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Male and female nursing applicants' attitudes and expectations towards their future careers in nursing

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Barbara Mullan
Coordinator Health Psychology
School of Psychology, The University of Sydney, New South Wales, Australia

Jon Harrison
Senior Lecturer
Child Division, University of Central England, Birmingham, UK

Abstract This paper investigates the assumption that men have a greater opportunity for career success in the nursing profession than women. This study investigates, through the use of a questionnaire, the attitudes and future expectations of male and female individuals attending interviews to enter a pre-registration nursing course. The results from the questionnaires were analysed using both descriptive and inferential methods of analysis, and the findings were discussed in relation to the existing research. In only two of the items, significant differences were found between male and female nursing applicants' attitudes and expectations towards their future careers. The results of this study indicate that it is unlikely to be the individual differences between males and females that determine their career progress, and instead it is more likely to be the organisational barriers within the health service or changes in expectations that are continuing to slow the career progress of female nurses. The results from this study have many implications for recruitment to nurse education programmes for men and women within nursing and the health service organisation as a whole.

Key words attitudes; expectations; gender; nursing

Introduction

There has been considerable research in nursing into the apparent advantages that men experience (e.g., Evans, 1997; Kleinman, 2004; Williams, 1992). Many reasons are proposed to explain this, including the culture of the institution (Evans, 1997)

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and managers' beliefs that men are better leaders (Kleinman, 2004). However, the most commonly posited explanation includes working part time (Evans, 1997; Whittock, *et al.*, 2002), taking career breaks (Buchan, *et al.*, 1989) and having children (Wajcman, 1996). Other research has suggested that it is more to do with the aspirations of females (Skevington and Dawkes, 1988). However, with the exception of the study by Winson (2003), the majority of research in the field has explored the aspirations and expectations of qualified and experienced nurses. Indeed, the Winson (2003) study was a retrospective study; therefore, nothing is known about the aspirations and expectations of those just about to embark on their nursing careers. Thus, the study outlined in this paper investigates the career intentions and attitudes of male and female individuals who are not qualified nurses, but who are instead applying to train as nurses.

Literature review

Gender and nursing

Male success in nursing

Much has been written recently about the potential short fall of nurses that certain western countries are facing (Trossman, 2003; Whittock and Leonard, 2003). One recommendation is to increase the number of men in the profession (Sochalski, 2002; Trossman, 2003). Men only make up between 5% and 10% of the workforce in the UK, USA and Canada. For example, in March 2000, only 5.4% of nurses in the USA were male (Trossman, 2003). Although a small percentage, it actually represents a 226% increase in the number of male nurses in the past two decades (Trossman, 2003). There are many reasons suggested for the lack of men in nursing. For example, Poliafico (1998) suggests that peers considered nursing to be unmanly, which was a disincentive for becoming a nurse. Another reason suggested as to why men are not attracted to nursing is the low economic status accorded to nursing (Meadus, 2000).

However, the most commonly proposed reason is that men are less likely to enter female jobs than women are to enter male occupations (Jacobs, 1989 cited in Williams, 1992). Men have always had a role in nursing (Mackintosh, 1997), and furthermore, Evans (1997) suggests that the small number of men currently in the profession occupy a privileged position compared with their female colleagues. In the UK, 9% of nurses are male, but just over half of the UK's top nursing positions are held by males (Wright, *et al.*, 1998). Furthermore, men are three times more likely than women to be found in higher grades in nursing (Whittock, *et al.*, 2002).

This is supported by other research in the UK, which found that men make up around 35% of managerial grades (Gaze, 2003; Hunt, 1991; Leroy, 1983; Nuttall, 1983; Ratcliffe, 1996). A study by Finlayson and Nazroo (1997) found that despite only making up 7% of the nursing workforce in 1995, men were more than twice as likely as women to be an H or an I grade (senior nursing grades in the UK). Studies have also indicated that men are not only over-represented in the senior posts, they also achieve promotion more quickly than women at all levels of the nursing hierarchy above the initial grade (Nuttall, 1983; Ratcliffe, 1996). The reasons for this over-representation are challenged by Villeneuve (1994) in a Canadian literature review who argues that over-represention of men at higher grades is due to more men being full-time staff, and further suggests that, in Canada, any differences are negligible. This is partially supported by research in the UK where only 5 per cent of males in

