.

4(d)1 Education Of Society Regarding The Image Of Nursing By Conveying A Compelling Message About What Modern-Day Nurses Do

The high academic achieving school pupils stated that nursing needs to take seriously and actively engage in ridding itself of its persistent stereotypical images, otherwise nothing would ever change regarding nursing being a considered as a possible career choice for high achieving pupils. This feeling was prevalent in a number of pupils:

“Nursing needs to take seriously and take notice of its own image and fight to get recognised properly otherwise nothing is going to change for them”.

(M/HG = 5/SG = 8/DR = MINDA)

“I feel that nursing does need to change its image for the better and if it did more people would join up.

Nursing still has a very predictable image which is the sexy woman, women’s work, carry out intimate personal care, undervalued, low pay, working long hours, giving out pills”.

(F/HG = 5/SG = 8/DR = VDA)

“Nursing needs to improve its image”.

(F/HG = 5/SG = 7/DR = ADA)

“Yes I do think that nursing needs to improve it’s image.

Nursing still has a stereotypical image and if these images just continue nursing will never attract the bright school leavers”.

(F/HG = 5/SG = 9/DR = LDA)

Also changing the negative depiction of nurses within society. The pupils saw an important need to educate society and to get the message across to society regarding the expanded role of the contemporary nurse, otherwise it would never appeal to school pupils as a career choice:

“More advertising about nursing”.

(F/HG = 5/SG = 7/DR = ADA)

“How can nursing improve it’s image – well it needs to be portrayed more positively and powerfully on TV – non of this showing of weak, females – they need to take

charge and show how dynamic, exciting and mentally challenging the job has become. Advertisements – need to get the correct image message to school pupils.

Trying to educate society about the expanding role of nurses – I think most of society are not aware of what nurses now do or are stuck with an image which is a relic”.

(F/HG = 5/SG = 8/DR = MDA)

“Projection of more positive image of nursing as a profession.

Lose stereotypical image.

Education of society about the 21st century role of the nurse”.

(M/HG = 5/SG = 8/DR = VDA)

“Education of society about nursing which could be done through the media could help nursing lose the stereotypical image which it seems to have”.

(F/HG = 3/SG = 8/DR = MINDA)

Education of society was considered important by the pupils in changing the negative depiction of nurses within society. The pupils felt that unless nursing rigorously addressed this image problem, stereotypical images would persist.

4(d)2 Nursing Needs To Be Promoted As An Academic Discipline Having Both Status And Value

Again with regard to changing the image of nursing the pupils were of the opinion that high achieving school pupils, and furthermore society in general, need to be persuaded as to the academic and scholarly aspects of nursing. If not it will continue not to appeal as a career choice if it is deemed to be purely practical in nature with no cognitive input.

This view was observed in a number of discussions. Quite a few of the pupils mentioned the need to publicise that nurses do more than just clean and feed patients and dispel this misconception:

“I would say that most pupils here think that nurses just work in hospitals and take orders from doctors.

I think that it needs to be more widely and seriously promoted that nursing is a lot more than just caring and looking after people – what about the intellectual aspects – problem solving and continuous studying. Also what nurses can actually do now – prescribe medicines, take blood samples from patients, operate machines, specialist nurses like the diabetic nurse, the cancer nurse, the skin nurse, the asthma nurse. I think that nurses do clinics and in some places can admit and discharge patients”.

(F/HG = 5/SG = 8/DR = MDA)

“Need to make more apparent the wide variety of skills that nurses have and the wide-ranging opportunities which exist for nurses.

“Doctors always seem to give nurses orders – I am sure that it is not always like this – junior doctors must rely on advice and help from experienced nurses”.

(F/HG = 4/SG = 7/DR = MDA)

“If you could show that nursing was an academically challenging job”.

(M/HG = 4/SG = 7/DR = ADA)

There was a feeling among several pupils that there needed to be a change in the perceived status of nurses and nursing with a focus on the equality of standing of the work that nurses and doctors do:

“Change people’s perceptions.

Need to show that nurse's work is equal to that of doctors and that nurses do more than clean and feed patients".

(F/HG = 5/SG = 8/DR = VDA)

"Nursing needs to show that there is a closer link between what doctors and nurses do – showing people the new avenues which nursing has explored and is exploring – I mean the jobs that nurses are doing now that were traditionally doctor's jobs.

Show the variety within nursing".

(F/HG = 5/SG = 7/DR = MINDA)

One pupil did suggest making the entry requirements for nursing the same as other university programmes as a means of attracting high achieving pupils:

"Increase the entry requirements – make the course more difficult, harder to get into".

(M/HG = 5/SG = 7/DR = LDA)

Another pupil mentioned salary increase to generate interest, to bring nursing more in line with other health professions:

"Better pay in line with other professions so that it is seen as having the same value and importance".

(M/HG = 3/SG = 7/DR = MDA)

Yet again in relation to changing the image of nursing there was a common certainty amongst the pupils that nursing needs to be promoted as an academic discipline, with the cognitive elements of nursing being overt, in order to capture the interest as being seen as a credible career choice for high achieving pupils.

4(d)3 Positive Role Models

In concluding their dialogue regarding improving the image of nursing many of the high achieving pupils made an extremely valid point with regard to the lack of positive role models relating to nursing and how important this could be regarding the influence that it could make on school pupil career choice.

Most of the pupils had heard of Florence Nightingale and of her importance as a role model to nursing but were unable to recall any present-day nursing noteworthy:

“Everybody has heard of Florence Nightingale and what she did for nursing but that was hundreds of years ago – nobody really since then”.

(F/HG = 5/SG = 9/DR = LDA)

Quite a few pupils were of the opinion that many other professions always have people depicting positive role models, for example in television programmes and films, whereas nursing did not seem to have this:

“There always seems to be positive role models in television programmes and films about other services that help the public like fire-fighters, police, paramedics and the armed forces so why not nurses?”.

(F/HG = 5/SG = 7/DR = MINDA)

“Nursing does have any positive role representation in films. If school pupils had and saw positive role models doing nursing it would become more acceptable and popular. Even if we had film stars playing nurses giving a true and informed view of nursing I think pupils would take notice of nursing as a career.

(F/HG = 5/SG = 9/DR = LDA)

This continued on to a near unanimous agreement amongst the pupils that prominent role models could be important in influencing their and fellow pupils' career choice.

There was also a belief that this could make a real difference:

“Positive, high profile role models – maybe in film and TV – Mel Gibson, Tom Hanks, Sylvester Stallone, Ewan McGregor playing a nurse might do wonders for recruitment”.

(M/HG = 4/SG = 7/DR = ADA)

“I think that if there were positive role models – well-known actors playing nurses on television or in films and that if story lines showed the correct role of the nurse and the contribution that nurses make this would make a real difference to the image of the nurse”.

(F/HG = 5/SG = 7/DR = MINDA)

One pupil describes this influence particularly from a personal perspective:

“Positive role representations I think would have a huge impact moving image forward – I mean having famous actors or actresses playing nurses in exciting roles – I remember when my friends and I were younger we would watch actors playing people in exciting jobs on TV like policemen, police detectives, spies, sports people, soldiers, space travellers and even doctors saving lives, being the most important person being admired by everyone – and next day or for the rest of the week that is all that we would talk about and all that we wanted to be – why could this not happen with nursing and provoke interest in school pupils about nursing”.

(F/HG = 4/SG = 7/DR = MDA)

There was general agreement among the pupils that visible, positive nursing role models could potentially be an important influencing factor in career choice. This linked again back to changing the image of nursing. If influential role models were seen doing nursing it viably could become more acceptable as a career choice.

**PARADIGMATIC INTERVIEW
QUESTION 4 – HOW COULD NURSING
BE MADE MORE APPEALING AS A
CAREER CHOICE FOR HIGH
ACADEMIC ACHIEVING SCHOOL
PUPILS?**

**THEME 4(e) NOTHING CAN BE DONE
TO CHANGE THE PERCEPTION OF
NURSING AS A CAREER CHOICE FOR
HIGH ACADEMIC ACHIEVING SCHOOL
PUPILS**

**6.19 Theme 4(e) Nothing Can Be Done To Change The Perception Of Nursing
As A Career Choice For High Academic Achieving School Pupils**

There was also a chilling realisation delivered by some of the school pupils that nursing will never be able to attract high academic achieving school pupils. Several pupils articulated that nursing will always be thought of as a career which is beneath the level of high achieving school pupils:

“I don’t think that much could be done to change the minds of people with good grades towards pursuing nursing as a career.

Nursing will never be an attractive option to pupils with good grades because pupils with good grades are striving for better occupations than nursing where they can use their brains and make achievements.

Nursing is not viewed as an occupation which requires too much intelligence.

Not encouraged towards what appears solely a practical occupation”.

(M/HG = 5/SG = 8/DR = MINDA)

“I don’t think nursing will ever be able to attract the high academic achieving school pupils as long as there is the option of medicine and other professions nursing will never win.

The high academic achievers will always choose these careers because they are more glamorous, exciting, challenging, and better paid”.

(F/HG = 5/SG = 7/DR = MDA)

Hugely important, which has appeared time and time again in the data, is the recognition that there are so many influences telling the pupils not to choose nursing.

With many of the pupils being receptive to this the following was typical of their articulations:

“So many people keep telling us not to do it (nursing) they can’t all be wrong”

(F/HG = 5/SG = 7/DR = ADA)

For some pupils nothing can be done to change their perceptions of nursing as a career choice. With a belief amid several pupils that nursing will always struggle to recruit high achieving school pupils.

6.20 Conclusions - Qualitative Analysis Findings

Dominating the qualitative findings was a permeating and persuasive weight of evidence that nursing is perceived negatively by the pupil’s significant others and that this is passed on to these young people and impacts greatly on the pupils’ perception of nursing as a career choice. Every school had examples of pupils being dissuaded from nursing as a career choice. There was evidence of active dissuasion by guidance teachers, careers advisors, parents and friends. None of the significant others seemed to be informed regarding nursing as a career choice but these significant others played an important part in the career choice process of the pupils. Again from every school there was substantiation of a powerful belief amongst the pupils and their significant others that nursing as a career choice would be a waste of the pupil’s qualifications. The influence of significant others was very apparent from the interview data in that they had a very negative view regarding nursing as a career choice for high achieving school pupils and were actively dissuading the school pupils from a career in nursing. The school pupils were viewed as being able to do certain jobs in relation to their academic qualifications, thus high achieving pupils were viewed as being able to do something

better than nursing in the opinion of the significant others. This had a profound effect on the school pupils and their decision not to follow nursing as a career choice. The message from the significant others was powerful that nursing was not a career choice for high academic achieving school pupils and the school pupils were very receptive to this message. What was also stark was that this negative message regarding nursing not being a career choice for high academic achieving school pupils was coming from all significant other sources – parents, careers advisors, guidance teachers and friends/peers. Significant others were also compounding an image of nursing as a low status job by reinforcing the view that nursing as a career choice was on a par with hairdressing, office work and being a secretary. Research done by May et al (1991) has indicated that the attitudes of children toward nursing grow more negative as they progress through the school system. Additionally Grossman et al (1989) has shown that young children often have many false impressions about nursing that are not productive to the selection of nursing as a career choice. There is much to suggest that it will be a challenge trying to change school pupils' negative attitudes towards nursing as a career choice. But this could be even more difficult if parents, guardians, guidance teachers and careers advisors all hold negative attitudes towards nursing and are actively dissuading school pupils away from nursing as a career choice.

The suggestion here is that with the majority of school pupils valuing and being influenced by the opinion of their parents regarding career choice and with parents along with other significant others influencing career choice and advising against a career in nursing the chances of nursing recruiting high academic achieving school pupils would appear to be negligible. The advice from significant others would appear to be an important influencing factor in the career choice of the high academic

achieving school pupils. Their information and views on nursing seemed to be extremely negative and outdated. Thus, parents, guidance teacher and careers advisors need to have appropriate information about nursing. Leonard and Iannone (2000) propose that nurse educators need to address these significant others to enhance the perceptions of school pupils regarding nursing as a career choice. The importance of this was highlighted in a study carried out by Hodgeman (1999) who found that although pupils may have positive perceptions of nursing at younger ages, they are easily diverted from this interest when not provided with advisors who have current information and support them when needed. This influence of significant others and the advice that they are giving regarding nursing not being a career choice for high achieving pupils again does not augur well for recruitment of high achieving pupils into nursing.

There was further evidence from every school of crucial elements in the pupils' career choice process. The element of a desire to help people was prominent and seemed to articulate well with the philosophy of becoming a nurse and the pupils' early intentions of pursuing nursing as a career choice. However doing well in their standard grade and higher grade examinations was hugely influential in their discarding of nursing as this caused them to re-evaluate the level of help that they could give people and the impact that they could have. This desire to help people now took on a new level which exceeded their perceptions of how much nurses could help. For the high academic achieving school pupils there was a strong conviction that knowledge and caring were polarised. Doctors are highly academic, cure and save lives, whereas nurses only care for patients and this is viewed as being less academic, practical and routine. Nursing as

a career choice was not viewed as using their standard grades and higher grades to the maximum benefit by the school pupils.

Also vital was their changing career aspirations, in which nursing at one point was a realistic aspiration, but this was rejected as achieving good examination grades enabled perceived idealistic career aspirations to become a reality. The changing self concept of the pupils also appeared to influence their rejection of nursing as the pupils' view of themselves compelled them to aspire to something better than nursing.

Gottfredson(2002) states that image of an occupation is important in career choice. There were many examples from all schools that nursing had a negative image and this was influenced by a number of factors. With regard to image formulation the high academic achieving school pupils appeared to have a negative image of nursing. The pupils' main source of images relating to nursing transpired to be through television programmes. These programmes are strongly influential and in the opinion of the school pupils do not portray nursing in a positive way, and this is also a factor which seems to put the school pupils off a career in nursing. The pupils also in relation to their image of nursing are influenced by the negative portrayal of nursing by people who are nurses. The school pupils still hold very stereotypical images of female and male nurses. Female nurses are viewed as sexual objects and male nurses are viewed as being homosexuals and this becomes yet another dissuading factor regarding nursing as a career. There was a strongly held image amongst the high academic achieving school pupils that it was very easy to get into train to be a nurse. What was concerning regarding the school pupils image of nursing was that there were few positive and contemporary images of nursing.

Linked to the negative image of nursing was the unimpressive status level of nursing as a career choice which was evident again in all schools. The status level of nursing as a career choice was viewed as low because of the type of person that the school pupils see as nurses. Also there was further evidence of the low status level of nursing as it was viewed very much as a last resort career choice. The low status level of nursing amongst the high academic achieving school pupils was also affected by their erroneous perception of the nature of the job of nursing. This status level of what the school pupils think that nurses do also seemed to be an important factor in deterring them from a career in nursing. Nursing was viewed by these pupils as not having any cognitive aspects related to it such as intellectual functioning and knowledge base but very much practical in nature and therefore undemanding, and not requiring a high degree of intelligence to do it. Status level was also linked to the perceived difference that they could make in their career. Because of their manifest low status of nursing as a career choice the school pupils felt that they would not make a difference in their career if they pursued nursing and that they would be wasting their qualifications if they chose nursing.

The high academic achieving school pupils appeared to have a clear and similar perception regarding what is a profession and they all seemed to agree on the importance of joining a profession, and this was also an influencing factor regarding their career choice. What also appeared to be a deciding feature regarding their career choice and what dissuaded these pupils from a career in nursing is that the pupils did not think that nursing is a profession and that their discernment criteria of profession does not articulate with nursing. The school pupils also believed that nursing did not

merit being a profession because entry to student nurse education programmes is not strictly controlled therefore it is easy to get into nursing.

There was a strong consensus among the high academic achieving school pupils, with examples coming from all schools, regarding their image of the archetypical school pupil who would select nursing as a career choice – their view was of a predominantly unexceptional individual who was mostly female, no more than average intelligence, kind, caring, good listener, good practically and can follow task orders. This view, of the typical school pupil who would enter nursing as a career, of a person with a low academic achievement record, conflicts with their own personal typology and thus becomes a further important dissuading factor regarding nursing as a career choice for them. In addition they also witness a certain non academic school pupil type being encouraged towards a career in nursing which again reinforced their perception that nursing is not a career choice for high academic achieving school pupils.

There were numerous examples, again from every school, of the school pupils' reservations and uncertainties regarding the credibility of nursing as a university programme. The high academic achieving school pupils were extremely suspicious of nursing as a university programme and doubtful as to the value and credibility of a degree in nursing. This doubt and suspicion appeared to be due to the messages that they were picking up regarding nursing as a university programme and again this had an adverse effect on their consideration of nursing as a career choice. These doubts and suspicions were manifest in the following areas: nursing had much lower entry requirements than the entry requirements for other university degree programmes; a degree in nursing did not have the same value as other degrees; nursing was viewed as

an easy way to get into university and that school pupils that universities would never have given admission to in the past could enter nursing degree programmes with much less qualifications than those required to enter any other university degree programme; nursing was an easy degree to obtain.

The high academic achieving school pupils did not think that nurses should be trained within a university but within a further education college or by serving an apprenticeship in a hospital. This appears to indicate that high academic achieving school pupils think that nurses do not require to be educated at university level which further impacts on their negative view of nursing as a career choice. Also the pupils did not think that nurses required to have a degree and could not think of anything that nurses did that necessitated them to have a degree. Again this gave further insight into the academic status ascribed to nursing by the pupils and a further compounding factor regarding the school pupils' antipathy of nursing as a career choice.

There was some evidence of how the pupils considered how nursing could be made more appealing to school pupils these involved engagement, connection and meeting nurses; effectual career evening presentations; true nursing work experience for pupils; links between schools and schools/departments of nursing within universities; changing, improving and losing the stereotypical image of nursing.

Adding force to the previous strong evidence that suggests that attracting high academic achieving school pupils into nursing will be hugely problematic is a chilling realisation forming from the narrative that nursing may never be able to attract the high academic achieving school pupils it so desperately wants to recruit and that nothing can be done

to change the perception of nursing's lack of credibility as a career choice for high academic achieving school pupils.

Finally, choice of career is one of the major areas of concern for young people nearing the end of their schooling (Alberts et al 2003). In the current discourse on the transition from school to work, career decision making has a pivotal position. With the United Kingdom government's goal of increasing access to higher education to 50 percent of the 18 – 30 year old population by 2010 (DfES 2003) and the rise in the number of school pupils with good examination results at all grades (SQA 2006; DfES 2007). This will boost the number of school leavers entering higher education and the number of pupils trying to decide on which programme of education to choose (Douglass 2003). Even with this substantial increase in student numbers entering higher education the interview data suggests that these school leavers will not pursue nursing as a career.

CHAPTER 7 – OVERALL CONCLUSIONS AND RECOMMENDATIONS

This chapter will bring the study to a close. In concluding the study it is important to (a) reflect on the significant evidence that has been built up, also (b) to consider the links between the quantitative and qualitative data and (c) suggest recommendations in relation to the data findings. As there are several striking connections evident in the quantitative and qualitative data with a number of findings in the statistical data being substantiated in the qualitative interview data these links will be discussed. The significant links which will be discussed and recommendations made in relation to these findings are: The influence of parents and significant others on the career choice of the school pupils, also recommendations regarding the influence of parents and significant others on the career choice of the school pupils.

Work experience for school pupils which is reflective of the reality of nursing and recommendations regarding work experience for school pupils which is reflective of the reality of nursing. The negative image of nursing and recommendations regarding improving the image of nursing. Suspicions and doubts regarding nursing as a university programme and recommendations regarding the promotion of nursing as an academic discipline. Nursing not being viewed as a profession and recommendations regarding the promotion of nursing as a profession

7.1 The Influence Of Parents And Significant Others On The Career Choice Of The School Pupils

The first significant area of connection between the quantitative and qualitative data was the influence of parents and significant others on the career choice of the pupils. The questionnaire data suggested that parents had a major influence on the pupils'

career choice with the vast majority of the pupils 82.7% (n = 878) stating that they valued the opinion of their parents in relation to their career choice. This parental influence was also evident in the interview data with only two of the pupils stating that their career choice was their decision and only one of these pupils stating that their family would support whatever career choice that they made. There was also evidence from the questionnaire data that some parents were influencing against nursing as a career choice with 33% (n = 313) of the pupils stating that their parents would not approve of nursing as a career choice for them. In addition this persuading against nursing as a career choice was further evident in the questionnaire data with 30% (n = 286) of the pupils asserting that their parents actually discouraged them regarding a career in nursing. 38% (n = 358) of the pupils said in the questionnaire that their parents thought that nursing would be a waste of their academic qualifications. Furthermore 45% (n = 427) of the pupils articulated that their parents thought that they should be aiming for something better than nursing as a career choice. Over half of the pupils, 51% (n = 485), stated that their parents did not think that they would be suited to a career in nursing. The influence of parents actively trying to dissuade the pupils from a career in nursing was also substantiated in the interview data. It was particularly evident that the high academic achieving school pupils were very aware of utilising the good examination grades that they had achieved but what also emerged from the interview data was that this perception of utilising their grades was being reinforced by their parents who were strongly advocating that nursing as a career would be a waste of these good results at standard grade and higher grade level. There was also a less overt parental influence in which the pupils seemed to exhibit feelings of guilt because of the belief that if they chose nursing that they would be letting their parents down.

Quantitative data from the questionnaire also highlighted the influence of guidance teachers and careers advisors on the pupils' career choice. With 60% (n = 638) of the pupils stating that they valued the opinion of their guidance teacher and 45% (n = 473) stating that they valued the opinion of their careers advisor in relation to their career choice. However there was also evidence from the questionnaire data that guidance teachers and careers advisors were encouraging pupils away from a career in nursing with their non-approval of nursing as a career choice. This was apparent in their discouragement regarding a career in nursing and the articulation of a message that nursing would be a waste of the pupil's qualifications. Also there was a powerful assertion that the pupils should be aiming for something better than nursing and that they would not be suited to a career in nursing. The influence of guidance teachers and careers advisors endeavouring to deter pupils from a career in nursing was also substantiated in the interview data of the high academic achieving school pupils and every school had examples of this. The influence of significant others was very apparent from the interview data in that they had a very negative view regarding nursing as a career choice for high achieving pupils. The pupils were viewed, in general, as being able to do certain jobs in relation to their academic qualifications thus high achieving pupils were deemed as being able to do something better than nursing. Significant others were also compounding an image of nursing as a low status job by reinforcing the view that nursing as a career choice was on a par with hairdressing, office work and being a secretary. This had a profound effect on the school pupils and their decision not to pursue nursing as a career choice.

The important influence of significant others, parents, guidance teachers and careers advisors, and the advice that they are giving regarding nursing not being a career choice

for numerous pupils and certainly not a career for high achieving pupils, does not augur well for recruitment of school pupils into nursing.

7.2 Recommendations Regarding The Influence Of Parents And Significant Others On The Career Choice Of The School Pupils

It is difficult to see how the influence of parents and significant others can be changed to reflect a more positive outlook regarding nursing as a career choice. Literature on the career choice process of school pupils has highlighted the importance and influence of significant others in this process. A number of studies (Knowles 1998; Marjoribanks 1997; Mau and Bikos 2000; Smith 1991; Wilson and Wilson 1992) have found that children and young adults cite parents as an important influence on their career choice. Other studies have established links between parental and family support and the career choice of the adolescent (Wolfe and Betz 2004; Solberg et al 1994; Ryan et al 1996; Ferry et al 2000). Further studies have shown the influence of guidance teachers and careers advisors as an important influence on the career choice of school pupils. Parents, guidance teachers and careers advisors have been identified as important influences in high school pupils' career decisions in relation to nursing (Borycki and Samuel 2001). May et al(1991) suggest that school pupils are not being encouraged to enter nursing by their 'enablers', adults who might potentially influence their career choices, thus reflecting society's negative attitude towards nursing as a career.

Research done by May et al (1991) has indicated that the attitudes of children toward nursing grow more negative as they progress through the school system. Additionally Grossman et al (1989) has shown that young children often have many false impressions about nursing that are not productive to the selection of nursing as a career

choice. This suggests that it would be very difficult indeed to change school pupils' negative attitudes towards nursing as a career choice. But it is even more difficult if parents, guardians, guidance teachers and careers advisors all hold negative attitudes towards nursing and are actively dissuading school pupils away from nursing as a career choice. With the majority of school pupils valuing and being influenced by the opinion of their parents regarding career choice and with parents along with other significant others influencing career choice and advising against a career in nursing, the chances of nursing recruiting large numbers of school pupils and in particular high academic achieving school pupils would appear to be somewhat remote. The advice from significant others would appear to be an important influencing factor in the career choice of the high academic achieving school pupils but their information and views on nursing, as evidenced in the study data, seems to be extremely negative and outdated. It should be possible to ensure that parents, guidance teacher and careers advisors are given appropriate information about nursing. Leonard and Iannone (2000) propose that nurse educators need to address these significant others to enhance the perceptions of school pupils regarding nursing as a career choice. The importance of this was highlighted in a study carried out by Hodgeman (1999) who found that although pupils may have positive perceptions of nursing at younger ages, they are easily diverted from this interest when not provided with advisors who have current information and support them when needed.

7.3 Work Experience For School Pupils Which Is Reflective Of The Reality Of Nursing

Another salient area of connection between the quantitative and qualitative data was that of work experience in nursing. In the questionnaire the pupils were asked to

consider what would make nursing more appealing as a career choice for school pupils. Analysis of the quantitative data showed that a number of pupils thought that work experience in nursing would make a difference. This was also substantiated in the interview data in which the high academic achieving pupils thought that work experience in nursing could be influential in making nursing more attractive as a career choice but were also of the opinion that the work experience required to be reflective of the reality of nursing. However the pupils raised three main problem areas in relation to work experience. Firstly the difficulties and barriers in obtaining an appropriate work experience in nursing in relation to the attitude of teachers towards a nursing work experience. Secondly they felt very strongly that school pupils were not being given a proper nursing work experience exposure and often the school pupils were sent to a nursing home or a care home. Thirdly there was a feeling that schools/departments of nursing within universities should have input into organising work placements which accurately represent nursing for the school pupils.

The pupils stated emphatically that because of difficulties and barriers and also the apparent unhelpful attitude of teachers they were not getting the opportunity of a relevant work experience in nursing. This does raise the obvious question of how pupils can be expected to make an informed choice on nursing as a career if they cannot access a realistic experience of what nursing is like. There must be some agreement with pupils' opinion that many good and prospective candidates could be lost to nursing and that nursing is not utilising an important means in influencing school pupils to pursue nursing.

Moving on from their discussions concerning the difficulties and barriers regarding getting a nursing work experience there was a unanimous feeling that any nursing placements offered should reflect a more genuine perspective of nursing. The pupils were in no doubt that this was not happening and their concerns revolved around three areas. Firstly, the nursing placements given were care homes or nursing homes for elderly people and this did not give an accurate insight into nursing for the pupils. These placements were considered not to be representative of nursing because essentially care homes by definition and function do not provide nursing care. Nursing homes tend to provide nursing care for elderly people, which is important as the elderly population in the United Kingdom increases with their higher proportion of chronic disease and physical incapacity but is only one aspect of nursing. Pupils only sent to care homes or nursing homes are not allowed to experience the diversity of the contemporary nursing role, for example in surgical and medical wards, in surgical theatres, dealing with emergencies in accident and emergency units, running nurse led clinics which involves admitting and discharging patients, and the extended role of the nurse which involves duties which until recently had been performed by doctors. Secondly, the persons in charge of the patients in these placements were mostly carers with no nursing qualifications or experience. Thirdly, the high achieving school pupils were of the opinion that schools/departments of nursing within universities should provide input into organising more realistic nursing work placements for the school pupils. The departments of nursing were seen by the pupils as having influence and connections regarding arranging the placements which could allow the pupils to experience what nursing is really like as opposed to a restricted view portrayed in nursing homes or care homes. As well as feeling that schools/departments of nursing should be actively involved in the work experience process, the pupils in addition felt

that there should be a fostering of interest in the pupils. Also the idea of strong and formal links between schools and schools/departments of nursing which could influence the appeal of nursing as a career choice was prominent in the dialogue.

