

HEALTHSTUDY

**The History of Workforce Policy and Planning in
British Nursing, 1939-1960.**

**Thesis submitted to the University of London for the
degree of Doctor of Philosophy**

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Abstract

The History of Workforce Policy and Planning in British Nursing, 1939-1960.

This thesis examines the government's tripartite approach to workforce policy and planning in British nursing from 1939 until 1960. Emerging histories have placed emphasis on the ministries and their effect upon the development of nursing. However, there remains no examination of their distinctive and interrelated roles in managing nursing workforce policy and planning. This thesis examines the contribution of three of these ministries from initial workforce involvement in the early 1940s, through to the 1950s and the advent of the Committee on Senior Nursing Staff Structure (*the Salmon Report*). It concludes that three distinct roles emerged from each of the ministries. The Ministry of Labour and National Service (MLNS) dealt with nurse recruitment, the Ministry of Health addressed retention through conditions of service, while the Colonial Office represented replenishment. Such division of ministerial roles and any limited collaboration, however, did not appear to be a part of any conscious workforce policy.

The thesis argues that although the Ministry of Health and the MLNS viewed nursing as less prestigious than a traditional profession, strategies appealing to nurses' aspirations were used to promote a sense of professional value in an occupation of many countervailing tensions. Nursing appeared to occupy its own unique space between professions and industrial labour.

The post-war management of the nursing workforce emerges as a highly reactive policy, focusing upon diverse groups for recruitment. It covered the use of part-time nurses to fit into the social expectations of post-war women, the recruitment of male nurses and a manipulation of colonial legislation to the clear benefit of British nursing. Nurse shortages are explored against government unease in the immediate post-war period with the effects of increasing colonial immigration of black workers, which was uncontrolled due to their status as British subjects. The ultimate inadequacy of workforce policies in nursing to deal with the recruitment of black nurses remains a current and controversial workforce issue.

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List of Abbreviations

BMA: British Medical Association

CNR: Civil Nursing Reserve

EVW: European Volunteer Worker

GNC: General Nursing Council

HMCs: Hospital Management Committees

MP: Member of Parliament

MLNS: Ministry of Labour and National Service

NAC: Nursing Advisory Council

NALGO: The National Association of Local Government Officers

NHS: National Health Service

ONA: Overseas Nursing Association (formerly The Colonial Nursing Association)

PRO: Public Record Office (incorporated within The National Archives)

RCN: Royal College of Nursing (gained royal patronage in 1939, previously the College of Nursing)

RHBs: Regional Hospital Boards

SEAN: State Enrolled Assistant Nurse

SEN: State Enrolled Nurse

SRN: State Registered Nurse

TUC: Trades Union Congress

VAD nurses: Voluntary Aid Detachment nurses

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Chapter 1: Introduction

This thesis examines the government workforce policy and planning of British nursing between 1939 and 1960. This introductory chapter will outline what the thesis will explore, and explain the subsequent structure. This aims to emphasise the importance of the focus of this thesis as part of the understanding of British workforce policy and planning in nursing. The following chapter will add to this by analysing the historical background and context relevant to the current study.

The thesis explores three differing government ministries who were involved in the policy and planning of the nursing workforce during this time period. These are the Ministry of Labour and National Service (MLNS), the Ministry of Health and the Colonial Office. The time period has been chosen because, prior to 1939 and the need to organise national nursing services in readiness for first time air-raid casualties in Britain, the government had taken little interest in the occupation. The period therefore represents a new and intensive involvement of government in the national nursing workforce, and encompasses the nationalisation of the health services in Britain.

The terminus is 1960. This time point involved several changes in the policy approach to nursing, although none of them overly radical. By the later 1950s, the MLNS had handed over their role of assisting the occupation with recruitment through their Appointments Offices, partly as a matter of expediency, to the Ministry of Health. In addition, this period represented the beginnings of the *Hospital Plan for England and Wales*.¹ This subsequently led to a reorganisation of nursing management in the light of the Salmon

Committee's report in 1966.² The latter is a significant document in its attempt to reorganise nursing to meet the changing health care services, notably the expansion of the district general hospitals. It remains poorly explored and partly because of this, together with the change in government policy approach to nursing, it provides a useful terminus to the study.

The thesis currently remains the only detailed study to explore the policy and planning of the three British ministries involved with the nursing occupation during this time period. As the literature review will highlight, other studies have examined areas such as the impact of the National Health Service (NHS) on the occupation, but none have explored the ministries' rationale for policy and planning, how the occupation was viewed in terms of its professional aspirations and, importantly, the workforce links between the three government departments. The work of the ministries is divided into three 'Rs'. The Ministry of Health dealt with the 'retention' of staff through negotiating machinery such as the Whitley Council which set salary scales, the MLNS addressed 'recruitment', and the Colonial Office through facilitating diversification of recruits, represented 'replenishment'. The ability of nursing to negotiate its role in society, notably through its professional organisations, and in areas such as its scope of practice and remuneration, relies on its relationship with government. This is notably when the greatest number of British nurses are employed by the NHS. This relationship remains important today, and this thesis allows the reader to understand the role of the ministries in nursing workforce policy and planning at an earlier time point, and as the root of this current relationship.

Structure of the thesis

As a valuable starting point, the thesis will outline the key issues in the time period prior to the study, but relevant to its focus. This aims not only to set the scene for the workforce issues explored, but will assist in explaining the rationale for government policy, based upon their previous relationship with the nursing organisations. The literature review will then reinforce the unique contribution of the study amongst other similar research. The main structure of the thesis examines the same time period three times, but through the role of each of the different ministries. This allows each to be explored in depth. Although it is argued that there was little conscious inter-departmental planning regarding the individual roles of each ministry in nursing policy and planning, such a structured approach can inevitably separate out ministerial roles. To reduce this effect, the other ministries are introduced into the main chapters to highlight where collaboration occurred.

As the thesis progresses, the time periods within the chapters vary slightly to reflect the predominant involvement of each ministry. During World War II the MLNS was the primary ministry involved in organising the national nursing workforce, under the direction of the Minister of Labour, Ernest Bevin. By 1957, after 9 years of the NHS and with improvements in recruitment, their role was handed over to the Ministry of Health. Therefore the MLNS is explored from 1939 until 1957. The Ministry of Health is examined over the entire period of the thesis, with particular emphasis on the policy and planning role in the new NHS. Here, from 1948, the majority of British nurses became its employees through the system of fourteen regional hospital boards (RHBs). The role of

the Colonial Office in nursing was slightly different. Prior to the end of World War II, its role was minimal. It is introduced at this time point because with the cessation of hostilities in 1945, it was quickly used, in a matter of weeks, to expand the main underpinning of a reactive workforce policy. This was through the expansion of recruitment, via the supply of nursing recruits from the colonies. Each would be utilised for at least 3 years while training was undertaken, and prior to returning home or settling in Britain.

The section examining the role of the Colonial Office has a wider remit than the other chapters. It commences with a broad exploration of the various workers who were both leaving Britain and who were coming to the country to settle in the post-war period. This has relevance to nursing workforce policy and planning for two reasons. Firstly, it provides the context of the various workers who could be sourced to staff British nursing, as well as the reasons why such workers may wish to settle in Britain. Two contrasting groups are explored: black colonial workers and white European volunteer workers (EVWs). The former were British subjects with passports allowing free access to the country, while EVWs were limited by landing restrictions and could be placed in areas of work chosen by the MLNS.

The second reason is the underlying racial tension which influenced British workforce policy and planning both in nursing and in general. The desire to use EVWs in large numbers as hospital domestics enhanced recruitment into unpopular jobs, assisting Minister of Health Aneurin Bevan's policy to free nursing staff to care for patients.³

Concern over the rising numbers of black workers arriving in Britain, although appreciably lower than EVWs, was palliated by nurse recruitment. Here, primarily women could be employed and enter a respectable profession whose rules and regulations pervaded work and private life. Black men, who appeared to be regarded with some suspicion, were generally excluded. All nurses were encouraged not to marry, certainly not during training, and once qualified black nurses could return home. The chapter explores the use of overseas recruits and emphasises these underlying issues through the policy and planning of the Colonial Office and the MLNS.

The contribution of the thesis

Early histories of the occupation have generally ignored external factors such as government policy and planning and their influence upon occupational development in favour of a eulogistic portrayal. This tended to construct nurse leaders in a heroic light and in control of nursing's destiny.⁴ Abel-Smith's 1960 history of the English nursing profession, beginning in 1800, was one of the first accounts to assess the development of nursing in relation to the ministries, notably the Ministry of Health.⁵ His work is important in recognising the issue of occupational dilution and the attempts of the Royal College of Nursing (RCN) and nursing's regulatory body the General Nursing Council (GNC) to emulate the professional gains of medical colleagues.

White examined the effects of post-World War II government policy on the nursing occupation through the first thirteen years of the NHS.⁶ Her work primarily addresses the manipulation of conditions of nursing service led by the Ministry of Health, rather than

the wider perspectives of nursing management through a variety of different ministries. A part of this is the response of groups such as the hospital matrons to their lack of representation on the new RHBs.⁷ In addition, White explores the continued tension between representative groups of nursing whose members were seen by government as part of the general nursing workforce. Placing unqualified nursing auxiliaries together with qualified staff on the Whitley pay scales in 1955, resulted in the RCN diversifying its membership in order to maintain a strong influence within the negotiating machinery and in policy decisions.⁸ Hence, despite emerging histories placing emphasis on the ministries and their effect upon the development of nursing, there remains no examination of their distinctive and inter-related roles in the management of the occupation.

The thesis stems from a personal interest in government workforce policy and planning, which emerged through my nurse training in the 1980s. This appeared to take little account of such influences; they certainly were not a formal part of the curriculum, yet provoked much of the ward discussion with the advent of the *Griffith Report* in 1983, which examined and made recommendations for the management of the NHS.⁹ Subsequently, as my career progressed and managerial restructuring gave way to issues of quality and clinical targets, it became clear that government policy has had a significant impact on the occupation, an influence I experienced initially and which has continued throughout my working life.

This thesis argues that the workforce policy and planning in nursing in World War II and the immediate post-war period was highly reactive, but cannot be seen in isolation from the wider plans of the ministries for health-care services in Britain. Initially, the predominant desire was to adequately staff the nursing service for anticipated air-raid casualties. Following hostilities, the desire was to staff the flagship of the Attlee Government administration, the NHS, during a period of acute nurse shortages. Subsequently, while historians such as Rafferty¹⁰ argue that the passing of the 1919 Nurses' Registration Act should be understood in the context of the Ministry of Health's plans to reconstruct the health services, so should the *Report of the Committee on Senior Nursing Staff Structure* (the *Salmon Report*), which provides the terminus for this thesis.¹¹ This represented a change to the workforce policy and planning approach to nursing, with the occupation viewed for the first time as a part of wider health service reorganisation and planning.

In addition, by the end of the 1950s, applications to the higher-grade nursing posts had markedly reduced, the reasons for which having been suggested in other research.¹² The *Guillebaud Report* (1956),¹³ examining the cost of the NHS, had noted under-funding of the service, and the 1960s marked a changing health service, with an emphasis on the growth of the district general hospital.¹⁴ The *Salmon Report* was therefore a catalyst for change within the roles and structure of nursing, but did not necessarily herald a particularly new attitude of the Ministry of Health towards the development of nursing. It aimed to meet the needs of a changing health-care system, and indeed, its terms of reference prompted an examination of the senior nursing staff structure in the light of

modern hospital methods and their development against the Hospital Plan published in the previous year.¹⁵

The main aim and objectives of the thesis will be examined in the methodology chapter. Primarily, the thesis will explore the governmental approach to managing the nursing workforce during World War II and in the immediate post-war period. The objectives are as follows:

- To identify the division of labour and the different roles of the ministries' involvement in nurse recruitment, managing conditions of service and facilitating colonial recruitment during this time period.
- To compare the division of labour between the ministries, with an examination of how their areas of functional overlap were negotiated.
- To examine these areas against the background of factors which drove and influenced government policy in managing nurse recruitment and conditions of service, and how the ministries viewed and responded to the occupation.

The thesis argues that each of the ministries' work, although relatively distinctive, culminated in a reactive policy that focused almost entirely on recruitment. The formal development of policy aimed at organising the nursing workforce into a profession, which appeared to be the aim of organisations such as the RCN, was for the government,

secondary to the main objective of meeting recruitment needs. The Ministry of Health maintained a flat, rigid structure of historical nursing roles through the Whitley Council's system of nationalised remuneration. This did little to encourage any growth and development within the profession to meet changing health care needs. It was not until the *Salmon Report* in the early 1960s, that differing managerial and subsequently clinical roles could emerge.

Workforce policy and planning are presented within the wider context of increasing government concern regarding the societal effects of black colonial immigration, together with the attitude to post-war women. The role of women as home makers emerged from the shadow of the *Beveridge Report*¹⁶ and led to adaptations to nurse recruitment to facilitate part-time working, which was virtually unheard of in the years prior to World War II. In addition, the thesis argues that the Colonial Office was happy to utilise labour from the colonies to augment British nurse recruitment through controlled programmes, but was acutely aware of limiting the free arrival of black workers. This was despite the numbers being appreciably lower than for white European workers arriving during the same time period. Changes in the 1949 Nurses' Act allowed the recruitment of nurses who did not meet GNC standards, but who could undergo adaptation programmes on arrival in Britain in order to join the nursing workforce quickly. This situation still prevails today. The gradual decline of Empire and a post-war move towards colonial independence heralded the emergence of the 'New Commonwealth'. This represented a need to maintain good relations, primarily for issues such as trade, with those countries pressing for and achieving independence.

Nurse recruitment was therefore complicated by a post-World War II social attitude towards race and a post-colonial agenda on the part of the Colonial Office, which needed to avoid overtly racist behaviour. White European volunteer workers (EVWs), whose history is explored in chapter 8, were seen as desirable recruits to British society, even though language was a major barrier, an issue not encountered with many colonial workers. The former could be assimilated into British society with relative ease, this was not only due to their colour but because, unlike with colonial workers, Europeans were not British subjects. The MLNS therefore had the ability to select the youngest, fittest and usually those without dependents to staff the hospital system from the post-war displaced persons camps of Europe. Generally, EVWs were filtered into ancillary roles, although the issue of language may in fact have been an important barrier to entering the upper echelons of the occupation, rather than overtly racist undertones. EVWs did, however, allow the local female population to remain at home, as the new foreign workforce took the more unpopular traditional female jobs in domestic hospital work, as well as in textile and manufacturing industries.

The thesis concludes that government workforce policy in nursing did little to develop the occupation professionally and focused upon immediate short-term goals. Workforce policy emerged during a period of national crisis, which although abating with the end of World War II, was replaced with the Conservative government's continued concern at the cost of the NHS. This concern was based primarily on the high cost in the initial few years, rather than continued monetary escalation.¹⁷ This did little to palliate a largely

reactive policy that prevented the expansion of, or change to, the traditional hierarchy of nursing, enshrined in the structure of the Whitley Council pay scales. Struggles to maintain differentials between the various segments of the occupation formed the centre of the workforce policy of the Ministry of Health. This had become increasingly complex with the increasing dilution of occupational labour, ushered in through both a gradual increase in unqualified nursing auxiliaries and the emergence of the state enrolled assistant nurse in 1943.

In conclusion, this thesis argues that within government workforce policy and planning of nursing, in both World War II and in the immediate years following, expediency won the day. This ensured that long-term objectives to develop a credible career structure for nursing were sacrificed to short-term goals. These focused upon areas such as recruitment, formed within a reactive and opportunistic policy and subordinated to any long-term notion of workforce planning.

In the early years of World War II, the Ministry of Health and the MLNS had struggled to gain control of the management of the nursing workforce, where previously they had shown little interest. Much early effort appears to have been wasted appealing to the patriotic fervour of women to answer the call to either train or return to nursing. It was not until three years after hostilities began that compulsory registration was initiated, through the formation of a representative NAC at the MLNS.

Severe shortages of nurses and a reluctance to direct wartime nursing labour in favour of limiting employment opportunities through a Control of Engagement Order, resulted in a

workforce crisis that was arguably worse at the end of World War II than at the beginning. The post-war years and the desperate need to staff the new NHS resulted in a continuation of a reactive workforce policy, which altered only in its diversification of nurse recruitment and the involvement of the Colonial Office. The emphasis on part-time schemes and employing male nurses did little to enhance the status of nurses in the NHS, or to create a clear career structure. Increasing 'coloured' immigration in the immediate post-war years raised government concerns regarding the societal effects. Colonial workers were British subjects driven to the motherland by economic hardship. Their use in nursing attempted to solve the workforce crisis and allowed a legitimate use of women over black men, who were misguidedly perceived as potential troublemakers. The approach also supported an essentially unfounded belief on the part of the ministries, that trained 'coloured' nurses would want to return home to dissipate their skills.

EVWs offered a more desirable workforce option, despite the fact that the language barrier appears to have led to a severe hindrance to offering public service. The ability to limit the flow and direct workers through workforce restrictions: 'landing conditions', offered a more controllable solution to the nursing crisis. In reality, EVWs did little to augment the nursing workforce, but their ability to be assimilated into the British race, due to their white ethnic origins, offered a highly desirable alternative to 'coloured' workers.

Finally, the literature review within this thesis introduces the work of civil servant and psychologist Dr John Cohen.¹⁸ His *Minority Report* written with the assistance of

Geoffrey Pike, and published at the launch of the NHS in 1948 in response to the government initiated report into the recruitment and training of nurses (the *Wood Report*, 1947),¹⁹ remains one of the most radical critiques of the failings of workforce policy and planning in healthcare of the period. The report's analysis of the lamentable lack of statistical data on which to base long-term workforce planning in health services and notably nursing, is both a reflection on the flaws of government management of nursing within the NHS at the time and a salutary reminder of today's continuing workforce problems within the occupation. The conclusion reflects on the *Minority Report* in the light of the data analysed in nursing workforce policy and planning of the period, and reviews the key themes developed within this thesis.

Chapter 2: Historical Context

This chapter explores the historical background to the current thesis. It examines the 'laissez-faire' attitude of government to the worsening nurse recruitment crisis in the 1930s and the dissatisfaction, expressed by a variety of organisations claiming to represent nurse's interests, to conditions of service and pay. This aims to provide the reader with an understanding of the issues facing the government when it initially became involved in nursing workforce policy and planning, primarily in preparation for air-raid casualties on the home-front in 1939.

The nursing occupation during the period of the 1930s has been explored by a variety of historians.¹ It represented a time of increasing unrest amongst those who emerged or existed to represent the workforce. The supply of nurses gradually increased during the decade, as indicated by the number registering with the General Nursing Council (GNC), the occupation's regulatory body. The number had in fact more than doubled in the eleven years since 1926.² The demand however was exceeding supply. This can be seen through the increasing number of advertisements placed by hospital matrons desperate to recruit nursing staff. This increased in the occupation's main journal which held vacancy advertisements, *The Nursing Times*, by 10,690 in the three years to 1937.³ The primary reasons for this are explored in chapter 5, but included the effects of the 1929 Local Government Act which extended the range of services offered to the public by transferring hospitals and infirmaries to local government control.⁴

Hospitals themselves had been excluded from most of the statutes which had been passed during the 19th and early 20th century to regulate the hours and conditions of industrial workers.⁵ Dingwall et al describe nurses' pay, working environment and terms of employment as being largely determined by the play of market forces, together with whatever degree of industrial organisation nurses had been able to establish in the face of hostile employers.⁶ Hospital employers had generally been against the pro-registration movement, led primarily by Mrs Bedford Fenwick. This had achieved a Nurses' Registration Act in 1919, but only after a series of bills had been unsuccessfully introduced to parliament.⁷

The employer's opposition was based upon its reliance on its own trained staff to produce the service. In the absence of a national system of credentials for nurses, the voluntary hospitals had created what were essentially a series of captive labour markets. The job-specific nature of training produced a class of skilled assistants who depended upon that particular hospital for employment. If the hospitals allowed the occupation to organise itself and create a more homogenous market, they recognised that their influence would be matched by a monopolistic supplier of hospitals.⁸ The hospitals would have to employ nurses on terms set by the occupation. In the 1930s, the voluntary hospitals in particular were severely short of funds,⁹ and any improvements in the working hours or nurses' pay could be ill afforded. The alternative would be financial assistance from the government to support salaries and the cost of regulated hours, which could inevitably lead to a long-term commitment.

By the mid 1930s the national press had become the champions of the nursing cause, vividly describing the plight of the nurse and adding to the unrest within the occupation.¹⁰ Registration itself had not resulted in a homogenous group of workers. The Act produced a central register, but a variety of supplementary parts.¹¹ In addition were a growing number of assistant nurses, who were experienced, but not qualified. It was the government initiated *Inter-departmental Committee on Nursing Services* (the Athlone Report), which was published in an interim form in 1939 due to the outbreak of war, that tried to eradicate their uncontrolled employment. The report viewed them as a 'definite danger to the patients under their care', calling for a second level of nurse through a roll of assistant nurses.¹² This was finally placed on the statute books through the 1943 Nurses Act.¹³ The occupation therefore represented a core of registered nurses, who had trained for three years, nurses with various skills and qualifications on the supplementary part of the register, such as fever nurses and sick children's nurses and those earning their living by experience alone.

This 'hybrid' nature of nursing would create a variety of workforce policy and planning issues for the ministries in subsequent years. This was notably through the need to create large advisory committees which held members from a variety of organisations all representing differing aspects of nursing. Although there was no government inquiry into nursing until the Athlone Report in 1939, there were various points where Members of Parliament (MPs) attempted to improve working conditions for nurses. Of note, was back-bench Labour MP, Fenner Brockway's attempt to pass a private members Bill in 1930, to establish a maximum 44-hour week and improve the wages, notably of

probationers. This was not welcomed by nursing organisations such as the College of Nursing.¹⁴ Brockway had failed to involve them in discussions for the Bill, a mistake which the MLNS and the Ministry of Health were to make again in the autumn of 1942, when planning the more even distribution of the nursing workforce.¹⁵ The College of Nursing also rejected Brockway's Bill through their view that the external regulation of hours was unprofessional.¹⁶ This view was in contrast to those of the unions.

In respect of the latter point, the 1930s represented an increasing unionisation and militancy within a proportion of the nursing workforce. The Trade Union Congress (TUC) emerged into the nursing arena by the mid 1930s, with the creation of an eleven-point charter in 1937 to improve pay and conditions for nurses.¹⁷ Thora Silverthorne, a registered nurse, created the Association of Nurses, which unlike the College of Nursing was formed along unions lines, but was created specifically for nurses.¹⁸ The TUC would only subsume nurses into its pre-existing membership. In addition, the National Association of Local Government Officers (NALGO) and the Guild of Nurses, formed as part of the National Union of County Officers, all made provision to represent the various elements of nursing.¹⁹ This inevitably emphasised the 'hybrid' nature of the occupation. Dingwall et al highlighted the issue, which will be repeated within this thesis, that no one group had the power to promote positive change, but many had sufficient to veto them.²⁰ This fragmentation inevitably played to government inertia, which was able to maintain a 'laissez-faire' approach, compounded by the varying views on what change should occur, and the lack of power in promoting change of any one group.

The inquiries into nursing during the 1930s were dominated by two reports at the beginning and end of the decade. They notably emphasise the point raised later by Dr John Cohen, as part of the post-World War II *Wood Report* which examined the recruitment and training of nurses, that planning of nursing services was based more on committee opinion than statistical analysis.²¹ The Lancet Commission began its work at the end of 1930, producing two interim reports which offered details on their findings and a final report in 1932, with recommendations.²² This was the first large scale study of the nursing workforce, although the impetus for its work does not remain entirely clear. It is interesting to note that it was a private investigation by the medical journal and not by government or the College of Nursing. However, the latter provided evidence, and Rafferty has argued that with the paucity of good statistical data on the characteristics of the nursing workforce and nurses' educational background, the Commission relied heavily on the opinion of the College in its recommendations.²³ The commission's terms of reference were to inquire into the reasons for the shortage of candidates trained and untrained for nursing the sick in general and in special hospitals throughout the country, and to offer recommendations for making the service more attractive to women who were deemed suitable for the work.²⁴

As well as oral and written evidence, a questionnaire was sent to various hospitals. These were highly select, and instead of being a truly random sample, they were sent to voluntary and municipal hospitals in those counties beginning with the first letter of the names of those on the Commission. Only the letters C, K, S or M were chosen. However, a random selection of sanatoria were selected, with tuberculosis being an area of notable

shortages of nursing staff. This resulted in 1,251 hospitals being sampled.²⁵ Shortages of all grades were reported, with 61% of London voluntary hospitals, and only 6% of London and provincial municipal hospitals (approved as training schools), stating that they required secondary education, matriculation or the school leaving certificate as the educational standard for probationer entry.²⁶ It simply was not practical for all hospitals to enforce this. Attrition was reported as high, with only one quarter of the full establishment of probationers in the voluntary hospitals (London and Provincial) passing the registration exams in 1930. In the municipal and children's hospitals it was about one sixth. In all the hospitals combined, nearly one fifth of probationers left annually, heightening the recruitment drive to replace them.²⁷

In the final report it was noted that questionnaires had been sent to sixty nurses in training. The questions asked recipients for the reasons for advising girls from their own school to undertake nurse training, or not to do so. The report stated that the objections raised were much more numerous than the points in favour of nursing, although many of them were deemed of 'a minor character'. Of concern is that the report states the recipients were 'for the most part personally known to the members of the Commission or to their friends', once again basing recommendations on a wholly biased sample.²⁸

The College of Nursing attributed the recruitment problem to an increasing demand for nurses and not their supply.²⁹ As highlighted here, this was born out as the decade continued. In addition, the College made the assumption, as Rafferty noted, that nursing was losing ground to other middle-class professions, such as teaching and social work,

which were seen as more attractive.³⁰ No statistical evidence was provided to support this, and research by Maggs in the early 1980s examining recruitment in two large voluntary hospitals and two poor law infirmaries, suggests that it is unlikely recruits were ever drawn in any great numbers from the middle classes.³¹ Rafferty in examining the publicity material of the College of Nursing in the early 1930s, argues that this was the professional ideals proposed, but did not match reality.³²

The three reports ultimately produced can be criticised, not only for the point which Dr Cohen was to later make, but because of its unrepresentative methodology as a basis for making plans to solve the unfolding nursing crisis. The report did little to change the worsening crisis in nursing beyond raising awareness, less perhaps because of an unrepresentative sample which organisations such as the College of Nursing did not seem to identify, but because it aimed to adapt rather than radically reconstruct existing facilities.³³ Importantly, the financial problems of the voluntary hospitals which were heavily represented in the report, resulted in findings which were predominantly confined to non-monetary measures. The press response emphasised the varying views and ideals of differing groups involved with the nursing occupation. Rafferty argues that the conflict of ideals was seen with senior nurses who regarded long hours as an important part of training, and those who recognised that the training failed to cater for the intelligent girl.³⁴ The one issue where there seemed to be agreement was raising probationers salaries to attract recruits,³⁵ but this was not a realistic possibility with the financial state of hospitals.

Dingwall et al bring together the key elements which, by the end of the 1930s, led to the government inquiry into the nursing situation.³⁶ By the mid 1930s the weight of public concern had been heightened by the popular press painting the nurse as the abused ministering angel. Industrial militancy had grown, and included staff who as part of the Guild of Nurses, had marched down the strand in London. Parliamentary pressure was growing for a policy response to the Limitations of Hours Bill. The proposal for this new Bill to reduce the nurse's working week to 48 hours had been initiated by the National Union of County Officers (NUCO), who persuaded the TUC to organise parliamentary sponsorship.³⁷ An inquiry by the government would also have the advantage of prolonging the period of inactivity, while the Commission reported.

The subsequent Committee under the chairmanship of the Earl of Athlone, had a wide remit to examine the arrangements in regard to nurse recruitment, training, registration, and terms and conditions of service for those who nursed the sick.³⁸ The report supported the issue of increasing demand outweighing supply.³⁹ The interim document was not in fact dissimilar to the TUC charter, with proposals for national machinery to negotiate salaries, a 96-hour fortnight and transferable superannuation. It also recommended protecting the public through the aforementioned creation of a roll of assistant nurses.⁴⁰ The financial implication of implementing the report was once again of grave concern. World War II brought the opportunity for a lack of action, while nursing services began to be examined in preparation for first-time air-raid casualties within the United Kingdom.

In conclusion, the 1930s represented a worsening crisis in British nursing in terms of increased unrest through active and diverse unionisation and pressure from the College of Nursing for government action. The period represented a 'laissez-faire' attitude to the crisis from government, notably because of the financial implications resulting from intervention. The report from the *Inter-departmental Committee on Nursing Services* was the result, but it was never published in its full version due to the outbreak of war. Its recommendations were not acted upon for three years, until the standardisation of salaries across the country through the Rushcliffe Committee.⁴¹ This was primarily in preparation for possible direction of nursing labour, and to enable a greater fluidity of nurses to move to areas of greatest shortage. Rafferty has suggested that the instigation of a committee of enquiry did not imply zeal on the part of the government to assume greater financial responsibility for nursing services or indeed education. The intervention can be understood as a pre-emptive strategy during a period of great unrest in the occupation, designed to quell industrial unrest and palliate the deepening crisis in the nursing service.⁴²

Chapter 3: Literature Review

This section examines historical studies that have explored nursing issues within the time period under study, as well as the relationship of the occupation to government workforce policy and planning. The aim is to demonstrate how historians of nursing have framed the workforce problems encountered by the occupation, the seemingly unending riddle of achieving adequate nurse recruitment and nursing's own drive for professional status. Once explored, this will provide the framework for arguing that the unique contribution of this thesis to the history of nursing workforce policy and planning is the detailed exploration of the government approach to managing the occupation in World War II and in the immediate post-war period. Overall, there still remains a paucity of available studies examining workforce policy and planning in nursing. Of those that exist, the predominant approach remains an examination of the relationship of the nursing organisations with the Ministry of Health. No previous study has explored the different roles played by the three ministries, the interplay between them and especially the contribution of the Colonial Office to the recruitment crisis of the newly formed National Health Service (NHS) in 1948.

The thesis argues that there was a discernible division of labour across the ministries' functions, defined in the introduction as encompassing three 'Rs'. The Ministry of Health addressed issues of 'retention', the Ministry of Labour and National Service (MLNS) addressed 'recruitment' and the Colonial Office allowed for increased diversification in recruitment, therefore aiding 'replenishment'. An analysis of the balance between the three ministries involved in nursing workforce policy and planning remains lacking. It is these integrated approaches to wider workforce

strategies and sociological attitudes of the time that are considered in the present thesis.

Early histories of nursing have tended to examine nursing against the accepted view that the ideal occupational status is that of a profession. Abel-Smith's history of the nursing profession published in 1960, focuses primarily on the occupation's attempts to achieve the traits that appeared to be the hallmark of professions such as medicine and law.¹ Early sociological commentators such as Carr-Saunders and Wilson had promoted such traits since the 1930s.² Although variations in traits have been identified by authors,^{3,4,5} the list of features is generally consistent. These involved: a philosophy of public service and altruism, skills based on theoretical knowledge, extensive training or education, a code of conduct for practice; and the issue of self-regulation. Prior to the 1970s and the emergence of sociological writers such as Freidson⁶, Johnson⁷, Roth⁸ and Illich et al⁹, there was no notable criticism of professional power over those it served. By the late 1960s, authors such as Etzioni (1969) were still claiming that nursing was a 'semi-profession', with the implicit message that all health-care disciplines tended to revolve around the static concept of the paradigmatic profession, medicine.¹⁰ On occasions when nursing analysts reviewed their own history, they invariably reported that they were moving nearer to achieving their professional ideal.^{11,12,13}

Abel-Smith's work was one of the first to address a progressive dilution of labour, especially in the post-World War II period. Nursing emerges in his work as increasingly dependent on untrained auxiliary nurses, thereby moving the whole occupation away from a fully trained and closed profession.¹⁴ The Royal College of

Nursing's (RCN) decision not to oppose a second level of nurse emerging from this group, through their support for a regulated assistant nurse,¹⁵ aimed in part to reduce workforce competition. Importantly, it attempted to place the new nurse firmly at a lower point in the professional hierarchy, by allowing the registered nurse to pursue an educationally more privileged and orientated form of nursing. Abel-Smith's thesis relies upon the notion of cooptation, and draws attention to the capacity of a domain and group within a profession to incorporate potential rivals who threaten their interests. He does not attempt to criticise the role of professions, but that is not his aim; he elucidates the historical progress of nursing in its goal to achieve professional status.

Therefore in terms of historical studies, Abel-Smith's work is unique in that it still remains one of the few to address the issue of the dilution of labour,¹⁶ examining more widely the key groups involved in delivering a nursing service. His account marked a watershed in the history of nursing since it departed from previous studies, which had tended to focus much more narrowly upon professional leadership as the agent of change and the controller of nursing's own destiny. Such histories were often written and explored in a somewhat eulogistic manner.¹⁷

Subsequent historical studies of nursing from the 1970s have built upon the sociological analysis of the role of professions and their interaction with society. This was accompanied by placing the history of nursing within a much wider sociological landscape. More recent examples include Davies's examination of the issue of professions and professional status.¹⁸ Here Davies looks back at nursing's history from the often ignored position of gender. She then considers how nursing has

developed within this framework and maps out a future direction. Her argument centres around the idea – ‘the twist’, as Davies calls it – that nursing is not a profession but an adjunct to a gendered concept of profession. Nursing is therefore the activity that enables medicine to present itself as masculine/rational, and to gain the power and privilege of doing so. Nursing’s role may not be to become a profession in the traditional or conventional sense of the term, but to challenge the gendered basis of the concept.¹⁹ Davies’s work builds on that of medical sociologist Margaret Stacey, who espoused ‘new professionalism’ with its recognition of the differing, but equally valuable, role of other healthcare professionals, and the necessary adjustments within medicine to the judgement of, and control over, these other groups.²⁰ This shift also includes an altered role for the professional in power relations with the patient.

The inter-war years

The time period immediately preceding this study has been relatively well explored. This covers the nursing occupation during the 1930s. There is a general consensus in work such as Dingwall et al,²¹ Rafferty,²² Hart,²³ and Scott,²⁴ that while the occupation struggled with low pay, long hours and a hierarchical regime in the workplace, the government adopted a ‘laissez-faire’ attitude to workforce planning in nursing. Abel-Smith, in his history of the nursing profession, focuses primarily on the growth of unionisation in this period and the tension between the aspirations of these emerging groups and the College of Nursing (it gained royal patronage in 1939).²⁵ However, again he argues that any recommendations for change could be not implemented without more money being found for the ailing voluntary hospitals and concomitant long-term commitment from the Treasury.

Eventually, a government-initiated inquiry was launched and reported, but was ultimately aborted as an interim measure due to the outbreak of war in 1939.²⁶ The use of an inquiry can also be seen as a method of forestalling action and avoiding the financial implications, until all interested parties had been consulted. The reasons for the lack of involvement of organised nursing are explored within this thesis and its influence on the subsequent workforce strategy explored. Failure to remedy the situation resulted in an approach that needed to unite an occupation in readiness for air-raid casualties on the home front. However, the numbers of nurses and their distribution were not known. Staff numbers were low and matrons had been left to deal locally with their own recruitment needs, with no standardised salaries to aid mobilisation of the workforce.

World War II

Starns has examined British nursing during World War II.²⁷ Her work particularly focuses upon the Civil Nursing Reserve (CNR), which was utilised to augment the nursing numbers. Again, the issue of professional status is introduced, with Starns framing the issue around her very personal view that the nursing occupation turned to what she defines as 'militarisation' to achieve professional advancement. The work highlights the chaos which ensued from ministerial attempts to deploy and distribute the nursing workforce in the early war years. This emerged from the unrest that differentials in pay created between CNR nurses and those working in the struggling hospital system, desperate for nursing staff. A critique of Starns's militarisation theory is offered in this thesis in the context of the reluctance of both the Ministries of Health and Labour and National Service to resort to direction of labour, and as a measure of conscription that one might associate with militarisation.

White's Ph.D. thesis and subsequent book examined the effects of the introduction of the NHS upon the nursing workforce in the first twenty-three years of the health service.²⁸ Her work explores the effects of bringing together varying groups of nurses from previously differing service sectors, such as the voluntary and municipal hospitals. To White, the voluntary hospitals regarded their nurses as part of a prestigious organisation with 'traditional charisma' and occupational status as 'ladies'. In the municipal hospitals, where nurses were employed by the local authorities, they were regarded as employees and often merely as 'hands'.²⁹

White's work focuses less on a progressive dilution of nursing labour, than the effect of the NHS in creating a pluralist view of nursing. She argues that the occupation emerged into the 1950s as consisting of three broad groups: the generalist nurse, who regarded nursing as practical and skills-based; the specialist who saw post-registration qualifications as the method of achieving enhanced nursing prestige and status; and the nurse administrator. The latter sought greater authority in policy-making, turning to bureaucratic values, in competition with the administrators and civil servants.³⁰

White suggests that there is no evidence that organisations such as the RCN, and indeed the nurses themselves, understood this division of goals 'or the ambiguity in their collective search for status.'³¹ This, White appears to suggest, is seen through the suppression of differing dissenting groups within the RCN membership, rather than the embrace of a pluralist approach and an attempt to meet the varying needs in the post-war years.³²

Against these differing factions she contrasts the government attitude towards nursing, and this is again analysed primarily through the Ministry of Health. For

White, the Ministry had little regard for nurses and never appeared to see them as anything other than a single group; that is, generalists or semi-skilled workers. She believes that they were perceived and presented in ministerial documents as only one step away from domestic staff:

'The race, after 1948, to recruit and train as many nurses as quickly as possible in order to staff the half-million empty beds meant that the emphasis on numbers had to predominate over quality.'³³

This idea that nursing was one large group of generalist workers is supported by her view that the Ministry of Health followed what is described as a unitary workforce policy. The Whitley Council, which set salary scales with both employer and staff representatives, provides an example of a system whose aim was primarily to maintain differentials between ancillary staff and the lowest grade on the nursing structure, the auxiliaries. It adhered to a generalist view of nursing, with nurses seen as practical skills based workers, not as specialists in a particular area, therefore fitting posts to grades, rather than opening up the grades and fitting these to the posts. There was thus no means of encouraging clinical expertise, or rewarding excellence. Salary enhancements or leads were only given to nurses working in shortage areas, rather than to those with additional training and qualifications.³⁴ Her argument therefore centres on the relationship and subsequent tension between three broad, but differing status-seeking groups within nursing, and a reactive, unitary workforce approach from the Ministry of Health. Nursing as an occupation, unlike medicine or the hospital administrators, had not achieved a clear status or a strong negotiating position in the new NHS.

What White does not suggest, and partly because it was prior to her study, was that nursing as an occupation was highly fragmented before the NHS was formed. White contends that following 1948 nursing separated into the three *new* groups referred to above. While the Ministry of Health dominated nursing policy as its primary employer, all other nursing institutions, such as the RCN, had to subordinate what professional goals they had to the overriding needs of the 'common good.'³⁵ These were short-term goals and appear to have been led by a desperate need to staff the shortage of beds. There was as a result little regard for the long term, and, as far as White is concerned, no one questioned the robustness and rationale of these goals, or the ways in which they should be achieved.³⁶

This reactive policy is identified and discussed within this thesis, with the MLNS utilised as a recruitment machine to fuel the NHS nursing workforce needs. Following World War II and within the wider confines of the perceived role of women in society, the Colonial Office performed the same role with overseas staff. However, in contrast to White's assumption that the Ministry of Health saw nurses as semi-skilled staff close to the domestic role, the issue in fact may have been more complex.

This thesis argues that nursing was perceived as a 'hybrid' occupation. This is not because the ministries did not see nurses as semi-skilled, generalist workers; indeed the MLNS Appointments Department questioned whether nurses were of the appropriate professional standing to use its service to gain employment. It was a matter of how nurses viewed themselves and could therefore be manipulated. Nurses had no unemployment problem and had traditionally found employment through the matron of the hospital. The MLNS had to hide any views of how it saw nurses, to play

to the occupation's own view of themselves, encouraging them to utilise MLNS employment resources and therefore enable statistical monitoring to be undertaken. The NHS may have brought together status-conscious voluntary hospital nurses and those employed by the local authorities, but this amalgamation may not have affected how the ministries viewed the occupation. Where this thesis differs from that of White is its teasing out of consideration of the in-fighting and variety of opinion within the ministries, excavated in this thesis for the first time from the primary documents.³⁷ These data are analysed within an argument which explores how the ministries interacted with each other in the process of policy formulation and implementation, and how they viewed and responded to the nursing occupation.

Scott's Ph.D. study again analyses the relationship between the Ministry of Health and the nursing occupation.³⁸ This is manifest through three organisations, the RCN, the Association of Hospital Matrons and the General Nursing Council (GNC). The latter set nurse-training requirements and maintained the professional nursing register and roll of assistant nurses. Scott's work extends from the formation of the Ministry of Health in 1919 until 1968, when it was amalgamated with the Ministry of Social Security. Again, the primary focus is upon one ministry, with passing reference to other ministerial involvement, notably the RCN's negotiations with the MLNS. Whereas White addresses the effects of the NHS on the nursing occupation, Scott's work is somewhat critical of a politically immature occupation, and a series of missed opportunities to work with the Ministry of Health in shaping the emerging post-war health services. She concludes that nursing had not been limited in what it wanted to achieve by the Ministry of Health or the Civil Service, which is essentially the antithesis of White's arguments.³⁹ For Scott, the limiting factors, which appear to

have prevented the achievement of a strong negotiating position in the NHS, were largely of nursing's own making.

'While the Ministry were developing proposals for fundamental changes in public policy and services, the nursing organisations were pursuing narrower professional interests isolated from these service demands. The civil servants in the Ministry of Health, in frustration at their failure to establish satisfactory working relationships with the nursing organisations, concluded that the problem lay with the people who held positions of leadership.'⁴⁰

Scott's argument about the failure of nurse leadership still leaves the issues and reasons why under-explored. Although evidence is suggested, and is indeed supported in this current thesis, that the RCN worked favourably with the MLNS nurse advisory committee, it is not clear from Scott's work why the RCN was so reluctant to work closely with the Ministry of Health. This argument goes beyond the implied and alleged political naivety and lack of awareness of wider social issues, to an awareness of the effect of the NHS upon nursing in the RCN's attempt to regroup and focus on the recommendations of the pre-war Athlone Committee. The RCN addressed the professional status of the qualified nurse through the later Horder Committee it set up itself in 1941, endorsing the curriculum for the new assistant grade of nurse. This was an attempt to widen the differentials between trained nurses and unqualified staff, and to control the threat posed by the latter.

This thesis challenges those aspects of Scott's work that suggest the nursing leadership failed to engage effectively with policy-makers. Indeed, quite the contrary would appear to be the case. The RCN were perhaps less proactive than they could have been in taking the opportunity of discussing the NHS White Paper with the Minister of Health, Ernest Brown. Symptomatic of their thinking is the statement

from the RCN's General Secretary, Frances Goodall, who declared that her committee was not concerned with any ministerial or departmental aspect of nursing, but urgent professional adjustments.⁴¹ Scott's work attributes the lack of policy focus primarily to the poor preparation of nurse leaders who found themselves negotiating with the Ministry of Health. Most, she argues, came from the ranks of matrons to the RCN or GNC. For Scott, they had undertaken nurse training on leaving school and no further general education:

'They brought with them a knowledge of nursing but little awareness of the wider world in which the profession of nursing existed. Also the practice of nursing was, at the time those women trained, concerned with carrying out practical tasks in response to the directions given by others. It was therefore not surprising that those women, who stayed in the profession and attained positions of leadership, could not easily consider nursing services within the overall context of health policy.'⁴²

This speculation, unlike White's work, does not take account of what nursing itself was trying to achieve, beyond what nurses chose to focus upon. In addition, White suggests a continued fragmentation occurred within nursing, unlike medicine, which inevitably makes negotiations difficult when a variety of needs, particularly those required to placate an organisation's membership, have to be met.

Scott is also critical of nursing *within* the Ministry of Health. Chief Nursing Officer Katherine Watt's division is seen 'as more or less a paper exercise'.⁴³ The saving grace for the occupation appeared to have been Elizabeth Cockayne, Watt's successor. She is represented as the founder of the modern division of nursing at the Ministry, described as moving day-to-day work from the management of a service to an involvement in policy planning for multi-disciplinary and multi-faceted services.⁴⁴ Scott's work provides another useful argument and reference point in speculating how

negotiations may have progressed, but again takes a narrower perspective of the wider workforce management of nursing, by addressing one aspect of a tripartite approach to post-war nursing issues.