nursing work part time compared with 33 per cent of women (Whittock, *et al.*, 2002). However, the reasons given to explain this are very different to those of Villeneuve (1994). Whereas Whittock, *et al.* (2002) argue that research exists which shows the equal commitment of female part timers, they suggest that managers perceive part-time female staff to be less attached to their careers. Furthermore, Evans (1997) believes that male nurses were seen to bring stability to the nursing profession, which had always been seen to be at the mercy of marriage and motherhood, but that this attitude reflected hidden advantages for men and disadvantages for women. In 1998, for example, 65 per cent of all working mothers with children aged under 5 worked part time compared with only 3 per cent of fathers (Labour Force Survey, 1998). Homans (1989) states that there is clear evidence from National Health Service (NHS) employees at all levels that women balance their own earnings against the costs of childcare, and it is these calculations that sometimes contribute to women opting for part-time jobs in the NHS. Although part-time work can enable the combination of work and family life for many women, Callender (1996) notes that part-time work often attracts poor conditions of employment and limited opportunities for promotion and career development.

Adams (1994) suggests that the disproportionate number of men occupying key decision-making or managerial positions in the NHS has arisen because generally men do not have to make the same sort of choices as those faced by women; that is family life versus a career. Studies have shown that marriage or cohabitation can have an effect on the female nurses' career progress. For example, Hardy (1986) and Hutt (1985) found that those women who become senior managers are more likely than men to be single and less likely to have children. A more recent study by the NHS Women's Unit (1995) found evidence similar to these findings. Another study carried out in the UK by the British Institute of Management (cited in Davidson and Burke, 2000) also found that only 58 per cent of women managers are married compared with 93 per cent of male mangers, and of these married men and women, male managers are three times more likely to have children than their female colleagues. Research by Wajcman (1996) reports that many female managers consciously choose to centre their lives on their career and 'have clearly decided that childlessness is a precondition for a successful managerial career' (p. 620). In addition, it could be assumed that men tend to reach the higher positions because they are more likely to receive support from their partners and are less likely to have their careers restrained by their spouse or family (Kerswell and Booth, 1995). Specifically in nursing, it has been argued that for male nurses, being married is a significant advantage (Evans, 1997). Studies have consistently reported that one of the major reasons for women's slower progress in nursing is the number and length of career breaks taken by women, particularly to have children (Buchan, *et al.*, 1989). One of the most recent studies indicated that women were 10 times more likely than men to have taken a career break to care for children (Finlayson and Nazroo, 1997).

Other reasons for the success of men in nursing have been proposed. Hardy (1986) suggests that where men tend to make linear career moves up the nursing hierarchy, lateral movement is more a part of the careers of females and is likely to delay upward mobility for an average of 9.4 years. In addition, Hunt (1991) reported that where both linear and lateral career moves were made, males still progressed more quickly than females. Ratcliffe (1996) suggests that the difference in career movement between males and females is not due to 'some kind of inherently female trait, but because the structure of the labour market affects men and women differently' (p. 390). Davidson and Cooper (1992) state that 'women are confronted by a glass ceiling when it comes

to entering positions of power...this glass ceiling is invisible but women experience it as a very real barrier when they vie for promotion to top jobs' (p. 15). According to Finlayson and Nazroo (1997), however, the glass ceiling is 'almost certainly a misnomer as difficulties for women are present at relatively junior positions, for example in the transition from F to G grade' (p. 84). This is in contrast to what Williams (1992) has called the *glass elevator* for men where men in female dominated areas feel under pressure to advance from clinical/practice areas into more senior administrative areas, leading to even more disparity between the sexes.

Several studies have indicated the possibility that women may be generally less orientated towards a career, which includes the prospects of promotion and management. A study by Skevington and Dawkes (1988) found that with the exception of those who were about to retire, all the men in the study expressed a desire for promotion compared with 53% of women. This finding is supported by Winson (2003) who explored the career aspirations of men and women at two points in their career, at qualification (asked about retrospectively) and 'now' (in their current position of nurse manager or sister/charge nurse). The findings showed that men were much more likely to have high aspirations on entering nursing than women and to continue the desire to obtain promotion.

It has also been suggested that nursing structures opportunities for men independent of their individual desires or motives (Williams, 1992).