7.4 Recommendations Regarding Work Experience For School Pupils Which Is Reflective Of The Reality Of Nursing

This study explored school pupils' perceptions regarding what could make nursing more appealing as a career choice for high achieving school pupils. One of the significant areas to emerge from the data was the need for proper work experience in nursing and the pupils' desire for this. Opportunities to interact with nurses through shadowing and work experience, in the opinion of many pupils, should be encouraged.

Relevant work experience featured highly in the opinions of the pupils, regarding engendering an interest in nursing as a career but there was a view that the nursing work placements provided were not representative of nursing and were of questionable quality. Many of the pupils stated that they had experienced difficulties regarding obtaining a nursing work placement because of barriers created by teachers and their generally unsupportive and unhelpful attitude. Also being sent to care homes or nursing homes, which did not appear to reflect a more authentic perspective of nursing, was not giving pupils an accurate insight into nursing or the diversity of the nursing role, and ultimately put them off nursing. What was also evident in the data was that the pupils believed that schools/departments of nursing should be actively involved in the process of organising work experience placements.

There must be some agreement with the pupils' persuasive opinion that many good and prospective candidates could be lost to nursing and that nursing is not utilising an important means in influencing school pupils to pursue nursing. This is supported in the literature as it is stated that work experience aims to provide opportunities for school pupils to enhance their knowledge and understanding of an occupation. It is claimed that the main benefits of work experience are that it can help the school pupils develop an insight into the skills and attitudes required for the occupation and an awareness of career opportunities (Flum 2001). It is also asserted that it may be used as "a taster", providing an opportunity for school pupils to test out their career ideas. However the quality and choice of placements are considered to be of great importance in this process and in influencing career choice (DfES 2002a).

There appears to be a definite need for work experience for school pupils in the United Kingdom to be better organised in line with other European countries. Support for involvement in work experience whilst still at school is typical of most European countries but seems to be better developed in other European Union countries than in the United Kingdom (Bierhoff and Prais 1997, Pyrah 2003). For example in Sweden pupils give three choices of work that would interest them. The first choice is known colloquially as the 'dream job' and every effort is made to place the pupil in this. Indeed if the job cannot be found locally arrangements are made for the pupil to have this work experience in another area. Ryan (2001) also suggests that work experience placements appear to be better organised in other European countries compared to the United Kingdom, with a concerted undertaking to ensure that the school pupils get their choice.

As the National Education and Business Partnership Network (NEBPN 2003) declares, for the majority of school pupils their work experience placement is the most significant contact with the world of work that they have before making their career choice. If this experience is restricted or limited the pupils cannot get an accurate experience of a career that they may be interested in pursuing. Rolfe (1999) also states that poorly organised or a narrow range of work placements for school pupils represents a lost opportunity to interest young people in careers that they have shown interest in and might have followed. This is supported by Shilling (1989) who found that the experiences of some pupils alienated them from an area of work that they had previously been interested in. This was due largely to the poor quality of the work experience offered to the pupils which was felt to be due to ineffectual organisation between the school and the placement.

With 95% of school pupils currently undertaking work experience nursing could be missing out on a huge opportunity to influence and engender an interest in nursing as a career choice because of a lack of a co-ordinated and structured programme of work experience for school pupils. The present system would appear to require improvement and development if it is to have any significant influence on school pupils' choice of nursing as a career. If the choice and quality of the nursing work experience is not improved it is difficult to envisage an increase in nursing's status and appeal, especially to high academic pupils, regardless of the Government's view of the desirability of work experience.

Nursing departments in universities in partnership with schools could look at the development of a structured and co-ordinated work experience in nursing for school

pupils. This is happening in the USA where there are also problems in recruiting school leavers. Redding et al (2004) describe a unique approach to the linking of high schools and departments of nursing within universities in the United States, in an attempt to recruit pupils into nursing. This innovative approach involved developing the “Teens Experiencing Nursing” programme which was affectionately known as the TEN Camp, which was a series of experiential summer camps for high school pupils. The programme was developed to benefit the university by acquiring prospective students and future nurses. The programme provided opportunities for 20 school pupils to explore careers in professional nursing through active involvement in an academic environment and a hospital practice setting. In the evaluation all pupils arrived at the camp saying that it was something interesting to do for the summer. All left saying that they wanted to be a nurse. Buss et al (2003) also in response to a significant and concerning reduction in high school leavers entering nurse education programmes in the USA created a programme for high school students to learn more about nursing – a nurse camp. The aim of the camp was for high school students to learn more about nursing and to make nursing more attractive as a career option to male and female students. In the feedback all the participants stated enthusiastically that they would think about nursing as a career now more than they did before.

These nursing camps appear to have been successful in the USA and innovative interventions like these camps could possibly prove invaluable in trying to attract school pupils into nursing in the United Kingdom. Given the marked decline in the number of school pupils interested in pursuing nursing as a career it might be prudent to try this approach within the United Kingdom. It would also ensure that a link is formed between the department of nursing and the schools.

There is further evidence from the USA of the establishment of innovative and productive links between Schools of Nursing within universities and schools.

Fundamentally these connections were initiated because it was found that school pupils are considering their careers at earlier ages and it was felt that children at primary school levels needed to gain awareness of the advantages and opportunities of selecting a career in nursing. For example, the University of Maryland School of Nursing has developed what they call a 'career academy', which helps prepare high school pupils for college and university by integrating career themes into their academic courses (Thompson et al 2001). Learning opportunities include discussions of nursing in contemporary society, investigating community problems, the science of nursing, and hands on experience such as experience in simulation laboratories and in the wards under supervision. It is hoped that early exposure to the challenges and realities of nursing will recruit more school leavers into the nursing profession.

This link becomes even more important as the recent refocusing of the work of school Careers Agencies in the United Kingdom is likely to result in their withdrawal from supporting work experience data bases (Howieson et al 2007). The most common system for organising work experience for school pupils has been for schools to access local authority or schools Careers Agency data bases of employers willing to provide work experience. This now poses a considerable challenge for schools and makes it even more opportune to establish links between departments of nursing and schools.

7.5 The Negative Image Of Nursing

There were evident links between the quantitative and qualitative data relating to the school pupils' negative image of nursing. In the questionnaire data most of the pupils' main source of images regarding nursing was found to be television programmes. In analysing the questionnaire data the school pupils' images of nurses and nursing were found to be very stereotypical with nursing being viewed as performing practical, intimate tasks and taking orders from doctors. What was also apparent in the quantitative data relative to image of nursing was that the school pupils were not aware of the intellectual and cognitive components required in modern day nursing.

This negative image of nursing also came through in the interview data with a number of pupils depicting nurses as being stressed, overworked, underpaid and having to work long hours. There was also a discernible sexual stereotype image with female nurses being viewed as sexual objects and male nurses being viewed as homosexuals. Nearly all of the high achieving pupils stated that television programmes such as Casualty, Holby City and ER were the main sources of their images regarding nursing. The pupils thought that these programmes were strongly influential but in the opinion of the pupils did not portray nursing in a positive way. The pupils also commented on the fact that there were no famous nurses or nursing role models that they could think of. Nor were there any hero's or heroines's who were nurses in contemporary literature. The pupils also in relation to their image of nursing were influenced by the negative portrayal of nursing by people who are real nurses.

A further link in the data was apparent in the questionnaire and interview data relative to the pupils' image of nursing as a career choice. From the analysis of the quantitative

data nursing was not ranked particularly highly as a career choice by the pupils. For male pupils, when ranking career categories in order of popularity, nursing ranked 13th out of the 14 main career choice categories. While for female pupils nursing was ranked 8th out of the 14 main career choice categories, this being only slightly better than secretarial and administration work. Just 21.2% (n = 226) of the pupils had actually considered nursing as a career choice and only 8.8% (n = 56) of the school pupils who had made a career choice had chosen to pursue nursing. This negative image regarding nursing as a career choice was also apparent in the interview data of the paradigmatic cases in which none of the 20 high achieving pupils who had all considered nursing as a career choice went on to pursue nursing as a career.

The pupils in the questionnaire commented on the important factors which they took into account when making a career choice: money/high income; having high status/high social standing; having power; making a difference; caring/helping others; development of self; job satisfaction; joining a profession; a career which is interesting; opportunity for promotion; secure career and job security; and entering a career which is valued by society. Nursing did not figure highly in relation to these factors. Again there was evidence in the interview data that nursing seemed to conflict with the factors that the high achieving pupils considered important when making their career choice. The element of desire to help people was prominent and seemed to articulate well with the philosophy of becoming a nurse and the pupils' early intentions of pursuing nursing as a career choice. However doing well in their standard grade and higher grade examinations was hugely influential in their discarding of nursing as this caused them to re-evaluate the level of help that they could give people and the impact that they could have. This desire to help people now took on a new level which exceeded their

perceptions of how much nurses could help. For the high academic achieving school pupils there was a strong conviction that knowledge and caring were polarised. Doctors are highly academic, cure and save lives, whereas nurses only care for patients and this is viewed as being less academic, practical and routine. Nursing as a career choice was not viewed as using their standard grades and higher grades to the maximum benefit by the school pupils.

Also vital was their changing career aspirations, in which nursing at one point was a realistic aspiration, but this was rejected as achieving good examination grades enabled perceived idealistic career aspirations to become a reality. The changing self concept of the pupils also appeared to influence their rejection of nursing as the pupils' view of themselves compelled them to aspire to something better than nursing.

Gottfredson (2002) states that image of an occupation is important in career choice: there were many examples from all schools that nursing had a negative image as a career choice.

7.6 Recommendations Regarding Improving The Image Of Nursing

Dean-Barr (2001) argues that improving the image of nursing is the single most pivotal act that nurses can do to reframe and enhance the image of nursing, and thus make nursing more appealing as a career choice. How nurses communicate their professional lives to family, friends and the general public conveys a genuine picture of how they feel about themselves as nurses. Recently, there has been stronger media interest in the work of nurses and, in particular, the effect of nursing on patient outcomes. Nursing can also use marketing techniques and the media to strengthen and revitalise its public image. Farella (2000) has suggested that nursing organisations should buy 'air time' on

children's programming to exemplify the real-life goodness of nursing to children at younger ages. If the nursing profession can be enhanced in the eyes of consumers – children and adults, perhaps its status will become more respected in our society.

There is a strong case for recommending that today's young people are exposed to more positive and authentic images of nursing. Those who are not in touch with the current realities of the profession often misrepresent the reality of nurses. For example, most school guidance teachers have outdated perceptions of nursing and may not perceive it as a professional career (Gabriel 2001). Hence, any steps to improve its image in the eyes of high school pupils must include guidance teachers and careers advisors who have influence over their career choices. Programmes such as introducing the world of nursing to high school pupils by providing 'career days' or 'shadow days' have been found to be very successful (Hoke 2006, Norman 2003, AACN 2000). This exposure to nursing in the form of 'hands on' experience helps show school pupils some of the real attractions and involvement that a career in nursing has to offer. Asking nurses and student nurses to become role models for nursing and to speak to high school pupils about career options in nursing can help clarify many of the misconceptions about the profession (McDonald 2000). Exposing individuals and communities to the rewarding challenges that a career in nursing has to offer is key to improving the image of the profession.

With the increasing shortage of school leavers pursuing nursing as a career choice it does seem imperative that nurse education programmes attract school pupils who will be successful in becoming competent, caring practitioners. Some might suggest that this line of recruitment was rather flogging a dead horse and that perhaps targeting an older

cohort should get more attention (Kevern and Webb 2004; Buchan 2002b). However, as discussed in Appendix 3 – Shortages of nurses – The impact of school leavers not pursuing nursing as a career choice – implications for the health of the nation, recently there has been an increase in the number of mature, older entrants to student nurse education programmes which according to Finlayson et al (2002) serves only to increase the average age of nurses and perpetuate the ageing nursing workforce. This is supported by Brendtro and Hegge (2000), Broughn (2001), Beck (2000) and Hartley (2005) who also agree that increasing the amount of mature entrants into student nurse pre-registration education programmes further compounds the problem of the ageing nursing workforce. They also argue that mature, older entrants come with many other problems that school leavers do not appear to exhibit. Family commitments take priority. Many mature entrants have been away from study for many years and do not have the academic qualifications. Quite a lot have been out of education for a number of years and find the transition difficult. Also finding it difficult to adapt to new teaching and learning methods. These individuals can be fixed in their attitudes regarding nursing. They have limited geographical mobility and some have long standing ailments, for example back injuries which may further reduce their nursing careers. Importantly mature, older entrants have a reduced working life because of their age which only compounds the problem of the increasing ageing nursing workforce. Secombe (1994) points out that an ageing workforce has important implications for employment policy and practice. Older nurses are more likely to want to work part-time and are less likely to be geographically mobile. They may also have different reasons and motivations for working, and bring a different set of negative attitudes to their work places. Many believe that recruitment initiatives need to focus predominantly on attracting more young people, particularly school leavers, into the nursing profession

(Jones 2005; Brostoff et al 2005). There is a need for more school leavers to choose nursing as a career option because they are the future of nursing (Snow 2005; Watson et al 2005; Simko and Simmer 2005; Thacker 2005). This is supported by Herzog and Neuenschwander (2002) who draw on the general principle that school leavers are the lifeblood of any profession. Nevidjon and Erickson (2001) have acknowledged this recruitment priority, even stating that children must be reached earlier than high school because school pupils often have their minds made up earlier about desirable and undesirable careers. This is also maintained by Redding et al (2004) who state that school pupils must be encouraged to consider a career in nursing from an early age. Culley and Genders (2003), Buss et al (2003), and O'Connor (2003) also sustain the proposal that nursing needs to be introduced early to school pupils as a possible career choice.

Guidance teachers can clearly influence the career choices of school pupils so they surely ought to have an accurate understanding of the attributes that will facilitate a career in nursing, as well as the changing roles of nurses (Schultheiss et al 2001). Cohen et al (2005) propose that it is the responsibility of nurse educators to ensure high school pupils have sufficient direction and information about nursing to make informed career decisions. This is supported by Alexander and Fraser (2001) and also Purnell et al (2001) who state that recruitment strategies should continue to target guidance teachers to ensure they have the information and understanding necessary to accurately present nursing as a possible career choice to high school pupils. The marketing emphasis should shift, and focus more directly on school career teachers and student's families. It is also suggested that nurse students be actively involved in recruitment efforts (Pearce 2004).

One of the most important motivational factors in relation to career choice is caring and helping others (Patton and McMahon 2006; Lightbody et al 1997; Rognstad et al 2004). The attraction to nursing because of its reputation as a 'caring' profession should be exploited in the recruitment process. More importantly, these qualities must be articulated in the design of nursing roles. Career choice also hinges on practical considerations such as the job security and salary. Because recruitment into nursing is influenced by multiple factors, it is likely that nursing would benefit from establishing more formal linkages between employers, educators, and the public. Many students are still self-selected into the nursing profession through their personal motivation and/or informal family supports. Recruitment efforts should focus on increasing awareness of positive attributes of the nursing career such as career opportunities; marketing the personal satisfaction, employment opportunities, and income potential of the nursing career more positively.

Efforts could be made to actively compete for and target male students who view other professions as more desirable. Strategies could be incorporated to include successful male roles and use of recruitment materials that highlight these male roles.

Hands-on demonstrations and 'up-close' approaches are recommended to keep recruitment strategies lively and personal from the potential students' perspective.

Capitalising on the congruence found in males between nursing and ideal career can lead to greater gender diversification than we presently have in nursing. Development of marketing strategies directed at males in early high school could publicise how nursing can be the ideal career for them and increase male students' interest and enrolment in nursing programs. More education and outreach to guidance teachers will

better inform them about nursing as a career choice and enable its promotion to a broader audience that includes males and high academic achieving school pupils.

Bristol (2003) proposes that maybe the future of nursing is in the past. Bristol recalls the Sue Barton and Cherry Ames books of the 1950's in which the stories were about the lives of nurses as they went from adventure to adventure in the hospitals and communities in which they lived. Bristol argues that these nurses were as independent and exciting as Nancy Drew, and that these fictional nurses inspired many to go into nursing. Bristol advocates that more stories about nurses are needed to inspire the young and bring back the excitement and joy found in nursing. Bristol goes on to state that many are wringing their hands lamenting the nursing shortage and worrying about where are the young people to replace the rapidly ageing nursing workforce but questions the part that nursing itself has played in this by not passing on the legacy of nursing. She argues that older generations saw the strength of nursing. They admired the courage of brave nurses such as Edith Cavell, who saved Allied soldiers during World War 1 and was executed by the Germans in Belgium in 1915. They saw the persistence of Lillian Wald, who is credited with founding public health nursing in the USA. They heard of the rugged nurse, Mary Breckinridge, who, riding horseback, from mountain to mountain delivered maternity care to poor women in the Appalachians in the 1930s. They rallied behind Lavana Lloyd Dock, one of nursings' great leaders and an ardent suffragette in the early 20th century. And of course, there was Florence Nightingale, who revolutionised nursing in the 19th century, died 1910, her work fresh in the minds of that generation.

Bristol also speaks about a children's book about Florence Nightingale that she had recently discovered. She talks of the thrill of a new publication telling the story of nursing's heroine, a book that she describes as a book for mothers to read to their children. It had a beautiful cover showing a young girl sitting at the bedside of a child and her teddy bear, both the bear and the child with bandages around their heads. Inside, a picture shows Florence Nightingale sitting on a lovely couch, writing in a book, another shows Florence Nightingale in a graceful curtsy before Queen Victoria. Other pictures depict Florence Nightingale helping the poor, leaving on a train for Germany and in war torn Crimea, carrying her famous lamp. All of the illustrations beautifully enhance the simple story that the author, David Adler, tells. All held the beautiful images of the caring face of nursing. Looking at the book, Bristol imagined children taking it in, asking questions and being curious about nurses.

Again Bristol makes a hugely important point regarding the importance of inspirational characters in influencing the image of nurses and nursing but does indicate that there is a lack of inspiring individuals relating to nursing. She does concede that every nurse cannot write children's books to inspire the young but all nurses can tell their stories of strength and triumph. This is important relating to the school pupils' image of nursing as the quantitative and qualitative data both highlighted the widespread negativity relating to a career in nursing which emanated from nurses themselves. No one is inspired regarding nursing by stories about tired, complaining co-workers, overwork, poor pay, stress, angry patients, and lack of time. Florence Nightingale, Edith Cavell, Lillian Wald and Mary Breckinridge all overcame fatigue, complaining people, overwork and stress. People should be able to read about their victories and their endurance, and be inspired by what they accomplished. All nurses have had victories

and have endured. Nurses need to remember those times and tell their stories. Nurses need to tell about the miracles that they have seen and about the cures that they have participated in. Nurses need to tell how they have made a difference in people's lives and how they can make a difference to people's lives. Also individuals and families who can tell their stories of how nurses made a difference to their lives. So what can nurses do? They can go to children's schools and talk about being a nurse and talk about other nurses, too. They can tell how nursing as a profession has contributed to the well-being of the nation and the world. Nurses can answer the children's questions simply and will inevitably see a little hand raise and a timid (or not so timid) voice say, "I was in the hospital once," or, "I weighed only four pounds when I was born." Nurses need to listen and hear that child, then relate how the nurses probably helped in that child's care.

Perhaps Bristol has an extremely valid point that there is a need for more stories about nurses to engender interest in young people, to effect dissemination of the proper image of nursing and to try to ensure that erroneous stereotypical images of nursing are not perpetuated. Also there is a lack of stories from a male nurse perspective and this needs to be addressed. If nurses see new books about nurses in the book shop they should buy them and donate them to the local library or to schools. Nurses ought to support the authors and books that promote nursing. If young people express an interest in being a nurse, nurses should not discourage them. Negative comments like, "Oh no! You don't want to be a nurse. It's hard work. You'd hate it! Why would you want to waste your life", do nothing to inspire young people. Instead, nurses should find out why they are interested in nursing and offer some positive insight and encouragement. If nurses have a talent for writing or drawing, they should consider writing a book or article or

developing a colouring book about nursing. Publicise the heroism of nursing and the difference nurses make. What is not required are more pictures of nurses holding big needles. What is required are pictures like the ones in the Florence Nightingale book, pictures that show the caring, capable faces of nurses. Sue Barton and Candy Ames are perhaps too “50ish” for this era, but there may well be a character as popular as Harry Potter out there, in the mind of a nurse, just waiting to be born. Nursing could do with a book with a character as popular as Harry Potter. But at least nurses need to tell their stories the future of nursing may depend on it.

Finally, it is apparent from my findings that the image of nursing suffers at its own hands. It is imperative to emphasise the real rewards of nursing rather than the work environment stressors that challenge nurses. Ultimately, the voices of nurses themselves serve either as a beckoning call toward nursing or a shrill warning inviting caution or even deflecting youth away from nursing.

7.7 Suspicions And Doubts Regarding Nursing A University Programme

The view that you did not have to be intelligent to be a nurse and that nursing should not be a university programme was prevalent in both the quantitative and qualitative data. In the analysis of the quantitative questionnaire data nearly 75% of the pupils were of the opinion that it was not a requirement to go to university to be a nurse or to have a university education to be a nurse. In addition over one third of the pupils stated that they thought that you did not have to be clever to be a nurse. This was also clear in the interview data as most of the high achieving pupils did not think that nurses should be trained within a university but within a further education college or by serving an apprenticeship in a hospital.

Further doubts and suspicions regarding the credibility of nursing as a university programme emerged from both the quantitative and qualitative data. In the questionnaire data most of the pupils thought that five standard grades were not the entry requirements for a profession. In addition most of the school pupils did not think that five standard grades were sufficient to undertake a university programme and were suspicious of the standing of a university programme which only asks for standard grades. There seemed to be a belief amongst nearly half of the pupils that a degree in nursing did not have the same value as other degrees. Over one third of the pupils believed that it was less demanding to obtain a degree in nursing compared with obtaining any other degree and also that the academic standards of nurse education programmes was not high. Nearly half of the pupils appeared to think that anyone could be a nurse. Over two thirds of the pupils were of the opinion that the entry requirements to nurse education programmes of 5 standard grades gave the impression that nursing was a low status job. Finally, with regard to their thoughts about nursing as a university programme a large number of the pupils in the questionnaire data were of the opinion that nursing should not be a university programme. This doubt and suspicion was further substantiated in the findings from the interview data. There was a strongly held image amongst the high achieving pupils that it was very easy to get accepted for training to be a nurse. They believed that most of the school pupils could obtain 5 standard grades and therefore nearly anyone could be a nurse. Much doubt and suspicion was expressed in the interview data by the high achieving pupils regarding the value and credibility of a degree in nursing. These doubts and suspicions were manifest in a number of areas. The high achieving pupils were sceptical regarding the much lower entry requirements compared to the entry requirements for other university degree programmes and that therefore a degree in nursing did not have the same value

as other degrees. The high achieving pupils viewed nursing as an easy way to get into university. They also held the view that school pupils who would never have gained admission to universities in the past, could enter nursing degree programmes with much less qualifications than those required to enter any other degree programme. They believed that nursing was an easy degree to obtain.

This suspicion and doubt was also compounded by the type of school pupil that high achieving pupils saw being encouraged toward nursing as a career choice and those pupils who would select nursing as a career choice. Their view was of a predominantly unexceptional individual who was mostly female, no more than average intelligence, kind, caring, good listener, good practically and could follow task orders. This view of the typical school pupil who would enter nursing as a career, that of a person with a low academic achievement record, conflicted with their own personal typology. In addition they also witnessed a certain non academic school pupil type being encouraged towards a career in nursing which again reinforced their image perception that nursing was not a career choice for high academic achieving school pupils. Yet further evidence of the school pupils' belief that nursing is not a career for high achieving pupils was substantiated in the quantitative and qualitative data. Analysis of the questionnaire data showed that the majority of school pupils who had chosen to pursue nursing as a career choice, 66% (n = 37), had 0 to 5 standard grades, the basic minimum entry requirements for student nurse education programmes. Also 85.7% (n = 48) who had chosen to pursue nursing as a career had no higher grades. This linked with the interview data analysis of the high achieving pupils in which none of the pupils had chosen to pursue nursing because of their belief that nursing was not a career for them because of their

academic ability and that nursing was a career for low to average academic achieving pupils.

7.8 Recommendations Regarding The Promotion Of Nursing As An Academic Discipline

Nursing needs to consider if the reduction of the entry requirements for student nurse education programmes has had the opposite of the intended effect in relation to increasing recruitment, discouraging school pupils who see it as a low level programme.

It is important that recruitment programmes for nursing emphasise the opportunities for autonomous decision making, nursing as a university programme in its own right and the academic components of nursing which involve critical thinking, analytical skills, problem solving, reflection, engaging in research and reading of research. Efforts in this area should be directed towards school pupils but also towards the public perception of nursing. Also in recruitment programmes power and leadership should be framed in a positive way. There should be provision to explore with high school pupils the positive aspects of leadership and power, of being able to influence the well-being and health of society. Recruitment development should highlight the contributions of nurses to the public welfare historically and currently and portray the role of nurses as health policy makers in the clinical environment and in the community. There should be encouragement regarding the use of models which highlight the rewards of nursing. Exposure of high school students to mentoring models, volunteer work in health care settings, and health care career clubs and camps provides opportunities to identify the rewards of nursing and the difference that nurses make to peoples' lives. Sharing stories

that have personal meaning about nursing, compassion and what caring means will help to promote the fact that nursing is an academic discipline and a special profession.

What is notable about the rhetoric used in many articles on nursing image is the emphasis that nursing is largely about bedpans and bottoms. This work is seen as basic and cannot be constructed as social capital to exclude others with the assumption being that anybody could do nursing. The embodied nature of nursing is also reflected as ‘a pair of hands’ (Coombes 1999), ‘hands on clinical work’ (Loder 1998), ‘hands on experience’ (Berry 2004). This is extremely important because both the quantitative and qualitative data findings suggest that this is what school pupils still think that nursing care is like, mostly involved in practical procedures relating to the intimate bodily functions of patients and requiring minimal intelligence. Again this highlights the importance of promoting nursing as an academic as well as a caring discipline.

A review of the literature relating to nursing advertising campaigns and what makes an advertising campaign effective proposes that campaigns, instead of emphasising caring, should stress the intelligence and intellectual abilities required to become a nurse. Gordon and Nelson (2005) state that campaigns launched by the advertising agency Tragos Bonnage Wiesendanger Ajroldi (TBWA) in 1982 stressed the intelligence required to become a nurse using anatomical images of a heart and a brain and the tag line: What part of your anatomy makes you want to be a nurse? Your heart? Your head? Gordon and Nelson (2005) also assert that an internal report on the campaign prepared by the Central Office of Information noted that although the campaign was, in its own terms highly successful and acclaimed, the media’s preoccupation with the decline of

the NHS had produced a spate of negative imagery, fuelling fears of deteriorating conditions and low wages among potential recruits.

