

Why Do Nurses Nurse?

A consideration of financial and other incentives

By Ellwynne M. Vreeland, R.N.

WHY do nurses nurse? What incentives will attract more women to the field? These questions are of great importance, for society is confronted with a scarcity of a commodity upon which it has come to place some value.

A series of thoughtful studies has been published during the past year by individuals and groups concerned with health as a vital national resource. They agree that there is a shortage of nurses; that it is serious; and that it is likely to become even more serious unless planning and action take place expeditiously. The studies point out that, in spite of negative factors of low income, arduous work, long hours, unpleasant working and living conditions, and many opportunities for employment in other fields, there are more women actively engaged in nursing than ever before.

Obviously, then, there are some incentives other than monetary reward that attract and hold nurses in their chosen occupation in our so-called "pecuniary" economic system. The studies show also that, although the number of women engaged in nursing is greater than ever before, the number of students entering schools of nursing is diminishing at a rate far out of proportion to the ratio estimated as necessary for meeting immediate and future nursing needs; that while the enrollment in schools of nursing lags, the number of women high school graduates entering other occupations increases.

Clues from the History Books

Factors influencing any group at any given time have their roots in the past. The examination of highlights of nursing history gives some clues to our present dilemma. We find that the family organization provided the earliest known nursing care. In the early centuries A.D., widows and virgins performed nursing duties in fulfillment of the ideal of brotherly love and obedience to the Christian law

of hospitality and service. Under the monastic system, nursing became a remedy for sick souls through hard physical labor and performance of distasteful duties. This was considered an effective method for developing humility, patience, and other virtues. Later, when nursing became secularized in the military orders and in the nursing societies or motherhouse systems, duties were carried on in accordance with ideals of charity and mercy. Nursing functions, then, in the early centuries of the Christian era were undertaken because of religious zeal based on tenets of charity and brotherly love and for purposes of developing Christian virtues in the individual bestowing service.

The incentives which prompted nineteenth century English society women to become nurses were somewhat different. Rebellion against restrictions placed upon her because of her sex was a powerful motivating factor for Florence Nightingale. Coupled with this was a strong desire to bring about social reforms in England. She exhorted other society girls to throw off the fetters of boredom and ineffective life and to seek satisfying occupation. These incentives took precedence over monetary rewards with this first group of "modern" nurses.

The Nightingale school during its early years considered paying students. Miss Nightingale said that one purpose of the school was to give "the best training we could to any woman of any class, of any sect, paid or unpaid, who had the requisite qualifications, moral, intellectual, and physical, for the vocation of a Nurse."¹ From this early school the tradition of service to mankind through devotion to duty, self-sacrifice, hard work, and adherence to religious and military discipline, was handed on to the first schools of nursing in the new world.

The struggle of women for freedom parallels the development of nursing in the United States. The early schools of nursing attracted many well-educated women from good families—women who



found nursing an appealing variation of occupation from governess or companion. Our changing society left more women to shift for themselves. Nursing became a particularly desirable occupation for the unmarried and widowed who might otherwise have been dependent on relatives. It provided the necessities of life and protection comparable to that provided by home and family. But above all, it provided self-gratification through service and an outlet for the maternal instinct.

Money Creeps Into the Picture

Educational opportunities for women continued to be both meagre and costly, and more and more young women turned to the school of nursing for an education which they could afford. Some were wooed by the idea of romance; some were frankly curious; many followed in the footsteps of mothers, sisters, or friends. As time passed, relatively few daughters of the rich became nurses. But the rich became conspicuous consumers of nursing services.

Social responsibility and patriotism were powerful incentives during the first World War. Enrollment in schools of nursing increased rapidly. For the first time nurses served their country abroad. When the war was over they had the intense satisfaction of knowing that they had done a commendable job and contributed to a national victory.

Suffrage for women became a reality in 1920 and the status of women in the country's economic life climbed a little higher. There was evidence that the monetary incentive in nursing was increasing. Nurses were becoming ambitious; they needed to grow in service and

MISS VREELAND (Massachusetts General Hospital School of Nursing, Boston; B.S., Teachers College, Columbia University) is nurse education consultant with the Division of Nursing, U.S.P.H.S.

¹ COOK, SIR EDWARD: *The Life of Florence Nightingale*, Vol. II, New York, Macmillan, 1913, p. 270.

to receive increased compensation as a reward for growth. Higher salaries were slow in coming, however, for studies of nursing during this period revealed an oversupply of poorly prepared nurses. In the 1930's thousands of nurses joined the ranks of the unemployed. Many of the poorest schools of nursing were closed. Students admitted to the better schools considered themselves fortunate but were concerned about the future; it was said that the oversupply of nurses was serious.

Nurses began to sense the importance of earning a living wage, and acquiring some security against unemployment, illness, and old age. They began to question whether or not society owed them something; whether hospitals had the right to use their services as students, graduate them, and thrust them out, inadequately prepared, to glut the market. Gradually hospitals began to employ their graduate nurses to give bedside nursing care. Patients, nurses, and hospitals benefited by this move. By 1940 the graduate bedside nurse was an indispensable part of any medical care program.