Nonetheless, a study by Davies and Rosser, (1986) casts doubt on the notion that women are less career orientated than men. The study found no support at all for the notion that men were career minded and women were not. Similar results were found in the study by Finlayson and Nazroo (1997), which clearly reported that women are just as interested in their careers as men but did not expect to be promoted in the near future.

With the exception of the study by Winson (2003), the majority of research in the field has explored the aspirations and expectations of qualified and experienced nurses, and indeed, Winson's (2003) study was a retrospective study; therefore, nothing is known about the aspirations and expectations of those just about to embark on their nursing careers. Thus, this study intends to investigate the career intentions and attitudes of male and female individuals who are not qualified nurses, but who are instead applying to train as nurses.

Hypotheses

HO_1

There will be no difference between males and females on the importance they place on the 16 aspects of the nursing role considered.

HO_2

There will be no difference between males and females on their expected position in 10-years time.

HO_3

There will be no difference between males and females on their ideal position in 10-years time.

HO_4

There will be no relationship between the ideal and expected positions of respondents.

Methodology

Design

The research tool used was a self-administered questionnaire, which was specifically designed for this particular study. The questionnaires were partly designed on the basis of the literature review but also incorporated an established tool by Finlayson and Nazroo (1997). The questionnaire consisted of 16 closed statements measured on a five-point Likert scale ranging from *very important* to *very unimportant*. There were six questions relating to future ambitions and expectations. To complete the questionnaire, there were three questions on demographics, that is, age, gender and entry qualifications.

Sample

A non-probability, convenience method of sampling was used in this study. The conveniently available sample was the people undertaking an interview for the nursing degree course at the selected University in three intake years. In total, 600 questionnaires were distributed, and 273 questionnaires were returned, of which 239 (87.5 per cent) were from females and 34 (12.5 per cent) were from males, producing an overall response rate of 45.5 per cent.

Ethical considerations

Ethical approval, from the University where the research was undertaken, was obtained. Participants were informed that their participation was voluntary, the purpose of the research explained and confidentiality assured to uphold rights pertaining to informed consent and confidentiality.

Analysis

The Statistical Package for Social Sciences (SPSS version 11.5 for Windows, Chicago, Illinois) was used to carry out descriptive and inferential statistical tests on the data obtained from the questionnaires. Descriptive statistics were used to consider the demographic variables of age, gender and socio-economic class. SPSS proved the data obtained not to be normally distributed, and therefore the non-parametric statistical tests of Mann–Whitney *U*-test, chi-squared test and Spearman's correlation were used.

Results

Using chi-squared test, there was found to be no significant differences between males and females on socio-economic background or on age.

The inferential statistical test of Mann–Whitney *U* was carried out on each factor to see if there was a difference between the male and female nursing applicants. It was found that with the α-level set at 0.05, there are two significant differences between the male and female nursing applicants (Table 1). These were status of the job and interesting work.

Table 1 Results of the Mann–Whitney *U*-tests comparing male and female nursing applicants' views about factors influencing their choice of nursing as a career

Factor	*Z*	*P*
Helping others	−0.806	0.42
A job suiting your talents	−0.201	0.84
Opportunities to travel	−0.082	0.935
Opportunities to take responsibility	−0.155	0.877
Opportunities to supervise	−1.083	0.279
Security of employment	−1.342	0.180
Prospects of promotion	−1.376	0.169
Prospects of further training	−1.129	0.259
Starting salary	−1.300	0.194
Long-term salary prospects	−0.445	0.656
Status of the job	−2.088	0.037
Interesting work	−2.569	0.010
Rewarding work	−0.066	0.947
Family member or friend in nursing	−1.133	0.257
Structured career	−0.594	0.552
Availability of work	−0.159	0.874

The majority of respondents expected to remain within clinical practice. A larger percentage of females (19.6 per cent) anticipated taking a career break compared with only 11.8 per cent of males. However, as can be seen in Table 2, this was not significant. Also there were no other differences between males and females on where they expect to be working 10 years after graduation.

Spearman Rho correlations were preformed to consider the relationship between respondents expected and ideal position in 10 years. The results can be found in Table 3. There was a high positive correlation between the expected and ideal jobs of both males and females. Using Mann–Whitney *U*-test, no differences were found between males and females on their expected or ideal positions.