7.9 Nursing Is Not Viewed As A Profession

Further links between the quantitative and qualitative data was found regarding the pupils' belief that nursing was not a profession and their view that it was important when making a career choice to enter a profession. In the analysis of the questionnaire data, when the pupils were asked to think about the factors which they considered important when making a career choice, nearly two thirds of the pupils stated that joining a profession was an important concern when making a career choice. Also 40% of the pupils thought that nursing was not a profession. This view regarding the importance of joining a profession and the belief that nursing was not a profession was also apparent in the interview data. The high achieving pupils appeared to have a clear and similar perception of what is a profession and the criteria for profession status. Nursing, in the opinion of these pupils, clearly did not meet their criteria.

7.10 Recommendations Regarding The Promotion Of Nursing As A Profession

There is much debate today among nurses as to whether full professional status has been achieved in nursing (Meulenbergs et al 2004; Budge and Wood 2003). Again the argument regarding the reduction of the entry qualifications for student nurse education programmes is relevant to the school pupils' perceptions of nursing as a profession. The school pupils challenge the proposal that nursing is a profession because of their belief that anyone can get in with five standard grades thus anybody can be a nurse. Therefore how can nursing possibly be a profession and a credible career choice? It has long been argued that professions seek to increase their autonomy and status by self-regulation,

and in particular, regulation of the professional entry gate in order to maintain exclusivity (Johnson 1972). The programme by which these factors are increased is termed professionalisation (Witz 1992). The higher the entry-gate to a profession, the more exclusive the knowledge provided in training. By maintaining exclusivity, the profession ensures that its skills and knowledge are scarce, and therefore, highly valued (Ainley 1994). A move of nurse education into universities was supposed to achieve the aims of a higher, more exclusive entry-gate to the profession and hence improve the status of nursing as a career. But again the low entry requirements intensify the school pupils' doubts regarding nursing as a profession and a university programme.

Occupational prestige is defined as the esteem society holds professional people in because of the importance of their knowledge to the smooth functioning of society and the well being of people, the difficulty of acquiring the knowledge, and the ability of the profession itself to control access to the profession (Nakao and Treas 1994; Ganzeboom et al 1992). Society's esteem for a profession is seen in our widespread desire to join that profession, the extent to which we are pleased to find relatives and friends entering that profession, the respect we accord members of that profession, and the fact that members of most professions make more money than the rest of the population. There was evidence from both the questionnaires and the paradigmatic interviews that nursing does not have high occupational prestige amongst the school pupils and again this view has to be changed within society

Because professional knowledge is held by only a few, it is distinguished from more common knowledge. The professional is given access to confidential information or information of an intimate nature particular to the profession. The three most firmly

established professions: medicine, law and the ministry have a strong claim to such knowledge. Thus, clients observe in the tasks performed by professionals an air of mystery the ordinary man or woman does not possess (Wilensky 1964). There is evidence from the questionnaire and the interview data that nursing is not viewed as a profession and that it does not hold that air of mystery that it can only be done by certain people indeed the findings from the quantitative and qualitative data suggest that the pupils think that most people could do nursing and be a nurse.

An occupation aspiring to full professional status must be able to control a substantial body of unique knowledge that is not controlled by other professions and that this exclusive knowledge must be recognised by the general public (Van Der Zalm and Bergum 2000). The pupils do not seem to identify that nursing has its own unique, specialised, knowledge base but believe that nursing is controlled by medical knowledge the doctors' knowledge, with many of the pupils stating that doctors give nurses orders. This is also supported by Lyon (2005) who states that a body of knowledge unique to nursing is still developing and that society does not yet understand the significance of this developing body of knowledge or the unique contributions to health care provided by the body of knowledge. Nursing knowledge is primarily viewed as ancillary to medicine by school pupils, in other words that it is medical knowledge in a lesser amount than that possessed by doctors. One may think that nursing alone should be the judge of the validity of its own knowledge base. However, the professionalisation process is greatly influenced by whether or not society supports and values the services provided by nurses. Therefore, nursing needs to continue to strive diligently to alter society's outdated view of nursing knowledge. Demonstrating to society the increase in the knowledge base of nurses promotes the specialised

intellectual work that nurses now do compared with the common image of nurses doing the unspecialised routine activities. Nursing needs to demonstrate to society the intellectual and professional knowledge required to practice as a nurse and to deliver effective health care in contemporary society.

Consequently a dilemma facing nursing and one that needs to be addressed is whether increasing the entrance requirements for student nurse education programmes would make a difference to the pupils' perceptions that nursing is a profession or would this exclude many potential nursing recruits.

Keogh (1997) states that changing society's view, and ultimately the view of the school pupil, that nursing is a profession is important regarding making nursing more appealing as a career. Valentine (1996) proposes that feminists have suggested that the predominance of women in professions such as nursing has led to their identification with that other domain of female exclusivity, the housewife, and has reduced, rather than enhanced choices for women. This leads on to the posing of a vital question: Is society's image of the nurse doomed to be static? Can nursing effect changes to alter the prevailing stereotypes relating to nursing which persist. Perhaps if society understood the meaning of nurses' professionalism, some significant changes in their views about nursing might occur. Nurses must make their vital contributions to health care known to enhance society's awareness and demand for nursing services. However, to project a more acceptable professional image to the public, a simple publicity campaign will not be enough. Images are usually a by-product of the deeper social reality of the occupation therefore, significant changes must occur within nursing itself. Nurses must first identify a distinct body of knowledge that would justify nursing's

claim to full professional status; this would enhance the public's image of nursing. Part of being accorded true professional status is that society must agree to that status so it becomes important to develop a knowledge base that is not only scientifically sound but is also recognised and understood by society as being unique and valuable (Fulbrook 2003). Nursing's claims to having its own unique body of knowledge is probably not enough. For occupations to justify their claim to autonomy this knowledge base must be recognised by other professions and the general public (Berragan 1998). Finn (2001) states that autonomy means liberty and being unconstrained to make decisions. Autonomy or independence in nursing refers to freedom to make decisions and clinical judgements within the nurses' scope of practice (Oermann 1997). Many registered nurses are convinced that they have professional autonomy because they possess a registration to practice. However, registration is simply a mandate related to the government's responsibility to protect its citizens from harm. Registration has little relation to what is required of professionals. In fact, effective professional autonomy is granted only when society is convinced that the group has a unique and valuable knowledge base and thus can exert self control over its own education and practice (MacDonald 2002).

What is significant from the paradigmatic cases interviews is that the high academic achieving school pupils appear to view nurses as being placed inevitably in the subjugating shadow of medicine. The school pupils view medicine which has high occupational prestige as having a great deal of autonomy whereas nursing which has lesser occupational prestige in the eyes of the high academic achieving school pupils has constrained autonomy in view of their perception that nurses are frequently told exactly what to do and how it is to be done by doctors. Therefore the pupils do not

consider nursing as having monopoly and control over services and thus the view prevails that nurses do not do anything particularly special. Monopoly and control over services is achieved when social and economic rewards are given to a profession in exchange for the professions specialised knowledge base (Chua and Clegg 1990). Professions further acquire a monopoly over services by keeping their essential services in scant supply. Occupations desiring to use professional authority to gain a monopoly over services must locate a technical basis for it. Occupations have got to state their exclusive jurisdiction, connect skill and jurisdiction to standards of training, and persuade the public of its uniquely trustworthy services. Medicine, in the opinion of the school pupils, has done this because the public see that doctors treat and cure people. In the opinion of the high academic achieving school pupils nursing has not succeeded in claiming a monopoly over its services. The school pupils do not consider that nurses have a special knowledge base and that nurses do not undergo an intellectually rigorous and intense period of training. Additionally the school pupils considered that nursing lacks the power to control the supply of nurses as numerous pupils expressed the belief that anybody could do nursing also because of the nursing shortages that Schools of Nursing would take anybody to train to be a nurse. Moreover there was a conviction that 5 standard grades as an entry requirement was not a control on academic entry as most school pupils could achieve 5 standard grades.

However, establishing a specialised body of knowledge and controlling the supply of nurses alone will not enable nursing to claim a monopoly over services. It is only by controlling its unique services, which society wants and deems necessary that nursing can acquire a monopoly and give it true professional status. There appear to be a number of versions of the nurse and people providing nursing care: nursing assistants,

nursing auxiliaries, organisations which provide private nursing care but the care can often be given by individuals who are not qualified nurses, for example voluntary care organisations.

Another challenge to pupil perceptions of nursing as a profession is what the school pupils see as a lack of lifetime commitment of many nurses to their work. Many school pupils believe that a great deal of nurses view nursing as a temporary job rather than a full time career. Several of the pupils commented on nurses that they had encountered always saying how bad nursing is and if they could get another job they would leave. When the school pupils compare this with members of established professions, lawyers, doctors, ministers, nurses tend to leave their occupation at a much higher rate (Callaghan 2003). The fact that a lifetime commitment is stronger in established professions is due in part to the higher rewards, the ideology of the profession, the longer period of professional socialisation, and stronger colleague orientations. These factors make members less likely to leave their professions. Furthermore, semi-professions which refers to a type of work similar in some respects to those commonly regarded as professional but is still different in more than a few areas. Semi-professions are different as they usually obtain rewards from their position in the organisation, not from the work that they do. They have a lower occupational status, shorter training periods and lack societal acceptance that the nature of the service and the level of expertise justifies the autonomy granted to the professions. In addition semi-professionals frequently require more supervision and encouragement than professionals. As a result they tend to be less resistant to bureaucratic control, more accepting of orders from administrators, and less inclined to seek autonomy in their work situation (Yam 2004). One group especially tied to this term of semi-profession

are nurses (McNally 2002). This prevalent perception of nursing as a semi-profession needs to be changed significantly.

The statistical analysis gave a preliminary indication of trends regarding school pupils' perceptions of nursing as a career choice and these were further substantiated in the interview data. Based on the data findings from this study and the recruitment crisis of school pupils not pursuing nursing as a career choice there is a strong and urgent case for a larger study involving all educational areas within Scotland. The combination of qualitative and quantitative data deployed in this study could be developed into a more sophisticated form through refining the instruments used and utilising more advanced statistical analysis. The study has also highlighted specific aspects relating to recruitment of school pupils into nursing on which further research could profitably focus these being:

- The influence of media representations of nurses and nursing and how this influences perceptions of nursing as a career choice.
- Are pupils socialised into career choices at an early age and how does nursing as a career choice figure in this process.
- Larger exploration of what do school pupils' think of nursing as a university programme and is this reflected in the academic level of school pupils being attracted to nursing. Also utilising correlation statistical analysis here.
- Qualitative approach regarding what would make nursing more attractive as a career choice utilising a larger sample.

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APPENDICES

APPENDIX 1 – DEFINITION OF TERMS

Appendix 1 - Definition Of Terms

HIGH ACADEMIC ACHIEVING SCHOOL PUPILS

High academic achieving school pupils - pupils who had obtained 3 or more Higher grades at level A, B or C and 7 or more standard grades at level 1,2 or 3.

STANDARD GRADES

Standard grades - The standard grade in Scotland is an educational qualification for students aged between 14-16 years. It is broadly equivalent to the General Certificate of Secondary Education (GCSE) examination taken in other parts of the United Kingdom.

HIGHER GRADES

Higher grades - In Scotland the Higher is one of the national school-leaving certificate exams and university education entrance qualifications. It is broadly the equivalent of the A-level exam in England, Wales and Northern Ireland.

PARADIGMATIC CASES

Paradigmatic cases - The paradigmatic case transcends any sort of rule based criteria of determination. No standard exists for the paradigmatic case because it sets it's own standard (Christensen 1987). Heidegger (1962) refers to paradigmatic cases as cases which shine. Flyvbjerg (2003) refers to paradigmatic cases as cases that highlight more general characteristics of people from groups in question.

SOCIODEMOGRAPHIC PROFILE

The sociodemographic profile gave a sociodemographic description of the school location and catchment area. This was important to ensure that a range of schools with different sociodemographic profiles were included in the study. The sociodemographic profile used was The Scottish Index of Multiple Deprivation (SIMD) identifies area concentrations of multiple deprivation across all of Scotland in a fair way.

The Scottish Index of Multiple Deprivation was updated in October 2006.

The SIMD contains 37 indicators in seven domains:

1. Current income.
2. Employment.
3. Health.
4. Education skills and training.
5. Geographic access to services including public transport.
6. Housing.
7. Crime.

**APPENDIX 2 -THE RADICAL
CHANGES IN NURSE EDUCATION
IN THE UNITED KINGDOM –
PROJECT 2000: A NEW
PREPARATION FOR PRACTICE**

Appendix 2 - The Radical Changes In Nurse Education In The United Kingdom – Project 2000: A New Preparation For Practice

From its very beginning as a modern occupation around the start of the 20th century, nursing has been preoccupied with its status (Chadwick and Thompson 2000). This preoccupation extended into society at large and was not just confined to the institutions that provide health care. In the United Kingdom the initial effort was to make nursing a socially respectable, full-time occupation grounded in the authority of both training in the clinical arts and the orders of physicians. Throughout the most part of last century in the United Kingdom nursing has had larger ambitions. It has increased the training level – nurse education is now carried out in universities, it has advanced registration requirements, and has persisted in its search for greater independence and autonomy (Humphreys 1997).

The radical changes within nurse education in the United Kingdom of Project 2000; nursing's identity crisis which has led to nursing's journey towards professionalisation; and nursing's drive to be recognised as an academic discipline provide a fundamental and important contextual position to the study. These are essential areas and cannot be separated from the research study.

2.1 Project 2000 – The Reforms Of Nurse Education

Over twenty years ago in 1986 the UKCC published the report – Project 2000: A New Preparation for Practice (UKCC 1986). This represented a major and radical change in nurse education in the United Kingdom. The preparation of a new single level practitioner who would be knowledgeable in his/her practice across a wide range of professional activities represented a significant shift in emphasis. The new 'knowledgeable doer' would be capable of competent practice in hospital and community settings whereas prior to this educational programmes prepared nurses to work predominantly in hospitals

Nursing, with its desire for increased professionalisation, dominated policy development and decisions concerning registered nurse education in the United Kingdom throughout the 1980s. In the early 1980s, there was concern for the future of nurse education in the United Kingdom. The nursing profession voiced anxiety regarding a number of concerns: the status and effectiveness of apprenticeship style nurse training, where nurses were trained 'on the job' in hospitals, and its impact on the status of the profession, the morale of nurse students, the numbers of students not completing courses and the marked decrease in the amount of school leavers entering student nurse education programmes. The solution was seen by the professional bodies as the termination of hospital based training and the transfer of registered nurse education into higher education in effect the reforms of Project 2000.

In the United Kingdom concerns had been raised regarding the status of nursing and its appeal as a professional career for school leavers. Parkes (1986) explains how many nursing organisations had been pressing for the move of registered nurse training to higher education for decades. It was argued that hospital based training was inflexible and totally inappropriate in contemporary society, and unable to meet the nursing needs of the changing United Kingdom society (Dingwall and Allen 2001).

Prominent nursing organisations within the United Kingdom produced their own reports which added to the debate regarding nurse education. In the United Kingdom the Royal College of Nursing produced The Judge Report in 1985, which investigated then hospital based nurse education, identifying high wastage levels amongst student nurses during training. The report linked wastage to the exploitation of student nurses as a vital component of the nursing workforce, and argued that student nurses should be freed from the obligations of work to concentrate on learning (Royal College of Nursing 1985). These recommendations were symptomatic of a growing concern about the ability of nurse education to produce (a) a numerically sufficient supply of qualified nurses, and (b) nurses with the increasingly sophisticated skills necessary to operate in acute and community based nursing environments. Certainly there was concern regarding the future path for registered nurse education in the light of a changing nursing environment throughout the British nursing profession.

In May 1985 the English National Board also published a document on the future of nurse education (English National Board 1985), with broadly similar conclusions to those of the Royal College of Nursing. In 1986 the United Kingdom Central Council for Nurses, Midwives and Health Visitors published the results of its own inquiry into nurse education – Project 2000. This investigation had considered the future of nurse education in the light of various demographic trends and the health care needs predicted as a consequence of these. There was consensus in all three reports that educational standards could best be enhanced by breaking the traditional apprenticeship model where the student nurse was simply deployed as an extra pair of hands in the workplace. In the apprentice style training, service needs overshadowed those of education, meaning that theory and the learning needs of the student were often neglected. Hospital based training was considered to be rigid and completely unsuitable in contemporary society and unable to meet the nursing needs of the changing United Kingdom society. There was in effect unanimous agreement in the reports, therefore, that nurse education should be placed under the control of educationalists in a supernumerary model with nurse training being dissociated from service delivery. All students undertaking pre-registration nursing programmes would have supernumerary status while on practice placements: they would be additional to the workforce requirements and staff figures. The intention was that the student would be present in the placement setting as a learning experience and not as a member of staff (RCN 2002). Although practical experience would remain an important feature in any new type of training, this would be unpaid. Student nurses would instead be bursaried and the student would no longer be part of the rostered workforce until much later in their training. Thus the relationship between the student and the workplace would be greatly altered with the onus on learning rather than meeting service needs. The reports agreed further that the registered nurse education award should take the form of a higher education diploma and so transfer student nurse education courses to universities. This was justified due to the changing health care environment and it was also argued that contemporary registered nurse education should prepare nurse students to meet the total health care needs of the future. The reports also acknowledged the concerns of nursing bodies that registered nurses required university based training if they were to secure equal professional status with other non medical professions.

In providing a fuller context for this thesis, it is important to examine further the main reasons which led to the changes in nurse education in the United Kingdom. These were: that the health service of the future would need nurses with sophisticated skills

and increased knowledge; parity of nursing with other health professionals and acceptance as an academic discipline; acknowledgement of nursing as a profession; recognition of the social capital of nursing; and to make nursing more credible as a career choice for school pupils.

2.2 The Health Service Of The Future Will Need Nurses With Sophisticated Skills And An Increased Knowledge Base

There was and still is growing debate about the level of academic award at the end of student nurse education and point of registration. The RCN remains committed to achieving graduate level entry to the nursing profession at the point of registration (RCN 2004). The arguments in favour of this view are strong and one further reason for the radical changes in the education of nurses was that the health service of the future would need nurses with sophisticated skills and increased knowledge. Thus, the changing and challenging demands of the future National Health Service would be met by a highly qualified and more flexible nurse, in a role extending beyond traditional areas to cover health education, sophisticated clinical practice, and community care.

In the United Kingdom the demand for health care continues to grow as the population ages and increasingly articulate and informed patients demand more care. Simultaneously, and partly because of the expansion and increased pressure on health care services, nurse training underwent a transformation, in terms of a move into university education. The vast majority of pre-registration nurses in the United Kingdom traditionally had been trained in hospital based schools rather than in higher education. The United Kingdom model for training nurses for registration had been transformed from apprentice style training in hospitals to university programmes by the progressive reforms of Project 2000.

When considering and formulating the changes in nurse education it was recognised that the health service of the future would need nurses with sophisticated skills and increased knowledge, and that any assessment of the future staffing requirements for nurses must begin with consideration of the probable pattern of future demand for health care (Scottish Executive 2003). The indications are that the demand for nursing care will continue to grow in the United Kingdom through the first decades of the new millennium and well beyond, owing to a number of demographics. Firstly, there is a growing population with a greater number of elderly people with their higher proportion of chronic disease and physical incapacity. Secondly, there is an increase in health care problems such as the expanding HIV epidemic and the impact of new diseases and infections. Thirdly, increased drug and alcohol addiction, violence and abuse will require extensive nursing input. Changes in public ('consumer') expectations of the healthcare system and lack of access to health care among the indigent and homeless will also create even greater demands for nurses.

Higher acuity patients, advances in medical practice and expanding technology also create a greater demand for the specialist skills of registered nurses (RCN 2000; RCN 1998; Alspach 2000). The increase in the intensity and complexity of patient care has increased the demand for nursing practice (Chang 1995). The greater life expectancy of individuals with acute and chronic conditions requires more complex nursing care (Heller and Nichols 2001). Further, managed care has reduced length of stay for

patients in hospital, leaving nurses to care for and stabilise patients in a shorter period of time and increased caseloads for community nursing staff (Leigh and Krier 2001).

Nurses are the first point of contact with health care in NHS 24 and walk in centres. Nurses now prescribe medications and order and interpret diagnostic investigations. Nurses have now taken on roles that were traditionally the function of doctors (Jones and Davis 1999). High quality care depends in part upon nurses who form an important element of the multi-disciplinary caring team (Boylan 1992). Fitzpatrick et al (1992) in their review of the literature found that a substantial literature exists regarding the contributions of the nurse to high quality care, much of which highlights the need for a well educated and motivated nursing workforce. This is especially important in an era of knowledge-based decision making (Department of Health 1999). A fundamental aim of the increase in the level of student nurse education was that nurses should be able to demonstrate that they have the skills of being critical thinkers; analytical; reflective; problem based learners; problem solvers; life long learners; researchers; and readers of research (UKCC 2001)

2.3 Parity With Other Health Professionals And Acceptance As An Academic Discipline

It was not until the national reforms in the 1980s of Project 2000 that nurse education was to move wholesale to higher education. Thus, prior to these reforms, nurse education in the United Kingdom had in the main been of a traditional nature, based within the hospital system, bound by financial ties to those institutions and providing a key component of the workforce within their clinical areas. It was effective in providing a manually skilled labour force but at the same time was educationally removed and isolated from other professional groups. Therefore the majority of the nurse education system was unlike that of other allied disciplines, for example medicine, physiotherapy, occupational therapy. It set nurses apart from their colleagues in health care and did not reflect the growing need for professional advancement (Barton 1998). Akester (1995) had earlier summarised the demand for such reform by stating that recognition of nursing as a profession equal to any other, is only likely to come when the nurse has a university education similar to that of other health care professions.

There was evidence that suggested advantages for nurses in reforming their traditional education system. Owen (1988) described three main issues that integration with higher education would potentially address. Firstly, the traditional educational system was not academically recognised by higher education, an obvious disadvantage to nurses when seeking professional recognition and development. Integration would provide joint validation which would allow for the awarding of both academically and professionally recognised qualifications. Secondly, the traditional education system isolated nurses from other academic disciplines and from the considerable educational resources of higher education. Integration would facilitate the sharing of skills and knowledge with other allied disciplines and provide access to extensive educational resources. Thirdly, the very nature of the traditional system, isolated as it was from main stream higher education, suppressed innovative and creative development. It was argued that integration was an opportunity for students to work within a more creative environment that would promote and add to the professions knowledge base (Akinsanya 1990).

Project 2000 programmes placed particular emphasis on strengthening the educational basis of the preparation for nursing. The introduction of Project 2000 in the United Kingdom raised the level of initial nurse preparation to diploma/degree level, increasing both the depth and breadth of the curriculum and also emphasising the raised academic level of student nurse education. Central to the new programmes were what Kirk et al (1997) referred to as fairly radical new educational concepts for nurse education: the concept of students as learners rather than as employees; student centred pedagogy; improved integration of theory and practice both of which were to become more research based; education-led placement experience rather than service led apprenticeship practice; reflective learning; an orientation towards health rather than a focus on illness with a concomitant move away from the dominance of medical models of care; the preparation of practitioners to be lifelong learners; critical thinkers; autonomous; readers of research; doers of research; continuous academic assessment and competency-based practical assessment.

The proposals for change for the transfer of nurse education were steered by the overall nursing profession. These proposed changes stood to benefit the nursing profession as a whole, as well as arguably creating a more effective system of nurse training. The move of registered nurse training into universities would bring it more into line with the training for comparable professions and hence would improve the status of nursing as a career (Wilkinson 2007)

Robinson (1993) argues that nursing in Britain has struggled for very many years to shed its apprenticeship mantle and to acquire status through higher education. Robinson (1993) also asserts that the development of nursing must be seen in its cultural context, including the web of social, gender and class relationships. In the United Kingdom, nursing has been closely linked, and subordinate to medicine. Nightingale and the Victorian legacy of apprenticeship have been major obstacles to reform. Rafferty (1996) conducted a detailed examination of nursing in the United Kingdom from the origins of hospital reform in the 1860s to the start of the National Health Service (NHS) in 1948. She argues that internal reform within nursing requires government support to succeed and often occurs almost as a by-product of other changes. In the period that she discusses nursing education proved a chronic problem, which fluctuated in public importance, and policy making often resulted from conflict rather than consensus (Rafferty 1997).

Robinson (1991), in discussion regarding the late integration of British nursing into universities, points out that there were no nursing programmes in higher education in the United Kingdom before 1960, and even as late as 1990, there were only 14. Prior to the nurse education reforms of Project 2000, which were implemented in the early 1990's, 98% of nursing education took place within schools of nursing within the NHS. The nursing qualification had no academic currency (RCN 1985) and the adoption of Project 2000 can be seen as the high point of professional influence on nursing education. It raised the level of training to diploma/degree level thereby giving it academic currency and distanced itself from service priorities.

2.4 Nursing As A Profession And Why Professionalisation Is Important To Nursing

It is important for nursing to make the distinction between profession and occupation for its own identity and importantly to be viewed as a profession by society (West and Scott 2000).

All professions are occupations but not all occupations are professions (Abbott 1988). Davis and Stark (2001) propose the questions about what characteristics do professions have in common that differentiates them from other occupations and does nursing possess these characteristics? One of the earliest and most important discussions of the characteristics of a profession was presented by Abraham Flexner, a noted educator of the early 20th century. In 1915, he argued that the characteristics of a profession were:

- Basically intellectual, carrying with it high responsibility.
- Learned in nature, because it is based on a body of knowledge.
- Technique can be taught through educational discipline.
- Well organised internally.
- Motivated by altruism.

More recently, sociologists have added the notion of self-regulation, self-control and self-identification to the definition of a profession (Macdonald 1995). According to Wilson (1995) a profession has certain characteristics:

- A lengthy, rigorous education is required preparation and typically an examination admits one to full membership in the profession and the privilege to practice that profession independently.
- The educational component is firmly grounded in theory. Education to profession is not simply technical in nature.
- Professions are self-regulating – the members themselves claim the exclusive knowledge to set professional standards and certify those who are qualified to enter the profession and those whose actions should prompt decertification. As sociologist Ernest Greenwood put it – anyone can call himself a carpenter, locksmith, or metal worker if he feels so qualified but a person who assumes the title of doctor or lawyer without having earned it conventionally becomes an imposter (Greenwood 1962). This necessitates the question which nursing is extremely concerned about – is nursing actually viewed as a profession by society and consequently by school pupils as a profession when so many people can claim to be nurses and care givers, for example nurse auxiliaries, nurse assistants, carers, social carers, voluntary carers. To be recognised as a profession was considered important in attracting school pupils into nursing.
- Professionals have authority over clients – they claim this on the basis of their specialised education and theoretical understanding. It is the client's obligation to follow the professional's instructions (Henslin 1995).
- Altruism is a driving motivation – members of a profession hold as their highest calling service to people, not self interest.
- There is strong identification with peers in the profession – this extent of identification may surpass even the extent to which they identify with their employers.