Nurses and World War II

The second World War again aroused nurses to do their patriotic duty; again they responded. On June 22, 1944, two and one-half years after the war began, commissioned rank was granted nurses for the duration of the war. A colonel became the commanding officer of a corps of 50,000 Army officers; a captain commanded a corps of 10,000 in the Navy. Their battlefield was the world.

Nurses were censured for lack of patriotism in the campaign propaganda for the nurse draft (May Bill) in 1944-1945. The evidence, when sifted, revealed the fact that more than one-third of the entire active nurse population of the United States had volunteered for service between "Pearl Harbor" and December, 1944. One out of every four nurses was accepted and served her country—the highest volunteer record of any single group in the history of the nation.

Probably the strongest incentives for nurses who volunteered for military service were desire for social approval, the self-satisfaction that accompanies altruistic efforts, patriotism, romance, adventure, and escape from job and other dissatisfactions. The monetary incentives, for the average nurse, were not great during the first years of the war. On the home front, some nurses forsook the profession for higher pay in industrial

work but this number was comparatively small. Nurses who remained at home faithful to their jobs accomplished a tremendous task without fanfare.

Returning service nurses found the situation on the home front far from bright. Many who remembered the indignities of relief and W.P.A. had resisted the wartime nurse training program. These young women, they said, will take our work. They found that their prophecy was wrong. Everywhere depleted civilian nursing staffs beckoned. Salaries and working conditions were generally less attractive than those in the Federal Services which they were leaving, and return to civilian employment was not contemplated with enthusiasm. Gradually, however, they went back to their work. Many married, but few left nursing for other occupations. Then the battle for public understanding began in earnest—and it still continues.

A Few Generalizations

It can readily be seen that the changes from monetary to a mixture of monetary and nonmonetary incentives in nursing have been dramatic. If a desire for wealth and security were the sole motivating factor we would have few nurses. Who knows a nurse who has become wealthy through practicing her profession? Most of us know many who have acquired a large amount of "psychic income" through service to others. Economists describe such contributions of service as "super-economic"—a priceless commodity.

Psychologists speak of individuals who have an instinct of constructiveness. It is this, they say, which makes some kinds of work intrinsically attractive to these individuals. Those who have this instinct are described as inclined to take no thought of the morrow and to do good work without regard to pay. This impulse undoubtedly has influenced the behavior of a large number of nurses.

The Department of Labor study of the economic status of registered professional nurses documents the incentive to improve one's status which is apparent in the desire for promotion, for recognition, and for increased rewards for a job well done. The nurse has always had the satisfaction of knowing that she is important to the patient. Her importance to other members of the health team and to society has multiplied many times in the past seventy-five years. Her own efforts to be self-effacing have been a large factor in her failure to receive due commendation. Her about-face in now seeking recognition has been a shock to many.

Fatigue and ill health, disagreeable surroundings at work, and thwarted positive impulses have long been recognized as underlying causes of employment dissatisfaction. There is much that is irksome about nurses' work as well as much that gives deep satisfaction. We know that one of the most powerful incentives in recruitment is the truly happy student or graduate nurse. According to the Labor Bureau study, then, the public health and industrial nurses are our best recruiters and the institutional nurses the poorest. The institutional nurses expressed more dissatisfaction with their work than any other group of nurses, yet they exceed all other groups in number and are the group who work most frequently with student nurses. That the institutional nurses are of the greatest importance to nursing of the present and future is certain. To help them solve the personal and/or occupational problems which cause their dissatisfactions should be of primary concern to all who are interested in overcoming the shortages in nursing.

Probably no incentive in nursing has been of greater importance than the status the nurse has held in society in this country. Nursing has generally been conceded to be women's work. Through the years it has remained relatively free of competition from men—a desirable aspect for many women in selecting a career.

Nursing is now confronted with a new status problem. Even before the end of the war there was evidence that two types of nurses were needed—that the professional and the practical nurse were here to stay. Adjustment to the idea that the majority of nurses have not actually been, and cannot in the future be, professional nurses takes time. It is hardest for those nurses who are thoroughly happy at the patient's bedside, who have

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no interest in the vertical promotion to administrative duties which has become the pattern in hospitals and health organizations. These are the staff and private duty nurses—the backbone of nursing service. They see both the need for change and a threat to their status. They know that they cannot continue to carry the load and are in need of assurance and support during the transition period. To them will fall a great share of the responsibility for helping the practical nurse find satisfaction in her work. Unless practical nurses secure status with both the health professions and society, the serious gap in nursing service will not be closed. And unless a sufficiently high value is placed on professional nursing to attract and hold some of the best thinkers from all strata of society, we may realize diminishing benefits from medical progress.