Of interest and in contrast to Scott's work is Baly's analysis of Goodall's professional life as RCN General Secretary.⁴⁵ Scott portrays Goodall as narrow in her vision of nursing, looking inwards to professional status, rather than to the wider contribution of nursing to an emerging NHS. While Scott argues that the RCN in fact had little interest in nursing officers in the Ministry of Health,⁴⁶ Baly describes Goodall as:

The General Secretary, who had done so much to get the College into the corridors of power during the war and who had battled for a chief nursing officer at the Ministry. Far sighted, and often ahead of her Council, she had welcomed the National Health Service and worked hard to get the best deal for nurses in what was a chauvinistic, medically orientated world.⁴⁷

Careful reading of Baly's articles calls into question whether this is in fact an alternative viewpoint or whether she has achieved what White had wanted to do with her analysis of the Ministry of Health.⁴⁸ She teased apart the differing voices within an organisation, the RCN, seeing light as well as shade. Support for this viewpoint comes from Baly's argument that:

'At the time of the inauguration of the NHS in 1948 most of the profession, and particularly the leaders, saw nursing as a vocation and regarded labour relations as dirty words. They were not interested in a proper professional salary, but clung to the idea of emoluments – preferably tax-free – to provide their basic needs.'⁴⁹

Of importance to this thesis is Rafferty's final chapter in her exploration of the factors which have shaped and limited the development of nurse education from 1860 until the formation of the NHS in 1948.⁵⁰ Emphasis is placed upon Dr John Cohen's

Minority Report published in the year that the NHS was formed.⁵¹ This followed Cohen's involvement in the government initiated enquiry into the recruitment and training of nursing staff (the *Wood Report*) of the previous year. Cohen felt unable to sign this because he felt at least part of the conclusions were not based on sound methodological approaches, with statistical resources utilised within the Ministry of Health condemned as 'lamentably defective.'⁵²

The report written with Geoffrey Pike, argued that the traditional Committee approach of policy making did not address the intractable problems of nursing. Nursing workforce problems could only ever be amenable to solution if examined within the context of wider health service developments, with an integrated and comprehensive approach to health services, social and economic planning.⁵³ This was seen as fundamental to the optimum use of man and woman power. Poor quality data on which to solve the nursing workforce issues in the new NHS were seen as a major impediment. The report called for a social research organisation to service government departments and to provide a stronger foundation on which to create workforce policy in the health service.⁵⁴

Rafferty's highlighting of the *Minority Report* is significant to this current work for several reasons. It emphasises an early and radical critique of government workforce policy and planning at the beginning of the NHS, that was essentially ignored. This was in favour of a reactive and primitive workforce policy approach based on the short-term gains of a blanket approach of mass recruitment. Cohen's work is supported within this thesis with a detailed exploration of how the ministries managed the nursing workforce within a poorly developed policy, the roles that each undertook

in this area and how they viewed the occupation. Despite the passing years, the *Minority Report* still remains a salutary reminder of the inadequacies in current workforce planning within the nursing occupation.

In conclusion, previous historical studies have examined many of the key elements involved in the overall workforce policy of nursing, such as solving the recruitment problem and achieving professional status. Early studies, especially internalist accounts, were narrow in representing nurse leaders as the key to the occupation's destiny. This thesis argues that the history of the professions is inextricably linked to examinations of the history of nursing and to workforce policy and planning. Abel-Smith widened the focus of previous nursing histories by addressing the dilution of labour as the framework for the occupation's attempts to achieve professional status, while attempting to solve the recruitment problem. Later studies began examining nursing within a wider social context of changing needs for the service and the general influence of government policy. This, however, aside from Rafferty beginning to highlight the inadequacies in post-war government workforce policy and planning in nursing, is the first study to examine the wider and more detailed role of the different ministries and their interactions with professional bodies and trade unions within the area of managing the nursing occupation.

Chapter 4: Methodology

Introduction

This chapter will explore the methodological approach adopted in the study, within the context of the quantitative/qualitative debate in the study of history. The role of historical research in nursing will be considered against the backdrop of its link to current nursing policy. The research aim and objectives will be outlined, with an exploration of the differing data sources and the methods of collection. In particular, the value of a modified form of triangulation, cross-referencing through the use of a variety of primary and secondary sources exploring the same event is considered, to strengthen the arguments being presented.

The quantitative/qualitative debate in nursing research

Historical research is generally regarded as part of the qualitative paradigm. This is not only because of its generation of a rich narrative as opposed to numerical data, but because of the subjective interpretation which the historical researcher employs, resulting from the often fragmented data which have survived to the present day. However, historical research is not exclusively a qualitative endeavour. The formation of the cliometric society in 1983 is an example of an academic organisation utilising quantitative methodology through economic theory and statistical techniques to study economic history.¹

Within historical research, debate has occurred, notably since the early 1960s, regarding the ability of historians objectively to capture past events. Carr and Elton are generally presented as representing the polar positions in this debate. Carr proposed that the study of history could not be the collection and organisation of

objective facts.² Historians inevitably brought their own interpretation to events, together with the influence of their contextual surroundings. Munslow of Staffordshire University reinforces this point, arguing that:

‘Every historical interpretation is just one more in a long chain of interpretations, each one usually claims to be closer to the reality of the past, but each one merely another transcription of the same events, with each successive description being the product of the historian’s imposition at the level of the trope, enplotment, argument and ideology.’³

Elton sounded the opposing argument with his staunch belief that the study of history should be the search for an objective truth regarding the past.⁴ Carr set his students along the sociological path to find out about historians as the key to understanding accounts of history. Alternatively, Elton set store by the potential of the written record to reveal its essence through the evidence, and to exclude the historian's interests and influences from the past.⁵ The emergence of post-modernism has added to the debate, with a number of authors rejecting the idea that there is such a thing as historical ‘truth’ at all.⁶

The role of historical research in nursing

Historical research within nursing remained limited to a somewhat self-centred and self-congratulatory approach for a significant number of years following the emergence of the Nightingale cult and its influence upon the occupation. Early histories, usually written by nurse reformers and their supporters, tended to synthesise existing knowledge rather than produce new knowledge through investigation.⁷ Rafferty, in reviewing the evolution of historical perspectives within nursing,⁸ argues that the eulogistic quality of early histories, present in works such as Nutting and

Dock's (1907-12) history of nursing,⁹ generally extolled the pioneering efforts of nurse leaders struggling heroically to further the cause of their occupation in the face of adversity. McPherson, in examining the development of Canadian nursing, reinforces this by arguing that this traditional interpretation has influenced much of the scholarship generated within nursing itself. This has generally been a focus on the process of professionalisation, with the struggle for professional legitimation and status.¹⁰ McPherson's point emphasises how history can inform scholarly activity, while a particular perspective may not address all of the wider, external issues, which influence nursing's development and thus future pathway.

Rafferty argues that these early approaches were somewhat self-defeating for an evolving occupation because they looked inwards, representing professional leadership as the agent of change and controller of its own destiny. This suggests that such an approach does little to advance nursing practice and notably leadership, because it may paradoxically obscure rather than clarify the factors which inhibit nurses from taking command of this, their own destiny.¹¹ The hallmark of these early studies appears to be an idealistic history written as a progressive linear narrative. It may not, however, take account of advances in nursing leadership, which may subsequently be lost with changing political approaches. The advent of general management in the 1980s and its effect on nursing offers an example.¹² A lack of critical analysis of the impact of wider social forces upon the occupation may produce a history which lacks not only validity, playing down tensions and conflict between competing bodies, but also offers no useful starting point for analysing the current potential affects of change.

The 1960s represented a watershed in the application of differing approaches to the study of nursing history, notably emanating from those outside the profession. As discussed in the previous chapter, Abel-Smith, an economist, examined nursing's history from the beginning of the 19th century and adopted materialist approaches to his study. He based his research on the pragmatic approach of nursing as paid work.¹³ Baly, although a nurse of some standing, placed the occupation within a wider sphere of a social and economic context, leading the way for more innovative approaches to nursing history.¹⁴ Dingwall et al¹⁵ located nursing within the context of government policy and applied sociological insights to the historical data. Davies, a sociologist, has examined the occupation from the perspective of the politics, class and gender affecting its development.¹⁶ The latter issue is explored in her text *Gender and the Professional Predicament of Nursing*. Davies's argument framed nursing's historical relationship with medicine within the concept of gender and the criticism of professions.

Rafferty argues that in early histories it was taken for granted that the interests of the leadership writing the account were synonymous with those of the rank and file of the occupation.¹⁷ The possibility of inconsistencies, which in reality symbolised the growing fragmentation of nursing as an occupation in the 1930s, through emerging multi-union representation, is rarely, if ever, considered. Similarly, the emergence of feminist writers in nursing history, such as Summers,¹⁸ now lends itself to the possibility of examining previously unpalatable issues such as the oppression of women by women and its possible affect on areas such as recruitment. The latter possibility had some resonance with findings from official documents considered in this thesis.¹⁹ By allowing the history of nursing to be open to interpretation from a

variety of perspectives, and importantly from those outside nursing, the occupation can explore those factors which have shaped, and continue to shape, professional development in a more critical and comprehensive way. Fashions in historical research affected by changing social attitudes have resulted in the re-emergence of figures such as black nurse pioneer Mary Seacole from the historical wilderness. Such issues may have led to the desire to explore black history in nursing and the wider society, as indicative of a more culturally tolerant Britain, but also to the submergence of the contribution of poor, white European workers to nursing, notably the European volunteer workers (EVWs) explored in this thesis.

Scope of the thesis: the research aims and objectives

The introduction to this thesis has highlighted that this research explores the governmental policy-making approaches towards the British nursing workforce from the beginning of World War II, until the end of the participation of the Ministry of Labour and National Service (MLNS) in 1957. The study examines the functions of the ministries involved in nursing, and the factors influencing the approach to policy-making activities, formulation and implementation. It explores how their distinct roles evolved, were negotiated and operated in respect of the occupation and in relation to each other.

A form of modified triangulation, the use of multiple sources examining the same event, is used within this thesis. This is used to both verify the arguments made and to track the often covert decision-making which can be the cornerstone of policy analysis. This is primarily through a variety of differing primary sources, such as the minutes of meetings, internal memoranda and letters. This is particularly important

because this thesis examines the workforce policy of three British ministries involved in managing the national nursing workforce during World War II, and in the immediate post-war years. These are the MLNS, the Colonial Office and the Ministry of Health. It will be argued that each ministry had a distinctive role, but that this was not mutually exclusive. A combination of what Rafferty refers to as 'multiple realities' is useful in teasing apart and tracking the pathways of decision-making involved in policy formulation and implementation.²⁰

The thesis argues that following a period of 'laissez-faire' towards workforce policy in the nursing occupation in the 1930s, two principal ministries became involved with the nursing occupation during World War II. These were the Ministry of Health and latterly, from 1942, the MLNS. The former was primarily involved in managing conditions of service and retention, while the latter launched and maintained an extensive recruitment campaign, utilising policy approaches such as a Control of Engagement Order and Direction of Labour. This demonstrated highly pro-active workforce planning in an attempt to enhance the service during wartime hostilities.

As war ended, the reactive recruitment policy was augmented by the involvement of a third ministry, the Colonial Office. While the MLNS recruited overseas hospital ancillary staff to relieve nurses of their duties, in addition to some nurse candidates, from those left destitute in Europe following war, the Colonial Office took advantage of a worsening economic crisis in parts of the colonies to recruit staff for British hospitals. The complexity and often contradictory factors relating to race, the need for women to return to the home and rear the post-war generation (the Beveridge ideal), within a context of a severe shortage of workers are explored. These issues all form

three overarching objectives, which are operationalised in the relevant chapters dedicated to the ministries involved in managing the British nursing workforce. The aim of the thesis is to explore the governmental approach to managing the nursing workforce during World War II and in the immediate post-war period. The objectives are:

- To consider the roles of the different ministries involved in both nurse recruitment and in managing conditions of service during this time period;
- To compare the division of labour between each ministry and how their areas of functional overlap were negotiated; and
- To identify the factors which drove and influenced government policy in managing nurse recruitment and conditions of service, including how the ministries viewed and responded to the nursing occupation.

Sources

The data for this study and its examination of government workforce policy in nursing are derived from both primary and secondary sources. A small number of oral histories were also taken in the early part of the thesis, related to the impact of the Salmon Committee's recommendations for senior nursing management on the hospital system in 1966. These interviews were undertaken with staff who were at sister and charge-nurse level, with a male member of staff having been a nursing officer newly appointed at a pilot site for the report. These oral histories were enlightening, but were subsequently not used as they ultimately extended beyond the final time period of the

study. However, they were useful reference points in understanding what was accomplished in developing a career structure for nursing and the potential to address long-standing problems related to leadership in the nursing occupation. Consideration was given to interviewing key figures who would have been involved in the policy making process within the three ministries of this study. After initial examination, through various contacts such as unions and professional organisations, it became apparent that many would have been towards their middle years at the time of the study, and were no longer alive.

So far this chapter has emphasised the growing and varied historical perspectives to nursing history. In the initial stages of the thesis these were accessed to provide both a useful overview of the immediate pre- and post-World War II time period for nursing, and to examine what arguments and subject material had already been explored. In addition to the use of secondary sources, a rich variety of primary sources were used. This was particularly important in examining the post-war government policy of utilising European and colonial people for both nursing and other public services, such as transport, but also in agriculture and the textile industry. The 'moving here' website, a project offering a database of photographic, document, audio and oral histories of migration to Britain over a 200-year period was extremely valuable.²¹ This resource brings together items from 30 local and national archives, museums and libraries, but was lacking in the experiences of EVWs who were used within nursing in the post-war period. The Mary Seacole Centre for Nursing Practice, an academic centre within the Faculty of Health and Human Science at Thames Valley University, was also useful, primarily in accessing staff for further data searches. Newsreel

footage was also utilised, notably through the British Pathe archive,²² together with photographic sources such as the Hulton Getty library in London.²³

A valuable and unusual source was the original calypso recordings made in London in the immediate post-war years, by artists such as 'Lord Kitchener' and 'Lord Beginner'.²⁴ The decision to examine this source of data stemmed from newsreel footage of 'Lord Kitchener' (Aldwyn Roberts) singing to the waiting camera teams as the *Empire Windrush* docked in Tilbury.²⁵ These men had arrived in 1948 looking for work and the lyrics to their songs explore life for colonial workers in London. These range from a celebration of the 'mother country' through to treatment by dubious landladies, rationing and stereotyped assumptions of 'coloured' labour: *If you're not white, you're considered black.*²⁶ It is known that two of the men aboard the *Empire Windrush* were given work in nursing.²⁷

The predominant sources for this study involved the investigation of primary data from a variety of public archives. Ministerial files from the Ministry of Health, the MLNS and the Colonial Office were examined in detail from 1937 until 1959. The year 1937 demarcated both a period of heightened unrest and unionisation in nursing, as well as government preparation for war and possible air-raid casualties on the home front. This marked a turning point in the involvement of, initially, the Ministry of Health in organising the national nursing workforce, which had previously been left to its own devices and the vagaries of the market. Public records for the MLNS, the Colonial Office and the Ministry of Health are housed at the Public Record Office (the National Archives) in Kew, west London. This was by far the largest data source utilised, with the archive also housing a useful reference library, containing secondary

sources of published histories, and details of the staffing of ministerial departments through the annual *Whitaker's Almanack*.²⁸ The 30-year rule, which prevents access for this time period from the date of the last document in the file, did not prove a major problem because this study terminates at the end of the 1950s. However, it did produce some problems in accessing files examining changing trends in the employment of black nurses as state-enrolled nurses, as one of the related files contained documents until 1974 extending (when that section was studied) into the last 30 years.

Additional documentary material came from the Royal College of Nursing (RCN) archive in Edinburgh. This contains a variety of minutes, published documents and photographs from the organisation's history, as well as collections from their affiliated groups, such as the Association of Hospital Matrons. These were invaluable in tracking the effects of government policy at the grassroots level of nursing practice. The Modern Records Centre at the University of Warwick was visited early in the writing of this thesis, for background reading regarding the unions representing nursing, such as the Trades Union Congress (TUC) and the Confederation of Health Service Employees (COHSE). Public attitudes to wider social change were seen through the anthropological surveys of the Mass Observation archives at the University of Sussex, Brighton. Local effects of changing workforce policies in nursing were noted through hospital records. These included minutes of meetings, but more frequently matrons' letters and ledgers of staff training with matrons' comments. A great deal of this material for the London area is housed in the London Metropolitan Archive.

Use of sources

This section offers an insight into the use of primary and secondary sources as data, their limitations and how this may be reduced by a method such as triangulation. Secondary sources are valuable in providing both an overview of past events, particularly their chronology, and in offering differing interpretations on the same subject. As highlighted, with the differing perspectives now emerging in historical studies in nursing, this can broaden the researcher's armory of interpretative possibilities surrounding past events. The limitation of secondary sources is the inevitable editing of events and the imposition of a particular interpretation. However, it is fair to argue that this also occurs with the creation of some primary data such as the minutes of a meeting, where every comment will never be captured verbatim and is subject to editing and the writer's interpretation.

Despite this issue, primary sources proved invaluable in indicating how policy agendas were set and equally how certain positions and evidence were excluded. This was a point made by Cutler in his study of the problem definition and policy response to the early costing of the National Health Service (NHS).²⁹ The limitations of primary data not only relate to what has survived, but what was recorded in the first place and why there may have been prudent editing or omissions. Cutler also argues that in modern state departments the volume of work necessarily means that a substantial devolution of decision making to officials at the lower levels of the policy machine occurs.³⁰ In arguing this point he refers to Michael Roper, the former Principal Assistant Keeper at the Public Record Office. Roper offers a useful guide regarding how policy-making can occur through differing pathways.³¹ This requires the historian to consider a variety of sources to more readily capture who was

involved, the arguments made and how these ultimately influenced the final policy approach. Roper suggests looking at policy 'initiation, development and execution'.³² It may seem evident that ministerial initiative in policy making can be ascertained from records of the Cabinet and its committees, but a notable feature of World War II was the role of non-departmental ministers. This reflects the positions of such ministers as the chairmen of Cabinet committees and as co-ordinators of major policies which might cut across departmental boundaries, as well as their personal status and interests.³³

Roper highlights that the initiation of a Cabinet paper by a minister does not necessarily mean that he was the real instigator of the policy which he is putting forward. He argues that it is therefore important to seek beyond the Cabinet records to ascertain whether the minister himself, or his department, or some outside source was the real initiator.³⁴ This of course presumes that there is an underpinning policy of workforce development and planning, with this thesis arguing that prior to World War II it was difficult to discern this emerging from the government. Roper's discussion of casting the net broadly is useful in capturing workforce policy and planning for nursing, notably when ministries appear to be vying for the control of differing areas such as the recruitment of staff. Policy-making may therefore be influenced by varying viewpoints, with the ultimate policy shaped by yet further factors such as financial implications, all of which will emerge through differing files of primary sources. The latter was a key feature of the relationship between the Ministry of Health and the Ministry of Labour and National Service in the immediate post-war years (*see chapter 4*). This said, primary sources can offer an insight into the

individual filtering role of civil servants which, in turn, can relate to the political stance of such individuals or to a departmental view.³⁵

Throughout this thesis it can be noted that correspondence, minutes and documents of the time period held a formality perhaps viewed as alien today. First names were rarely used, even with colleagues who obviously had quite close working relationships. 'My dear Jones' may have started a letter, but first names rarely entered usage. Even *Whitaker's Almanack*³⁶ offered only the initials of civil servants, with *Who's Who*³⁷ offering the most likely answer to full names, if the person was within its pages. Therefore, occasionally first names are used for the more significant figures within workforce policy and planning of nursing, but generally the conventions of the time are adhered to.

Finally and in addition, the importance of memoranda and interdepartmental notes, comments and marginalia often jotted on more formal correspondence and providing further valuable material, lies in the inability of both official documents and minutes to capture either the full discussion-making process, or inevitably to present a consensus decision. Through the use of a variety of primary documents, particularly surrounding the same event, a fuller, more valid interpretation is possible. In methodological terms this can be termed as a modified form of triangulation, because essentially it is using variations of the same data source, rather than completely different types. It can however, greatly assist historical research in understanding points of tension within or relating to a range of different perspectives. This is reassuring to the researcher endeavouring to develop an argument, and in offering some guidance in a process which at times can seem like a journey without maps.³⁸

Chapter 5: The Recruitment and Retention of the Nursing Workforce in World War II

Introduction

This chapter examines the workforce strategies utilised by the Ministries of Health and Labour and National Service within the occupation of nursing during World War II. The overall aim of the strategies was to rectify the severe shortage of nurses through recruitment drives and to address the perceived problems in distribution. This was prior to the anticipated German air-raids on Britain. Ministry officials appeared to view nursing as an entirely unique occupation and for the purposes of this chapter the workforce will be termed a 'hybrid', due to its mix of qualified and unqualified nurses. This presented difficulties for officials in categorising nursing as either a group of workers to be dealt with through the Labour Exchanges, or as a profession more amenable to the newly created Appointments Department.

This chapter explores how the Ministry of Labour and National Service (MLNS) was able to utilise a carefully constructed consensual approach to deal with the nursing crisis, which acknowledged the uniqueness of the occupation, in order rapidly to introduce intense recruitment campaigns and workforce controls. The chapter argues that the Nursing Advisory Council (NAC), set up by the MLNS and composed of ministry staff and representatives of nurses and employers, was used to achieve this approach, but can be considered as a smoke-screen for centralisation of health services and control of nursing workforce and policy.

Wartime management of nursing can be divided into two distinct periods. Initially, in the early war years, the Ministry of Health attempted to increase recruitment through the creation of a reserve of nurses, the Civil Nursing Reserve (CNR). This was handled poorly, resulting in discrepancies between their salaries and those of civilian nurses and a period of approximately a year, during which nurses waited for casualties that did not materialise. This contributed both to the deterioration in nursing morale and to the difficulties in maldistribution, as civilian nurses struggled with increasingly low numbers of staff. The second period covers the involvement of the MLNS, which reluctantly had to consider a series of increasingly restrictive workforce controls, such as a direction of labour, as the nursing crisis worsened. The reluctance to impose workforce controls reflected a reticence on the part of the Minister of Labour, Ernest Bevin, to direct any group of workers, but notably nurses, whom he and other officials considered to be engaged in a vocational occupation.

In adding to the difficulties in managing the workforce, throughout the pre-war years nursing had experienced an increasing shortage of staff, low morale and poor pay, yet government involvement had been virtually non-existent. Nursing had been left to the vagaries of market forces, and now the ministries were attempting to deal with the crisis and hoping to court cooperation from an occupation they had previously largely ignored. The occupation had always dealt with its own recruitment problems at a local level, with the result that there were no national statistics regarding workforce numbers or distribution. Nursing was also a newcomer to the MLNS in a time of increasing national

crisis. It had no unemployment problems and no real need to utilise the placement services of the Ministry.

The NAC ostensibly invited what appeared to be a consensual approach, but in reality used senior nurses and employers to filter through increasingly severe controls to a wary workforce. Evaluation of these methods reveals that they were ultimately ineffective and the nursing crisis was as bad at the end of the war, in the run-up to the nationalisation of the health service, as it had been at the outbreak of hostilities. The reasons for this apparent 'failure' are explored.

The nursing workforce at the outbreak of war

By the outbreak of World War II it was clear that there was an acute shortage of nurses, yet from a national perspective there were no workforce statistics for the country as a whole. *The Nursing Times* estimated in 1938, supported by figures from the occupation's regulatory body, the General Nursing Council (GNC), that an additional 10,000 nurses were needed to enter the occupation each year to staff the hospitals.¹ The journal, which advertised the majority of nursing vacancies, carried 6,429 advertisements in 1934, but this had risen sharply to 17,119 by 1937.² It was not until the post-war era that the Working Party on the Recruitment and Training of Nurses, (the *Wood Report: 1947*), estimated retrospectively that the male and female civilian nursing workforce had been approximately 158,000 in 1938.³ Only 79,000 of these were trained nurses or midwives, while the rest were experienced staff who were unqualified and were used in a variety of roles at the discretion of the matron or ward sister.⁴ Their lack of job clarity was

demonstrated through various titles ranging from assistant or auxiliary nurse, to nursing orderly.

The primary issue was not a drop in nurses qualifying, but a sharp increase in the demand for their services. In 1926, 4,269 nurses sat the final state registration examinations, yet this number, in 1937, had more than doubled, to 9,516⁵ The government-initiated interim report chaired by the Earl Athlone in 1939 had examined the nursing services and concluded that a variety of factors had resulted in the rise in demand. The greatest effect was noted as the Local Government Act of 1929, which transferred hospitals and infirmaries to local government control, extending the range of services offered. The public were also using nursing services to a greater degree, with a larger number of patients described somewhat nebulously as the 'acute sick'. Other factors included the development of medical techniques, with those undergoing 'x-ray and heat therapy' seen as requiring constant nursing care. Marriage was noted as a drain on nursing numbers, with a high number of nurses ceasing practice once married.⁶

Throughout the 1930s the shortage of nurses, together with unsatisfactory working conditions, came to the fore both in the popular press and through an increase in the number of organisations claiming to represent nurses' interests. The Royal College of Nursing (RCN), which gained royal patronage in 1939, was formed in 1916 and represented approximately 29,000 registered nurses by 1938.⁷ Its philosophy was that of an organisation created by and for nurses, which saw nursing as a profession in a similar vein to medicine. As such there was no place for the political and radical ideology of a

Trade Union, with nursing seen as a scientific and philanthropic profession. This professional ideology reinforced middle-class values and displayed itself in the belief that students should not be paid high salaries, because they were ultimately training for a profession.⁸ Such an approach would inevitably reinforce a recruitment policy which would only attract those who had additional monetary support for the three-year training. The vocational and altruistic element in nursing was reflected in a rejection of attempts by the RCN to legislate working hours, on the basis that a nurse could not merely leave the patient when a certain hour was reached.⁹

Press campaigns highlighting the plight of nurses through their long hours, low salaries and what were seen as the petty restriction in work and private lives emerged from the mid 1930s.¹⁰ Students predominantly lived in hospital accommodation, as did many qualified nurses, and the nurses' home was presided over by a home sister enforcing strict rules. Against this background of concern, the Trades Union Congress (TUC) convened a Joint Advisory Council for the nursing profession by the end of 1937, having previously shown little interest in nursing.¹¹ Their eleven-point charter to improve nurses' work conditions formed the focal point of a campaign that proved a stimulus to increased unionisation.¹² Nurses were represented not only by the TUC: Thora Silverthorne, a registered nurse, created the Association of Nurses in 1937 within a Trade Union philosophy, which subsequently sought affiliation with the TUC.¹³

The overwhelming problem with unionisation was its fragmentation. A range of organisations claimed to represent nurses, swelling its numbers with those who nursed,

but may not have been qualified. These included the National Association of Local Government Officers (NALGO) and the Guild of Nurses, the latter being a branch of the National Union of County Officers. Rafferty notes that such fragmentation ultimately and perhaps inevitably weakened the overall union effectiveness during this period.¹⁴ In addition, the disparity of those representing nursing resulted in no one group having the power to promote positive changes, but many having sufficient clout to veto them.¹⁵

There were a variety of issues emerging during this time that impacted on the wartime organisation of nurses. The outbreak of war would mean for the first time the occurrence of air-raid casualties on the home front, yet there remained no statistics regarding overall nursing numbers, the distribution of nurses, and no national method to plan recruitment or to distribute the workforce. The RCN maintained a register of vacancies and applicants for nursing jobs, but membership did not cover all those who were nursing for a living.¹⁶ At the outbreak of war the Local Emergency Organisations, which covered a county or county borough and which usually met under the chairmanship of the Ministry of Health, held a register of vacancies and of what were termed 'immobile nurses'. The latter were those who could only work within a small radius of their home, usually owing to domestic reasons.¹⁷ Recruitment was generally left to the individual hospital or institution and commonly to the matron, who advertised in the local press or, more usually, *The Nursing Times*.

Despite this increasing unrest, the 1930s was characterised by a 'laissez-faire' attitude towards nursing from the government. Only the threat of casualties on the home front

seemed to stimulate action to organise and improve the nursing situation. Why the government took such a hands-off approach throughout this period is unclear. Rafferty¹⁸ contends that the nursing workforce issues were complex, with the government seeing many 'political and sociological variables' as a disincentive to intervention. Doubtless economic implications were very much to the fore, but stalling action could offer two main advantages. It could distance the government from the immediate political pressure and provide the opportunity for any subsequent action to be represented as independent rather than reactive. Any thorough investigation of the nursing workforce could also have significant economic implications, while unfavourable comparisons with other forms of employment may have generated pressure for state expenditure.

The eventual Inter-departmental Committee's report (the *Athlone Report*), remained in an interim form owing to the outbreak of war. It was in fact never published in its entirety. None of its recommendations, which included a move towards a 96-hour fortnight, the creation of a roll of assistant nurses to regulate the vast numbers of unregistered nurses, and a committee to set national pay scales, was implemented for three years.¹⁹ The last-mentioned feature was the first to take effect and this may be seen less as an altruistic gesture, than a need, if required, to effectively direct nurses to areas of shortage. This would have been severely hindered without standardised scales of pay. A Control of Engagement Order, followed by an extension of workforce direction to nursing, was able to occur within a year of national salary scales being set by the Rushcliffe Committee. This committee, as will be discussed, was set up in October 1941

by the Ministry of Health with representatives of nurses and employers to examine national salary scales for nursing for the first time.

Nursing emerges as a 'hybrid' occupation at this time. It consisted of a core of qualified nurses represented by the RCN and an outer shell of various experienced but unqualified staff, producing fragmentation in terms of representation and an inability to unite in a strong, unidirectional way. This may have added to the government's lack of urgency in dealing with the increasing unrest in the nursing workforce. However, as war appeared more likely, with the prospect of civilian casualties at home, the primary issue became the government's need to consider workforce strategies in an occupation acutely short of staff and increasingly demotivated. A stark U-turn needed to be effected from the pre-war years where nursing had been left to its own devices and to the vagaries of market forces.

Disarray and disorganisation

The initial government move from the 'laissez-faire' approach of the 1930s to mobilising the nursing workforce to contend with the possibility of air-raid casualties was immensely problematic. Initially the Ministry of Health was utilised rather than the MLNS. This was probably a more pragmatic move, as the issue of mobilising the nursing workforce began in 1938, prior to the Minister of Labour being granted legislative powers in May of 1940 to direct workers to areas of required work or service.²⁰ The issue of nurses being directed by a ministry more associated with industrial and factory workers, rather than aspiring professions, will be discussed shortly. However, as one of the initial problems with mobilising nurses was the need for heavy dilution with

unqualified staff to augment numbers, and a rapidly emerging maldistribution of the workforce through the creation of the CNR, it is unlikely at this stage whether resistance to potential direction was considered.

Starns, in reviewing the immediate pre- and wartime experiences of nurses, has described nursing services at the outbreak of war as being 'on the verge of total breakdown', with 'chaos on the home front'.²¹ The acute shortage of nurses hampered the situation, with the government attempting to increase numbers by forming a CNR and utilising the voluntary aid detachment nurses (VADs). The latter were unqualified nurses who had nursing experience and as a workforce had been utilised in World War I. VADs were trained by the Red Cross, most having received a minimum of 12 lectures on first aid and 50 hours of practical nursing experience in a hospital.²² The government formed a Central Emergency Committee for nursing in late 1938. This would advise the Ministry of Health on nursing matters and assist with organising the reserve nurses. The Committee's remit also included the creation and maintenance of a register of all nurses and nursing assistants who were prepared to offer their services in an emergency. The Committee was also required to maintain a further register of nursing auxiliaries. Starns maintains the Committee only contained five trained nurses. Three of the five were the matrons-in-chief of the armed forces, who were generally preoccupied with organising their own services.²³

The Committee was disbanded at the end of 1939 amongst a general feeling of disorganisation, with the national press heightening concerns with stories of discontent

towards the CNR amongst nurses. Terms and conditions for the latter had not been agreed and were not published until August 1939, with nurses reluctant to commit their services until this had occurred. The acute shortage of qualified nurses resulted in inexperienced VADs manning first-aid posts and casualty clearing stations. Added to this was the lack of hostilities for the first year of the war, what became known as the 'phoney war', resulting in a bizarre maldistribution problem, with nurses waiting to serve while there was an acute shortage in the civilian nursing service.²⁴ The issue of maldistribution was seen as a major concern in both meeting nursing service needs and avoiding low morale amongst nurses. A.W. Neville, Principal Assistant Secretary of the Ministry of Health, expressed this concern in January 1940, with the 'great majority' of CNR nurses standing by in reserve. He feared 'there may be a tendency for them to melt away'.²⁵ He suggested one person from the regional local Emergency Committee to act as an 'organiser', using local groups, regular meetings and practices to maintain interest.²⁶ Yet it was over a year later, at an 'exploratory' meeting with representatives of the RCN, commissioned medical officers, and the Secretary and Parliamentary Secretary of the Ministry of Health, that it was thought wise for the CNR Advisory Council to launch a campaign for more mobile members. The rationale for this morale-boosting move was seen as the lack of a need to wait for a post, because nurses could be sent where they were needed.²⁷ This move was soon agreed as an appointment policy.²⁸

The Minister of Health, Walter Elliot, subsequently convened a CNR Advisory Council with 14 nurse representatives. This included a wider spread of advisory staff, from the RCN, Association of Hospital Matrons and the GNC. They met monthly from 1940, and

regional nursing officers were allocated to a series of civil-defence regions to coordinate the allocation of reserve nurses.²⁹ Despite this, discontent with the CNR continued. The salary discrepancies between registered nurses in the CNR and the hospital system remained a source of tension. Trained nurses in the CNR were paid £90 per annum for whole-time service. This was in addition to board, lodging and laundry, or an amount to cover this cost. The latter would be one guinea a week for board and lodging, and 3s 6d a week for laundry.³⁰ On average only £70 per annum was paid to the same class of nurse within civilian hospitals. Many nurses consequently left the hospitals to join the CNR, exacerbating distribution problems.³¹ The issue was further hampered by prolonged negotiations between the Ministry of Health and various parties, including the British Hospitals Association and the King Edward's Hospital Fund for London, to try to remedy the situation.³² In July 1941 a set of interim salary scales (prior to the anticipated national scales of the Rushcliffe Committee) were agreed by the Ministry of Health for the CNR. A grant was offered to those hospitals who wished to bring their civilian staff to the same salary level, yet suffered a monetary gap³³. Starns has also suggested that the move of registered nurses to the CNR had been a useful way for the cash-strapped hospital system to save money by replacing nurses with lower-grade staff, such as experienced but unqualified assistant nurses.³⁴

Within the armed forces themselves, the poor accommodation many VADs found themselves in led to a stream of unanticipated complaints to their own Council. In order to pacify the VAD Council, the army Council limited the scope of VAD duties, but awarded them officer privileges. This only served to antagonise existing qualified nurses

and no doubt lines of authority, with the creation of anomalies in terms of VAD task allocation. Qualified nurses resented officer status being granted to VAD nursing assistants, while Starns argues that qualified non-nursing VADs such as opticians and radiographers were denied such privileges.³⁵ It appears that the VADs were unable to take on the roles and responsibilities of officers, what Starns refers to as ‘officer workloads’³⁶, despite being awarded privileges. To aid nurse mobilisation and recruitment, chief nursing officers were appointed to the Ministry of Health, the MLNS and the Colonial Office. A matron-in-chief was appointed at the War Office. The CNR was no longer restricted to the emergency services, but extended to all fields of nursing to try to further correct the issue of maldistribution. The War Office attempted to return senior nurses to their respective hospitals on request, to ease the civilian nursing manpower crisis. In reality, if the hospital were experiencing difficulties, a request for, and the actual return of, the nurse could take up to six months, because nurses in the armed forces were often overseas.³⁷ The army’s former Matron-in-Chief stated in 1944 that of the 10,000 qualified nurses in the Queen Alexandra’s imperial military nursing service, 9,000 were overseas.³⁸

The remuneration and redistribution issues of the Ministry of Labour and National Service

Prior to the detailed involvement of the MLNS in the wartime recruitment and distribution of nurses, it is worth considering in more detail the two main nursing issues that had emerged in the early war years. These were remuneration and the distribution of nursing staff. This chapter has argued that throughout the 1930s the nursing occupation was left by government to the vagaries of market forces, with no implementation of any

of the Athlone Report's recommendations for three years. The Ministry of Health argued in a draft circular in 1941 that it was not possible in wartime to give effect to all of the recommendations of the *Athlone Report*.³⁹ However, it knew that if distribution problems were to be corrected, standardised salaries would be needed to aid the movement of nurses from one area to another. The issue of remuneration had also been clearly heightened due to the discrepancies in pay between CNR and civilian nurses. Webster, in his history of the National Health Service (NHS), emphasised the acute shortage of funds and near collapse of the voluntary hospitals prior to nationalisation.⁴⁰ Pushing local authority hospitals to pay CNR rates to their nursing staff was a difficulty the Ministry felt 'could be surmounted', but one in which the voluntary hospitals could be 'crippled'.⁴¹ The issue was compounded by the fact that nursing was competing with other better paid war work for women. The Ministry of Health knew that the mobilisation of women into industry would be to the detriment of nursing. As one ministry official noted, this would be on account of the potential for industry to produce 'a sufficient number of more lucrative openings.'⁴² The same official noted:

'I should doubt if a permanent occupation which cannot rely on itself or its appeal to the money-making instinct like nursing, can hope to compete in the financial return with the more immediate rewards of a (one hopes) comparatively short-term stimulated effort in war production.'⁴³

It was therefore generally felt that if action were taken on nurses' salaries, the Exchequer would be required to pay the total cost of any monetary additions. Officials acknowledged that it was 'hopeless' to consider either voluntary or local authority hospitals' ability to carry out improvements in pay for only one set of employees,

especially in wartime conditions.⁴⁴ In addition, the introduction of standardised and raised salary scales would be a long-term and costly commitment. However, the continual appeal of nursing purely because of its importance in wartime had a limited competitive value in monetary terms or utility against other more attractive occupations. An internal Ministry of Health memorandum of December 1940 concluded:

‘By taking such action the government in effect commit themselves to ensuring the permanent maintenance of such standards after the war, or to a grave and unmerited disappointment to nurses at a time when the need for their services will no doubt continue to be just as important. The alternative, less openly attractive but in harmony with the best traditions of nursing, may be found in the action which is being taken to emphasise the vital importance of nursing (and not merely of nursing casualties) to the war.’⁴⁵

The remuneration issue would, however, not disappear, and by March 1941, Sir Sidney Johnson, secretary of the County Councils Association, was apologising for troubling the Ministry of Health, with a reiteration of their concerns in obtaining and retaining nurses.⁴⁶ A resolution had been passed, with their committee viewing with grave concern the difficulties compounded by the ‘counter attraction of the high salaries now paid elsewhere.’⁴⁷ They could see no easy solution, but viewed a conference of representatives more appropriate than the expedient approach in war time of the Athlone’s Report’s recommendation of a Burnham-type committee.⁴⁸ The latter was used in the teaching occupation to set national salary scales, but, as Johnson states, both his association and the Ministry of Health had regarded this as too costly during the war.⁴⁹ By July 1941 the aforementioned CNR salary scales, with grants for civilian hospitals to meet the monetary differences, had been introduced. A representative committee to examine salary

scales nationally was ultimately set up and met under the chairmanship of Lord Rushcliffe, but did not report until 1943.⁵⁰ As will be discussed, as the war progressed and coercion alone failed to solve the nursing-service crisis, the implementation of salary scales allowed for the rapid adoption of a Control of Engagement Order within nursing and subsequently the direction of nursing labour if required.

The need to distribute nurses more equitably was complicated by the lack of statistical data regarding both the available workforce and the local need for it. In January 1941 the Ministry of Health declared:

‘There is at the moment no firm evidence on which we can build any reliable estimate of the extent of the need for civilian sick at the present time, or the extent to which it could be met either quantitatively or as a matter of administration by the temporary transfer from a hospital which is over staffed to one which is under staffed.’⁵¹

The discrepancy in pay between the CNR and civilian nursing had encouraged an inappropriate movement of staff, and then resulted in nurses waiting for casualties at first-aid posts who took a year to materialise. The availability of nursing staff was now noted to be particularly low for fever, tuberculosis and public-assistance institutions.⁵² Yet again it was argued that no estimates existed regarding the extent of their need. By November 1940, it was known that there were some 2,000 trained nurses and 2,500 assistant nurses with fever, mental or tuberculosis qualifications on the CNR register. It was not known how many were employed on CNR work. Only 400 of the trained and 500 of the assistant nurses offered mobile services,⁵³ restricting the number who could be

sent to areas of shortage. To try to meet the need, the CNR began what can only be described as a move towards a voluntary direction of labour. Ministry of Health Circulars pushed for the avoidance of part-time volunteers and generally those who would be classed as 'immobile', thereby allowing deployment of staff where needed.⁵⁴ Discretion was urged, for example with immobile and married trained nurses ready to offer whole time service, but unable to travel far because of their husbands and homes.⁵⁵ Those enrolled as immobile staff and not in full-time employment were asked by the local emergency organisations if they would now become mobile and undertake service in any part of England and Wales.⁵⁶

The move to manage the recruitment and distribution of nurses by the MLNS appears to have occurred through a series of meetings and internal memoranda. These were between the MLNS Labour Supply Departments, their Nurses' Services Branch and the Ministry of Health.⁵⁷ The primary aim at this point was identified as the need to improve nurse distribution.⁵⁸ A variety of solutions were considered. These included the setting up of machinery which could advise and place nurses, the instigation of a Control of Engagement Order for all nurses changing their jobs, and a review of existing distribution and employment.⁵⁹ MLNS staff were clearly attending a variety of Ministry of Health meetings at this time, which examined the nursing issues throughout the regions. A.M. Reisner, of the MLNS Nursing Services Branch, wrote to E.M. Stopford, temporary administrative officer in the Labour Supply Departments of the same Ministry, in October 1942. She stated that she and a principal from their Labour Services Department had attended a meeting of regional representatives of the Ministry of Health. Such was

the crisis, that a 'considerable amount of discussion' occurred regarding the direction of nursing labour, but 'nothing new emerged on that point'⁶⁰

John Wrigley and Kathleen Watt, the Deputy Secretary and Chief Nursing Officer in the Ministry of Health, held discussions with M.G. Smieton, the Assistant Secretary of the MLNS Labour Supply Departments, in October of 1942. They concluded that the way forward in the following few months had to be a review of distribution and nurse employment, but that the MLNS and not the Ministry of Health had the national framework and staff to conduct this and instigate any placement system.⁶¹ In considering the latter or ultimately direction, the MLNS believed that all nurses were now caught up in the problems encountered, whether working in hospitals, industry, schools or other institutions.⁶²

The workforce management of nursing offered unique challenges to the MLNS, which would dictate the approaches used. Nursing can be viewed as somewhat of a 'hybrid' occupation. It contained a core group of registered nurses that predominately aspired to the professional status acquired by medicine. Such aspirations were contradicted by the necessity of dilution to meet service demands resulting in an outer shell of unqualified, but experienced, nursing staff. Unionisation was now more significant since the turbulent years of the 1930s, and following the 1943 Nurses Act, there would be a new group of assistant nurses placed on a roll in an attempt to further regulate the service.⁶³

This 'hybrid' nature of the occupation would dictate which sections of the Ministry would both manage the issue of recruitment and distribution and, significantly, what would be most amenable to nurses themselves. Nursing had been left to deal with and struggle with its own recruitment issues throughout the 1930s. If, as will be argued, direction of labour was disliked by the MLNS, then how nursing could be best managed to meet wartime demands would have to be considered carefully. This was particularly relevant if the occupation was to work in partnership with the Ministry to solve the problem more effectively. The MLNS knew nursing had no unemployment issue and no need to utilise the Ministry's services.⁶⁴ Yet the fragmented local system of recruitment and placement meant that the exact statistical nature of the nursing problem remained buried.

It is of value also at this point to examine the roots of the MLNS and how nurses may have viewed it, particularly qualified nurses represented by the RCN. Primarily, this is because the MLNS was associated with industry and the trade unions, whereas nursing was not. Wrigley and Watt both noted in discussions with the MLNS, which in 1942 was becoming more involved in the nursing issue, that nurses 'as a profession would not react well to a proposal that they ought to get their jobs through the Labour Exchange.'⁶⁵ A system of placement and method of working with representatives of nurses, which courted the professional ideals of organisations such as the RCN, had to be found.

The involvement of the Ministry of Labour and National Service in the nursing workforce

The MLNS became involved with the recruitment and distribution of the wartime nursing workforce in February of 1943. It was at this point that the first meeting was held of its NAC, which would be used to advise on the wartime national recruitment campaigns and to facilitate the implementation of increasingly restrictive controls on nurses.⁶⁶ The progression from national registration, through to a Control of Engagement Order and ultimately powers to direct nurses to specific posts, all occurred in just over a year. The involvement of the MLNS in nursing and the problems it encountered along this pathway, which dictated its workforce strategy, will be discussed shortly. Initially, it is of value to highlight certain aspects of the Ministry that influenced its use with the nursing workforce.

The Ministry of Labour was formed in 1916 by the New Ministries and Secretaries Act.⁶⁷ The addition of the suffix 'and National Service' occurred in 1939, when it gained responsibilities for the administration of the Military Training Act.⁶⁸ This resulted in men over 20 years of age being required to undergo six months' military training. Its longest serving permanent secretary, Sir Godfrey Ince, saw its creation as altruistic.