Based on the characteristics that distinguish profession from occupation, profession can be defined as a prestigious occupation with a high degree of identification among the members that requires a lengthy and rigorous education in an intellectually demanding and theoretically based course of study; that engages in rigorous self regulation and control; that holds authority over clients; and that puts service to society above simple self interest (Carr 2000).

It has long been argued that professions seek to increase their autonomy and status by self-regulation, and in particular, regulation of the professional entry gate in order to maintain exclusivity (Johnson 1972). The programme by which these factors are increased has been termed professionalisation (Keogh 1997). The higher the entry gate to a profession, the more exclusive the knowledge provided in training. By maintaining exclusivity, the profession ensures that its skills and knowledge are scarce, and, therefore, highly valued (Ainley 1994). But also, by controlling the type of education provided, the profession consolidates its hegemony over the type of knowledge which constitutes the professional. Therefore, it is no surprise that professions which have not achieved total autonomy and hegemony in the workplace, or which have room for improvement in these areas, engage in attempts at professionalisation. Nursing has traditionally been marginalised compared with other powerful health care professions, particularly the medical profession. Consequently, it is an occupation which has engaged in professionalisation (Porter 1995, Wicks 1998). Jowett et al (1994) argue that the standardisation of education with university preparation as a minimum requirement is one of the key dimensions of professionalisation. A move of nurse training to higher education achieved the aims of a higher, more exclusive entry gate to the profession, and was thus appealing to the nursing profession. It also brought nurse education more into line with the training for comparable non-medical health professions, for example occupational therapy, physiotherapy, and, hence, it was envisaged would improve the status of nursing as a career for school leavers.

The radical reforms in nurse education of Project 2000 attempted to establish nursing as an academic discipline and thus acceptance as a profession. Nursing had been striving for this recognition for decades (Meerabeau 2001). Moreover, by moving nurse education away from hospitals and the control of health care employers and into the higher education sector, the nursing profession could conceivably gain a greater level of control over the constitution of nursing (Crooks 1997).

This is supported by Davies (1995) who emphasises that prior to the UKCC's new system of nurse training - Project 2000: A New Preparation for Practice, nurses were invisible to policy makers not because nurses were necessarily women but because nursing as a profession is gendered female. Davis explains how, as the NHS reforms proceeded, it became impossible not to conclude that nursing was considered insignificant by policy makers, medics and managers alike – it adapts to whatever circumstances are determined by others (Ersser 1997). Medicine relies upon the gendered nature of the lower status work done by paramedical groups, nurses, clerical and ancillary staffs, to maintain its position of professional privilege. Because nursing was seen in planning terms as subsidiary to the real business of providing medical care, this had a knock on effect in terms of the organisation of work on the hospital ward. Nurses were viewed as ancillary pairs of hands who deliver support and cover the gaps in services. For nursing the real painful irony in this context was that there was no clear

professional role because they were compliant to and given orders by doctors and other health care professionals who made the care delivery decisions (Allen 2001).

In 1986, the UKCC published its proposals for a new system of nurse training: Project 2000: A New Preparation for Practice. Training was to be dissociated from service delivery and take place in universities rather than hospital schools of nursing. Students were to receive funding through bursaries rather than wages and become independent of the employing authorities. This was seen as a triumph for the professionalisation of nursing (Dingwall 2001). Salvage (1992) claims that education and research play a key role in the professionalisation of nursing. Research is developing a stronger philosophical and scientific base for nursing knowledge, substantiating the claim that nursing is a therapeutic practice, that care involves a holistic approach to the whole person and that the nurse-patient relationship helps the sick individual to mobilise their own resources to aid the healing process. It was envisaged that Project 2000 would provide an educational model of professionalisation for nursing, it would enhance the development of professional practice and at the same time create a fluid system of training that would allow progression to different levels of expertise within the career structure (Wilkinson and Miers 1999).

2.5 Why Professional Status Is Important To Nursing

There is still much debate today among nurses however as to whether full professional status has been achieved in nursing. Degeling et al (2000) postulate that the important questions are why is it necessary for nurses and nursing to be recognised as a profession? Also why does nursing itself want to or need to be recognised as a profession?

Thupayagale and Dithole (2005) state that the foremost reasons for nursing's drive to be recognised as a profession are true recognition of the uniqueness regarding what nursing is and the vital importance of nursing to the health of society. Equality with other health care professions is also important within this debate. Nurses have lobbied for recognition as partners with other professional colleagues in health care yet in the United Kingdom they remain one of the few health care professions not prepared at first degree level for registration. Graduate status provides the nursing profession with recognisable and formal equivalence to professional colleagues (Oerman 1994; Forsyth 1995). This is supported by Pearson et al (2006) who states the importance for nurses to be educated to degree level and that the nurse education system in the United Kingdom was unlike that of other health care disciplines who were educated to degree level, for example medicine, physiotherapy, occupational therapy. This set nurses apart from other colleagues in health care and gave the impression that nursing was at a less important level than these other disciplines and so did not reflect a mounting need for professional advancement. It became important to ensure that the nursing qualification had academic credibility. The traditional nurse education system was not academically recognised by higher education, an evident disadvantage to nurses when seeking professional recognition and development. To make nursing more credible as a career choice for school leavers the move of nurse education into universities would give nursing more merit as a career choice and thus improve nursing's status in society – professions have status and power in society and this status can be an influence on school pupil's career choice (D'Antonio 2006).

2.6 The Social Capital And Exclusivity Of Nursing

Bradshaw (2002) asserts that the problems of differentiating nursing from other groups with an interest in providing caring services was an important factor in the Project 2000 changes to nurse education and that this is highlighted by the development of National Vocational Qualifications (NVQ) in Care. Warr (1996) argues that nursing is not a homogeneous profession – it is hard to propose a core set of key skills other than under a general heading of ‘caring’. Core units of the NVQ in Care testify to nursing’s inability to monopolise on these. NVQs were a response to the demands of a market led care industry that was re-evaluating the contribution of nurses who were no longer under the control of employing authorities while in training. General Managers, not nurses, control the employment of health care assistants, nurses no longer have a strong role in planning and managing the service. Vocationally prepared staff, trained and assessed in many cases by managers, will not be nurses but will share many facets of the caring role with nurses. Warr (1996) points out that the vocational preparation of NVQ candidates was similar to the system of nurse training prior to the introduction of Project 2000. In an analysis of the effectiveness of Level 3 NVQ support staff it was found that the quality of care they provided was equal to and sometimes superior to that provided by junior grades of qualified nurses (Warr 1998). Warr (1998) also argues that as NVQs develop levels 4 and 5 in Care, nursing needs to be sure of its quality contribution and cost efficiency in the industry of health care, thus further substantiating the reforms in nurse education and nursing’s drive for professional status. This is supported by Griffiths (2008) who states that the organisation of nurses has also lacked power in safeguarding skill mix and the number of nurses working in certain services. Since the early 1990s, under the guise of decentralisation the nursing profession has seen flattening of its power base in many health care organisations. Hoban (2006) argues that this situation has also resulted from economic considerations, nurses are still the largest group of workers in the NHS, and from a managers perspective a number of carers can be employed for the salary of one registered nurse.

Torstendahl (1990) argues that in any definition of professions, knowledge systems will play an important part. There are debates as to whether this knowledge actually serves to solve problems or has a largely symbolic purpose, acting as social capital by excluding others from providing a service. Abbott (1998) claims that a key factor is the degree of abstraction of the knowledge base which enables the professional group to redefine its problems and tasks, and defend them from interlopers – this is important in relation to nursing’s attempt to be recognised as a profession – nursing is trying to promote and defend its uniqueness and value to health care provision yet as Davies (1999) argues that nursing is particularly vulnerable because the nursing title is not protected in law and there is no definition of practice thus society can postulate that nursing and caring can be performed by untrained individuals, for example volunteer care givers, nurse auxiliaries and nurse assistants. This devalues nursing in the eyes of society but professionalisation of nursing should correct this erroneous belief. As Davis (1995) adds as there is no definition of nursing practice in law efforts to promote nursing as a unique profession are through education and specialised knowledge. Macdonald (1995) argues that there needs to be a balance between knowledge and technique, that esoteric knowledge without practical application may not have great market value.

2.7 Nursing As A More Appealing Choice For School Pupils

One of the most important reasons for this radical change in nurse education was to make nursing more appealing and credible as a career choice amongst school leavers, especially high academic achieving school pupils. The move of nurse education into universities was to achieve the aims of a higher, more exclusive entry-gate to the profession, and was thus appealing to the nursing profession. It was also to bring nurse education more into line with the education for comparable non-medical health professions, for example occupational therapy, physiotherapy, speech therapy, dietician, and hence would improve the status of nursing as a career choice for school leavers. Parity with other health care professionals was important within the debate. Nurses have lobbied for recognition as partners with other professional colleagues in multi-disciplinary health care yet in the United Kingdom they remain one of the few health care professions not prepared at first degree level for registration. Graduate status would provide the nursing profession with recognisable and formal equivalence to professional colleagues.

Nursing viewed these reforms as a way to elevate nursing's academic status and image, and at last to be recognised as a profession. Also it was considered that nursing would now be viewed as a credible career choice for school leavers but also be perceived as a sound career choice for higher academic achieving school pupils, indeed this was one of the main reasons behind the extensive reforms of Project 2000. So have these reforms made any significant difference to school pupil's perceptions of nursing as a career choice? This is a hugely important question to ask and one which is examined in my study.

Recruitment of student nurses is key to alleviating the nursing shortage within the United Kingdom, also in reducing the ageing nursing workforce and ensuring that increase nursing care demands are met. Young people have greater career choices and expectations that include gaining a degree. A degree is seen as a necessary passport to employment rather than a special qualification, as highlighted in the recent announcement by the Prime Minister that the government is aiming for half the United Kingdom population to be graduates (National Audit Office 2002). Therefore the nursing profession cannot afford to neglect attracting younger recruits – school leavers and determining their perceptions of nursing as a career choice. As nursing endeavours to achieve true acceptance as an academic discipline and as the health care delivery system demands a highly educated nurse with expert knowledge and skills, nursing needs to attract the high academic achieving school pupils.

In conclusion the key word for nursing if this movement is to improve an occupations position is professionalisation. This is a process whereby a group of workers, sometimes called an occupation, seek to control its own work (Friedson 1986). This has been a long term process for the nursing profession as it has sought a position of autonomy and distance from the medical profession. As has been established it is important for nursing to make the distinction between profession and occupation for its own protection also reservation of status and role, to be viewed as a profession and to be given the credit for being a profession by society (Murray 2006).

The process of professionalisation is generally described as a series of stages characterised by specific events or changes in the structure of the occupation as it strives to achieve professional status (Lorentzon 1993). The radical changes in nurse

education of Project 2000 was certainly a major event in the professionalisation of nursing. Professionalisation theory provides a plausible explanation for many of the Project 2000 proposals. But in summing up this chapter on the radical changes in nurse education in the United Kingdom, the fundamental questions that needs to be asked, and which is examined in my study is, whether these reforms are reflected in the perceptions of the school pupils. Have the reforms made any significant difference in the eyes of the pupils to the status of nursing as a profession, its recognition as an academic discipline and, most importantly, nursing as a legitimate career choice for them.

**APPENDIX 3 – SHORTAGES OF
NURSES – THE IMPACT OF SCHOOL
LEAVERS NOT PURSUING NURSING
AS A CAREER CHOICE –
IMPLICATIONS FOR THE HEALTH
OF THE NATION**

Appendix 3 - Shortages Of Nurses – The Impact Of School Leavers Not Pursuing Nursing As A Career Choice – Implications For The Health Of The Nation

Before considering the literature in relation to why school pupils choose or do not choose nursing as a career choice it is fundamentally important contextually to the study to consider the critical impact that school pupils not pursuing nursing as a career choice could have on nursing shortages within the United Kingdom and the severe implications of this for the health of the nation.

The National Health Service in the United Kingdom is struggling to recruit and retain nursing staff in a time of high turnover rates and low morale. The government is tackling the crisis and has a mission to modernise Britain's NHS but change is slow and the problems are complex (Finlayson 2002). Success will depend on NHS staff – in particular whether numbers of nurses can be boosted. Yet the service is struggling to attract and retain staff in crucial areas particularly nursing. Finlayson et al (2002) reported the extent of recruitment and retention problems in nursing. The underlying causes of these problems included pay, the changing nature of jobs, how valued the staff felt, and other employment opportunities. They also reported nursing staff turnover rates ranging from 11% to 38%. High turnover resulted in higher costs and lower morale and affected patient care. Why 34% of new graduate nurses are not registering to practice was also reported as warranting further study.

The nationwide shortage of nurses in the United Kingdom has attracted much discussion within the nursing profession and nursing literature (Beyers 2001; Finlayson et al 2002; Ross et al 2005; Dinsdale 2000; Johnson et al 2007). A literature review of published literature on the current nursing shortage in the United Kingdom identifies three main areas as the major contributors to the nursing shortage in the United Kingdom. Firstly the ageing nursing workforce (Buchan 2000a; Buerhaus et al 2000; Gabriel 2001; Hartley 2005). Secondly the declining enrolment of school leavers to student nurse education programmes (RCN 2006; CATCH Application Statistics 2005 – 2006; CATCH Application Statistics 2004 – 2005; Mulholland 2005; Mangan 1998; Naish 1996). Thirdly the persisting negative, stereotypical image of nursing within society, which is an important contributory factor in relation to school pupils being influenced away from nursing as a career choice (Stevens and Walker 1993; Nevidjohn and Erickson 2001; Rossiter 1999).

3.1 Shortages Of Nurses - Implications For The Health Of The Nation

The media reminds society that the current shortages in young people who are pursuing nursing as a career and those who are leaving the profession has massive implications for the health of the nation (Couch 2003). Mitchell (2003) supports this by stating that the threat and harm, due to the nursing shortage, to patients is a reality of grave concern. While staffing growth targets have been the focus of policy attention, there is little dispute that the fundamental objective in increasing the number of NHS nurses, and thus reducing the shortages, is to improve the provision of care. There is a growing evidence base on the links between low staffing levels in nursing and a range of negative care outcomes. These include: increased mortality rates (Hartz et al 1989); adverse events after surgery (Kovner and Gergen 1998); increased incidence of violence against staff (James et al 1990); increased accident rates and patient injuries (Australian Resource Centre for Hospital Innovations 2003); increased cross- infection

rates (Fridkin et al 1996); and higher rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, and urinary tract infections (Stanton 2004). The recent National Audit Office report on the incidence of hospital-acquired infections in England and Wales also highlighted the possible link between increased incidence of MRSA with staffing shortages, higher use of temporary staff, and skill dilution. It noted that despite the overall increase in the number of clinical staff working in the NHS, staff shortages and reliance on temporary agency staff is a continuing issue for many trusts. Both have been shown to impact on good infection control (National Audit Office 2004). Increased use of unqualified staff, in relation to nursing shortages, has also been shown to influence detrimentally good infection control (Cho 2003).

3.2 The Increase In Demand For Nursing Care

The Scottish Executive (2001a; 2001b) states that any assessment of the future staffing requirements for nurses must begin with consideration of the probable pattern of future demand for health care. The indications are that demand for nursing care will continue to grow in the United Kingdom through the first decades of the new millennium and well beyond, owing to the demographics of a growing population with a greater number of elderly people with their higher proportion of chronic disease and physical incapacity; the increase in health care problems such as the expanding HIV epidemic and the impact of new diseases and infections; drug and alcohol addiction; violence and abuse; changes in public ('consumer') expectations of the healthcare system and lack of access to health care among the indigent and homeless will create even greater demands for nurses.

Higher acuity patients, advances in medical practice and expanding technology also create a greater demand for the specialist skills of registered nurses (Royal College of Nursing (RCN) 2000; RCN 1998; Alspach 2000). The increase in the intensity and complexity of patient care has increased the demand for nursing practice (Chang 1995). The greater life expectancy of individuals with acute and chronic conditions requires more complex nursing care (Heller and Nichols 2001). Further, managed care has reduced length of stay for patients in hospital, leaving nurses to care for and stabilise patients in a shorter period of time and increased the caseloads for community nursing staff (Leigh and Krier 2001).

These combinations of social and demographic trends in illness and advances in medical technology, along with the existing nursing shortage are having an impact on the nursing professions ability to deliver nursing care to the standards now expected (Duffield 2003). The day-to-day pressures on nurses have intensified as a result of increasing patient acuity and shorter hospital stays. Dissatisfaction with standards of patient care is clearly causing stress for numerous nurses, leading many to leave the profession, which compounds the nursing shortage problem. Others, if they stay, project a poor image of nursing through open questioning of standards of practice (Mullen 2003).

Another concern is the move towards substitution of registered nurses with unskilled workers, predominantly in the aged care sector, at a time when the patient complexity and acuity in these areas too has never been greater (Gage et al 2001). This appears to have increased both the workload and the dissatisfaction of registered nurses as their role has moved more to that of supervisor than primary care giver. This is also

supported by Pickersgill (2001) who states that the nursing shortage situation, if not addressed speedily will precipitate further dilution of qualified nursing numbers. A hard to fill budgeted vacancy for a qualified nurse could well be an easy to fill post at a lower grade with a number of unqualified staff being employed for the same cost as a qualified nurse. In the absence of any set standards for safe levels and skill mix in health care establishments, the trend of using more and more unqualified staff in relation to nursing shortages, which began in the early 1990s could continue with an even steeper rise in the number of health care assistants. This is supported by Mark (2003) who claims that this time the exercise of progressively utilising more non-qualified individuals could be even less planned and thought through, with the need to fill posts driving the workforce profile. Again in relation to increasingly using unqualified staff, the most important issue that this raises is the adverse impact on patient outcomes.

Increased consumer expectations are also adding new pressures as there is a lack of insight into the changing role of nurses by consumers, and other health care professional groups. Health care in the past was based on a model of dependence and consumers had the expectation that nurses would meet their every need. It used to be the norm that patients would be in hospital for days both before and after surgery, for example for as long as 7 – 10 days after having a gall bladder removed. This allowed a very gentle recovery for patients, and one which was highly reliant on nursing care. Now, as many patients as possible are encouraged to undergo surgery as a day patient, and nursing care is very limited as patients are encouraged to look after themselves very soon after surgery. Nurses understand that this is beneficial for the patient in the longer term as there are fewer complications as a result of lessening the time a patient stays in hospital. Some patients, however, still have the expectation that nurses should be providing all their care. This mismatch of expectations can lead in some cases to physical and verbal violence and, over time, it is one of the catalysts for nurses to leave nursing (Jones and Johnson 2000).

There is also concern that, as nursing becomes more specialised, and that more patients with complex needs require this expert nursing input there will be fewer experienced and competent nurses in nursing speciality areas such as critical care, thus insufficient specialist nurses to staff these areas. It is believed that these critical shortages of nurses have and could further contribute quite significantly to a decrease in the overall health care quality in the United Kingdom (Horrocks et al 2002). More support comes from Aitken et al's study (2001) of nurses' reports on hospital care in five countries: USA, Canada, England, Scotland and Germany. Based on reports from 43,000 nurses in more than 700 hospitals, similar and confirming data were revealed. Reports of low morale, job dissatisfaction, burnout and intent to leave the profession due to severe nurse shortages were common across the sample. Further, nurses reported that they experienced increases in work load and non-nursing tasks and a decrease in their ability to complete nursing tasks fully. The researchers concluded that if inadequate staffing becomes chronic, the quality of care delivered would be compromised and result in adverse patient outcomes.

Williams (2001) attributes this increase in demanding workloads and nurses being overburdened, overworked and overstressed to sicker patients, an ageing population and the inexorable nursing shortage. High quality care depends in part upon nurses who form an important element of the multi-disciplinary caring team. A substantial literature

exists on the contributions of the nurse to high quality care, much of which highlights the need for a well educated and motivated nursing workforce (Fitzpatrick et al 1992). This is especially true in an era of knowledge-based decision making (Department of Health 1999).

This impact on the health of the nation is further supported by White (2001) who states that there are reports everywhere of a severe nursing shortage in the United Kingdom. Yang (2003) proposes that many would say that we have heard it all before but this time the nursing shortage is more complex. The nursing shortages have resulted in hospital beds being closed; patient acuity levels in hospitals continue to increase but many fail to receive appropriate care; ambulances are being diverted to hospitals where patients can be cared for; the length of stay in hospitals continues to decrease and more care is being rendered in homes, ambulatory and community settings. In addition, the recent Institute of Medicine Report (2006) on errors in hospitals adds to the bad news, focusing more attention on a shortage of nursing staff as a prime contributor to the alarming rise in nursing errors, (Kohn et al 2000). Rodgers et al (2004) support this as they found that the risks of nursing staff making errors was significantly increased when shifts were longer than 12 hours, when nurses worked overtime, and when nurses worked more than 40 hours per week. West et al (2004) adds yet further support to this by stating that the increasing amounts of hours worked in a week by many nurses and the errors in practice related to this were all relative to nursing shortages.

The extent of the nursing shortage and the projected shortage problem in the United Kingdom is evidenced in the following areas:

- The nursing vacancy rates.
- The number of nurses registered with the Nursing and Midwifery Council (NMC) and the number of new registrations each year.
- The ageing nursing workforce.
- The increasing average age of student nurses.
- The decline in enrolment of school leavers to student nurse education programmes and the decline in student nurse applications.
- The negative image of nursing.

3.3 Shortages Of Nurses - Nursing Vacancy Rates

It is projected that employment opportunities for registered nurses will grow faster than in the average population up to the year 2010 (Department of Health 2000). This growing trend, coupled with a worsening nursing shortage, will result in far more job vacancies than registered nurses can fill.

The health departments in all four UK countries since the late 1990s have become active in attempting to improve NHS nurse staffing levels. Student nurse intakes are being increased and top-down NHS nurse staffing targets have been set. Staffing targets have been set in the four UK countries but these have been calibrated using different terminology or timelines. For example, in May 2003 the new Scottish coalition government stated that: “We will increase our programme to train, recruit and retain nurses and midwives bringing 12,000 into the NHS by 2007” (Scottish Executive 2003). In Wales, a target of an extra 6,000 nurses by 2010 was set (National Assembly for Wales 2003).

The actual NHS nurse staffing growth in recent years in the four UK countries is shown in Table 13 – Change in the NHS qualified nursing and midwifery workforce from 1999 to 2003 in the four UK countries (WTE). The percentage change should be used with caution because different start dates give different results, and data is presented at different times of the year in different countries. Furthermore, England includes nurses primarily working as bank staff in the whole time equivalent (WTE) data, whilst Northern Ireland, Scotland and Wales exclude data on bank staff. Table 13 also shows the data for England with, and without these bank staff included in the WTE data. The level of use of bank staff has increased more rapidly than that of permanently employed staff in England.

Table 1 – Change In The NHS Qualified Nursing And Midwifery Workforce From 1999 To 2003 In The Four UK Countries Whole Time Equivalent (WTE)

	1999	2003	% CHANGE 1999 TO 2003
ENGLAND	250,651 (240,829)	291,925 (278,004)	16% (15%)
SCOTLAND	35,494	38,227	8%
WALES	17,397	19,514	12%
NORTHERN IRELAND	11,207	12,634	13%

Sources: England: DH Statistical Bulletin 2004/05; Department of Health, data in brackets excludes “bank/unknown”, data is for September; Northern Ireland – DHSSPSNI, data is for September; Scotland data – ISD Workforce Statistics 2004 (excludes senior nurse managers), data is for September; Wales – National Assembly, data is for September. Note: per cent figures are rounded.

Even with the level of growth reported above, there continues to be reports of nursing shortages. The Office of Manpower Economics (OME) survey of NHS employers in 2003 reported that recruitment of nurses had slightly improved from the previous year. However, OME found that 45% of employers reported that they had “quite a problem” recruiting nursing staff, and 8% had a “major problem”.

Two indicators of continuing staff shortages are vacancy rates and the extent of the use of temporary nurses. The NHS in Great Britain employs 302,400 whole time equivalent nurses and midwives (NMC 2004). Results from the 2004 annual NHS vacancies survey (DOH 2004) suggests there were about 10,000 vacancies for registered nurses. But the Royal College of Nursing suggests that the figure was nearer 22,000 (whole time equivalents) RCN 2004). The differences between the two figures is explained by the way vacancies are calculated. The NHS vacancy survey counts only posts that have been vacant for three months and that NHS trusts are actively trying to fill. The Royal College of Nursing counts a post vacant on the day it becomes vacant. On an average day about 20,000 nurses provide vacancy cover for hospitals costing the NHS almost £810 million a year (Audit Commission 2001). The usefulness of the official vacancy rate data is constrained because only three month vacancy rates in England, rather than all vacancies, are reported. The vacancy is a snapshot at the end of the financial year, and some commentators have questioned the reliability of the data (Lipley 2002). The March 2004 three month vacancy rate for qualified nurses in England was 2.6%, a

decline of 2.9% from the previous year (DOH 2003). In March 2004 the three month rate in Scotland was 1.2% (ISD 2004), which was more than double the 2001 figure. In September 2003 the three month vacancy rate in Wales for nursing, midwifery and health visiting was reported to be 1.7%, a drop of 2.7% from six months earlier (National Assembly for Wales 2004). For Northern Ireland, the long-term vacancy rate in September 2003 for all nursing and midwifery staff was approximately 1.2% (Northern Ireland HPSS 2003).

However, differences in data collection and response rates mean that direct comparison between countries should be treated with caution. The extent to which the NHS continues to be dependent on the use of temporary staff may be another indicator of persistent shortages. There are situations where the use of bank or agency staff can be effective, such as for short-term cover of absent permanent staff. But long-term, or high level use of agency staff can be costly, and may reflect organisations' inability to recruit permanent staff. The most recent data on the use of temporary nursing, midwifery and health visiting staff in England highlights the extent to which there has been a consistent year-on-year increase in expenditure since the mid 1990s. Expenditure has almost tripled from £216 million in 1997/1998 to £628 million in 2005/2006 (National Audit Office 2006). Recent reports also highlight growth in expenditure on temporary staffing on the other United Kingdom countries (Clark-Jones 2004). Scotland has reported that expenditure on qualified agency and bank staff more than doubled between 2000/2001 and 2003/2004, exceeding £50 million in 2003/2004 (ISD Scotland 2004). There is also little evidence of any substitution of bank for agency use with both having grown steadily over the period. Continued growth in use of temporary nurses suggests that even with the reported staffing growth, NHS permanent nursing staffing levels on a day-to-day basis are not always sufficient to meet workload. Table 1 – Expenditure on non-NHS nursing, midwifery and health visiting staff as a % of expenditure on those staff in England, shows the expenditure on non-NHS nursing, midwifery and health visiting staff as a percentage of expenditure on those staff in England. This table gives an indication of the growing reliance on temporary nursing staff.

