PROFESSIONAL STATUS AND MANAGERIAL TASKS - A COMPARISON OF NURSING AND SOCIAL WORK IN CONTEMPORARY BRITAIN WITH SPECIAL REFERENCE TO WOMEN'S WORK.

Maria Lorentzon, BSc (Soc), MSc (Soc)

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THESIS ABSTRACT

"Professional Status and Managerial Tasks - A Comparison of Nursing and Social Work in Contemporary Britain with Special Reference to Women's Work."

The thesis is based on documentary research concerned with a comparative examination of professionalism, managerialism and gender-typing in British nursing and social work. The mode of research is essentially qualitative in that selected documents are explored for relevant themes with subsequent examination of professional journals over a substantial period, in order to elicit the response to the above mentioned documents. All research material has been published between 1959 and 1986, although the historical antecedents are traced back to the Victorian era.

The theoretical starting point is that of Etzioni's (1969)(1) theory on "semi-professions", which is re-examined in the light of the above research material and other relevant literature, with a further development into what is termed "feminine professionalism" by the researcher. Thus the main research propositions are as follows:-

1. That Etzioni's thesis on the weakness of professional structures in certain occupations, with the tendency for managerialism to supervene in senior positions, applies in both nursing and social work.
2. That a distinct "gender division of labour" prevails in nursing and social work, with men predominantly occupying managerial/instrumentally orientated posts, whereas women tend to hold professional/expressively slanted positions. The notion of "feminine professionalism" is important in this context.
3. That the different hierarchical structures, professional ideologies and institutions and educational systems in British nursing and social work have contributed to their different development paths during the period under consideration.

The research revealed support for all propositions listed above, although material relating to "feminine professionalism" was of a more implicit nature, dealing with themes underlying

(1) Etzioni, A. 1969, Semi-Professions and their Organisation, New York, Free Press.

the practice of nursing and social work, not directly referred to within the terms of reference of the above documents. The latter concern themselves directly with professional, managerial and educational matters and the information gleaned under these headings was thus of a more explicit nature. Allowance for this difference in status of research information in the two categories has been made in analysing the research material.

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Chapter I:-

Introduction

The ideal of altruistic service characterises Victorian philanthropic effort within social welfare and health care. Middle class female reformers, such as Octavia Hill, Josephine Butler and Florence Nightingale devoted their energies to improvements within these areas and placed their hallmark of "feminine service" on the emerging nursing and social work "professions" (1). The latter term is commonly used to designate a multitude of occupations varying greatly in terms of autonomy over practice, control of knowledge and degree of altruism. It spans the full range from the long-established professions of law and medicine to "professional" football-players and funeral directors. Within the context of "trait theories" on professions (2) nursing and social work fall into the middle range, a category termed "semi-professions" by Etzioni and others (3). They are characterised by having a large female membership and by adopting the ideal of altruism to a higher degree than many other occupations, in which power and structural autonomy over practice are seen as more important.

The present research focuses on a comparison between modern nursing and social work following nineteenth century reforms within the areas of health and social services. The theoretical approach is based upon sociological theories on professions and professionalisation as exemplified by Johnson (4), Freidson (5) and Etzioni (6). Particular interest in comparing these occupations arose partly out of the realisation that, while nursing and social work have been individually compared with

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[1] Boyd, N. 1982, Josephine Butler, Octavia Hill and Florence Nightingale - Three Victorian Women Who Changed the World, London, MacMillan.

[2] Johnson, T. 1972, Professions and Power, London, MacMillan.

[3] Etzioni, A. et al. 1969, Semi-Professions and Their Organisation, New York, Free Press.

Freidson, E. 1970, Profession of Medicine, New York, Dodd and Mead.

[4] Johnson, T. 1972, Op. Cit.

[5] Freidson, E. 1970, Op. Cit.

[6] Etzioni, A. et al. 1969, Op. Cit.

established professions such as law and medicine, less work has been done on comparing the two "semi-professions" with each other (1).

Structural and ideological differences between nursing and social work abound although similarities are obviously apparent. Similar features include the fact that both occupations are numerically female-dominated and concerned with "nurturant" work. Within the British context nursing and social work also have similar philosophical roots in nineteenth century female ideology as discussed in a subsequent chapter. They are both designated as "semi-professions" as noted above. Education and training are centrally controlled in both occupations (2). The main differences between them are that nursing is normally performed within the National Health Service, controlled by central government (3) whereas social work is usually practised either under local government direction or within the voluntary sector. Nurses, with a few exceptions, are educated and trained within hospitals, whereas social work students have full student status at colleges of higher education and universities. Thus trainee nurses, apart from a small number of undergraduate nursing students, are apprentices (4), whereas social work students are not. Nurses would seem to adopt a more formal approach to patients and be more "conservative" than social workers, who tend to adopt a more informal, egalitarian approach to clients. Nurses tend to

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[1] Leonard, P. et al. at Warwick University are currently involved in a comparison between the "radicalism" of contemporary nursing and social work based on empirical research in various nursing and social work institutions. This research adopts a very different point of view in looking at the interaction between professionalism, managerialism and "femininity" in the two occupations and is based entirely on documentary sources. There should, thus, be very slight overlap only with the on-going work of Leonard et al.

[2] CCETSW = Central Council for Education and Training in Social Work.
UKCC = United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

[3] The private health care sector is expanding in Britain, however.

[4] But see Johnson, T. 1972, Professions and Power, London, MacMillan, and Burrage, M. in Goodlad, S. (Ed.) 1984, Education for the Professions, The Society of Research into Higher Education, Guildford, NFER-Nelson on tradition of apprenticeship British professional training.

work predominantly in large institutions and wear uniforms, whereas qualified social workers are more likely to work in the community and are non-uniformed. Nurses are, in general, concerned with physical tasks, whereas social workers outside the residential care setting, tend to act as counsellors and advisers rather than being involved in "hands-on" care (1). Nurses generally aim for full professionalisation according to the "trait" model discussed above, whereas large sectors of social workers would seem dubious about "apeing older professions" (2). There are proportionally more women than men in nursing than is the case in social work (3). Although both nurses and social workers lay claim to being "advocates" of their patients/clients this role would seem to be more fully developed in social work than in nursing. The latter occupation would also appear to be more open to innovation than the former. On first glance the differences between the two occupations appear more numerous than the similarities. The latter are, however, of considerable importance and form a large part of the present research interest.

A further development arising out of the semi-profession thesis, tentatively named "feminine professionalism" in this thesis, implies the operation of a different "process" within some female dominated occupations compared to that of established professions such as law and medicine. Thus, to describe the characteristics of nursing or social work as hall-marked by "semi" or "weak" professionalism may not offer a satisfactory explanation for their predominant ethos of altruism, compared to the striving for, or possession of, structural power in, say, law and medicine (4). The latter

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[1] It has been contended that the more "physical" part of social work is not social work proper but "tending". See Barclay, P. 1982, Social Workers - Their Role and Tasks, London, National Society of Social Work.

[2] Salvage, J. 1985, The Politics of Nursing, London, Heinemann Nursing.

Social Work Today, 4/5/82, p. 20.

[3] See Brook, E. & Davis, A. (Eds.) 1985, Women, The Family and Social Work, London/New York, Tavistock Publications.

- and Judge, H. 1985, RCN Commission on Nursing Education - A New Dispensation, London, RCN.

[4] See Johnson, T. 1972, Professions and Power, London, MacMillan.

professions are numerically male dominated. "Feminine professionalism" provides a different "power base", albeit founded on traditional feminine values. This thinking is rooted in nineteenth century feminine culture. Thus, drawing on theories such as that of Williams (1) features of "vocationalism" and "custodialism" are prominent in nursing and it is the contention of the present writer that the above characteristics combine to form a strong base for feminine professionalism with its paradoxical "care/castigation" orientation. This will be discussed further in a later chapter (2).

The perceived relationship between "semi-professionalism" and "feminine professionalism" within the context of this research venture is set out in diagrammatic form below.

Main Components of Semi-Professionalism (Etzioni et al)(3)	Main Components of Feminine Professionalism
Managerialism (Masculine Trait, Instrumentality: see T. Parsons)(4)	Custodialism (Feminine Trait, Expressiveness: see T. Parsons (4) and K. Williams)(4)
Professionalism (Masculine Trait, Instrumentality: see T. Parsons)(4)	Vocationalism (Feminine Trait, Expressiveness: see T. Parsons(4) and K. Williams)(4)

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[1]Williams, K. in Dingwall, R. & MacIntosh, J. 1978, Readings in the Sociology of Nursing, London, Churchill-Livingstone, pp.38-44.

[2]But rejection of traditional gender typing by Spender, D. in Stanley, L. & Wise, S. 1983, Breaking Out - Feminist Consciousness and Feminist Research, London, RKP, pp. 29-30.

[3]Etzioni, A. 1969, Semi-professions and their Organisation, New York, Free Press.

[4]Parsons, T. 1964, Social Structure and Personality, New York, Free Press, pp. 60-61, and Parsons, T., Bales, R.F., Olds, J., Zelditch, M.L. and Slater, P.E. 1955, Family Socialisation and Interaction Process, New York, Free Press, pp. 45, 46-47, 93, 94-95, and Williams, K. in Dingwall, R. and Mac Intosh, J. 1978, Op. Cit, pp. 38-44.

In the diagram above Etzioni's traits of semi-professionalism, that is, "managerialism" and "professionalism" are counterposed against "custodialism" and "vocationalism", as discussed with reference to the theory of Williams above. Drawing on the Parsonian theory on gender-typing, the characteristics listed as indicative of "semi-professionalism" are classified as masculine/instrumental traits,whereas those included under the "feminine-professionalism" heading are designated as feminine/ expressive traits. These theoretical perspectives will be discussed fully in later chapters.

A documentary research method will be adopted, centred on recommendations by policy makers and views of practitioners as expressed in official reports and enactments and in professional journals. The data can thus best be discussed in terms of pointing to "trends" rather than to "causal relationships" as the research method is predominantly qualitative and exploratory in character.

The choice of reports (1) was made on the basis of their relevance to the research questions and time of publication (between 1959 and 1983); journals were selected with reference to their respective popularity with nurses and social workers. Where only one journal existed it was used whether "high-brow" or "low-brow", but where choice existed, e.g. between the Nursing Times and the Journal of Advanced Nursing, the one

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[1]The eight reports and one Act of Parliament selected were variously sponsored by Government and professional bodies as seen in Foot-note 1, p. 6.

with most popular appeal, i.e. the former, was selected (1).

This research work will demonstrate:-

1. That Etzioni's thesis on the weakness of professional structures in certain occupations, with the tendency for managerialism to supervene in senior positions applies in both nursing and social work.

2. That a distinct "gender division of labour" prevails in nursing ~~and social work~~ with men predominantly occupying managerial/instrumentally oriented posts whereas women tend to hold professional/expressively slanted posts. The notion of feminine professionalism is important in this context.

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[1]Younghusband, E. 1959, Report of the Working Party on Social Workers in the Local Authority, Health and Welfare Services, London, HMSO.

Platt, H. 1964, A Reform of Nursing Education, London, Royal College of Nursing.

Salmon, B. 1966, Report on the Committee on Senior Nursing Staff Structure, London, HMSO.

Seebohm, F. 1968, Report on Local Authority and Allied Personal Social Services, London, HMSO.

Briggs, A. 1972, Report on the Committee on Nursing, London,HMSO.

Nurses, Midwives and Health Visitors Act, 1979, London, HMSO.

Barclay, P. 1982, Social Workers - Their Role and Tasks, London, National Institute of Social Work.

Griffiths, R. 1983, Enquiry into NHS Management, London, HMSO.

Parsloe, P. 1983, Review of Qualifying Training Policies, London, CCETSW.

Journals:-

Probation
Medical Social Work (The Almoner)
British Journal of Psychiatric Social Work
Social Work
Case Conference
Social Work Today
Community Care

Nursing Mirror (ceased publication 1985)
Nursing Times

3. That the different hierarchical structures, professional ideologies and institutions and educational systems in nursing and social work have contributed to their different development paths in Britain during the period under consideration.