'It deals, for the main part, directly with human beings, and their individual problems arising from their employment, and this gives it what might be called a humanitarian character.'⁶⁹

He argued that it occurred over a period when:

‘new problems arose from the exploitation of child labour, the relations between masters and men, the conditions of employment, the safety, health and welfare of workers in factories and mines, of under-payment and ‘sweating’ and of unemployment relief.’⁷⁰

Lowe takes a more pragmatic approach and highlights the administrative need for the Ministry. A variety of legislative changes including the Unemployed Workmen Act 1905, the Labour Exchanges Act 1909, the Trades Board Act 1909 and the National Insurance Act 1911, were all Liberal reforms which markedly increased the administration needed to support them.⁷¹ The 1894 *Minority Report of the Royal Commission of Labour* had recommended the establishment of the Ministry in view of the increasing prominence of industrial problems. However, before its creation, objections were launched on the grounds of public expenditure, and fears that the Cabinet would become too unwieldy.⁷² Lowe argues that the issue of impartiality in industrial relations dogged its creation. Such arguments centred on the degree of compulsion the Ministry could exercise in industrial relations, together with trade union hostility to welfare services, notably the Labour Exchanges. The need to avoid a servile state as seen by the unions was required, and yet it remained unclear what the Labour movement saw as the role of the MLNS.⁷³

World War I clearly hastened its formation with the appointment of a Director General (later Minister) of National Service, to deal with labour supply and priorities. The Labour Exchanges had to adapt their work to mobilise men and women for war work, and work with unemployment insurance nearly doubled in 1916.⁷⁴ The MLNS clearly came into its own during World War II, with its preceding years viewed by Bullock, Ernest Bevin’s

biographer, as representing the least important home department.⁷⁵ It remained the subject of a variety of inquiries between 1919 and 1921, with the Geddes Committee on National Expenditure recommending its abolition in the early 1920s.⁷⁶ Even Ernest Bevin had previously described it during peacetime as little more than a 'glorified conciliation board' holding a variety of registers.⁷⁷

Following the General Strike of 1926 the trade union movement was more willing to accept the state as a guarantor of minimum industrial and social standards. In the 1930s the Ministry was recognised as the government's laboratory for economic and social experiment. Yet according to Lowe it remained, until World War II, a ministry that would not challenge financial orthodoxy, merely question it.⁷⁸ He argues that inter-war ministers held 'home rule for industry' as a course of political convenience, and this weakness evaded questions of whether both sides of industry could work together and indeed whether the national interest would be best served by this.⁷⁹

The Ministry's role altered over time, but it held four broad functions. Its primary role was in manpower, through its involvement in the supply of labour to industry and other activities in civil life and the armed forces. This included the distribution, training and efficient use of manpower, notably through the national system of Labour Exchanges coordinated by the Ministry. The Ministry's involvement in industrial relations concentrated on issues of wage negotiations and conditions of employment, and generally centred upon an encouragement to settle disputes locally with the assistance of the MLNS regional offices and their conciliation officer. The safety, health and welfare of workers

came under the Ministry's remit, which had also to ensure that the Factories Acts were implemented correctly. International labour was a final broad role, through involvement in all of the above issues that touched upon an international context.⁸⁰

The Ministry became synonymous with the working classes, but its remit was wider. From 1939 it began the Technical and Scientific Register, as part of the build-up to wartime hostilities. Under the voluntary national service scheme, there was an active encouragement to register for those who held technical, educational or professional qualifications and could be utilised during the war. By December 1939, a supplementary register was created for those with similar experiences, but not possessing the technical qualifications.⁸¹ By March 1942 it was necessary to create a new Appointments Department at the Ministry headquarters to administer both registers. The Supplementary Register with some changes became known as the Appointments Register. The Technical Register remained centralised with links to the MLNS regions, until it was abolished in 1962.⁸²

Despite this extension into professional work areas, Peter Jenkins, correspondent of *The Times*, described it as the Whitehall department most steeped in the tradition of the Labour movement, being an executive department of government operating

‘... in the manner of an embassy to a foreign power – the working classes. It was never entirely clear where its first loyalty lay, with the power it represented or the power to which it was accredited.’⁸³

The appointment of Ernest Bevin as Minister of Labour in 1940 by Prime Minister, Churchill, was inspired. Bevin held an enormous amount of respect and experience in dealing with industrial and labour issues. He was a highly respected trade unionist, who had been instrumental in leading the amalgamation of fourteen unions in 1922 to form the Transport and General Workers Union. He then became its first General Secretary.⁸⁴ The appointment did, however, reinforce the labour roots of the Ministry, and raise issues regarding how nursing abandoned by government in the 1930s, could be mobilised. A study of Bevin's workforce strategies reveals that he relied heavily on the issue of voluntary compliance to improve productivity and services during the war. Labour historian Peter Weiler describes this as Bevin's 'corporatist ideal', with his general desire to see a voluntary partnership of business, the trade unions and the state in running the war.⁸⁵ Part of this approach was based on recent events.

Prior to Bevin becoming Minister of Labour, there had been a hurriedly prepared Control of Employment Bill introduced into the House Commons on 5th September 1939.⁸⁶ The TUC had already presented its own scheme for the control of industry during wartime, and this followed Bevin's own approach of making industry, through its joint negotiating machinery, responsible for meeting the government's needs, including increased production and the transfer of labour as needed. The approach would also oblige the government to impose collective bargaining on those industries whose own trade unions were too weak to secure it. However, negotiations lapsed, and the MLNS's own scheme was introduced without consulting the trade union leaders, much to their anger. MLNS officials had to placate Walter Citrine, TUC General Secretary and Bevin, then Chairman

of its General Council, with amendments which robbed the scheme of most of its value.⁸⁷

Only one Order was issued under the Control of Employment Act and when Bevin entered office as Minister of Labour in 1940, Bullock highlights the fact that little had been done to transfer manpower to the industries where it was urgently needed.⁸⁸

Bevin disliked the idea of the direction of labour immensely. Its late introduction and ultimate lack of use in nursing may have as much to do with the view that caring for the sick should be voluntary, as with the Minister's dislike of forced choice and coercion. His primary argument was that the focus of labour should be a practical one: how you got more production.⁸⁹ Drawing on his years as a union leader, he believed that workers with a sense of grievance, which would occur through compulsion, could interrupt not increase production. The whole issue was based on his belief that the war was not going to end quickly.⁹⁰ His critics argued that there might not be time to increase vital production by encouragement alone.⁹¹ Yet the subsequent attempts to increase production by the dilution of labour with unskilled workers and women in solidly unionised industries, such as the sheet-metal workers, produced such resistance throughout the war as to support Bevin's caution. In fact the latter industry never accepted dilution with women during the entire war.⁹² Bevin argued that:

'... whatever may be my other weaknesses, I think I can claim that I understand the working classes of this country. I had to determine whether I would be a leader or a dictator. I preferred and still prefer to be a leader, and if my Hon. friend the Member for Seaham Harbour (Mr Shinwell) had taken office, having regard to the speech he made this morning, I assume that he would have taken the other road, that of being a dictator.'⁹³

Bevin further argued against direction because in the early years of the war there was no *general* shortage of labour, not until the second half of 1941. His proposals as Minister were that more suppliers be brought under direct government control and, where this proved too complicated, that prices be fixed to limit profits. This aimed to prevent workers feeling that their extra energies were going into profits.⁹⁴

His approach enlisted the cooperation of both the employers and trade unions to carry out the state's policies, a method he would come to use with nursing. To that end he proposed a new position, a director of labour supply. This position, with representative employers and trade unionists, would create a Labour Supply Board to survey the needs for labour in industry, and to decide how it was to be provided to meet the needs of wartime.⁹⁵ Bevin remained successful in gaining the agreement of the Cabinet for the majority of his wartime measures, but they were less keen on his overriding concern for voluntary effort and avoiding interfering with the labour market.⁹⁶ The Emergency Powers Act of May 1940, passed through all its parliamentary stages in a single day amid the fear of invasion, gave him the power to direct any person over 16 years to perform work or services under terms set down by the Minister. Bullock argues that Bevin stuck to his original view; he did not ask for the powers and used them sparingly. By July 1941 he had issued no more than 2,800 Orders to individuals under the powers of direction.⁹⁷ It was factors such as the *Report of the Manpower Requirements Commission* that persuaded him of more radical measures. This revealed that the three armed services needed an additional 1,700,000 men and 84,000 women by the end of 1941. For them to be equipped, the munitions industries would need to expand their labour force by an

additional million and a half, and this he knew could not be achieved by persuasion alone.⁹⁸

Nursing as a 'hybrid' occupation

It is difficult to ascertain the resistance that nursing organisations and employers may have exhibited to increasing ministerial involvement in nursing. This is primarily because by 1943, when the MLNS became actively involved in nursing, air-raid casualties were a stark reality, with a need for all services to pull together for the good of the war. However, there were several factors that may have increased resistance. Prior to the war and with no tangible involvement from government in nursing, the Council of the College of Nursing (subsequently becoming the RCN in 1939) had been calling for an enquiry into the worsening nursing crisis since 1935.⁹⁹ This did not begin to emerge for another two years.¹⁰⁰

In addition, prior to a NAC being set up at the MLNS at the beginning of 1943, a desperate and unfortunate approach by the Ministry of Health and the MLNS to improve the nursing situation threatened any consensual approach that may have been created. Collaboratively they produced a detailed draft memorandum outlining their proposals for a more even distribution of nursing staff throughout the country.¹⁰¹ This they sent to interested bodies such as the TUC and RCN on October 14th, 1942.¹⁰² Neither had been involved in its preparation, but both were asked to comment. The draft suggested that the Minister of Health ask regional officers to communicate with nurse-training schools to draw the attention of students completing their training to the special needs of what were

termed 'priority' hospitals – hospitals known to have acute staff shortages. The newly qualified nurses might be asked to fill a vacancy for a minimum of six months. If persuasion failed and the regional office were of the opinion that there was no valid reason for refusing the work, a national service officer of the MLNS might be involved who would utilise powers of direction.¹⁰³

The response of the unions and nursing organisations was swift and hostile. The RCN described themselves as 'gravely concerned' that the plan had been formulated without any preliminary consultation with nursing organisations.¹⁰⁴ They emphasised the prior announcement in the House of Commons by the Minister of Health, which had led them to believe a full discussion would take place before any schemes were put in place.¹⁰⁵ They raised the point reiterated by the TUC that it was highly unusual to control the movement of any body of workers without the stabilisation of conditions of services and rates of remuneration.¹⁰⁶ The Ministry of Health recognised their haste. John Wrigley, the Ministry's Deputy Secretary, questioned whether the RCN and TUC would now offer any 'practical cooperation' in solving the distribution problem.¹⁰⁷ The only logical method therefore of ensuring any practical advice and partnership from the nursing organisations and employers would appear to be a consensual approach of utilising them fully in a ministerial advisory committee.

What appears clear at this time, despite Bevin's dislike of direction which he raised at the first NAC meeting, is that it was a topic being actively discussed and seriously considered by both ministries.¹⁰⁸ Wrigley wrote to Godfrey Ince, then Director General of

Manpower at the MLNS in November 1942, emphasising that nursing's immediate problem was the need for the proper distribution of the trained workforce, particularly to the sanatoria caring for patients with tuberculosis. The crisis was not being solved, despite what Wrigley described as his ministry's long campaign of 'appeals, publicity and propaganda'.¹⁰⁹

After the aforementioned discussions between the Ministries of Health and Labour in 1942, the NAC for the Recruitment and Distribution of Nurses and Midwives first met on 23rd February the following year.¹¹⁰ This was at the MLNS in central London, under the chairmanship of Conservative Member of Parliament and Parliamentary Secretary, Malcolm McCorquodale. The allocated seats were based on the number of nurses represented by the various organisations, as well as interested employers. Frances Goodall, the General Secretary of the RCN, attended with three of her Council. There were two representatives from the Association of Hospital Matrons, two from the Royal College of Midwives, two from the TUC, and one from NALGO. Three more represented the British Hospitals Association, with three from the MLNS itself. The Council totalled 33, excluding the chairman.¹¹¹

The Council appeared to serve several functions for the MLNS. Its extensive representation appears in some way a recompense for the lack of ministerial consultation in the previous months. Discussing workforce strategies would take time, but the Council was needed for both its advisory role, and importantly to filter through a series of radical control measures to the nursing occupation. To offset the time that might be taken to

reach decisions, a preparatory meeting was held a month before the official meeting, with many of the planned Council representatives.¹¹² The MLNS emphasised the recruitment and distribution problems and members agreed in principle to the general scheme for the control and distribution of nurses and midwives.¹¹³ There appear to be no detailed minutes of this meeting.

Council procedure in fact demonstrated a remarkable speed in discussing issues and implementing change. The general approach was for the Council to discuss the merits of implementing a series of what were termed 'NAC' documents. Forty-five were produced by the end of the Council's first year and were notably didactic. This tends to emphasise the Council's advisory, rather than policy-planning, approach. An example was NAC 7, providing a detailed outline of the nursing publicity campaigns, which ran, after Treasury approval, for an initial six months, commencing the week after Easter 1943.¹¹³ This Circular offers 'the campaign in detail', with specific numbers of BBC news announcements, together with dates for the commencement of newspaper advertisements in the *Daily Mirror*, *Daily Sketch*, the *Telegraph*, the *Times* and national Sunday newspapers.¹¹⁵ At the first meeting the Council was told that the machinery of the MLNS Appointments Department, not the Labour Exchanges, would be used to manage nurse recruitment.¹¹⁶ This is an interesting move, because in reality there were some 1,200 Labour Exchanges throughout the country in 1942, yet only 31 Appointments Offices.¹¹⁷ The Appointments Department themselves were unfavourable to using their offices for nursing, considering them as 'not really of Appointments Department standard', in the summer of 1942.¹¹⁸ This appears to have been overcome in favour of appealing to the

professional ideal represented by the RCN. It is not totally clear whether all staff involved in nursing, that is those on the register and those who only had experience, were ultimately able to utilise the Appointments Service. It appears likely, because correspondence in the immediate post-war years highlights the fact that differences in the roles of nursing orderlies resulted in those undertaking domestic duties gaining employment through the Labour Exchange and those involved in nursing through the Appointments Service.¹¹⁹ The issue was that the roles often blurred in reality, depending on the requirements of the matron or ward sister.

Ernest Bevin made a speech at the first meeting, although he did not attend for the whole time. He again emphasised the need to push for voluntary cooperation and not direction:

‘So far, nursing and midwifery have been left out of the various schemes of control: both services must essentially be based on the will to sacrifice much to help others and recruitment to both must therefore be voluntary.’¹²⁰

Such schemes generally referred to other groups of workers, notably those undergoing industrial conscription, and by December 1941 the National Service (No 2) Act. Through this Act all men and women between the ages of 18 and 60 were placed under statutory obligation to undertake some form of national service. The conscription of women was controversial, but was embodied in the Act. It did exclude married women, and no woman was posted to a combatant service except as a volunteer.¹²¹ Ince had also emphasised, in a nursing manpower meeting in December 1942, that he felt nurses should be volunteers, because there was a difference between tending a human being and a

machine.¹²² However, as the nursing crisis continued, even Bevin had to concede that the Rushcliffe scales offered a basis on which it would

‘... be possible to consider – as it had not been possible in the past – whether directions should be issued in certain cases to nurses who had demonstrated their fitness for nursing work, but who were not now employed in nursing, to return to the profession.’¹²³

Despite the general reluctance to move to issue workforce controls to nurses, the first meeting discussed the scope of compulsion for nurses to register at local Labour Exchanges, to enable an accurate picture of the workforce to be ascertained. The Council agreed that the scope should be as wide as possible, and should include student nurses, only excluding auxiliaries not working in nursing, who had less than six months experience of the job.¹²⁴ The progress of the Council was rapid in instigating a series of controls. Within six weeks of the first meeting, McCorquodale was speaking on BBC evening radio explaining the registration procedure.¹²⁵ On April 10th, 1943 all nurses and midwives had to register at their local Labour Exchange. In addition, if not employed, they were urged to take up a post in an area of shortage. He again pushed the necessity for voluntary movement, reassuring the audience that ‘there will be no question whatever of disturbing or transferring nurses or midwives unnecessarily’.¹²⁶

What was ‘necessary’ could of course be open to interpretation. He believed he could count on the willingness of those workers to move to a new job, where they might be more urgently needed. Table 5.1 offers an example of the nursing workforce from the

first compulsory national registration in 1943. 400,741 nurses registered, 25,697 of them being men. The table below is a sample of the total number who registered.

Table 5.1 Sample of nursing groups derived from the Nurses and Midwives Registration for Employment Order: Saturday April 10th 1943. The complete registration produced twenty-three categories:

	Women	Men
Student nurses/probationers	49,326	700
Nursing auxiliaries	37,164	1,010
Nursing assistants	10,802	2,501
Nurses employed at first-aid posts	15,642	3,020
Industrial nurses	8,300	179
Domiciliary nurses	5,980	29
Matrons, Assistant Matrons	6,817	100
Sisters	18,721	583
Pupil Midwives	3,337	Nil

Source: Figures and table created from statistics for an appendix to the twenty-second meeting of the MLNS National Advisory Council for the Recruitment and Distribution of Nurses and Midwives, 21/6/45. Source: PRO LAB 8/1083 National Advisory Council for the Recruitment and Distribution of Nurses and Midwives: Minutes of the eighteenth to twenty-second meetings, 1944-45.

By September of 1943 a Control of Engagement Order already applied to women between the ages of 18 and 40. It was now extended through the NAC to nurses and midwives. Employment would have to be taken through the MLNS Appointments Offices. By April 1944 tighter controls emerged with the final passing of a Direction of Labour Order affecting the nursing occupation. Nurses could be directed to areas of need at the discretion of the Appointments Service and the MLNS. Directions remained in place until June 1946.¹²⁷

In reality, managing the distribution of nurses and midwives occurred through the Control of Engagement Order. The reluctance in directing nurses remained, and there is little evidence that any nurse or midwife was actually directed to work in any specific post. Practising midwives had been required since the Control of Engagement Order of September 1943 not to take employment other than in midwifery.¹²⁸ This was to be reviewed in February 1944 and the control was subsequently extended at that point until May 31st of that year.¹²⁹ Newly qualified midwives were required to practise for at least one year after qualifying.¹³⁰ The restrictions in fact were not lifted until June of 1946.¹³¹ The Control of Engagement Order also required newly qualified state registered nurses to spend a year within a specified area of noted shortage. These were tuberculosis, fever, mental and district nursing, or caring for the chronic sick.¹³² With the move to directions in the spring of 1944, it was also decided that these could be issued to women with substantial nursing experience, but no formal qualification, provided that they had at least one year's nursing experience within the past two years.¹³³

Direction of labour

The following section will offer a further evaluation of the workforce strategies used within nursing during World War II, as part of the issues that would be considered by the ministries in managing health services in the post-war era. The primary question here is whether the wartime measures had any effect upon the nursing crisis. The direction of nursing labour introduced in the spring of 1944 is difficult to evaluate. The measures lasted only two years, with the direction for any British workforce introduced as a last resort by the MLNS. As highlighted, the Emergency Powers Act (May 1940) resulted, up

to July 1941, in no more than 2,800 orders.¹³⁴ The Essential Work Order (No: 1302) again avoided direction of named individuals, through its ability to allow the Minister of Labour to schedule a factory or undertaking as engaged on essential national work. Once achieved, no man employed could leave without permission of the MLNS local national service officer. By the end of 1941, approximately 6 million workers were under its provision.¹³⁵

Direction of labour appeared to be equated, certainly in the mind of Bevin, with forced labour, an undemocratic approach used in Nazi Germany. He believed strongly in communication with the trade unions on all his policy approaches. He did not believe that in order to match the degree of workforce organisation of Nazi Germany, it meant abandoning democracy and copying the totalitarian methods Britain was fighting against.¹³⁶ Bullock argues that he focused on the principles of democracy, government by consent and the willingness of people in an emergency to make greater sacrifices than they could be 'dragooned' into making by compulsion.¹³⁷ The lack of the application of direction showed that the British people could pull together to increase production as a result of voluntarism, rather than as a response to what Bevin saw as a dictatorial approach. Nursing in particular was singled out as a profession based on vocation and compassion, and not one where people could be forced to care.¹³⁸ Whether direction improved the distribution of nurses and the services offered is questionable, with little evidence that any nurse was directed to a specific area of work. A more dilute policy was to control the choice of employment of nurses and midwives to those areas noted to be particularly short of staff, through the Control of Engagement Order. This was much

more widely used, but its effects appear to have been relatively minimal. There appear to be two reasons for this. Firstly, nursing and midwifery were so short of staff that they operated according to a 'hand-to-mouth' existence. As new nurses and midwives qualified, they were quickly absorbed to staff the still large number of empty beds and to rectify the high attrition rate, notably in the early years of training. Preventing newly qualified nurses in particular from taking any post they chose for a year after qualifying may have helped some of the acutely short areas, but it starved other less severe areas of utilising the newly qualified staff.

To this end, the second reason for the ineffectiveness of the Control of Engagement Order came into play. The NAC received correspondence from various nurse specialities such as cancer, sick children, orthopaedic, and ear, nose and throat nursing, all concerned over the employment restrictions. The Council then began progressively to grant exceptions to these areas, to allow them to recruit from newly qualified nurses.¹³⁹ The Council could not ignore the cry for help and the pragmatic move may have helped particular areas, but it continually weakened the effectiveness of the Order. Inevitably, midwifery appears to have benefited to the greatest degree from the measures instigated. This was affected by preventing the leakage back into general nursing from newly qualified midwives, but also through a loophole in the Order, which allowed the newly qualified nurses to avoid being forced to take particular employment, if further training was undertaken.¹⁴⁰ It is important to note that this was regarded as a first course. It did not cover those taking subsequent training, and the Council was clear at its tenth meeting in October 1943 that

‘... in time of war nurses should not be free to go from one course of training to another, never settling down and using the qualifications they had obtained, and that in certain cases it may be necessary to postpone training for a few months.’¹⁴¹

However, midwifery appears to have been a popular choice to avoid the restrictions. The number of midwives increased steadily, albeit slowly, from 1943.¹⁴² In addition, the NAC believed that the mandatory registration and subsequent publicity would also increase the number of older midwives practising.¹⁴³

Nevertheless, the issue of supply and demand continued to work against the recruitment of midwives, with the *Report of the Central Midwives Board for England and Wales* still reporting a widespread unsatisfied demand by March 1947.¹⁴⁴ A great deal of the problem was the inevitable rising birth rate at the end of the war as families came back together. The birth rate was 791,656 in 1945, but rose to 1,021,460 by 1947.¹⁴⁵ By that point there were 17,095 practising midwives, the highest number since 1940.¹⁴⁶ The avoidance of newly qualified nurses being pushed into restricted choices of employment can perhaps be seen indirectly by the rising number of midwives under 25 years of age. This increased from 2.4% in 1943 to 6.7% by 1946.¹⁴⁷

At the end of 1945, the Council examined the results of wartime controls through NAC document 94. The figures presented were slightly unusual in demonstrating the effectiveness of measures, in that they took account of occupied beds, but ignored closed wards and waiting lists. The Council did in fact note this omission.¹⁴⁸ The review aimed primarily to see whether controls should now be lifted or continued owing to their

benefit. The Council was divided regarding the effects, with some members concerned that areas such as midwifery would suffer if controls were lifted. Others argued 'how relatively little the worst staffed special fields had benefited from the control.'¹⁴⁹ The indecision was reflected in the view that controls should continue for another six months, before finally being lifted in June of 1946.¹⁵⁰ By the end of 1947 NAC document 180 had to conclude that 'broadly speaking the national nursing situation remains as difficult as it was in 1945, indeed if anything, more difficult.'¹⁵¹

Such a conclusion stemmed in part from the changing workforce as the war ended. In mental health, staff numbers in fact rose. This was due to the large number of men in that speciality who had returned from the war. The numbers rose by approximately 4,000 by the end of 1947.¹⁵² Other hospitals appear to have benefited by approximately 3,000 men.¹⁵³ However, to offset this, within the hospitals generally, nursing and midwifery numbers declined, with an average drop of approximately 1,800 a quarter between March 1945 and December 1946.¹⁵⁴ The total decline in this period was about 12,500.¹⁵⁵ A large part of this workforce change came from women who had given wartime service and chose to leave once hostilities had ended.

The nursing organisations and employers appeared to work highly collaboratively through the Council structure. The MLNS and Ministry of Health valued the consensual approach to the point that the Council had its remit extended to be advisory to the Minister of Health and the Health Departments in 1945.¹⁵⁶ A further expansion in 1948,

which will be discussed in subsequent chapters, continued the Council's advisory remit to the two ministries in the new NHS.¹⁵⁷

Why collaboration worked quite so well is unclear, but it may speculatively have been linked to nursing's traditional hierarchical regime. The Council may have viewed themselves as the top of the hierarchical regime, positioned to direct nursing through the ranks, much as occurred within the hospital system. Additionally, the MLNS, in courting the professional aspirations of nurses by utilising the Appointments Department, rather than the Labour Exchanges, may have encouraged a greater partnership with the MLNS. Nurses were now represented round the table with the ministries, and remained, until 1957, the only single occupation to have its own placement service, through its series of technical nursing officers. This was a point that did not escape the Treasury when reviewing MLNS expenditure in the mid 1950s.¹⁵⁸

Resistance from Council members outside the MLNS was relatively rare, but generally focused on two areas. Firstly, there was resistance to any suggestions of interfering with the *local* hospital recruitment structures, which ensured a steady supply of recruits. The Council's willingness to grant exceptions to a variety of specialities when the Control of Engagement Order restricted their ability to utilise newly qualified nurses is an example.¹⁵⁹ In addition, a common practice was for hospitals to contract students for four years, even though they could become state registered nurses in three. Nursing organisations on the Council resisted any tampering with this practice, as did the British Hospitals Association, which argued that insisting on three-year contracts would not

increase supply.¹⁶⁰ However, an additional fourth year could affect distribution, and offer a staff priority to training hospitals that others may have used if given the opportunity.¹⁶¹ McCorquodale's comment was that the training in other spheres had been reduced during the war. This was generally rebuffed, with Miss Goodell and Miss Udell for the RCN merely pointing out that many of the nurses on the Council were products of the three-year training.¹⁶² It does appear that hospitals who contracted nurses to include an extra year did not actually allow them to take the state registered nurses examination until that fourth year. D.M. Elliot, representing the TUC at the Council, argued that:

‘even if the nurses serving a four years’ contract sat the General Nursing Council examination at the end of three years, they were still on the staff of the hospital and could not be used in any other part of the health services, however much greater the other needs may be.’¹⁶³

Secondly, attempts by Council to extend its remit into areas controlled by nursing's legislative body, and hence deprive the occupation of a degree of independence, were strongly rejected. When the Council was reconstituted in 1945, much discussion ensued with the extended proposal that it would advise the Ministers on ‘all questions relating to the recruitment, *training* (my emphasis), welfare and distribution of nurses and midwives on civilian work.’¹⁶⁴ The issue of training was seen as the remit of the GNC, and created what was described as ‘considerable discussion’ at the Council's twenty-fifth meeting.¹⁶⁵

It could be suggested that the MLNS was attempting to widen the scope of the Council and more pragmatically adjust issues which could be a hindrance to training and

distribution. This may in part have emerged from the tension that appears to exist throughout Council minutes between the GNC and the MLNS. These focused, for example, on ministerial attempts to increase recognition of qualifications not covered by the GNC register. An example was the MLNS request to discuss a suggestion that the GNC should be asked to recognise the certificate of the Tuberculosis Association, and raise the standards of the desperately short-staffed sanatoria.¹⁶⁶ Council members generally again rejected this, with the Association of Hospital Matrons reminding the Council of the functions of the GNC. If certificates not offering the prescribed training for the various registers of the GNC were recognised, the country would be flooded by partly trained nurses, proficient only in one branch of nursing.¹⁶⁷ It is difficult to see how this differed from the position of fever nurses, for example, except that they were regulated by the GNC. There seemed to be no discussion on assisting the Tuberculosis Association to work with the GNC to meet agreed criteria, but a suggestion was made to gain the attitude of the latter to the proposal. The remit of the Council was subsequently curtailed to advising on 'training in so far as it affects the work of the Council.'¹⁶⁸

The militarisation theory

The arguments presented in this chapter, particularly the rejection of the direction of nursing labour by the MLNS, oppose the idea of an adoption of a 'militarisation' policy in civilian nursing, which Starns has argued occurred at this time.¹⁶⁹ Certainly it appears to have had no influence on nursing policy-making within the ministries, beyond the recruitment issue of providing enough nurses to meet armed forces, civilian hospital and air-raid casualty needs. Starns within her thesis and published work argues that within army nursing, its Matron-in-Chief, Dame Katherine Jones, suggested that militarisation in

nursing would provide an opportunity to resolve nurse status problems once and for all.¹⁷⁰ Once achieved in army nursing and other services, it could provide a framework which would secure nurse status for the occupation as a whole.¹⁷¹

The militarisation of nursing appears to be defined by Starns as the adoption of behaviour equating to and ultimately achieving military 'officer' status.¹⁷² The actual attainment of this appeared to be the ultimate goal of separating nurses from other women's services in the forces. For Dame Katherine this also meant a widening status for registered nurses in relation to auxiliary personnel.¹⁷³ The officer rank therefore equated to 'responsibility and hard earned privilege reflecting professional and military achievement.'¹⁷⁴ Starns suggests that with this approach in mind Dame Katherine 'initiated a full-blown militarisation programme for army nurses.'¹⁷⁵ This involved identification with masculinity and a corresponding suppression of the more feminine aspects of nursing. Nurses were expected to stress the concept of efficiency because this was considered to be a military virtue.¹⁷⁶ Fitness programmes were introduced, uniforms turned to khaki and nurses were increasingly expected to administer care in front-line positions.¹⁷⁷

Starns suggests that militarisation was successful in articulating Dame Katherine's goals. Registered nurses were awarded commissioned officer status in 1941 and this extended from the army to include the Royal Airforce, Royal Navy and Commonwealth nurses. Once hostilities had ceased, army nurses were established as a distinct corps and emerged to negotiate a 'professional' salary lead over members of the women's services.¹⁷⁸ She suggests that in stark contrast to the civilian nursing services, those in the military were

flooded with applications from women eager to join their ranks.¹⁷⁹ This appears to imply the élitist attraction of military nursing, a phenomenon which historian Anne Summers utilised to suggest that this form of nursing gave respectable expression to less admissible female notions.¹⁸⁰ Home ties could be legitimately abandoned as the nurse travelled abroad 'ready to surmount hardship and encounter danger.'¹⁸¹

The impression is given that civilian nurses turned towards military values because their service colleagues had gained so much from the adoption of such approaches. Civilian nursing openly advocated military identification in the vain hope that once registered nurse status was linked to military officer status, the overall position of the professional nurse would improve.¹⁸² However, Starns suggests that such an approach ultimately was not in line with the instigation of medical and technological advances, with nursing in the armed forces recognising the weaknesses of 'aristocratic militarism' and subsequently shifting in the direction of education and professionalism.¹⁸³ A clear exploration of professionalism remains unclear in the argument. Unlike the military, civilian nursing did not change in the immediate post-war years, but preserved an 'iron triangle of military influence, royal patronage and religious beliefs.'¹⁸⁴

It is suggested that this approach, of adhering to an existing status, prevented civilian nursing from moving forward to meet the changing health-care needs brought about by technological and medical advances. These were met with a reactive rather than a pre-emptive approach. Nurse leaders who were progressive were unable to alter the rigid status that the occupation (as represented, apparently, by the RCN and the matrons) was

desperate to maintain in a changing health field.¹⁸⁵ For Starns, civilian nurses interpreted military officer status in terms of social class, and failed to appreciate that the primary function of an officer was to provide leadership.¹⁸⁶

It is desirable but ultimately difficult to evaluate Starns's theory against the arguments of this chapter for several reasons. Primarily, when she states that nurses 'adopted their own distinct militarisation policy' and one with 'specific aims and objectives',¹⁸⁷ it remains hard to grasp whether this policy, which in itself suggests a degree of direction and structure, remained the ambition only of Dame Katherine, and where influence was confined to military nursing. The degree to which it permeated, albeit in a somewhat distorted fashion, to civilian nursing remains speculative and poorly supported by the available evidence.

Whatever the process of militarisation, the caution with which both MLNS officials and the NAC utilised the control and direction of nursing labour does not suggest a conscious application of a militarisation policy. This was in the sense of viewing nursing as a 'national service' and using compulsion to post nurses to where they were needed in civilian nursing. Posting and directing nurses in the armed forces are natural features of the obedience and hierarchical structure of military life. Civilian nurses were not directed and indeed appear to have gone out of their way to avoid NAC controls on their choice of practice area. By May 1946, Helen Dey, a member of the NAC and the Association of Hospital Matrons, requested that the issue of recruitment be returned to the individual matrons and not be kept with the MLNS.¹⁸⁸ It could be argued that she was fighting for the power of the matron to direct and control her own nurses. Military service by its very

nature is a hierarchical regime, directed by a higher body representing King and country. Resistance to any form of direction appears strongly to contradict any theory that military values were actively seized upon by civilian nurses.

The argument for militarisation becomes confusing when a policy that aimed to achieve 'officer' status and privileges is applied to civilian nursing. In civilian nursing there was no such rank as officer. By its very nature civilian nursing is not a part of the military. It is difficult to see how Dame Katherine's 'policy' could permeate a sector of nursing that was not within the armed services. What appears to be more apparent is that civilian nurses may merely have maintained the status quo built into a long-standing hierarchical regime. This may be what Starns is describing under the concept of militarisation, but it also suggests a need to use the concept with caution or to define it clearly and further clarify what is understood by 'policy'. Yet the inability of nursing personnel, such as matrons, to exert strong influence in local decision making in the new NHS, as described by Rosemary White, may have strengthened their internal hierarchical regime.¹⁸⁹ This may justify Starns's view of a reactive rather than pre-emptive approach to change, but this does not amount to a conscious policy of militarisation.

In contrast to the aims of Dame Katherine Jones, the crucial question of the war itself has not been considered in this chapter as revolving around the issue of direction of labour. The latter emerged as a consensual and collaborative process from the ministries. The move to khaki by nurses, and the attraction of the military, may have been the patriotic response of a united population against a tyrannical foe that swept nursing along with it.

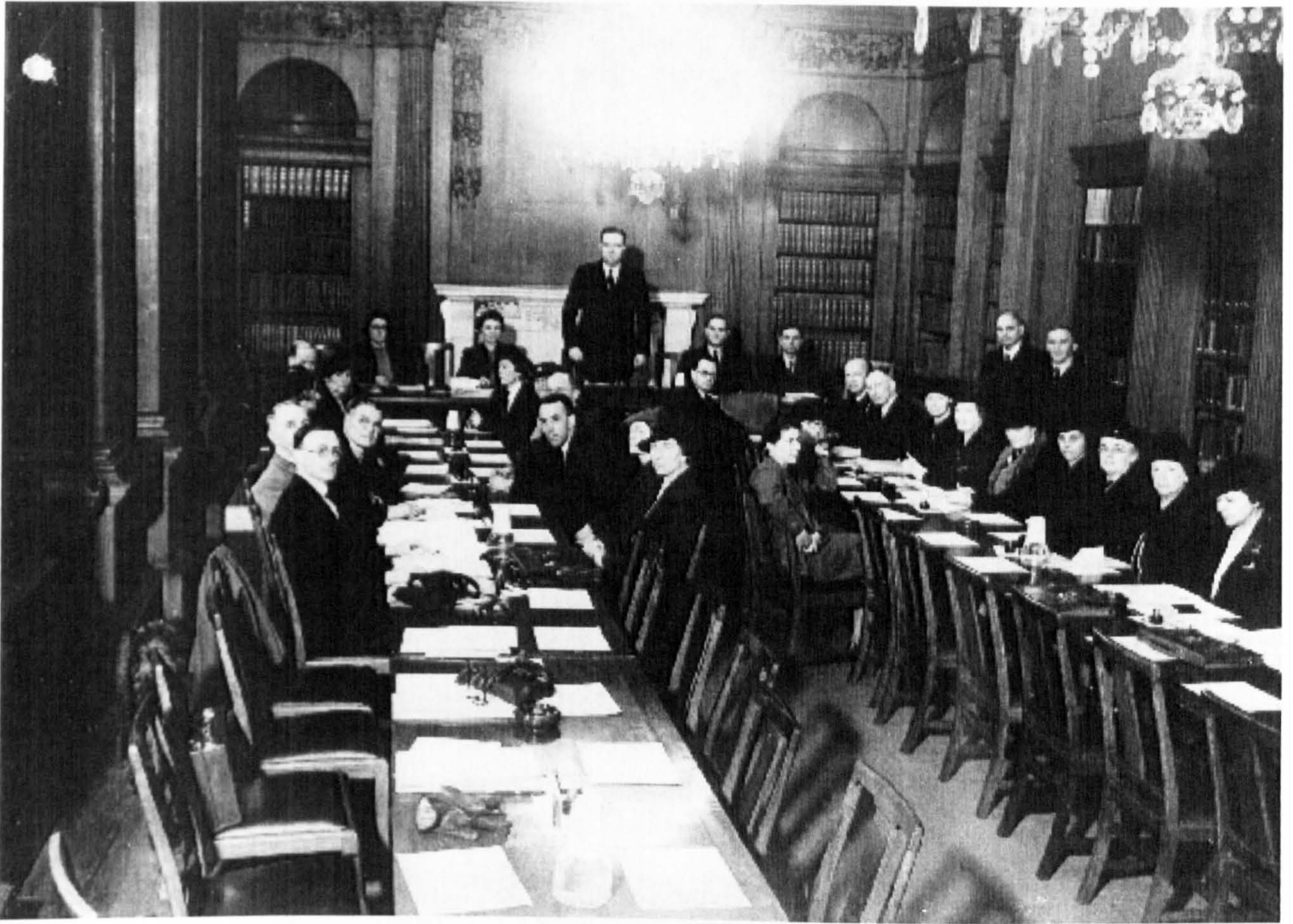
Conclusion

This chapter has examined the workforce strategies utilised within nursing by the Ministries of Health and Labour during World War II. The need to increase recruitment and address issues in the maldistribution of the workforce, in preparation for air-raided casualties, commenced at a period of crisis in the nursing occupation. This was manifest not only in a severe shortage of staff, an inhospitable working environment and low pay, but a need for the ministries to perform a strategic U-turn, and become heavily involved in issues which they had previously left to the vagaries of market forces. Prior to the war the occupation had dealt with its own recruitment issues on a local level, and with no need and little desire to utilise the services of the MLNS. A series of Ministry of Health blunders in the early years of the war, notably involving the CNR and salary discrepancies, worsened the state of maldistribution. Desperate attempts by the Ministry of Health together with the MLNS to suggest workforce restrictions, without involving nursing organisations and unions, only exacerbated a feeling of unrest within the occupation.

By 1943 when the MLNS became involved in the nursing crisis, it was clear that it needed to look at the occupation as a unique workforce. This thesis argues that nursing was a 'hybrid', made up of various qualified and unqualified workers, and yet contained a core that aspired to the professional status akin to that achieved by the medical profession. By this point the MLNS knew that the only way to address maldistribution problems was to utilise workforce controls. Minister of Labour Ernest Bevin disliked such measures intensely, primarily because he believed that they could result in resistance from a dissatisfied workforce. The need to utilise controls, yet ensure

compliance from the occupation, resulted in a consensual approach, through an unusually large advisory Council for nursing and midwifery alone, and a series of technical nursing officers around the country to resource the Nursing Appointments Service. No other occupation had such a service. The latter was used purely because it was feared nurses would regard Labour Exchanges as beneath their professional status. This was despite the fact that the Appointments Service itself did not believe that nurses were of the appropriate professional standing for this department. The approaches were therefore somewhat contradictory and elaborate, in order to placate a demotivated occupation and ensure compliance with the restrictive measures. This was necessitated because of the ineffective way the ministries had dealt with the increasing nursing workforce crisis in the previous decade.

The lack of statistical data regarding maldistribution resulted in compulsory registration. However, by this stage, nursing was suffering such low numbers, that controls to filter newly qualified nurses to the worse areas of shortage merely demonstrated the 'hand-to-mouth' existence and desperate measures used to staff areas which had been starved of resources. Concessions to allow additional areas to recruit from newly qualified staff merely weakened the effectiveness of a Control of Engagement Order. Ultimately, the Council could not decide whether the wartime controls had been effective. This in part reflects the continued lack of statistical data, but also the changing workforce as war ended and families reconvened in peacetime. What is clear is that the nursing recruitment crisis was no better at the end of the war than at the beginning, and was a poor starting point for the newly envisaged NHS shortly to emerge.



February 1943: The National Advisory Council (NAC) for the Recruitment and Distribution of Nurses and Midwives. This official photograph taken at the Ministry of Labour and National Service in London, shows Conservative Member of Parliament, Parliamentary Secretary and NAC Chairman, Malcolm McCorquodale standing at the head of the table (photograph reproduced with kind permission of the National Archives, Kew).



June 1942: Women outside a Ministry of Labour and National Service van recruiting for war work (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



November 1946: Minister of Labour George Isaacs (far right) inspects the mobile nursing exhibition van outside his ministry in London, as part of the massive nurse recruitment campaign. Note on the back of the van, nurses enjoying leisure time appear for the most part to be in uniform (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



June 1948: A new beginning and new hope. From the top, Jamaican boxers Charles Smith, Ten Ansel, Essi Reid, John Hazel, Boy Solas and manager Mortimer Martin arrive on the *Empire Windrush* at Tilbury docks hoping to find work in Britain. Journalist Robert Winder said the men 'came as if on their way to a dance', Winder R (2004) *Bloody Foreigners: The Story of Immigration to Britain*, London: Little Brown (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



July 1948: West Indian men arriving on the *Empire Windrush* were housed in the ex air-raid shelter on Clapham Common, London, adapted to function as a temporary hostel until accommodation could be found. Home Office files indicate that two of the men were found 'nursing' work in Godalming and Orpington. 'Statement of West Indian workers placed in employment from the Clapham shelter up to 30/6/48'. PRO HO 213/244 West Indian immigrant workers, 1948 (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



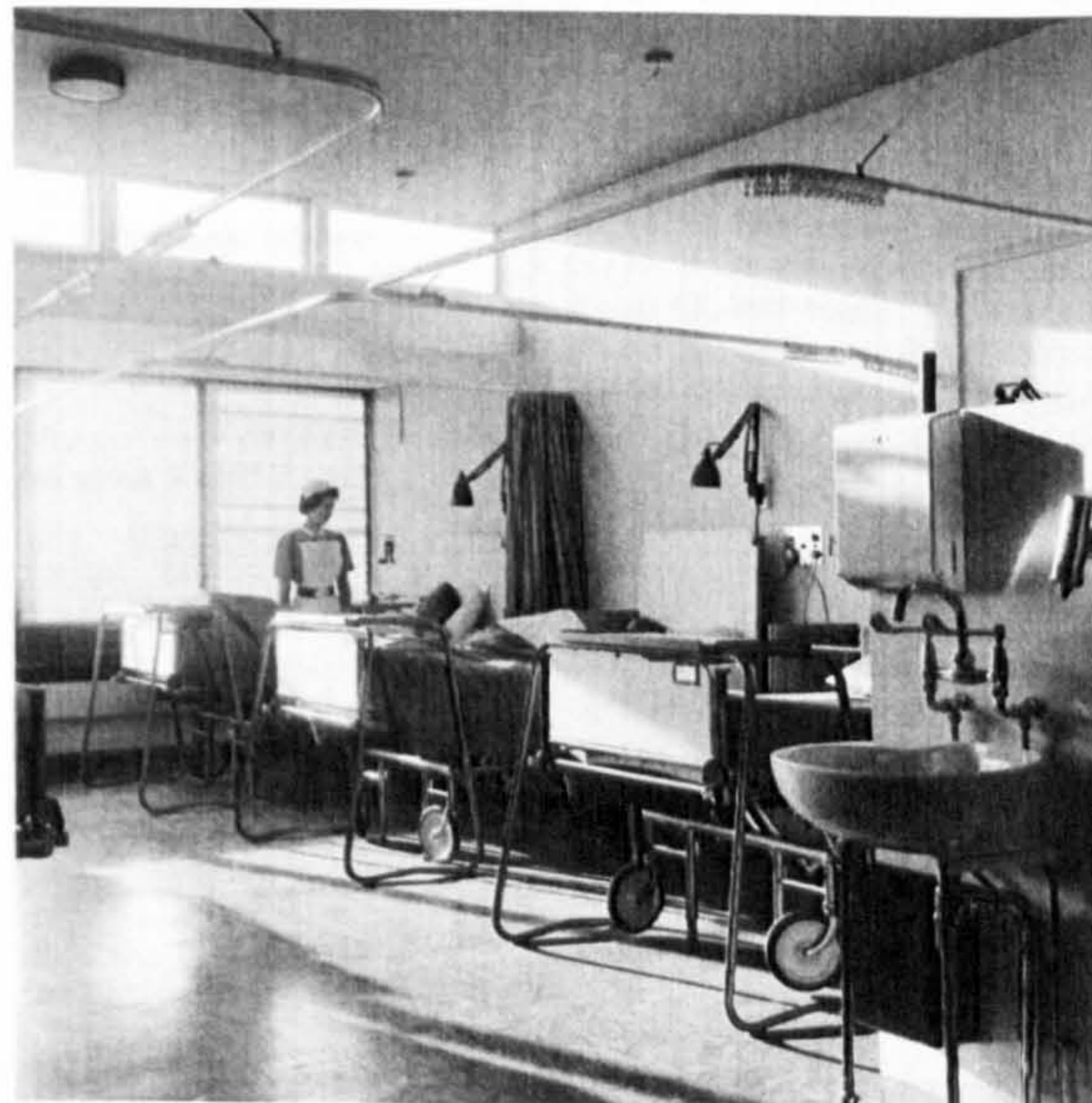
June 1952: Two Jamaican men talking in a Brixton, south London street. The graffiti behind means 'Keep Britain White', a sign of the increasing racial tension in the country to 'coloured' immigrant workers (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



December 1953: Nurses from the emerging 'New Commonwealth' at Hackney General Hospital, London (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



November 1958: Nurse Christine Oyemaja from Nigeria cleaning surgical instruments at the Brook General Hospital, south London (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



January 1960: A ward of the Princess Margaret Hospital, Swindon. The first hospital to be built under the National Health Service (photograph reproduced under licence from and with kind permission of the Hulton Getty library).