Table 2 – Expenditure On Non-NHS Nursing, Midwifery And Health Visiting Staff As A Percentage Of Expenditure On Those Staff In England

YEAR	EXPENDITURE AS A % OF EXPENDITURE ON NHS NURSING, MIDWIFERY AND HEALTH VISITING STAFF
1995/1996	2.6
1996/1997	3.0
1997/1998	3.3
1998/1999	3.9
1999/2000	4.7
2000/2001	5.2
2001/2002	5.9
2002/2003	5.8

Source: Hansard written answer, July 2004, col 932W

3.4 Number Of Nurses Registered With The Nursing And Midwifery Council (NMC) And Number Of New Registrations Each Year

Hanson and Patchett (1986) studied the flow of people in and out of nursing to determine how this would affect nursing over the next thirty years. They found that of the qualified nurses in the National Health Service in the United Kingdom, around 10% leave each year, so just to stand still, the service must yearly recruit 30,000 nurses and if it is to grow it would need even more. They found that about one third of recruits are ‘returners’ – qualified nurses coming back to work after a period of inactivity or work outside nursing. The rest, some 21,000, a year are newly qualified nurses. This was reinforced by Wightwick (1996) who studied the ‘inflow’ and ‘outflow’ of nurses to the profession. He proposed that the underlying significance of the drop in the number of registered nurses in 1993 – 1994 was that the combined ‘inflow’ of newly qualified nurses and returners to the register was smaller than the ‘outflow’ of those retiring or allowing registration to lapse. It was clear from an examination of the United Kingdom Central Council (UKCC) data that the underlying trend had been downwards for a number of years, but had only reached a negative change in the year 1993 – 1994 (UKCC 1994).

As a statutory requirement nurses must renew their registration with the NMC every three years. Table 2 – Number of Nurses Registered with the Nursing and Midwifery Council 1990 – 2003 shows changes in the number of nurses registering since 1990.

Table 3 – Number Of Nurses Registered With The Nursing And Midwifery Council 1996 – 2003

YEAR ENDING 31 MARCH	1996	1997	1998	1999	2000	2001	2002	2003
EFFECTIVE REGISTER AS AT 31 MARCH EACH YEAR	645,011	648,240	637,449	634,229	634,529	632,050	644,024	645,580
CHANGE OVER PREVIOUS YEAR	2,060	3,229	-10,791	-3220	300	-2,479	11,974	1,556
INITIAL REGISTRATION	19,632	17,984	16,382	17,954	21,418	25,123	30,693	31,775
NUMBER OF PRACTITIONERS LEAVING THE REGISTER	17,572	14,755	27,173	21,174	21,118	27,602	18,719	30,219
% LEAVING THE REGISTER	2.7	2.3	4.2	3.3	3.3	4.3	3.0	4.7

SOURCE: NURSING AND MIDWIFERY COUNCIL (NMC)

The number of registrants peaked in 1997 and then declined. However, the figure masks three trends. Firstly, although the overall number of registrations increased by about 30,000 between 1990 and 2000, the number of nurses on the register, who had trained in the United Kingdom declined by about a third (6000) between 1990 – 1991 and 1998 – 1999. The decline was steepest in the early 1990s, and there has been a modest recovery in the past five years (NMC 2005). This trend may be explained partly by a reduction in the overall number of pre-registration training places in the early 1990s and then an increase since 1995. Secondly, the number of nurses joining the register who

qualified overseas has been steadily rising – 4,891 joined in 1998/1999, 13,559 in 2003/2004 (NMC 2005), this can be seen in Table 3 – Overseas Admissions To The NMC Register. This partly results from NHS recruitment campaigns. These numbers are expected to jump substantially as many of the 29,000 overseas qualifiers who applied to join the register complete adaptation courses (NMC 2004).

Table 4 - Overseas Admissions To The NMC Register

YEAR	NON-UK ADMISSIONS
1993/1994	2,121
1994/1995	2,452
1995/1996	2,762
1996/1997	3,774
1997/1998	4,300
1998/1999	4,891
1999/2000	7,383
2000/2001	9,709
2001/2002	16,155
2002/2003	13,559

SOURCE: NMC

INTERNATIONAL RECRUITS

Data from the NMC register can be used to assess trends in, and the relative importance of, inflow of non-UK nurses. The key available indicator is the level of initial admissions to the NMC register of nurses and midwives originally trained and registered outside the United Kingdom. In the year up to March 2003, a total of 13,559 initial entrants were admitted from overseas sources. The number of nurses on the NMC register continues to improve but the figures are being bolstered by the increase in non-UK trained nurses. However there are limitations in using NMC data to monitor the inflow of nurses to the United Kingdom, because it only registers intent to work in the United Kingdom. Overseas nurses may be registered but not move to the UK, or they may move to the UK but not take up employment in nursing.

Table 4 - Non – UK and UK Initial Admissions to the NMC Register, and Non – UK As A % of All Initial Admissions shows the annual number of new entrants to the UK register from non-UK sources (European and other overseas). The rising trend in 2001/2002 in terms of actual numbers, and as a percentage of total new entrants, is evident. In 2001/2002 there were more new non-UK entrants than new UK entrants on the register. Given the emphasis on meeting the NHS Plan targets, and the increasing globalisation of labour markets, it is likely that the United Kingdom will continue to witness historically high levels of inflow of internationally recruited nurses as the United Kingdom relies on nurses trained overseas to staff the NHS.

Table 5 – Non-UK And UK Initial Admissions To The NMC Register, And Non-UK As A Percentage Of All Initial Admissions

YEAR	NON-UK ADMISSIONS	UK ADMISSIONS	NON-UK ADMISSIONS AS % OF INITIAL ADMISSIONS
1993/1994	2,121	17,948	11
1994/1995	2,452	17,411	12
1995/1996	2,762	16,870	14
1996/1997	3,774	14,210	21
1997/1998	4,300	12,082	26
1998/1999	4,891	12,974	28
1999/2000	7,383	14,035	35
2000/2001	9,709	15,433	39
2001/2002	16,155	14,538	53
2002/2003	13,559	18,216	43

SOURCE: NMC

Thirdly, since 1997 the number of leavers has outstripped the number of entrants. In 1997-1998, for example, 16,382 nurses joined the register and 27,173 left (UKCC 2000). This was due to an increase in the number of nurses retiring. Also, as a result, the average age of the nursing population, in the NHS and on the register, is rising. Already nearly half of NHS nurses are aged over 40 years, and the number of retirements are projected to rise from 5,500 in the late 1990s to over 10,000 a year by 2005 (Meadow et al 2000).

In March 2003 there was 645,580 qualified nurses registered with the NMC. In 2002/2003, the number of registrants was at its highest recorded level. This registered population represents the pool from which the NHS and other employers recruit qualified staff. In practice the pool is smaller than the registered total. There are two main reasons for this. First about one in 20 of those on the register are resident overseas. These are nurses who qualified or registered in the UK and are currently living abroad. Second some of the nurses on the register will have already retired from work. A key shift in the nursing population in recent years has been the ageing profile. In 1991 one in four (26%) of all practitioners on the register was aged under 30. But, by 2002/2003 only one in eight was under 30. At the same time, the proportion of practitioners aged over 55 had grown from 9% to 15%. Almost 100,000 nurses on the register are aged 55 or older, and a further 75,000 are aged 50 to 55.

The significance of this age-shift is threefold. Firstly the number of registrants leaving the register is bound to increase as the large cohorts of nurses aged 50-plus age over the decade. It has previously been reported that the peak years for leaving the register are 35 to 39, and 60 to 64 (UKCC 2001b). Secondly, fewer of the older nurses who remain on the register are likely to participate actively in the nursing labour market (Senate Community Affairs Committee 2002). Thirdly, older nurses who do participate are less likely to work full time. The 2003 RCN membership survey reported that the proportion working full-time fell from 86% of nurses aged under 30, to 54% of those aged 50 or older (RCN 2003).

Increased entries of new nurses from education and from overseas has meant that the overall population on the register has increased in the last two years. Even so, with almost 100,000 registrants aged 55 or older, and a further 75,000 aged 50 to 54, the challenge of meeting the need to replace those who retire, or delay their retirement, will become increasingly important over the coming decades. Thus it is enormously important to increase the number of school leavers into student nurse education programmes (NHS Scotland 2004)

3.5 The Ageing Nursing Workforce

As has been identified the other demographic challenge facing the United Kingdom is the ageing of the nursing workforce and the severe nursing shortage. This has significant employment policy implications, primarily linked to the need to decide how to replace those nurses who are retiring. Combined with the impact of increased workload and the widening career opportunities for those who have traditionally entered nurse education, most of the main indicators on the supply side of the equation point to an increasing challenge of recruiting and retaining sufficient staff and preventing more pronounced staff shortages. School leavers, who were the traditional recruits to nurse education, are not being attracted into nursing. The NHS Plan, Department of Health (2000), has failed to address the stark fact that young people are not making the choice to pursue nursing as a career. Why is nursing failing to recruit large numbers of school leavers it so desperately requires is a massively important question for nursing?

Today 150,000 almost a quarter of registered nurses are over 50 years and will soon be eligible for retirement. Yet over the last decade, the number of nurses aged under 25 years has dropped by 60%. Another 5000 nurses a year leave to work abroad. We are now in a situation where a quarter of today's nurses are set to retire over the next 10 years. In the past, the majority of nurses were typically 23 year old women now the age is in the late 40s (Buchan 2000b).

Support for the ageing workforce as a contributory factor to the nursing shortage comes from Buerhaus et al (2000). In Buerhaus et al's study some troubling results regarding the implications of an ageing workforce were found. Based on a retrospective cohort analysis of nursing employment trends between 1973 and 1998 they were able to make a reliable estimation of the future nursing workforce. It was forecast that within 10 years the average age of nurses would be 45.4 years, with more than 40% older than 50 years.

Gabriel (2001) also further substantiates the ageing workforce as a causal factor of the nursing shortage by stating that nurses are the largest group of health professionals in the United Kingdom and that nursing experienced its largest influx of women into the profession during the 1960s and 1970s. But because of a proliferation of new career opportunities for women in the 1980s and 1990s, fewer women have entered the nursing profession since then. For females, who make up more than 90% of the registered nurse workforce, education in the field of nursing is no longer the prominent choice. In reality, the total population of registered nurses is growing at its slowest rate in 20 years. Consequently, the average age of nurses currently employed continues to rise and most middle aged nurses born during the 'baby boom' generation (born between 1946 and 1964) who dominate the nursing work force will reach retirement

between 2005 and 2010. This means that the most experienced nurses, mainly middle-aged women, will be leaving the nursing profession at an alarming rate and at a time when demand is highest.

Finlayson et al (2002) proposes another reason for the ageing workforce as a causative feature of the nursing shortage – the main source of ‘new’ nurses entering the register in the United Kingdom is those going into and completing pre-registration education and joining the Nursing and Midwifery Council nursing register. Recently there has been an increase in the number of mature, older entrants to student nurse education programmes which according to Finlayson et al (2002) serves only to increase the average age of nurses and perpetuate the ageing nursing workforce. This is supported by Brendtro and Hegge (2000), Broughn (2001), Beck (2000) and Hartley (2005) who also agree that increasing the amount of mature entrants into student nurse pre-registration education programmes further compounds the problem of the ageing nursing workforce. They also argue that mature, older entrants come with many other problems that school leavers do not appear to exhibit. Family commitments take priority. Many mature entrants have been away from study for many years and do not have the academic qualifications. Quite a lot have been out of education for a number of years and find the transition difficult. Also finding it difficult to adapt to new teaching and learning methods. These individuals can be fixed in their attitudes regarding nursing. They have limited geographical mobility and some have long standing ailments, for example back injuries which may further reduce their nursing careers. Importantly mature, older entrants have a reduced working life because of their age which only compounds the problem of the increasing ageing nursing workforce.

Secombe (1994) points out that an ageing workforce has important implications for employment policy and practice. Older nurses are more likely to want to work part-time and are less likely to be geographically mobile. They may also have different reasons and motivations for working, and bring a different set of negative attitudes to their work places.

3.6 The Increasing Average Age Of Student Nurses

Many believe that recruitment initiatives need to focus predominantly on attracting more young people, particularly school leavers, into the nursing profession (Jones 2005; Brostoff et al 2005). There is a need for more school leavers to choose nursing as a career option because they are the future of nursing (Snow 2005; Watson et al 2005; Simko and Simmer 2005; Thacker 2005). This is supported by Herzog and Neuenschwander (2002) who draw on the general principle that school leavers are the lifeblood of any profession. Nevidjon and Erickson (2001) have acknowledged this recruitment priority, even stating that children must be reached earlier than high school because school pupils often have their minds made up earlier about desirable and undesirable careers. This is also maintained by Redding et al (2004) who state that school pupils must be encouraged to consider a career in nursing from an early age. Culley and Genders (2003), Buss et al (2003), and O’Connor (2003) also sustain the proposal that nursing needs to be introduced early to school pupils as a possible career choice.

Table 6 – Age Breakdown Of The NMC Register

AGE RANGE	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
UNDER 25 YEARS	4.07	3.61	3.17	2.98	2.90	2.12	2.24	2.10	2.02	1.94
25 – 29 YEARS	12.79	11.77	10.93	10.32	9.88	7.30	8.86	8.54	8.44	8.29
30 – 39 YEARS	36.40	36.14	35.71	34.84	33.68	31.31	30.63	29.37	28.30	27.35
40 – 49 YEARS	26.15	26.66	27.55	28.56	29.58	32.22	32.32	33.26	33.94	34.42
50 – 54 YEARS	9.43	10.30	10.96	11.28	11.55	12.82	11.46	11.46	11.62	11.91
OVER 55 YEARS	11.16	11.50	11.68	12.02	12.31	13.20	14.50	15.27	15.68	16.09

Table 5 – Age Breakdown of The NMC Register gives an age breakdown of nurses on the NMC register over the past decade. In 1995, over half of those on the register were under 40. Today, well over 60% of those on the register are over 40 and more than one in four is now over 50. The age breakdown also reflects the changing patterns in the student body, where there are many nursing students who could be described as “mature” as opposed to school leavers. As can be seen from the above table, 62.4% of those on the register are over 40 years of age and 28% are over 50 years of age. These figures do show an ageing workforce, reflecting three factors in the main: a far older student body with far more of those now going into nurse training during their 30s and 40s, the growing number of baby boomers who are now in their 50s and the small and decreasing number of school leavers who are pursuing nursing as a career choice.

Up until the late 1980s the nursing workforce had been characterised by a pattern of high wastage, in which those who left and did not return were replaced by a regular supply of new entrants to training, primarily school leavers (Houltram 1996). Hanson and Patchett (1986) examined the breakdown of entrants to nursing in the United Kingdom each year. They found that entrants were divided into 4 groups, which can be seen in Table 6 – Breakdown of Entrants to Nursing Programmes in the United Kingdom, and that the highest number of entrants into student nurse education programmes were female school leavers accounting for 70%.

Table 7 – Breakdown Of Entrants To Nursing Programmes In The United Kingdom

GROUP	%
18 year old females with between 5 ‘O’ levels/Standard Grades/GCSEs and 2 Higher Grades/ ‘A’ Levels	70%
Males	10%
Mature females	10%
Graduates	10%

An examination of age on entry figures to student nurse education programmes from the available data from the National Board for Scotland (NBS 1999) which can be seen in Table 7 - Age on entry to student nurse programme: cohort analysis, and the most recent information from CATCH statistics, Table 8 – CATCH Statistics Age on Entry of Successful Applicants, shows a significant decline, from the 70% to under 40%, in the number of school leavers entering nursing in recent years. This is further substantiation of the decreasing number of school leavers pursuing nursing as a career choice.

Table 8 – National Board For Scotland (NBS) Age On Entry To Student Nurse Programme: Cohort Analysis

COHORT			
AGE ON ENTRY	1992/1993	1993/1994	1994/1995
Under 20 years – school leavers	41%	40%	40%
20 – 29 years	39.5%	40.5%	40%
30 years or over	19.5%	19.5%	20%

The available data relating to age on entry breakdown from the NBS 1992 – 1995 showed that the number of school leavers entering nursing had dropped to 40%.

Table 9 – CATCH Statistics Age On Entry Of Successful Applicants

2004/2005			
AGE ON ENTRY	ALL	FEMALES	MALES
17 and 18 year olds – school leavers	36%	37.6%	19.7%
2005/2006			
AGE ON ENTRY	ALL	FEMALES	MALES
17 and 18 year olds – school leavers	37.5%	38.5%	24%

The data from CATCH statistics shows that in 2004/2005 school leavers accounted for 36% of all those who entered nursing. Of the total number of females who entered nursing 37.6% were school leavers and of the total number of males who entered nursing 19.7% were school leavers. In 2005/2006 school leavers accounted for 37.5% of all those who entered nursing. Of the total number of females who entered nursing 38.5% were school leavers and of the total number of males who entered nursing 24% were males.

Naish (1996) asserts that female school leavers in the past provided the largest recruitment pool for student nurse education programmes in the United Kingdom. This is supported by Whitehead et al (2007) who state that as nursing has been a predominantly female occupation with women having little career choice in the past, it was not a difficult process to recruit student nurses. But with the enormity of career choices available today for females nursing must now compete to attract school leavers to student nurse education programmes. Firby (1990) pointed out that the field of work for women is expanding and that nursing is no longer in the privileged position of being one of the few semi-professions open to females.

Firby (1990) using a questionnaire to gather information which gave an insight into the occupational choices of 286 fifth form school pupils in London found that less than 2% (1.7%) wanted to be a nurse. This decreased interest in nursing as a career choice amongst school pupils in the United Kingdom is further substantiated by Hemsley-Brown and Foskett (1999) who examined young people's perceptions of nursing as a career. Utilising a sample of 410 - 11, 15 and 17 year old pupils and students from two localities in England Hemsley-Brown and Foskett found that only 6.6% of the total sample expressed an interest in nursing as a career.

The RCN (2006) states that the average age of a nursing student is 29 years. This is supported by Mulholland (2005) who states that the age profile of student nurses is changing with just 20% coming straight from school, which again indicates an apparent decline in school leavers pursuing nursing as a career.

The age distribution of the nursing population in Scotland, as in the other countries of the United Kingdom, has changed over the decade. The most striking feature is the steady rightward shift in the largest, the modal, age group. In 1990 the modal age group was 25 – 29, five years later it was 30 – 34 and five years later still the modal age group was 35 – 39. This would appear to show the ageing of a large group of people who entered nursing in the 5 years prior to 1990 and who have stayed in nursing since then. The consequence is that in 2000, one fifth of all nurses, 21% were aged between 35 and 39. A very large proportion of nurses, are women and will therefore reach statutory retirement age at 60. As a result the maximum potential working life of a nurse is now around 35 years (60 – 25). In 1990 the maximum potential working life was clearly longer because 11% of all nurses then working in the NHS were aged below 24 years (UKCC 2001a).

3.7 The Declining Enrolment Of School Leavers To Student Nurse Education Programmes

The Royal College of Nursing (1996) stated that applications to join pre-registration nursing education programmes had dropped by as much as 40% at some schools of nursing. Supporting this at the time, Naish (1996) cited figures from the English National Board annual report of 1996 which showed a continuing drop in student nurse intakes in England in the preceding years. Between 1992 and 1993 there were 22,293 entries into pre-registration nursing, in 1994 that figure was down to 18,479. The National Board for Scotland also showed a decline in student nurse numbers at this point in time. The NBS cohort analysis figures showed that in 1992/93 2,164 students entered pre-registration student nurse education programmes, this dropped to 1,967 students in 1993/94 and in 1994/95 this had decreased to 1,782 students. Further substantiation for this came from Day's (1995) study which found that all the 'elite' schools of nursing that are attached to National Teaching hospitals were having to advertise for student nurses, a thing that they have never had to do in the past. Yet further support for this comes from the English National Board Annual Report 1997-1998 (ENB 1998) which highlighted that the number of students in pre-registration nursing education had decreased by 15% in the previous 4 years, the reason for this being a decline in applicants. Mangan (1998) stated that a dramatic decrease in applications for nursing courses would compound the national recruitment crisis facing the nursing profession. Mangan cited figures released by the Universities and Colleges Admission Service, that nearly 740 fewer applications were received in the previous

year for places on nursing courses. These statistics were worrying when one considers that there had been an overall rise of 1.1% in the number of people applying for higher education – nursing needed to investigate why people, particularly school leavers, did not want to pursue nursing as a career.

The national average tuition cost for a nursing diploma student is about £19,370 over three years. On top of this, diploma students are entitled to a non-means tested bursary of about £6,772 per annum (Hansard 2004). Despite the scale of this investment, consistent and comprehensive information about the numbers of nursing and midwifery students, or about the numbers entering or completing their education, is not available. Indeed, in answer to a question in the House of Commons on the numbers of student nurses successfully completing their courses, the Secretary of State for Health reported: “Data is not held before the 1994–1995 financial year and has not been collected since October 2001”

The overall size of the pre-registration nursing student population in the United Kingdom is not easily discerned. A number of different sources have been used to piece together a picture of student nurse numbers and flows – these sources are:

- Higher Education Statistics Agency (HESA) which holds figures on the numbers of nursing students in higher education.
- Universities and Colleges Admissions Service (UCAS) figures on applications, and accepted applicants, for full time undergraduate nursing and midwifery degree courses at UK universities and colleges.
- Nursing and Midwifery Admissions Service (NMAS) figures on applications, and acceptances, for places on diploma level pre-registration nursing and midwife at universities and colleges of higher education in England.
- Centralised Applications to Training Clearing House (CATCH) on applications for diploma courses and shortened midwifery programmes at higher education institutions in Scotland.
- Outputs from the Student Nurse Intake Planning (SNIP) exercise, an annual process used to guide the commissioning of student places to meet future demand in Scotland (SEHD 2001a; SEHD 2001b).
- NHS Education for Scotland (NES) figures on the in-training population, numbers of commencements, discontinuations and completions for nursing and midwifery diploma level pre-registration nursing and midwifery at higher education institutions in Scotland.

Table 10 - Total number of students enrolled in nursing courses at UK educational institutions, in 1995 – 1996, 1997 – 1998, and 1999 – 2000 shows that the total number of student nurses has almost doubled between 1995 – 1996 and 1999 – 2000, from 62,010 to 117,680. But there are several caveats to this. Training places were significantly cut during the late 1980s and early 1990s, so the increase in numbers towards the end of the 1990s did little more than compensate for earlier cuts (Howard 2002). Moreover, not all those who begin training become registered nurses – on average a fifth to a third are estimated to leave during a three year course (National Audit Office 2001). This is supported by Scott (2005) who found that a third of student nurses drop out of their courses and also Chatterjee (2005) found attrition rates of over one third. The numbers do not show the proportion of training places filled by overseas students – who may be less likely to work for the NHS, currently estimated at 4% (Finlayson et al 2002). Smith and Secombe (1998) estimated that the number of newly

qualified nurses eligible to register, based on the assumption that each course lasts 3 years, that a third of students are in their last year of education, that a fifth do not complete their course, and that 4% return to their home country – suggest that about a third of new nurses do not register to practice. Furthermore, in the first year after qualifying and registering to practice, 10% of nurses do not work for the NHS (Deary et al 2003).

Table 10 - Total Number Of Students Enrolled In Nursing Courses At UK Educational Institutions, In 1995 -1996, 1997 – 1998, And 1999 – 2000. Data From Higher Education Statistics Agency

1995 - 1996	1997 - 1998	1999 - 2000
62,010	97,443	117,680

In 1990/1991 there were 18,980 new entrants from education and training in the UK. The annual number of entrants fell year-on-year to a low of just 12,000 in 1997/1998. This decline was a direct result of the significant reductions in the number of entrants to UK nurse education that occurred in the first half of last decade. Since 1997 the numbers of new UK entrants to the register have increased – see Table 10 – Initial entries to the NMC effective register from pre-registration nursing and midwifery training in the UK from 1990/1991 to 2002/2003 by country. But although student nurse numbers have almost doubled between 1995/1996 and 1999/2000 this has not been reflected in the corresponding NMC new registration figures.

Table 11 – Initial Entries To The NMC Effective Register From Pre-Registration Nursing And Midwifery Training In The UK From 1990/1991 To 2002/2003 By Country

	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES	UNITED KINGDOM TOTAL
1990/1991	14,786	659	2,537	998	18,980
1991/1992	14,184	726	2,513	846	18,269
1992/1993	13,931	717	2,485	936	18,069
1993/1994	13,992	707	2,334	915	17,948
1994/1995	13,997	585	2,060	769	17,411
1995/1996	13,527	581	1,920	842	16,870
1996/1997	11,208	492	1,802	708	14,210
1997/1998	9,416	437	1,688	541	12,082
1998/1999	10,184	421	1,789	580	12,974
1999/2000	11,048	363	1,909	715	14,035
2000/2001	12,501	379	1,771	782	15,433
2001/2002	11,712	393	1,786	647	14,538
2002/2003	N/A	N/A	N/A	N/A	18,216

Source: NMC annual reports; disaggregated data not available for 2002/2003. NMC no longer publishes disaggregated data by UK country.

STUDENT NURSES REGISTERING FOR THE FIRST TIME IN THE UNITED KINGDOM

Data from the Nursing and Midwifery Council (NMC) (2004) provides information on the trends in new UK qualified nurses registering for the first time in the UK. In recent years there has been significant annual growth in the number of new registrants entering the UK register from pre-registration education in the UK. This follows a period of substantial decline in the last decade. Recent growth reflects an increase in admissions to pre-registration nurse education. This is supported by increased government funding and the impact of national advertising campaigns (O’Dowd 2004). The NHS Plan pledged that there would be 5,500 more students by 2004 than in 1999, which enter training for a first qualification to become a nurse or midwife. Since 1999/2000 there has been an overall increase of 5,577 in the number of places commissioned, which meets the target set. However, there is evidence of a slowing in the number of applications for places on these programmes, and other significant changes in the profile of those applying.

Prior to September 2001 there had been a substantial increase in the activities of NMAS. There was also a rise in the number of applications received by NMAS for diploma level pre-registration nursing and midwifery programmes at universities and colleges of higher education. There was a marked drop in this activity in 2001/2002. The number of application packs sent out fell by 8% from 130,000 to 120,000, the average number of enquiries handled per week halved, and the number of application forms received dropped from 45,677 to 37,314. This decline has since continued. In the year to June 2003, NMAS sent 110,000 application packs to potential applicants and the number of application forms received fell to 32,585. In 2002/2003 just under 30,000 valid applications were received and passed to institutions, see Table 11 – Application forms received for diploma level pre-registration nursing and midwifery programmes. This was almost 4,000 fewer than in 2001/2002 and more than 11,000 fewer than in 2000/2001. This recent decline in applications has become concerning (O’Dowd 2003)

Table 12 – Application Forms Received For Diploma Level Pre-Registration Nursing And Midwifery Programmes

	APPLICATION FORMS RECEIVED	PASSED TO INSTITUTIONS	% CHANGE
1998/1999	35,995	32,518	-
1999/2000	39,034	35,092	+ 7.9
2000/2001	45,677	41,169	+17.3
2001/2002	37,314	34,162	-17.0
2002/2003	32,585	29,979	-8.0

3.8 Decline In Student Nurse Applications, The Student Nurse Population And The Future Nursing Workforce

A detailed look at student nurse applications reveals several important changes (See Table 12 – Applications and accepted applicants by age and gender 1999 – 2003) behind the aggregate figures on applications and acceptances:

- A fall in the number and proportion of applications from men. They have dropped from over 30,000 in 2001 to 18,000 in 2002 – a decline from 27% to 20% of all applications made.

- Over the same period the number of applications from women fell by less than a third. While the number of accepted male applicants has decreased, the number of accepted female applicants actually increased slightly.
- A decline in the number of applications from those aged over 25. Applications from people aged over 25 rose from 29,895 in 1999, when they accounted for a third of the total, to a peak of 47,646 (40%) in 2001. The number of applications in 2003 from those over 25 has since fallen back to 29,547, but they remain at over 40% of the total. Significantly, almost one in four of these older candidates is accepted compared with one in five of those under 25. As a consequence, those 26 and over represent 46% of all accepted applicants.