The research work will include an empirical comparison between nursing and social work in twentieth century Britain and a theoretical exploration of the concept of feminine professionalism based on data from the empirical work. The chapter sequence begins with an historical exploration of nursing and social work in Britain from the mid nineteenth century until the starting point for detailed exploration, i.e. the 1960's. An outline of the theoretical and methodological approach, paving the way for the main empirical chapter consisting of several parts relating to the reports and journals selected for examination is then undertaken. This main chapter presents the research data and is followed by an analysis of findings in the light of the research propositions outlined above. Implications for policy are then discussed followed by the concluding remarks.

Chapter II:-

Historical Overview

Introduction

The origins of the modern nursing profession can be traced back to the early nineteenth century - a period when rapidly advancing medical knowledge was transforming the major voluntary hospitals from what were essentially charitable rest-homes for the respectable and "deserving" poor into institutions for medical training and research. The origins of modern social work cannot so easily be traced. The Poor Law Amendment Act of 1834 focused on the contention that the main problem facing relieving authorities was the abuse of poor relief by able-bodied paupers and the prevention of such practice could best be achieved through attaching "stigma" to the claimants (1). Although illness could be seen as "neutral" and not due to improvidence, contributors to Poor Law Conference Reports wrote of "punishment for sin" (2). By the early 1850's however, it had become clear that the majority of paupers resident in the new work-houses were elderly, infirm people and their numbers were probably increased through the changing role of the voluntary hospitals. The reform of Poor Law nursing did not begin until the late 1860's, however, associated with the infirmary building programme initiated under the Poor Law administration. While the social control tradition in modern social work can be traced back to the duties of the Relieving Officers of the new Poor Law, the tradition of care and counselling is generally associated with the activities of paid and unpaid workers in the voluntary movement and was more specifically exemplified in the work of the first Lady

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[1] Poor Law Conference (Reports) (PLCR), London, P.S. King and Sons
Yorkshire, 1902, pp. 530-531.
PLCR, Eastern, 1876, pp. 172-189.
PLCR, Northern, 1881, p. 98.
PLCR, Central, 1882, pp. 248-250.
PLCR, Yorkshire, 1878, pp. 404-405.
PLCR, South-Western, 1878, pp. 353-355.

[2] PLCR, Yorkshire, 1902, pp. 530-531.
PLCR, Northern District, 1903, p. 230.
PLCR, S. Wales, 1878, pp. 131-139.

Almoners to be appointed in the late 19th century.

The importance of self-reliance was emphasised and charity was made available only to the "deserving poor". The practice of shaming the improvident has been referred to above, even in the case of the sick, and is characteristic of the then prevailing paternalism in social welfare and health care. The despised status of clients requiring out-door relief and the work-house infirmary patients often extended to the carers. The low social standing of work-house nurses arose out of the double disadvantage of caring for patients, whose illness was often considered to be the result of alcohol misuse and promiscuity, and from the fact that nursing personnel were often drawn from the pauper inmates of the new work-houses.

An attempt to professionalise work-house nursing commenced in humble ways by, for example, encouraging respectability in ensuring that practitioners were "women of great moral and mental force" (1), who would be attired in "neat uniform and spotless linen" (2). Poor Law nurses were taught to "uphold the dignity of nursing" (3). It was recommended that "no pauper inmate of the work-house "should be allowed to practice as a nurse unless.... approved by the medical officer of the work-house"(4). It was acknowledged that nurse training required attention (5). The efforts of reform were, however, hampered through the poor quality of pauper nurses, who exhibited "the evils, which indifference, cupidity and want of forbearance entail" (6). It is interesting to note, that as early as 1898 there were fears, that nurses were becoming "over-intellectual" and one writer in the Poor Law Conference Reports felt:

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[1] PLCR, Yorkshire, 1898, London, P.S. King and Sons, p. 386.
[2] PLCR, South Western, 1900, p. 167.
[3] PLCR, Yorkshire, 1897, p. 501.
[4] PLCR, Central, 1898, p. 713.
[5] PLCR, Yorkshire, 1898, p. 383.
[6] PLCR, Central, 1898, p. 713.

> "that the nurse of our day has lost
> something of the beauty of her calling
> and sacrificed the human to the
> scientific side of her work" (1),

but somewhat surprisingly, the same writer complained that:-

> "Poor Law nursing offers no advantage
> to nurses, it carries with it no
> professional kudos" (2).

The debates about nursing during the late 19th century give the impression of an emerging female occupation seeking to gain "respectability" and, even at that early stage, professional status and a degree of "professional closure" against the unqualified.

The work of Florence Nightingale has understandably dominated conventional histories of nursing, but there were other contributors to the debate about British 19th century nursing as seen above and as recently stressed by Davies et al.(3).

The ideological roots of nineteenth century social work grew out of the great variety of voluntary activities, some of which subsequently found close links with the Charity Organisation Society and shared the "severe" ideology of the 1834 Poor Law Amendment Act. Female reformers such as Octavia Hill (4) and Louisa Twining (5) held what might be described as "strict" views regarding the poor. It is significant, that early social work reformers worked in a more detached capacity vis-a-vis the poor than nurses. Louisa Twining

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[1] PLCR, West Midlands, 1898, London, P.S. King and Sons, p. 57.

[2] PLCR, West Midlands, 1898, pp. 58-59.

[3] Davies, C. (et al.), 1982, Re-Writing Nursing History, London, Croom and Helm, also Alexander, Z. and Dewjee, A. 1984 (Ed.) Wonderful Adventures of Mrs Seacole in Many Lands, Bristol, Falling Wall Press.

[4] PLCR, West Midlands, 1884, p.19.
PLCR, South Wales, 1901, p. 161.

[5] PLCR, (Foreword to the 1903-4 issue), 1904, pp. viv-xxi.

visited work-houses and prisons and Octavia Hill likewise called on her tenants, but they did not reside there nor spend most of their working lives within institutions as did work-house nurses in infirmaries and, for that matter, Florence Nightingale in the barrack hospital in the Crimea. This structural difference between the practice of nursing and social work in 19th century Britain has, undoubtedly, influenced the development of both occupations in the 20th century, as will be discussed in the historical account below.

Chronological Over-View of the Main Land-Marks in the Development of Nursing and Social Work in Britain, 1850-1960.

The starting point for this comparative, chronological over-view of the major events in the formation of nursing and social work in Britain, is that of the "high-Victorian" period (1), namely the 1850's to mid-1860's, which was marked specifically, by the Great Exhibition in 1851 (2). According to Briggs, this was a period of "thought", "work" and "progress" (3) and it would seem natural that two occupations, informed by social surveys of health conditions and poverty, should begin to take shape in the spirit of "work" and belief in "social progress". Although Social Darwinism proclaimed the "gospel of progress", it also expressed a determinist philosophy, which relegated those who had fallen to pauper status to the domain of the "un-helpable". The notion of predestination for wealth or poverty was used to justify social inequalities (4). This unique combination of philanthropy and intolerance characterised the "mixed" impulses of many social reformers. Thus charitable individuals, like Louisa Twining, who initiated work-house and prison visiting in 1859, could, nevertheless, hold very intolerant views on Out-Door

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[1] Briggs, A, (1954 - 1st edition) 1980 ed., Victorian People, Harmondsworth, Pelican/Penguin, p.9.

[2] Ibid.

[3] Ibid.

[4] Hirst, P. 1976, Social Evolution and Sociological Categories, London, G. Allen and Unwin, p.16.

Poor Relief (1). While poverty could, in some cases, be seen to be the "fault" of the individual, illness was, on the whole, viewed as something, which afflicted people, irrespective of merit, as noted above. It was thus against this combination of paternalistic and censorious, philanthropic philosophy and practice that nursing and social work reformers began the pioneering work, which eventually resulted in the creation of two new, and predominantly female occupations.

The tradition of female philanthropy has been discussed by Proschaska (2) and Boyd (3) among others and the unique role of middle-class, female reformers and the obstacles they faced in the Victorian social environment must be considered at this stage. While there was an increasing awareness that suitable work outside the home environment must be created for middle-class women (4), actually taking money for welfare work was seen as morally suspect (5). This ambivalence about women's work led to a degree of amateurism deplored by Octavia Hill (6). A female pioneer in medicine, Sophia Jex-Blake, was told by her father that if she accepted a fee for her services she would be thought "mean and illiberal" (i). Mothers did not charge for their services and this fact influenced attitudes to salary levels among Victorian women as it, undoubtedly, does in the 1980's. When Victorian middle class women did enter the labour market, they did so convinced of their "peculiar and special characteristics" (8) associated with their maternal and nurturant

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[1] PLCR, (Foreword to the 1903-4 issue), 1904, London, P.S. King & Sons, p. xix.

[2] Proschaska, F.K., 1980, Women and Philanthropy in 19th Century England, Oxford, Clarendon.

[3] Boyd, N. 1982, Josephine Butler, Octavia Hill and Florence Nightingale....., London, MacMillan.

[4] Vicinus, M. (Ed.) Pt.2, 1980, p. xvi, A Widening Sphere - Changing Roles of Victorian Women, London, Methuen/University Paperbacks.

[5] Vicinus, M. (Ed.) Pt.1, 1980, p. xi, Suffer and Be Still, London, Methuen and Co./University Paperbacks.

[6] Ibid.

[7] Holcombe, L. in Vicinus, M. Pt.2, 1980, Op.Cit., p.5.

[8] Vicinus, M. (Ed.) Pt.2, 1980, Op.Cit., p.xix.

inclination. The gradual entry of women into some of the "caring" professions, e.g. medicine, and their domination of others, e.g. nursing and school teaching, were met with mixed feelings by men. While their objection to female dominance in nursing was negligible, female entry into medicine was viewed with alarm by many men (1). Women were also entering local government departments at lower levels, but were barred from the "learned professions", other than medicine and university teaching.

To call nursing a "new" area of work is not strictly true, in that there must have been "tenders of the sick" from time immemorial. What is meant in this context, however, is the evolution of a distinct and self-conscious body of workers, who claimed to have a specific and "professional" role. Florence Nightingale is, traditionally, viewed as the key reformer of nursing in Britain (2). Her career in the Crimea is well-known and does not need retelling. On her return to England, she founded the Nightingale School of Nursing at St Thomas's Hospital in 1860. Having experienced a sense of total uselessness during her childhood (4) due to the unsatisfactory prospect of either remaining the "daughter at home" or becoming the wife of a suitable man (5) she, eventually, achieved her goal of becoming a nurse, through training at the

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[1] McWilliams-Tullborg, R. in Vicinus, M. (Ed.) Pt.2, 1980, A Widening Sphere - Changing Roles of Victorian Women, London, Methuen/University Paperbacks, pp. 139-140.

[2] Ibid. also Hollis, P. 1979, Women in Public, 1850-1900, London, G. Allen and Unwin, and Holcombe, L. 1973, Victorian Ladies at Work, Newton Abbot, Devon, David and Charles.

[3] But see evidence in C. Davies et al. 1982, Re-Writing Nursing History, London, Croom and Helm, Smith, F.B. 1982, Florence Nightingale-Reputation and Power, London, Croom and Helm. and Prince, J. 1982, Ph.D. Thesis, Florence Nightingale's Reform of Nursing, 1860-1887, University of London (LSE).

[4] Nightingale, F. Cassandra in Strachey, R. (1928) 1978 ed. The Cause, London, Virago.

[5] Woodham-Smith, C. 1951, Florence Nightingale, 1820-1910, London, Fontana, and Boyd, N. 1982, Josephine Butler, Octavia Hill and Florence Nightingale - Three Victorian Women Who Changed the World, London, Macmillan, and Smith, F.B., 1982, Op. Cit.

Kaiserswerth Institute for Deaconesses in Germany. On return to England, she obtained employment as Matron of a Distressed Gentlewomen's Nursing Home prior to departing for the Crimea (1). The establishment of the Nightingale School was, virtually, her last public act, in that she retired to bed as a semi-permanent invalid shortly afterwards (2) and, paradoxically, exerted her greatest influence through letters and statistical reports concerning health matters, nursing and conditions in the armed forces, from her sick bed, working through the agency of favoured men in positions of power (3). It is worth noting that this strong but un-enfranchised woman needed invalid status and the mediation of men for the propagation of her ideas. Briggs stresses her eminence in his book "Victorian People", quoted above, in noting that:

> "No other woman was sufficiently central to the theme of my book"...(4)

but as Cecil Woodham-Smith had already produced "one of the best of modern biographies" (5) about Nightingale, Briggs did not include her in the book.