Discussion

Two significant differences between male and female nursing applicants with regards to their attitudes towards their careers were found. These were 'Status of the job' and 'Interesting work'. In both instances females found that these factors were more important to them in choosing nursing as a career than males did.

For the other factors, there were no significant differences between males and females. This, therefore, implies that male and female nursing students have the

Table 2 Career aspirations of respondents 10 years after their graduation

Occupation 10 years after graduation	Female	Male
Working in clinical practice	88.7% (*n* = 212)	91.2% (*n* = 31)
Undertaking research, further education	38.1% (*n* = 91)	35.3% (*n* = 12)
Working abroad as a nurse	32.2% (*n* = 77)	29.4% (*n* = 10)
In a non-nursing job	0.01% (*n* = 2)	00.0% (*n* = 0)
Working in nurse education	15.1% (*n* = 36)	17.6% (*n* = 6)
Having a career break	19.6% (*n* = 47)	11.8% (*n* = 4)
Do not know	11.3% (*n* = 27)	11.8% (*n* = 4)

Table 3 Spearman correlations of ideal and expected future positions

	R	*N*	*P*
Males	0.800	31	0.01
Females	0.612	197	0.01

same attitudes towards their careers. These findings support those of Davies and Rosser (1986) and Finlayson and Nazroo (1997) who both found that there was no difference in the career orientation of female nurses compared with male nurses. It would, therefore, be feasible to say that on the basis of this study, it is unlikely that male nursing applicants have any career advantage as a result of their greater orientation to career and work.

It has been suggested that it is the organisational barriers encountered within the NHS, and not the individuals own career orientations that may determine the success of each individual's career progression (Goss and Brown, 1991; Callender, 1996, Finlayson and Nazroo, 1989). For example, a number of studies have linked women's slower career progression to the number and length of the career breaks taken by the female nurse (Buchan, *et al.*, 1989; Finlayson and Nazroo, 1997). Within this present study, the nursing applicants were asked whether they would have a career break within 10 years of their graduation. It can be seen in the results that a much higher percentage of female respondents compared with male respondents indicated that they would have a career break within 10 years of their graduation (19.6% female, 11.8% male). This finding supports those of Buchan, *et al.* (1989) and Finlayson and Nazroo (1997) who found that women were considerably more likely than men to have taken a career break and were also more likely to have taken a longer break. This study has found that there is no significant difference between male and female nursing applicants' attitudes towards their careers, and it has in fact been identified that in some respects the female respondents are more likely than males to identify the importance of promotional and management opportunities. Assuming that both the male and female respondents complete the degree, they will both have the same nursing qualifications, and therefore the only major difference between the two groups within this study is that the female respondents are more likely to take a break in their careers within 10 years of graduation than the male respondents. The questionnaire used in the present study did not ask the respondent whether the career break would be specifically to care for children, but previous studies have indicated that it is more than likely that career breaks are taken for family reasons (Goss and Brown, 1991; Finlayson and Nazroo, 1997). The influence of families has been found to affect the progress of males and females in different ways. It has been found that taking a career break to have and care for a child is often associated with downward occupational mobility, especially amongst women who return to part-time work (Corby, 1991). The current career structures within the NHS are largely unsupportive of the high proportion of individuals who are often unable or sometimes unwilling to work full time. This group of individuals is predominately made up of women, many of who have family responsibilities. It can, therefore, be stated that taking a career break to have children and working part time are likely to have great implications for the career progression of women.

In the present study, there were no differences between men and women in the level they expected to have attained 10 years into their career. This contrasts with Skevington and Dawkes (1988) and Winson (2003) who looked specifically at the

respondents' desire for promotion and found that a higher proportion of male nurses expressed a desire for promotion. This was supported by Finlayson and Nazroo (1997) who also found that men were more likely than women to have reported that promotion was very important to them when making their decision to do nursing. However, they did find that women did not expect to be promoted in the near future. Hardy (1986) suggested that where differences in career orientations between men and women were identified, this could be a result of their evaluation of both the likelihood and costs of success. One possible explanation may be that having spent time within a health care system, it is feasible that female nurses begin to perceive limited promotional opportunities because they have observed that women are not well represented at senior management levels. It is also possible that personal issues, such as family responsibilities, may also lead to the female nurse having concerns about undertaking the responsibilities and time demands associated with promotion and management, and this too may influence her perceptions about future career opportunities. There is some research that suggests that the majority of men also 'doubt their efficacy to handle competently the combined demands of job and parenthood' (Bandura, 1997 p. 193). 'However, men do not often have to make the decision between career success and family responsibilities, as it is still regarded as acceptable within society for men to escape the difficulties of juggling multiple roles with minimal involvement in housework and childcare' (Bandura, 1997).