Table 13 – Applications And Accepted Applicants By Age And Gender 1999 – 2003

APPLICATIONS					
	MALE	FEMALE	TOTAL	25 AND UNDER	26 AND OVER
1999	19,705	66,560	86,265	56,370	29,895
2000	23,191	73,388	96,579	60,182	36,397
2001	30,939	85,179	116,118	68,472	47,646
2002	18,048	69,229	87,277	51,561	35,716
2003	11,517	58,799	70,316	40,769	29,547
ACCEPTED APPLICANTS					
	MALE	FEMALE	TOTAL	25 AND UNDER	26 AND OVER
1999	2,150	12,690	14,840	8,681	6,159
2000	2,133	12,686	14,819	8,281	6,538
2001	2,202	13,532	15,734	8,478	7,256
2002	1,897	13,663	15,560	8,357	7,203
2003	1,802	14,008	15,810	8,447	7,363

SOURCE: NMAS

3.9 The Negative Image Of Nursing

Further problems besetting recruitment of student nurses, and thus contributing to the shortages of nurses, relate to the negative image of nursing within society. (Stevens and Walker 1993). Throughout history, stereotypical and negative portrayals of nurses such as the physician's handmaiden have continued to dominate society's perceptions of the nursing profession. Although nurses are ranked very highly as a trusted profession they are often undervalued and there is still a lack of understanding about what they really 'do' (Nevidjohn and Erickson 2001). As a profession nursing needs to examine the factors that influence an individual with regard to pursuing nursing as a career. What is it that makes one profession more desirable than another? Stevens and Walker (1993) using a descriptive design surveyed 641 college bound high school seniors to determine why nursing was not selected more frequently as a career. They concluded that poor image of nursing was an over-riding component regarding not pursuing nursing as a career choice and that image is a most important factor particularly relating to recruitment for a profession.

Mendez and Louis (1991) state that some experts ascribe the problem of the declining interest in nursing as a career to nursing's negative image. Before starting an expensive campaign to change nursing's image, the image of nursing especially among school pupils must be determined. This information may save time and money and could help target the particular areas that need changing, and identify the particular groups that need to be reached. Image is often defined as a perception, a mental picture, a representation, a symbol or a likeness. Kalisch and Kalisch (1986) defined images as mental representations that influence how people see all aspects of life, including nurses and nursing. They help people in achieving tangible goals, making judgements and expressing themselves. Public images are the bond of societies and are produced by exchanging images from one to another through the use of symbols in interpersonal and mass communication. Public images create and reinforce distinctions. The public image of nursing is an important barometer of how the profession is valued in society. Recent research claims that mass media misrepresent the profession, perpetuating outmoded conceptions of nursing (Hallam 1998).

Rossiter (1999) suggests that the public's attitudes towards the nursing profession appear to be negative. Although the public are aware of the caring and helping aspects of the nursing profession, it is generally perceived as being feminine, associated with weakness, powerlessness, dependence, and lacking in knowledge. Because nursing is viewed as a female dominated career with its focus on caring, it is seen to reflect the domestic roles of women. Nursing, with its emphasis on keeping people healthy and providing care when they are sick and disabled, is seen as women's work. Despite the increasing professionalisation of nursing, it is still seen as a female occupation, which exemplifies the altruism and powerlessness, associated with the traditional female role. The very nature of the work, that is, performance of 'menial' tasks and intimate contact with the human body has influenced negatively the image of nursing around the world (Lawler 1991). This is supported by Nakajima (1992) who states that the public image of an occupation determines its financial remuneration and who will enter. Globally, the nursing profession is in a state of crisis, resulting in a lack of interest among the young to take up nursing.

Bullivent (1998) states that the image of nursing portrayed by the media, is one of hard work for low pay. Hemsley-Brown and Fosket (1999) propound that pay is not a significant factor influencing school pupils' decision to choose or to reject nursing as a career; rather they base their decision on interest and enjoyment or a desire to help people. By late primary school most young people have rejected most jobs including nursing on the basis of image and perceptions. Nursing is considered by young people to be a low status job and therefore, unattractive as a career choice. In addition to the caring nature of nursing, which reflects the domestic roles of women, the low status of nursing is also attributed to the perceived apprenticeship system of nurse training. The majority of society is not aware of the changes in relation to student nurse education. Nursing students are perceived to be taught to be strictly obedient to hospital policies and doctors rather than to be critical in their thinking and to develop their problem solving skills (Meleis 1997). As a result of gender discrimination and the perception that nurses are educated within an apprenticeship training, nurses are seen as subservient handmaidens of doctors, having limited autonomy and minimal political and economic power in providing health care services (Ling 1997). Ling (1997) also suggests that the dominance of man over woman, or patriarchy, originates from the

family and has over the years of industrialisation and urbanisation infiltrated into the working place. Such practices have resulted in an indisputable gender division of labour and is most evident in the nursing profession. This division has caused the current status and negative image of nursing.

Hedges (1998) interviewed 94 young people who were potential recruits to nursing, regarding their discernment of nursing as a career. The following images of nursing viewed in Table 13 – Images of Nursing (Hedges 1998) were elicited:

Table 14 – Images Of Nursing (Hedges 1998)

POSITIVE IMAGES OF NURSING	NEGATIVE IMAGES OF NURSING
Worth Commendable Wonderful job Carries enormous respect Everybody respects a nurse Working hard for a good cause can be satisfying.	Overworked Underpaid Working with limited resources High stress – saps morale Long hours Shortages of nurses Badly paid Live in poor conditions Work in poor conditions Job security no longer guaranteed Increased responsibility Does not require high academic qualifications Little knowledge of nurse education programmes Male nurse are all homosexuals Nursing to most people means a general nurse

Hedges (1998)

Hedges (1998) found that negative image regarding the perceptions of nursing among young people far prevail over the positive images and that the negative image of nursing perpetuates within society.

Ellerby (1988) examined the interest of sixth year school pupils with regard to nursing as a career: 4 schools were used; 200 questionnaire were sent out; 183 questionnaire completed – 106 female, 77 male; 156 pupils aimed to go on into further education – 88 females, 68 males. Ellerby found that only 8 females intended to pursue nursing as a career. Grossman and Northop (1993) surveyed 700 senior high school pupils opinions of nursing as a career and found that only 28 pupils selected nursing as their desired occupation. Cole (1994) surveyed 500 15-18 year olds regarding their proposed career choice. Cole found that nursing was deemed to be on a par with teaching, banking and secretarial work and well below retail work as a career option. Even among its most traditional recruit, the female school leaver, nursing was only marginally more popular than teaching, secretarial and shop work. Only one third of the sample thought that nursing was an attractive career option. 4 in 5 of the sample described nursing as stressful, with unsocial and inconvenient hours and poorly paid. The survey also found that a relatively small proportion of young people with appropriate qualifications were considering nursing as a career. Firby (1990) in her study of 286 fifth form school

pupils attempted to identify, using a questionnaire, if nursing is a career of yesterday by gaining insight into school pupils occupational choices. Firby found that less than 2% of the sample declared an interest in nursing as a career choice. Many of the school pupils declared that they had higher occupational aspirations than nursing. This apparent dearth of interest by school pupils in relation to pursuing nursing as a career is supported by Hemsley-Brown and Foskett (1999) who, through questionnaires and focus groups, explored the career desirability of nursing among 410 school pupils from 21 schools which represented urban, suburban and rural catchment areas. Only 27 of the total sample expressed an interest in nursing as a career. The most popular reasons given by both sexes for not wanting to go into nursing were related to nursing image issues.

Summers (2004) states that the top rated television show ER is being blamed for contributing to the nursing shortage because of its negative portrayal of nurses. The television show is wildly popular around the world but has been accused of depicting nurses as “handmaidens” to doctors, nurses as being dependent on doctors and not being able to think for themselves. Summers emphasises that nurses are not looking for “perfect” television images and states the character Hot Lips Hoolihan in the television series *M*A*S*H* was “a bit loony”, but she was about excellence in care, she was in charge of nursing and she was respected.

3.10 Conclusion

The need for nurses is often depicted as cyclical in nature. Throughout history the United Kingdom has experienced a series of nursing surpluses and shortages. However the current shortage has been characterised as being unlike those experienced in the past. Trends of an ageing workforce and limited supply to fill impending vacancies are the unique aspects that bring a new dimension to an old problem (Buchan 1999). In the past, causes of nursing shortages could be readily identified and rectified. For example, the growing population after World War 2 precipitated the need for more hospitals staffed by nurses, and shortages in the 1970s and late 1980s were fuelled by nurses’ dissatisfaction with working conditions and lack of professional autonomy (Alspach 2000). Unlike past shortages the impending nursing workforce crisis will not be ameliorated by ‘quick fixes’ and simple solutions. Past solutions to reverse nursing shortages, such as increases in salaries, relocation allowances, availability of continuing education funds will have little or no effect on this crisis. Previously, hospitals and nursing homes increased their hiring of assistive personnel to supplement their workforce. However with low unemployment rates throughout the country, even this pool of workers is less available and many hospitals and nursing homes are reporting a shortage of nursing assistants (Thompson 2001).

Previous shortages were a result of economic cycles mainly driven by hospitals. Hospitals would expand and need more nurses, salaries would increase, more nurses would come back to the workforce and solve the shortage. Sometimes, however, the economy would drive nurses back to the workforce and produce a glut of working registered nurses, and salaries would stagnate. These events have happened over and over again for the past 40 years. When salaries were up, more young people chose nursing as a profession, when salaries were down, fewer people would enter schools of nursing, and then the cycle of demand would begin anew and the need for nurses would increase (DeMoro 2000). This current shortage is very different and is a result of a

reduced pool of potential recruits into the profession. It is not a local or regional problem because the entire workforce is smaller everywhere. It is indeed a national crisis. There is a decrease in the number of school pupils entering nursing and there is little hope that this will reverse itself anytime soon. Because this shortage is drastically different from previous shortages, school pupils current perceptions of nursing as a career choice need to be examined and how nursing can be made more attractive as a career choice for them.

It is difficult to estimate the actual size of the nursing shortage because standard dynamics of supply and demand do not easily apply to the health care market. Buerhaus et al (2000) estimated that by the year 2020, the demand for nursing services will exceed supply by 20%. This estimate is based on many factors driving an increased demand for registered nurses: an increasing elderly population; the growing number who are ageing and will be eligible for retirement in 2010; an increase in the numbers of hospitalised and acutely ill in the older population; an increased need for the management of chronic disease conditions; advances in technology requiring a very highly skilled and educated registered nurse; the increased and varied opportunities for nurses outside of hospitals and in many non-traditional community nursing roles; and the wide variety of career choices open to women in every field. The continued yearly decline in nursing school enrolments coupled with the increase demand for registered nurses services deepens the shortage (Smith 2001)

Casey (1995) stated that a survey by the International Council of Nurses suggests that nurse shortages are now a world wide problem. The majority, 70%, of those national nursing associations which responded not only claimed a shortage of nurses, but 59% stated that the situation had worsened since 1992. One of the hardest hit areas is the United Kingdom. The RCN affirms that it is increasingly dealing with requests from recruitment firms who wish to attract nurses from abroad to fill UK vacancies, and that it appears that there are many competing countries attempting the same strategies. Within the United Kingdom there is increasing evidence of more widespread shortages than first suspected. There is certainly no shortage of advertised vacancies – the total market for nursing recruitment advertisements has expanded significantly over the past year. Royal College Of Nursing secretary, Christine Hancock, stated that many UK Trusts are reporting nurse recruitment problems. Miss Hancock also stated that there had been an unexpectedly large number of trusts exhibiting at RCN congress job fairs. This is supported by June Andrews (1998) Scottish Secretary of the RCN who stated that at a recent Nursing Times Conference in Glasgow she saw dozens of employers from all over the United Kingdom competing for nurses.

In October 2001 government chief nurses and other delegates from 66 countries met to discuss how best to deal with a common challenge, the global growth of nursing shortages (Buchan 2002c). Nursing shortages in the United Kingdom and elsewhere have been a repetitive phenomenon, usually due to an increasing demand for nurses outstripping static or a more growing supply (Buchan et al 1998). This time the situation is more serious. Demand continues to grow, while projections for supply point to actual reductions in the availability of nurses in the United Kingdom. The United Kingdom is facing a demographic double whammy – the United Kingdom has an ageing nursing workforce, caring for increasing numbers of elderly people (Buchan 2001).The challenge is how to replace the many nurses who will retire over the next decade. The United Kingdom also has to cope with reductions in numbers, particularly

school leavers, entering the nursing profession (Buerhaus et al 2000). Attractive alternative opportunities are now available to the young women who have been the traditional recruits into the profession (Whitehead et al 2007).

The crisis of nursing shortage in the United Kingdom is now firmly on the policy agenda and initiatives are underway in four main areas (Buchan 2000b). Firstly, improving retention which involves keeping the scarce nurses already in employment. Irvine and Evans (1995) in their review of the literature on work attraction state that the research indicates that nurses are attracted to work and remain in work because of opportunities to develop professionally, to gain autonomy and to participate in decision making while being fairly rewarded. But according to Bauman et al (2001) the reality is that professional development is very often limited, nurses having to pay for courses and not given time off to attend courses, study days and development sessions. Nurses are rarely consulted and are seldom included in decision making processes. Secondly, the United Kingdom has broadened the recruitment base. Nursing in the United Kingdom has often recruited from a narrowly delineated group of young women. In the United Kingdom nursing is now trying to open out access routes into nursing for broader range of recruits including mature entrants and less qualified entrants who have vocational qualifications or work based experience. However there are those in the profession who feel that this is a 'dumbing' down of nursing (Parse 1999). A third strategy is to attract returners back into the profession. The United Kingdom has a relatively large pool of former nurses with the necessary qualifications, on paper at least, to re-enter nursing. They are attractive to the government because they appear to offer a relatively quick fix. Jackson et al (2001) state that return to nursing programmes are not well subscribed and have not attracted the vast numbers that they intended to. Also attention has to be paid to why nurses left the health service in the first place and what needs to be done to get them back (Lewis et al 2002). A fourth intervention is importing nurses from other countries. Active international recruitment is happening on a large scale as employers from the United Kingdom target other countries. The ethics of some of these recruitment practices remains open to question, particularly if a shortage is not being solved, and is merely being redistributed to country less well equipped to deal with it.

The limitation of the above solutions is that they focus on nursing as the problem. In reality nursing shortages are often a symptom of wider health system and societal ailments. Nursing in the United Kingdom it would appear continues to be undervalued as women's work and not a credible career option for school leavers. For sustainable solutions other interventions are also required – importantly nursing needs to examine school pupils perceptions of nursing as a career choice and why there has been a decrease in the number of school leavers who enter nurse education programmes.

As has been established in the literature review relating to the nursing workforce and nursing shortages in the United Kingdom there are three main areas which have been identified as the major contributors to the nursing shortage in the United Kingdom – the ageing nursing workforce; the declining enrolment of school leavers to student nurse education programmes; and the poor image of nursing, and how these have massive implications for the health of the nation. There is a substantial literature which exists regarding the contribution of the nurse to high quality care, much of which highlights the need for a well educated and motivated nursing workforce. It is also estimated that the demand for nursing services will exceed the supply very soon.

What is important is that all of the main causes of shortages of nurses in the United Kingdom lead back to the fact that school pupils are not considering nursing as a credible career choice. School leavers who were the traditional recruits to nurse education and the lifeblood of the profession are not pursuing nursing as a career as they once did and appear to be disinterested in nursing as a career choice, and this has been apparent for a number of years.

There are a large number of reported nursing vacancies and in an attempt to deal with this problem there has been an increase in the use of bank staff, agency staff and untrained staff and again the literature has shown that this can have a detrimental effect on health care delivery.

The number of mature applicants to student nurse education programmes did increase but these applications, as have applications in general, decreased recently. Again the literature suggests that an increase in mature entrants compounds the problem of the ageing nursing workforce and that mature older entrants come with many other problems that school leavers do not appear to exhibit.

There are no current United Kingdom or Scottish research studies which have examined and give a clear and comprehensive picture regarding school pupils' perceptions of nursing as a career choice, what influences their career choice and what type of school pupil is attracted to nursing as a career choice. Also as nursing raises its academic entrance requirements, endeavouring to be viewed as a scholastic discipline and attempts to attract the high academic achieving school pupils, it is further important to establish school pupils' perceptions of nursing as a career choice. My study attempts to do this. It provides potentially valuable information for nursing and also some insights into why school pupils are not pursuing nursing as a career choice.

**APPENDIX 4 - LETTER TO
DIRECTOR OF EDUCATION**

Appendix 4 - Letter To Director Of Education

Dear

I am a Lecturer within the Faculty of Nursing, University of Dundee undertaking the Doctorate of Education Programme at the University of Stirling. My supervisor is Professor Peter Cope, Head of Education Department, University of Stirling.

I am interested in carrying out research into 5th and 6th year pupils' perceptions of nursing as a career choice and the impact significant others have on this decision. The proposed methodology would involve the use of questionnaires and some individual interviews within some Schools in Fife.

I would be grateful for your advice on obtaining permission and access for the study.

Yours sincerely

GAVIN R NEILSON
Nursing Lecturer

APPENDIX 5 - LETTER TO HEAD TEACHERS

Appendix 5 - Letter To Head Teachers

Dear

I am a Lecturer within the Faculty of Nursing, University of Dundee undertaking the Doctorate of Education Programme at the University of Stirling. My supervisor is Professor Peter Cope, Head of Education Department, University of Stirling.

I am interested in carrying out research into 5th and 6th year school pupils perceptions of nursing as a career choice and the impact significant others have on this decision. The proposed methodology would involve the administration of a questionnaire to all 5th and 6th year pupils.

I have contacted Mr Roger Stewart, Head of Education, Fife who has given his permission in principle but who did state that participation would be at the discretion of each Headteacher.

I would be extremely grateful if you would allow me permission to use your school and for your advice regarding accessing the 5th and 6th year pupils.

I can be contacted at the address below or on the following:

Telephone 01592 268888 ext 5949
Facsimile 01592 642910
E-mail g.r.neilson@dundee.ac.uk

I look forward to hearing from you.

Yours sincerely

Gavin R. Neilson
Lecturer In Nursing
University of Dundee

**APPENDIX 6 - COVER LETTER
EXPLAINING RESEARCH TO
SCHOOL PUPILS**

Appendix 6 - Cover Letter Explaining Research To School Pupils

Dear 5th/6th year school pupil,

Thank you for agreeing to complete the following questionnaire.

The intention of this letter is to introduce myself, tell you what the study is about and why it is important, how you were selected and the importance and value of your participation.

My name – My name is Gavin Neilson and I am a Lecturer within the University of Dundee.

Purpose of this study – *The purpose of this study is to better understand why 5th and 6th year school pupils do or do not choose nursing as a career choice. To achieve this the questions in the questionnaire will ask about your image of nursing; your career perceptions in general; your perceptions of nursing as a career and who or what has influenced your career choice.*

Why this study is important – This study is important as school leavers are the lifeblood of any profession. With the increasing expectation on providing health care, nursing is impacted by important worrying issues - the alarming shortages of nurses and ageing nursing population within the United Kingdom; the high wastage rates in student nurse education programmes; the decline in nursing school admissions; the increasing population size and the growing elderly population with their higher proportion of chronic disease and physical incapacity. With greater competition for secondary school leavers from other professions the need to attract good quality students into the nursing profession is essential.

How you were selected – Again I refer to my previous statement regarding school leavers being the lifeblood of any profession. 5th and 6th year school pupils have been chosen because not only are you potential students onto nurse education programmes but you are probably those who are most aware of what you want to do when you leave school and what has influenced your decision. Also you are at the point where you have an abundance of educational choices and are aware of the importance of career decisions. *Thus as 5th and 6th year school pupils I am extremely interested in what you have to say. I also value your comments and feel that your opinions are greatly important to my research.*

As well as completing the questionnaire I may have to speak with some of you individually for a short time within school.

Confidentiality – **No individual school pupil will be identified or named within the study. Participating schools will not be identified.**

Once again, thank you for taking the time to complete the questionnaire. It is very much appreciated.

Yours sincerely

GAVIN R NEILSON
Lecturer in Nursing

**APPENDIX 7 -SOCIODEMOGRAPHIC
PROFILE OF EACH SCHOOL USING
THE SCOTTISH INDEX OF
MULTIPLE DEPRIVATION**

Appendix 7 - Sociodemographic Profile Of Each School Using The Scottish Index Of Multiple Deprivation

INTRODUCTION

The Scottish Index of Multiple Deprivation (SIMD) identifies area concentrations of multiple deprivation across all of Scotland in a fair way.

The Scottish Index of Multiple Deprivation was updated in October 2006.

The SIMD contains 37 indicators in seven domains:

1. Current income.
2. Employment.
3. Health.
4. Education skills and training.
5. Geographic access to services including public transport.
6. Housing.
7. Crime.

(1) CURRENT INCOME DOMAIN

Income indicators:

- Number of adults (aged 16 – 59) claiming income support.
- Number of adults (aged 60 plus) claiming guaranteed pension credit.
- Number of children (aged 0 – 15) dependent on a claimant of income support.
- Number of adults (all) claiming Job Seekers Allowance.
- Number of children (aged 0 – 15) dependent on a claimant of Job Seekers Allowance (all).

(2) EMPLOYMENT DOMAIN

Employment indicators:

- Working age unemployment claimant count averaged over 12 months.
- Working age incapacity benefit claimants, men aged under 65 and women aged under 60.
- Working age severe disablement allowance claimants.
- Working age compulsory new deal participants – new deal for the under 25s and new deal for 25+ not included in the unemployment claimant count.

(3) HEALTH DOMAIN

Health indicators:

- Standardised mortality ratio.
- Hospital episodes related to alcohol use.
- Hospital episodes related to drug use.
- Comparative illness factor.
- Emergency admissions to hospital.
- Proportion of population being prescribed drugs for anxiety, depression or psychosis.
- Proportion of live singleton births of low birth weight.

(4) EDUCATION SKILLS AND TRAINING DOMAIN

Education indicators:

- School pupil absences.
- Pupil performance on SQA at stage 4.
- Working age people with no qualifications.
- 17 – 21 year olds enrolling in higher education.
- People aged 16 – 18 not in full time education.

(5) GEOGRAPHIC ACCESS DOMAIN

Geographic indicators:

- Drive time
Drive time sub-domains:
 - Drive time to GP.
 - Drive time to a petrol station.
 - Drive time to a post office.
 - Drive time to shopping facilities.
 - Drive time to a primary school.
 - Drive time to a secondary school.
- Public transport
Public transport sub-domains:
 - Public transport time to a GP.
 - Public transport time to a post office.
 - Public transport time to shopping facilities.

(6) HOUSING DOMAIN

Housing indicators:

- Persons in households that are overcrowded.
- Persons in households without central heating.

(7) CRIME DOMAIN

Crime indicators:

- Recorded crimes of violence.
- Recorded domestic housebreaking.
- Recorded vandalism.
- Recorded drug offences.
- Recorded minor assault.

RANK SCORES OF THE DATA ZONES

Data zones are the wards of the Scottish Parliamentary constituencies.

Each domain is made up of individual indicators. The domain score is calculated differently for each domain depending on the indicators available.

The overall index is a weighted sum of the seven domain scores. Prior to weighting the domains are standardised by ranking the scores.

The ranks then undergo exponential transformation to avoid high ranks in one domain cancelling out low ranks in another. The weights are applied to each of the domains in the Scottish Index of Multiple Deprivation to create the overall indices.

The resulting Scottish Index of Multiple Deprivation scores are then ranked from one (MOST DEPRIVED) to 6,505 (LEAST DEPRIVED)

SCOTTISH INDEX OF MULTIPLE DEPRIVATION RANKING SCORE

RANKING SCORE	LEVEL OF DEPRIVATION
RANKS 1 - 1301	MOST DEPRIVED IN SCOTLAND
RANKS 1302 - 2602	VERY DEPRIVED
RANKS 2603 - 3903	AVERAGE DEPRIVATION
RANKS 3904 - 5204	MINIMAL DEPRIVATION
RANKS 5205 - 6505	LEAST DEPRIVED IN SCOTLAND

The Scottish Index of Multiple Deprivation was used to provide a socio-demographic profile of the catchment area of the school.

SCOTTISH INDEX OF MULTIPLE DEPRIVATION RANKING SCORES OF THE SCHOOLS USED WITHIN THE STUDY

NUMBER OF SCHOOLS	SCOTTISH INDEX OF MULTIPLE DEPRIVATION RANKING SCORE AND DEPRIVATION RATING OF THE AREA	
1	<u>431</u> 6505	MOST DEPRIVED AREA
1	<u>5723</u> 6505	LEAST DEPRIVED AREA
1	<u>5044</u> 6505	MINIMAL DEPRIVATION
1	<u>1302</u> 6505	VERY DEPRIVED
1	<u>1225</u> 6505	VERY DEPRIVED
1	<u>3069</u> 6505	AVERAGE DEPRIVATION
1	<u>5108</u> 6505	MINIMAL DEPRIVATION
1	<u>1337</u> 6505	VERY DEPRIVED
1	<u>2491</u> 6505	VERY DEPRIVED
1	<u>2871</u> 6505	AVERAGE DEPRIVATION
1	<u>808</u> 6505	MOST DEPRIVED AREA
SOCIODEMOGRAPHIC PROFILE	NUMBER OF SCHOOLS	NUMBER OF PUPILS
MOST DEPRIVED AREA	2	101
VERY DEPRIVED AREA	4	334
AVERAGE DEPRIVATION AREA	2	227
MINIMAL DEPRIVATION AREA	2	202
LEAST DEPRIVED AREA	1	198

APPENDIX 8 – COPY OF QUESTIONNAIRE

Appendix 8 - Copy Of Questionnaire

QUESTIONNAIRE			
5TH AND 6TH YEAR SCHOOL PUPILS PERCEPTIONS OF NURSING AS A CAREER CHOICE			
NAME:			AGE:
GENDER: (please tick ✓) Male <input type="checkbox"/> Female <input type="checkbox"/>			
SCHOOL:			
SCHOOL YEAR: (please tick ✓ which school year you are in) 5th Year <input type="checkbox"/> 6th Year <input type="checkbox"/>			
EDUCATIONAL QUALIFICATIONS: Please tick ✓ the number of higher grades and credit/general standard grades you have obtained)			
No of Higher Grades (Grades A–C)		No of Credit/General Standard Grades (Grades 1–3)	
10		10	
9		9	
8		8	
7		7	
6		6	
5		5	
4		4	
3		3	
2		2	
1		1	
0		0	
FATHER/MOTHER/GUARDIANS JOB: Please insert the job of your Father, Mother, Guardian (as applicable)			
<i>Relationship</i>		<i>Occupation</i>	
Father			
Mother			
Guardian (Male)			
Guardian (Female)			
Home Postcode: Please insert your home postcode.			
CAREER CHOICE:			
1. Have you made a career choice? (please tick ✓)			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> If you answered No, please go to Question 4.			
2. What career choice have your made: _____			
3. At what age did you make your career choice? _____ years old. Please proceed to Question 4.			
4. What career choices have you considered?			