The fame of Nightingale, however well-deserved, has, nevertheless, unfairly over-shadowed the importance of pioneering reform movements in other quarters (6) e.g. within the work-house hospital sector as stressed in the Introduction to this Chapter(7).Evidence of reforms in this quarter is available in Poor Law Conference Reports from the last decades of

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[1]Woodham-Smith, C. 1951, Florence Nightingale, 1820-1910, London, Fontana, Boyd, N. 1982, Josephine Butler, Octavia Hill and Florence Nightingale - Three Victorian Women Who Changed the World, London, MacMillan, and Smith, F.B. 1982, Florence Nightingale - Reputation and Power, London, Croom and Helm.

[2]For general discussion about the early development of the Nightingale School see Prince, J. 1982, Ph.D.Thesis, Florence Nightingale's Reform of Nursing, 1860-1887, Univ. of London (LSE).

[3]Woodham-Smith, C. 1951, Op. Cit.

[4]Briggs, A. (1954) 1980 ed. Victorian People, Harmondsworth, Pelican/Penguin, p. 21.

[5]Ibid.

[6]The work of M.Seacole in the Crimea is relevant in this context.

[7]See p. 10.

the nineteenth century and the first of the twentieth, and Louisa Twining, apart from concerning herself with general improvements in the work-house services, involved herself, specifically, with reforms of nursing within these institutions. Writing about the poor quality of nursing staff in work-houses, she noted that:

> "The nurses were pauper inmates, usually infirm and more often drunk than sober, who were remunerated for their services by an amended dietary and a pint of beer to which was added a glass of gin when their duties were particularly repulsive." (1)(2)

Increased interest in pauper nursing was in marked evidence during the period 1890 to 1901, when several reports on work-house nursing appeared in Poor Law Conference Reports, as seen above (3). Recent interest in work-house nursing reforms is evidenced in the collection of essays, edited by C. Davies (1982) (4) in which contributors stress innovations in this sector and in the asylums, where male nurses had some influence although totally excluded from the prestigious teaching hospitals in London until the 1960's.

The "cross-fertilisation" between the Nightingale-inspired, teaching hospital sector and the domain of work-house hospitals is referred to by Gibson. Writing about nurse training in a work-house hospital she referred to:

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[1] PLCR, (Foreword, to the 1903-4 issue), 1904, London, P.S. King & Sons, p. xii.

[2] The work of J. Prince also reveals defects in the Nightingale Training System. Prince, J. 1982, Ph.D.Thesis, Florence Nightingale's Reform of Nursing, 1860-1887, University of London (LSE).

[3] PLCR, Northern, 1891, pp. 75-88 and p. 271.
PLCR, N. Western, 1894, pp. 250-271.
PLCR, Central, 1895, pp. 468-495.
PLCR, Yorkshire, 1897, pp. 497-505.
PLCR, N. Wales, 1898, pp. 216-222.
PLCR, W. Midlands, 1898, pp. 55-65.
PLCR, Central, 1898, pp. 710-721.
PLCR, Yorkshire, 1898, pp. 383-389.
PLCR, Central, 1899, pp. 620-625 and pp. 593-612.
PLCR, S. Western, 1900, pp. 147-182.

[4] See pp. 16-18.
Davies, C. 1982, Re-Writing Nursing History, London, Croom and Helm.

> "These thirteen women (who) under-took the care and the nursing of as many hundreds of patients and under the gentle rule and powerful personality of Miss Agnes Jones, the Training School, which still exists and flourishes as Brownlowhill, was founded and organised." (1)

The Journal of the Work-House Visiting Society, founded by Twining, reported on the un-satisfactory conditions in nursing during the period 1860-62. The contributors mentioned habitually drunken nurses:

> "who even in their sober senses are absolutely without any knowledge of the art of nursing the sick....." (2)

Improvements in living conditions and uniform were attempted as a "morale booster" and various training schemes were established as referred to above. There were suggestions that "one or two superior women"... be engaged in each work-house infirmary (3). Nightingale nurses were seen as ideal candidates for these leadership roles. "Scientific" theories on hygiene and ventilation were implemented within several institutions, and training schemes, based on these principles, were introduced. They varied in length from one to three years in work-house hospitals. The courses initially lasted one year, but these were soon extended to a maximum of four years in the voluntary hospitals (4) (5).

Before entering on a more detailed examination of the progress of hospital nursing a third "tradition" has to be introduced, i.e. that of district nursing. The first pilot scheme was introduced by Elizabeth Fry in London in 1840 followed by a programme established by a philanthropic ship-builder in Liverpool named Rathbone, who, in 1859 engaged

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[1] PLCR, W. Midlands, 1898, London, P.S. King and Sons, p. 55.
[2] Journal of the Workhouse Visiting Society, 1860-1862, p. 299.
[3] Journal of the Workhouse Visiting Society, 1860-1862, p. 233.
[4] Burdett, H. (1900, 1904, 1905, 1907, 1908, 1914, 1921, 1929) Hospitals and Charities, London, The Scientific Press.
[5] It is possible that the reason for the sometimes longer training period in Poor Law infirmaries may be that of ensuring a cheap student nurse work force for 3 year rather than 1 year periods.

a nurse to care for patients in the Liverpool slums (1). Having discussed the matter with other nursing reformers of the period, Rathbone decided to open a school of district nursing, associated with the Liverpool Royal Infirmary (2). The Queens Institute of District Nursing was later established under the patronage of Queen Victoria.

Apart from work-house and asylum reform movements referred to above there were a number of Anglican sisterhoods involved in nursing at the time, some of whose members accompanied Florence Nightingale to the Crimea (3). One such sisterhood was established at St John's House in London and specialised in district nursing.

While these attempts to improve standards of work-house nursing must not be ignored and with it the role of the working-class, male and later, more trade union minded nurse(4), it is nevertheless, the Nightingale tradition which has provided the "high culture" of nursing in Britain and has been influential in socialising the leaders, who pioneered efforts to regulate and professionalise the occupation. It is therefore necessary to return to a consideration of this elite sector in order to follow the further development of nursing in Britain (5). Attempts to professionalise the emergent nursing occupation brought increasing demands for regulation of training and professional practice. A degree of "closure" against the un-trained had to be established through restricted entry and continued monitoring of candidates

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[1]Cartwright, A. 1977, Social History of Medicine, London, Longmans, p. 157.

[2]Ibid.

[3]See Smith, F.B. 1982, Florence Nightingale - Reputation and
[4]Power, London, Croom and Helm.
Carpenter, M. in Davies, C. (Ed.) 1982, Re-Writing Nursing History,
[5]London, Croom and Helm.
The danger of concentrating on "the roles of a very few individuals" and their impact on history has been noted by Carrier, J.W. and Kendall, I. 1977, (The Development of Welfare States: The Production of Plausible Accounts in Journal of Social Policy, Vol. 6, Pt. 3, July, 1977, pp. 271-290.

during training (1). While Nightingale relied on the "vocational/professional" ethos of her own training school and of the establishments set up in the same spirit and spear-headed by Nightingale nurses, to provide adequate professional training without state regulation, others were of a different opinion. Mrs Bedford-Fenwick proved a formidable advocate for nurse registration by the State, in collusion with the British Medical Association, whereas Miss Nightingale and the General Practitioners remained opposed to the idea (2). Nightingale disdained certificates and official registration as "irrelevant". Her feelings on the subject are aptly summarised in a quotation from one of her letters to the nurses at St Thomas's Hospital. She writes:

> "It is not the certificate, which makes the nurse or midwife. It may un-make her." (3)

But in spite of her pioneering influence over nursing reforms, Nightingale lost the registration battle. Mrs Bedford-Fenwick eventually triumphed and the Nurses' Registration Act was passed in 1919. The General Nursing Council was established as a regulating body for the nursing "profession" and the Royal College of Nursing provided for the professional and academic development of nurses as well as acting as "advocate" in any legal prosecutions taken against members. On the surface it would appear that nursing had truly "professionalised" by 1919. However, there are doubts about the deep, structural significance of such external measures, as the passing of the 1919 Nurses' Act. Abel-Smith in a subtly ironic assessment of the situation writes:

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[1] See reference to registration debate in Abel-Smith, B. (1960), A History of the Nursing Profession, London, Heinemann.

[2] Ibid. Also Watkin, B. 1975, Documents on Health and Social Services, London, Methuen and Co Ltd.

[3] Nightingale, F. 1897, Letter to Nurses, St Thomas's Hospital, London (un-published, Nightingale School, London).

> "Nursing had been officially recognised as a profession..... It had followed the path of the doctors, the teachers and the midwives and achieved its objectives two years before the dentists. With its military heritage, showing in its language, its religious traditions, conveyed in its sentiment and its humble ancestry, revealed in its uniform, the profession had come of age." (1)

It is easy, in retrospect, to dismiss the Nurses' Act of 1919 as an almost totally ineffective measure with regard to the provision of independent professional structures for nursing in the area where it really mattered, namely in the domain of control over knowledge. As Freidson argues, autonomy in this respect is an essential precondition for the achievement of truly independent, professional status (2) and nurses have not yet, even in the late 1980's, achieved this degree of autonomy and control. In spite of numerous attempts to identify and take over a theoretical body of knowledge, which is unique to nursing, such efforts have, in the view of this writer, proved insufficient to establish independent professional knowledge status for nursing.

A semi-monastic-cum-military ethos prevailed in nurse education in the 1860's. Probationer nurses were required to live in nurses' homes during their period of training, where they were "mothered" and "disciplined" by the home sister (3). Nightingale took a "maternal" interest in the trainee nurses at St Thomas's Hospital and was in the habit of sending flowers and delicacies to the nurses' home even when she was unable to visit in person, owing to her invalid condition. Nevertheless, her genuine interest in the Nightingale School has recently been questioned by Prince, Smith et al. (4) especially by the former who has discovered

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[1] Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann, p. 99.

[2] Freidson, E. 1970, Profession of Medicine, New York, Dodd & Mead, p. 341.

[3] But see evidence of abuse of Nightingale Fund in Prince, J. 1982, Ph.D.Thesis, Florence Nightingale's Reform of Nursing, 1860-1887, University of London (LSE).

[4] See Prince, J. 1982, Op. Cit. Also Smith, F.B. 1982, Florence Nightingale - Reputation and Power, London, Croom and Helm.

evidence that Nightingale was aware of serious deficiencies in the administration of teaching in the School and general mismanagement by the Matron, Miss Wardroper, through her correspondence with Bonham-Carter, an administrator of the Nightingale Trust. It would appear that no energetic attempt was made by Nightingale to remedy the situation.

"Socialisation" rather than formal, academic education, was always a paramount consideration in nursing schools as tends to be the case in all types of apprenticeship training. "Culture" was thus an important factor and "professionalism cum vocationalism"rather than "professionalisation" in a structural sense came to predominate as an important element in the training programmes (1). The inculcation of appropriate ethical standards became as important, if not more so, as the imparting of academic knowledge,and this approach has, partly, contributed to the ambivalent status of nursing theory. Having passed through a transitional phase, when hospitals provided training courses varying in length from one year to four and were taught by doctors and senior nurses in an "ad hoc" manner (2), standardisation of the three-year SRN course became the rule.

The First World War introduced many women not previously inclined towards nursing to the care of sick and wounded soldiers and civilians. Braybon (3) and Adam (4) discuss the effect of such work involvement on the future role of women in the labour market. Schreiner (5) had discussed the peculiar role of women in war, because of their knowledge of "the history of the human flesh". This knowledge was essential for nurses and experience gained during the First World War

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[1] See discussion of theories on professionalisation in Ch. 3.

[2] Burdett, H. 1900-1929, Hospitals and Charities, London, The Scientific Press, and Prince, J. 1982, Ph.D.Thesis, Florence Nightingale's Reform of Nursing, 1960-1887, Univ.of London (LSE).

[3] Braybon, G. 1981, Women Workers in the First World War - The British Experience, London, Croom and Helm.

[4] Adam, R. 1975, A Woman's Place, 1910-1975, London, Chatto and Windus.

[5] Schreiner, O. (1911) 1978 ed. Woman and Labour, London, Virago.

was invaluable to peace-time nurses in the inter-war period. Holcombe pointed to the concentration of women in certain areas of work at the outbreak of war (1), i.e. nursing and school-teaching and this predominance continued, although an increasing tendency to employ males in the asylum sector of nursing was becoming apparent at this time. Adam (2) noted that nurses were the second largest group of female workers (78,000) after school-teachers (180,000) in 1911 and the campaign continued during the inter-war and Second World War period to attract more women into nursing. When the National Health Service was established in 1948, an attempt to offer learner nurses "student status" was designed to attract recruits (3). This goal has not yet been achieved in the late 1980's.