Although many previous studies have concentrated on the differences between male and female nurses, this study has actually found that before becoming a registered nurse, it, in fact, seems that there are instead more similarities than differences between potential male and female nurses. The reasons why female nurses are progressing more slowly than their male counterparts may not, as previous studies have concluded, be the result of a difference in attitudes towards their careers. The differences in career progression may instead be due to the female's anticipation of disadvantage once they start their work within the NHS, perhaps as a result of the barriers relating to their greater family responsibilities.

The findings of this study, therefore, suggest that it not the differences in male and female orientations towards their careers that determine their career progression, but it is instead the organisational barriers encountered within the NHS that are slowing the career progression of female nurses once they become registered. This suggestion is substantiated by past studies such as Goss and Brown (1991) and Finlayson and Nazroo (1997), which have also identified the impact that organisational barriers have on female nurses' careers. The overall findings can be seen to be positive in that the explanations for female nurses' career progression are unlikely to be related to female nurses' lack of career orientation. Instead, the explanations for the slower career progression of females is more likely to be related to the organisational barriers found within the NHS, and it is hoped that these barriers will eventually be eliminated so as to allow gender equality within all positions of the nursing hierarchy. The overall strength of this study has been in emphasising the problems that women face when trying to progress in their careers. The main limitations of the study relate to sampling. Although non-probability sampling 'is less likely than probability sampling to produce accurate and representative samples' (Polit and Hungler, 1999, p. 281), constraints on resources meant that this particular sampling method was the most feasible for this particular study. The number of male respondents is small and may have impacted on the non-significance of results. However, these small numbers are representative of both the number of males within nursing and

the proportion registered on the programmes in question. Therefore, the results may be more representative than they first appear.

Conclusion

In general, male and female applicants shared the same goals and aspirations for their future nursing career. It may be that as female nursing applicants are younger than their qualified counterparts, they have different aspirations, having been born after "women's lib". A more likely explanation lies within the culture of the NHS and needs to be researched further.

Key points

The main recommendation, therefore, is that the NHS should ensure that they take action to reduce and eliminate these barriers (which are causing so many problems for the registered female nurse). To overcome these barriers to women, it is of vital importance that there is an understanding of the ways in which organisational culture impacts on different individual's ability to contribute in the work place. Despite the fact that the number of women in paid employment is continuing to rise, many workplaces such as the NHS have not altered their expectations of employees or provided work policies to allow women, and indeed men who choose to share dependent care, to balance work and family responsibilities. For example, the availability of childcare facilities within the NHS remains very poor (Finlayson and Nazroo, 1997) despite the fact that the number of women with children participating in the paid workforce has increased markedly over the recent decades (Equal Opportunities Commission, 1999). This lack of childcare facilities within the NHS is perhaps one of the greatest barriers to women's progression in their careers, and it is, therefore, recommended that this is one of the greatest areas in need of reform. Other areas that need to be urgently addressed by the NHS relate to the need for increased flexible work practices and also increased part-time work in all nursing specialities and grades within the NHS.

References

Adams, J (1994) Opportunity 2000. *Nurs Times* **90**: 31–32.

Bandura, A (1997) Self-efficacy: The Exercise of Control. New York: W.H. Freeman.

Buchan, J, Waite, R, Thomas, J (1989) Grade Expectations: Clinical Grading and Nurse Mobility: A Study for the Royal College of Nursing. Brighton, Sussex: Institute of Manpower Studies, University of Sussex.

Callender, C (1996) Women and employment. In: Hallett, C (ed), Women and Social Policy: An Introduction. London: Prentice Hall/Harvester Wheatsheaf.

Corby, S (1991) When two halves make total sense. *Health Service Journal* **101**: 20–21.