THE NURSES
AND MIDWIVES
(Registration for
Employment)

ORDER

1943

Persons who are or have been
NURSES (MALE or FEMALE)
or **MIDWIVES**
must **REGISTER**

All British subjects of either sex (whatever their period of residence in this country) BORN AFTER 31st MARCH, 1883, and BEFORE 1st APRIL, 1926, who fall within any of the classes or description of persons specified below, MUST register at an Employment Exchange,

on **Sat. APRIL 10, 1943**

UNLESS (A) Arrangements have been made for them to register at a Hospital, or (B) They are exempted by the above Order from liability to register.

PERSONS REQUIRED TO REGISTER

1. All nurses whose names appear on the General or Supplementary State Registers of the General Nursing Council for England and Wales and the General Nursing Council for Scotland.
2. Nurses not State Registered but who hold a Certificate of at least three years' training before the 30th June, 1925 in a Training School approved by the General Nursing Council for England and Wales, or before the 30th September, 1925, in a Training School approved by the General Nursing Council for Scotland.
3. State Certified Midwives whether practising or not and women whose names have been but are no longer on the Roll of Midwives except (i) those who were compulsorily retired by the local supervising authority under Section 5 (2) of the Midwives Act, 1936 or by the Local Authority under Section 4 (2) of the Maternity Services (Scotland) Act, 1937 on the ground of age or infirmity; and (ii) those whose names have been removed from the Roll by direction of the Central Midwives Board or the Central Midwives Board for Scotland acting under their Penal powers.
4. Student nurses and pupil midwives.
5. Persons who are or who have been nursing auxiliaries in the Civil Nursing Reserve, or who are or who have been V.A.D.'s or nursing members of the British Red Cross Society, St. John Ambulance Brigade or St. Andrews Ambulance Association who have had not less than six months' full time experience in nursing duties, whether or not they are now actually engaged in such duties.
6. Nursery nurses who hold a nursery nursing certificate after training at (i) a Nursery Training College; or (ii) a Nursery approved by the National Society of Children's Nurseries.
7. Other persons who have had at least one full year of experience in the nursing of sick persons in a hospital or similar institution.
8. All persons who, on 30th March, 1943, were employed in, or engaged for the purpose of nursing sick or injured persons.

NOTE: *Women who are in process of entering the Women's Auxiliary Services, or the Nursing Services of the Crown, but are not yet finally enrolled, and men who are in process of being called up for the Armed Forces, must nevertheless register if they have any of the qualifications listed above.*

Local Offices will be open for the purpose of registration on Saturday, 10th April, 1943 from 9 a.m. to 11 a.m. and from 12 noon to 6 p.m. To avoid waiting, persons should as far as possible attend at the following times:

Persons whose surnames commence with the letters

- A. and B. between 12 noon and 1 p.m.
- C. to F. between 1 and 2 p.m.
- G. to J. between 2 and 3 p.m.
- K. to O. between 3 and 4 p.m.
- P. to S. between 4 and 5 p.m.
- T. to Z. between 5 and 6 p.m.

Nurses and Midwives who cannot attend in the afternoon should attend between 9 and 11 a.m.

ALL PERSONS ATTENDING FOR REGISTRATION MUST BRING WITH THEM THEIR NATIONAL REGISTRATION IDENTITY CARDS, THEIR NATIONAL SERVICE REGISTRATION CERTIFICATES AND IF A STATE REGISTERED NURSE THEIR NUMBER ON THE STATE REGISTER AND IF A STATE CERTIFIED MIDWIFE THEIR NUMBER ON THE ROLL OF MIDWIVES.

Persons living more than six miles from an Employment Exchange, or who cannot attend in person may register by obtaining the necessary form and returning it by post duly completed not later than April 17.

Nurses and Midwives genuinely unable to register on April 10 because of their hours of duty on that date or because they are sleeping after night duty may register at a local office of the Ministry of Labour and National Service during the week April 12 to 17.

Press advertisement from April 1943 following the announcement by Chairman of the NAC for the Recruitment and Distribution of Nurses and Midwives, Malcolm McCorquodale on BBC radio of the wartime compulsory registration of nurses and midwives on April 10th 1943. Source: PRO INF 2/107 Nursing Recruitment, 1945-61 (reproduced by kind permission of the National Archives, Kew).

Tomorrow depends on - **GOOD NURSING**

The work done TODAY by our nurses will be reflected in the health of future years. The need for help in our Hospitals is very great and Nursing is a profession of immense National value. Choose this noble calling and train now. Make it your war work and your proud career in the days of peace. Fill in the coupon below for full details.

- TRAINING WITH PAY
- FREE UNIFORMS
- NEW SALARY SCALE
- HOLIDAYS WITH PAY
- WIDE RANGE OF INTERESTING POSTS
- PENSION SCHEMES



TO: THE MINISTRY OF LABOUR AND NATIONAL SERVICE (Dept. N.R.)
 24 KINGSWAY, LONDON, W.C.2

Please send illustrated literature on Nursing as a war-time job and as a career.
 Also details of TRAINING, PAY, etc. **USE BLOCK LETTERS**

Name and Address (including Town) _____

State age, if under 18 County _____

SG19

Press advertisements from the MLNS during World War II, appealing to the patriot nature of women to train as nurses, when factors such as pay and conditions of service may not have been so attractive. Source: PRO INF 2/107 Nursing Recruitment, 1945-61 (reproduced by kind permission of the National Archives, Kew).

POSTERS IN YOUR AREA



16-sheet poster design

These are the campaign posters. In the double-crown and crown-folio sizes — numbered here — they are available for local use at your discretion. An order form is enclosed.



WR 109
Crown-folio poster



Bus panel design

A variety of publicity material called on women in the immediate post-World War II era to return to work and aid British industrial production. Source: PRO INF 13/137/13 'We Need the Women Back at Work': 12 Leaflets, 1947. (reproduced by kind permission of the National Archives, Kew).

NEW
Part-time
HOSPITAL
STAFF
SCHEME

The Part-Time scheme offers every ex-nurse a *welcome back to hospital work* without serious interference with her private life. Just those few hours you can spare every day, or several times a week are invaluable to your local hospital. Your qualifications, your experience in any field of hospital work are urgently needed. Already in some hospitals Part-Time Nurses, working together, have *taken over* a complete unit of the hospital.

All categories of Nursing Staff needed.

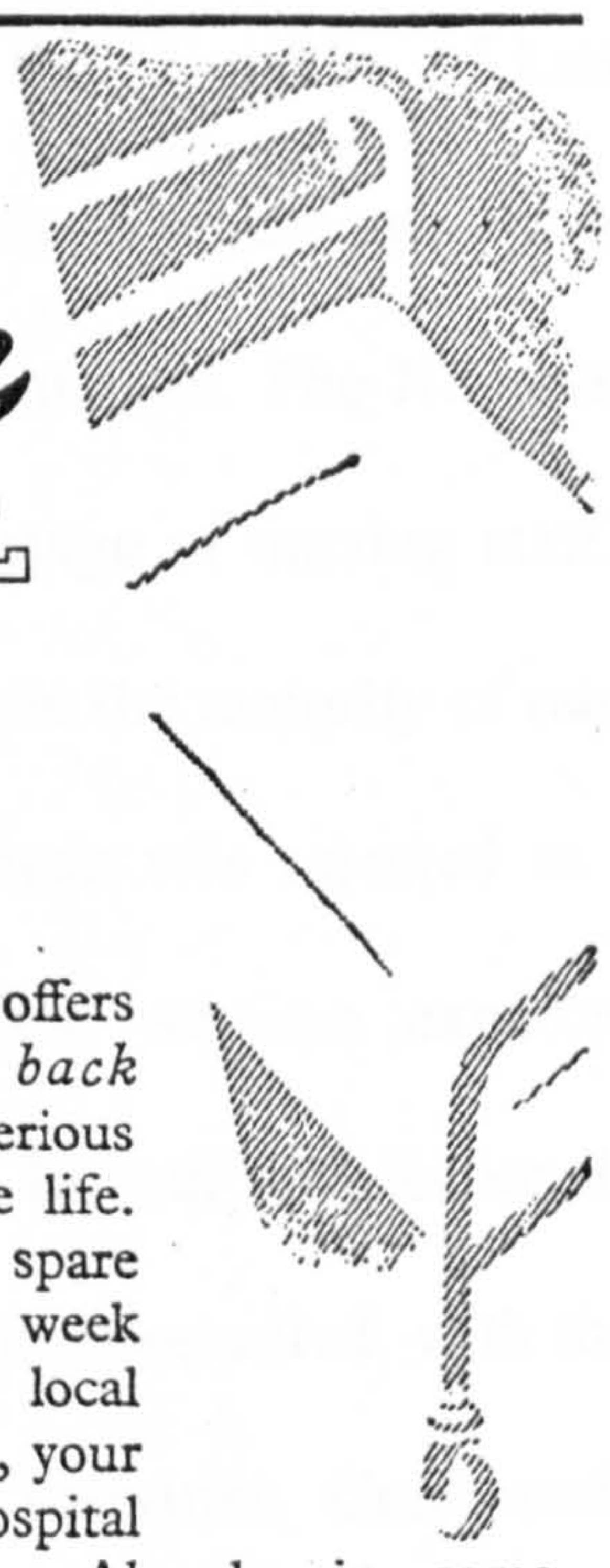
NURSES

MIDWIVES

Assistant NURSES, etc.

Apply to: Your Local Hospital or
Local Office of the Ministry of Labour

This portion can be supplied as this if desired. If not, the paper can substitute matter supplied by Local Committee.



In the immediate post-World War II period the MLNS began an extensive campaign to attract part-time nurses. This was aimed at women who had left nursing because of marriage or perhaps to care for sick relatives, but could offer a part-time service to the hospital. It was still felt not possible from both the MLNS NAC and the matrons themselves, that women could be married and work full-time in nursing. Wifely duties needed to be satisfactorily met first and time was needed to achieve this. Source: PRO INF 2/107 Nursing Recruitment, 1945-61 (reproduced by kind permission of the National Archives, Kew).

Chapter 6: The Post-War Recruitment of Nurses in Britain: Policy and Planning

Introduction

This chapter analyses the nurse recruitment campaigns of the Ministries of Labour and Health in the immediate post-World War II period. A variety of arguments are presented to offer a comprehensive view of the rationale for the campaigns. The National Health Service (NHS) was established in 1948 with an acute shortage of nursing staff. Yet no matter how tempting the prospect may have been, and despite the majority of nurses now being employed by the state, the direction of nursing labour was rejected as a viable workforce strategy. The reasons for this, based upon the wartime experience, are explored. The changing roles of the post-war Ministry of Labour and National Service (MLNS) and the Ministry of Health in nurse recruitment are presented, with the former taking a much reduced role in contrast to its wartime activities. Continued tension between the two ministries resulted in the Ministry of Health seeking to take the impetus for the recruitment campaigns from the Ministry of Labour and devolve this to its own Regional and Hospital Boards by 1957.

Primarily, the chapter presents the recruitment campaigns as highly reactive and characterised by a policy of diversification. This term refers to the opportunistic widening, to a highly varied population of recruits, of access routes into nursing. However, the recruitment campaigns were strongly influenced by post-war social values. These saw the primary role of women, many of whom had worked during the war, as being mothers and homebuilders. This contradictory approach to policy, in which women were simultaneously being encouraged by government to return to work to increase

exports and home production, while at the same time their duties to their own homes and families were presented as paramount, has produced controversy amongst historians with regard to women's post-war social gains. This debate is presented and is used to frame the discussion of nurse recruitment campaigns of the time. The specific groups the campaigns targeted, including part-time workers, men and nursing orderlies, are offered as indicative of these social values and the urgent need to staff the NHS, the flagship of the Attlee Government's policy of nationalisation. The argument is considered that nurse recruitment, as with the call to women back into industry, was not so much a choice between the country's economic needs and the prevailing attitude to women as homemakers or child-rearers, as a compromise between the two.

The post-war ministerial management of the nursing workforce

The post-war government policy on the nursing workforce differed in several key aspects compared to that which operated during World War II. It essentially moved from being the preserve of individual hospitals to a more centralised, managed approach. Prior to the nationalisation of the health service, recruitment was the individual responsibility of the hospital, with the matron advertising in the nursing and national press according to her staffing needs. The war ended this and brought with it more expansion into international advertising to utilise recruits from the colonies. In addition to this diverse recruitment, from 1943 the Ministry of Labour and National Service (MLNS), in its role of mobilising the workforce for the war effort, opened a series of Nursing Appointments Offices across the country within Labour Exchanges. The aim was to steer potential nursing recruits,

both qualified and those wishing to train, to hospitals with staff shortages and training vacancies.

The MLNS had also planned and implemented through its National Advisory Council (NAC) for Nursing and Midwifery formed in 1943 extensive national recruitment campaigns to enhance the nursing workforce. These took place while the country was on the brink of utilising the direction of nurses to ensure the more even distribution of the workforce to areas of notable shortage. Such areas were subsequently identified in a Control of Engagement Order in September 1943 as tuberculosis, fever and mental nursing, together with district nursing and caring for the chronic sick.¹

The implementation of direction in nursing encompassed progressive restrictions on working practice as the war continued. These began with compulsory registration in April 1943, through a Control of Engagement Order the following September, to the ability if required to direct nurses to specific posts by April 1944. However, the term 'on the brink' emphasises that direction was never a popular choice within the MLNS to manage the British, and notably the nursing, workforce. Indeed, direction was seen as a last resort and one from which officials recoiled, since nursing was regarded as, and represented, vocational women's work – and is characterised consistently as such within the ministerial documents of this period.

Sir Godfrey Ince, the MLNS's longest-serving Permanent Secretary (1944-1956), had always felt that nurses should be volunteers. He contended that 'there was a difference

between tending a human being and a machine.’² The Minister of Labour, Ernest Bevin, in particular can be seen in both primary documents and through his biographer Lord Bullock as a hard-liner, a passionate believer in coercion and persuasion, but with direction being used as a last resort.³ Notably, during a debate on war production in the House of Commons in late 1940, he declared that although he might have other weaknesses, he understood the working classes of Britain. Here he preferred to be a leader and not a dictator, with regard to coercing increased production from the British workforce. Through his knowledge as a long-standing trade-union leader and General Secretary for the Transport and General Workers Union, Bevin believed this approach would prevent the resistance of an unhappy workforce directed against its will.⁴ In his inaugural speech to the NAC, he was quite plain that nursing was a vocational occupation:

‘So far, nursing and midwifery have been left out of the various schemes of control: both services must essentially be based on the will to sacrifice much to help others and recruitment to both must therefore be voluntary.’⁵

In many ways the post-war recruitment methods used in nursing remained unaltered. The MLNS Nursing Appointments Offices continued, while specific groups were still targeted through mass advertising campaigns, and potential new recruits unavailable during the war years, such as the colonial populations, became a ready source to be recruited to staff British hospitals. This issue of international recruitment will be explored in the following chapters. Part-time schemes, the presence of male nurses and attempts to increase the use of nursing orderlies, accelerating their pathway to state registration, all

reflected the proactive approach to utilise as many different groups as possible in the nursing workforce.

Differing approaches centred around which of the Ministries would now take responsibility for the recruitment and placement of nurses. This was particularly because from 1948 the health service was nationalised and the Ministry of Health became the employer of the majority of the country's nurses. This latter fact of a nursing workforce united by national pay scales and terms and conditions of service would appear to lend itself to the greater use of controls and direction in the post-war era, particularly given the continued acute shortage of staff. During the war, Bevin had noted that any consideration of direction of nurses would be severely hampered without national and standardised pay scales, allowing staff to be more easily transferred between jobs.⁶ These had now existed since 1943, with the salary scales set and periodically reviewed by the committee chaired by Lord Rushcliffe.⁷ This chapter will explore what would seem the appeal of an ideal method to regulate the supply of nurses in a time of severe shortage, and in a health service which could be seen as the flagship of nationalisation. However, arguments are presented suggesting why direction was dismissed as a potential policy.

Finally, the move of women away from the war-time workforce and back into the home to nurture the post-war generation influenced who could be recruited as nurses. This produced tension from two differing policy approaches. First, there was a desire to return to the pre-war traditional, almost nostalgic, values of the woman as mother and home-builder. Yet the need to move forward in nursing workforce planning driven by service

economy demands was urgent. Such movement resulted in recruitment diversification into areas such as part-time workers, as well as the increased use of men and overseas recruits.

The post-war Ministry of Labour and National Service and the Ministry of Health

The nationalisation of the health services in 1948 pushed to the fore the issue of which ministry should take responsibility for the post-war recruitment and placing of the nursing workforce. The Ministry of Health had overnight become the employer of a vast health-care workforce. On the appointed day of nationalisation employees and contractors amounted to approximately half a million people, while hospital staff accounted for 360,000, of whom 150,000 were nurses and midwives.⁸ Despite these impressive figures, the NHS commenced with a staffing crisis and an estimated 53,000 nurse vacancies and 65,000 unstaffed beds.⁹

Questions were inevitably raised in discussion between the MLNS and the Ministry of Health, regarding how each could best work together to ensure an increased supply of nursing staff for the new NHS.¹⁰ Discussions were in part framed around the 1947 *Wood Report*. This government-initiated report examined the issue of the recruitment and training of nurses in the post-war era, prior to the nationalisation of the health service.¹¹ Drawing once again on the analogy of teachers and nurses, it argued that, just as the Minister of Education was responsible for ensuring an adequate supply of teachers for the education services, so the Minister of Health should be responsible for securing adequate numbers of nurses.¹² Such a shift in responsibility had in part occurred in 1945, with the

recognition that the MLNS NAC was somewhat isolated from the Ministry of Health staff. The Council Chairman suggested to members that it might be more effective if they also advised the Minister of Health, who had direct control over health issues over which the MLNS did not, and yet which might impact on recruitment, such as conditions of service.¹³ Such a move was subsequently approved by Council members, and was no doubt facilitated by the impending nationalisation. This apparently harmonious restructuring of the Council included the Parliamentary Secretary to the MLNS as Chairman, while the Parliamentary Secretary to the Ministry of Health and the Parliamentary Under Secretary of State for Scotland were joint Vice Chairmen. Joint Secretaries were offered by both the Ministries of Labour and Health.¹⁴ Such an approach appeared to be warmly welcomed by both ministries and worked well until the NHS was launched.

By 1948, the impetus was for the Ministry of Health to take responsibility for the recruitment campaigns of its own staff. The *Wood Report* had suggested the move, and under the terms of the NHS Act 1946, the Minister of Health and Secretary of State for Scotland were empowered to constitute a Standing Advisory Committee to advise on service provision.¹⁵ Either this would produce replication of the MLNS's own NAC, which dealt with issues primarily related to recruitment, or the two Councils would have to work with differing remits. One Council, for example, could have focused upon recruitment, while the other examined terms and conditions of service and issues of training.¹⁶

In discussion with Sir Godfrey Ince, Permanent Secretary at the MLNS, his counterpart at the Ministry of Health, Sir William Douglas, suggested a somewhat pragmatic view. Rather than presume what might be needed, he declared that all were becoming 'immersed' in the recommendations of the *Wood Report*, but it might be wiser to decide what ought to be done once the pattern of the nursing profession emerged after it was nationalised, and the Hospital Management Committees were in place.¹⁷ Both men agreed that their departments needed to be kept close to developments, particularly as regarded any emerging advisory bodies, which would have a bearing on the position of the MLNS in nursing.¹⁸ Douglas and Ince's correspondence appeared to suggest an inevitable tension between the ministries, unless the two advisory committees both had clear and decided remits. In Douglas's view only his ministry required a Council representing appropriate organisations such as the Royal College of Nursing (RCN) and the Trades Union Congress (TUC). He contended that:

'We naturally agree, however, that it may well be necessary for you to have the assistance of some kind of advisory body in connection with nursing recruitment, but we think that the terms of reference of such a body should make it clear that they were being asked to advise on recruitment technique and not on matters of nursing policy which, of course, affect recruitment ... the difficulty seems to us to arise when we come to consider the type of body to advise you on recruitment technique. We had thought that the case might be met by a small body of individuals selected for their expert or technical knowledge and not representing any particular organisation.'¹⁹

Ince was unsure what Douglas meant by recruitment 'technique,' but it appears clear that the latter wanted a restricted role for the MLNS and the avoidance of any possibility of overlap. Although Ince agreed with the avoidance of two bodies advising the government

on the same questions, he could not agree that his minister should have anything less than a NAC. This he insisted should consist of representatives of relevant organisations to deal with the recruitment issue.²⁰

By June 10th, 1948 a meeting between MLNS and Ministry of Health staff appeared reconciled to the likelihood that the MLNS NAC *would* continue, but focus upon the specific issue of recruitment to the desperately low nursing numbers within the NHS.²¹ MLNS staff struggled with the exact wording of the NAC's remit to prevent overlap with the functions of the Ministry of Health's own NAC for nursing. The ultimate remit was declared as advising: '... the Minister of Labour and National Service on the recruitment and placing of nurses and midwives for all forms of nursing and midwifery, and on the development of his career-advice service for nursing and midwifery.'²²

The post-war approach to recruitment therefore remained essentially unaltered, but the MLNS remit within nursing was reduced as nationalisation occurred. During the war years the MLNS had been involved not only in recruitment, but also had the power to control the choice of engagement made by nurses (from September 1943), and finally the power to direct individuals to specific posts if required (from April 1944).²³ Miss Russell Smith, Under Secretary at the Ministry of Health, questioned whether 'placing' would equate with the issue of distribution, and presumably direction.²⁴ Mr Nash, her counterpart in the Appointments Department of the MLNS, indicated that issues of distribution would now be a matter for the Departments of Health and the Regional Boards acting for them.²⁵ It was made clear that the role of the MLNS had now devolved

to a support role, to feed the supply of nurses to the Ministry of Health, which as employer would decide how best to utilise the staff. As the new service developed, it was hoped that the Hospital Management Committees would designate a specific person responsible for appointing nurses, domestic and possibly clerical staff. The officers would then be the point of contact for the Nursing Appointments Officers involved in recruitment inquiries regarding nursing posts.²⁶

Tension appeared somewhat inevitable between the two ministries. What Douglas had wanted was a much smaller role for the MLNS, advisory to his ministry and avoiding any idea of conflict or overlap in function. He did not want a NAC in the MLNS, with organisations who could begin commenting on issues relevant to his domain. He did not get this and ended up with two Councils in two ministries, although their remits aimed to be different. By the mid 1950s, it was the Treasury which became the catalyst to change the uneasy situation. This department perceived that recruitment figures had improved, and questioned why the nursing profession required its own specific and somewhat costly Appointments Service through the MLNS.²⁷ In an apparent criticism of the attempted élitist qualities aspired to by organisations such as the RCN, the Treasury could only contend that the 'dignity of the profession' demanded its own special recruitment system beyond all other NHS employees.²⁸ In discussion with the Treasury in 1954, the Ministry of Health appears to have moved towards adopting a somewhat sceptical attitude to the role of the MLNS. It stated that it had referred no questions for advice to the MLNS NAC and suggested that estimates of the number of nursing vacancies produced by the MLNS should be treated with caution. However, it did admit that it could also place no reliance

on the vacancy figures produced by the hospitals for its own ministry. Hospital authorities were also cited as resenting the frequent visits of technical nursing officers of one sort or another,²⁹ who would clearly have included nursing officers from the MLNS Appointments Service.

In fairness to the MLNS, this resentment may in fact have had less to do with which department sent the officers, rather than the matron viewing the visits as another step to taking responsibility and control from her once powerful position.³⁰ As discussed in the previous chapter, in the recent pre-war years the lack of government or ministerial involvement in an increasing nursing recruitment crisis was marked. Matrons may have felt slightly aggrieved that in the post-war years 'the men (and women) from the ministry' now felt it appropriate to call in and help advise and support on hospital recruitment. This area has been explored by White,³¹ and demonstrates a continual battle by hospital matrons from the 1940s well into the 1960s, to gain representation on the Hospital and Regional Boards of their hospitals.³²

The boards demonstrated a clear resistance to any directive from the Ministry of Health regarding whom they should choose to be on their committees, questioning why nursing should be seen as a special case above other representatives.³³ After a series of Ministry of Health Circulars, HM (61) 79 was subsequently published in 1961, reinforcing advice given previously in 1959 (HM (59) 21).³⁴ Through the former Circular, Minister of Health Enoch Powell reiterated that he considered that a matron should have the right to attend all meetings of the House Committees and the Hospital Management Committee

or the Board of Governors when matters directly or indirectly affecting her own department were discussed.³⁵ As the recruitment crisis in the senior nursing ranks heightened, the latter Circulars demonstrate an increasing pressure from the Ministry of Health to gain nursing representation, yet reinforce how ineffective the Circulars were, now that the local boards had been empowered through nationalisation to run their local groups of hospitals.

The Treasury decided that, in view of the need for cost constraints, and since other issues of recruitment were dealt with by the Ministry of Health, nursing-recruitment issues should be transferred to that department by May 1st 1957.³⁶ This was a bitter blow to the RCN and their General Secretary Francis Goodall in particular, who had cherished the representation on the MLNS NAC.³⁷ She was clearly angry at the discontinuation of the Nursing Advisory Committee of the MLNS, claiming that only one of the NAC's represented groups favoured the move of recruitment responsibility to the Regional Hospital Boards, who would deal with their recruitment issues at a more local level.³⁸ As the matrons fought for influence on their own Regional and Hospital Boards, this move away from a centralised NAC must have been seen by Goodall and the RCN as another step towards reduced nursing influence in the day-to-day running of the NHS.

The rejection of the direction of nursing labour

There appeared to be clear concern amongst the nursing workforce that once the health service was nationalised and nurses were employed by the state, they could easily be directed to areas of greatest need. It was Aneurin Bevan, the Minister of Health, and not

Minister of Labour George Isaacs, who was called upon in the summer of 1948 to make it 'categorically clear' to members of the RCN that he had long rejected the idea of the direction of nurses.³⁹ Isaacs had replaced Ernest Bevin as Minister of Labour in July 1945. This suggested that the concern in the post-war years was that it was now the Ministry of Health which held sway over the placement and control of the distribution of nurses, in contrast to the role of the MLNS during the war years. Nurses had clearly resisted direction when it had been progressively introduced, initially with a Control of Engagement Order, in the latter years of World War II. The NAC of the MLNS noted that not all matrons had been distributing the relevant letter and questionnaire to newly qualified nurses, who were to be restricted to a year's service in specific specialities.⁴⁰ This was under the terms of the Control of Engagement Order from September 1943, with the documentation aiming to elicit who were eligible and where they would ultimately be working. To allay fears, the Chairman reiterated that the letter did not mean that the nurses would be withdrawn immediately from their hospitals, without the consideration of the matron.⁴¹ Helen Dey, representing the Association of Hospital Matrons, confirmed the fears of an already short-staffed occupation, stating that the letters would have an unsettling effect on the nurses, encouraging them to start their year's service as soon as possible and depleting the ranks of the training hospitals.⁴²

In addition to this history of known resistance, there are a variety of suggested reasons why direction of nurses was rejected by the Ministry of Health in favour of the continued mass targeting of specific groups of potential recruits. As previously highlighted, nursing was viewed as a voluntary occupation by the ministries. It was believed that people could not be forced under direction to show compassion and caring. The very idea of direction

had been at odds with the wartime propaganda, which encouraged the British people to offer their services voluntarily to the war effort. This propaganda focused on a democratic society all pulling together to defeat a tyrannical foe, and laid the basis for the Welfare State, where once everyone had been united they would be cared for from the cradle to the grave. Publicity material stressed this unity and the valuing of the workforce: Prime Minister Churchill's 'Let us go forward together', 'Dig for victory', 'Our wonderful women', were all examples of this philosophy.⁴³ Hitler and Nazi Germany had utilised direction of its workforce during the war years, and Ernest Bevin quickly associated the term 'dictator' with the concept of direction in his House of Commons speeches.⁴⁴

However, the main problem with the direction of nurses was practical; it simply had not worked. It had never been applied with any great conviction, so the effects and any consequent evaluation were minimal. Today it is difficult to find any records of a nurse who was actually directed to a specific post, beyond the limited areas offered to newly qualified staff through the Control of Engagement Order. Nursing was made up of many differing groups of staff on varying parts of the General Nursing Council (GNC) register, all working in areas which were generally short-staffed. Where employment restrictions had been applied, this merely created more acute shortages in the areas they could not choose upon registering. Hospitals in cancer nursing, orthopaedics, sick children, ear nose and throat, and ophthalmics all complained to the MLNS of the effect of restrictions.⁴⁵ This resulted in the NAC granting concessions in all of these areas, so that they would not lose the ability to recruit from newly qualified staff.⁴⁶ A clear example of

the complexity of this workforce policy was in children's nursing. Here a nurse who had trained to care for children, who then chose to spend three years training as a general nurse, could not under the Control of Engagement Order return to the children's wards for another year.⁴⁷

The issue of maldistribution was improved, but the underlying problem was not solved. The Control of Engagement Order was not a recruitment measure; it merely redistributed an already short-staffed workforce. The use of direction to an already wary nursing workforce, who had just experienced the introduction of the NHS, may have been foolhardy. The number of nurses remained critically short at the beginning of the NHS, and the use of such controls had not been demonstrated to improve the health service markedly, while a large number of areas remained short of staff.

Post-war social analysis

The following section examines the social issues that underpinned and affected the recruitment of nurses in Britain during the late 1940s and 1950s. This will be followed by an analysis of the recruitment strategies of the MLNS and the Ministry of Health, framed against the background of the preceding discussion. Of note during this period is the contradiction behind the general encouragement by government for women to return to the home and rear children, and the need for an expanding workforce to rebuild post-war Britain. This has also produced controversy and divided historians regarding the subsequent social gains of the female workforce following World War II. Tom Harrison, the founder of the Mass Observation Organisation, the anthropological group that studied

social attitudes and behaviour in Britain, noted in May 1942 that women were being forced

‘... to notice more closely the wider implications of their environment outside the home and the corner shop and the town centre. In one sense the war is a painful process of education in citizenship and education in the interrelationship of distant events and the amount of available cheese, apathy and your house being ignited by something dropped from the sky.’⁴⁸

Marwick was one of the earliest historians to highlight what he saw as the social consequences of World War II and the resulting post-war gains of women as workers. The revoking of the marriage bar in teaching and the civil service (preventing women who married from maintaining their posts) in 1946, together with changing attitudes of employers to women workers, was seen by Marwick as evidence of greater equality and opportunity for women workers.⁴⁹ This traditionalist view argues that following the war years certain avenues of employment may have closed for women (Marwick is presumably referring to women returning certain jobs back to men), but female emancipation had been advanced. This general statement does not take account of locally determined practices. Women were generally discouraged by the matron or sister from working as nurses once married, and the degree to which the heroic role of nurses in war-time altered such traditional practices must be questioned.

Kingsley Kent has written extensively on the issue of gender and power in Britain from the seventeenth century to the present day, and notably following the two world wars.⁵⁰ She argues very much from an alternative perspective, suggesting that government policy

was restrictive to women in the workforce, pushing them back into the home following World War II to be wives and child-rearers. This was fuelled by concerns regarding the falling birth rate.⁵¹ Such policy measures were seen initially in the early 1940s in the planning of post-war life, and notably through the 1942 *Beveridge Report*. This produced the plans of the Welfare State for Britons and enshrined the male as the wage earner and the woman as the stay-at-home wife. This is noted both through Beveridge's comments on married women working in wartime being 'an anomaly', and unemployment benefits being based upon the income of, and ultimately paid to, the husband. The halving of subsidies to nurseries, forcing many local governments to shut them down after the war, reduced childcare options to those women who wished to work.⁵²

Kingsley Kent further highlights the work of psychologists Winnicott and Bowlby, who emphasised the creation of delinquent juvenile characters through prolonged separation of mother and child. Such views are cited as informing the thinking of a range of policy-makers and influential members of society, from jurists, physicians and social workers through to welfare officials.⁵³ In Kingsley Kent's argument the official government view does not match that of the population at large, and therefore women are presented in the text as a resilient but oppressed group keen to work. Statistics are produced that demonstrate that 22% of married women were working in 1951 compared to 10% in 1931.⁵⁴ This again emphasises the common theme in historical studies of this period, of the tension between two contradictory view points: the implied government discouragement of a female workforce, set against the keenness of women to enter the workplace, alongside men.

The flaw in Kingsley Kent's argument is that she takes no account of the huge propaganda campaigns of the Attlee Government in the immediate post-war years. These attempted to drive women back into work to aid production and ameliorate the post-war debt in which Britain found itself. During the war years, Britain had lost almost a quarter of its entire national wealth. The national debt had increased threefold, and, as the world's largest debtor nation in 1945, Britain had become heavily reliant upon the sale of overseas assets and the 'Lend-Lease' financial assistance from the United States. British exports had fallen by two thirds as industry worked for war production, and it was estimated that the volume of exports would have to be increased by 175% simply to recover wartime losses.⁵⁵ The government's campaigns were therefore much needed and ran from June 1947 to November 1949, affecting industries, notably those of cotton and textiles, as well as continuing an intensive recruitment drive in nursing.⁵⁶

The conflict between two apparently differing social messages is never explored by Kingsley Kent, beyond the brief recognition that the government acknowledged and facilitated the trend by eliminating the marriage bar in teaching and the civil service. L.C. White, General Secretary of the Civil Service Clerical Association, noted in 1952 that the removal of the marriage bar in the latter had not been based on a desire for equality, but because of an acute post-war labour shortage.⁵⁷ At their annual conference of that year, several members of the Association had called for its reinstatement based on the sanctity of the family unit, arguing that married women would be torn between loyalties to their

family and employer.⁵⁸ Despite acknowledging the adverse effect of redundancy on married men while married women were retained, the motion was strongly defeated.⁵⁹

Other historians such as Wilson do touch upon the issue of the conflicting messages given to post-war women, albeit briefly. In reviewing the role of women in post-war Britain, Wilson argues that an attempt was made immediately following World War II to impart the ideal of homemaking as a career to *all* (her emphasis) classes of women. She argues that this was part of the general ideological enterprise which was to unite the classes and to identify the interests of the working class with the national interest. This 'national interest' appears in Wilson's work to be part of a complex reconciliation between the classes, attempting to preserve the sense of one nation that the war had created. This was seen through the building of a new and democratic community, of which the Commonwealth was the expression overseas and the Welfare State at home. Full employment was to end the class war, and community would be epitomised by the full expression of family life.

However, with the desperate need for workers to reconstruct Britain, Wilson again suggests the idea of tension, this time with Attlee's administration attempting a 'weird juggling feat' in promoting family values while continuing a call to labour.⁶⁰ Crofts, and particularly Carruthers, explore the resulting propaganda campaign in detail.⁶¹ For Crofts the two messages are not complementary, with a decision being made to give 'priority over the population fears' in favour of female recruitment.⁶² Carruthers suggests that the message of social values was more pervasive to the campaign and in regard to nursing

this is the complementary approach that is analysed within this chapter. This marrying of approaches, which is essentially the policy versus the reality, is seen within the context of a selective call to certain female groups. These were notably older women whose children were grown, or at least were not toddlers, and who may have had existing experience of the industry they were being asked to work in. This return to post-war traditional family values is seen to pervade the ministries. Both Isaacs as Minister of Labour and Bevan in the Ministry of Health were clear regarding who the target audience for the campaign should be and this was the selective-targeting approach that formed the model for nurse recruitment. Isaacs in his call for women to return to work reiterated that he was not

‘... speaking to the mothers of very young children. It is more important that they should be looking after their babes than volunteering to do a job outside the home. For those who want to do it, and who have children a little older, there are in many places Day Nurseries, and in other places employers have wisely set up crèches.’⁶³

Bevan was more specific and emphasised that the government was not making a drive to recruit women for industry who had children under two years of age.⁶⁴ Publicity stated that it was women’s jobs that were available, with no return to the need to take these from men. They were presented as jobs traditionally performed in peacetime by women. When the corner had been turned in the vital production drive, it was felt that the need for women workers would not be so acute.⁶⁵ These were deeply contradictory messages and memoranda between the Ministries of Health and the MLNS even suggested that keeping nurseries open might have unnecessarily encouraged women with very young children to work. The latter were to be a last-resort option as workforce recruits:

‘..There can be no doubt that on health and social grounds, the proper place for the mother of young children is in the home. If, as appears from the Ministry of Health memorandum opposite ... the government would have to go to Parliament for approval of the continued provision of nurseries wholly at the cost of the exchequer, it would probably meet with a good deal of criticism if there was any suggestion that these nurseries were being provided to bring indirect pressure on mothers of young children to work. In reply to such criticism, it would need to be shown that all other classes of the community were fully pulling their weight on essential work.’⁶⁶

Industrial and Nursing Recruitment: Comparison and Contrast

Carruthers’s work only makes passing reference to nursing. This is in the context of being a part of a MLNS campaign to encourage women to remain in or return to industry and services such as nursing. The focus of Carruthers’s chapter is upon industrial work for women and, although referring to nursing, it fails to differentiate between propaganda encouraging women to enter industry and that aimed at nurses. There were similarities, notably the mass poster, coupon and exhibition-van approach. Part-time schemes were also growing in nursing in contrast to the pre-war years. In industry whole-time to part-time shifts were encouraged at the factory, in accordance with the degree to which women could free themselves from ‘household duties’. However, the differences were also marked. This was primarily in the social classes the two campaigns were aimed at, and in the implicit reasons why the two groups might have entered their chosen work area. In industry, propaganda focused on patriotism and the monetary gains which working women could gain: ‘Women please lend your support a little longer, let’s work together for prosperity.’⁶⁷ The approach emphasised pulling together for the luxuries which could be available in the post-war era: ‘Help to make the goods we want, join your friends at work, put more money in your bag,’⁶⁸ (*see illustration plates*).

Harrison had previously argued, from Mass Observation's five years of surveying women, that there was no propaganda strategy which allowed for the differentiation between men and women's motivations and attitudes to the war.⁶⁹ He argued that male decision-making was so ingrained in British life, from policy to home decisions, that it had become implicit that women's propaganda would also be set by men within the ministries, notably those within the MLNS. He cited a variety of points which he felt those planning women's war-time workforce propaganda should consider. These included the observation that poorer women tended towards a very 'considerable apathy' about war appeals and what he termed 'urgencies'. The latter presumably referred to appeals for women to enter short-staffed essential industries and public services. He viewed working-class women as tending to be less imaginative and more day-to-day and practical than men.⁷⁰ The conclusion was that they subsequently found difficulty in visualising hypothetical dangers or in accepting propositions stated in 'unempathic' terms.⁷¹ One presumes this related to propaganda which did not focus on issues directly affecting the women's everyday lives. Carruthers bases a great deal of her argument around Mass Observation's data, and therefore propagates the view that workforce propaganda failed because of an insensitivity to women's issues and views, a conclusion consistent with Harrison's view.

However, because men had led the propaganda campaigns, it did not necessarily equate them with failure. Carruthers suggests that only 31,000 women were recruited via the 1947 campaign, with two thirds of vacant posts still remaining empty.⁷² Crofts paints an altogether different picture, arguing that the effect of the textile-industry campaigns was

'fairly considerable', with a net gain of 20,000 workers, which included 3,400 part-time workers. During the 12 months ending May 1951 a net gain of 200,000 married women in industry was made, which Crofts suggests set the trend for a steady rise in this group of female workers into the 1960s.⁷³

Yet it would appear incorrect to state that propaganda focused predominately on broader concepts. Carruthers argues that the government was aware of the powerful financial incentive to work during wartime, but did not use this inducement. The exact reason is unclear, but post-war propagandists are presented as more aware of the factors which encouraged women to take up employment, yet still reluctant to cast aside abstract themes altogether. They assumed women not working were not seduced by such practical appeals.⁷⁴ Perhaps abstract themes such as patriotism could be linked to a temporary crisis and therefore once this had passed women would return to the home. Too great an emphasis on pay may have subsumed them into a continuing income for the household, working against the desired social outcomes. This does not appear to reflect reality. Firstly, the initial post-war years appeared harsher for the housewife than the war itself. Food controls intensified. Bread was rationed for the first time from July 21st, 1946 until July of 1948, and a potato-control initiative was launched from November 1947 to the following April.⁷⁵ The former was in part due to commitments to post-war Germany, with an agreement to provide 70% of the food needs for the British zone. This requirement to export vast quantities of wheat to Germany occurred at a time of bad harvests and diminishing world supplies.⁷⁶

The increasing emphasis on the need for exports to off-set the huge war debt resulted by 1948 in the average citizen having to make do with 13 oz of meat a week, 1.5 oz of cheese, 6 oz of butter or margarine, 8 oz of sugar, two pints of milk and one egg.⁷⁷ The continuation of a culture of austerity had been compounded by one of the worse winters for 50 years in early 1947, resulting in the River Thames freezing over. Electricity had to be limited to certain hours of the day for domestic customers, owing to an inability to transport coal, and was cut off altogether to some regional industries.⁷⁸

Against this was the call for women to return to industry to work as they had during the war. Aiming purely at patriotic feelings would have been short-sighted, and therefore the focus was more on the material gains to be acquired. In addition, Carruthers's argument plays down the statistical analysis performed for the MLNS in March 1948, which appears to shape female workforce propaganda more strongly. The survey randomly selected 2,807 women for interview within Great Britain across the range of income from earnings of up to £3 per week to £10 and over. 1,093 of those interviewed were employed, the rest were without jobs.⁷⁹ In July 1947, 73% of the women working said the money they earned was the chief reason for working. Sixty-two per cent of the unemployed women said that if they were to work, money would be the primary incentive.⁸⁰ The data supported Harrison's comments that it was the practical incentives that drove women to work. This supports the argument that attempts were made to mould propaganda to women's views. This is further reinforced by two factors. The report highlighted that it was marriage more than children that dissuaded women from working. In July 1947, 22% of all married women aged 16 to 60 years were in employment,

compared to 53% of all widowed and 88% of all single women of the same ages. Of married women without children, 32% were in employment, compared to 88% of single women, who equally had no children, demonstrating the power of marriage to prevent women from working.⁸¹ Secondly, only 2% of unemployed women mentioned their husband's disapproval as one of the difficulties they would face if they were thinking of taking work.⁸²

The fact that only 9% of women aged 16 to 60 years were in part-time employment in July 1947 indicated a huge potential in both industry and nursing for this form of worker.⁸³ This was reinforced by the survey's view that husbands' attitudes would not be a major factor to women working. Whether this was actually recognised and became the catalyst to utilise part-time married women and those having left areas such as nursing for home commitments is questionable. However, in the post-war era, the increasing campaigns to draw back this group of women with facilities for part-time working were clear and formed a significant part of the recruitment drive. Finally, although it was estimated that approximately 100,000 women might be prepared to take up full-time employment, there was believed to be an additional 350,000 who would consider part-time work in industry.⁸⁴

Framed against this survey were the practical gains and the logistics of how to fit factory work in with home life, which distinguished propaganda in the industries and factories from nursing, and can be seen more strongly when the two are contrasted. A negative correlation, although not great, could be seen between the lowest economic groups and

money as the incentive to work. In the lowest economic groups, those earning up to £3 per week, which would include certain jobs in industry, 82% of women gave money as their chief work incentive. This was compared with 64% in the upper economic groups of the survey. These were the groups who earned £5:10s to £10 per week and £10 and above, and were more likely to encompass nurses.⁸⁵ In industry, as well as the 'money in your bag' approach, 'personal stories' were presented of ordinary women who could fit in daytime work looking after the family, and still complete a flexible shift at the factory or mill.⁸⁶

In government propaganda of the war years, nursing appears as a symbol of its contribution to the caring elements of a free society and of nation-building. The idea of nurses being part of a people pulling together not only in the war years, but with a view to the peacetime reconstruction of the health service, was fully exploited: slogans such as 'Nurses are building a New Britain', 'Tomorrow depends on Good Nursing' (both October 1943, see illustration plates), accompanied by pictures of cheery nurses and children, cemented through their phraseology the idea of a unified nursing workforce which the NHS would bring:

'A new nation is now being planned and shaped, a Britain where health is to be paramount, and the health services more important than ever before. Will you help – will *you* train to take your place in the ranks of the nurses, upon whom so much depends?'⁸⁷

The above magazine recruitment advertisement from October 1943 continued in differing formats in the same month and in the same vein:

'The work done today by our nurses will be reflected in the health of future years. The need for help in our hospitals is very great and nursing is a profession of immense national value. Choose this noble calling and train now. Make it your war work and your proud career in the days of peace.'⁸⁸

The advertisements are somewhat reminiscent of Davin's study of the role of the mother in the concept of British national efficiency and infant mortality, during the latter nineteenth and early twentieth centuries.⁸⁹ In Davin's argument, although increasing knowledge of areas such as the contribution of infection to infant mortality became available, together with maternal health and malnutrition, these were still underestimated in social arguments in favour of the central role of the mother. It was maternal not medical ignorance that always received the blame; the minimal available access of the poor to medical help was never mentioned as a cause for high infant mortality. The mother's ignorance and neglect predominated.⁹⁰

Davin raises several interesting points which can be linked, perhaps speculatively, to the wartime and immediate post-war advertisements for nurse training. She argues that alongside the emphasis on the importance of motherhood, complementing although apparently contradicting this is the development of employment and careers in the expanding field of health. It appeared that 'racial motherhood,' nurturing the next generation, was essential, but individual motherhood was not.⁹¹ Certainly recruitment advertisements see the mothering nurse making a career out of nursing everyone else's children. However, this is a slightly difficult argument to grasp because it does appear contradictory to the philosophy of the Welfare State. The idea behind Beveridge's Welfare State had been to offer contributions, not full support, to child-rearing and not

even to the first born. This gave enough money to the woman to raise children, but kept her in the home through a dependence on the husband's wage. Beveridge had declared that housewives and mothers had vital work to do in ensuring the sustainability of the British race and of British ideals in the world.⁹² The shortage of nurseries and ministerial statements on the role of the mother supported this view. Davin's closing comments perhaps offer some explanation of the complexity of this contradiction: whether married women's work is tolerated or denounced simply depends on whether it is needed.⁹³ In the post-war era it clearly was needed. The advertisements pushed women to work, but appealed to the ideology of what was appropriate women's work, that is motherhood, and emphasised the need to nurture the next generation enshrined in Beveridge's Welfare State.