Shortage of nurses was a perennial problem and Abel-Smith noted the regret expressed by some Poor Law Guardians in 1921 that no large-scale campaign to recruit VAD's into the peace-time nursing occupation had been staged (4). The Lancet Commission was appointed in 1930 to enquire into the shortage of nurses (5). The problem was partly relieved by the increasing number of male nurses. While there were 11,000 men in nursing in 1921 the number had increased to 15,000+ in 1931 (6). Their duties in the general hospitals were limited to looking after male patients and predominantly those with venereal diseases. The number of nurses in voluntary hospitals increased from 11,000 at the beginning of the century to 33,000 in 1937 (7). The Athlone Committee calculated that there was a need to enlist 12,000 nurse probationers in 1939 (8). Improvement in training was gradual

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[1] Holcombe, L. 1973, Victorian Ladies at Work, Newton Abbot, Devon, David and Charles, p. 201.

[2] Adam, R. 1975, A Woman's Place, 1910-1975, London, Chatto & Windus. p. 24.

[3] Adam, R. 1975, Op. Cit., p. 192.

[4] Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann, p. 116.

[5] Ibid. Ref. to Lancet (The), Commission on Nursing - Second Interim Report, London. Supplement to The Lancet, 15/8/31.

[6] Abel-Smith, B. 1960, Op. Cit., p. 117.

[7] Abel-Smith, B. 1960, Op. Cit., p. 120.

[8] Abel-Smith, B. 1960, Op. Cit., p. 154. Reference to Athlone, (Earl of) 1939, Inter-departmental Committee on Nursing Services, Interim Report, London, HMSO.

with the introduction of National Examinations in 1925 (1). The controversy over probationer salary levels raged for many years with the trade unions campaigning for increases, whereas professional associations and the Athlone Committee (1937) (2) refused to support such a move as:

> "the payment of high salaries to student nurses... (would)...not tend to attract the most suitable type of candidate." (2)

A probationer's life in the 1930's was not an easy one as it consisted of "petty restrictions, petty tyrannies and plenty of heavy domestic work" (3) and Dr Comyns-Berkely spoke of the probationer's exile from the world of art and letters and human progress" (4). There was, however, increased trade union activity among nurses in the 1930's (5), although generally disapproved of by nurse leaders. Another issue of interest was the introduction of the Assistant Nurse to relieve staff shortages. Interestingly the British Medical Association approved of the introduction of such a grade (6).

At the outbreak of the Second World War it was estimated that between 34,000 and 67,000 nurses would be needed to tend the wounded (7). A new reserve nursing corps was established, which caused similar friction with nurses trained in peace-time as that created by the VAD's in the First World War (8). The Athlone Committee, referred to above, published its Interim Report in 1939, the Horder Committee its Report in 1942-43 (9). A tendency for middle-class girls to choose nursing for their war-work in preference to factory work was noted (10), reflecting the nineteenth century predeliction for health and welfare work by this sector of society.

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[1] Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann, p. 124.

[2] Abel-Smith, B. 1960, Op. Cit., p. 135. Ref. to Athlone, 1939. (Footnote 8 on p.21).

[3] Abel-Smith, B. 1960, Op. Cit., p. 140.

[4] Abel-Smith, B. 1960, Op. Cit., p. 141.

[5] Abel-Smith, B. 1960, Op. Cit., pp. 142-144.

[6] Abel-Smith, B. 1960, Op. Cit., p. 157.

[7] Abel-Smith, B. 1960, Op. Cit., p. 161.

[8] Abel-Smith, B. 1960, Op. Cit., p. 162.

[9] Abel-Smith, B. 1960, Op. Cit., p. 170 and p. 172. There was no final Report from the Athlone Committee due to the outbreak of World War Two. Also ref. to Horder, Lord (Chairman), 1942-43, Nursing Reconstruction Committee Report, London, Roy.Coll.Nursing.

[10] Abel-Smith, B. 1960, Op. Cit., p. 176.

The Report of the Horder Committee emphasised the need for stricter tests for admission of existing assistant nurses to "The Roll" - an alternative career path to that of registered nurses (1). The need to treat learner nurses as "students" was again emphasised in the Wood Report (2). The protest movement against the poor levels of nurses' pay and conditions gained new momentum in the immediate post-World War Two period, but nurse leaders were censorious of any form of public demonstrations as "degrading the profession of nursing to the level of manual labour" (3) as reported by Abel-Smith.

The National Health Service Act of 1946, which was implemented in 1948, "nationalised" and "rationalised" the health service industry in the United Kingdom. The Beveridge Report (1942)(4), on which the National Health Service was founded, anticipated that the expansion of services would be a temporary measure, while the previously un-healthy population was rendered healthier. The naivety of such hopes for over-all and lasting improvement in the health status of the nation has been borne out over the past decades and the Conservative Government in 1979-1981 claimed to have spent more on the National Health Service than any other party in power since 1948 (5).

During the 1950's and 1960's the expansion of medical and nursing services necessitated the introduction of foreign nurses into the National Health Service, primarily from Eire and the Carribean Islands. These "migrant" or "immigrant" nurses formed a "proletariat" within nursing, being employed chiefly in the non-teaching hospital sector (6). The binary structure of teaching and non-teaching hospital nursing hierarchies was constituted by, on the one hand, mainly

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[1] Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann, p.172. Ref. to Horder, 1942-3. Footnote 9, p.22.

[2] Abel-Smith, B. 1960, Op. Cit., p.183. Ref. to Wood, R.S. (Sir), 1948, The Recruitment and Training of Nurses - Report of the Working Party, M.O.H., London, HMSO.

[3] Abel-Smith, B. 1960, Op. Cit., p. 197.

[4] Beveridge, W.H. (Lord), 1942, Social Insurance and Allied Services, Report, London, HMSO.

[5] Guardian Newspaper, 18/12/81.

[6] See Doyal, L. et al. 1982-4, Migrant Workers in the National Health Service, Department of Sociology, Polytechnic of North London, London.

upper middle-class and middle-class, fairly well-educated, English women in the teaching hospitals and, on the other, by the primarily working-class, poorly educated, migrant and immigrant, female and male nurses in non-teaching hospitals, many of which were former Poor Law infirmaries and work-houses. The first British nursing degree course was established at Edinburgh University in 1960, although various combined social science or biology degrees, leading to the award of the SRN/RGN qualification, had been started during the late 1950's. The teaching hospitals maintained the lead in supplying the elite sector of the nursing profession and provided the practical nursing experience for students on degree courses in most instances.

The realisation that the semi-matriarchal structure of nursing, organised according to Nightingale principles (1), was out of date led to the appointment of the Salmon Committee in the mid-1960's and examination of the latter forms part of the present research work. This authoritarian approach has survived into the late 1980's, however, and in comparison with social work the educational institutions of nursing seem to be intrinsically conservative. This early socialisation of nursing students within bureaucratic and authoritarian institutions influences the practitioners to adopt attitudes to patients, which would appear different from the more democratic and egalitarian approach of social workers to their clients.

In order to assess these differences we now turn to the historical account of the formation and development of social work in Britain from the mid-nineteenth century until 1959.

Description of the historical development of all branches of British social work would necessitate a separate chapter. While a fully comprehensive picture of the social work tradition would emerge, were such a method to be employed, a degree of selectiveness would appear justified and apart from an account of some eminent nineteenth century reformers two traditions only will be described in some detail, while

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[1] See Lancet (The), Commission on Nursing, Second Interim Report, London. Supplement to The Lancet, 15/8/31.
- and Wood R.S. (Sir) 1948, The Recruitment and Training of Nurses - Report of the Working Party, MOH, London, HMSO.

other branches of social work are referred to more briefly. The role of the "lady-almoner" would seem to represent the "feminine/vocational" tradition in social work after the initial involvement with "means testing" of prospective voluntary hospital patients had been abandoned and a concentration on individual case-work had come to characterise the work of the almoner/medical social worker. The type-case for "managerial" social work would seem to be best represented by the predominantly male welfare officers. It is also interesting to note that the successors of these multi-purpose practitioners, the generic social workers in the post-Seebohm social services departments, were more likely to adopt a "radical" view on social work, as described by Corrigan and Leonard (1).

The background to the above-mentioned specialisms in social work and to other practitioners within the profession is the nineteenth century Poor Law administration and the wide variety of voluntary societies set up to alleviate social and health-related needs. The Poor Law provisions, following the 1834 Amendment to the Elizabethan Poor Law, would seem a far cry from the ambience of the modern British social worker, yet those were the origins from which we trace the institutional frame-work and ideological roots of the practice of modern social work (2). Pinker points to the fact that:

> "Able-bodied pauperism had been diagnosed as the social problem of the eighteen-thirties." (3)

It was, thus, with economic problems that "social work", such as it was, concerned itself in those early days at the starting point for our investigation, i.e. the 1850's. Embryonic social work was still informed by the "less eligibility" principle enshrined in the amended Poor Law.

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[1] Corrigan, P. and Leonard, P. 1978, Social Work Under Capitalism - A Marxist Approach, London, MacMillan.

[2] See Woodroofe, K. 1962, From Charity to Social Work, London, RKP. and Proschaska, F.K. 1980, Women and Philanthropy in 19th Century, England, Oxford, Clarendon.

[3] Pinker, R. 1971, Social Theory and Social Policy, London, Heinemann, p. 61.

Poor rates paid by the middle and upper classes could not be allowed to be squandered by the work-shy and feckless (1) and this attitude persisted in the early twentieth century (2) and into the 1920's and 1930's as noted by Finer and Loch (3). Medical social work also originated out of a need to assess patients' income in order to decide, whether they were entitled to free care in voluntary hospitals, as noted above (4). Octavia Hill concerned herself with the "thrift" and financial self-sufficiency of tenants, when active as a "model land-lady" together with her band of housing visitors and Louisa Twining, the founder of the Work-house Visiting Society had distinct and rather severe views on the dangers of generous out-door relief (5).

A special concern with child welfare within Poor Law Administration was noted as early as the mid-nineteenth century as observed by the Webbs (6). In the early twentieth century it was laid down that the basic necessities "in the way of food, clothing and bedding must be provided for poor children"(7) and those parents who "by reason of mental deficiency or of vicious habits or mode of life" were thought to be unfit parents would have their children removed into foster-care (8)

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[1]Finer, H. 1933, English Local Government, London, Methuen & Co, p.336. and Hasluck, E.L. 1948, Local Government in England, Cambridge, Cambridge University Press, p. 267.

[2]Keith-Lucas, B. and Richards, P.G. 1978, A History of Local Government in the 20th Century, London, G. Allen and Unwin, p.42.

[3]Finer, H. 1933, Op. Cit., p. 339, and Loch, C. 1931, The Prevention and Relief of Distress, London, P.S. King Ltd/ Charity Organisation Society.

[4]Huntington, J. 1981, Social Work and General Medical Practice, London, G. Allen and Unwin.

[5]Woodroofe, K. 1962, From Charity to Social Work, London, RKP. Prochaska, F.K. 1980, Women and Philanthropy in 19th Century, England, Oxford, Clarendon, and Boyd, N. 1982, Josephine Butler, Octavia Hill and Florence Nightingale..., London MacMillan.

[6]Webb, S. and Webb, B. (1929) 1963 ed., English Poor Law History- The Last Hundred Years, London, Frank Cass and Co., p. 729.

[7]Webb, S. and Webb, B. (1929) 1963 ed., Op. Cit., p. 730.

[8]Ibid.

The role of "Ladies Committees" in the inspection of such boarded-out children was noted by the Webbs (1). Widows with children were to be given special assistance (2). Over-all there was a notable insistence on the female input into child care, which has persisted in social work ever since.