Davidson, MJ, Burke, RJ (2000) Women in Management. London: Sage.

Davidson, MJ, Cooper, CL (1992) Shattering the Glass Ceiling: The Woman Manager. London: P.Chapman.

Davies, C, Rosser, J (1986) Processes of Discrimination: A Report on a Study of Women Working in the NHS. London: DHSS.

Evans, J (1997) Men in nursing: issues of gender segregation and hidden advantage. *J Adv Nurs* **26**: 226–231.

Finlayson, LR, Nazroo, JY (1997) Gender Inequalities in Nursing Careers. London: Policy Studies Institute.

Gaze, H (2003) Man appeal. *Nurs Times* **83**: 24–27.

Goss, S, Brown, H (1991) Equal opportunities for women in the NHS. London: HMSO.

Hardy, L (1986) Career politics: the case of career histories of selected leading male and female nurses in England and Scotland. In: White, R (ed), Political Issues in Nursing: Past, Present and Future. Chichester: Wiley.

Homans, H (1989) Women in the National Health Service: Report of a Case Study into Equal Opportunities in Clinical Chemistry Laboratories. London: HMSO.
Hunt, M (1991) Who flies highest. *Nurs Times* **87**: 29–30.
Hutt, R (1985) Chief Officer Career Profiles: A Study of the Backgrounds, Training and Career Experiences of Regional and District Nursing Officers. Brighton: Institute of Manpower Studies.
Kerswell, J, Booth, J (1995) New degree of prejudice. *Nurs Stand* **9**: 46.
Kleinman, CS (2004) Understanding and capitalizing on men's advantages in nursing. *J Nurs Adm* **34**: 78–82.
Labour Force Survey (1998) Labour Force Survey. London: Office for National Statistics.
Leroy, L (1983) Continuity and change: power and gender in nursing. *J Prof Nurs* **2**: 28–36.
Mackintosh, C (1997) A historical study of men in nursing. *J Adv Nurs* **26**: 232–236.
Meadus, RJ (2000) Men in nursing: barriers to recruitment. *Nurs Forum* **35**: 5–12.
NHS Women's Unit (1995) Creative Career Paths in the NHS. London: Department of Health.
Nuttall, P (1983) Male takeover or female giveaway. *Nurs Times* **79**: 10–11.
Poliafico, JK (1998) Nursing's gender gap. *RN* **61**: 39–42.
Ratcliffe, P (1996) Gender differences in career progress in nursing: towards a non-essential structural theory. *J Adv Nurs* **23**: 389–395.
Skevington, S, Dawkes, D (1988) Fred Nightingale. *Nurs Times* **84**: 49–51.
Sochalski, J (2002) Trends: nursing shortage redux: turning the corner on an enduring problem: enhanced career ladders, better wages, flexible hours, and a more satisfying workplace would aid in retaining RNs in the nursing workforce. *Health Aff* **21**: 157–163.
Trossman, S (2003) Caring knows no gender: break the stereotype and boost the number of men in nursing. *Nev Rnformation* **12**: 19.
Villeneuve, MJ (1994) Recruiting and retaining men in nursing: a review of the literature. *J Prof Nurs* **10**: 217–228.
Wajcman, J (1996) The domestic basis for a managerial career. *Sociol Rev* **44**: 609–629.
Whittock, M, Edwards, C, McLaren, S, Robinson, O (2002) 'The tender trap': gender, part-time nursing and the effects of 'family-friendly' policies on career advancement. *Sociol Health Illn* **24**: 305–326.
Whittock, M, Leonard, L (2003) Stepping outside the stereotype. A pilot study of the motivations and experiences of males in the nursing profession. *J Nurs Manag* **11**: 242–249.
Williams, CL (1992) The glass escalator: hidden advantages for men in the "female" professions. *Soc Probl* **39**: 253–267.
Winson, G (2003) A study of nurse career paths. *Sr Nurse* **12**: 11–19.
Wright, CM, Frew, TJ, Hatcher, D (1998) Social and demographic characteristics of young and mature aged nursing students in Australian Universities. *Nurse Educ Today* **18**: 101–107.