As the increasing crisis in nurse recruitment continued, the patriotic approach became much less evident in the late 1940s, and once the NHS was established to meet the nation's health. 'Meet Nurse Britain' was less of a patriotic call than an exhibition in photomontage of the work and recreation of a typical British nurse in 1948.⁹⁴ As discussed, direction of nursing labour was not a policy option during peacetime and, subsequently for nursing, the predominant campaigns moved back to the traditional appeals of the non-monetary, self-fulfilling, individualist gains that the occupation could offer. This accompanied not only a sense of satisfaction and fulfillment, but the attributes of a proficient worker:

'It's a job a thousand times worth while. That is why many nurses specialise in midwifery after taking their SRN.' (October 1946)⁹⁵

‘She is popular with patients, doctors and nurses alike. Matron says she could do with a dozen like her. She is calm, quick and efficient and a good team worker.’ (August 1946)⁹⁶

Such an approach may correspond to the apparent decrease in remuneration as a driving force to work as economic class rose. Nursing was primarily seen by the Ministries of Labour and Health as commensurate with the professional class of teaching, particularly when considering remuneration. The Cabinet itself, when considering salary rises for nurses, usually compared the profession to teaching, because it believed the latter ‘drew (recruits) from the same sources’.⁹⁷

The campaign’s initial promise of feeling part of a team and being valued remained in stark contrast to the reality. Students who had left nursing at the time of the campaigns reported a hierarchical and often unkind regime, which isolated them from their superiors and overshadowed any altruistic feelings towards the patients. Repeated reports had re-emphasised the problems of the hierarchical approach in nursing since the 1930s, but the ministries could do little to change the entrenched regimes stemming from what was perceived as the Nightingale approach to nursing.⁹⁸

By the late 1940s and following the launch of the NHS, the ministries’ approach to nursing propaganda took a much more pragmatic approach, focusing on the material gains to be had in the occupation. The country-wide Rushcliffe salary scales had been in place for five years prior to the NHS, yet were much less prominent in propaganda than one might expect following its launch. From the late 1940s nursing recruitment publicity

reflected the approach of propaganda in industry, with an emphasis on material gains as reward for the job. The short-story approach of the satisfied nurse was replaced with a declaration emphasising 'There's a future in nursing', with the remaining text truncated to an economic projection: 'Training allowances start at £200 a year, superannuation for all, 28 days paid holiday, opportunities for promotion at home and abroad', (June/July 1949)⁹⁹ This change can be argued as part of a general move to equate nurses with all other health-care staff within the NHS. Although the MLNS argued against the ending of their specific Appointments Service for nursing, by the mid 1950s both the Ministry of Health and the Treasury could not see why nursing in the health service had to be treated differently, now that recruitment was improving.¹⁰⁰

Part-time and male nurses

Utilising nurses on a part-time basis was a relatively new move in post-war Britain. For the Ministry of Health, as part of the approach to target specific groups, it clearly had advantages. At no stage did the Ministries of Health or Labour contemplate married women as full-time nurses, but they were keen to launch a specific campaign together in late 1946 to attract those lost to marriage and other domestic responsibilities. In a draft letter to its regional offices and medical and nursing officers, the Ministry of Health declared that it proposed that the two departments should take the initiative in launching part-time nursing campaigns in selected areas throughout the country. It was considered that a start should be made in areas where there was a serious shortage of nurses and midwives, and where at the same time there was a reasonable prospect of part-time staff coming forward.¹⁰¹

This approach encouraged home-making women to offer a service convenient both to the hospital and to the husband. For the nursing occupation itself, this was a new move from the selfless, dedicated, vocational role, and even by the mid-1960s recruitment films made a point of emphasising that marriage and nursing could work 'at least in the beginning', while there was the option of part-time or district nursing. This gave the implicit message that it was still rather unusual to be a married full-time nurse. Old values emerged with recruitment films in the mid 1960s with titles such as 'Not so much a training, more a way of life'.¹⁰²

Part-time nurses were seen as only recruitable from within a small locality of the hospital in which they would ultimately work, in order to meet their home obligations. Their numbers were seen as being drawn from those who had left nursing and midwifery for domestic reasons, such as marriage or to care for aged parents or invalids.¹⁰³ Bevan highlighted the need to meet the requirements of such women in his interim nursing policy following the publication of the *Wood Report* in October 1947. He argued:

'It is ridiculous to waste the nursing skill of married nurses willing to work, but hours and conditions must be made possible for them.'¹⁰⁴

Advice was offered to regional hospitals regarding the setting up of local part-time schemes with support from the Ministry of Health.¹⁰⁵ Towards the end of 1947 the Ministry of Health were claiming that some 12,600 part-time nurses were now in post.¹⁰⁶ The British Medical Association (BMA) surveyed the same 19 hospitals in the pre- and post-war era (*see table 6.1*). The MLNS recognised that this was not a large number, but

had no reason to doubt it was not generally representative of the staffing situation in nursing.¹⁰⁷ The figures clearly demonstrate the increasing numbers of staff, but the demand still progressively outstripped supply, as is shown by the number of unstaffed beds. The emergence of the part-time worker is a noticeable contribution to the overall workforce, with a clear absence in the immediate pre-war years. It remains unclear how unstaffed/unoccupied bed numbers were calculated. Staffing levels had risen by 1948, but the unstaffed/unoccupied bed figures had also increased.

Table 6.1 Comparison of pre- and post-World War II nursing staff figures for 19 hospitals selected randomly by the British Medical Association (BMA) in 1938.

Beds Staffed		
Year	1938	1948
Occupied	6,236	6,001
Unoccupied	1,373	813
Unstaffed/ Unoccupied	156	525

Staff Employed				
Year	1938		1948	
	Full-Time		Full-Time	Part-Time
Trained Nurses	725		958	129
Student Nurses and Pupil Midwives	1,652		2,139	Nil
Assistant Nurses	205		193	72
Other Nurses	124		81	17
Midwives	325		116	21
Ward Orderlies	63		306	36

N = 19 hospitals

NB: St Clements Hospital was included in the original data but was not included in the above figures.

Source: 'Total Figures for Group of 19 Hospitals Selected by the BMA Showing the Position in 1938 and 1948 as Regards Beds and Staff of Various Grades'. PRO MH 55/2092 Nursing Statistics: Hospital Beds and Staff 1948-1959.

The Ministry of Health seized on the issue of male nurses with equal enthusiasm. In May 1945, the then Chief Nursing Officer, Dame Katherine Watt, was emphasising that every effort and encouragement should be made to encourage hospital authorities to utilise the services of men discharged from the services.¹⁰⁸ Bevan was aware of the additional potential of men in nursing and turned for recruitment advice to the NAC. This had, from 1945, extended its remit to be advisory to the health departments as well as the MLNS. The potential to increase the use of men in nursing had followed a House of Commons question regarding what steps were being taken to encourage their use as nurses.¹⁰⁹ H. Gaskell, the General Secretary of the Society of Registered Male Nurses, had seen Bevan's reply, but noted that the NAC had no male representation. Representation was subsequently sought and Gaskell attended the meeting on 26th October, 1945.¹¹⁰

The GNC now agreed to a six-month remission period of state registration training for nursing orderlies with two years' 'good' nursing experience during the war, in hospitals under trained supervision. This was on condition that the matron of the hospital agreed. The future trainees also had to apply within six months of being discharged from the services.¹¹¹ Gaskell was strongly in favour of equality for male and female nurses and suggested that the GNC should no longer accord facilities for the separate training of men. He concluded that there could be no disadvantage in the employment of a male nurse in any position for which there were trained-nurse vacancies.¹¹²

Subsequently, a Circular was sent to hospitals from the Ministry of Health in February 1946, urging the greater use of male nurses. It concluded that, apart from mental

institutions, the employment of male nurses was the exception not the norm.¹¹³ This memorandum was in fact a further development on paragraph 20 of Bevan's memorandum 'Staffing the Hospitals' published in November 1945.¹¹⁴ By 1945 the GNC, being less open to male-recruitment issues and focusing on the female role of nursing, had less than 30 general hospitals in England and Wales approved for male-nurse training.¹¹⁵ By the end of 1946, with the push from the Ministry, a further 45 had been approved.¹¹⁶ Bevan further emphasised his support for male nurses in his interim policy launched at the Middlesex Hospital in 1947, following the publication of the *Wood Report*.

He noted that with the general manpower shortage the extent to which men ought to be directed to nursing was clearly limited. However, he believed that there was room for some expansion and this should be encouraged by extension of the field in which male nurses were used in hospitals.¹¹⁷ Specific literature produced by the MLNS focused broadly on state registration for men, noting that assistant nurses had little prospect of promotion.¹¹⁸ Industrial nursing was seen as an ideal area for male nurses, due to the presence of men and boys in the workplace. To further encourage men to train, special allowances at each stage of training were offered as incentives and included in the publicity. These were 10s per week in the first year of training, 8s per week in the second year and 6s per week in the third year and until state registration.¹¹⁹

The organisations which made up the nursing occupation remained less explicit regarding attitudes to men in nursing, but produced implicit barriers to recruitment. The presence of

a Society of Registered Male Nurses implied a lack of full integration into the nursing occupation, while the RCN denied full membership for some 44 years until 1960. The separate and low number of training facilities for men was compounded by nursing's obsession with attitudes towards gender roles and behaviour. Men in the post-war period were offered separate residency, while the financial restriction to hospital building in the late 1940s and 1950s resulted in often sub-standard accommodation.

By 1961, with the continuation of accommodation segregation for males and females, the Central Health Services Council (CHSC) raised the concern that men were not enjoying the same standard of amenities as female nurses. The NAC, formed under the NHS legislation, was charged with advising on questions referred to it by the Minister of Health, but could also initiate advice and publish reports. The Standing Advisory Committees, created under the NHS Act 1946, were in turn advisory to the Council on specific issues related to the health services.¹²⁰ The Advisory Committee noted that in some instances residency was denied to male nursing students, or only ward accommodation or dormitories were provided. It also noted that male students occasionally had to share patients' toilets and bathrooms.¹²¹

The recruitment of colonial nursing staff will be discussed in detail in the following chapter, but officially, this lack of accommodation was highlighted as one of the main reasons that men from the colonies were denied training opportunities at certain hospitals. However, there appeared a prejudice which stemmed back to the earliest colonial recruitment following World War II. The MLNS noted from the late 1940s the

difficulties in placing Caribbean men for general nurse training in the United Kingdom. Of the training schools in the London area, matrons of Hackney and West Middlesex County Hospitals were pleased to consider men from the colonies, provided accommodation could be found for them. The Welfare Officers reported that lodgings were extremely difficult to find in those areas, highlighting the racial prejudice. The Matron of St Hellier Hospital, Carshalton, stated she would be pleased to consider 'colonial men' if she had a hostel for male nurses, but there was no hope of that at the present time. She did not wish to have them if they had to live out, as she felt they needed some guidance when off duty! It was noted by the MLNS in the mid 1950s that 'some hospitals will not even consider male colonial candidates.'¹²²

Despite the positive ministerial encouragement to British men, there is no evidence that the Ministry of Health saw the active recruitment of male nurses as a considered method to stabilise the nursing workforce, depleted by women leaving owing to marriage. Male nurses faced clear discrimination in the workplace with respect to promotion prospects, while the Ministry of Health took few active steps to correct this and encourage recruitment. There remain a number of letters between the Ministry of Health, specific male nurses and hospital boards regarding the lack of promotion of men to senior nursing posts.¹²³ Of note was an enquiry that came to the attention of the Ministry of Health and was held at Northampton General Hospital in May 1949. This was regarding a male nurse claiming that less experienced nurses were promoted ahead of him for the post of 'ward sister'. Hospital authorities argued that certain administrative duties were more satisfactorily performed by female ward sisters. These were listed and included the care

of equipment, ward linen repairs, the preparation and serving of patients' food and the sympathetic handling of patients' relatives and of the bereaved.¹²⁴ Another male nurse wrote to the Ministry of Health claiming that the matron had informed him that 'male staff nurses could not work in harmony with female nurses on the same wards.'¹²⁵ Male nurses often left the hospital to find satisfactory employment elsewhere. This suggests that discrimination was not uniform in all hospitals.

The lack of decisive action by the Ministry of Health to correct this source of low morale reflected a policy with little semblance of planning. Promotion to 'ward sister' of male nurses appeared to go against the grain of local policy in some general hospitals, owing purely to the belief that women performed certain nursing roles more satisfactorily than men.¹²⁶ The continued existence of the Society of Registered Male Nurses emphasised the discrimination felt by men. Perhaps this perceived prejudice was justified when significant figures such as Miss M.G. Lawson, the Deputy Chief Nursing Officer at the Ministry of Health, declared in 1952 that she was at a loss regarding what to do to bring about the revolution they (male nurses) desired. She added:

'Without being in the least bit snobbish, I think everyone would agree that male nurses in general are not, as yet anyhow, drawn from the same social stratum as the women who become leaders of the profession. There may be exceptions and I know that qualities of leadership need not depend on social rank, but, in the main, this is a fair generalisation.'¹²⁷

The Ministry of Health staff held mixed views on the issue. G.T. Milne, Assistant Secretary at the Ministry, commenting on an individual case, viewed the reasons for such

a policy as indefensible. He reflected that such an attitude may have been fairly widespread and the Ministry should do what it could to convert hospital authorities to a more enlightened policy with regard to men.¹²⁸ He subsequently informed the department's nursing staff that he did not think there was any action that could be taken, the handicaps faced by male nurses being to some extent inescapable.¹²⁹ He felt that in time the male nurse might 'improve his position to some extent.'¹³⁰ The Ministry clearly was not prepared actively to intervene in hospital policy. The use of men was once again a tentative policy as regards staffing within the hospital system. It had in part been driven by the large numbers of men who had undertaken orderly training during the war.¹³¹ The GNC was subsequently persuaded to validate intensive one-year courses leading to state registration, designed for those orderlies with specified nursing ranks in the forces. Concessions continued until October 1953.¹³²

The practical use of the nursing orderly

This issue of utilising nursing orderlies as part of the nursing workforce was a contentious one between the Ministry of Health and the nursing organisations, notably the GNC and the RCN. The government-initiated interim *Athlone Report*, which examined a variety of nursing issues including recruitment, training and registration, had suggested in 1939 the outlawing of any person nursing for gain, other than students, state registered nurses (SRNs) and those on the proposed roll of assistant nurses. This stemmed primarily from a public-protection issue of the rising numbers of unqualified nurses.¹³³ The RCN, as a professional organisation requiring state registration for full membership, favoured an approach to move all nursing to a qualified workforce. This was seen

through their support of the *Athlone Report* and by 1941 initiating a committee, chaired by the eminent physician Lord Horder, to consider ‘the proper control’ of assistant nurses and their subsequent training syllabus, in anticipation of the supporting legislation.¹³⁴ This was despite the fact that the report was not initiated by them. Their eagerness to draw up the guidelines for a group who would in effect undergo a training, albeit shorter, but who could without clear differentiation be a cheaper and more practical alternative to the SRN, was clear. The subsequent legislation occurred through the 1943 Nurses Act.¹³⁵

The number of assistant nurses was extremely slow to emerge in the 1940s, with only 59 nurses throughout the UK taking the initial examination, following two years of training in 1949.¹³⁶ Those auxiliaries who chose to be placed on the roll by virtue of experience and recommendation from the matron were also slow to materialise. The final date before the only route to the roll would be two years of training and an examination had to be extended by the GNC from 3rd February, 1946 to ultimately the 1st January, 1949, to encourage recruitment.¹³⁷ In addition, attracting pupil nurses (state enrolled assistant nurses in training to take the created examination) was difficult, with only about 100 indexed by April 1946.¹³⁸

Those on the roll would experience many problems, which included a lack of promotional prospects. Assistant nurses could not progress to sister or matron posts because they were not SRNs. There was no fast-track process to registration, emphasising the GNC’s view that all SRNs should be trained for three years, while training for the roll was only a year less than for registration. Low pay and close salary differentials between

auxiliary and assistant nurses made the post unattractive to many. Dame Katherine Watt declared in 1946 to G.T. Milne, Principal at the Ministry of Health, that it was the low rate of salary and poor prospects which were the real deterrents to recruiting pupil assistant nurses.¹³⁹ The Nursing Services Branch of the MLNS noted that it would take 22 years of increments for an assistant nurse to reach the maximum salary of £160 per annum.¹⁴⁰

In contrast, the use of nursing orderlies proliferated during the war. They were essentially untrained nursing assistants, but many appear to have gained a great deal of nursing experience, particularly in the services. By 1947, the *Wood Report* took the pragmatic view and called for the closure of the roll of assistant nurses and the use and training of nursing orderlies.¹⁴¹ The report did, however, identify that their employment and training would require further investigation.¹⁴² The Ministry of Health reviewed the need for this class of nurse in the light of the Report. It was considered that some extra 31,400 full-time nursing orderlies would be needed over the following few years in England and Wales.¹⁴³ A figure of 30,000 was quoted in the final 1948 *Report of the Office Committee on Nursing Orderlies*.¹⁴⁴ The figures were based primarily upon the need for the nursing orderly to take over 'repetitive' tasks from the qualified nurse, a term used and suggestion made in the *Wood Report*.¹⁴⁵ This would allow the latter to concentrate on more advanced nursing skills, for which they had been trained. The estimates for nursing orderly numbers were based upon duties to be taken from the numbers of staff employed, together with the staff still required for the service. These were primarily SRNs, state enrolled assistant nurses and those in training. The figure of 31,400 was therefore

calculated from the staffing numbers in the hospital statistical returns sent to the Ministry of Health for June 30th, 1947. The calculations were acknowledged by the Committee as approximate.¹⁴⁶

Nursing orderlies offered many advantages for the Ministry of Health. There were large numbers who had gained nursing experience under the challenges of wartime. They were much cheaper in salary terms than qualified nurses and many may not have wished to progress to the more costly State Registration. Those who did, even if undertaking a shortened training course, which in itself may have aided recruitment, could be retained as part of the student workforce in the hospital system. Nursing organisations representing and favouring qualified nurses, such as the RCN, were unlikely to agree with the Wood Report's suggestion of a closure of the roll of assistant nurses in favour of this cheaper and unregulated form of labour. This was subsequently their view, arguing that the roll should remain open for at least another five years and then be reviewed. They suggested that there was a real need for this grade of nurse and deprecated 'the introduction of any such category of nursing orderly.' Views were then given for the slow rise of the nursing assistant numbers. These included anomalies in pay making the position of 'ward orderly' (*sic*) financially more attractive, and the assistant nurse being used mainly with the chronic sick.¹⁴⁷ However, the Ministry of Health needed to act swiftly to avoid losing nursing orderlies to other civilian occupations.

Before the nursing organisations had even commented on the recommendations of the report, the Ministry began examining the recruitment, training and terms of conditions of

the nursing orderly.¹⁴⁸ The naïvety of organisations such as the RCN was displayed in their taking several months to produce comments on the *Wood Report*, stating that they needed extra time for meetings to allow members of the local branches and sections to express their views.¹⁴⁹ Bevan was understanding of this, claiming he wished to know their various views before reaching a final decision on future policy. He gave them additional time beyond the November 1947 deadline to the first week of 1948.¹⁵⁰ However, their comments did not emerge until March.¹⁵¹ Bevan had produced his interim policy to the *Wood Report* in the previous October.¹⁵² Even initial comments may have influenced the immediate response the Ministry of Health took to avoid losing this group of workers. The Ministry set up both an official and a sub-committee to speed the work. It met initially on August 28th, 1947, held five meetings and reported in January 1948. To accelerate work the committees were small, with only ministerial staff included and occasional consultation with outside staff. These included Elizabeth Cockayne, Matron of the Royal Free Hospital, London, who had been part of the *Wood Report*, 'Miss Renton', Matron of the Victoria Infirmary in Glasgow, who had experience of using nursing orderlies, and 'Miss Barnett', a hospital nursing officer. The committee's aim was to produce a general grade of nursing orderly and to try to standardise the pay scales.¹⁵³

Two grades were envisaged: a training grade termed Class I, which would normally be held for approximately one year; when the matron was satisfied with the level of competence of the individual, progression to Class II would occur. The committee faced the general resistance of the nursing occupation to empowering what were seen as unregistered nurses. Dame Katherine Watt, Chief Nursing Officer in the Ministry of

Health, was highly protective of the SRN and made it clear that the class would have no statutory rights.¹⁵⁴ However, this lack of regulation through statute may not have been in the interest of public protection. Even Dame Katherine noted that this would result in no control over the nursing orderly's movements.¹⁵⁵ This in effect meant that he or she could not be prevented from working by removal from a register, but it did maintain the differential between the unqualified and the professional regulated nurse. Training was kept to a minimum, with a suggested two-week period in the preliminary training school and three months of practical training on the wards. The matron or another suitably delegated person would then assess the nursing orderly's competence.¹⁵⁶ The differentials and essentially the role as a speedily trained practical assistant to the nurse were made clear in the report by stating that under no circumstances should a written examination be given. The report produced in January of 1948 stated that each hospital would keep its own records, recording details of training completed and experience gained within the hospital. To tie in with the large recruitment drive for part-time nursing staff, the committee considered that many nursing orderlies would of necessity not be full-time workers.¹⁵⁷

Essentially the Ministry of Health's lack of insistence on regulation, which in pragmatic terms would have taken time to consider and implement, meant that the nursing occupation continued to undervalue the nursing orderlies. Their role remained a somewhat polymorphic one, filling in as needed. Limited formal training continued, beyond unstructured supervision 'on the job.' The sister or matron would employ men and women and their role could vary, and even change, between domestic and basic

nursing duties. This created difficulties for the MLNS, which would place orderlies for mainly domestic duties through the usual Employment Exchanges and those carrying out basic nursing duties through the Nursing Appointments Service. To the MLNS, the matrons appeared to see no differentiation.¹⁵⁸ A proliferation of terms ranged from 'ward orderly', 'nursing orderly' to 'nursing auxiliary'. Even the Official Committee decided at an informal meeting that they would use the term 'nursing auxiliary', as the term 'nursing orderly' was more synonymous with domestic work.¹⁵⁹ To reinforce this and compound the lack of clarity, by the early 1950s the Newcastle Regional Hospital Board went as far as to state that there was no such grade as a nursing orderly; it was purely a domestic post. For this board, nursing auxiliaries were seen as counting towards the 'nursing staff strength' and were paid £225 to £275 annually.¹⁶⁰ By 1949, the MLNS noted that the Association of Hospital Matrons was informing its members to call anyone in the 'orderly' category a 'ward (rather than nursing) orderly' and to pay a domestic rate.¹⁶¹ This need by the hierarchy to denigrate those involved in basic nursing care and create a strong differential between the qualified and unqualified led the MLNS to complain that the matrons seemed to be unaware of the distinction in the roles for the purpose of MLNS placement.¹⁶²

Establishing clear pay scales for the nursing orderly subsequently took time, and only by 1955 did NAC Circular No. 44 outline the remuneration and conditions of service of this group of workers.¹⁶³ This placed the nursing orderly, then termed an 'auxiliary', on the Whitley Council scales, much to the disdain of some RCN members. A variety of members wrote to the RCN during 1955. Notable and fairly typical was a letter from

Miss Gladys Goodchild, Matron of the Christie Hospital and Holt Radium Institute, Manchester. She ignored the practicalities of this much needed workforce and focused on the status of the qualified nurse. In writing to Prime Minister Sir Anthony Eden, she declared a rethink 'if the whole organisation of nursing in this country is to be saved, and the care of the sick be protected from a second 'Sarah Gamp' era'.¹⁶⁴ She also wrote to RCN General Secretary, Frances Goodall, who as Chair of the nurses' side of the Whitley Council focused on the issue of supply and demand in nursing.¹⁶⁵ This workforce was needed, had long existed and the move was merely giving a name to the 25,000-strong workforce.¹⁶⁶ Goodall, in a variety of correspondence to other irate matrons, drew attention to the close pay differentials and the ability of unqualified nurses to exceed these through overtime while they remained on the domestic staff scales.¹⁶⁷ Goodchild was not convinced and set up a series of meetings in the north west, terming this her 'nursing crusade' and appeared to gain a good degree of local press coverage. Even the local clergy appeared to be praying for her success.¹⁶⁸ This all led an increasingly irritated Goodall to declare to the RCN's northern area organiser that it would be 'a very good thing' if Miss Goodchild's Hospital Management Committee 'could take her in hand.'¹⁶⁹

The reality, as Goodall noted, was that this grade already existed and was being ignored by nursing, although not by the ministries. While on the domestic scales, nursing auxiliaries were able to achieve large amounts of overtime pay. The auxiliaries were now to be paid £330 per annum, rising to £425. This still left many staff dissatisfied, as it was claimed that the auxiliary scales were only '... some £50 a year less than a staff nurse

who has worked hard in training.'¹⁷⁰ Inevitably, a huge problem occurred trying to differentiate who was a domestic (ward orderly) and who was a nursing auxiliary. Placement on the Whitley scales was not compulsory, but roles needed clarifying primarily because of a difference in superannuation contributions of 1% between the domestic and Whitley scales, the latter being regarded as non-manual work.¹⁷¹

The roll of assistant nurses subsequently remained open for some 40 more years, as another recruitment route to nursing based upon a practical rather than the additional theoretically based preparation. Primary sources demonstrate the push from the Ministry of Health to utilise the skills of nursing orderlies, but the resistance to recognition by the GNC was strong, since it held a firm view that to be a SRN a three-year training was required. The sustained attempt to maintain a wide differential between qualified and unqualified nursing resulted in the GNC offering only a six-month reduction in training for those who had nursed as an orderly during the war while under the supervision of qualified nurses.¹⁷² Application to train as a nurse had to be made within six months of leaving the forces.¹⁷³ The ability to qualify for registration through a year's intensive course was reserved for nursing orderly Class 1 in the army, and those who had also undertaken a detailed training programme for their role.

By 1951 G.T. Milne, Assistant Secretary at the Ministry of Health, emphasised that the GNC had long been calling for an end to the year-long intensive courses, which they viewed as unsatisfactory, but that the Ministry would not accept this.¹⁷⁴ The latter's decision to end the course in 1953 occurred mainly because by this time applicants had rarely been recently discharged from the services. The flow of suitable candidates was

also diminishing and running courses for such small numbers was no longer viable.¹⁷⁵ At a joint meeting of the MLNS, Ministry of Health and representatives of both the services and GNC, it was clear that the latter remained reluctant to offer any concession to ex-servicemen. While all agreed that the year-long course should be discontinued, the GNC reverted to offering only a six-month training reduction for any ex-serviceman who would normally have been eligible for the one-year intensive course.¹⁷⁶ The service departments remained dissatisfied with the continued resistance of the GNC to offer concessions to orderlies, arguing that it took no account of the degree of training the wartime orderlies had received.¹⁷⁷

The nurse recruitment campaigns of the late 1940s and 1950s can be seen as part of a reactive approach which targeted specific groups, based upon the social values of the time. Part-time nursing offered the opportunity to address the leakage of nurses leaving owing to marriage and other commitments, but allowed them to work locally and put home and family duties first. The issue of meeting the needs of the female workforce is complex, because it reflected conflicting demands and ultimately resulted in a compromised approach.

What the Ministry of Health was unable to achieve effectively was to address the underlying issues that had led to such poor recruitment, despite relatively high initial interest, after the large publicity campaigns. As an example, for the period September 9th, 1945 to October 31st, 1946, the publicity campaign for London as a whole (for women) reported 4,894 inquires from 'all sources'. These would have included returned magazine

coupons and visits to the MLNS Nursing Appointments Service at the local Labour Exchange. They excluded juveniles (under 18 years), who provided an additional 1,142 inquiries. From these numbers the total placed were one trained nurse, 414 students, 26 pupil assistant nurses and 87 others. The latter were generally ward orderlies. For comparison, Liverpool in the same period reported 1,076 inquiries, 583 juveniles, with no trained nurses placed, 63 student nurses, no pupil assistant nurses and 20 others.¹⁷⁸

Dingwall *et al* have discussed many of the factors leading to a low morale within nursing at this time.¹⁷⁹ Of these, the expense of salaries within the NHS budget led to a long-term decline in nurses' pay and is of particular significance. The pay of female nurses was 13% above the average for women in the lower professional groups in 1955-6, but only 2% above in 1960. The real value of a trained nurse's pay fell from £475 per annum in 1949 to £418 per annum by 1958. In 1961 the Conservative Government imposed a freeze on pay claims by public-sector workers, producing widespread campaigns by the various organisations representing nurses.

With extensive recruitment drives, nursing numbers had improved in a decade, with nearly 10,000 more trained nurses by 1962 in general services (*see table 6.2*).¹⁸⁰ Figures were less impressive in hospitals for the mentally ill (*see table 6.3*). The Ministry of Health believed that the figures had managed to keep pace with the expansion of the population in the post-war years,¹⁸¹ but the data does suggest only a limited improvement in supply meeting demand. However, the increased dilution of labour was clear. This was particularly in relation to the balance of state enrolled assistant nurses to nursing

auxiliaries, with the latter markedly increasing and a clear rise in the use of part-time staff.¹⁸² Despite Dr John Cohen's condemnation in 1948 of nursing services being based on limited statistical analysis,¹⁸³ by 1961 the Ministry of Health still declared that much had been written on student-nurse attrition, but little available material was 'grounded in hard fact'.¹⁸⁴ The only factual information was derived from the GNC's Index of students leaving in training.¹⁸⁵ Dr Cohen will be highlighted in the following chapter. He was a psychologist from University College London, subsequently at Leeds University, and worked for the Cabinet Office. He had been part of the government-initiated committee chaired by Sir Robert Wood, examining the recruitment and retention of nursing staff, which was published in 1947.¹⁸⁶ He felt unable to sign the report, producing his own *Minority Report* in 1948 also involving colleague Geoffrey Pike.¹⁸⁷

Table 6.2 Non-psychiatric hospitals – nursing staff: 1951-1962, England and Wales.

	Trained staff		Student nurses		Enrolled nurses		Other nursing staff	
	31/12/51	31/3/62	31/12/51	31/3/62	31/12/51	31/3/62	31/12/51	31/12/62
Full-time	30,802	40,291	44,045	46,280	11,030	10,101	18,523	17,648
Part-time	6,113	15,515	N/A	N/A	5,078	7,021	5,382	20,480

Source: 'Non-Psychiatric Hospitals – Staffing etc, 1951-1962'. PRO MH 55/2197 National Consultative Council on the Recruitment of Nurses and Midwives: Minutes of Meetings and Other Papers, 1961-63.

Table 6.3 Hospitals for the mentally ill – nursing staff: 1951-1962, England and Wales.

	Trained staff		Student nurses		Enrolled nurses		Other nursing staff	
	31/12/51	31/3/62	31/12/51	31/3/62	31/12/51	31/3/62	31/12/51	31/3/62
Full-time	11,484	11,820	4,261	5,823	not listed	not listed	3,768	7,658
Part-time	1,428	1,600	N/A	N/A	not listed	not listed	4,764	5,914

Source: 'Hospitals for the Mentally Ill – Staffing etc, 1951-1962'. PRO MH 55/2197 National Consultative Council on the Recruitment of Nurses and Midwives: Minutes of Meetings and Other Papers, 1961-63.

Cohen felt strongly that in planning nursing and other health services, there was the increased need for scientific study, rather than the traditional method of compiling reports through an exchange of views by doctors, nurses and distinguished members of the public, and supplemented by written and oral evidence. He felt that some of the recommendations, but not all, in the report chaired by Wood needed to be based on the application of a scientific method and he felt that they were not. He also called for nursing problems to be examined in the context of the wider developments of the health service.¹⁸⁸ The *Minority Report* examined the use of scientific methodology in planning nursing and health services and the failure of 'opinion' as a method of problem solving in the nursing field.¹⁸⁹ It was a problem that continued to plague the health service in subsequent years.

The issue of low morale had ultimately led to concerns, both in the Ministry of Health and in organisations such as the RCN, over the lack of recruits for senior nursing posts.¹⁹⁰ This resulted in the Ministry of Health asking Brian Salmon to chair a committee of enquiry into these issues in the summer of 1963.¹⁹¹ Salmon at the time was the Chairman of JP Lyons Food, a large catering firm which had undergone recent managerial reorganisation resulting in increased profitability. He was also the Vice Chairman of the Board of Governors for the Westminster Hospital Group.¹⁹² He was thus an appropriate choice to explore differing management approaches, particularly as the Committee's role was also in part due to concerns over the need to staff the expanding District General Hospital services planned for the 1960s.¹⁹³ It had already been noted by the Ministry that by the autumn of 1964 the Queen Elizabeth II Hospital in the new towns of

Welwyn/Hatfield had wards closed or never opened.¹⁹⁴ This hospital, opened over a year earlier by the Queen in July 1963, was the first new District General Hospital to be completed since the inception of the NHS.¹⁹⁵

Conclusion

In conclusion, this chapter has argued that policy analysis in respect of women in the post-war era produced contradictory arguments regarding both female social gains and the rationale behind the ministerial approach to workforce planning. Nursing has received little attention, and tends to be seen as part of the wider female workforce. Despite both acute shortages in industrial production and a shortage of nurses, a Control of Engagement Order was reintroduced in October 1947, but excluded nursing. Its primary aim appeared to be to keep workers in the essential industries. However, in the following four years only 29 orders were issued, 10 of those to women.¹⁹⁶ For nursing, both a Control of Engagement Order and the direction of labour were recognised as ineffective methods of workforce control. Primarily, this was because they were applied in the war with reluctance and merely resulted in the redistribution of an already short-staffed workforce. There remains little evidence of direction actively being applied in nursing. The suggested reasons for the abandonment of the direction of nurses within the new nationalised health service are explored.

There were similarities between industrial and nursing propaganda for women, and these became particularly marked after the introduction of the NHS. In this there was a move from an emphasis on altruism, beneficence and being valued as part of a team as an

efficient and satisfied worker, to the practical gains of remuneration, superannuation and annual leave. Nurse recruitment, as with the call to women back into industry, was not a choice between the prevailing attitude to women as home-makers or child-rearers and the country's economic needs, but a compromise between the two. The refusal to use married women in nursing in any other capacity other than as part-time workers, and the call to men, are examples of this approach.

The discrimination men faced in the workplace, and the inability of the Ministry of Health to issue any advice or Circulars to health authorities, mark the recruitment of them as a reactive policy with limited long-term planning. Improvements in recruitment were off- set by the end of the 1950s through a change in the division of labour and a marked decrease in available senior nursing staff. This element of low morale in the upper ranks was fast leading to a crisis, particularly with the expanding District General Hospital building plans. The Ministry of Health was powerless to dictate who should be present on Regional and Hospital Boards, an area which was seen to compound the low morale in the higher ranks of nursing. The *Salmon Report* represented an attempt to prevent a worsening recruitment crisis, to provide a clear career structure for senior nurses and to prepare staff for the new NHS plans.

Chapter 7: The Post-War Recruitment of Overseas Nursing Staff

Introduction

This chapter builds upon the argument that the post-war government workforce policy and planning for nursing was both reactive and essentially ineffective. The primary aim was to increase recruitment diversification by targeting a number of specific groups, including the young, part-time nurses, men and nursing orderlies. The interest created was large, but the ultimate numbers recruited into student nurse training remained small. Problems of attrition and salaries deteriorating relative to the cost of living were not rectified until the 1960s. Little statistical analysis occurred throughout this period with regard to both local need or the effects on the occupation of specific targeted groups.

The use of nurses from the colonies and European volunteer workers (EVWs) presented additional target groups within a largely reactive policy. A variety of factors – some fortuitous, others deliberately manipulated by the Ministries of Health and of Labour and National Service (MLNS) – facilitated an active recruitment campaign within these groups. The chapter highlights the rising racial tension within both government workforce policy and planning and the public to black workers emigrating from the colonies to Britain. The use of white EVWs was therefore favoured by the government over colonial workers. However, the former were often filtered into unpopular ancillary jobs, supporting the nursing service. This can also be argued as primarily due to language problems. Nursing offered an opportunity to

place black women who entered the country into a respected occupation which emphasised moral values through restrictions on work and private life.

In the opinion of many historians, this period of time also showed the effects of a general 'laissez-faire' migration policy, allowing overseas workers to enter the country according to the general flow of labour demand (this has been seen to continue into the 1960s, until the Commonwealth Immigrants Act of 1962). This view is challenged within this chapter. Within nursing, policy was poorly linked to any analysis of the numbers of overseas nurses remaining or returning to their homeland after qualifying. Although active campaigns began in 1945 to reach out to the colonies, no figures for colonial nurses were available until 1959, from either the hospital system or nursing's regulatory body the General Nursing Council (GNC).

The recurrent issues discussed within this chapter can also be configured and conceived to operate around the concept of 'duty'. This helps encapsulate the view of the Ministry of Health, the MLNS and the Colonial Office that a British training would raise nursing standards in the colonies, and that the nurse's duty once trained and utilised by Britain's labour market would be to return home and disseminate this acquired knowledge. This ostensibly altruistic view was accompanied by a poorly monitored campaign, and a perceived notion that colonial nurses would not ultimately rise to the higher nursing ranks in Britain. When this latter fear was realised, colonial nurses were pushed into state enrolled assistant nurse (SEAN) training (the term altered to state enrolled nurse in the early 1960s), which held no promotional

opportunities. For colonial nurses, their own duty as young and mobile people, was to find a better standard of living for themselves and their subsequent young families, which their homeland did not offer.

Post-war migration

The immediate post-war era was a period of change in the migration of peoples within the United Kingdom (UK). In 1947 the UK assisted-package scheme was established between the British and Australian governments, with the aim of securing a white, Anglo-Saxon population in the interests of what the Australian Government termed 'national security'.¹ The programme allowed British emigrants to leave for a new life for only £10 with government financial assistance, while their children travelled for free.² In addition, more recent histories have revealed successive post-war governments supporting legislation which encouraged the migration of children in care homes, both local government and charitable, to a new life in New Zealand, Rhodesia, Australia and Canada.³ This is known to have continued until 1967 and in the post-war era resulted in an estimated 10,000 children being sent to Australia with the ostensibly philanthropic intent of giving them a better life.⁴ As a policy this reduced expenditure, but only recently have the various forms of abuse, including the use of the children as cheap labour, resulting from the lack of regulation of the institutions and homes that they were sent to, been revealed.⁵

The Overseas Nursing Association (ONA), formerly the Colonial Nursing Association, had been involved in sending qualified British nurses to staff the

colonial Empire since its origins in 1896.⁶ In the post-war years, when it might be expected that the figures of emigrating nurses would be lower as colonies moved towards utilising their own staff, the number of those leaving Britain with the ONA was at its highest in the organisation's entire 50-year history.⁷ This may have reflected the renewed sense of opportunity in the post-war years, but may also be an indication of reaction to the low staffing and poor morale in British nursing at home.

The feasibility of colonial (Caribbean) recruitment to Britain and nursing

The issue of utilising colonial labour in the post-war period is complex. Box 7.1 (*see over page*) offers a summary of the various factors that allowed for an increased use of this labour source within Britain. This section explores these factors in detail and argues, with regard to the nursing workforce, that the emerging 'New Commonwealth', with its emphasis on supporting colonial self-sufficiency operated to the clear advantage of the British nursing service rather than to the colonies. The term 'New Commonwealth' is generally reserved for the post World War II period. Although the Commonwealth had begun in 1867, with Canada being the first colony of the Empire to be a self-governing dominion, a status implying equality with Britain, it was the independence of India and Pakistan in 1947 that led to the new term. This marked a watershed, changing the British Commonwealth over the next five decades to a multiracial association of sovereign and equal states.⁸

Box 7.1 Factors favouring the use of colonial workers in Britain.

- The migration of white British people, usually young and of working age, to both the colonies and notably Australasia in the late 1940s, was actively encouraged by the British Government. This occurred during a period of a post-war workforce shortage. The primary aim was to ensure the predominance of the Anglo-Saxon race within the developing 'New Commonwealth', but this policy exacerbated the workforce shortage in Britain.
- There was a worsening economic crisis in the British West Indies, which was compounded by an expanding population, a static industry (notably in sugar), high involuntary unemployment and no social support.
- The US closing its borders to large numbers of migrants from the Caribbean in the post-war era. This was primarily through the 1952 US McCarran-Walter Act, which limited immigration to strict quota numbers of each nationality. The move to the US had previously been a traditional method to relieve the Caribbean economic crisis in the previous pre-war 30 years.
- Colonials had been traditionally encouraged to regard England as the 'Motherland'. The country was viewed as both welcoming and supportive of its colonial workers.
- There was a lack of immigration control on British colonial subjects until 1962 (the Commonwealth Immigrants Act 1962).
- Other groups such as EVWs needed work permits and were required to stay in an allocated job on risk of prosecution. This point may have favoured England as a work destination for colonial workers, who held British passports, but created tension in the MLNS and Colonial Office, as it resulted in a lack of restriction and control of workforce direction for black workers.

The 'New Commonwealth' still had a function for Britain, and, as regards nursing, benefits were far from reciprocal. The encouragement to use locally trained nurses throughout the colonies, rather than expatriate British nurses, aimed to stem the flow from Britain. Changes brought about by the 1949 Nurses Act now placed the emphasis on the individual, rather than through legislation in the colony itself to demonstrate a standard of training reciprocal with GNC standards. This had meant that under the 1919 Nurses Registration Act, for a colony to have nurses recognised by the GNC as state registered, legislation had to be in place with a statutory body to develop nurse training to the required standard. Under the 1949 Nurses Act it was no

longer necessary for the colony to have nursing legislation for this purpose, or for the various hospitals to conform to any specific standard. The emphasis was on the individual to demonstrate that he or she had achieved the specific standard to be accepted as a state registered nurse (SRN). This encouraged colonial subjects to come to Britain to train or to adapt their training to the British standard on arrival. This latter opportunity was new under the legislation. There was no encouragement, as the Colonial Office noted, to raise the general standard of nurse training within the colonies in order to qualify for GNC recognition.⁹ The inability to produce figures for the number of colonial subjects who were returning home following nurse training in Britain until the 1960s may have demonstrated a lack of concern with how this apparently 'altruistic' approach to training colonial nurses impacted on the colonies themselves.