The origins of social work were, thus, set in an area of concern with material poverty - the definition of a "social problem" as sometimes conceived in "mental" rather than "material" terms would have to wait for the more sophisticated and introspective twentieth century and the innovations in "case work" theory. The Poor Law offered the only provisions available for "social inadequates"in the 1850's apart from private charity and family support. Paupers were urged onto the "straight and narrow path" of self-reliance. Thus:-

> "Salvation lay in the moral education of the poor and the sternly merciful policy of compelling the pauper to support himself. The causes of his debasement were a failure of will and the positive encouragement of slothful habits by charity-mongers." (3)

Exhortation to self-reliance and the abhorrence of "fecklessness" was, thus, the main impetus of the Poor Law Administration. Examination of the Poor Law Conference Reports from 1876 to 1910 reveals a fairly uniform and negative approach to the problem of Out-Door Poor Relief. The explicit philosophy was that of paternalism, advocating a "virile" ideal of personal independence. The stereotypically "masculine" character of this philosophy was, to a great extent, also adopted by women reformers (4). Louisa Twining and Octavia Hill both held negative views on Out-Door Relief, as seen in the following quotation:-

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[1] Webb, S. and Webb, B. (1929) 1963, English Poor Law History - The Last Hundred Years, London, Frank Cass and Co., p. 731.
[2] Webb, S. and Webb, B. (1929) 1963, Op. Cit., p. 732.
[3] Pinker, R. 1971, Social Theory and Social Policy, London, Heinemann, p. 66.
[4] "Feminine professionalism" combining care and castigation important in this context.

> "Miss Octavia Hill in her evidence before a Committee of the House of Lords on Poor Relief said that wherever you have either charity or Poor Law bringing doles to the poor, you discourage the habit of belonging to clubs, the habit of purchasing things and possessing things..."(1)

Louisa Twining, the tire-less advocate of reforms within work-houses was, nevertheless, negative on the question of Our-Door Relief as reported in the Poor Law Conference Report of 1903:-

> "It is worth noting, that Miss Twining, who can show such a splendid record of benevolent and very practical work for the poor, holds, what are commonly called, very strict views with regard to Out-Door Relief." (2)

She abhorred the habit of:-

> "laxity in bestowing it (i.e. relief) on Out-Door paupers"..(3)

These female reformers had much sympathy with the main tenets of orthodox Poor Law thought and their measures of innovation never departed far from this ideology of severe paternalism (4), the strength of which is demonstrated by the fact, that in the period 1876-1910 only five reports to the Poor Law Conferences on Out-Door Relief adopted a positive attitude, whereas fourteen contributors retained a view resistant to Out-Door Poor Relief. It is notable, that the first positive report, in 1883, was presented by a man .

In spite of her severity in the above respect, Twining made an out-standing contribution to social reform. Born in 1820, she was educated in the "feminine tradition" of Victorian, middle-class-hood and gradually developed an interest in social questions, which resulted in her insistence

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[1] PLCR, S. Wales, 1901, London, P.S. King and Sons, p. 161.

[2] PLCR,(Foreword to the 1903-4 issue) 1904, p. xix.

[3] Twining, L. 1898, p.261, Workhouses and Pauperism, London Methuen and Co.

[4] May also be defined as "maternalism" and linked with the notion of "feminine professionalism". See Ch. 3 for further discussion.

on permission to visit the Strand Work-House in 1853 (1). She published "Work-Houses and Pauperism" in 1898, based on her experience as a work-house visitor. Having founded the Work-House Visiting Society, she established an organisation of "ladies", who were trained as visitors. Their observations were recorded for posterity in the "Journal of the Work-House Visiting Society". The concern of the visitors was all-embracing as regards conditions in work-houses. Reports on work-house nursing and the care of women and children predominated. The attitude of self-righteous paternalism suffuses all these reports (2). God was thought to reward the "virtuous" with both health and prosperity, as revealed in the citation below:-

> "As a general rule, it is true, that the Creator has so arranged the world, that prosperity follows virtue, that health is the result of temperance, wealth of industry and honour of honesty."...(3)

It is interesting to note, that the same Frances Power-Cobbe, who seemed to hold "reactionary" views on pauperism, was, at the same time, a feminist and "an out-spoken critic of Victorian male supremacy" (4).

Octavia Hill had a similar back-ground to Louisa Twining. She grew up in the respectable, but not affluent, milieu of the comfortable middle-class. More unfortunate financially than Twining, due to her father's bankruptcy, young Octavia, with her mother and sisters became involved in the work of the Ladies' Co-operative Guild in the 1850's (5), where she

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[1] Prochaska, F.K. 1980, Women and Philanthropy in 19th Century, England, Oxford, Clarendon, and Woodroofe, K. 1962, From Charity to Social Work, London, RKP.

[2] Reference to "feminine professionalism", see Ch. 3.

[3] Power-Cobbe, F. in the Journal of the Workhouse Visiting Society, 1867, p. 481.

[4] Bauer, C. and Ritt, L. 1979, Free and Ennobled - Source Readings in the Development of Victorian Feminism, Oxford/NY/Toronto/Paris Frankfurt, p. 69.

[5] See Woodroofe, K. 1962, Op. Cit. and Proschaska, F.K. 1980, Op. Cit.

came under the influence of Ruskin, who encouraged her artistic tendencies and of Maurice, who introduced her to Christian Socialism (1). The latter became an important influence on her charitable disposition and activities. Despite her Christian/philanthropic zeal, she was, nevertheless, a child of her time in that she accepted the harsh "gospel" of Social Darwinism as well as that of the "gentle Jesus". Hence the mixture of severity and compassion in her philosophy and that of most of her contemporaries (2). Lack of self-reliance was castigated as a vice and excessive "doles" to the poor were seen as counter-productive. In her work as land-lady-cum-housing-visitor she never allowed the tenants to default in their rent payments and she exhorted her band of lady housing visitors to follow the same policy. Like Florence Nightingale, Octavia Hill was a staunch anti-suffragette in her out-look and, at the same time, independent and unorthodox in her views about the social role of women. In a letter to The Times she spelled out her views in these terms:

> "I feel, I must say how profoundly sorry I shall be, if women's suffrage in any form, is ever introduced into England.....I believe men and women have different gifts and different spheres; one is the complement of the other...."(3)

The influence of Ruskin is apparent in the above (4). In the essay, entitled "Of Queen's Gardens" he romanticises the hidden, nurturant role of women and Hill adopts a similar stance. In this she is in accord with Nightingale, who performed her greatest reforming feats from the seclusion of her bedroom and through influencing men to act on her behalf as noted above.

Hill was also involved in the teaching activity of the newly founded Working Men's Colleges and became a co-founder of the Charity Organisation Society in 1868 (5). The latter

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[1] See Bell, E.M. 1942, Octavia Hill, London, Constable and Co.

[2] Reference to "feminine professionalism".

[3] Hill, O. in Bell, E.M.1942, Op. Cit., p. 271 (emphasis added).

[4] Ruskin, J. 1898, Sesame and Lilies, London, G. Allen, Sunnyside, Orpington.

also Bauer, C. and Ritt, L. 1979, Free and Ennobled, Oxford., Pergamon.

[5] Woodroofe, K. 1962, From Charity to Social Work, London, RKP.

organisation was set up to co-ordinate the multitude of charities, which had mushroomed in response to various social needs and were largely financed by the wealthy beneficiaries of nineteenth century industrial growth and overseas imperial expansion. Hill's views on undisciplined giving to the poor have been touched on above and in this respect she was at one with the other leaders of the Charity Organisation Society and the elected Guardians and salaried officers of the Poor Law. Poor Law Conference Reports record favourable opinions of the Charity Organisation Society as exemplified below. The latter was established:

> "to prevent the abuse of legal and charitable relief; to take charge of exceptional cases and so assist guardians in their reform of the pauperising system of Out-Door Relief." (1)

The views of the orthodox Guardians and those of the Charity Organisation Society officials on poor relief were identical: charity, if uncontrolled, was a hindrance rather than a help to the poor. If controlled, however, charity could be of some benefit:

> "Organised charity might, I believe, be trusted to do this work in the true spirit of the mercy which blesseth him that gives and him that takes.."(2)

Neither Twining nor Hill departed from the conventional philosophy of the Victorian age - hence, their reforms were partial and tentative. They failed to grapple with the underlying social causes of poverty as it persisted and intensified throughout the growth of industrial capitalism. They endorsed an ethic, which saw the "stigma" of pauperism as essential for deterrence and even advocated the wearing of a "pauper badge" by those in receipt of Out-Door Relief (3). This attitude was also reflected in the attempt to prevent abuse of hospital beds by those who were not entitled to care on financial grounds, in this case, those who were too affluent.

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[1] PLCR, Eastern, 1876, London, P.S. King & Sons, p. 174 (emphasis added).
[2] PLCR, Eastern, 1876, p. 179.
[3] PLCR, S. Wales, 1878, p. 131.

"Means testing" in an embryonic form was introduced and the prospective patients were thoroughly vetted even to the extent of observing the means of transport whereby they were conveyed to the hospital. It was thought appropriate to introduce special officials to deal with this area. This task was given to the newly introduced "lady almoners" who worked in a subservient position in relation to the medical profession. The first almoner at St Thomas's Hospital, London, who was appointed in 1905:

> "was essentially humble-minded and saw no reason why these distinguished medical men should welcome her assistance..."(1)

The gradual extension of the lady almoner role into the field of other social problems than those strictly connected with finance, brought her into conflict with medical men and here is seen the beginning of the comparative professional independence of social work, which distinguishes it from nursing at the present time. The increasing articulateness and independent practice of almoners was greeted by medical hostility:

> "Here was a pretty state of affairs; a woman giving advice without asking the doctors. This was intolerable..." (2)

A departure from the conformist ethos of Twining and Hill is noted in the gradual development of case-work within the hospital setting and it seems appropriate to devote some attention to the development of the role of the "lady almoner" at this point.

Concentration on the prevention of financial abuse is the main focus of the almoner's role from the late nineteenth century until the coming of the National Health Service in 1948. The nationalisation of the voluntary hospitals freed almoners from financial concerns and allowed them instead:

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[1]Bell, E.M. in Huntington, J. 1981, Social Work and General Medical Practice, London, G. Allen and Unwin, p. 19.

[2]Bell, E.M. in Brewer, C. and Lait, J, 1980, Can Social Work Survive? London, Temple-Smith, p. 14.

> "to study the patient's background and his reaction to illness with a view to assisting in the many personal and practical problems which are associated with illness." (1)

Close interaction with doctors characterised the almoner's role from the outset but this partnership was not always totally harmonious, as noted above. More intimate cooperation with the medical profession than was the case with other social work practitioners puts almoners and nurses into a similar category. Ambivalence in the interaction between the "weaker semi-professionals" namely nurses and almoners/medical social workers and the much stronger and predominantly male medical profession became apparent in the wake of the Salmon Report, which "bureaucratised" senior nursing structures against the wishes of many doctors and nurses and the proposed withdrawal of medical social workers from the National Health Service following the Seebohm proposals (this did not occur until 1974).

The ambivalence of the doctor-almoner relationship was also revealed in the reaction to the recommendations of the 1951 Cope Committee on Medical Auxiliaries. This report assumed that:

> "doctors can, by virtue of their medical training and experience, satisfactorily plan and control the curricula of training and methods of work of the professions under review..." (2)

which included medical social work. But while social work practitioners rejected medical interference in planning their professional education they accepted the doctor as the "undisputed leader" of the team of specialists caring for the patient (3). This view changed over time, however, as will be discussed in a later chapter. The classification as "medical auxiliaries" was, however, rejected by medical social workers thus laying claim to an area of independent expertise (4).

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[1] Younghusband, E. 1978, Social Work in Britain: 1950-1975 - A Follow-Up Study, London, G. Allen and Unwin, p. 145, Pt. 1.

[2] Young husband, 1978, Op. Cit., p. 146, Pt. 1. Ref.to Reports of the Committees on Medical Auxiliaries (Cope Reports), 1951, London, HMSO.

[3] Ibid.

[4] Ibid.

The doctor remained the only referral agent for medical social work services and thus established a degree of control although the claim to specialist counselling skills by the medical social worker prompted Kelly (1961) to state that problems of the patient relating to sorting out:

> "worrying situations, to face the future and possible readjustments to his life or the limitations of his disability can only be dealt with by the medical social worker." (1)

The claim to relative autonomy over the area of counselling by social workers will be discussed in a later chapter.