In general, nurses nurse because they enjoy nursing. The monetary incentive has become increasingly important in recent years as nurses have gradually emerged from their ivory towers to live and play like other human beings. It has become exceptionally important to those who could not otherwise afford an education. It is interesting to contemplate what may happen to nursing if the proposals of the President's Commission on Higher Education are carried out. If economic barriers are removed and scholarships are provided by states on a competitive basis, what proportion of the bright young scholars will nursing attract? More of the best is my prophecy.

Bibliography

- ANA Testimony on Proposed Draft Law, *Am. J. Nursing*, Vol. 45, pp. 383-385 (May) 1945.
- BROWN, ESTHER LUCILE: *Nursing for the Future*, New York, Russell Sage Foundation, 1948.
- CLARK, JOHN MAURICE: *Preface to Social Economics*, New York, Farrar, 1936.
- DICKINSON, ZENAS CLARK: *Economic Motives*, Cambridge, Harvard Univ. Press, 1922.
- The Economic Status of Registered Professional Nurses, 1946-1947*, Bull. No. 931, Bureau of Labor Statistics, U. S. Dept. of Labor, Washington, 1948.
- Graduate versus Students, *Am. J. Nursing*, Vol. 33, pp. 473-481 (May) 1933.
- I Believe (editorial), *Am. J. Nursing*, Vol. 32, pp. 68-69 (Jan.) 1932.
- Nursing and Nursing Education in the United States*, New York, Macmillan, 1923.
- A Program for the Nursing Profession*, prepared by the Committee on the Function of Nursing, New York, Macmillan, 1948.
- STEWART, ISABEL M.: *The Education of Nurses*, New York, Macmillan, 1943, Chapters 1 and 2.
- What of My Future? (editorial), *Am. J. Nursing*, Vol. 45, pp. 3-4 (Jan.) 1945.

We Can Help

A custom-made refresher course is all that many inactive nurses need to get them back into nursing

By Mary R. Shelton Percival, R.N.

THERE was a time, not so long ago, when hospitals and nursing care were considered a luxury and even the most seriously ill patients were often cared for at home. Complications occurred frequently and death was not a stranger.

Today the public has recognized the value of modern hospitals and the need for the expert care which graduate nurses give. Medicine and surgery have progressed rapidly and the longevity of the human race has been greatly extended. Hospitals, large and small, are crowded above capacity. More nurses are needed to give adequate care and there are not enough to fill the growing demand.

During the war, a great many retired nurses went back into their professional field. Many, like myself, who were unable to leave young children, taught Red Cross and home nursing classes; others worked in hospitals. Many were unprepared for the changes in medical and nursing technics, but they contributed a great deal just the same. Once a nurse always a nurse—and their good basic training, though long unused, carried these women through perhaps one of the most challenging episodes of their lives. They were of service then—they can be again.

Retired nurses are needed now. We can help. We can relieve, at least to some extent, the shortage of nursing service in our communities and at the same time satisfy a deep need within ourselves.

We live in a world of human beings. Few of us can find satisfaction living alone or selfishly. Perhaps the most fortunate are those who have a deep sense of responsibility and feel that they owe a great deal to the world in which they live. By contributing in their own way and using to the utmost the talents they possess, they find peace and understanding. There is no field where service can be more personal or where the rewards are more gratifying than in nursing.

MRS. PERCIVAL (St. Louis City Hospital Training School) does part-time relief and emergency nursing at Evangelical Hospital, Lewisburg, Pa.

I have talked to a great many inactive nurses and, without exception, they all want to again find self-expression and usefulness in the profession of their choice. They have long missed the contact with other nurses. Most of them have a closer feeling for nurses than they have for any other women. It is a bond which is hard to explain, but it is there.

For some twenty years I have been inactive as a nurse. Like so many others, I have been occupied with home and children. During this time I gradually lost touch with my profession. I felt inadequate and the thought of taking up where I left off gave me a fear complex which was hard to overcome. The new drugs, technics, and procedures frightened me. Many hospitals offered refresher courses, but they took months of time and I, like others, still had home responsibilities. And then I read a notice in the local paper that seemed to be placed there just for me. It described a course of lectures for inactive nurses—a refresher course in which I could participate.

The course was given at the hospital one evening a week for thirteen weeks. Doctors and nurses, specialists in their fields, gave lectures and demonstrations. A question and answer period followed each session. There were no examinations; what we learned was up to us. The interest shown by the "refreshers" was a splendid indication of their eagerness to brush up on nursing skills.

I cannot express in words how much I enjoyed being a part of this class. The hospital staff members were gracious hostesses and the nurses and doctors gave unstintingly of their time and energy. I not only learned the latest nursing technics, but all my past training became vivid and alive. My fears lost their grip; courage and desire took their place. Because of the refresher course, I am no longer entirely inactive as a nurse. Others could be encouraged through similar courses to go back into nursing. We, the host of inactive and forgotten nurses, can come back. We can be of help.