Background

In the immediate post-war period the British Government increasingly recognised the worsening unemployment in colonial areas such as the British West Indies. A working party was subsequently set up in October of 1948 to examine the feasibility of employing surplus colonial labour in the UK.¹⁰ This was both with an eye to colonial responsibilities, and also with the need to staff specific areas within Britain such as nursing and the transport services.¹¹ The working party reported the following July and such was the potential for recruitable workers, that it represented not only the Ministry of Health, the MLNS and the Colonial Office, but also the departments for Agriculture and Fisheries, Fuel and Power and the Home Office.¹²

The report noted that in 1943 17.6% of Jamaica's experienced labour force of some 505,092 had experienced involuntarily unemployment.¹³ The figure had decreased slightly in the post-war 1940s, but still remained high. In other islands of the West Indies, 4.7% of the workers were reported as unemployed for the 1946 figures, while British Guiana and British Honduras recorded numbers as high as 20%.¹⁴ The figures were due to a variety of factors, with the cost of living having almost doubled during the war, but with no social security or child allowance. The prospect of weathering periods of austerity were clearly limited. The main industries in the islands were agriculture and, notably, sugar production. Limited expansion of the market, disease and hurricanes meant that the growth of the population had now overtaken the employment opportunities available.¹⁵

Resulting emigration from the islands to Central America and the US had a long tradition some 30 years before the post-war period. Gradual restrictions limited the possibilities in the US, reducing numbers employed in agriculture from a peak of 30,000 per year to just under 4,000.¹⁶ Subsequently, the 1952 US McCarran-Walter Act reduced further the immigration from many areas, including the West Indies.¹⁷ The act essentially allowed for immigration into the US based on strict ethnic quotas, and was very much a product of the racial suspicion and communist suppression of the Cold War era. In contrast, Britain's apparent 'laissez-faire' attitude to migration, based purely on workforce supply and demand, offered no restrictions to colonial workers throughout the 1950s. Fryer, in reviewing the first 10 years of post-war

immigration of black people to Britain, regarded both the British Government and indeed everyone else as demonstrating 'utter complacency' to the plight of these settling colonial subjects.¹⁸ This theme will be further discussed throughout the chapter in relation to the British nursing workforce.

The 1949 working party considered three options to assist the colonies. Any potential for a reduction in the birth rate was seen as too long-term a policy, while the introduction of secondary industries did not appear to offer a huge scope of potential. Emigration was seen as the only feasible solution. The report concluded that at first sight it would appear that as long as any vacancies remained in any of the essential industries in the UK, a strong 'prima facie case' could be made for using a limited number of colonial workers.¹⁹ However, the report is peppered with the possibility of anticipated racial tension from such an approach, and this had already ensued from colonials who had arrived as seamen during World War 1 and subsequently settled in the UK port areas.²⁰

The pragmatic issue of utilising colonial immigrants for areas of shortage, such as nursing, remained. They were British passport holders, but, unlike EVWs arriving after the war, were not subject to labour controls. Concerns were therefore raised that if colonial workers did not like the industrial areas or were lonely, they would leave and drift to where a 'coloured' community could be found, notably the seaports, therefore worsening unemployment and overcrowding.²¹ Hostels had previously been seen as a solution to the additional issue of accommodation problems, with landladies

reluctant to take colonial 'coloured' lodgers. Private lodgings were increasingly being used, but outside of the seaport towns this had proved a difficult issue.²²

The accommodation issue is a significant factor, because it was generally available within the hospital system. This facilitated much more easily the use of colonial female nursing labour, but markedly limited the use of male nurses owing to gender segregation within nursing accommodation. The accommodation issue overall permeates the use of 'coloured' labour from the first gradual wave of post-war immigrants to its height in the 1960s. It was particularly noted when 492 Jamaicans arrived in Tilbury with no prior work arrangements aboard the *Empire Windrush* in June of 1948.²³ These were predominately skilled and semi-skilled men; welders, bricklayers, carpenters and so forth, emphasising the serious unemployment problems facing the West Indies at the time. Finding them work was not difficult, and all 240 men were placed in employment within three weeks. However, finding accommodation took time, and the men had to be initially housed in the old air-raid shelter at Clapham South underground station.²⁴

By the mid 1960s, surveys in six areas with immigrant minorities demonstrated discrimination in 45 out of 60 personal applications from West Indian callers to landlords, and in 74 out of 120 telephone inquiries.²⁵ Discrimination did not vary greatly, whether the applicant posed as a hospital registrar or a bus driver. It predominately took the form of the immigrant being informed that accommodation

had been taken, while later white callers were told it was still available; in a small percentage of cases, there were attempts to charge a higher rent.²⁶

The relatively well-explored post-war era of migration to Britain from the 'coloured' colonies demonstrates initial numbers of immigrants never reaching more than 1,000 arrivals a year until 1951. This gradually increased throughout the 1950s. The figure dropped slightly in the middle of the decade as Britain moved into an economic recession towards the end of 1955. The rise in racial tension at the end of the 1950s mirrored an increase in the numbers of immigrants arriving. This appeared to be exacerbated by fears of immigration controls, which subsequently came into place in 1962 with the Commonwealth Immigrants Act. This limited free movement to Britain from the colonies to those who could support themselves, students, or those possessing a Ministry of Labour voucher. The latter was issued to those with specific skills, a job to go to, or to a specified number who were looking for work.²⁷ From the beginning of 1961 to mid 1962 net arrivals amounted to 98,000 people from the Caribbean.²⁸

The exploration of post-war immigration has centred around the generally held view by authors such as Deakin,²⁹ Freeman,³⁰ Sivannadan³¹ and Fryer³² that it was dictated purely by market forces. This facilitated the movement of people as the British labour market demanded it; the 'laissez-faire' argument. Carter et al³³ have somewhat convincingly, when the primary sources are reviewed, challenged this view in respect of the first Conservative Government of 1951. Their argument focuses upon a

government concerned with the influx of 'coloured' people who could impair the apparent harmonious nature of British life. Such concerns can in fact be traced back to the arrival of the *Empire Windrush* in June 1948. While I.G. Cummings, Temporary Principal at the Colonial Office, was making his welcoming speech to the migrants aboard the ship at Tilbury docks,³⁴ 11 Members of Parliament had written to Prime Minister Clement Atlee calling for controls on black immigration.

'The British people fortunately enjoy a profound unity without uniformity in their way of life, and are blest by the absence of a colour racial problem. An influx of coloured people domiciled here is likely to impair the harmony, strength and cohesion of our public and social life and to cause discord and unhappiness among all concerned.'³⁵

Atlee in his reply did not distance himself from the concept of seeing 'coloured' migrants as a potential problem, but rather thought the numbers were too small to be significant. He essentially pushed what others saw as a problem under the carpet, with the *Empire Windrush* being seen just as an anomalous example of Jamaicans being able to use 'exceptionally favourable shipping terms' and money from ex-service gratuities to come to Britain. Atlee felt the majority of *Empire Windrush* migrants were honest workers, who could make a genuine contribution to the labour difficulties being experienced by Britain.³⁶

During the period October 1946 to July 1948 more than 163,000 foreign workers had been placed in British employment through the official schemes. Included in this figure were 64,000 displaced persons and 74,500 Poles.³⁷ The small number of West

Indian men aboard the *Empire Windrush* appeared to engender a warm welcome publicly by officials, but behind the scenes there was clear ministerial unrest. The reason is perhaps not overly complex and represents two concerns. There was the aforementioned issue of the disruption of British ethnicity which 'coloured' workers would bring and which would not be overly harmed through future generations by the use of 'white' Europeans. This was heightened by a fear of miscegenation. This latter term generally refers to people of differing human races producing offspring, with the term usually reserved to those who believe such mixing of races is inherently bad. Kathleen Paul, of the University of South Florida, frames this idea around a 'clash' or 'dysfunction' between a formal nationality policy, which incorporated all members of the British Empire as British, recently confirmed by the 1948 Nationality Act, and an informal constructed national identity, based around the notion that 'real' British people were in fact white.³⁸ The British Nationality Act had stated:

'Every person who under this Act is a citizen of the United Kingdom and colonies or who under any enactment for the time being in force in any country mentioned in subsection (3) of this section is a citizen of that country shall by virtue of that citizenship have the status of a British Subject.'³⁹

In all that has been discussed in this chapter, the Act would seem to do little to discourage colonial people to come to Britain to look for work, and again in a further contradictory element it seems at odds with the growing racial tension. However, the Act rather like the emigration issue, was designed to maintain British influence through strengthening the 'New Commonwealth'. In examining British national

identity, and in support of the aforementioned idea, historian Richard Weight argues that the Act accepted that Commonwealth states could define their own citizenship, but at the same time made sure that this could not take place without reference to the UK. He argues that by codifying the concept of a far-flung family, the Act was in a sense the high point of British imperialism.⁴⁰

Secondly, and a point again raised by Paul,⁴¹ is the fact that the Colonial Office and the MLNS were concerned about 'coloured' workers coming to Britain of their own free will, which they had every right to do, rather than as part of a scheme where they could be controlled. Concern continued, despite 'coloured' immigration figures being low throughout the early 1950s. Only a few hundred West Indians arrived in 1950, about 1,000 in 1951 and 2,000 in 1952 and 1953. Figures did increase with the arrival of wives and children of men already settled in Britain, with 24,000 in 1954, 26,000 in 1956 and 22,000 in 1957.⁴² The Conservative Government began collecting information regarding black people to support a draft immigration Bill in 1954. However, they had difficulty in finding clear evidence of any confirmed deleterious effects of the influx of 'coloured' immigrants, in contrast to other non-'coloured' groups.⁴³ There was a perceived need to ease any growing racial tension in the country, but not to the detriment of a much-needed workforce.

In February 1953, the Working Party on 'Coloured' People Seeking Employment in the United Kingdom asked Lloyd Davies, Assistant Secretary in the MLNS's Overseas Department, to comment on the possibility of 'preventing an increase in the

number of 'coloured' people obtaining employment in the UK, without placing any controls on their actually entering the country.⁴⁴ This was a request in the Chairman's papers and represents an attempt not to upset the colonies, through the UK not being seen as open to free passage, yet restricting the main reason 'coloured' colonial people would be coming to this country. At that time, the number of relatives already here would have been fairly small. Lloyd Davies pushed for a non-discriminatory policy of employment on colour alone (sic), stating that in practice the only reason an appropriately qualified 'coloured' worker may not be put forward for a job by the MLNS was where the employer had indicated that he wouldn't consider 'coloured' workers. Somewhat ominously, he concludes that on the grounds of general policy and practicability, he couldn't see how 'coloured' Commonwealth people could be prevented from taking employment once in the UK.⁴⁵

The importance of this data lies in filling the historical void up until the 1962 Commonwealth Immigrants Act, which suggests the latter was purely a reaction to the growing ('coloured') immigrant numbers and the explosion of racial tension. Legitimised discrimination against 'coloured' workers had been sought when numbers were appreciably lower. This offers a useful background to the government attitude to the growing number of colonial 'coloured' nurses, which in fact was muted. It also frames the warnings to the hospital matrons in the mid 1950s from the Colonial Office regarding the potential rising ranks of 'coloured' nurses. This may account for the gradual increase in such nurses being filtered into non promotional

state enrolled nurse (SEN) training, which is not clear in ministerial figures until the mid 1960s.

Changing attitudes to the nursing services of the colonies

In post-war Britain the shrinking of the colonial Empire was accompanied by a change in attitude to its indigenous peoples. India gained a state of uneasy independence in 1948, with continued tension between Muslims and Hindus,⁴⁶ while other colonies gradually gained self-rule. In 1959 Singapore attained self-government, with its first general election in May of that year and the island ultimately becoming an independent state in 1965.⁴⁷ Within Africa, Ghana, Kenya, Malawi, Zambia, Gambia, Botswana, Lesotho and Swaziland all achieved their desire for independence from Britain between 1957 and 1968.⁴⁸

A changing attitude to the nursing needs of the colonies can be identified in this post-war era. This had a clear benefit to the struggling staffing needs of the new NHS. As the colonies developed, so did the need for expanding nurses' services, with British nurse training seen as the standard benchmark.⁴⁹ With an increasing demand for nurses in Britain itself, the Colonial Office viewed it as 'impossible', in the immediate post-war era, for the UK to meet the increasing nursing demand 'in whole or even in large part' within the colonies.⁵⁰ In their 1945 report examining the training of colonial Nurses, the Colonial Office strongly recommended that for the future the move should be made for locally recruited nurses, trained in their own territories, to standards reciprocal to the GNC state registration.⁵¹ Inevitably as

regards post-war recruitment in the UK, the government didn't wish to place obstacles in the way of colonial students coming to a hospital in Britain for three years to acquire the necessary nursing standards to take back home.⁵² Yet generally it viewed subsequent post-registration courses as the rationale to come to Britain for nurse education.⁵³

The push for locally trained nurses, as opposed to the usual expatriate staff, to take appointments in what were termed the 'more responsible nursing posts' continued into the 1950s.⁵⁴ Writing in 1950, the Secretary of State for the Colonies, James Griffiths, emphasised the fundamental approach of colonial policy now accepted by his Majesty's Government, of eliminating all racial discrimination in the appointment or promotion of persons in the public service.⁵⁵ Differing criteria for expatriate staff and colonial nurses with comparable training and qualifications were to be opposed as part of the continued move to a more self-sufficient colonial health structure. This approach appears as an almost sudden removal of racial discrimination, which essentially slowed the leakage of expatriate staff, who might otherwise further their careers abroad. The colonies themselves were generally in favour of the move, but the variability in the standards of local nurses perceived to be available throughout the colonies to facilitate this move was strongly felt.⁵⁶

The apparent philanthropic attitude towards the growth of nursing in the colonies, might have been expected to place an emphasis on legislative changes within the 1949 Nurses Act to strengthen reciprocal training programmes. In reality, the Act

strongly favoured the potential use of colonial Nurses to the benefit of nursing *within Britain*. The Colonial Office policy had always been to encourage the establishment of nursing legislation within the colonies to ensure nurses met the GNC standard for state registration.⁵⁷ Section 10 of the 1949 Nurses Act reversed this and it became no longer essential for any colonial territory to have such nursing legislation. The emphasis for a high standard of training was now placed on the *individual* and not on the *colony*.⁵⁸ The nurse needed to demonstrate that he or she had completed a training ‘in accordance with a scheme of training recognised by the council,’ and had been ‘in an institution so recognised.’⁵⁹ The Colonial Office expressed concern regarding this move, believing it would remove the encouragement to raise the general standard of training within the colonies.⁶⁰

This concern, however, operated to the benefit of the struggling recruitment programmes within Britain. The previous legislation had resulted in only two types of potential recruits from the colonies: those coming to Britain to train as nurses, with a perceived belief from the MLNS that they would ultimately return home,⁶¹ and those who could arrive and work as an SRN, having been part of a reciprocal training programme in their own colony. Section 10 now opened up the opportunity for a variety of workers termed a ‘nurse’ to make a claim to work as an SRN in Britain. If their training was not seen as being of a reciprocal standard, they could undertake a requested period of adaptation and then be placed on the register, thus widening the source of staffing recruits. The Colonial Office concern was that at the end of the 1940s there was such a

‘... strong desire on the part of almost all colonial people to come to this country ... that candidates would seek to train at the lower grade hospitals in order that they would be required to undertake further training in England to qualify for registration by the GNC.’⁶²

Such changing attitudes to the nursing services in the colonies may have contained altruistic undertones, but the priority was probably the use of colonial labour to the benefit of the new and growing NHS. Box 7.2 summarises the changes that were occurring at the time, which favoured the use of colonial workers as nurses in Britain.

Appendix 1. offers an expanded version of these factors.

Box 7.2 Factors favouring the use of colonial workers as nurses in Britain.

- High numbers of nurses travelling from Britain to work in the colonies via the Overseas Nursing Association (ONA) in the late 1940s.
- The active move away from raising colonial nursing standards through legislation within the colonies (the change occurred via section 10 of the 1949 Nurses Act). This opened an additional source of nurse recruits, who would actively come to Britain (through economic hardship) and gain adaptation, from their own colonial nurse training, to the highly regarded British state registration.
- No accommodation issues. The hospital system could offer a nurses’ home, although often only to women. Although accommodation is highlighted as the main reason black men were discouraged, it was a somewhat convenient excuse, and letters from colonial men to the MLNS do suggest that those with appropriate and often very good qualifications were rejected. This may also however, have been part of a lack of understanding of the standards of overseas qualifications which continues today. The absence of post-war building of hospitals restricted the ability to create new nurses’ homes.
- An arena of hospital institutional control. This ensured appropriate societal behaviour in both work and private life.
- The manipulation of selection procedures to encourage further migration in the mid 1950s. However, when the applicant standards dropped, a rapid reapplication of the colonial selection procedure occurred. This appears to mirror growing societal racial tension throughout the 1950s.
- Differing concepts of ‘duty’. For colonial nurses this was to seek a better life for themselves and their young families, away from severe economic hardship. The ministerial expectation was a return home upon qualifying, after providing three years service.

Sources for box 7.2 (page 181) include:

The Overseas Nursing Association 54th Annual Report (for the year ended 31/3/50), p.9. PRO CO 850/252/3 Colonial Nursing Service. Revision of Fees Paid to ONA for Selection of Nurses for the Colonial Nursing Service, 1950-51.

Report of a meeting between the Registration Council of the General Nursing Council and representatives of the Colonial Office and the Ministry of Health to discuss the administration of Section 10 of the Nurses Act 1949, 8/12/49, p.1. PRO CO 850/252/7 Appointment of Locally Born Nurses, 1949-50.

Letter: Isaac Popoola, Lagos, Nigeria to MLNS, 17/10/55 and reply MLNS, 22/10/55, stating his standard of education was lower than that normally required for nurse training in the United Kingdom. Reply: Isaac Popoola to Nursing Services branch, MLNS, 28/10/55: 'I have spent seven years in the secondary grammar school where I took science up to school certificate, why then do you opine that I am unsuitable for training? I am holding a Nigeria Government recognised certificate, which has qualified me to serve in the Nigerian Civil Service as a clerk in the GPO, P and T headquarters, Lagos hitherto.' PRO LAB 8/1804 Applications from Colonials for Nursing Training: Procedure, 1949-57.

Issues in colonial nursing recruitment

Against this backdrop, the use of colonial nurses in the post-war era represented a reactive approach that was poorly linked to any immigration policy, primarily because the latter remained absent until the Commonwealth Immigrants Act of 1962. This mirrored in-land recruitment which was largely devoid of any statistical planning. This indeed was the very point that prevented Dr John Cohen of Leeds University from signing the 1947 report on the recruitment and training of nurses (the *Wood Report*), of which he'd been a part. He argued that its recommendations failed to take sufficient account either of the relation between the planning of nursing and other health services, and the planning of the country's manpower resources as a whole. He did not believe account had been taken of the extent to which methods employed in psychological research could provide a scientific basis for determining nursing and medical staff ratios, or the length of training periods for nurses.⁶³ He expanded on these points in his 1948 *Minority Report*.⁶⁴ A series of factors already discussed facilitated the use of overseas British subjects who offered no work permit requirements and were eager to migrate owing to increasing economic hardship. Active recruitment finally emerged in the mid 1950s with an increasingly evident

racist element within the core of employing matrons, which mirrored country-wide tension, ultimately leading to tighter colonial immigration controls by 1962.

'Duty' to Care

The concept of 'duty' is offered as a useful way to frame the role of colonial nurses in this time period. The general belief in the Colonial Office and the MLNS was that these nurses would staff the new NHS, gain a highly prized British training and return to their own countries to raise colonial standards. This accompanied a 'laissez-faire' attitude on the part of officials, who in turn failed to monitor the numbers of colonial nurses. This somewhat misguided belief resulted in little knowledge of the numbers of colonial nurses in Britain until the late 1950s, and ignored the implicit (and explicit) message in the colonies that Britain was the 'mother country', both welcoming and offering a higher standard of living to young colonial workers.

Inevitably, the concept of duty remains somewhat speculative unless it had some reality for black workers themselves. Few studies examine the rationale for colonial 'coloured' people coming into nursing in the 1950s. Vina Mayor's work is an exception and is useful in that it examines both the reasons and suggests a gender split. For men it appeared a pragmatic choice, a means to an end. Nursing appeared to offer the ability to travel, or to pursue the opportunity of higher qualifications while supported by a job. The general picture is an 'opportunistic' move into the occupation.⁶⁵ Afro-Caribbean women talked far more of the pride and values of nursing, but again focused on personal gains. This included the potential for life-time

employment and business opportunities.⁶⁶ For both men and women, Mayor highlights the fact that cultural receptivity into nursing was shaped by socio-political and labour market factors, family resources and its projected value for material gains.⁶⁷

Strong links with community organisations such as churches as an integral part of the colonial community do not emerge as a pull to return home with nursing skills. Instead, the respondents talk of *transferable* skills learnt in the colony through the church: team working, organisational skills, leadership and communication. These were felt to be undervalued by employers in England, but the transferability of collectivism is seen in setting up professional networks once in England and sharing experiences with those new to the occupation. This is at the expense of individualism, which Mayor argues is necessary for career advancement.⁶⁸ Mayor's work therefore does not support the Ministry view that black nurses would want to return home and raise colonial nursing standards once qualified. Indeed, the alteration of the Nurses Act in 1949 encouraged individualism and not collectivism.

The initial encouragement of colonial nurses to come to Britain had in fact occurred before the war ended with a Circular distributed to the colonies in August of 1944.⁶⁹ By early 1946 the source of potential recruits had transformed into an active campaign involving the Colonial Office and the MLNS. Mr Walker, of the Colonial Office, advised a meeting of departments in January of 1946 that the Ministry of Health were considering ways and means of stimulating this area of recruitment.⁷⁰

Dame Katherine Watt, the Chief Nursing Officer at the Ministry of Health, had already consulted the Medical Officers of the Colonial Office.⁷¹ Although Walker stated the Colonial Office welcomed the proposals on behalf of the colonies, the apparent philanthropic process which dominated the Circulars to the colonies was somewhat superseded within ministry meetings by the need to reduce the acute shortage of British nursing staff for the new NHS.

‘It is really immaterial whether the students remain here after qualifying or return home – it is generally to the benefit of all concerned that Colonial nursing students should be encouraged to come to this country for training. The great majority of students return home after completion of training.’⁷²

This comment is of interest because, by 1954, H.E. Chester, an official in the Employment Services Department of the MLNS, openly admitted that the Department did *not* know the number of colonial nurses who had returned home after qualification.⁷³ The initial selection procedure itself, created by the Colonial Office, took approximately six months from the candidate’s enquiry in their home country to arriving at a British hospital.⁷⁴ The primary concern was to prevent unsuitable candidates arriving who had not been thoroughly vetted before setting sail for Britain. Matrons were actively discouraged from direct recruitment, which could result in unsuitable colonial candidates arriving and being stranded in Britain without a job. Matrons were provided with a Circular in February of 1948, with a sample letter to send to prospective candidates who had applied directly to the hospital re-emphasising the procedure.⁷⁵ The approach of the matrons is perhaps understandable. The official procedure took time, while they may have viewed ministerial

involvement from above as intrusive to the control of their hospital recruitment, where in the recent pre-war years they had been left to cope without ministerial interventions or help.

The procedure had been reconfirmed through a second initial Circular sent to the colonies in June of 1945, emphasising that candidates must be submitted to a local selection committee.⁷⁶ Each colonial government was required to set up the committee to examine applications and conduct interviews. Candidates should have obtained their school certificate, matriculation, or an equivalent standard of education.⁷⁷ The completed successful form would then be forwarded to the Director of Colonial Scholars in London, who would consult the Appointments Department of the MLNS, and any other bodies involved in the selection of nurses for hospital training. It was felt that candidates should not be older than 30 years or younger than 19; 20 was seen as the ideal age.⁷⁸ The Rushcliffe Committee, which set national nursing salary scales, was consulted and students were offered an allowance of £40, £45, £50 and £70 progressively for each year of training.⁷⁹ It was recognised that training could be completed in three years. Emoluments were outlined, but were subject to deductions for health insurance and superannuation.⁸⁰ The net earnings were therefore inadequate to meet the personal expenses of the students and colonial governments were asked to supplement the students to allow a sum of £1.5.0 a week. This equated to £34.8.0 for the first year through to £25.2.0 in the third year of training.⁸¹

In reality, selection evolved through to an intradepartmental selection committee. The submission and placing of approved applicants in training hospitals and institutions was the joint responsibility of the Nursing Appointments Service of the MLNS and the Colonial Office, following recommendations of this intradepartmental committee.⁸² Documents from the committee were passed to the hospital and when accepted this file returned to the London Appointments Office. It would state on it when the candidate would start his or her training. This centralised approach essentially amounted to the ability to deploy direction of labour, as candidates were actively discouraged by letter from applying directly to specific hospitals, but were advised that they would be sent to one considered 'suitable'⁸³

There was some tension between the Colonial Office and the MLNS, much as had existed between the latter and the Ministry of Health with regard to inland nurse recruitment. The Colonial Office and the MLNS had discussed in the late 1940s a reduced role for the MLNS in placing students. The Colonial Office regarded the candidates as their 'own' students. The selection committee had met since 1944 at the MLNS with this ministry's own Principal Nursing Officer as the chairman. The MLNS were more than happy for the committee to be under the auspices of the Colonial Office; however they warned that there needed to be close cooperation between the two ministries, to avoid residents of Britain feeling that their interests were being prejudiced by people from overseas 'with unfortunate repercussions all round.'⁸⁴

By 1954 it had become clear that with increasing entry to the country by people from the colonies, candidates were bypassing the official procedure, arriving in the UK and applying to matrons directly at chosen hospitals.⁸⁵ This was also occurring in increasing numbers from those still within their own country. The official procedure was noted to be slow, and the MLNS believed that news had spread throughout the colonies that by ignoring the usual procedure, inherent delays could be avoided.⁸⁶ Despite the caution in ensuring good quality candidates and preventing any hostile reaction to incoming workers, the continued shortage of nurses, hindered by this slow vetting procedure, resulted in the Colonial Office removing recruitment restrictions. In a decision described as a 'complete agreement' and one focused purely on the pragmatics of workforce supply rather than any anticipated racial tension, it was decided to suspend the role of the intradepartmental committee by December 31st 1954.⁸⁷ This meant that colonial candidates could apply directly to hospitals, with no need for an initial selection procedure via committees in the colonies. This they believed to be appropriate due to the willingness of hospitals to accept 'coloured' girls for nurse training and the increasing flow of unsponsored candidates.⁸⁸

A small number of students would continue to be dealt with by the Colonial Committee approach in London, in cases where a colony wished to sponsor candidates for specific posts at home following their nurse training⁸⁹ These were, however, believed to be small in number. The decision effectively focused on the pragmatics of staffing needs, and freed up the flow of Colonial candidates at a time when those arriving via the unsponsored route were regarded as being of a 'good

calibre'.⁹⁰ The gates were widened even further by agreement that Colonial candidates should not be discouraged from applying for posts as assistant nurses or nursing auxiliaries.⁹¹ Dispensing with central vetting, placing and regulatory procedures, essentially delegated authority to localities and matrons of hospitals.

However, delegating authority proved a risky decision. Within six months of suspending the committee procedure, an intradepartmental meeting at the Colonial Office with the MLNS was calling for a reconstitution of the selection committees within the colonies.⁹² The exact reason is unclear. The reason given in an internal memorandum by G.T. Milne, Assistant Secretary at the Ministry of Health, was that some hospitals were inviting 'coloured' girls without sufficient verification. These trainees were apparently staying at the hospital for a few months, leaving and then becoming a problem for the MLNS.⁹³ It is an interesting point, because he claims a year previously that there were an estimated 3,000 colonial student nurses in Britain, with only 1000 arriving by the official procedure.⁹⁴ The majority arrived outside the centralised system, yet the matrons were now being blamed for encouraging unsuitable students, when removal of the official system may not have altered the situation greatly. The capacity to influence generally the flow of candidates into nursing, as well as their calibre, may have reflected the growing concern regarding the *general* rise in 'coloured' labour entering Britain by the mid 1950s.

Overseas nurses at the grassroots level

Literature specifically examining the experiences of overseas nurses as part of the expanding recruitment policies of the 1950s and 1960s remains sparse.⁹⁵ The

experiences of Afro-Caribbean workers in general has formed part of a gradually expanding body of knowledge, although as regards nursing it is still limited.⁹⁶ Mayor's aforementioned study of 88 black male and female nurses who came to Britain in the period of this thesis suggests that, prior to Beishon et al's 1995 study for the Policy Studies Institute in London, most exploratory work had been based upon opinion or small samples.⁹⁷ She argues that in addition, studies had ignored the social and political context in which these nurses worked, together with their entry into nursing and how they negotiated their careers.⁹⁸ Mayor's work is still one of only a small number of emerging studies.

Recent studies suggest that the NHS has displayed racist attitudes to black nurses and that in response, those studied adopted specific strategies to negotiate continued progression in their careers.⁹⁹ This has included an assumption that not all negative experiences were attributable to racism, but to factors such as age, status and gender as well. Additionally, approaches have included the adoption of 'moral resistance'. This can briefly be described as interpreting the survival of challenging (racist) experiences as a confirmation of their own sense of moral worth, through not rising to or demonstrating similar behaviour themselves.¹⁰⁰

The first of these points highlighted in Culley et al's study of 14 male and female nurses, who arrived in Britain between 1954 and 1966, offers the implicit message that racism was probably present, but was interpreted otherwise by the nurses.¹⁰¹ This lack of clarity regarding racist behaviour appears to reflect the character of racism

within ministerial documents. There was the explicit need not to be seen as racist, but a strong and covert racism operating underneath. The clear message centred around the need to remove any 'colour bar' to employment. By the mid 1950s the Birmingham Nursing Appointments Office was reporting to the MLNS in London a huge influx of West Indian nationals inquiring about nurse training. Irene Carney, a member of MLNS staff from the Birmingham Regional Appointments Office, visited the local Nursing Appointments Service. In referring to the situation as a 'coloured' problem' she declared:

'So far this week, of 14 people interviewed, 11 were Jamaican, and in the previous two weeks, the proportion was 12 out of 35, and seventeen out of 39 – all unqualified, not of the necessary educational standard, and often above the age limit for nurse training.. On one occasion when I visited it, out of the applicants waiting for interview, three were coloured men, apparently casual callers.'¹⁰²

Carney again emphasises the need to avoid 'all thought of a colour bar,' yet stated that the officer 'must definitely dispel any thought of nursing from the applicant's mind, whilst yet displaying a wide variety of vacancies.'¹⁰³ H.E. Chester, of the Nursing Services Branch of the MLNS, sympathised. He was glad of the information, yet 'at the same time we heartily endorse the view that there must not be any question of bias in dealing with these people, particularly so when they are clearly unsuitable for nursing training and employment.'¹⁰⁴

However, along with the active recruitment and apparent need for discretion in the use of 'coloured' labour, was the aforementioned demand for regulation through

legislation to prevent too high a flow of black workers into the country, responding to the call for labour. As the increase in 'coloured' workers was noted in the mid 1950s, Miss Udell, Chief Nursing Officer at the Colonial Office, warned in a speech to the Association of Hospital Matrons about the number of unsuitable colonial subjects who were taken for nurse training in Britain.¹⁰⁵ Udell estimated that 10% of student nurses in the country were from the colonies. Claiming that she had no objection to 'these women' in all branches and ranks, she questioned whether all had the same view. If they could not accept these women as potential matrons, had they the right to keep using them as pairs of hands in the less senior positions?¹⁰⁶

It is unclear whether Udell was suggesting that too few non-colonial nurses would seek positions of leadership, which as the previous chapter highlighted was clearly occurring by the end of the 1950s. Alternately, and possibly more likely, it may have been of concern that too many colonial nurses would rise through the ranks, with subsequent resentment from non-black colleagues. In support of the latter view, although at an earlier time point, Stewart does present data that the College of Nursing in the 1930s wrote to the Ministry of Labour raising qualms about refugee nurses from Europe entering nurse training, and ending up competing for jobs with British nurses.¹⁰⁷

What appears clear is that colonial nurses seemed to offer a contradictory workforce solution, yet within an apparently growing problem affecting nursing. Udell's figure of 10% was drawn from Colonial Office estimates and GNC training numbers, which

again appear as approximate.¹⁰⁸ It again illustrates that although the Ministry of Health and the Colonial Office saw the recruits as a potential 'problem', enshrined in the very title of Miss Udell's speech: 'The Colonial Nursing Service, and the Problems of Bringing Colonial Girls to England for Nursing Training';¹⁰⁹ until the early 1960s and Regional Hospital Board returns, they had no clear data to demonstrate how big a 'problem' it was.

The experiences of colonial nurses and racist behaviour in nursing has to be set against an occupation that was highly hierarchical and regimented in both its training and practice. This makes it difficult to tease out whether behaviour exhibited to their students was derived from the general oppressive environment, or from attitudes to race, or a combination of the two. Conversely, however, the recruitment of black students also appeared to offer shelter from wider social censure. Accommodation was a problem generally for 'coloured' colonial workers, and for female students being subsumed into the world of nursing, it could be seen as a protective barrier against racism:

'there were such things as nursing homes ... so we didn't have the trauma of having to look for accommodation and being rebuked and rebuffed and discarded.'¹¹⁰

Lack of accommodation was used as the reason for a much more limited recruitment of men (both black and white). It's therefore uncertain whether there was prejudice against men from the colonies, or whether they did not fit into the structure of what

could be offered, as well as the mould of the gendered recruit. Essentially, this supports Mayor's view that as long as blackness is constructed as a problem (the 'colour' problem), then the approach to employment practices, service delivery and education and training remains as one coming from the perspective of their unique needs, perpetuating differences as being problematic.¹¹¹

By the end of 1960 a range of large medical/nursing teaching hospitals declared that they had no colonial nursing or midwifery students employed on their staff. These included the Middlesex, St Bartholomew's, the London and the United Leeds Hospitals.¹¹² It could be argued that they traditionally would have had fewer recruitment problems. Conversely, by 1960 a large number of colonial immigrants were present in Britain, and should have been represented and indeed accepted for training amongst the white applicants. This lends support to the argument that black nurses were disproportionately represented in the Cinderella services such as mental health.¹¹³

The channelling of black candidates into SEAN (subsequently termed SEN) training, even though they held appropriate qualifications for a state registered course, has been highlighted in a number of studies.¹¹⁴ This has also included the inappropriate use of the GNC entrance test, which when passed still allegedly resulted in the single offer of SEN training.¹¹⁵ Mayor has suggested through her own interviews that such student discrimination was recognised by respondents when reflecting back upon the options available to black candidates. The types of training available were couched

only in terms of general and mental nurse courses (Vina Mayor: personal correspondence). This marker of racist behaviour is useful as it can be cited independently of other explanatory variables, such as a traditional and generally oppressive work environment.

Yet the figures from the early 1960s illustrating Commonwealth students who entered specific types of training do not appear to support a general trend to offer predominately SEAN training.¹¹⁶ Table 7.1 (*page 196*) shows the figures for the end of 1961 for all Commonwealth nursing students employed collectively in the Regional Hospital Boards. These were students who were recruited after taking up residence in the UK. Table 7.2 (*page 197*) shows the distribution of Commonwealth nurses in training in five random and differing Regional Hospital Boards in England at the end of 1960.

Within local institutions, the Joyce Green Hospital in Dartford had approximately 36 students of West Indian origin training between October 1955 and December 1963.¹¹⁷ Commonwealth recruitment increased at this hospital over the time period, with six of the 36 undertaking SEAN training, two in fever nurse training and 28 on the SRN course. Ten of the latter are clearly noted as leaving training for a variety of reasons, ranging from academic failure, domestic reasons or ill health. A small number are not confirmed as clearly passing the final examinations.¹¹⁸

Table 7.1 Nursing students from the Commonwealth: numbers employed in hospitals in the board's area/group at 31/12/61 (recruited after taking up residency in the UK). Midwifery pupils are also included, but would be required to be state registered nurses prior to undertaking this training.

Dependent/Independent Commonwealth Countries	Student Nurses (SRN training)	Pupil Nurses (SEAN training)	Pupil Midwives
Barbados	615 (64%)	253 (26%)	95 (10%)
British Guiana	370 (74%)	96 (19%)	31 (10%)
Jamaica	1,706 (67%)	565 (22%)	265 (10%)
Grenada	63 (58%)	33 (30%)	13 (12%)
St Lucia	19 (83%)	3 (13%)	1 (4%)
Trinidad	552 (78%)	117 (16%)	41 (6%)
Federation of Nigeria/ Northern, Eastern and Western Region of Nigeria	944 (79%)	26 (2%)	219 (18%)
Gambia	18 (90%)	0	2 (10%)
Uganda	75 (85%)	7 (8%)	6 (7%)

Source: 'Nursing and Midwifery Students from the Commonwealth and the Republic of Ireland: Numbers Employed in Hospitals in the Board's Area/Group at 3/12/61 Who Were Recruited After Taking up Residence in the United Kingdom'. PRO MH 55/2527 Nursing and Midwifery Students from Colonial and Commonwealth Territories Training in the United Kingdom: Statistics, 1959-61.

At the Miller General Hospital in London, eight West Indian nurses entered SRN training between 1946 and 1955, with none apparently undertaking the SEAN course. Five were recorded as leaving before completion.¹¹⁹ Approximately 252 students commenced training at the West Middlesex Hospital between August 1950 and June 1953. Nine were black, but included West Indian, Nigerian and South African students and a black trainee described as coming from Lancashire. All were placed in SRN training, three were recorded as ceasing training.¹²⁰

Table 7.2 Colonial nursing and midwifery students in selected individual Regional Hospital Board hospitals at 31/12/60. Midwifery pupils are also included, but would be required to be state registered nurses prior to undertaking this training.

Line 1: Manchester Regional Hospital Board
 Line 2: Liverpool Regional Hospital Board
 Line 3: Wessex Regional Hospital Board
 Line 4: The United Liverpool Hospitals
 Line 5: Guy's Hospital, London

Dependent/Independent Commonwealth Countries		Student Nurses (SRN training)	Pupil Nurses (SEAN training)	Pupil Midwives
Barbados	1	41	31	6
	2	4	2	3
	3	19	42	2
	4	1	0	0
	5	0	0	0
British Guiana	1	3	0	4
	2	8	1	0
	3	0	2	0
	4	0	0	0
	5	0	0	0
Jamaica	1	131	30	23
	2	11	5	4
	3	22	15	3
	4	3	0	0
	5	2	0	0
St Lucia	1	0	0	0
	2	0	0	0
	3	0	0	0
	4	0	0	0
	5	0	0	0
Trinidad	1	32	3	2
	2	4	2	1
	3	8	6	1
	4	4	0	0
	5	2	0	0

(Continues)

(Continued)

Federation of Nigeria/ Northern, Eastern and Western Region of Nigeria		86	2	29
		52	0	6
		21	1	2
		1	0	0
		0	0	2
Gambia	1	0	0	0
	2	1	0	0
	3	1	0	0
	4	0	0	0
	5	0	0	0
Uganda	1	0	0	0
	2	2	0	0
	3	3	0	0
	4	0	0	0
	5	0	0	0

Source: 'Hospital Group Figures for Colonial and Midwifery Students at 31/12/61'. PRO MH 55/2527 Nursing and Midwifery Students from Colonial and Commonwealth Territories Training in the United Kingdom: Statistics, 1959-61.

Clearly these figures are of interest because they are contrary to the aforementioned research which suggests that black candidates were inappropriately channelled into SEAN training. However, these are small numbers and there is a need to consider the practice over time, that is, did it increase in the 1960s and whether this small sample of hospitals and regional boards are representative of practice throughout the country. Teasing apart the individual records of hospitals does suggest the growth of implicit racism and generalised attitudes, which one might expect to be expressed in terms of a downward turn in recruitment of black workers. By 1965, the Group Assistant Matron of the Westminster Hospital was investigating the recruitment and retention of Nursing Auxiliaries:

'You really need a housing estate with young married mothers, or older women whose family now goes out to work. There are a lot of coloured women in the fairly near vicinity, but they are not always of the right calibre for the job and we are already flooded with them in the domestic field.'¹²¹

Her response was to place a few advertisements in the local press, but primarily to recruit from abroad. Of interest is her list including Switzerland, Finland, Norway, Canada, Austria, Denmark and South Africa, which would procure predominately white auxiliaries, her view being that those from Finland were the best.¹²²

Contrary to the received view, the files examined show a tendency towards colonial students being placed in SRN training in the 1950s. This is only a very small number of hospitals and doesn't in any way suggest that individuals were not placed inappropriately into SEAN training. However, neither does it show a major trend at that stage towards this practice. Gaining figures at a later time point is difficult, as the end of specific archived files often falls into the 30-year closure period. One could speculate that the introduction of anti-discrimination legislation through the Race Relations Act 1965 and the Commonwealth Immigrant Act 1968 might paradoxically have pushed black nurses into the SEAN pathway, as rejection purely on grounds of colour was outlawed. This was notably the case with the latter Act, which impacted on employment.

The concept of 'duty', the different perceptions held of it by officials and potential recruits provides an interesting concept with which to help frame the differing expectations from all sides of the increasing colonial migration into nursing. As

indicated throughout this chapter, the general view in the MLNS and Ministry of Health, with the emerging 'New Commonwealth' and development of the colonies, was that migrants would come to Britain, train as nurses and return to disseminate their skills at home. It remains unclear if the lack of monitoring by the Ministry of Health and Colonial Office of the numbers of colonial students in nurse training, until 1960 when the Regional Hospital Boards returned figures,¹²³ merely reflected logistical difficulties or that black women in a respected occupation would not add to racial tension. However, as argued, a rising sensitivity to the 'colour' issue was emerging in Britain in the late 1940s. The alternative is a belief that the colonial nurses would not stay in Britain anyway and had a duty to their own country and family at home to share their skills with their native community.

Those migrating into nursing, however, were young, single and – in the West Indies, given the economic downturn – motivated to leave by the presence of high unemployment. In the colonies, the message of the 'colonial family' was strongly promoted and many felt that Britain was their homeland and would be welcoming. This created a sense of a somewhat mythical Britain. Calypso singer Aldwyn Roberts, known colloquially as 'Lord Kitchener', sang on board the *Empire Windrush* to the waiting British Pathe newsreel team an extract from his composition, 'London is the Place for Me', referring to the mother land:

'I am glad to know my mother country, I've been travelling the country these years ago, but this is the place I wanted to know, down in London, that is the place for me.'¹²⁴

The newsreels themselves publicly emphasised this concept of belonging:

'Citizens of the British Empire coming to the mother country with good intent.'¹²⁵

'We really believed that thing about, you know, fairness in Britain and erm ..., and that we were really part of this thing called the Empire and the Commonwealth and that, and that we would be welcome. Because we thought, why would people come and invite you to come to their place, if they didn't want to treat you well. (Caribbean Nurse Manager, arrived in the UK 1957)¹²⁶

Conclusion

In conclusion, this chapter has explored government workforce policy and planning in relation to overseas nursing recruits, and notably those from the British colonies, in the immediate post-war period. A variety of factors facilitated the use of overseas workers in nursing, but many of these were manipulated and operated to the advantage of the British nursing service. It is argued that this was a continuation of the broad function of the colonies. A growing racial tension occurred, which framed attempts to restrict the increasing flow of 'coloured' workers entering nursing, with Colonial Office warnings to the Association of Hospital Matrons to be wary of such recruits taking senior posts. Colonial recruits appear to have been ultimately filtered into SEAN training, although this does not seem to have occurred until the 1960s.

Nursing appears to reflect in microcosm wider racial tensions, which were brewing in the aftermath of '*Windrush*' immigration in the 1950s and 1960s. What appears

fundamentally at issue was 'blackness', since the EVWs, discussed in detail in the following chapter, did not appear to present the same kind of 'threat' as their black counterparts – to the nursing leadership and to the authority relation in the NHS and hospitals in particular. What appears to have underlain such fears was the anxiety about white nurses taking orders from black nurses, and possibly on occasion, black female nurses giving orders to white male nurses. Although always hinted at or referred to in the most oblique and sotto voce terms, one can only extrapolate from other work, but the disruption to race, as well as general, relations was clearly a major cause for concern on the part of officials. Interestingly, there appears to be little objection or concern articulated through or on behalf of patients. The concept of 'duty' promises a convenient flag to understanding the different functions that it performed and the differing perceptions held by proponents of colonial nurses. To the nurses themselves it consolidated and sealed relations with the 'motherland'. For colonial officials, overtly it represented the 'gift' relationship between Britain and her colonies, by bringing training standards up to those of Britain through returning nurses, but was a 'gift' that operated very much one way. As already noted, the gradient of advantage was very much in favour of the NHS, a legacy that is still in evidence today with the use of overseas nurses.