Early training schemes for medical social workers will be discussed below. It is interesting to note at this stage, however, that "recognition of training and registration" as medical auxiliaries offered in the Cope Reports, was firmly rejected by the Institute of Almoners (2). The case-work tradition in medical social work was gradually strengthened in the late 1940's and early 1950's in response to an increasing medical interest in this aspect of social work practice rather than in the issue of clearing beds as quickly as possible (3).

Having high-lighted some aspects of medical social work and the case-work tradition the historical account has moved somewhat prematurely into the 1950's. A return to the nineteenth century beginning is called for with the account of the work of Josephine Butler. She represents a more radical tradition than that of Octavia Hill in that she was prepared to challenge the prevailing mores of the society, in which she lived, in order to effect reforms seen by her as essential (4). She devoted herself, amongst other social causes, to the campaign for the repeal of the Contagious Diseases' Act, and visited prostitutes in the "oakum sheds, on the quays and in the hospitals" (5), and, with the help

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[1]Kelly, A.D. 1961 Random Thoughts, The Almoner, Vol.14,No.8, pp. 349-56 in Younghusband, 1978, Social Work in Britain: 1950-1975 - A Follow-Up Study, London, G. Allen & Unwin,p. 147,Pt.1.

[2]Younghusband, 1978, Op. Cit., p. 146, Pt.1.

[3]Younghusband, 1978, Op. Cit., p. 148, Pt.1.

[4]Boyd, N. 1982, Josephine Butler, Octavia Hill and Florence Nightingale..., London, MacMillan, and Proschaska, F.K. 1980, Women and Philanthropy in 19th Century, England, Oxford, Clarendon.

[5]Strachey, R. (1928) 1978 Ed., The Cause, London, Virago, p. 193.

of her husband, she opened a "House of Rest" for these unfortunate women. Deeply religious, she fought against "the impenetrable indifference of the world" to the plight of "fallen women" (1) and against the associated notions of a "double moral standard" relating to men and women. Her struggle against the state regulation of prostitution was only one of her "causes" but it demonstrates her willingness to face opposition from those, who are powerful in society, and in this she was a precursor of the "campaigning" tradition of social work, which had been evidenced in Twining and Hill, but within the framework of a much more conformist ideology.

The Royal Commission on the Poor Laws of 1906-1909 (2) established the duties of Poor Law Inspectors. Their brief in terms of visiting institutions obliged them to acquire a detailed understanding of the practical arrangements and provision of care including the standards of training laid down for staff in dietary and catering arrangements and the quality of Poor Law nurseries and schools, among other tasks. Gradually the welfare aspect of this inspection work developed and Finer claimed that Inspectors were welcomed as "consultants" in cases of "special difficulty" (3) and they were reputed to be especially skilled in smoothing over "minor difficulties" by "verbal discussion" (4). The emerging welfare system which had evolved under the provision of the Poor Law from the late nineteenth century included the provision of various general and specialised nurseries for children (5). But while the Inspectors thus had manifold and increasingly varied and complex duties, they did not have any special qualifications for the work.

The "Means Test" was introduced in the 1920's (6) and also a variety of new contributory and non-contributory welfare benefits. There was an emphasis on maternal and

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1 Strachey, R. (1928) 1978 (Ed.), The Cause, London, Virago, p. 193.
2 Finer, H. 1933, English Local Government, London, Methuen & Co. Ltd, p. 334. Ref. to Royal Commission on the Poor Laws and Relief of Distress Report, Vol. 1. (Pts. I-VI of the Majority Report), 1909, London, HMSO.
3 Finer, H. 1933, Op. Cit., p. 335.
4 Ibid.
5 Finer, H. 1933, Op. Cit., p. 336.
6 Finer, H. 1933, Op. Cit., p. 337. See also Deacon, A. 1976, In Search of the Scrounger, - The Administration of Unemployment Insurance, 1920-1931, London, Occasional Papers on Social Administration, No. 60, The Social Administration Research Trust, p. 26.

child welfare as noted by the Webbs above. However, in principle, the "less eligibility" concept survived into the 1930's and this was stressed by Loch, who retained the Victorian ethos in emphasising the "incalculable harm" (1) that charity, unwisely distributed, could do to the recipients.

Unlike nursing, embryonic welfare work, both under the Poor Law and as private charity, was splintered and comparatively unstructured in the nineteenth and early twentieth centuries and this fragmentation continued well into the twentieth century up to the time of the Younghusband Report in 1959, when the idea of genericism began to take form and to be confirmed in the Seebohm Report in 1968. But before concluding the account of the twentieth century Poor Law tradition it appears apt to consider the role of health and welfare workers, who took on many of the tasks of the Poor Law Inspectors and worked within local authority health and welfare departments. The stress on "responsibility and hard work" in the service of the old and the mentally and physically handicapped did not preclude a need for training of workers and the recognition of deficiencies in this area was noted in Younghusband's 1978 Study (2). This whole area of social work had suffered neglect and the 1959 Younghusband Report remarked on the "long history of failure to take the vigorous action necessary to provide trained social workers for the health and welfare services"(3).

It is interesting to note that an area of social work dominated by men (4) was, in fact, the "cinderella" within the profession. This would seem to indicate a definition of "professionalism" in social work more closely linked to female dominated areas such as child care and medical social work.

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[1]Loch, C. 1931, The Prevention and Relief of Distress, London, P.S. King Ltd/Charity Organisation Society, p. 30.

[2]Younghusband, E. 1978, Social Work in Britain: 1950-1975 - A Follow-Up Study, London, G. Allen and Unwin, p. 219, Pt.1.

[3]Ibid.

[4]Younghusband, E. 1978, Op. Cit, p. 286.

It is significant, however, that following the Seebohm reforms, which will be discussed in a later chapter, the majority of directors of social services were drawn from the section of health and welfare officers. The bureaucratic ethos in these new departments was infused with professionalism by combining child care officers, 97% of whom were professionally qualified, with health and welfare workers of whom only 3% had a professional qualification (1).

A survey in 1957 showed that only 8% of welfare officers and 14% of mental welfare officers held a social science qualification whereas 33% held the Poor Law relieving officers' certificate (2).

Consideration of the role of the health and welfare officer links up with concern about the tendency for professional practitioners in "semi-professions" to abandon the direct practice of their professional skills on promotion in order to enter the path of administration. Younghusband notes that there were complaints about social workers not wishing to apply for administrative jobs in the 1950's. This problem was intensified with the introduction of social services departments in the 1970's which will be discussed in a later chapter.

Apart from the area of health and welfare the early twentieth century development took place on many fronts and each speciality developed training courses dealing with the needs of particular client groups. Child-care workers, psychiatric social workers and general hospital almoners functioned within separate establishments and might all be simultaneously involved with the same family. It was this over-lap of professional social work involvement that genericism was intended to avoid (3). The danger associated

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[1] Younghusband, E. 1978, Social Work in Britain: 1950-1975 - A Follow-Up Study, London, G. Allen and Unwin, p. 241, Pt.1.

[2] Younghusband, E. 1978, Op. Cit., p. 286.

[3] Cooper, J. 1983, The Creation of the British Personal Social Services, London, Heinemann.

Donnison, D. (Ed.) 1975, Social Policy and Social Administration Revisited, London, G. Allen and Unwin.

with the generic/universalist ideal, however, was the tendency to "throw out the baby with the bath water", by attempting to abolish specialisation altogether to the detriment of clients who are deprived of help from a worker with specialist knowledge in a particular field. The problems of universalism are pointed to by Pinker in the following terms:

> "To describe as "univeralist" a service with virtually limitless coverage, is foolish in good times and mendacious, when times are bad." (1)

The conflict between genericism and specialisation in social work has persisted in social work education and practice and was particularly fierce at the London School of Economics, where a Department of Social Administration was established in 1912 out of a merger between the Charity Organisation Society School of Sociology and a Research Institute founded by the Indian millionaire, Ratan Tata (2).

The Department offered the first university based social work course in Britain under the influence of Fabianism and the Webbs, drawing inspiration from "Blue Book Sociology", in particular, the poverty studies by Booth and Rowntree. It is remarkable, however, that:

> "The London School of Economics was the first of the university institutions to establish courses in social work and one of the last to establish a Chair in the subject" (3)

as pointed out by Pinker. The pioneering effort of the London School of Economics in establishing formal social work courses within academic institutions was taken up by a number of other universities and colleges of higher education (4). At the beginning of the 1950's there were child care courses at Birmingham and Liverpool Universities as well as the London School of Economics (5). A course for probation supervisors

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[1]Pinker, R. 1981, The Enterprise of Social Work - An Inaugural Lecture, London London School of Economics, p. 7.

[2]See 1980 Prospectus of the Dept. of Social Science and Administration, London School of Economics, p.7.

[3]Pinker, R. 1981, Op. Cit, p.15.

[4]See Younghusband, E. 1978, Social Work in Britain, 1950-1975 Follow-Up Study, London, G. Allen and Unwin.

[5]Younghusband, E. 1978, Op. Cit., p. 8 (Pt.1).

was established at Birmingham University in 1954 (1) and another for almoners, running parallel to the already existing mental health course set up at Edinburgh University in the same year (2). The Commonwealth Fund of America had funded the mental health course at The London School of Economics between 1929 and 1947 and independence was only newly achieved in 1950 (3). Richard Titmuss introduced the first general social studies course at the School in 1954, having consulted with Carnegie Trustees, who had been involved in the early funding of the mental health course (4). By 1959 professional social work courses were being taught in 6 out of 24 British social science departments (5).

In spite of this effort to expand social work education, Younghusband pointed to a serious lack of training opportunities in the late 1950's, although the attitudes of academics to social work training were becoming more accommodating (6), Pinker also expressed approval of the inclusion of social work courses within universities. He wrote:

> "The university status of social work courses is, perhaps, the most important factor in the exchange between social work and the other social sciences." (7)

However, wide-spread doubts about the suitability of teaching social work within academic institutions abound as reported by Dahrendorf in the Director's Report of the London School of Economics in 1979. He maintained that:

> "there were some, who felt that a subject, which is as closely related to field-work practice as social work practice and so far removed from recognisable theoretical interests, has no place in a university. (8)

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[1] Younghusband, E. 1978, Social Work in Britain, 1950-1975 - Follow-Up Study, London, G. Allen and Unwin, p. 82. (Pt.1)

[2] Younghusband, E. 1978, Op. Cit., p. 161 (Pt.1).

[3] Younghusband, E. 1978, Op. Cit., p. 190 (Pt.1).

[4] Younghusband, E. 1978, Op. Cit., pp. 22-23 (Pt.2).

[5] Younghusband, E. 1978, Op. Cit., p. 25 (Pt.2).

[6] Younghusband, E. 1978, Op. Cit., p. 19 (Pt.2).

[7] Pinker, R. 1981, The Enterprise of Social Work - An Inaugural Lecture, London/LSE, p. 15.

[8] Dahrendorf, R. 1979-80, Calender of the London School of Economics and Political Science, London/LSE: Dahrendorf did in fact support the retention of social work teaching at LSE.

The dilemma faced by British universities in regard to social work courses applies, also, to academic courses in nursing. That the mixing of purely theoretical and vocational teaching under one institutional roof creates problems in Britain, whereas other countries, for example the United States, seem to have coped with this situation, would seem to be rooted in the academic exclusiveness of the British university tradition. The early entry of social work education into the university world, constitutes evidence, both of Fabian foresight and open-mindedness and of the academic confidence of the infant social work occupation. In the latter respect, social work is clearly "superior" to nursing, which formally entered the academic world as late as the 1960's(1).The institutionalisation of a defined body of knowledge with a degree of monopoly would seem to be an important factor in the professionalisation of an occupation, as pointed out by Freidson and Johnson, et al. (2). The definition of nursing knowledge is an endemic problem and has remained so from the era of Nightingale to the present time, but in spite of greater academic confidence, a similar dilemma is not absent in social work and Stevenson points to the fact that:

> "The profession (of social work) runs the risk of losing credibility, because of a reluctance to decide what is <u>not</u> social work." (3)

The definition of social work becomes clouded by the changing definitions of what constitutes a "social problem". The latter concept is clearly "culture-bound" and subject to the changing fashions of different historical periods to a greater extent than concepts of health and disease. Thus, social workers faced a fairly radical orientation shift after the end of the Second World War with the institution of the

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[1] Except for limited involvement in combined natural and social science degree/SRN courses Nursing Diploma and teaching courses by Universities and H.E.Colleges. First <u>nursing</u> degree established 1960, Edinburgh. It must be noted, however, that degrees in social work <u>per se</u> have not been established. But see CCETSW 1986 proposals.