<p>5. The following statements are about the factors which you consider to be important when making your career choice. Please indicate by ticking ✓ the appropriate box as to the level of AGREEMENT or DISAGREEMENT that you have with each statement.</p>					
<p>WHAT FACTORS DO YOU CONSIDER TO BE IMPORTANT WHEN MAKING YOUR CAREER CHOICE?</p>					
STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Money/high income is an important factor when making a career choice.					
Having high status/high social standing is an important consideration when making a career choice.					
Having power is not a factor which I consider important when making a career choice.					
It is important that I make a difference through my career choice.					
Caring/helping others is not an important factor when making a career choice.					
Through my career choice it is important that I am able to develop myself.					
Job satisfaction/being happy is not important to me.					
Joining a profession is an important consideration when making a career choice.					
I require a career which is interesting, challenging and has variety.					
Opportunity for promotion is not important.					
Secure career and job security is important.					
It is not important to enter a career which is valued by society.					
<p>6. The following statements ask you to consider what you think nursing has to offer as a career choice. Please indicate by ticking ✓ the appropriate box as to the level of AGREEMENT or DISAGREEMENT that you have with each statement.</p>					
<p>WHAT DO YOU THINK THAT NURSING HAS TO OFFER AS A CAREER CHOICE?</p>					
STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Nurses do not earn a lot of money.					
Nurses have high status/high social standing.					
Nurses have little power within society.					
Nurses do not make a positive difference to people's lives.					
Nurses care and help others.					
Nursing would allow me to develop fully as a person.					
Nurses obtain much job satisfaction.					
Nursing is not a profession.					
Nursing is interesting, challenging and offers variety.					
There is little chance of career promotion in nursing.					
Nurses are never made unemployed.					
Nurses are not valued by society.					

7. Please rank the following career categories in order of popularity as a career option for you. 1- **MOST POPULAR** through to 14 – **LEAST POPULAR**
Please use a different number for each choice and complete all categories.

CAREER CATEGORY	RANKING NUMBER
Medicine/Dentistry/Vet	
Teaching	
Law	
Emergency Services eg, Police, Fire Services, Paramedic	
Sport/Leisure/Art/Culture	
Information Technology/Computing	
Secretarial/Administration	
Banking/Finance/Business/Management	
Nursing	
Non-skilled work eg, Labourer, Sales Assistant, Checkout Operator	
Engineer/Science	
Armed Forces	
Tradesperson eg, Joiner, Plumber, Electrician	
Professions Allied to Health eg, Physiotherapist, Occupational Therapist, Social Worker, Dietician etc	

The next set of questions ask you about significant people who have had an influence on your career choice.

8. Who has been the major influence on your career choice? (please tick ✓ one box)

Parents	<input type="checkbox"/>	Careers Advisor	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	Guidance Teacher	<input type="checkbox"/>

9. Are any of your parents or guardian a nurse? (please tick ✓)

Yes

No

10. The following statements are about what your parents/guardians say to you about nursing as a career choice. Please indicate by ticking ✓ the appropriate box as to the level of **AGREEMENT** or **DISAGREEMENT** that you have with each statement.

WHAT YOUR PARENTS/GUARDIANS SAY TO YOU ABOUT NURSING AS CAREER CHOICE.

STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I value the opinion of my parents/guardian in relation to my career choice.					
My parents/guardian would approve of nursing as a career choice for me.					
My parents/guardian discourages me regarding a career in nursing.					
My parents/guardian think that nursing would be a waste of my academic qualifications.					
My parents/guardian think that I should be aiming for something better than nursing as a career choice.					
My parents/guardian think that I would be suited to a career in nursing.					

11. The following statements are about what your Guidance Teacher says to you about nursing as a career choice. Please indicate by ticking ✓ the appropriate box as to the level of **AGREEMENT** or **DISAGREEMENT** that you have with each statement.

WHAT YOUR GUIDANCE TEACHER SAYS TO YOU ABOUT NURSING AS CAREER CHOICE.					
STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I value the opinion of my Guidance Teacher in relation to my career choice.					
My Guidance Teacher would approve of nursing as a career choice for me.					
My Guidance Teacher discourages me regarding a career in nursing.					
My Guidance Teacher thinks that nursing would be a waste of my academic qualifications.					
My Guidance Teacher thinks that I should be aiming for something better than nursing as a career choice.					
My Guidance Teacher thinks that I would be suited to a career in nursing.					

12. The following statements are about what your Careers Advisor says to you about nursing as a career choice. Please indicate by ticking ✓ the appropriate box as to the level of **AGREEMENT** or **DISAGREEMENT** that you have with each statement.

WHAT YOUR CAREERS ADVISOR SAYS TO YOU ABOUT NURSING AS CAREER CHOICE.					
STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I value the opinion of my Careers Advisor in relation to my career choice.					
My Careers Advisor would approve of nursing as a career choice for me.					
My Careers Advisor discourages me regarding a career in nursing.					
My Careers Advisor thinks that nursing would be a waste of my academic qualifications.					
My Careers Advisor thinks that I should be aiming for something better than nursing as a career choice.					
My Careers Advisor thinks that I would be suited to a career in nursing.					

13. Do you think that you have to be clever/intelligent to be a nurse? (please tick ✓ one of the boxes)

Yes **If you answered Yes, go to Question 13a**

No **If you answered No, go to Question 13b**

13a. Why do you think you have to be clever/intelligent to be a nurse. (Please write down as much as possible /try to write down something as your opinion is important).

13b. Why do you think you do not have to be clever/intelligent to be a nurse. (Please write down as much as possible /try to write down something as your opinion is important).					
14. To be a nurse do you think that? (please tick ✓ one of the boxes)					
You have to go to University?					
You have to go to a Further Education College?					
You need to do a 3-year apprenticeship in a hospital?					
You can get a job as a nurse in a hospital straight from school?					
15. What do nurses do? (Please write down as much as possible /try to write down something as your opinion is important).					
16. What is your main source of information regarding what nurses do? (please tick ✓ one of the boxes)					
Television (eg Casualty, Holby City, ER)					
Reading (eg Books, Newspapers, Magazines)					
Direct encounters with nurses (eg being a patient)					
Knowing a nurse					
Learning about nursing in school					
17. The entrance requirements to be a Student nurse which is now a University programme are 5 Standard Grades. The following statements ask you to consider the entry requirements to be a Student nurse. Please indicate by ticking ✓ the appropriate box as to the level of AGREEMENT or DISAGREEMENT that you have with each statement.					
ENTRY REQUIREMENTS TO BE A STUDENT NURSE.					
STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
5 Standard Grades are the entry requirements that I would expect of a profession.					
I think that 5 Standard Grades are sufficient to undertake a University programme.					
I would be doubtful as to the value of a University programme which only asks for Standard Grades as an entry requirement.					
I think that the value of a Degree in nursing is less than that of other University Degrees.					
It is as demanding to obtain a Degree in nursing as it is to obtain any other Degree.					
I think that the academic standards of nurse education programmes is high.					
Nearly anyone could be a nurse.					
The entry requirements to nurse education programmes of 5 Standard Grades gives the message that nursing is a low status job.					
Nursing should not be a University programme.					

18. The following list identifies health care professionals/people involved in the provision of health care. Please rank these professionals according to how you perceive their status in the health care team 1- **GREATEST IMPORTANCE** through to 10 – **LEAST IMPORTANCE**
Please use a different number for each choice and complete all categories.

HEALTH PROFESSIONAL	RANKING NUMBER
Physiotherapist	
Nurse	
Dietician	
Pharmacist	
Occupational Therapist	
Speech Therapist	
Domestic Staff	
Social Worker	
Doctor	
Radiographer	

19. Is nursing a job (please tick ✓ one of the following)

Mainly for women

Mainly for men

Can equally be for both men and women

NURSING AS A CAREER CHOICE

If you **WANT** to be a nurse, please answer **Question 20**.

If you **DO NOT WANT** to be a nurse, please answer **Question 21**.

20a. If you want to be a nurse, can you explain why? (Please write down as much as possible/try to write down something as your opinion is important).

20b. If you obtained better grades for your exams than you expected would you still consider nursing as a career choice. (please tick ✓ one of the boxes)

Yes

No

21a. Did you ever consider nursing as a career choice. (please tick ✓ one of the boxes)

Yes

No

21b. Do you think you might ever consider nursing as a career choice in the future.
(please tick ✓ one of the boxes)

Yes

No

21c. Can you explain why you do not want to be a nurse. (Please write down as much as possible/try to write down something as your opinion is important).

21d. What would make nursing more attractive as a career option for you? (Please write down as much as possible/try to write down something as your opinion is important).

21e. If you do not get the grades for your exams that you expected, would you consider nursing as a career choice. (please tick ✓ one of the boxes)

Yes

No

**APPENDIX 9 – CONTENT VALIDITY
OF THE QUESTIONNAIRE –
MAPPING OF QUESTIONNAIRE
QUESTIONS TO RESEARCH
QUESTIONS**

Appendix 9 - Validity Of The Questionnaire – Mapping Of Questionnaire Questions To Research Questions

RESEARCH QUESTION	QUESTIONNAIRE QUESTION
1. What indicators suggest that recruitment of school pupils into nursing may be problematic in the future?	1, 2, 3, 4, 5, 6, 7, 17, 18, 20a, 20b, 21a, 21b, 21c, 21d, 21e.
(a) What is the percentage of school pupils who want to pursue nursing as a career?	1, 2, 4.
(b)What is the gender breakdown of school pupils who want to pursue nursing as career choice?	Gender, 1,2,4.
(c)What career choices are being considered by school pupils?	4.
(d)Would the school pupils who had chosen to pursue nursing as a career choice still pursue nursing as a career choice if they obtained better grades than they expected to obtain?	20b.
(e)Would the school pupils who had not chosen to pursue nursing as a career choice consider nursing as a career choice if they did not obtain the exam grades that they expected to obtain?	21e.
(f)Would school pupils consider nursing as a career choice in the future?	21b
(g)Where does nursing rank as a career choice amongst school pupils?	7, 13, 14, 18, 19.
(h)What is the level of academic attainment of those school pupils who propose to pursue nursing as a career?	Educational qualifications.
(i)How many school pupils have actually considered nursing as a possible career choice?	4.
(j)At what age are school pupils making their career choice?	3.
2. What factors influence school pupils to consider or not to consider nursing as a career?	5, 6, 10, 11, 12, 13, 14, 15, 17.
(a)What factors do school pupils consider important in relation to making a career choice and how does nursing figure in this career choice process?	5,6,10,11,12.

(b)What are school pupils' images of nursing?	14, 15, 16, 19.
(c)What has influenced the school pupils images of nursing?	16.
(d)Where do school pupils think that you would train to become a nurse ?	14.
(e)Do school pupils think that you have to be clever/intelligent to be a nurse?	13.
(f)Why do school pupils think that you have to be clever/intelligent to be a nurse?	13a.
(g)Why do school pupils think that you do not have to be clever/intelligent to be a nurse?	13b.
(h)What are school pupils reasons for choosing nursing as a career choice?	20a.
(i)What are school pupils reasons for not choosing nursing as career choice?	21c.
(j)What are the perceptions of school pupils regarding what would make nursing more attractive as a career choice?	21d.
(k)How do school pupils rank the status of the main health care professional groups?	18.
(l)Do school pupils think that nursing is a gender specific job?	19.
3. How much do school pupils value or consider the opinions and advice of significant others: <ul style="list-style-type: none"> • Parents • Guardians • Guidance Teachers • Careers Advisor in relation to career choice?	8,9.
3.(a) What advice are significant others giving regarding pursuing nursing as a career choice?	10, 11, 12.
3.(b) Do school pupils who intend to pursue nursing as a career come from a particular social class?	Social class, sociodemographic profile of school.

3.(c) Do school pupils who intend to pursue nursing as a career come from a school with a particular sociodemographic type?	School, sociodemographic profile of school.
4. Has the implementation of the Project 2000 scheme of nurse education and its radical changes with regard to the student nurse education programme, also the move of nurse education into universities made any significant difference in relation to making nursing more attractive as a legitimate career option for school pupils?	2, 4, 17, 20a, 20b, 21a, 21b, 21c, 21d, 21e.
4.(a) What do school pupils think about nursing as a university programme?	14, 17.
(b) Do school pupils think that nurse education merits a place in universities?	14, 17.
(c) Do school pupils think that nurses should be educated to degree level?	13a, 13b, 14, 15, 17.
(d) How do school pupils value a degree in nursing compared to other degrees?	17.

**APPENDIX 10 - CONTENT
VALIDITY OF THE
QUESTIONNAIRE – RATIONALE
FOR ASKING THE QUESTIONS**

Appendix 10 - Questionnaire – Rationale For Asking The Questions

QUESTION	RATIONALE FOR ASKING THE QUESTION
NAME	To identify school pupils to follow up for semi-structured qualitative interviews.
AGE	To determine the age range of the sample.
GENDER	<p>To obtain a gender perspective regarding nursing as a career choice.</p> <p>What is the gender interest of those who want to pursue nursing as a career and those who do not want to pursue nursing as a career.</p> <p>Is there still a gender bias in relation to those school pupils who intend to pursue nursing as a career.</p>
SCHOOL	<p>Relationship – do those school pupils who are interested in pursuing nursing as a career choice come from a school with a particular sociodemographic profile?</p> <p>Are pupils from schools with particular sociodemographic profiles more likely or less likely to pursue / not pursue nursing as a career choice.</p>
SCHOOL YEAR	<p>Level of interest in nursing as a career choice in relation to school year.</p> <p>Are the pupils who stay on until 6th year interested in pursuing nursing as a career?</p>
EDUCATIONAL QUALIFICATIONS	<p>Is there a relationship between level of academic attainment and those school pupils who want to pursue nursing as a career choice – are school pupils with high academic attainment levels being attracted to nursing as a career or is it those school pupils with minimal/average academic attainment.</p> <p>What is the academic level of school pupils nursing is attracting?</p> <p>Is nursing attracting the high academic achieving school pupil which it needs to and is trying attract?</p> <p>Why do school pupils with a higher level of academic attainment enter/do not enter nursing.</p> <p>Are school pupils with a high level of academic achievement being encouraged /discouraged to pursue nursing by the significant others in their lives?</p> <p>Are school pupils with medium/low level of academic attainment being encouraged</p>

	toward nursing as a career choice.
FATHER/ MOTHER/ GUARDIAN OCCUPATION	Do school pupils who pursue nursing as a career choice come from a particular social class. Is there a link between social class categorisation and those who enter nursing. What is the opinion from the different social classes regarding nursing as a career choice?
HOME POST CODE	Back up to determining the social class of the school pupil. Also used if pupil unable to give occupation of father/mother/guardian.
QUESTION 1 – Have you made a career choice?	To determine if the school pupils have made a career choice. Have all school pupils made a career choice by 5 th and 6 th year.
QUESTION 2 – What career choice have you made?	To identify the school pupils career choice – nursing or other career choice. To identify the number of school pupils who want to pursue nursing as a career choice and those pupils who do not want to pursue nursing as a career choice. What careers are school pupils being attracted to and why. Are school pupils being attracted to certain career choices and why. What are the main career choices of school pupils.
QUESTION 3	At what age did the school pupil make their career choice: <ul style="list-style-type: none"> • Early years – primary school. • Later years – secondary school. Have school pupils dismissed nursing as a career option early in their lives and why was this. Are school pupils dismissing nursing as a career choice at an early age. Was it easy for school pupils to dismiss nursing as a career choice. How can we influence school pupils career choice from an early age.
QUESTION 4	How many school pupils have actually considered nursing as a career choice. When making their career choices do school pupils cluster similar type careers e.g. nursing, physiotherapist, dietician,

	speech therapy, all health professions.
QUESTION 5	What are the factors that school pupils think are important in relation to making a career choice and how does nursing figure in this process?
QUESTION 6	What are the factors that school pupils think that nursing has to offer as a career choice – all pupils. What career choice motivating factors do school pupils consider are apparent or deficient in relation to nursing as a career choice?
QUESTION 7	Where does nursing rank in popularity as a career choice compared with the other main occupational areas. Is nursing considered to be low ranking/high ranking career choice.
QUESTION 8	With regard to significant others to determine who school pupils identify as being the major influence on their career choice.
QUESTION 9	To identify if any of the parents or guardians are nurses. To determine what advice parents who are nurses are giving their children regarding a career in nursing.
QUESTION 10	What advice are parents/guardians giving regarding nursing as a career choice? Parent/guardian's degree of influence on career choice. Parent/guardian's view of nursing as a career choice.
QUESTION 11	What advice are Guidance Teachers giving regarding nursing as a career choice. Guidance Teachers degree of influence on career choice. Guidance Teacher's view of nursing as a career choice.
QUESTION 12	What advice are Careers Advisors giving regarding nursing as a career choice – positive/negative. Careers Advisors degree of influence on career choice. Career Advisor's view of nursing as a career choice.
QUESTION 13	To identify if school pupils think that to be a nurse requires a high level of intelligence.
QUESTION 13(a)	To identify reasons why the school pupils think that to be a nurse requires a high level

	<p>of academic attainment.</p> <p>What cognitive abilities are required to be a nurse – are school pupils aware of the cognitive/intellectual abilities essential to nursing.</p>
QUESTION 13(b)	To identify why the school pupils think that to be a nurse does not require a high level of academic attainment.
QUESTION 14	<p>To determine where school pupils think that nurses should be educated/trained.</p> <p>Do school pupils have current/up to date information regarding nurse education programmes?</p> <p>Do school pupils think that nurses require a university education?</p>
QUESTION 15	<p>What do school pupils think that nurses do – do they have a limited or well informed idea of what nursing is about?</p> <p>Do stereotypical images still persist among school pupils – do school pupils hold stereotypical images of nurses.</p> <p>Do the school pupils only mention the practical aspects of nursing or do they also mention the cognitive aspects of nursing.</p>
QUESTION 16	<p>Where do school pupils get their information about nursing and what are the main sources of this information?</p> <p>Do they believe that this information is accurate and a true reflection of nursing?</p>
QUESTION 17	To examine what school pupils perceive regarding nursing as a university programme.
QUESTION 18	To identify how school pupils rank the importance of nurses in relation to other health professionals.
QUESTION 19	Do school pupils view nursing as a gender specific occupation.
QUESTION 20(a)	To identify the reasons why school pupils want to pursue nursing as a career choice.
QUESTION 20(b)	To identify if school pupils who have stated that they intend to pursue nursing as a career choice – if they obtained more higher grades and standard grades than they expected to get would they still pursue nursing as a career choice.
QUESTION 21(a)	To identify the number of school pupils who have actually considered nursing as a career choice and to determine if nursing has lost a large number of potential recruits.

QUESTION 21(b)	To identify the number of school pupils who might consider nursing as a career choice in the future. What is the extent of this recruitment pool.
QUESTION 21(c)	To identify the reasons why school pupils do not want to pursue nursing as a career.
QUESTION 21(d)	To identify what would make nursing more attractive as a career option and thus attempt to improve recruitment strategies.
QUESTION 21(e)	To identify if school pupils who have stated that they do not intend to pursue nursing as a career choice – if they obtained less higher grades and standard grades than they expected to get would they consider nursing as a career choice. Nursing as a lower/lesser choice.

**APPENDIX 11 – PILOT TESTING THE
QUESTIONNAIRE – WHAT
INFORMATION IS REQUIRED FROM
THE PILOT QUESTIONNAIRE
RESPONDENTS**

Appendix 11 - Pilot Testing The Questionnaire – What Information Is Required From The Pilot Questionnaire Respondents

Please would you comment on the following questions relating to the questionnaire:

- (1) Was it easy to complete?
- (2) Was the questionnaire too lengthy? (Were there too many questions?).
- (3) Were the questions understandable – are the question statements clear and unambiguous?
- (4) Were the questions too long?
- (5) Was the language used appropriate for 5th and 6th year school pupils?
- (6) Were the questions relevant?
- (7) Did some questions ask the same thing?
- (8) Were the instructions in relation to completing the questionnaire and answering the questions understandable?
- (9) Did the questionnaire follow a logical progression/sequence? (Did the questions jump from one topic to another and back again?).
- (10) Would you have asked the questions differently?
- (11) Would you have asked any other questions?
- (12) Were there any typographical errors?
- (13) What were your thoughts on the questionnaire in general?
- (14) Can you suggest how the questionnaire could be improved?

**APPENDIX 12 – INTRODUCTION TO
INTERVIEW SCHEDULE –
PARADIGMATIC CASES**

Appendix 12 - Introduction To Interview Schedule – Paradigmatic Cases

- (1) Thank them for coming and giving up their valuable time.
- (2) Introduce self – Gavin Neilson, Lecturer within the University of Dundee.
- (3) Importance of the research study:
 - To better understand why 5th and 6th year school pupils do or do not choose nursing as a career choice.
 - School leavers are the lifeblood of any profession.
 - 5th and 6th year school pupils have been chosen because not only are you potential students onto nurse education programmes but are probably those who are most aware of what you want to do when you leave school and what has influenced your decision.
 - You are at the point where you have an abundance of educational choices and are aware of the importance of career decisions.
 - Alarming shortages of nurses.
 - Decline in nursing school admissions.
 - The increasing population size and the growing elderly population.
 - With greater competition for secondary school leavers from other professions the need to attract good quality students into the nursing profession is essential.
- (4) Why were they chosen/why they are important:
 - Follow up to the questionnaire to enhance the study.
 - You are all high academic achievers.
 - You have considered health care professions, some including nursing, as possible career choices.
 - You have chosen to pursue medicine as a career choice.
- (5) Update academic qualifications on original questionnaires.
- (6) Topic areas to be covered in the interview.
- (7) Length of interview – 45 – 60 minutes.
- (8) Anything that is not clear – ASK.
- (9) There are no right or wrong answers – ONLY YOUR OPINIONS ARE IMPORTANT.
- (10) All information will remain confidential.
- (11) For the purposes of the tape can you give your names.
- (12) CONCLUDING THE INTERVIEW:
 - THANK THEM.
 - VALUE THEIR CONTRIBUTION.
 - DO THEY HAVE ANY QUESTIONS.

APPENDIX 13 – PARADIGMATIC CASES - INTERVIEW SCHEDULE

Appendix 13 - Interview Schedule - Paradigmatic Cases

(1)CAREER CHOICE	NOTES
<p>What do you want to do when you leave school and can you tell me why you arrived at this decision?</p> <p>PROBES</p> <ul style="list-style-type: none"> • Within your career choice cluster you had medicine and a number of health care professions – why did you discard nursing/why did you not consider nursing as a career choice – was this easy for you to do? • Medicine/other health care professions are primarily about caring and helping people – it could be argued that nursing is the ultimate caring and helping profession – so why not nursing as a career choice/why do you not want to be nurse? • Did any of the people that you regard as important in your life, e.g. parents, guardians, guidance teachers, careers advisors try to influence your career choice – did they try to discourage you from a career in nursing? – why do you think this was? – waste of your academic qualifications/you should be aiming for something better/you would not be suited to nursing. • What does medicine/other health care professions offer as a career choice that nursing does not? 	

INTERVIEW SCHEDULE - PARADIGMATIC CASES

(2)IMAGE OF NURSING	NOTES
<p>How would you describe nursing's image? – Why would you describe it in this way?</p> <p>PROBES</p> <ul style="list-style-type: none"> • Positive – why? • Negative – why? • Can you give me an example of how nursing is portrayed as being positive/negative – e.g. from ER, Casualty, Holby City, books, magazines, personal experience. • How would you define what is a profession? • What criteria do you use to determine what is a profession – what do professions have that other jobs do not? – how do you know if an occupation is a profession? – controlled/restricted entry, specialist knowledge, power, status. • Can you think of some examples of professions? • Is it important for you when making a career choice to join a profession – can you tell me why? • Do you think that nursing is a profession – can you tell me why? • Would you be concerned about what your friends or peer group might say about you wanting to be a nurse? – e.g. males would you be concerned about being called gay or homosexual as a male nurse? – why? • Does nursing need to improve it's image – how can this be done? • How would you describe the typical school pupil who would pursue nursing as a career – why do you think this? • And how would you describe: <ul style="list-style-type: none"> - Their academic attainment – high/average/less than average. 	

INTERVIEW SCHEDULE – PARDIGMATIC CASES

(2)IMAGE OF NURSING	NOTES
<ul style="list-style-type: none"> • And how would you describe: <ul style="list-style-type: none"> - From a particular school based on school league table position - Their personality – how would you categorise their personality. - Are they leaders or followers. - Outspoken/opinionated or placid. - Female or male. - Practical not academic. - Working class or from a particular social class. - Males who want to be nurses are gay/homosexual. - Low status within their peer group. - Their interests. - Their values. - Extrovert/introvert. - Caring. - Sensitive. • Are certain school pupils encouraged towards particular career choices? – why do you think this is? 	

INTERVIEW SCHEDULE – PARADIGMATIC CASES

(3)PERCEPTIONS OF NURSING AS A UNIVERSITY PROGRAMME	NOTES
<p>Can you tell me what you know about how someone would train to become a nurse. Why do you think this?</p> <p>PROBES</p> <ul style="list-style-type: none"> • Do you need to go to university to be a nurse? • Do you need to have a degree to be a nurse? • What is it that nurses do that requires them to have a degree? • What level of intelligence do you require to be a nurse – well above average/above average/average? <p>The entrance requirements to be a student nurse which is now a university programme are 5 standard grades – what message does this convey to you about a degree in nursing and nursing’s place in universities?</p> <p>PROBES</p> <ul style="list-style-type: none"> • Would you be suspicious/doubtful as to the value of a university programme which only asks for standard grades as an entry requirement? • Can you think of any other university programme that you can gain entry to with only standard grades? • Do you think that a degree in nursing has the same value as other degrees? • Do you think that it is an easier way/route to obtaining a university degree? • Do you think that a degree in nursing is an easy university degree to obtain? • Do you think that nursing should be a university programme? 	

INTERVIEW SCHEDULE – PARADIGMATIC CASES

(4) IS THERE ANYTHING THAT WOULD MAKE YOU CHANGE YOUR MIND ABOUT PURSUING NURSING AS A CAREER CHOICE?	NOTES
<p>PROBES</p> <ul style="list-style-type: none"> • How could nursing be made more attractive as a career choice for high academic attainment school pupils? • More information – talks in school. • Work experience. • Links between schools and university. • Lose stereotypical image – e.g. sexy female. • Highlight the intellectual aspects. • Improve the career structure. • Positive role models. 	

CRITERIA FOR ENSURING PROFICIENCY OF INTERVIEWER

When interviewing the school pupils I was mindful of Kvale's (1996) guidelines regarding the criteria that constitutes a venerable interviewer:

- Clear – I asked simple, easy, short questions, with no jargon.
- Gentle – I always let the school pupils finish, gave them time to think and tolerated the pauses as they formulated their answers.
- Sensitive – what the school pupils had to say was important thus I listened attentively to what they said and how they said it and was empathetic.
- Important – I always tried to ensure that I made the school pupil feel important by stressing the significance of what they had to say.
- Open – I responded to what was important to the school pupil and was flexible.
- Interpreting – I tried to clarify and extend meanings of the school pupil's statements but without imposing meaning on them.
- Balanced – I did not talk too much which could have made the school pupil passive nor did I talk too little which could have resulted in the school pupils feeling that they were not talking along the right lines.
- Ethically sensitive – I was perceptive to the ethical dimensions of interviewing, ensuring that the school pupils appreciated what my research was about, its purposes and that their answers would be treated confidentially.