Chapter 8: The Use of European Volunteer Workers (EVWs) in Nursing

Introduction

This chapter explores the use of European volunteer workers (EVWs) by Britain in the immediate post-World War II period, as part of a workforce strategy to help solve the severe shortage of manpower. Through a variety of voluntary schemes operated by the Ministry of Labour and National Service (MLNS), workers were selected from displaced persons camps across Europe, where they hoped for a better life and employment opportunities in Britain. Although many thousands arrived in the post-war period, nursing utilised a surprisingly low number. The reason behind this is explored; it was, at face value, based on language problems. However, this chapter suggests that the use of EVWs and the application of workforce restrictions were of clear benefit to Britain in filtering the workers into the more unpopular, often ancillary, jobs.

A chapter is dedicated to this group of workers for several reasons. Firstly, the extensive use of white European workers, alongside government concerns outlined in the last chapter concerning 'coloured' colonial labour, offers an insight into the underlying racial themes of post-war workforce policy and planning in Britain. The chapter argues that EVWs could be easily absorbed into British society, with the landing conditions that aimed to restrict the workers to specific employment not always rigidly enforced. For nursing, the use of EVWs in part fulfilled Minister of Health Aneurin Bevan's post-war nursing policy to take more domestic duties away from the nurse. The EVWs could fit well into these proliferating posts. Landing conditions meant that the MLNS could select whom they wanted and this quickly became the young, often without dependents. In

addition, the workers were not British subjects and therefore their use avoided the concerns of unregulated 'coloured' immigration from the colonies. Despite their importance to British workforce policy and planning, the use of EVWs and the schemes through which they arrived in Britain have been poorly explored. A few histories exist,¹ but generally the contribution of EVWs has not been well documented. The more recent emergence of black nurse heroines such as Mary Seacole*, her bust now resplendent in the headquarters of the Royal College of Nursing, may have resulted in other groups becoming subsumed or ignored when workforce history has been examined.

The recruitment of European volunteer workers

At the end of World War II there remained in Europe a large number of people of working age who were termed 'displaced persons'. These were primarily Eastern Europeans, taken from their occupied homelands to work in German industries and for the war effort, but who were now unable or unwilling to return to their native countries.² Some were survivors of concentration camps, others were 'eastern workers' known as 'Ostarbeiter'. The latter were people from the Ukraine, forced to work in German factories and farms, while other displaced persons had fled to Germany to escape Communist rule.³ The displaced persons lived within camps which were chaotic. This was in the sense that they contained a mixture of people, including former enemies and

*Mary Seacole (1805-1881) was of mixed Scottish and Jamaican race. She was born in Kingston, Jamaica and travelled extensively as a nurse, having learned her skills from her mother's boarding house for invalid soldiers. When in England in 1854, the War Office refused to send her to the Crimea, so she travelled there herself, nursing soldiers near Balaclava. She was ultimately awarded the Crimean Medal and the French Legion of Honour. Her place in British nursing history had been virtually non-existent until the 1970s, attributed by many to the colour of her skin. Her own book *The Wonderful Adventures of Mrs Seacole in Many Lands* was finally reprinted in 1984.⁴

allies, many of whom had only the remnants of official documentation to say who they were or where they had originally come from.⁵ For the victors of war including Britain, the United States (US), Canada and Australia, they were both a problematic group, but also a potential 'non-coloured' solution to the workforce shortages.

In July 1948, the US Immigration Bureau announced that 205,000 displaced persons and 17,000 orphans would be permitted entry to the country under the 1948 Displaced Persons Act.⁶ By 1951, another 170,000 displaced persons had emigrated to Australia. These were mainly Estonians, Latvians, Hungarians, Poles and Yugoslavs. This influx was significantly the first large group of non-British immigrants allowed entry into Australia, since the Chinese migration of the previous century.⁷ Writing in 1984, Viesturs Karnups, the subsequent General Secretary of the Latvian Social Democratic Workers Party, and himself a Latvian-Australian, argues that despite being non-'coloured', the European immigrants met significant difficulty on arrival in Australia. This included having been misled by information given in Europe by Australian Immigration Officials.⁸ Many who had expectations of continuing in professional careers met with closed doors, with the result that a large number of them were forced to take unskilled jobs.⁹

In Britain, three schemes operated from 1947 by the MLNS to utilise EVWs. The Westward Ho, Blue Danube and North Sea schemes covered British-controlled zones in Germany and Austria.¹⁰ The Westward Ho scheme was probably the most extensive scheme in terms of geographical recruitment area. This recruited from all three Western Zones of Germany and Austria, while a small number were also taken from Denmark, the

Middle East and Africa. By March of 1949, the scheme had recruited 57,000 men and 18,000 women for the British workforce.¹¹ Progress was affected by the availability of accommodation, with difficulties in keeping families and dependants together in the same allocated camps in Britain. The primary aim was for the camp to be near the worker's employment, with the risk of fragmentation of the family, at least during the working week, a fact made clear to volunteers in publicity literature. This quickly restricted the recruitment field to men and women without dependents.¹²

The Blue Danube scheme aimed to supplement the supply of women from Austria to the textile industries.¹³ The MLNS noted that the Austrian Government restricted recruits to limited categories of their unemployed workers, only raising the recruitment ceiling to a figure of 2,000 people allowed to leave under the scheme.¹⁴ The North Sea scheme recruited German women to the same industries. However, post-war hostility to Germans meant that by 1949 only in some areas of Scotland had there been a willingness to accept the women.¹⁵

The relevant schemes would be brought to the attention of displaced persons through the distribution of leaflets while they were in the European camps.¹⁶ A meeting would then be held with a visiting MLNS official to discuss and clarify issues with interested people. This had to be planned carefully, as many displaced persons were in fact already working. When a number believed to be about 20 to 30 had volunteered, private interviews usually with the same official would take place. This would ascertain the suitability to work in Britain, their skills and the type of employment they would be

suited to. This was linked to a list of labour shortages, which also offered conditions of pay and training and which would be the same as for British workers.¹⁷

It was made clear in a MLNS memorandum that their officer should not disclose to the volunteer an account of the type of work that appeared most suitable.¹⁸ This ensured the understanding that the person, as part of their workforce restrictions (the 'landing conditions'), would be prepared to take 'any kind of work to which he is sent by the Ministry of Labour.'¹⁹ A medical examination would be undertaken and had to be passed if the volunteer was to continue in the scheme. It was clear that Britain did not want the sick, the elderly and, subsequently, those who presented placement difficulties due to dependents. EVWs would then wait at this camp before selection to be placed on the next final embarkation 'nominal roll' to set sail for the United Kingdom (UK).²⁰ Before they left the transit camp, five shillings would be given to allow the EVW to buy small items in the shop on board. No sums in excess of 40 marks could be taken, since it was regarded as having no value beyond Germany. Clothing and men and women's boots were held at the transit camp for those who weren't suitably dressed for the journey.²¹ Inevitably, this group arrived to work in Britain as the almost complete definition of the destitute, and an easily pliable workforce.

The advantages of the European volunteer workers schemes to workforce policy and planning

The clear advantage of the EVW schemes was the ability to direct labour to specific industries and jobs, and the ability to deport EVWs if they left their work without local

MLNS permission. EVWs were housed in camps near their work, where they paid a nominal fee whilst employed. A sum of 24s.6d. was also paid to each worker on arrival in the UK as a 'settling-in' allowance.²² This was something which did not appear to be the case for colonial workers. EVWs were required to pay the usual contributions for unemployment and health insurance whilst employed.²³ The previous chapter has suggested that 'coloured' immigration was seen as problematic by the Labour and Conservative governments almost as soon as the first colonial workers arrived following World War II. Certainly Carter et al support this assertion with evidence of the two governments beginning to racialise black immigration at an early stage. This the authors define as the state taking a major role in constructing black immigration as a 'problem' and in doing so reinforcing a conception of Britishness grounded in colour and culture (as expressive of colour).²⁴ White Europeans in contrast, may have been seen as settling more easily with the British public, ultimately being absorbed into and maintaining the white race.

Carter et al suggest that active measures were taken in the late 1940s to demonstrate the invaluable contribution of EVWs to the British economy, which did not occur with colonial 'coloured' labour.²⁵ This can certainly be seen in propaganda, such as the release by the Central Office of Information in 1949 of a film designed to show the British public that EVWs were really just ordinary people like them.²⁶ The film reinforced the idea that they could be a valuable and not alien part of British society. Although acted, it followed the lives of EVWs Stefan and his fiancée Olga. He works in the mines, while she is employed in the cotton industry. The approach was to present a variety of views from

British people that were generally derogatory, offset by those presented as wiser, having worked with the EVWs. The script continued:

Young Yorkshiremans's Voice:

‘I get on all right with Stefan. Some don't like these EVWs, we're not sure where we are with them ... will they take our jobs? Just the same, they're still chaps without a real life and nowhere proper to live ... except a hostel.’²⁷

Shots of the hostel, with men sleeping in dormitories and a few personal belongings, notably photographs of family and loved ones, were used to reinforce how much the EVW had sacrificed, and to reinforce the commonalities with British people.

European volunteer workers in nursing

EVWs inevitably appeared to offer an advantageous workforce solution, which would at least ease the nurse recruitment problem. In fact it proved mainly problematic. Under the Blue Danube scheme the Austrian Government sanctioned the recruitment of only 100 women to train as nurses.²⁸ This was a ridiculously tiny figure compared to the workforce shortage. The NHS began with an estimated 53,000 nurse vacancies and 65,000 unstaffed beds.²⁹ However, Austria took nine months to provide only 50 women. This was partly due to the recurring issue of the language problem as a barrier to working in the UK, which generally was not a problem with recruits from the British Colonies. The majority of EVW women were subsequently to be found in the textile industries and areas such as hospital domestic work,³⁰ where they were not dealing directly with the public. Limited English language would inevitably not be such an issue as it would be in nursing. Austrian nursing also had such low pay and conditions that there was little incentive to

train and return home.³¹ The Westward Ho scheme fared slightly better. By 1949, 166 men and 567 women had been placed in nursing. However, many had to be initially filtered through the role of hospital orderly due to the aforementioned language barrier.³² The North Sea scheme, recruiting German women, secured 126 as nursing students or orderlies by the same time point. Generally, hospitals reported favorably to the MLNS on the German recruits.³³

The proportion of female EVWs recruited to Britain for domestic work compared unfavourably to nursing. Under the Balt Cygnet scheme, the forerunner of the Westward Ho scheme, 2,575 women entered hospital domestic work.³⁴ Under the Westward Ho scheme itself, by 1949 a further 103 men and 1,164 women were placed in hospitals in this role.³⁵ In part, this demonstrates the prominence and persistence of a language issue, but it may also be seen as building on the policy adopted by the Ministry of Health to enhance the hospital domestic role. This was based on the 1947 government-initiated Wood Report's recommendations for nurse recruitment and training. The increased use of domestic staff would allow qualified nurses to attend to the skills they had been trained for.³⁶

The language barrier and the landing conditions had a declared ability in MLNS memoranda to overrule any recommendations of the initial interviewing officer in the European camp.³⁷ This could produce an easy government method to push desperate people into unpopular jobs. Whether this actually occurred, as was claimed in Australia, must remain speculative. Certainly, Miss Russell Smith, Under Secretary in the Ministry

of Health, was asking her counterpart in the MLNS Appointments Department whether more EVWs in holding camps in Britain could be persuaded to train as nurses in February of 1948.³⁸ G.J. Nash's prepared reply focused on suitability, with nursing mainly needing young, single women with a good education and able to speak a reasonable amount of English. The number of such EVW women was seen as few and at that time was claimed to be almost negligible.³⁹ Only through oral histories as a method of examining EVW experiences can claims of any filtering of suitable nurse recruits away from the occupation begin to be substantiated. Such research is currently lacking. In examining the wider social policy, Webster of the University of Central Lancashire has argued that the EVW women facilitated the national role of white British women.⁴⁰ This was through the EVW meeting at least part of the demand for labour and allowing indigenous women to concentrate on family and domestic life, a role, as highlighted in this thesis, that was enshrined in the Beveridge Report.

The use of European workers in nursing was not unique to the post-World War II period. John Stewart has studied refugee nurses in Britain during the late 1930s and early 1940s.⁴¹ Again, a similar pattern emerges with a utilisation of white European labour to perform the less desirable jobs. During this period the GNC did not recognise overseas nursing qualifications and there was a severe restriction on entry into nursing. He quotes only 215 nurses of all nationalities taken on as probationers or post-graduates during 1935-37. In contrast, 20,000 pre-war refugees were employed as domestic servants.⁴²

Although overseas nurses were divided into 'friendly' and 'enemy' aliens depending broadly on their country's association with the Nazis, the use of refugee nurses increased during the war. However, female doctors being pushed into midwifery training and male doctors into ancillary posts again illustrates the use of white foreign workers, who were experiencing desperate times, being used to shore up gaps in the British workforce. However, sympathy was in general extended to refugees in wartime, with a voluntary body, the Nursing and Midwifery Department, working with Home Office officials to find refugees suitable nursing employment.⁴³

The government was keen to encourage EVWs to grasp the English language as quickly as possible and become a more integrated part of British society. From 1947 Local Education Authorities and voluntary organisations provided English classes.⁴⁴ This was hampered by the rapid movement of EVWs from holding camps to various allocated jobs, together with the variability in intelligence, educational background, age and knowledge of English.⁴⁵ By the spring of 1949, a report by the Ministry of Education into teaching English to foreign workers highlighted the fact that there were now some 80,000 EVWs in Britain. It claimed that thousands of them knew

'...little or no English, and thousands more know only sufficient to do a little shopping, in spite of the fact that many have been 18 months in this country.'⁴⁶

This subsequently led to a Ministry of Education memorandum being distributed to those providing hostel accommodation and employment to EVWs, on how best to enhance a grasp of English, through teaching and social interaction.⁴⁷ Despite the report claiming

that in many areas strenuous efforts were being made by Ministry officials and others, there remained a great deal to be done. However, it believed that the principle difficulty was with the EVWs, who although demonstrating considerable enthusiasm on arriving in Britain to learn English, had now rapidly fallen away from attending classes.⁴⁸ A whole series of reasons were given for this. These ranged from variability in language services, middle-aged men whose rote memory is 'not as retentive as it may have been', to a lack of incentive for EVWs to speak English due to interpreters being present in the hostels.⁴⁹

The issue of dealing with those who breached their landing conditions is of interest, as it sheds some light on the underlying racial discrimination which Carter et al suggest was informing the early post-war attempts at government immigration legislation.⁵⁰ The management of EVWs who moved between employment was far more relaxed than the restrictions presented to them on agreeing to come to Britain. This places them in terms of absorption into British society as somewhere between the indigenous white man and woman and the black colonial worker. Certainly the unions had more or less accepted the EVWs, but fears that they might be used to undercut wages led to an agreement with employers that they would restrict the number to 10% in any textile mill.⁵¹ Tension did still exist in relation to foreign labour, with Tarrant, Assistant Secretary of the MLNS's north western region, informing Goldberg, holder of the same post in the Labour Supply Department in the summer of 1949, that it might happen soon that the unions would want to abrogate agreements for foreign workers generally. He added that there wasn't a 'dog's chance' of the unions agreeing at that point to the introduction of 'coloured' labour.⁵²

Webster particularly focuses on this idea of EVWs ultimately being subsumed into the white British race, whereas black workers never could be. She sets this against the fear of miscegenation of black and white people.⁵³ The primary data do present this longer-term idea that EVWs, while being restricted and used to man short staffed and usually more unpopular jobs, would ultimately add to the British race. By July 1948 an internal report by the MLNS was claiming that:

‘all these Poles and displaced persons have been accepted on a long-term basis and it is a reasonable assumption that practically all will choose to stay indefinitely.’⁵⁴

By October, a Home Office memorandum declared that the MLNS had agreed that EVWs would be released from their landing conditions on marrying a ‘woman of British stock’.⁵⁵ Inevitably, it was decided that a public announcement of the change in policy would not be made.⁵⁶ This reduced the loophole of EVWs avoiding any form of direction of labour. In a note from Goldberg in November 1948 to the MLNS’s Deputy Secretary, Sir H. Wiles, it was suggested that the Home Office could not be persuaded to take deportation action against EVWs who left approved employment without permission. This was as long as they took up other approved employment elsewhere. The argument is presented that in the early days of using EVWs it may have been possible to have applied the landing conditions ‘strictly and ruthlessly’, but handling of the cases had been lax.⁵⁷

By the end of 1948, it was proposed that all that could be done was to instruct the local MLNS office to reprimand EVWs who left employment without permission, with a threat of police action if they did it again.⁵⁸ Within the Ministry itself there remained confusion

regarding punishment. Worsted spinners Speak and Son Ltd were infuriated that three female EVWs had left without permission after 18 months of service, to take up weaving at another mill found for them by the local MLNS.⁵⁹ The local MLNS office appeared to support the company, then acted against their own initial judgement, because G.S. Christie of the MLNS in London argued that the women were promised the same conditions of service as British workers. He suggested that after this period of employment at the same mill, to deprive them of the prospects of advancement would be seen as less favourable conditions. He argued that it may also have affected future EVW recruitment and could encourage accusations from the international community of treating the workers as slave labour.⁶⁰

In reality, movement tended to be allowed between approved industries, but did little to appease employers who had invested time and effort in training EVWs in short-staffed areas. Discussion of deportation did occur for those EVWs who refused chosen work and decided to find their own employment. However, the practice was generally reserved for those regarded as unsatisfactory workers and unwilling to be repatriated.⁶¹ These included small numbers convicted of various offences (24 German EVWs in 1950), and those stating they would prefer to return to their country of recruitment if they were not allowed to take employment of their own choice. Many were deported rather than being repatriated on the technicality of being in Britain for over 18 months. They were therefore not permitted to re-enter occupied zones of Germany by any other method.⁶²

The period of landing conditions generally extended to two years, or three years for nursing students.⁶³ As long as the EVW worked satisfactorily and desired to stay, an extension period seemed fairly automatic. By 1952, the MLNS was emphasising its continued support for the use of white European workers as part of British society. A notice was released to Austrian, German and Italian women recruited under programmes such as the Blue Danube and North Sea schemes. They would now be eligible after four years continuous residence to be allowed to stay permanently in the UK.⁶⁴

Conclusion

In conclusion, this chapter highlights the fact that a small number of histories regarding British EVW labour do exist, but, considering the numbers that were involved in the various schemes, it has been poorly explored.⁶⁵ The process generally appeared to benefit both parties, the British employers and those who chose to come to Britain. Once the period of landing conditions expired, after approximately two years, workers could settle in Britain. The workers were treated under the same conditions as their British counterparts, and this appears to have produced discrepancy in how far the landing conditions could be applied, particularly to those workers who wished to better themselves and move to more lucrative jobs.

For nursing, the benefits were minimal. This was partly due to the language barrier, and a subsequent filtering of staff into ancillary roles. Whether Britain behaved in a similar fashion to Australia, as highlighted by Karnups,⁶⁶ and directed skilled people into lower skilled jobs, remains unclear. However, the number of EVWs who became nurses does

not appear to be large. The significantly low numbers of nurses in the post-war years and the diversity of the ministries' workforce policy would, it could be suggested, have addressed any potential recruitment prejudice if there was felt to be an unfair restriction to nurse recruitment from these workers. It is clear that further research within this group, both generally and in nursing, is needed.

The developing trend to record black nurses' experiences could possibly be at the expense of 'white' European nurses recruited through schemes such as the Westward Ho programme, although this is speculative. EVWs appeared to be at a greater advantage over their colonial counterparts, in the sense that although directed to specific labour areas based upon their skills, the landing conditions appear not to have been enforced once they took genuine steps to seek employment to better their situation.

Chapter 9: Conclusion

This final chapter draws together and analyses the key issues which have emerged from the analysis of workforce policy and planning in nursing during this time period. It concludes that the governmental workforce policy and planning for nursing, from the end of the 1930s until the late 1950s, remained highly reactive and opportunistic. Nurses were differentiated mainly as the qualified and unqualified, with a series of hierarchical ranks characterised by the Whitley pay scales. Through this the qualified nurse emerges as either a general nurse dealing with physical illness or one caring for those with mental illness. Ministerial policy used this static model to focus predominately upon recruitment, attempting to gain enough staff, initially to meet anticipated air-raid casualties on the home front, and then to ensure the success of the new National Health Service (NHS). Three ministries were used with differing responsibilities to support the government workforce policy. The responsibilities of each can be divided into three 'Rs'. The Ministry of Labour and National Service (MLNS) was concerned, at least until 1957, with 'recruitment' in a health service severely starved of nursing staff. The Ministry of Health was concerned with staff 'retention' and conditions of service, and this was notably by maintaining pay negotiations through the Whitley Council. Finally, the Colonial Office enriched the issue of diversification in recruitment by 'replenishment', through utilising workers from the 'New Commonwealth', who were regarded as British subjects.

In examining the time period of this thesis Dr John Cohen's *Minority Report* published in 1948 and based upon his work with Geoffrey Pike, remains the period's most powerful

critique of workforce policy and planning in nursing and health care.¹ It emerged from the authors' dissatisfaction with the approaches and subsequent conclusions in the government initiated report into the recruitment and training of nursing staff (the *Wood Report*).² The *Minority Report* pointed to all the major flaws of workforce planning, calling for a move from Committee opinion to a greater use of statistical analysis of workforce needs, and a rational organisation of the nursing service within the wider context of health service developments and the national economy.³ To this end, Cohen (Pike had sadly committed suicide prior to the report's publication) advocated a social research organisation to provide government departments with the necessary data for workforce planning.⁴

In the light of this report, this thesis supports Rafferty's final chapter in her analysis of nurse education in the immediate post-World War II period, that it appears doubtful whether Cohen's analysis was ever taken seriously by the planners of the new health service, or indeed by nursing organisations, in pressing for research resources.⁵ In fact, the term 'doubtful' seems an under-estimation because what continued to pass for workforce policy and planning, remained purely reactive. Any semblance of planning appeared only to occur in wartime and as a matter of expediency. It did not translate into long-term planning of any significance in the post-war era. There appeared to be little attempt to co-ordinate workforce policy and planning across ministerial departments. However, the roles of the ministries can still be divided into three 'Rs', but to characterise these divisions as a conscious policy would be overstating the case. Such workforce policy and planning deficits, as highlighted by Cohen, remain issues today.

The Basis of a Reactive Policy

During World War II, workforce planning for nursing had to be instigated rapidly and followed a period of increasing low morale and unrest within the occupation. This stretched back into the 1930s, leading to more radical involvement from the unions and the emergence of differing groups claiming to represent nurses' interests. The lack of interest from the Ministry of Health and MLNS resulted in no statistical data regarding numbers or distribution of nurses to advance a wartime workforce strategy. This resulted in a strategic U-turn in workforce planning in preparation for anticipated casualties on the home front.

A series of hurried and poorly thought-through measures emanated from a Ministry of Health that seemed unused to the professional aspirations of organisations such as the Royal College of Nursing (RCN). The initial lack of involvement of interested parties in workforce planning created the possibility of a lack of cooperation from both the RCN and the unions. This occurred in much the same way that Fenner Brockway had believed in 1930 that his altruistic intentions to introduce legislation to regulate working hours, but with no consultation with nurses' organisations, would be warmly welcomed.⁶ Such approaches demonstrated a lack of understanding of the differing aspirations of those representing the occupation, and for the MLNS it led to a need to work with these ideals to ensure a greater compliance with workforce policy. The resulting NAC was as hybrid an entity as the occupation itself. It would have been more practical to use the vast number of Labour Exchanges to augment hospital recruitment. However, the Appointments Department, which was created in wartime to deal with professional

groups, was chosen, despite the fact that initially it did not seem to share the professional ideals for nursing that organisations such as the RCN held.

The measures focused on a recruitment campaign to join the Civil Nursing Reserve (CNR) and a dilution of labour, which was to become a major post-war issue. Higher salaries for CNR nursing staff, compared to those in civilian hospitals seemed to be based on the simplistic view of augmenting recruitment during a time of national crisis. The approach was compounded by a lack of statistical data regarding national nursing shortages and poor understanding of the consequences of offering higher salaries, as compared to the cash- and staff-strapped hospital service. The inability to anticipate when air-raids would occur left nurses idle in the CNR, while depleting the hard-working nursing services in the civilian hospitals.

As war progressed, the ministries struggled to gain control over the management of the workforce, where previously non-involvement had been the rule, and a series of poorly managed workforce strategies ensued. It seemed that much early effort was wasted hoping to appeal to the patriotic fervour of women to answer the call to train as nurses, return to the profession, or offer untrained nursing skills. This was all in the hope that it would offset the inability to quantify the true problem and to know the extent of workforce numbers and distribution. Inevitably, while recruitment campaigns rumbled on throughout the war, it was not until three years after the outbreak of hostilities that compulsory registration occurred.

Direction was disliked in all areas of the country's workforce, but notably in nursing, which was seen as vocational, reinforcing the 'ministering angel' view. This dislike of control meant that the workforce policy relied on recruitment and a Control of Engagement Order. This was introduced by using the Nursing Advisory Council (NAC) to test nursing opinion and to placate the occupation, rather than as a primary policy-planning tool. Controls rather than direction only served to frustrate the employers of nurses, notably the matrons, as they were unable to draw from newly qualified staff. Nurse members of the NAC were sympathetic, notably to the training hospitals from whose members they seemed to be drawn, and rejected questions from the Chairman, Malcolm McCorquodale, regarding the need for four-year training contracts. The gradual erosion of the Order to allow increasing areas to draw from the new recruits, who were now required to enter specific short-staffed areas for a year, meant that these areas did not feel a great benefit, while many others were starved of new staff. The acute shortage of nurses to meet the demand resulted in a 'treading water' effect, with the workforce recruitment situation as bad as it had ever been by the time the NHS was launched in 1948.

Change Versus Continuity

It is of value to contrast what aspects changed and what remained the same in terms of government workforce policy and planning during the time period. Until the advent of the *Report of the Committee on Senior Nursing Staff Structure (the Salmon Report)*,⁷ government policy primarily focused upon diversification of recruitment sources as its short-term goal. White argues that structures such as the Whitley pay scales maintained the rigid nursing hierarchy, fitting posts to grades, rather than the reverse, which *the*

Salmon Report began to advocate.⁸ The flat structure that the Whitley Council offered the occupation did not offer salary leads to encourage development of any specialist role or groups to meet health service needs. Leads were only offered to those areas of acute shortage, that is, to encourage recruitment. What did change in the post-World War II period was the move from a more centralised policy planning in health care services to regionalisation. Its effects on the nursing occupation have been analysed elsewhere.⁹ War had brought a centralised control of nursing, unheard of in the 1930s. Standardised pay scales emerged through the Rushcliffe Committee and were the first clear policy signs of this change.¹⁰ This was partly to increase remuneration and aid recruitment, but primarily it allowed nurses to be moved more easily to areas of staff shortage. The Nursing Advisory Council (NAC) within the MLNS was influential in policy making, involving nurse representatives in national decision making, but this was arguably to validate relatively pre-determined decisions and to diffuse these to the nursing workforce.

The advent of the National Health Service (NHS) reduced the war-time approach of a centralised control of health services. A regionalised system of health care emerged through the fourteen Regional Hospital Boards (RHBs) in England and Wales.¹¹ This brought with it noticeably less control and influence over hospital management decisions for the matrons, and control over national policy issues for the two NACs (one for the MLNS and the other advisory to the Ministry of Health). By 1957, the influence of regionalisation and cost constraints was such that the NAC for the MLNS was terminated, much to the concern of organisations such as the RCN.¹² Recruitment would now be under the control of the Ministry of Health, who the unions and RCN could see

were structured around RHBs with little nurse representation. Minister of Health Aneurin Bevan's scheme for nationalising the health service envisaged the maximum degree of delegation to the new local administrative bodies under the control of the RHBs. The former emerged as the hundred and thirty seven hospital management committees (HMCs).¹³ This does suggest that the involvement of nurse representatives in workforce policy and planning was an exception during wartime, although Chief Nurses remained in the ministries. Such a view is strengthened by the paucity of clinical representation in the structure of the RHBs, beyond the medical profession, both in the NHS White Paper itself and once the service was underway.¹⁴ The RCN and the Royal College of Midwives were among groups informed that their rightful place was on the advisory committee of the hospital authorities, rather than on the boards or management committees.¹⁵ The frequent requests by groups such as the Association of Hospital Matrons for greater RHB representation continued throughout the time period studied.¹⁶

Diversification of Labour

Within nursing, diversification of labour sources offered a solution to a severe workforce shortage. The increased use of men and part-time nurses, produced far less tension within the ministries of health and the MLNS than the nurses who advocated the RCN philosophy of a professional female calling. The issue of colonial 'coloured' labour produced clear concern within government workforce policy and planning. This was between the need to staff nursing and other public services, but a growing government concern regarding the societal effects of increasing 'coloured' immigration.¹⁷ European volunteer workers (EVWs), an alternative source of immigrant labour, were dealt with by

the MLNS. This was because they emerged from the displaced persons camps of war-torn Europe and not from the colonies. They were not British subjects and were therefore subject to workforce controls.¹⁸ Although any form of foreign labour did appear to cause unease amongst employers and trade unions,¹⁹ the use of 'white' European labour appeared more amenable and was fully exploited, with large numbers arriving in the immediate post-war era.

One of the primary concerns to government was the inability to control the flow of black workers, who were British subjects, into the country. Nursing itself remained a clear example of the ability to control the use of colonial labour. It was a socially respected occupation, it was female-dominated and could be used to legitimately limit the flow of 'coloured' men, without offending the colonies in an era of 'New Commonwealth'. This is speculative, because although the use of colonial men in nursing was clearly unusual, this was frequently cited as being due to a lack of suitable hospital accommodation, which was not mixed-sex and in fact affected white male nurses too. The occupation also moulded recruits into being not simply a worker, but one maintaining professional standards both inside and outside the hospital. Some colonial men's ability to achieve this may have been questioned.

Nursing eagerly utilised female colonial nurses and this thesis suggests that the filtering of such workers into posts that prevented career progression, such as state enrolled nurse (SEN) training, did not noticeably occur until the early 1960s. This is an unusual finding because it runs counter to other research and does invite further analysis. In fact, it may

reflect changing attitudes due to increasing colonial immigration. During the period 1960 to 1962 more immigrants arrived in Britain than in the whole of the century.²⁰ This has been attributed to the threat of immigration controls which occurred in 1962 with the Commonwealth Immigrants Act. In addition, there clearly were concerns raised by the Chief Nursing Officer of the Colonial Office during at least one meeting of the Association of Hospital Matrons, of the possible effects of the increased use of 'coloured' nurses who may ultimately gain higher-grade posts.²¹ The reason for concern is unclear, but may centre around the hierarchical issue of white nurses taking orders from more senior 'coloured' colleagues. Nursing concerns may have reflected those of society as a whole. The initial 'coloured' arrivals, until the mid 1950s, were small and represented skilled and semi-skilled workers from urban areas. As numbers increased, so did the proportion of unskilled people from poorer rural backgrounds.²² This may have created a self-fulfilling prophecy of the character of colonial workers within British society.

The ability of EVWs and other groups such as Polish immigrants to be absorbed into the 'white' British workforce was perceived by the government as an advantage.²³ Workforce restrictions did not always seem to be enforced as strongly as they might have been in these groups of workers,²⁴ raising the underlying issue that 'Britishness' was essentially constructed by 'whiteness'. However, many EVWs were filtered into ancillary roles and not into nursing. This fulfilled in part, Minister of Health Aneurin Bevan's workforce policy, following *The Working Party on the Recruitment and Training of Nurses* in 1947, (*the Wood Report*), of removing domestic chores from nurses.²⁵ It appears that the more undesirable roles were offered to European labour largely because of language problems,

with nurses' work involving direct dealing with the public. However, it could be argued that a workforce unused to the culture in Britain and desperate for a better life offered little resistance to being filtered into jobs inappropriate to its skills. Karnups,²⁶ in examining the use of this workforce in Australia in the post-war period, has made this suggestion, but the experiences of EVWs in Britain has not been greatly explored. This is an area that requires much greater investigation, perhaps through oral testimonies as one method of understanding the life experiences of this group of workers.

Collaborative Working

There appeared to be no conscious policy of collaboration between the three ministries. A natural division, which this thesis has suggested, occurred between the ministries, with the three 'Rs' of 'recruitment', 'retention' and 'replenishment'. It is suggested that there were points of conflict as each defined their individual contribution to the nursing workforce. There had been some tension regarding the need for two nurse advisory committees from the MLNS and Ministry of Health, once the NHS legislation was in place in 1948.²⁶ One notable issue was the continuing tension amongst hospital authorities who resented the frequent visits of MLNS technical nursing officers 'of one sort or another', presumably to assist with issues of recruitment.²⁷ The matron had previously been allowed to deal with this matter on her own, and indeed in the pre-World War II years was given no choice, due to the lack of government involvement. Once recruitment had improved by the mid 1950s, and this still remained an on-going issue, the Ministry of Health was happy to back the Treasury's concerns of the extra expense of a separate ministry dealing with nurse recruitment, and take over this responsibility.²⁸

Key Issues

What this thesis has demonstrated is the need to consider the complex interplay of a wide variety of factors affecting ministerial workforce policy and planning in British nursing. This is both during the period under study and subsequently. One of the key points is how the ministries viewed nursing, and how this affected their workforce planning and the choice of implementation. This view of nursing may not be a static concept and is strongly affected by issues such as the dilution of labour. The recognition by the MLNS, augmented by discussions with John Wrigley and Kathleen Watt of the Ministry of Health, that qualified nurses saw themselves as a class above those who used the Labour Exchanges,²⁹ resulted in the use of the specialised Appointments Offices. These aimed to ensure compliance with the recruitment campaigns. The alternative Treasury view that such an approach was playing to the 'dignity of the profession' resulted in the decline of the service from 1957.³⁰ Differing philosophical views on nursing as a profession, espoused by the RCN and a workforce best accessed by vast recruitment campaigns, required a representative Council as a filtering mechanism to mould MLNS policy to appeal to the occupation. The hybrid nature of nursing and debate regarding the exact role of the qualified nurse, demanded this unique approach.

The 1947 *Wood Report* was asked to explore this latter issue regarding the proper task of the nurse.³¹ Despite subsequent Committees, resulting in publications such as the Nuffield Provincial Hospitals Trust's *Goddard Report* in 1953, which argued that the question had not been answered,³² it remained an issue which still affects the occupation today. The RCN's document published in 2003, which aimed to define nursing is a clear

example³³ and continues to result in various organisations' claims to best represent nurses' interests. Nursing's attempt during the period of this thesis to move away from its hybrid nature, with the RCN finally supporting the idea of legislation to control unqualified assistant nurses,³⁴ together with a lack of clarity regarding the role of nursing auxiliaries, are issues still permeating through to current nursing practice. The RCN's final agreement in 2001 that health care assistants (HCAs) (and nurse cadets) could join the RCN is a more current example.³⁵ This was restricted however to associate membership and to those HCAs who had successfully passed National Vocational Qualification (NVQ) level 3 studies. The latter, by definition, involves the application of knowledge in a broad range of varied work activities performed in a wide variety of contexts, most of which are complex and non-routine.³⁶ Thus, the hybrid nature was reduced, but drew in those who may be compared in many ways to the previous SEN status.

It is interesting to note that a separation between registered nurses and other members may be seen once again with the RCN Council's view in 2004, that all qualified nurses should be at degree level.³⁷ The importance of how government departments and the public view nursing would suggest, however, that this desire may never be realised if the history of nursing workforce and its pattern of dilution is assessed. Perhaps recognition of this has resulted in universities offering a variety of access routes to achieving a nursing degree and the opportunity of honours and non-honours awards. The emergence of foundation degrees,³⁸ which appear to fit more with diploma-level practice, may

ultimately form part of the dilution process to achieve this long desired homogenous workforce.

The historical analysis of workforce policy and planning in Britain may continue, with a need to make explicit key elements which in a detailed inductive approach can bring the study nearer to reality. Yet this in itself is a debatable point, with 'reality' itself subject to negotiation and reinterpretation. However, the recognition of the various players' attitudes, organisations' and ministries' beliefs and influences, and wider social variables, ensure that history could inform current policy and planning.

A programme for future research might therefore include the continued realisation of the various factors which influence policy planning and implementation in nursing. Even if studied in isolation, their contribution to the over-all policy planning process needs investigation. Oral histories continue to offer an insight into the lived experience of policy making decisions, both those affected and those making the decisions. What may be termed fashions in history tend to result in significant groups disappearing, perhaps influenced by societal attitudes towards such groups. Mary Seacole has reemerged, with a growing interest in nursing history involving the experiences of the black nurse. However, looking in detail at all of the characters influenced by a specific subject area can help prevent significant contributions, such as the post-war European migrant workers from disappearing. The histories of EVWs and their role in the post-war nursing and general workforce remains remarkably poorly explored. Such issues form part of the research agenda which emerge from this thesis. However, the key question remains

whether the workforce planning strategy within the Department of Health has advanced very far beyond Cohen's analysis in the post-war period. This involves considering the evidence base for planning and the issue of international recruitment which continues, it would seem, unabated.

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⁴⁴Ibid.

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⁴⁶Letter: Sir Sidney Johnson, Secretary, County Councils Association to The Secretary, Ministry of Health, 11/3/41. PRO LAB 55/1949 Reorganisation of Nursing Profession: Change of Structure of Civil Nursing Reserve, 1940-42.

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⁵⁰First Report of Nurses' Salaries Committee (1943), London: HMSO. See also PRO MH 55/1989 Rushcliffe Committee: Correspondence with Government Departments on First Report, 1943-48.

⁵¹Internal Memorandum, 'Nursing', 22/1/41, Ministry of Health. PRO MH 55/1949 Reorganisation of Nursing Profession: Change of Structure of Civil Nursing Reserve, 1940-42.

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⁵⁴Memorandum on Procedure to be Followed in Reviewing the Civil Nursing Reserve and Arranging The Training of Nursing Auxiliaries, and on Liaison with Local Offices of the Ministry of Labour and National Service; Ministry of Health Draft, 1941. See also: Nursing: Ministry of Health Draft Circular, 1941. PRO MH 55/1949 Reorganisation of Nursing Profession: Change of Structure of Civil Nursing Reserve, 1940-42.

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⁵⁷Notable memorandum: GS Christie, Principal, Labour Supply Departments to EM Stopford, Temporary Administrative Officer, Labour Supply Departments, 1/8/42. AM Reisner, Nursing Services Branch to EM Stopford, Temporary Administrative Officer, Labour Supply Departments, 10/10/42. PRO LAB 8/1039 Recruitment, Placing and Distribution of Nurses, 1942.

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⁶⁰AM Reisner, Nursing Services Branch, MLNS to EM Stopford, Temporary Administrative Officer, Labour Supply Departments, MLNS, 10/10/42. PRO LAB 8/1039 Recruitment, Placing and Distribution of Nurses, 1942.

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⁶⁷New Ministries and Secretaries Act 1916. The Public General Acts 1916, London: Eyre and Spottiswoode Ltd, chapter 68 p.220, paragraph 1-2. See also: Organisation and Functions of the Ministry of Labour: Historical Note, 1/1/64. PRO LAB 12/1041 Organisation and Functions of the Ministry of Labour, 1960-64. Also: Lowe R (1986) Adjusting to Democracy: The Role of the Ministry of Labour in British Politics 1916-1939, Oxford: Clarendon Press, Chapter 2, p.14.

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¹²⁷Noted in Review of the Nursing and Midwifery Situation at 31st December 1947. PRO LAB 12/389 Public Relations: Proceedings of the National Advisory Council on Nurses and Midwives, 1945-48.

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¹⁷²*Ibid.*, p.48.

¹⁷³Address to the East Anglian Group of the Association of Hospital Matrons by Dame Katherine H. Jones, 2/9/44. PRO WO 222/178 QAIMNS Professional and Military Status. Address to the Association of Hospital Matrons, 1944.

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¹⁷⁶*Ibid.*, p.48.

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¹⁷⁸*Ibid.*, p.50.

¹⁷⁹*Ibid.*, p.56.

¹⁸⁰Summers A (1988) *Angels and Citizens: British Women as Military Nurses 1854-1914*, London: Routledge, p.2. Starns states that Summers is referring to the Boer war and World War I, but that the sentiments can be carried to World War II.

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Chapter 6: The Post-War Recruitment of Nurses in Britain: Policy and Planning.

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³⁰For an analysis of the effects of the National Health Service on the matron's role see: White R (1985) *The Effects of the NHS on the Nursing Profession 1948-1961*, London: King Edward's Hospital Fund for London, chapter 5, pp.52-88.

³¹Ibid.

³²The initial correspondence began with Letter: H. Dey, Matron, St Bartholomew's Hospital, London to Dame K Watt, Chief Nursing Officer, Ministry of Health, 18/2/49. PRO MH 92/6 Attendance of Matrons and Chief Male Nurses at Meetings; Preparation and Issue of HM (59) 21, 1949-59. PRO MH 92/7 General Correspondence Arising from HM (59) 21: Attendance of Matrons and Chief Male Nurses at Meetings, 1961.

³³See Letter: SG Hill, Honorary Secretary, The National Association of Hospital Management Committee Group Secretaries to THE Hodgson, Under Secretary, Ministry of Health, 24/11/61. PRO MH 92/6 Attendance of Matrons and Chief Male Nurses at Meetings; Preparation and Issue of HM (59) 21 1949-59. PRO MH 92/7 General Correspondence Arising from HM (59) 21: Attendance of Matrons and Chief Male Nurses at Meetings, 1961.

³⁴Draft Memorandum: HM (61) 79 Attendance of Matrons at Meetings, 1961. PRO MH 92/7 General Correspondence Arising from HM (59) 21: Attendance of Matrons and Chief Male Nurses at Meetings, 1961. NB: The actual Circular is missing from the ministerial file.

³⁵Ibid.

³⁶MLNS: Recruitment of Nurses and Midwives. Transfer of Responsibility from Ministry of Labour to Ministry of Health: Matters for Discussion with Representatives of Hospital Authorities, C1957. Also, MLNS: Organisation of the Nursing Appointments Service, February 1957. PRO LAB 8/2465 Future Organisation of Nursing Appointments Service: Consideration of Transfer of Certain Functions from Ministry of Labour and National Service to the Ministry of Health, 1956-57.

³⁷Letter: F Goodall, General Secretary, Royal College of Nursing to I Macleod, Minister of Health, 13/2/57. PRO LAB 8/2465 Future Organisation of Nursing Appointments Service: Consideration of Transfer of Certain Functions from Ministry of Labour and National Service to the Ministry of Health, 1956-57.

³⁸Ibid.

³⁹Mr Bevan at The Royal College of Nursing. *Nursing Times*, 12/6/48, XLIV (24): p.426.

⁴⁰Report of the 16th Meeting of the National Advisory Council for the Recruitment and Distribution of Nurses and Midwives (MLNS), 9/5/44. PRO LAB 8/1003 National Advisory Council for the Recruitment of Nurses and Midwives: Minutes of 16th to 18th Meetings and Papers NAC 50-60, 1944.

⁴¹Ibid.

⁴²Ibid.

⁴³ Selection of World War II propaganda posters. Available as postcards within The National Archives, Kew.

⁴⁴Debate on the Address of War Production, 27/11/40. PRO ZHC 2/875 Parliamentary Debates: House of Commons Official Report, 5th Series 1940-41, 367 p.283. See also: Bullock A (2002) *Ernest Bevin: A Biography*, London: Politico's Publishing, chapter 12 The Manpower Problem 1940-41 pp.248-81.

⁴⁵See NAC 59 Requirement on Newly Qualified Nurses- Position of Certain Hospitals, 22/9/44. PRO LAB 8/1003 National Advisory Council for the Recruitment of Nurses and Midwives: Minutes of 16th to 18th Meetings and Papers NAC 50-60, 1944.

⁴⁶Decisions made at the 18th meeting of the National Advisory Council for the Recruitment and Distribution of Nurses and Midwives, 22/9/44. PRO LAB 8/1003 National Advisory Council for the Recruitment of Nurses and Midwives: Minutes of 16th to 18th Meetings and Papers NAC 50-60, 1944.

⁴⁷See NAC 59 Requirement on Newly Qualified Nurses- Position of Certain Hospitals, 22/9/44. PRO LAB 8/1003 National Advisory Council for the Recruitment of Nurses and Midwives: Minutes of 16th to 18th Meetings and Papers NAC 50-60, 1944.

⁴⁸Harrison T (1942) Appeals to Women, 1/5/42. MO Report 1238. p.2. Mass Observation Organisation Archive. Imperial War Museum, London (full archive held in the special collections library, University of Sussex).

⁴⁹Marwick A (1974) War and Social Change in the Twentieth Century, London: Palgrave MacMillan.

⁵⁰See Kingsley Kent S (1994) Making Peace: The Reconstruction of Gender in Interwar Britain, New Jersey: Princeton University Press and Kingsley Kent S (1999) Gender and Power in Britain, 1640-1990, London: Routledge.

⁵¹Kingsley Kent (1999) Gender and Power in Britain, 1640-1990, London: Routledge pp.320-21.