[2] Freidson, E. 1970, Profession of Medicine, New York, Dodd and Mead; Johnson, 1972, Professions and Power, London, MacMillan - see Chapter 3 for discussion.

[3] Stevenson in Pinker, R. 1981, The Enterprise of Social Work, - An Inaugural Lecture, London, London School of Economics, p.8. See also Brewer, C. and Lait, J. 1980, Can Social Work Survive? London, Temple-Smith.

Welfare State in Britain, following the abolition of the Poor Law, as discussed above.

While formal training for nursing was instituted at the end of the nineteenth century and received state approval in 1919, social workers in the 1950's were, on the whole, untrained. Younghusband quotes from Rodgers and Dixon's study, "Portrait of Social Work" (1960) saying, that in a certain northern county borough:

> "there were seventy-two social workers among whom five had a professional training and forty-two had no training at all." (1)

The attitude of most social workers was common-sensical and not unlike that of the generality of nurses. They considered that training was unimportant:

> "compared with being good with people, sometimes taking a firm line, standing no nonsense." (2)

Social workers have, however, over time become increasingly sophisticated intellectually, developing a technical language and complex methods of case work and community action (3). This will be discussed more fully in later chapters.

Social work agencies remained separate in the 1950's and 1960's as noted above and the situation sometimes arose when:

> "a family might have dealings with representatives of the children's department, the welfare department and with social workers attached to the housing and education departments, all under the same local authority." (4)

The variability of social needs naturally created a number of separate responses, which resulted in agencies dealing with different types of social distress. Health and disease are more universal concepts, hence the earlier centralisation

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[1] Younghusband, E. 1978, Social Work in Britain, 1950-1975 - Follow-Up Study, London, G. Allen and Unwin, p. 22, Pt.1.

[2] Ibid.

[3] It is worth noting, however, that the fear of professional elitism has always remained strong within large sectors of British social work.

[4] Watkin, B. 1975, Documents on Health and Social Services, London, Methuen and Co Ltd, p. 448.

of services. In the 1950's children's officers, mental health officers and hospital almoners functioned independently of each other, as referred to above. The notion of case-work, however, was important in all branches of social work and was defined in the following terms:

> "Social case work is an art in which knowledge of the science of human relations and skills in relationships are used to mobilise capacities in the individual and resources in the community appropriate to better adjustment between the client and all or any part of his total environment." (1)

Most training courses were adopting the "case-work model" in the broadest sense, and applied it to the specific type of social work to which the training scheme was directed.

Before concluding this over-view of social work history from the nineteenth century until the 1950's another tradition deserves brief mention although prevalent at a later stage, namely the "radical-marxist" approach to social work, as described by Corrigan and Leonard(2).It developed during the 1970's in opposition to what was seen as the excessively individualistic approach of the case-work tradition. Rather than "adjusting" the individual to a "sick society" radical change in social structures was to be the aim of the social worker. This social work orientation was in harmony with the ethos of community work in terms of adopting a collective rather than an individualistic approach to social care and its message was proclaimed in the "alternative" social work journal "Case Con".

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[1] Swithun Bowers (1949) in Younghusband, E. 1978, Social Work in Britain, 1950-1975 - Follow-Up Study, London, G. Allen and Unwin, p. 26, Pt.1.

[2] Corrigan, P. and Leonard, P. 1978, Social Work Practice Under Capitalism - A Marxist Approach, London, MacMillan, p. 157.

Summary and Conclusion

What lessons, if any, can be learnt from the history of nursing and social work in Britain since the 1850's? It seems clear that their nineteenth century ideological underpinnings were similar. The tasks of nurses and social workers may differ in terms of professional approach, but the general aims of ministering to the physical and social needs of individuals are shared by both occupations. Historically, most trainee nurses were socialised in strictly hierarchical institutions whereas future social workers were not. Training for nurses developed along apprenticeship lines, social work students entered on university and other Higher Education based courses much earlier than nurses. The number of graduates entering social work is higher than amongst trainee nurses (1). Nursing interacts closely with a strong profession - medicine - social work is more detached in this respect.

How many of these differences are rooted in the respective historical fortunes of the two occupations? There are no definitive answers at this stage and clear causal connections are difficult to establish. It would seem, however, that the different institutions in which nurses and social workers are socialised and perform their work and the dominance of medicine over nursing are factors, which have radically affected the two occupations over time and have been instrumental in creating some of the other differences between nursing and social work observable at the present time.

Having set the historical scene we now turn to a consideration of the theoretical issues involved, with regard to professionalism within a bureaucratic setting and issues especially linked to "women and work" as related to nursing and social work. This discussion includes an outline of the proposed research methodology which was adopted in this study.

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[1] See Ch. 3 - professional education.

Chapter III:-

Theoretical Background and Research Method

Adopting a "thematic" approach as described in Chapter 1 the research is guided by a variety of theoretical perspectives from the sociology of bureaucracy, professionalism and professionalisation, and of women with special emphasis on gender-typing within certain occupations and professions.

While the main theoretical approach to professions and /or professionalisation is sociological, both sociological and social policy theories are drawn upon in the exploration of bureaucratic organisation and women and work. Social history provides the background to the thesis as outlined in Chapter 2.

A historical approach also informs the research methodology, which is based entirely on documentary sources and can best be described as modified content analysis. The thesis is not concerned with the establishment of strict "causal" connections between social phenomena or determining the respective causality of "nature" and "nurture" in influencing the status of women (1). The method is, thus, essentially exploratory and qualitative.

PART I
Bureaucratic Organisation

The majority of nurses and social workers in Britain work within public service bureaucracies and not as independent practitioners. It would therefore seem relevant to examine a selection of theories relating to organisations generally and to bureaucratic structures in nursing and social work in particular.

Spiers (2) outlines the main characteristics of organisations as: membership, purpose, formal structure, a system of ideas or ideology and corporate status. Nursing and social work clearly harmonise with this model of bureaucratic structure. Over and above the characteristics listed in Spiers, "ideology" in British organisations would seem to endorse a notion of "social hierarchy" (3), - the acceptance of variable social

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[1] Although these concepts will be used to indicate accepted stereotypes.

[2] Spiers, M. 1975, Techniques and Public Administration, a Contextual Evaluation, London, Fontana/Collins, pp. 174-6.

[3] Spiers, M. 1975, Op. Cit., pp. 198-199.

status and a tacit internalisation of one's "station" in life and within social structures as discussed by Burrage and Corry (1) with reference to the mediaeval guilds in the City of London. Marx (2) elaborated on the ideological dimension, with Hegel's philosophy of the State as starting point, emphasising that modern "bureaucracy" is an instrument of capitalism destined to vanish with the realisation of the classless society. Weber, on the other hand, stressed the functional nature of national bureaucracy and the "impersonality" of the bureaucratic apparatus, which could be made to operate "for very different political and economic purposes" (3).

In contradiction to the rational model set out by Weber, with its in-built safeguards against "tyranny" within the bureaucratic structure, Michels (4) maintained the relevance of Machiavelli's thesis on elite domination within organisations and de Tocqueville, examining social conditions in North America and France, observed that the "democratic principle" has become "not only predominant but all-powerful" (5). Democratic structures were not, in the opinion of de Tocqueville, without disadvantages,as societies would come to "unconsciously obey some superior force ruling over them" (6). More recently Parsons (7) and Gouldner (8) have discussed the stress within

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[1]Burrage, M. and Corry, D. 1981, At Sixes and Sevens: Occupational Status in the City of London from the 14th to the 17th Century, in American Sociological Review, August 1981, pp. 375-393, Vol. 46.

[2]Marx, K. in Mouzelis, N. 1967, Organizations and Bureaucracy, London, Routledge and Kegan Paul, p.8. (Marx, K. 1937, Critique de la philosophie de l'etat de Hegel, in Oeuvres Philosophiques.)

[3]Weber, M. in Mouzelis, N. 1967, Op. Cit., p. 25. (Weber, M. 1947, The Theory of Social and Economic Organisation.)

[4]Michels, R. 1962, A Sociological Study of the Oligarchic Tendencies of Modern Democracy, Michels, R. in Mouzelis, N. 1967, Op. Cit., p. 26.

[5]de Tocqueville, A. 1980, On Democracy, Revolution and Society, Chicago/London, The University of Chicago Press, p. 52.

[6]de Tocqueville, A. 1980, Op. Cit., p. 161.

[7]Parsons, in Mouzelis, 1967, Op. Cit., p. 48. (Parsons, T. Intro. to Weber's The Theory of Social and Economic Organisation).

[8]Gouldner, A. in Mouzelis, N. 1967, Op. Cit., p. 48, and p. 60. (Gouldner, A.W. 1954, Patterns of Industrial Bureaucracy.)

organisations created at the interface between the hierarchical status system and the various areas of specialist knowledge. This debate is of particular relevance when considering professional and semi-professional workers within bureaucratic organisations. Merton's (1) thesis on ritualism is also relevant in this context, in that out-moded bureaucratic structures are slow to change in line with new specialist knowledge. Taylor's theory on scientific management is of particular importance in considering two recent reports on nursing and social work, the Salmon (2) and Seebohm (3) Reports, which deal with the issue of rational management and relevant career structures in the occupations under consideration.

In spite of the variety of theoretical perspectives outlined above, however, Mouzelis (4) expressed disappointment at the state of organisation theory in the 1970's, maintaining that available data is of limited usefulness due to the a-historical and ethnocentric bias of current theory. It would seem, however, that while Mouzelis' criticism has some relevance, theories developed within the context of the Western world and relating to industrial society are useful in analysing nursing and social work in Britain, as there is no pretence to create "grand theory", i.e. a macro-sociological perspective on organisations, within the context of the present research.

The employment of "professionals" within bureaucracies, which combine professional and managerial aims has created tensions, as documented by Davies, Dingwall and Oppenheimer among others (5,6). The exercise of legitimate authority (7).

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[1] Merton, R. in Mouzelis, N. 1967, Organisations & Bureaucracy, London, RKP, pp. 160-161. (Merton, R. 1963, Reader in Bureaucracy.)

[2] Salmon, B. 1966, Report on the Committee on Senior Nursing Staff Structure, London, HMSO.

[3] Seebohm, F. 1968, Report on Local Authority and Allied Personal Services, London, HMSO.

[4] Mouzelis, N. 1967, Op.Cit., p.175.

[5] Oppenheimer, M. and Davies, C. in Scase, R. 1977, Industrial Society - Class Cleavage and Control, London, G. Allen & Unwin.

[6] Dingwall, R. and Lewis, P. 1983, The Sociology of the Professions, London MacMillan.

[7] Sennett, R. 1980, Authority, London, Secker and Warburg.

is central to the Weberian notion of rational bureaucracy (1), which is described as the "purest type of legal leadership" and this authority is founded, not on the "favour" or the mediaeval lord of the manor, but on the "objective skill of the expert". Sennett elaborates on the difference between "paternal" and "autonomous" authority - the former co-inciding with the style of the mediaeval ruler whereas the latter applies in modern bureaucracies. "Autonomy" implies a degree of "impersonality" (2) and, according to Sennett, is manifested both as "the possession of skills" and as "character structure"(3). Clearly, professional and semi-professional workers within bureaucracies span both levels as is apparent in nursing and social work; apparently mundane "skills" are endowed with a certain "professional aura" rooted in the culture or "character structure" of the occupational group.

Authority structures in nursing traditionally conformed to the "paternal" model (4) or, more appositely, a "maternalistic" one. A degree of intrusiveness characterised this style. It accords with the development, described by Foucault, from the use of physical, coercive means of controlling inferiors towards more mental methods, i.e. the use of discipline to create "docile bodies" (5). An orderly system evolved and dove-tailed with the Weberian notion of rational bureaucracy, which found one of its most extreme manifestations in the obedience test staged by the psychologist, Milgram (6) using ordinary individuals, who were induced to administer electric shocks to innocent victims in the course of a learning experiment. Managerial control, according to the "autonomous" model, employs "shaming" as a form of control. The shift

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[1] Weber, M. 1956 Edn. Soziologie, Weltgeschichtliche Analysen, Politik, Stuttgart, Alfred Korner Verlag, p.153.

[2] Sennet, R. 1980, Authority, London, Secker and Warburg, p. 85.