APPENDIX 14 – SPSS CODEBOOK

Appendix 14 - Spss Codebook

Once I had gathered the data that I required utilising the questionnaire the quantitative data had to be prepared for analysis.

As SPSS was used to analyse the data the data had to be placed in a form that could be easily analysed.

Before entering the information from the questionnaires into SPSS it was necessary to prepare a codebook.

Preparing the codebook involved defining and labelling each of the variables and assigning numbers to each of the possible responses. All of this information was recorded in a book and a computer file.

In the codebook I listed all of the variables from my questionnaire, the abbreviated variable names that I was going to use in SPSS and the way in which I coded the responses – the coding instructions.

In the first column of the codebook I have the name of the variable, in English rather than computer language.

In the second column I wrote the abbreviated name for the variable that would appear in SPSS.

In the third column I detailed how I had coded each of the responses obtained.

VARIABLE NAMES

Each question in my questionnaire had a unique variable name. Some of these names clearly identified the information, for example gender, age. Other questions were identified using an abbreviation.

CODING RESPONSES

Each response was assigned a numerical code before it could be entered into SPSS.

CODING OPEN-ENDED QUESTIONS FROM THE QUESTIONNAIRE

A few of the questions in the questionnaire were open-ended questions where the school pupils were asked to provide their own answers. To code the responses from the open-ended questions I had to scan through the questionnaires and look for common themes. In the codebook I assigned a numerical code to each of these major response groups. When entering the data for each school pupil I compared their response with the major response groups in the codebook and entered the appropriate number.

**CODEBOOK – QUESTIONNAIRE 5TH AND 6TH YEAR SCHOOL PUPILS
PERCEPTIONS OF NURSING AS A CAREER CHOICE**

QUESTION/VARIABLE	SPSS VARIABLE NAME	CODING INSTRUCTIONS
Identification number.	ID	Number assigned to each questionnaire
Gender	GENDER	1 = males 2 = females
Age	AGE	Enter years
School	SCHOOL	1 = Kirkland High School 2 = Madras High School 3 = Viewforth High School 4 = St. Columbas High School 5 = Lochgelly High School 6 = Glenrothes High School 7 = Glenwood High School 8 = Buckhaven High School 9 = Woodmill High School 10 = Beath High School 11 = Auchmuty High School
School year	SCYEAR	1 = 5 th year 2 = 6 th year
Educational qualifications – Number of Higher grades (A – C)	EDQUALHI	Type in number of Higher grades (Grades A-C)
Educational qualifications – Number of Standard grades (1 – 3)	EDQUALST	Type in number of Standard grades (Grades 1 – 3)

<p>Father/mother/guardians job</p> <p>The social class of the school pupil was based on the occupation of the father, mother or guardian utilising Goldthorpe's Social Class Schema.</p> <p>RATIONALE FOR CHOOSING GOLDTHORPE'S SOCIAL CLASS SCHEMA</p> <p>John Goldthorpe's social class schema, devised from the Oxford Social Mobility Inquiry, is used widely by academics in research studies (Evans 1992; Goldthorpe 1987; Goldthorpe 2000). Goldthorpe observes that all capitalist societies have a roughly similar social division of labour in which some employees enjoy better working conditions than others.</p> <p>A class is a group or, more precisely, an aggregate of individuals and their families who occupy similar locations in the social division of labour time. Goldthorpe defined these class locations on the basis of two criteria: 'market situation' and 'work situation'.</p> <p>'Market situation' is defined in terms of how an individual earns income from a job, for example self-employment, selling labour; how much is earned from a job; and the prospects for promotion</p>	<p>FMGJOB</p>	<p>Use Goldthorpe's Classification to determine class:</p> <p>1 = Social class 1 2 = Social class 2 3 = Social class 3 4 = Social class 4 5 = Social class 5</p>
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<p>and wage increments. 'Work situation' describes the degree of control and autonomy characteristics of a particular occupation and, thus, its place within the overall structure of authority.</p> <p>GOLDTHORPE'S CLASS CATEGORIES</p> <p>1 = HIGHER GRADE PROFESSIONALS</p> <p>2 = LOWER GRADE PROFESSIONALS</p> <p>3 = SKILLED OCCUPATIONS</p> <p>4 = PARTLY SKILLED OCCUPATIONS</p> <p>5 = UNSKILLED OCCUPATIONS</p> <p>The Register General's Social Class Schema was not used in my study as the schema has been extensively criticised. Firstly, the theoretical principle of the schema was changed in 1981 when the classification basis of occupations was changed from 'standing within the community' to occupational skill. However, the principles behind this reconceptualisation were not explained by the Office of Population Censuses and Surveys (OPCS). Secondly, the occupations going into given social class categories have changed so often as to cause doubt about the basis of the categorisation. Thirdly, feminists are critical of the Register General's Schema, as they</p>		
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<p>are of other ‘mainstream’ or ‘male-stream’ approaches because it was designed with mainly ‘male’ occupations in mind and cannot be very effectively used for studying the class position of females as individuals.</p> <p>Golthorpe’s Class Schema attempts to be both theoretically more explicit and consistent and empirically more reliable than that of the Register General.</p>		
<p>Home post code</p> <p>RATIONALE FOR USING THE ACORN GEODEMOGRAPHIC TOOL</p> <p>The ACORN Geodemographic tool was also used to determine the social class of the school pupil.</p> <p>The ACORN Geodemographic tool is the leading tool used to identify and understand social class in the United Kingdom using postal code.</p> <p>ACORN categorises all 1.9 million United Kingdom post codes and describes each of these post codes using 125 demographic statistics within England, Scotland, Wales and Northern Ireland, and 287 lifestyle variables making it the most powerful discriminator of social class.</p> <p>It was used in conjunction</p>	<p>POCODE</p>	<p>Use Acorn geodemographic tool to determine class:</p> <p>1 = Social class 1 2 = Social class 2 3 = Social class 3 4 = Social class 4 5 = Social class 5</p>

<p>with occupation of father, mother or guardian as a measure of social class. If the school pupils were unable to provide an occupation for their father, mother or guardian postal code was used to establish social class. It also allowed triangulation of social class.</p> <p>Danesh et al (1999) advocates the use of post code to determine social class – this approach was used effectively in their study which examined social class and disease. This is supported by Ben-Shlomo and Chaturvedi (1994) who used postal codes to investigate equity in access to health care provision for different social class groups in the United Kingdom. Further validation for using postal codes to differentiate social class come from Law and Morris (1998) who examined mortality in different social class groups.</p> <p>Blane et (1997) also used postal code and occupation as a measure of social class in their study of mortality differentials amongst different social classes. They also propose that when possible when identifying social class that both individual (occupation) and area based measures (postal code) are used collectively.</p>		
Question 1	QU1	1 = yes

Have you made a career choice?		2 = no
Question 2 What career choice have you made?	QU2	1 = nursing 2 = other
Question 3 At what age did you make your career choice?	QU3	Enter years

Question 4 What career choices have you considered?		
4.1 Medicine	QU4.1	1 = considered 2 = not considered
4.2 Dentistry/Vet	QU4.2	1 = considered 2 = not considered
4.3 Teaching	QU4.3	1 = considered 2 = not considered
4.4 Law	QU4.4	1 = considered 2 = not considered
4.5 Emergency services e.g. Police, Fire service, Paramedic	QU4.5	1 = considered 2 = not considered
4.6 Sport/Leisure/Art/Culture	QU4.6	1 = considered 2 = not considered
4.7 Information Technology/Computing	QU4.7	1 = considered 2 = not considered
4.8 Secretarial/Administration	QU4.8	1 = considered 2 = not considered
4.9 Banking/Finance/Business management	QU4.9	1 = considered 2 = not considered
4.10 Nursing	QU4.10	1 = considered 2 = not considered
4.11 Non-skilled work e.g. Labourer, Sales Assistant, Checkout Operator	QU4.11	1 = considered 2 = not considered
4.12 Engineer/Science	QU4.12	1 = considered 2 = not considered
4.13 Armed Forces	QU4.13	1 = considered 2 = not considered
4.14 Tradesperson e.g. Joiner, Plumber, Electrician	QU4.14	1 = considered 2 = not considered
4.15 Professions Allied to Health e.g. Physiotherapist, Occupational Therapist, Social Worker, Dietician, etc	QU4.15	1 = considered 2 = not considered

<p>Question 5 The following statements are about the factors which you consider to be important when making your career choice.</p> <p>RATIONALE FOR USING THESE STATEMENTS The statements relating to the issues considered to be fundamentally important when making a career choice were formulated in relation to the main theoretical career choice motivation factors. These categories are considered to be the most important motivation factors which people consider when deciding on a career choice (Blustein 2006; Irving and Malik 2004; Brown and Brooks 1984; Brown and Lent 2005; Inkson 2006; Walsh and Osipow 1987).</p>		
<p>5.1 Money/high income is an important factor when making a career choice.</p>	<p>QU5.1</p>	<p>1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree</p>
<p>5.2 Having high status/high social standing is an important consideration when making a career choice</p>	<p>QU5.2</p>	<p>1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree</p>
<p>5.3 Having power is not a factor which I consider important when making a career choice.</p>	<p>QU5.3</p>	<p>1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree</p>
<p>5.4 It is important that I make</p>	<p>QU5.4</p>	<p>1 = strongly disagree 2 = disagree</p>

a difference through my career choice.		3 = neither agree or disagree 4 = agree 5 = strongly agree
5.5 Caring/helping others is not an important factor when making a career choice.	QU5.5	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
5.6 Through my career choice it is important that I am able to develop myself.	QU5.6	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
5.7 Job satisfaction/being happy is not important to me.	QU5.7	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

5.8 Joining a profession is an important consideration when making a career choice.	QU5.8	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
5.9 I require a career which is interesting, challenging and has variety.	QU5.9	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
5.10 Opportunity for promotion is not important.	QU5.10	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
5.11 Secure career and job security is important.	QU5.11	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
5.12 It is not important to enter a career which is valued by society.	QU5.12	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

<p>Question 6</p> <p>The following statements ask you to consider what you think nursing has to offer as a career choice.</p>		
<p>6.1</p> <p>Nurses do not earn a lot of money.</p>	QU6.1	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>6.2</p> <p>Nurses have high status/high social standing.</p>	QU6.2	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>6.3</p> <p>Nurses have little power within society.</p>	QU6.3	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>6.4</p> <p>Nurses do not make a positive difference to people's lives.</p>	QU6.4	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>6.5</p> <p>Nurses care and help others.</p>	QU6.5	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>6.6</p> <p>Nursing would allow me to develop fully as a person.</p>	QU6.6	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>6.7</p> <p>Nurses obtain much job satisfaction.</p>	QU6.7	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>

6.8 Nursing is not a profession.	QU6.8	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
6.9 Nursing is interesting, challenging and offers variety.	QU6.7	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
6.10 There is little chance of career promotion in nursing.	QU6.10	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
6.11 Nurses are never made unemployed.	QU6.11	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
6.12 Nurses are not valued by society.	QU6.12	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

<p>Question 7 Please rank the career categories in order of popularity.</p> <p>RATIONALE FOR USING CAREER/OCCUPATIONAL CHOICE CATEGORIES The career/occupational choice categories that were used in the questionnaire are the main occupation categories utilized in the National Census.</p>		
<p>7.1 Medicine/Dentistry/Vet</p>	<p>QU7.1</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11 = ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

<p style="text-align: center;">7.2 Teaching</p>	<p style="text-align: center;">QU7.2</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>
<p style="text-align: center;">7.3 Law</p>	<p style="text-align: center;">QU7.3</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

<p style="text-align: center;">7.4</p> <p>Emergency services eg Police, Fire services, Paramedic</p>	<p style="text-align: center;">QU7.4</p>	<p>Type in ranking number:</p> <p>1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>
<p style="text-align: center;">7.5</p> <p>Sport/leisure/art/culture</p>	<p style="text-align: center;">QU7.5</p>	<p>Type in ranking number:</p> <p>1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

<p style="text-align: center;">7.6</p> <p>Information technology/Computing</p>	<p style="text-align: center;">QU7.6</p>	<p>Type in ranking number:</p> <p>1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>
<p style="text-align: center;">7.7</p> <p>Secretarial/Administration</p>	<p style="text-align: center;">QU7.7</p>	<p>Type in ranking number:</p> <p>1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

<p style="text-align: center;">7.8 Banking/finance/business/management</p>	<p style="text-align: center;">QU7.8</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>
<p style="text-align: center;">7.9 Nursing</p>	<p style="text-align: center;">QU7.9</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

<p style="text-align: center;">7.10</p> <p>Non-skilled work eg Labourer, Sales Assistant, Checkout Operator</p>	<p style="text-align: center;">QU7.10</p>	<p>Type in ranking number:</p> <p>1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>
<p style="text-align: center;">7.11</p> <p style="text-align: center;">Engineer/Science</p>	<p style="text-align: center;">QU7.11</p>	<p>Type in ranking number:</p> <p>1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

<p style="text-align: center;">7.12 Armed Forces</p>	<p style="text-align: center;">QU7.12</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>
<p style="text-align: center;">7.13 Tradesperson eg Joiner, Plumber,Electrician</p>	<p style="text-align: center;">QU7.13</p>	<p>Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important</p>

7.14 Professions Allied to Health eg Physiotherapist, Occupational Therapist, Social Worker, Dietician, etc	QU7.14	Type in ranking number: 1 = most important 2 = ranking value 3 = ranking value 4 = ranking value 5 = ranking value 6 = ranking value 7 = ranking value 8 = ranking value 9 = ranking value 10 = ranking value 11= ranking value 12 = ranking value 13 = ranking value 14 = least important
Question 8 Who has been the major influence on you career choice.	QU8	1 = parents 2 = guardian 3 = careers advisor 4 = guidance teacher
Question 9 Are any of your parents or guardians a nurse.	QU9	1 = yes 2 = no
Question10 The following statements are about what your parents/guardians say to you about nursing as a career choice.		
10.1 I value the opinion of parents/guardian in relation to my career choice.	QU10.1	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
10.2 My parents/guardian would approve of nursing as a career choice for me.	QU10.2	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

10.3 My parents/guardian discourages me regarding a career in nursing.	QU10.3	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
10.4 My parents/guardian think that nursing would be a waste of my academic qualifications.	QU10.4	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
10.5 My parents/guardian think that I should be aiming for something better than nursing as a career choice.	QU10.5	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
10.6 My parents/guardian think that I would be suited to a career in nursing.	QU10.6	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
Question 11 The following statements are about what your Guidance Teacher says to you about nursing as a career choice.		
11.1 I value the opinion of my Guidance Teacher in relation to my career choice.	QU11.1	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
11.2 My Guidance Teacher would approve of nursing as a career choice for me.	QU11.2	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
11.3 My Guidance Teacher discourages me regarding a career in nursing.	QU11.3	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

11.4 My Guidance Teacher thinks that nursing would be a waste of my academic qualifications.	QU11.4	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
11.5 My Guidance Teacher thinks that I should be aiming for something better than nursing as a career choice.	QU11.5	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
11.6 My Guidance Teacher thinks that I would be suited to a career in nursing.	QU11.6	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
Question 12 The following statements are about what your career advisor says to you about nursing as a career choice.		
12.1 I value the opinion of my Careers Advisor in relation to my career choice.	QU12.1	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
12.2 My Careers Advisor would approve of nursing as a career choice for me.	QU12.2	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
12.3 My Careers Advisor discourages me regarding a career in nursing.	QU12.3	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
12.4 My Careers Advisor thinks that nursing would be a waste of my academic qualifications.	QU12.4	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree

12.5 My Careers Advisor thinks that I should be aiming for something better than nursing as a career choice.	QU12.5	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
12.6 My Careers Advisor thinks that I would be suited to a career in nursing.	QU12.6	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
Question 13 Do you think that you have to be clever/intelligent to be a nurse?	QU13	1 = yes 2 = no
Question 13a Why do you think that you have to be clever/intelligent to be a nurse?	QU13a	
13a.1 Need to have knowledge of medicines.	QU13a.1	1 = reason given. 2 = reason not given
13a.2 Have to study for qualifications.	QU13a.2	1 = reason given. 2 = reason not given
13a.3 Technical skills to operate specialist equipment.	QU13a.3	1 = reason given. 2 = reason not given
13a.4 Knowing how the human body functions.	QU13a.4	1 = reason given. 2 = reason not given
13a.5 Need to have good social and communication skills.	QU13a.5	1 = reason given. 2 = reason not given
13a.6 Need to be able to organise care delivery.	QU13a.6	1 = reason given. 2 = reason not given
13a.7 Make life or death decisions.	QU13a.7	1 = reason given. 2 = reason not given
Question 13b Why do you think that you do not have to be clever/intelligent to be nurse?	QU13b	

13b.1 Just a repetitive and practical job.	QU13b.1	1 = reason given. 2 = reason not given
13b.2 You can get into nursing with low academic entry requirements.	QU13b.2	1 = reason given. 2 = reason not given
13b.3 Doctors always give nurses orders and tell them what to do.	QU13b.3	1 = reason given. 2 = reason not given
13b.4 Just have to be kind and caring.	QU13b.4	1 = reason given. 2 = reason not given
13b.5 Anyone can be a nurse.	QU13b.5	1 = reason given. 2 = reason not given

Question 14 To be a nurse do you think that?	QU14	1 = you have to go to university 2 = you have to go to a further education college 3 = you need to do a three year apprenticeship in a hospital 4 = you can get a job as a nurse straight from school
Question 15 What do nurses do?	QU15	
15.1 Carry out physical tasks.	QU15.1	1 = reason given. 2 = reason not given
15.2 Work in hospital.	QU15.2	1 = reason given. 2 = reason not given
15.3 Care for people.	QU15.3	1 = reason given. 2 = reason not given
15.4 Take orders from doctors.	QU15.4	1 = reason given. 2 = reason not given
15.5 Administer medicine.	QU15.5	1 = reason given. 2 = reason not given
15.6 Paperwork/administration.	QU15.6	1 = reason given. 2 = reason not given
15.7 Carry out intimate personal care.	QU15.7	1 = reason given. 2 = reason not given
15.8 Keep the wards clean and tidy.	QU15.8	1 = reason given. 2 = reason not given
Question 16 What is your main source of information regarding what nurses do?	QU16	1 = television 2 = reading 3 = direct encounters with nurses 4 = knowing a nurse learning about nursing in school

<p>Question 17</p> <p>The entrance requirements to be a student nurse which is now a university programme are five standard grades. The following statements ask you to consider the entrance requirements to be a student nurse</p>		
<p>17.1</p> <p>5 standard grades are the entry requirements that I would expect of a profession.</p>	QU17.1	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>17.2</p> <p>I think that 5 standard grades are sufficient to undertake a University programme.</p>	QU17.2	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>17.3</p> <p>I would be doubtful as to the value of a University programme which only asks for standard grades as an entry requirement.</p>	QU17.3	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>17.4</p> <p>I think that the value of a degree in nursing is less than that of other university degrees.</p>	QU17.4	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>17.5</p> <p>It is as demanding to obtain a degree in nursing as it is to obtain any other degree.</p>	QU17.5	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>
<p>17.6</p> <p>I think that the academic standards of nurse education programmes is high.</p>	QU17.6	<p>1 = strongly disagree</p> <p>2 = disagree</p> <p>3 = neither agree or disagree</p> <p>4 = agree</p> <p>5 = strongly agree</p>

17.7 Nearly anyone could be a nurse.	QU17.7	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
17.8 The entry requirements to nurse education programmes of 5 standard grades gives the message that nursing is a low status job.	QU17.8	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
17.9 Nursing should not be a university programme.	QU17.9	1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
Question 18 Please rank health care professionals in order of status within the health care team.		
18.1 Physiotherapist	QU18.1	Type in ranking number
18.2 Nurse	QU18.2	Type in ranking number
18.3 Dietician	QU18.3	Type in ranking number
18.4 Pharmacist	QU18.4	Type in ranking number
18.5 Occupational Therapist	QU18.5	Type in ranking number
18.6 Speech Therapist	QU18.6	Type in ranking number
18.7 Domestic Staff	QU18.7	Type in ranking number
18.8 Social Worker	QU18.8	Type in ranking number
18.9 Doctor	QU18.9	Type in ranking number
18.10 Radiographer	QU18.9	Type in ranking number

Question 19 Is nursing a job	QU19	1 = mainly for women 2 = mainly for men 3 = can equally be for both men and women
THOSE WHO WANT TO BE A NURSE Question 20a If you want to be a nurse can you explain why?		
20a.1 Helping others.	QU20a.1	1 = reason given. 2 = reason not given
20a.2 Interest in studying the human body.	QU20a.2	1 = reason given. 2 = reason not given
20a.3 Career which allows development of self.	QU20a.3	1 = reason given. 2 = reason not given
20a.4 Prospects for advancement.	QU20a.4	1 = reason given. 2 = reason not given
20a.5 Challenging.	QU20a.5	1 = reason given. 2 = reason not given
20a.6 Rewarding.	QU20a.6	1 = reason given. 2 = reason not given
20a.7 Like working with people.	QU20a.7	1 = reason given. 2 = reason not given
20a.8 Want to make a positive difference to patients lives.	QU20a.8	1 = reason given. 2 = reason not given
Question 20b If you obtained better grades for your exams than you expected would you still consider nursing as a career choice?	QU21b	1 = yes 2 = no
THOSE WHO DO NOT WANT TO BE A NURSE Question 21a Did you ever consider nursing as a career choice?	QU21a	1 = yes 2 = no
Question 21b Do you think that you might ever consider nursing as a career choice in the future?	QU21b	1 = yes 2 = no

Question 21c Can you explain why you do not want to be a nurse?		
21c.1 Not challenging.	QU21c.1	1 = reason given. 2 = reason not given
21c.2 Negative caring experiences.	QU21.c2	1 = reason given. 2 = reason not given
21c.3 Low status job.	QU21c.3	1 = reason given. 2 = reason not given
21c.4 Negative image.	QU21c.4	1 = reason given. 2 = reason not given
21c.5 Not interested.	QU21c.5	1 = reason given. 2 = reason not given
21c.6 Do not want to waste educational qualifications.	QU21c.6	1 = reason given. 2 = reason not given
21c.7 Dissuaded by significant others.	QU21c.7	1 = reason given. 2 = reason not given
21c.8 Nature of work patterns.	QU21c.8	1 = reason given. 2 = reason not given
21c.9 Dislike the sight of blood/squeamish.	QU21c.9	1 = reason given. 2 = reason not given
21c.10 Dealing with death /illness and disease.	QU21c.10	1 = reason given. 2 = reason not given
Question 21d What would make nursing more attractive as a career option for you?		
21d.1 Higher wages/improved salary.	QU21d.1	1 = reason given. 2 = reason not given
21d.2 More recognition for the important work that nurses do.	QU21d.2	1 = reason given. 2 = reason not given
21d.3 Better working conditions/work patterns.	QU21d.3	1 = reason given. 2 = reason not given
21d.4 Higher profile/promoted more positively.	QU21d.4	1 = reason given. 2 = reason not given

21d.5 Proper work experience – knowing the truth about what nursing is really like.	QU21d.5	1 = reason given. 2 = reason not given
21d.6 Improved career structure.	QU21d.6	1 = reason given. 2 = reason not given
21d.7 Nothing – not interested.	QU21d.7	1 = reason given. 2 = reason not given
21d.8 Higher status of nurse education programmes.	QU21d.8	1 = reason given. 2 = reason not given
21d.9 Knowing more about nursing.		1 = reason given. 2 = reason not given
Question 21e If you do not get the grades for your exams that you expected, would you consider nursing as a career choice?	QU21e	1 = yes 2 = no

**APPENDIX 15 – DETERMINING THE
SOCIAL CLASS OF THE SCHOOL
PUPILS USING GOLDTHORPE’S
SOCIAL CLASS SCHEMA**

Appendix 15 - Determining The Social Class Of The School Pupil Using Goldthorpe's Social Class Schema

The social class of the school pupil was based on the occupation of the father, mother or guardian utilising Goldthorpe's Social Class Schema.

RATIONALE FOR CHOOSING GOLDTHORPE'S SOCIAL CLASS SCHEMA

John Goldthorpe's social class schema, devised from the Oxford Social Mobility Inquiry, is used widely by academics in research studies (Evans 1992; Goldthorpe 1987; Goldthorpe 2000). Goldthorpe observes that all capitalist societies have a roughly similar social division of labour in which some employees enjoy better working conditions than others.

A class is a group or, more precisely, an aggregate of individuals and their families who occupy similar locations in the social division of labour time. Goldthorpe defined these class locations on the basis of two criteria: 'market situation' and 'work situation'.

'Market situation' is defined in terms of how an individual earns income from a job, for example self-employment, selling labour; how much is earned from a job; and the prospects for promotion and wage increments.

'Work situation' describes the degree of control and autonomy characteristics of a particular occupation and, thus, its place within the overall structure of authority.

GOLDTHORPE'S CLASS CATEGORIES

- 1 = HIGHER GRADE PROFESSIONALS
- 2 = LOWER GRADE PROFESSIONALS
- 3 = SKILLED OCCUPATIONS
- 4 = PARTLY SKILLED OCCUPATIONS
- 5 = UNSKILLED OCCUPATIONS

The Register General's Social Class Schema was not used in my study as the schema has been extensively criticised. Firstly, the theoretical principle of the schema was changed in 1981 when the classification basis of occupations was changed from 'standing within the community' to occupational skill. However, the principles behind this reconceptualisation were not explained by the Office of Population Censuses and Surveys (OPCS). Secondly, the occupations going into given social class categories have changed so often as to cause doubt about the basis of the categorisation.

Thirdly, feminists are critical of the Register General's Schema, as they are of other 'mainstream' or 'male-stream' approaches because it was designed with mainly 'male' occupations in mind and cannot be very effectively used for studying the class position of females as individuals. Goldthorpe's Class Schema attempts to be both theoretically more explicit and consistent and empirically more reliable than that of the Register General.

**APPENDIX 16 – DETERMINING THE
SOCIAL CLASS OF THE SCHOOL
PUPILS USING THE ACORN
GEODEMOGRAPHIC TOOL**

Appendix 16 - Determining The Social Class Of The School Pupil Using The Acorn Geodemographic Tool

The ACORN Geodemographic tool was also used to determine the social class of the school pupil.

RATIONALE FOR USING THE ACORN GEODEMOGRAPHIC TOOL

The ACORN Geodemographic tool is the leading tool used to identify and understand social class in the United Kingdom using postal code. ACORN categorises all 1.9 million United Kingdom post codes and describes each of these post codes using 125 demographic statistics within England, Scotland, Wales and Northern Ireland, and 287 lifestyle variables making it the most powerful discriminator of social class.

It was used in conjunction with occupation of father, mother or guardian as a measure of social class. If the school pupils were unable to provide an occupation for their father, mother or guardian postal code was used to establish social class. It also allowed triangulation of social class.

Danesh et al (1999) advocates the use of post code to determine social class – this approach was used effectively in their study which examined social class and disease.

This is supported by Ben-Shlomo and Chaturvedi (1994) who used postal codes to investigate equity in access to health care provision for different social class groups in the United Kingdom. Further validation for using postal codes to differentiate social class come from Law and Morris (1998) who examined mortality in different social class groups. Blane et al (1997) also used postal code and occupation as a measure of social class in their study of mortality differentials amongst different social classes. They also propose that when possible when identifying social class that both individual (occupation) and area based measures (postal code) are used collectively.