After completing her undergraduate and masters degrees, **Barbara Mullan** (BA (Hons), MA, PGCE, PhD) worked in the hospitality industry for three years then completed her PhD in Health Psychology with the Open University while employed as a Research Assistant in UWIC. Between 1997 and 2005, she was employed by the School of Health Sciences, University of Birmingham, as a lecturer in Health Psychology. Barbara's research during this time included work in aggression and violence, sex education, stereotypes and collaborative work with occupational therapists, nurses, physiotherapists and other psychologists. She moved to the University of Sydney in 2005 where she had responsibility for writing the new Masters in Health Psychology, which started in March 2007, and she is the Coordinator of this program.
Email: barbara@psych.usyd.edu.au

Jon Harrison (RN (child), B Nurs (Hons), PGCert Ed) qualified as a Children's Nurse at the University of Birmingham, in 2001. He then worked at City Hospital, Birmingham for five years within different paediatric units including Neonatal Intensive care, General Medicine and A and E. During his final year at City Hospital, he worked as a Clinical Teacher for the Trust's Practice Development Team. His interest in Nurse Education brought him to the Faculty of Health at the University of Central England, Birmingham. Jon's main responsibilities as a Senior Lecturer within the Child Health Division involve the coordination of the 'Care of the Acutely Ill Child and Young Person in Hospital' module. He is also seconded by the Faculty to coordinate the content design and administration of the Faculty's Virtual Learning Environment, Moodle.
Email: Jon.Harrison@uce.ac.uk

Appendix

Questionnaire

How important to you were each of the following in choosing to apply for a career in nursing?

	Very important	Fairly important	Neither	Fairly unimportant	Very unimportant
1. Helping others	☐	☐	☐	☐	☐
2. A job suiting your talents	☐	☐	☐	☐	☐
3. Opportunities to travel	☐	☐	☐	☐	☐
4. Opportunities to take responsibility	☐	☐	☐	☐	☐
5. Opportunities to supervise	☐	☐	☐	☐	☐
6. Security of employment	☐	☐	☐	☐	☐
7. Prospects of promotion	☐	☐	☐	☐	☐
8. Prospects of further training	☐	☐	☐	☐	☐
9. Starting salary	☐	☐	☐	☐	☐
10. Long term salary prospects	☐	☐	☐	☐	☐
11. Status of the job	☐	☐	☐	☐	☐
12. Interesting work	☐	☐	☐	☐	☐
13. Rewarding work	☐	☐	☐	☐	☐
14. Family member or friend in nursing	☐	☐	☐	☐	☐
15. Structured career	☐	☐	☐	☐	☐
16. Availability of work	☐	☐	☐	☐	☐

17. Other reasons (please specify)

_____

_____

_____

_____

_____

What do you expect to be doing 10 years from now? If still in nursing what grade or type of nurse would you expect to be? What grade or type of nurse would you ideally like to be?

(Here is the nursing structure and pay scale used by the NHS. Using this as a guide, please tick one "expected" and one "ideal" box below)

Grade	Explanation	Pay scale
D	New staff nurse	£17,060-£18,830
E	More experienced staff nurse	£18,.320-£22,015
F	Junior sister/charge nurse	£20,220-£26,180
G	Senior sister/charge nurse	£23.860-£29.035
H	Senior nurse managing other grades	£26,650-£31,960
I	Clinical specialist (may not be ward based)	£29,515-£34,920

Nursing grade	Expected	Ideal
D		
E		
F		
G		
H		
I		
Nurse specialist		
Nurse educator		
Nurse practitioner		
Other (please specify) _____		

In 10 years I will be.....
(Please tick either yes or no)

	Yes	No
Working in clinical practice	☐	☐
Undertaking research/further education	☐	☐
Working abroad as a nurse	☐	☐
In a non-nursing nurse	☐	☐
Having a career break (for example for family reasons)	☐	☐
Working in nurse education	☐	☐
Don't know	☐	☐

Please Tick

Age ☐

Gender	Male	Female

How would you define your social class?

Social Class	**Occupation of Head of Household**	
A Upper middle class	Higher managerial, administrative or professional	
B Middle Class	Intermediate managerial, administrative or professional	
C1 Lower Middle Class	Supervisor or clerical and junior	
C2 Skilled Working Class	Skilled manual workers	
D Working Class	Semi-and unskilled manual workers	
E Those at the lowest levels of subsistence	State pensioners etc. with no other earnings	