⁵²Ibid., pp.317-20.

⁵³Ibid., p.321.

⁵⁴Ibid., p.320.

⁵⁵See: Jeffreys K (1992) The Attlee Governments 1945-1951, London: Longman, chapter 3, Forging Britains' Post-war Settlement, 1945-46, pp.15-24.

⁵⁶See: Crofts W (1986) The Attlee Government's Pursuit of Women. History Today 36(8): 29-35. Also for the nursing profession see PRO LAB 12/526 Nurses Recruitment Campaign 1st January 1948-31st December 1948.

⁵⁷'Civil Servants Reject Return of Marriage Bar: Fear About Effect on Equal Pay Campaign'. Manchester Guardian, 23/5/52. PRO T 215/479 Abolition of Marriage Bar for Women in Civil Service, 1946-58.

⁵⁸Ibid.

⁵⁹'Men Seek Jobs Bar on Women Out of Jealousy'. Daily Herald, 23/5/52. PRO T 215/479 Abolition of Marriage Bar for Women in Civil Service, 1946-58.

⁶⁰Wilson E (1980) Only Half Way to Paradise: Women in Post-war Britain 1945-1968, London: Tavistock Publications, p.43.

⁶¹Crofts W (1986) The Attlee Government's Pursuit of Women. History Today 36(8): 29-35. Carruthers SL (1990) Manning the Factories: Propaganda and Policy on the Employment of Women, 1939-1947. History 75(244): 232-56.

⁶²Crofts W (1986) The Attlee Government's Pursuit of Women. History Today 36(8): p.30.

⁶³'Objections Overruled.' Criticisms of the recruitment drive made by women which included The Minister of Labour and National Service's broadcast quotes from 1/6/47. Women at Work: Recruitment of Women, Campaign Bulletin no: 6, 7/8/47. PRO INF 13/137 We Need the Women Back at Work: 12 Leaflets, 1947.

⁶⁴Women and Children First. In: Women at Work: Recruitment of Women, Campaign Bulletin no: 4, 2/7/47. PRO INF 13/137 We Need the Women Back at Work: 12 Leaflets, 1947.

⁶⁵'Objections Overruled.' In: Women at Work: Recruitment of Women, Campaign Bulletin no: 6, 7/8/47. PRO INF 13/137 We Need the Women Back at Work: 12 Leaflets, 1947.

⁶⁶Memorandum to MG Smieton, Assistant Secretary, Labour Supply Depts, MLNS from unclear signature, 11/9/45. PRO LAB 26/168 Provision for the Care of Children of Married Women in Industry Wartime Nurseries, 1945-49.

⁶⁷Ministry of Information poster cited by Crofts W (1986) The Attlee Government's Pursuit of Women. History Today 36(8): p.31.

⁶⁸Phrases from 1947 publicity campaign posters: 'We Need the Women Back at Work Again'. PRO INF 13/137/13 We Need the Women Back at Work: 12 Leaflets, 1947.

⁶⁹Harrison T (1942) Appeals to Women, 1/5/42. MO Report 1238. Mass Observation Organisation Archive. Imperial War Museum, London, (full archive held in the special collections library, University of Sussex).

⁷⁰Ibid., p.7.

⁷¹Ibid.

⁷²Carruthers SL (1990) Manning the Factories: Propaganda and Policy on the Employment of Women, 1939-1947. History 75(244): p.252. Carruthers based this fact on Addison's book 'Now the War is Over', which stated on p.186 that at least 92,000 vacancies were advertised for women workers, but only 31,000 women were recruited.

⁷³Crofts W (1986) The Attlee Government's Pursuit of Women. History Today 36(8): p.35.

⁷⁴Carruthers SL (1990) Manning the Factories: Propaganda and Policy on the Employment of Women, 1939-1947. History 75(244): p.243.

⁷⁵See notably Smith DF (2000) Commentary: The Contexts of the Carnegie Survey 1937-1940, and Isabella Leitch's 'Growth and Health' Delivered to the Nutrition Society in October 1950. International Journal of Epidemiology 30: 223-225. Also Zweiniger-Bargielowska I (2000) Austerity in Britain: Rationing, Controls and Consumption, 1939-1955, Oxford: Oxford University Press.

⁷⁶See: Morgan KO (1984) Labour in Power 1945-1951, Oxford: Oxford University Press, p.256.

⁷⁷Ibid., p.369.

⁷⁸See: Jeffreys K (1992) The Attlee Governments 1945-1951, London: Longman, p.26.

⁷⁹The Social Survey: Geoffrey Thomas. Women and Industry. An Inquiry into the Problem of Recruiting Women to Industry for the MLNS. March 1948. Copy held in The Mass Observation Archive, Special Collections, University of Sussex Library.

⁸⁰Ibid., p.20.

⁸¹Ibid., p.8.

⁸²Ibid., p.19.

⁸³Ibid., p.3.

⁸⁴Ibid., p.4.

⁸⁵Ibid., p. 20.

⁸⁶'There's a Worried Man Who'd Like to Talk to You.' 'We Need the Women Back at Work Again': Ministry of Information campaign leaflet, 1947. PRO INF 13/137 We Need the Women Back at Work: 12 Leaflets, 1947.

⁸⁷NR 24: Nurses Are Building a New Britain. MLNS Nurse Recruitment Magazine Advertisement, October 1943. PRO INF 2/107 Nursing Recruitment, 1945-61.

⁸⁸NR 31: Tomorrow Depends on Good Nursing. MLNS Nurse Recruitment Magazine Advertisement, October 1943. PRO INF 2/107 Nursing Recruitment, 1945-61.

⁸⁹Davin A (1978) Imperialism and Motherhood. *History Workshop* 5: 9-66.

⁹⁰Ibid., p.55.

⁹¹Ibid., p.51 notably referring to an untraceable paper by Saleeby, *Woman and Womanhood* pp.18-19.

⁹²Ibid., p.48 quoting Beveridge as cited in Land H (1976) *Women, Supporters or Supported?* In: Barker D and Allen S (eds) *Sexual Divisions and Society: Process and Change*, London: Tavistock publications, p.109.

⁹³Ibid., p.56

⁹⁴'Meet Nurse Britain' is discussed as an exhibition in the 1948 nurse recruitment campaign of the MLNS. *General Nursing Recruitment: Preliminary Points in connection with the production of Campaign Book (Local Campaigns)*. PRO LAB 12/526 Public Relations: Nurse Recruitment Campaign from 1st January 1948-31st December 1948.

⁹⁵Newspaper and Magazine advertisement for nursing with coupon to send to the MLNS: October 1946. PRO INF 2/107 Nursing Recruitment, 1945-61.

⁹⁶Newspaper and Magazine advertisement for nursing with coupon to send to the MLNS: August 1946. PRO INF 2/107 Nursing Recruitment, 1945-61.

⁹⁷See: *Conclusions of a Meeting of the Cabinet at 10 Downing Street: Remuneration of Trained Nurses*, 7/4/49. PRO Cabinet 26(49) p.149. The link with teaching as a social class is noted in primary sources such as the Athlone Interim Report 1939 p.9-10. Secondary sources referring to the issue include Rafferty AM (1996) *The Politics of Nursing Knowledge*, London: Routledge p.165.

⁹⁸See: *The Lancet Report 1932*, *The Athlone Interim Report 1939*, London: HMSO, pp.54-59, *Working Party on the Recruitment and Training of Nurses (The Wood Report) 1947*, London: HMSO, p.78 point 2, *Working Party on the Recruitment and Training of Nurses: The Minority Report 1948*, London: HMSO (notably appendix III outlining testimonials from approximately 10% of nurses who had left training in 1945).

⁹⁹Draft publication advertising for nurse recruitment, June/July 1949. PRO INF 2/107 Nursing Recruitment, 1945-61.

¹⁰⁰See notably the Treasury's views in the mid 1950s that the MLNS specific appointments service and the advisory Council for nursing seemed to be purely for the 'dignity of the profession'. Treasury Chambers

note created 2/6/54 PRO LAB 12/834 General Questions Relating to the Organisation of the Nursing Appointments Service, 1952-55.

¹⁰¹Draft letter to Regional Offices, Senior Medical Officers, General Inspectors, Regional Nursing Officers and Women Inspectors: Part-time Nurses and Midwives, December 1946. PRO MH 55/1960 Employment of Part-time Nurses and Midwives, 1946-49.

¹⁰²The London Hospital recruitment film: 'Not so much a training, more a way of life' 1967. The Royal London Hospital Archives, London.

¹⁰³Nursing Recruitment: Need for Continuous Publicity. Policy Brief Planning Publicity, 1948. PRO LAB 12/526 Nurses Recruitment Campaign Jan-Dec 1948.

¹⁰⁴Recruitment and Training of Nurses – Working Party's Report. Brief used by A Bevan, Minister of Health on 24/10/47 at a meeting at The Middlesex Hospital, London, to discuss The Wood Report and the Ministry's Interim Policy, p.3. PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-48.

¹⁰⁵ML Circular 162 13/12/46. PRO MH 55/1960 Employment of Part-time Nurses and Midwives, 1946-49.

¹⁰⁶Recruitment and Training of Nurses – Working Party's Report. Brief used by A Bevan, Minister of Health on 24/10/47 at a meeting at The Middlesex Hospital, London, to discuss The Wood Report and the Ministry's Interim Policy, p.3. PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-48.

¹⁰⁷Letter: J Nash, Under Secretary, MLNS to EMR Russell-Smith, Under Secretary, Ministry of Health, August 1948. PRO MH 55/2092 Nursing Statistics: Hospital Beds and Staff, 1948-59.

¹⁰⁸Handwritten letter from AS Marre, Assistant Secretary, Ministry of Health to Dame K Watt, Chief Nurse, Ministry of Health, 12/5/45. Her reply 12/5/45: PRO MH 55/2055 Recruitment of Male Nurses, 1945-46.

¹⁰⁹House of Commons: Question to Bevan, Minister of Health, regarding males nurse numbers and steps being taken to encourage their training and recruitment to hospitals in public authorities, in view of suitability of Male Nurses for male patients. Mr Sorensen, Labour: Leyton West 3/8/45. PRO MH 55/2055 Recruitment of Male Nurses, 1945-46.

¹¹⁰Letter: H Gaskell, General Secretary, The Society of Registered Male Nurses, to AE Earlam, Joint Secretary National Advisory Council on Nurses and Midwives, Ministry of Health, to accept a request to attend their Council meeting on 26/10/45 to discuss the issue of recruiting more Male Nurses, 19/10/45. PRO MH 55/2055 Recruitment of Male Nurses, 1945-46.

¹¹¹Draft Memorandum: National Advisory Council on Nurses and Midwives: Male Nurses, 1945. PRO MH 55/2055 Recruitment of Male Nurses 1945-46. See also: Bendall E, Raybould E (1969) A History of the General Nursing Council for England and Wales 1919-1969, London: HK Lewis and Co Ltd, p.150.

¹¹²Ibid., Notes from H Gaskell, discussing points in relation to recruiting more male nurses raised in the Nursing Advisory Council's document 'Male Nurses'.

¹¹³Circular 2/46: from the Ministry of Health to local authorities, voluntary hospitals, registered hospitals etc: Employment and Training of Male Nurses in Hospitals and Similar Institutions, 7/1/46. PRO MH 55/2055 Recruitment of Male Nurses, 1945-46.

¹¹⁴Staffing the Hospitals: November 1945, London: Ministry of Health.

¹¹⁵Letter: from M Edwards, Secretary, Nursing Recruitment Service, King Edward's Hospital Fund for London to Sir Arthur Rucker, Deputy Secretary, Ministry of Health, 3/12/45. Ms Edwards suggests in the letter asking the GNC for temporary approval of training schools for men as she was receiving a 'very marked increase in the number of applications' from men. Most of these she claims wanted to take general nurse training. PRO MH 55/2055 Recruitment of Male Nurses, 1945-46.

¹¹⁶Memorandum: Approved Training Schools for Male Nurses – an asterisk marked the 45 hospitals approved during 1946. 1/1/47 PRO MH 55/2055 Recruitment of Male Nurses, 1945-46.

¹¹⁷Recruitment and Training of Nurses – Working Party's Report. Brief used by A Bevan, Minister of Health on 24/10/47 at a meeting at The Middlesex Hospital, London, to discuss The Wood Report and the Ministry's Interim Policy, p.4. PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-48.

¹¹⁸Male Nursing: Careers for Men and Women Series 45, MLNS June 1947 p.12 PRO LAB 44/18 Male Nursing, 1947.

¹¹⁹Ibid., pp.8-9

¹²⁰See: Webster C (1996) *The Health Services Since the War: Volume 1: Problems of Health Care: The National Health Service Before 1957*, London: HMSO, pp.241-48.

¹²¹Comments regarding the poor accommodation offered to some male nursing students. Central Health Services Council Study: Nursing Advisory Committee – Sub-Committee on Residential Accommodation for Hospital Nursing Staff. Ministry of Health, May 1961. PRO MH 133/320 Standing Nursing Advisory Committee: Committee Papers, 1961.

¹²²Interdepartmental memorandum: Note to MJ Norman, Nursing Services Branch, MLNS from ME Land, Nursing Services Branch, MLNS, 24/8/56. PRO LAB 8/1804 Procedure for Dealing with Applications From Colonials Wishing to take Nurse Training and Amendments, 1949-57.

¹²³Report of an enquiry into the male nurses at Northampton General Hospital with special reference to incidents arising from the non-appointment of Mr RC Windhaber to the post of 'ward sister': Report to Miss E Cockayne, Chief Nursing Officer, Ministry of Health, 31/5/49. Letter: R Middleton to A Bevan, Minister of Health, 3/10/50 and handwritten letter: RE Hammond to AT Gerard, Principal, Ministry of Health 6/10/50. PRO MH 55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹²⁴Report of an enquiry into the male nurses at Northampton General Hospital with special reference to incidents arising from the non-appointment of Mr RC Windhaber to the post of 'ward sister': Report to Miss E Cockayne, Chief Nursing Officer, Ministry of Health, 31/5/49. PRO MH 55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹²⁵Handwritten letter: RE Hammond to AT Gerard, Principal, Ministry of Health, 6/10/50. PRO MH 55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹²⁶Report of an enquiry into the male nurses at Northampton General Hospital with special reference to incidents arising from the non-appointment of Mr RC Windhaber to the post of 'ward sister': Report to Miss E Cockayne, Chief Nursing Officer, Ministry of Health, 31/5/49. PRO MH 55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹²⁷Memorandum: MG Lawson, Deputy Chief Nursing Officer, Ministry of Health, to GT Milne, Assistant Secretary, Ministry of Health, 2/9/52. PRO MH55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹²⁸Memorandum from GT Milne, Assistant Secretary, Ministry of Health to Miss E Cockayne, Chief Nursing Officer, Ministry of Health, 11/6/49. Miss Cockayne, in an updating note of 10/1/50, states she

met with the Matron of Northampton General Hospital, who claims had the Secretary and the Surgeon of the ward not disagreed, she would have been in favour of appointing the Male Nurse to the 'Ward Sister' post. PRO MH55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹²⁹Memorandum: GT Milne, Assistant Secretary, Ministry of Health to Dame E Cockayne, Chief Nursing Officer, Dame E Russell-Smith, Under Secretary, Mr Willis, Assistant Secretary, Ministry of Health, 25/7/55. PRO MH 55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹³⁰Ibid.

¹³¹See: memorandum: MG Lawson, Deputy Chief Nursing Officer, Ministry of Health, to GT Milne, Assistant Secretary, Ministry of Health, 2/9/52. PRO MH55/1971 Employment and Promotion of Male Nurses in Hospitals, 1949-56.

¹³²Bendall E, Raybould E (1969) A History of the General Nursing Council for England and Wales 1919-1969, London: HK Lewis and Co Ltd, p.150.

¹³³The Inter-Departmental Committee on Nursing Services: Interim Report, London: HMSO p.68, paragraph 165.

¹³⁴Royal College of Nursing (1942) Nursing Reconstruction Committee Report (The Horder Report): Section 1: The Assistant Nurse, London: Royal College of Nursing, Training of the Assistant Nurse, pp.11-12, Royal College of Nursing Archives, Edinburgh.

¹³⁵The Nurses Act 1943, London: HMSO.

¹³⁶Bendall E, Raybould E (1969) A History of the General Nursing Council for England and Wales 1919-1969, London: HK Lewis and Co Ltd, p.158.

¹³⁷Ibid., pp.156-57.

¹³⁸Ibid., p.157.

¹³⁹Interdepartmental memorandum: Dame K Watt, Chief Nursing Officer, Ministry of Health to GT Milne, Principal, Ministry of Health, 7/5/46. PRO MH 55/1989 Rushcliffe Committee - Correspondence with Government Departments on First Report, 1943-48.

¹⁴⁰Letter: SE Anderson, Nursing Services Branch, MLNS to GT Milne, Principal, Ministry of Health, 16/4/46. PRO MH 55/1989 Rushcliffe Committee - Correspondence with Government Departments on First Report, 1943-48.

¹⁴¹The Working Party on the Recruitment and Training of Nurses, 1947 (The Wood Report), London: HMSO, p.78, paragraph 250.

¹⁴²Ibid.

¹⁴³Sub Committee on Nursing Orderlies. Number of Orderlies Required (prepared for the 3rd meeting of the Nursing Orderly Committee: 29/10/47). PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-8.

¹⁴⁴Working Party on the Recruitment and Training of Nurses: Report of the Office Committee on Nursing Orderlies, 1948, p.5. The report actually states that numbers needed would be likely to be no less than 'the equivalent of 30,000 full-time auxiliaries'. PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-8.

¹⁴⁵The Working Party on the Recruitment and Training of Nurses, 1947 (The Wood Report), London: HMSO, p.77, paragraphs 245-48.

¹⁴⁶Sub Committee on Nursing Orderlies. Number of Orderlies Required (prepared for the 3rd meeting of the Nursing Orderly Committee: 29/10/47). PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-8.

¹⁴⁷Royal College of Nursing. Memorandum on the Report of the Working Party on the Recruitment and Training of Nurses, March 1948, p.12. PRO MH/55 2063 Working Party on the Recruitment and Training of Nurses (Wood Committee): Consultation with Outside Bodies, 1947-48.

¹⁴⁸PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-48.

¹⁴⁹Letter: F Goodall, General Secretary, Royal College of Nursing to A Bevan, Minister of Health, 6/11/47. PRO MH/55 2063 Working Party on the Recruitment and Training of Nurses (Wood Committee): Consultation with Outside Bodies, 1947-48.

¹⁵⁰Letter: LH Prescott, Private Secretary to A Bevan, Minister of Health to F Goodall, General Secretary, Royal College of Nursing, 13/11/47. PRO MH/55 2063 Working Party on the Recruitment and Training of Nurses (Wood Committee): Consultation with Outside Bodies, 1947-48.

¹⁵¹Royal College of Nursing. Memorandum on the Report of the Working Party on the Recruitment and Training of Nurses, March 1948. PRO MH/55 2063 Working Party on the Recruitment and Training of Nurses (Wood Committee): Consultation with Outside Bodies, 1947-48.

¹⁵²Recruitment and Training of Nurses – Working Party's Report. Brief used by A Bevan, Minister of Health on 24/10/47 at a meeting at The Middlesex Hospital, London, to discuss The Wood Report and the Ministry's Interim Policy. PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-48.

¹⁵³Draft Minutes of 1st Meeting of the Official Committee on Nursing Orderlies, 28/8/47. PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-48.

¹⁵⁴Draft Minutes of 3rd Meeting of Nursing Orderly Sub Committee, 23/10/47. PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-48.

¹⁵⁵Ibid.

¹⁵⁶Report of the Official Committee on Nursing Orderlies, 28/1/48. PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-48.

¹⁵⁷Ibid.

¹⁵⁸Memorandum: JC Hutchison, Regional Appointments Officer, Nursing Appointments Office, Five Ways, Birmingham to Nursing Services Branch, MLNS, London, 26/4/49. PRO LAB 8/1309 Nurses and Midwives, Nursing Orderlies and Nursing Auxiliaries, 1946-58.

¹⁵⁹Informal meeting to discuss the duties and training of Nursing Orderlies, 30/9/47. PRO MH 55/2062 Working Party on the Recruitment and Training of Nurses: Official Committee on Nursing Orderlies, 1947-48.

¹⁶⁰Letter: CN Winterhalder, Regional Nursing Officer, Newcastle Regional Hospital Board to F Hollway, MLNS, Newcastle Upon Tyne, 19/11/51. PRO LAB 8/1309 Nurses and Midwives, Nursing Orderlies and Nursing Auxiliaries, 1946-58.

¹⁶¹Memorandum: JC Hutchison, Regional Appointments Officer, Nursing Appointments Office, Five Ways, Birmingham to Nursing Services Branch, MLNS, London, 26/4/49. PRO LAB 8/1309 Nurses and Midwives, Nursing Orderlies and Nursing Auxiliaries, 1946-58. Reference to this (titles, but not the rates of pay) can be seen in The Association of Hospital Matrons, Report of the 52nd General Meeting of the Association Held at The Grand Hotel, Brighton, 26/2/49, p.2. RCN 26/1/17 Minute Book, 1946-61, Association of Hospital Matrons, 1919-1972, Royal College of Nursing Archives, Edinburgh.

¹⁶²Memorandum: JC Hutchison, Regional Appointments Officer, Nursing Appointments Office, Five Ways, Birmingham to Nursing Services Branch, MLNS, London, 26/4/49. PRO LAB 8/1309 Nurses and Midwives, Nursing Orderlies and Nursing Auxiliaries, 1946-58.

¹⁶³NMC Circular no: 44, Remuneration and Conditions of Service of Nursing Auxiliaries. Whitley Council for the Health Services 3/5/55. PRO LAB 8/1309 Nurses and Midwives, Nursing Orderlies and Nursing Auxiliaries, 1946-58.

¹⁶⁴Letter: G Goodchild, Matron, Christie Hospital and Holt Radium Institute, Manchester to Rt. Hon A Eden, Prime Minister, RCN 13/H/2 Nursing Auxiliaries, Correspondence, Newscuttings and Reports Concerning the Opposition Among Nurses, Particularly in the North West of England, to the Recognition by the Whitley Council of Nursing Auxiliaries, 1955-56, Royal College of Nursing Archives, Edinburgh.

¹⁶⁵Letter: G Goodchild, Matron, Christie Hospital and Holt Radium Institute, Manchester to F Goodall, General Secretary, Royal College of Nursing, 20/5/55. RCN 13/H/2 Nursing Auxiliaries, Correspondence, Newscuttings and Reports Concerning the Opposition Among Nurses, Particularly in the North West of England, to the Recognition by the Whitley Council of Nursing Auxiliaries, 1955-56, Royal College of Nursing Archives, Edinburgh.

¹⁶⁶Goodall's points were raised in a variety of correspondence including: Letter: unknown signatory on behalf of F Goodall, General Secretary, Royal College of Nursing to DL Lane, Assistant Matron, Thornbury Hospital, Thornbury, 1/6/55. Unknown signatory on behalf of F Goodall, General Secretary, Royal College of Nursing to DJ Dunn, Matron, Manor Hospital, Walsall, 7/6/55. RCN 13/H/2 Nursing Auxiliaries, Correspondence, Newscuttings and Reports Concerning the Opposition Among Nurses, Particularly in the North West of England, to the Recognition by the Whitley Council of Nursing Auxiliaries, 1955-56, Royal College of Nursing Archives, Edinburgh.

¹⁶⁷Ibid.

¹⁶⁸The Royal College of Nursing file contains a series of Nursing Mirror, newspaper clippings and letters regarding Miss Goodchild's 'nursing crusade' against NMC Circular no: 44. Included is Notes on Meeting of Miss Goodchild – Nursing Crusade 6/7/55, which appeared to be a meeting held by Goodchild including the fragmented line 'clergy praying 'crusade' she has started and will succeed,' p.2. Report of the Meeting Held at the Lesser Free Trades Hall, Manchester, 14/6/55: Address by Miss GG Goodchild, on the Question of Nursing Auxiliaries. RCN 13/H/2 Nursing Auxiliaries, Correspondence, Newscuttings and Reports Concerning the Opposition Among Nurses, Particularly in the North West of England, to the Recognition by the Whitley Council of Nursing Auxiliaries, 1955-56, Royal College of Nursing Archives, Edinburgh.

¹⁶⁹Letter: F Goodall, General Secretary, Royal College of Nursing to LE Montgomery, Northern Area Organiser, Royal College of Nursing, 5/7/55. RCN 13/H/2 Nursing Auxiliaries, Correspondence, Newscuttings and Reports Concerning the Opposition Among Nurses, Particularly in the North West of England, to the Recognition by the Whitley Council of Nursing Auxiliaries, 1955-56, Royal College of Nursing Archives, Edinburgh.

¹⁷⁰Letter: Matron, Isolation Unit, Peasley Cross, St Helens to F Goodall, General Secretary, Royal College of Nursing, 23/7/55. RCN 13/H/2 Nursing Auxiliaries, Correspondence, Newscuttings and Reports Concerning the Opposition Among Nurses, Particularly in the North West of England, to the Recognition by the Whitley Council of Nursing Auxiliaries, 1955-56, Royal College of Nursing Archives, Edinburgh.

¹⁷¹Notes of a Meeting in Room 530 Saville Row on 30/12/54 to Discuss the Superannuation of Ward Orderlies who are Mainly Employed on Nursing Duties. MH 108/565 Graded Structure: Nursing Auxiliaries and Ward Orderlies, 1948-55.

¹⁷²Note of a Meeting Held on 11th June 1951 with Representatives of the Service Departments, The MLNS and the General Nursing Council. (The Ministry of Health representatives were also present) PRO 55/2058 Sub Committee on Nursing Orderlies: Short Intensive Course for Nursing Orderlies, 1946-54. See also: House of Commons: Question to Aneurin Bevan, Minister of Health from Mr Osborne, Conservative, Louth, regarding recognising male nursing orderlies' hospital training during the war towards state registration by the General Nursing Council, 16/11/50. PRO 55/2058 Sub Committee on Nursing Orderlies: Short Intensive Course for Nursing Orderlies, 1946-54.

¹⁷³Ibid.

¹⁷⁴Ibid.

¹⁷⁵Ibid.

¹⁷⁶Ibid.

¹⁷⁷Ibid.

¹⁷⁸General Publicity Campaign – Cumulative Totals – Women: Period 9/9/45-31/8/46 PRO LAB 12/390 General Nursing Recruitment Campaign, 1945: Finance and Placing Statistics, 1945-54.

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²⁹*Ibid.*, pp.47-55.

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⁵⁷Report of a meeting between the Registration Committee of the General Nursing Council and representatives of the Colonial Office and the Ministry of Health to discuss the administration of Section 10 of the Nurses Act 1949, 8/12/49, p.1. PRO CO 850/252/7 Appointment of Locally Born Nurses, 1949-50.

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¹¹²Colonial Nursing and Midwifery Students. Nil Returns to Ministry of Health Year Ending 31/12/60. PRO MH 55/2527 Nursing and Midwifery Students from Colonial and Commonwealth Territories Training in the United Kingdom: Statistics, 1959-61.

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¹¹⁷Records of Individual Nurses Training at The Joyce Green Hospital, Dartford, October 1955-December 1963. H05/M/C4/007, London Metropolitan Archives.

¹¹⁸Ibid.

¹¹⁹Records of Individual Nurses Training at The Miller General Hospital, London, 1946-55. H05/M/C4/006, London Metropolitan Archives.

¹²⁰Records of Individual Nurses Training at The West Middlesex Hospital, Isleworth, August 1950-June 1953. H36/WMX/C4/4, London Metropolitan Archives.

¹²¹Report by Group Assistant Matron, Westminster Hospital: Establishment Nursing Staff 1964-66. H2/WH/C5/4/1, London Metropolitan Archives.

¹²²Ibid.

¹²³RHB Sec/4/60 For Discussion With Regional Hospital Board Secretaries on 5th July 1960: Student Nurses From Colonial Territories, June 1960. PRO MH 55/2527 Nursing and Midwifery Students from Colonial and Commonwealth Territories Training in the United Kingdom: Statistics, 1959-61. This Circular offers a brief review of how Colonial nursing student figures had been collected through individual hospital matrons by the Ministry of Health, somewhat unsatisfactorily, to requesting the information from the Secretaries of the Regional Hospital Boards from December 1959, which seemed more productive.

¹²⁴Pathe Reporter Meets: Jamaicans Come to Britain to Look for Work', London: British Pathe/ITN Archive (Ref: BP240648143037), www.itnarchive.com/britishpathe. Lord Kitchener (Aldwyn Roberts), ultimately moved to Manchester before returning to Trinidad in 1962. He died in 2000. An album of his calypso songs exploring his experiences in London in the 1950s together with other performers, including Lord Beginner who accompanied him on the Empire Windrush, was released in 2002. The recordings are highly evocative of black workers' experiences during this period. *London is the Place for Me: Trinidadian Calypso in London, 1950-56*, London: Honest Jons Records (2002).

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Chapter 8: The Use of European Volunteer Workers (EVW) in Nursing

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¹⁰Regional Controllers' Conference: *Foreign Labour*, 13/4/49. PRO LAB 8/1731 *European Volunteer Workers: Policy on Change of Employment, 1947-53*.

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¹⁴Ibid.

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¹⁶*Employment of Displaced Person in Great Britain: Operation Westward Ho: Explanatory Memorandum, 27/3/47*. PRO LAB 9/191 *European Volunteer Workers: Westward Ho Scheme, 1946-48*.

¹⁷Ibid., and *Draft Leaflet for Issue to Displaced Persons: Employment in Great Britain, 25/2/47*, point 2. PRO LAB 9/191 *European Volunteer Workers: Westward Ho Scheme, 1946-48*.

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²³Ibid., point 5.

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²⁵Ibid., p.68.

²⁶Code Name: Westward Ho! A short film made by the Central Office of Information for the Ministry of Labour and National Service, 1949. PRO INF 6/731 Code Name: Westward Ho! (European Volunteer Workers), 1948-49.

²⁷Extract from screen play for Code Name: Westward Ho! PRO INF 6/731 Code Name: Westward Ho! (European Volunteer Workers), 1948-49.

²⁸Regional Controllers' Conference: Foreign Labour, 13/4/49. PRO LAB 8/1731 European Volunteer Workers: Policy on Change of Employment, 1947-53.

²⁹Figures quoted by Sir G Ince, Permanent Secretary, MLNS in a letter to Sir W Douglas, Permanent Secretary, Ministry of Health, 22/10/47. PRO LAB 8/1469 Consideration of the Functions of the National Advisory Council on Nurses and Midwives in Relation to the National Health Service: Appointment of Members, 1947-51.

³⁰Regional Controllers' Conference: Foreign Labour, 13/4/49. PRO LAB 8/1731 European Volunteer Workers: Policy on Change of Employment, 1947-53.

³¹Ibid.

³²Ibid.

³³Ibid.

³⁴Ibid.

³⁵Ibid.

³⁶Recruitment and Training of Nurses – Working Party's Report. Brief used by A Bevan, Minister of Health on 24/10/47 at a meeting at The Middlesex Hospital, London, to discuss the Wood Report and the Ministry's Interim Policy. PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-8.

³⁷Employment of Displaced Person in Great Britain: Operation Westward Ho: Explanatory Memorandum, 27/3/47. PRO LAB 9/191 European Volunteer Workers: Westward Ho Scheme, 1946-48.

³⁸Letter: EMR Russell Smith, Under Secretary, Ministry of Health to GJ Nash, Under Secretary, Appointments Department, MLNS, 23/2/48. PRO LAB 8/1387 PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-48.

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⁴⁰Webster W (2000) Defining Boundaries: European Volunteer Worker Women in Britain and Narratives of Community. *Women's History Review* 9(2): 257-76 (p.263).

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⁴³Ibid.

⁴⁴Amplified Notes on the Teaching of English to Foreign Workers, 1949. PRO LAB 26/241 Arrangements for Teaching English: Policy, 1948-50.

⁴⁵English for Foreign Workers: Report of an Enquiry Made by One of HM Inspectors of Schools During January, February and April, 1949, into the Teaching of English to Foreign Workers, with Especial Reference to the Relevant Social and Labour Problems Involved. PRO LAB 26/241 Arrangements for Teaching English: Policy, 1948-50, p.2.

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⁴⁷Amplified Notes on the Teaching of English to Foreign Workers, 1949. PRO LAB 26/241 Arrangements for Teaching English: Policy, 1948-50.

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⁴⁹Ibid., pp.3-5.

⁵⁰Carter B, Harris C, Joshi S (1987) The 1951-55 Conservative Government and the Racialization of Black Immigration. In: James W, Harris C (eds) *Inside Babylon: The Caribbean Diaspora in Britain*, London: Verso, pp.55-71.

⁵¹Webster W (2000) Defining Boundaries: European Volunteer Worker Women in Britain and Narratives of Community. *Women's History Review* 9(2): 257-76 (p.261).

⁵²Letter: F Tarrant, Assistant Secretary-Regional Controller, North Western Region, MLNS Regional Office, Manchester to P Goldberg, Assistant Secretary, Labour Supply Department, 29/8/49. PRO LAB 8/1571 Correspondence on Proposals to Recruit Large Numbers of West Indian Workers to Ease Unemployment in the Caribbean and Deal with Labour Shortages in Some British Industries. The Conclusions are Generally Negative, Due to the Hostility of Employers and Unions and Difficulties in Compelling Immigrants to Work in Those Industries That Most Require Additional Manpower, 1945-51.

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⁵⁵Home Office Staff Memorandum: Poles, Ukrainian Prisoners of War, and European Volunteer Workers Resident in the United Kingdom Who May Marry Women of British Stock, unknown signatory, 29/10/48. PRO HO 213/1002 European Volunteer Workers: Marriage to British Women in UK, 1948.

⁵⁶Ibid.

⁵⁷European Volunteer Workers who Leave Their Jobs Without Permission. Note: P Goldberg, Assistant Secretary, Labour Supply Department, MLNS to Sir H Wiles, Deputy Secretary, MLNS, 5/11/48. PRO LAB 8/1731 European Volunteer Workers: Policy on Change of Employment, 1947-53.

⁵⁸Ibid.

⁵⁹Letter: GW Wood, Director, Speak and Son Ltd to Deputy Regional Controller, MLNS, Leeds, 8/3/49. PRO LAB 8/1731 European Volunteer Workers: Policy on Change of Employment, 1947-53.

⁶⁰Letter: GW Wood, Director, Speak and Son Ltd to Deputy Regional Controller, MLNS, Leeds, 8/3/49. See also the initial discussion note on the matter: GS Christie, Principal, Foreign Labour Branch, MLNS to P Goldberg, Assistant Secretary, Labour Supply Department, MLNS, 1/2/49. Note: P Goldberg, Assistant Secretary, Labour Supply Department, MLNS to Sir H Wiles, Deputy Secretary, MLNS, 'European Volunteer Workers who Leave Their Jobs Without Permission', 5/11/48. PRO LAB 8/1731 European Volunteer Workers: Policy on Change of Employment, 1947-53.

⁶¹Letter: FW Turness, Home Office (Aliens Department) to E Robbie, Grade 2 Officer, Finance Department, MLNS, 3/3/52. PRO LAB 9/194 European Volunteer Workers: Returning the Workers to Western Germany, 1947-52.

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⁶³Notice to Austrian and German Women Who Are Now Working in Great Britain and Who Were Recruited Under the Official 'Blue Danube' or 'North Sea' Schemes, c1950. PRO LAB 80/14 European Volunteer Workers, 1947-53.

⁶⁴Notice to Austrian, German and Italian Women Who Are Now Working in Great Britain and Who Were Recruited Under the 'Blue Danube', 'North Sea' or Official Italian Schemes, 1952. PRO LAB 80/14 European Volunteer Workers, 1947-53.

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Chapter 9: Conclusion.

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- ⁹White R (1985) *The Effects of the NHS on the Nursing Profession 1948-1961*, London: King Edward's Hospital Fund for London.
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- ¹¹See: Webster C (1988) *The Health Services Since the War: Volume I: Problems of Health Care: The National Health Service Before 1957*, London: HMSO.
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- ¹³See: Webster C (1988) *The Health Services Since the War: Volume I: Problems of Health Care: The National Health Service Before 1957*, London: HMSO.
- ¹⁴*Ibid.*, notably pp.274-282.
- ¹⁵*Ibid.*, p.279.
- ¹⁶The initial correspondence began with Letter: H. Dey, Matron, St Bartholomew's Hospital, London to Dame K Watt, Chief Nursing Officer, Ministry of Health, 18/2/49. PRO MH 92/6 *Attendance of Matrons and Chief Male Nurses at Meetings; Preparation and Issue of HM (59) 21, 1949-59*. See also: PRO MH 92/7 *General Correspondence Arising from HM (59) 21: Attendance of Matrons and Chief Male Nurses at Meetings, 1961*. See also: White R (1985) *The Effects of the NHS on the Nursing Profession 1948-1961*, London: King Edward's Hospital Fund for London, pp.52-88.
- ¹⁷See for example eleven Members of Parliament raising concern over the landing of the ship 'Empire Windrush' in 1948 with coloured Colonial workers aboard, arriving through their own initiative, Letter: JD Murray, Member of Parliament and ten other MPs to Prime Minister, Clement Attlee, House of Commons, 22/6/48. PRO HO 213/244 *West Indian Immigrant Workers, 1948*.
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See also the Working Party on 'Coloured' People Seeking Employment in the United Kingdom asking Lloyd Davies, Assistant Secretary in the MLNS's Overseas Department, to comment on the possibility of 'preventing an increase in the number of 'coloured' people obtaining employment in the UK, without placing any controls on their actually entering the country', Letter: JR Lloyd Davies, Assistant Secretary, Overseas Department, MLNS to RL Jones, Principal, Aliens Department, Home Office, 23/2/53. PRO LAB 8/1936 *Employment of Coloured People: Correspondence with the Home Office, 1953*.
- ¹⁸*Employment of Displaced Person in Great Britain: Operation Westward Ho: Explanatory Memorandum, 27/3/47*. PRO LAB 9/191 *European Volunteer Workers: Westward Ho Scheme, 1946-48*.
- ¹⁹Letter: F Tarrant, Assistant Secretary-Regional Controller, North Western Region, MLNS Regional Office, Manchester to P Goldberg, Assistant Secretary, Labour Supply Department, 29/8/49. PRO LAB

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²⁰Winder R (2004) *Bloody Foreigners: The Story of Immigration to Britain*, London: Little Brown, pp.285.

²¹F Udell, Chief Nursing Officer, Colonial Officer speaking on 'The Colonial Nursing Service, and the Problems of Bringing Colonial Girls to England for Nursing Training', 23/6/56. The Association of Hospital Matrons, Report of the 37th Annual General Meeting of the Association held at The Royal College of Physicians. RCN 26/1/17 Minute Book, 1946-61, Association of Hospital Matrons, 1919-1972, Royal College of Nursing Archives, Edinburgh. Miss Udell's words were also quoted in a Letter: BA Bennett, Principal Nursing Officer, MLNS to M Caplin (unknown post), South West Regional Office, MLNS, 21/11/56. PRO LAB 8/1804 Applications from Colonials for Nursing Training: Procedure, 1949-57.

²²Weight R (2003) *Patriots: National Identity in Britain 1940-2000*, London: Pan Books, p.139.

²³Carter B, Harris C, Joshi S (1987) *The 1951-55 Conservative Government and the Racialization of Black Immigration*. In: James W, Harris C (eds) *Inside Babylon: The Caribbean Diaspora in Britain*, London: Verso, pp.55-71.

²⁴Enforcement of EVW landing conditions appeared to raise some confusion for the MLNS. A memorandum from the main London Ministry suggests that workers were promised the same conditions of service as the indigenous population. It suggests that when a shorter period of time had passed and EVWs chose alternative employment, landing conditions weren't always enforced. See for example: European Volunteer Workers who Leave Their Jobs Without Permission: Note: P Goldberg, Assistant Secretary, Labour Supply Department, MLNS to Sir H Wiles, Deputy Secretary, MLNS, 5/11/48. PRO LAB 8/1731 European Volunteer Workers: Policy on Change of Employment, 1947-53.

²⁵Recruitment and Training of Nurses – Working Party's Report. Brief used by Bevan, Minister of Health on 24/10/47 at a meeting at The Middlesex Hospital, London, to discuss the Wood Report and the Ministry's Interim Policy. PRO LAB 8/1387 Interim Policy Following on Working Party Report on the Recruitment and Training of Nurses, 1947-48.

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²⁶See for example: Letter: Sir William Douglas, Permanent Secretary, Ministry of Health, to Sir Godfrey Ince, Permanent Secretary, MLNS, 3/10/47. PRO LAB 8/1469 Consideration of the Functions of the National Advisory Council on Nurses and Midwives in Relation to the National Health Service: Appointment of Members, 1947-51.

²⁷The issue was raised in: Note of a Meeting at the Treasury on 19/5/54 to Discuss the Nursing Appointments Service of the MLNS. PRO MH 55/2072 Future of the National Advisory Council on Nurses and Midwives, 1947-57.

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²⁹Quoted within Memorandum: MG Smieton, Assistant Secretary, Labour Supply Departments, MLNS to AM Reisner, Nursing Services Branch, MLNS, 28/10/42. PRO LAB 8/1039 Recruitment, Placing and Distribution of Nurses, 1942.

³⁰Treasury Chambers note created 2/6/54 PRO LAB 12/834 General Questions Relating to the Organisation of the Nursing Appointments Service, 1952-55.

³¹The Working Party on the Recruitment and Training of Nurses, 1947 (The Wood Report), London: HMSO.

³²Nuffield Provincial Hospitals Trust (1953). *The Work of Nurses in Hospital Wards: Report of a Job-Analysis*, London: Nuffield Provincial Hospitals Trust. The report is known under a variety of titles including *The Goddard Report*, *The Nuffield Report* and *The NPHT Report*.

³³Royal College of Nursing (2003) *Defining Nursing*, April 2003, London: Royal College of Nursing. The working party was led by Professor June Clark.

³⁴Royal College of Nursing (1942) *Nursing Reconstruction Committee Report (The Horder Report): Section 1: The Assistant Nurse*, p.10, *Responsibility for Enrolment and Control*, Royal College of Nursing Archives, Edinburgh.

³⁵Royal College of Nursing (2001) *Guide to Widening the Membership to Health Care Assistants and Nurse Cadets*, London: Royal College of Nursing.

³⁶*Ibid.*, p.5.

³⁷The decision of the Royal College of Nursing Council, the organisation's governing body, to support graduate status at the point of registration was reported in a variety of professional and general press releases in April 2004. See for example Mulholland H (2004) *Nursing Union Votes for Degree Only Training*, 5/4/04. *SocietyGuardian.co.uk* and Parish C (2004) *RCN Council Sticks With All-graduate Profession*. *Nursing Standard* 18(30): 7.

³⁸Higher Education Funding Council for England (2000) *Foundation Degree Prospectus*, Bristol: HEFCE.

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Appendix 1.

Factors favouring the use of colonial workers as nurses in Britain (expanded version).

- High numbers of nurses travelling from Britain to work in the colonies via the Overseas Nursing Association (ONA) in the late 1940s. These were the highest figures in the organisation's 50-year history.
- The active move away from raising colonial nursing standards through legislation within the colony (the change occurred via section 10 of the 1949 Nurses Act). This purposeful manipulation allowed an increased use of colonial-trained 'nurses'. This is because it gave responsibility for achieving the GNC nurse-registration standard to the individual, not to the colony. This meant that those who did not meet the standard on application to the GNC, could undertake an adaptation programme allowing them to be registered in a shorter amount of time. This situation still exists today. This opened an additional source of nurse recruits, who would actively come to Britain (through economic hardship) and gain adaptation, from their own colonial nurse training, to the highly regarded British state registration. Although there appears to be a paradox in preferring white Europeans to black workers in the workforce, the former presented language problems when entering a service dealing with the public. The manipulation of the Nurses Act could encourage individuals, and notably women, to come into a specific occupation, rather than emigrating with the hope of some kind of employment
- No accommodation issues. The hospital system could offer a nurses' home, although often only to women. Although accommodation is highlighted as the main reason black men were discouraged, it was a somewhat convenient excuse, and letters from colonial men to the MLNS do suggest that those with appropriate and often very good qualifications were rejected. This may also however, have been part of a lack of understanding of the standards of overseas qualifications which continues today. The absence of post-war building of hospitals restricted the ability to create new nurses' homes, but no practical solution was ever offered to encourage colonial men into nursing.
- An arena of hospital institutional control. This ensured appropriate societal behaviour in both work and private life.
- The manipulation of selection procedures to encourage further migration in the mid 1950s. However, when the applicant standards dropped, a rapid reapplication of the colonial selection procedure occurred. This appears to mirror growing societal racial tension throughout the 1950s.
- Differing concepts of 'duty'. For colonial nurses this was to seek a better life for themselves and their young families, away from severe economic hardship. The ministerial expectation was a return home upon qualifying, after providing three years service.

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