[3] Ibid.

[4] Ibid.

[5] Foucault, M. 1975, Discipline and Punish, Harmondsworth, Pelican, p.137. But see discussion in Jones, K. & Fowles, A.J.1984, Ideas on Institutions, London, RKP, pp. 27-46.

[6] Milgram, S. 1974, Obedience to Authority, London, Tavistock Publications, p.1. The shocks were, in fact, simulated but the "operators" were unaware of this.

towards this type of discipline and away from more physical means in line with the theory of Foucault has also been stressed by Elias (1). Like Sennett and Milgram, Etzioni (2) stresses the importance of "compliance" in modern bureaucracies. In the case of "normative" organisations, such as general hospitals (3) "a higher degree of moral involvement and expressive performance (is required than in) the other two types of organisation (coercive and utilitarian)"(4). Both nurses and social workers normally find themselves working in institutions of the first-mentioned type and the stress on expressiveness in such organisations concurs with the Parsonian gender-type of femininity (5).

Many theorists have perceived a contradiction between bureaucratic and professional goals as noted by Parsons and Gouldner above and nowhere is this more evident than in occupations like nursing and social work, classified as "semi-professions" by Etzioni and others (6). Writing about social workers in the United States, Scott observed that: "disciplined conformity to authority was regarded as a sign of maturity" in the "spirit of the Light Brigade"...(7). The tendency for managerial goals to predominate over "care" is documented by Brooks with reference to contemporary British social work (8). The inter-meshing of managerial and

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1Elias, N. 1978 Edit., The Civilizing Process, 1978, Oxford, B.Blackwell, p. xiii.

2Etzioni, A. 1961, A Comparative Analysis of Complex Organisations, New York, Free Press, p. xv.

3Etzioni, A. 1961, Op. Cit. p. 21 and p. 42.

4Etzioni, A. 1961, Op. Cit. p.211.

5Parsons, T. 1964, Social Structure and Personality, New York, Free Press, p. 49 and p. 59.

6Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press, p. vii, p. x, and p. xiii.

7Scott, R. in Etzioni, A. (Ed.) 1969, Op. Cit., p. 117, and p.123.

8Brooks, S. in Social Work Today, Vol.3, No.9, 1972, p. 2.

professional goals in nursing is stressed by Lees who noted that:

> "the only way that...goal attainment (in nursing) can be doubly ensured is if those who administer the system already carry the values of the nursing profession". (1)

"Conformity" is also viewed as desirable in nursing hierarchies in order to "guard against anxiety" (2). Karpf considers nursing to be "bridled by a rigid hierarchy" and "suffused by the values of the class-room: punishment and reward". Student nurses are shamed into submission (3). The "submission" of the nurse is ultimately a response to the dominance of the medical profession as stressed by Freidson, et al. (4), and this inferiority or "blocked mobility" leads to adoption of managerial rather than professional goals (5).

It would seem clear that "compliance" (Etzioni) and "discipline" (Foucault) characterise both nursing and social work in Britain and the United States. Methods of control are of a "bureaucratic autonomous" type (Sennett), but the apparent "neutrality" of the system does not preclude the use of "shaming" as a control-mechanism (Karpf) in the "rational bureaucracies" which are the place of employment of most British nurses and social workers.

Professional Status and Socialization

The study of professions falls under two main headings, professionalism, i.e. the system of ideas and norms informing professional practice and professional structures. In some instances, for example, in regard to professional knowledge, there are both ideological and structural aspects to consider.

One of the earliest assumptions concerning traditional professionals was, that they possessed the service ethic to

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[1] Lees, S. 1980, Developing Effective Institutional Managers in the 1980's, Part 1: A Current Analysis, in Journal of Advanced Nursing, No.5, pp. 210-211.

[2] Lees, S. 1980, Op. Cit., p.23.

[3] Karpf, A., Let's Not Play Doctors and Nurses, in The Guardian, 15/5/84, p.10.

[4] Freidson, E. 1970, Profession of Medicine, New York, Dodd and Mead, p. 66.

[5] Ibid.

a marked extent as exemplified in the work of the clergy and medical practitioners. It was argued that a sense of altruism distinguished the members of professions from those who worked simply for financial gain. The degree to which "self-denial" enters into professional practice is obviously variable, as noted by Halmos (1), who stressed the varying levels of "self-effacing personal care" given by health, welfare and education linked professional workers, on the one hand, compared to lawyers, accountants and architects, on the other. Wilensky maintained that "the norm of selflessness"(2) can be assumed to apply in all established professions to a greater extent than in other occupations. This statement is somewhat ambiguous in that no definition of what constitutes an "established" profession appears in the text, although it can be safely assumed, that medicine belongs to that group and that altruism is a comparatively strong norm within medical practice. Nursing, social work and school-teaching, on the other hand, would not merit being included among established professions, although these occupations subscribe to a high degree of altruism as noted by Halmos above. Lawyers, while undoubtedly belonging to the category of "established professions" do not excel in "self-denial" to a significant degree. It would therefore seem that altruism is not the specific prerogative of established professions and Parsons (3) rejected the contrast between professions and business on these grounds. He maintained that similar values informed both types of work. Elliott (4) saw a "missionary" or "service-oriented" approach as associated chiefly with young professions. Salvage (5) viewed self-interest as more

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[1]Halmos, P. 1970, The Personal Service Society, London, Constable, p.22. See also Baly, M.E. 1984, Professional Responsibility, Chichester, John Wiley and Sons, pp. 2-4.

[2]Wilensky, H.L. 1964, The Professionalisation of Everyone, in The American Journal of Sociology, (pp.137-158), Vol.LXX, No.2, Sept, 1964, p.140.

[3]Elliott, P. 1972, The Sociology of the Professions, (on Parsons, T. 1939), London, MacMillan, p.9.

also Harries-Jenkins, G. 1970, in Jackson, J.A. 1970, Professions and Professionalisation, Cambridge, Cambridge University Press.

[4]Elliott, P. 1972, Op. Cit., p. 112.

[5]Salvage, J. 1985, The Politics of Nursing, London, Heinemann Nursing.

important to professional groups in the health service than a concern with improving health care and Larson (1) saw the pursuit of esoteric knowledge as a stronger motivation for professional workers than the exercise of altruistic service.

It is debatable whether what Ben-David (2) names a "vocational subculture" is related as much to altruism as to a code of "good behaviour" in general - a corporate ethic generating an "esprit de corps" among groups of professionals, which ultimately secures "occupational advantages". Elliott(3) quoting Rothblatt, refers to "gentlemanly professionalism" engendered through the public schools and universities. This ideology is oriented towards public service rather than commercialism (4), which may partly explain the higher prestige of the liberal professions compared to business in Britain. Harries-Jenkins (5) also stresses the importance of a liberal university culture. Writing specifically about professionals within the armed forces, he speaks of the strong "service ethic", which is manifested in a "willingness to subordinate personal interests to the demands of the officer corps" (6) and of the importance of loyalty and "restriction on personal freedom of action" (7). It is easy to draw parallels between the demands placed upon nineteenth century Nightingale nurses and the ideal set out for army officers above. Olesen and Whittaker (8) do, in fact, refer to the "militaristic early

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[1]Larson, M.S. 1977, The Rise of Professionalism, Berkely/ Los Angeles/London, University of California Press, p. 180.

[2]Ben-David, J. 1963-64, Professions in the Class System of Present-Day Societies, in Current Sociology, Vol.VII, No.3 (pp.246-298), p. 251.

[3]Elliott, P. 1972, The Sociology of the Professions, (on Parsons, T. 1939), London, MacMillan, pp. 50-51.

[4]Elliott, P. 1972, Op. Cit., p. 52.

[5]Harries-Jenkins, G. 1970, in Jackson, J.A. 1970, Professions and Professionalism, Cambridge, Cambridge University Press,p.76.

[6]Harries-Jenkins, G. 1970, Op. Cit., p. 99.

[7]Ibid.

[8]Oleson, V. and Whittaker, E.W. in Jackson, J.A. 1970, Op. Cit.

hospital schools of nursing in the US". A similar ethos prevailed in British nursing until the 1970's and still survives to some extent in the 1980's.

Professional knowledge spans the divide between "ideology" and "structures" as noted above, but the literature emphasises the objective aspects over subjective ideas. The terminology used, however, denotes a certain ambivalence as Jackson speaks of the professional as a "high priest" guarding a specific body of knowledge (1) introducing a "mystical and priestly" element out of tune with the notion of pure rationality. The use of the term "esoteric" with reference to knowledge by Larson (2) and others further reinforces the mystical elements of professional theory and the expression "medical mystique" is frequently used in connection with the knowledge and practice of doctors.

Bureaucratic organisation and professionalism were traditionally seen as opposed (3), but the multitudes of professional workers functioning within hierarchical organisations have prompted a reassessment of this thesis. Acknowledgement of the links between bureaucratisation and professionalisation was, in fact, made by Weber (4) and was later reinforced by Parsons (5), as noted above. Larson also subscribes to the view that "organisational professions should not be seen as sharply distinct from older and more independent professions"(6) and Harries-Jenkins (7) writes

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[1]Jackson, J.A. 1970, Professions and Professionalism, Cambridge, Cambridge University Press, p.7.

[2]Larson, M.S. 1977, The Rise of Professionalism, Berkely/ Los Angeles / London, University of California Press, p. 180.

[3]See discussion in Dingwall, R. and Lewis, P., 1983, The Sociology of the Professions, London, MacMillan and Larson, M.S. 1977, Op. Cit., p.xvii.

[4]Discussion on Weber, M. in Elliott, P. 1972, The Sociology of the Professions, London, MacMillan, p.2.

[5]Discussion on Parsons, T. in Elliott, P. 1972, Op. Cit., p.9.

[6]Larson, M.S. 1977, Op. Cit., p. 179.

[7]Harries-Jenkins, G. in Jackson, J.A. 1970, Op. Cit, p.53.

in a similar vein. The accommodation of professional and bureaucratic goals are further discussed by Davies and Oppenheimer in Dingwall and Lewis (1). Pavalko cautiously refers to bureaucracy, limiting "professional autonomy" (2) and surprisingly it falls to Salvage, a contemporary radical writer on nursing, to present the "traditional" argument of the essential contradiction between professionalism and bureaucratic organisation in nursing (3).

The strength of professionalism is seen to depend on a variety of factors according to the theoretical perspective adopted. The "trait model" described by Johnson (4) posits the notion, that an occupation should possess a certain number of characteristics in order to be classed as a profession and autonomy over practice is one such feature. Pavalko (5) sees the limitation of autonomy in certain occupations as caused by their incorporation in large organisations, whereas Freidson stresses the authority of expertise as a factor supporting the autonomy of a professional group (6).

Nursing and social work do not in the view of "trait" theorists, possess a sufficient number of professional characteristics to equal medicine and law and are consequently described as "semi-professions" by Etzioni, et al. (7) and Salvage (8) also uses this label to describe nursing and social work.

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[1]Davies, C. in Dingwall, R. and Lewis, P. 1983, The Sociology of the Professions, London MacMillan, p. 177-195.

[2]Pavalko, R.M. 1971, Sociology of Occupations and Professions, Illinois, F.E. Peacock Publishers, Inc., p. 31.

[3]Salvage, J. 1985, The Politics of Nursing, London, Heinemann Nursing, p. 85.

[4]Johnson, T. 1972, Professions and Power, London, MacMillan.

[5]Pavalko, R.M. 1971, Op. Cit., p. 31.

[6]Discussion on Freidson in Larson, M.S., 1977, The Rise of Professionalism, Berkely/Los Angeles/London, University of California Press, p. xiii.

[7]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[8]Salvage, J. 1985, Op. Cit.

Etzioni's thesis on "semi-professions" is central to research in this field of study. Occupations such as nursing and social work are classified under that label in contrast to "full professions", e.g. medicine, law and univeristy teaching, and certain characteristics endorse their "inferior status". Thus Etzioni maintains that:

> "there are several professions in which the amount of knowledge (as measured in years of training) and the degree of personal responsibility (as measured in the degree to which privileged communication, which the recipient is not bound to divulge or questions of life and death are involved) are lower than in the older or highly creative cognitive professions."(1)

In contrast, Freidson points to the medical profession as being fully professionalised and dominant over nursing - the latter falling into the category of "semi-professions" (2). The notion of "professional status" is closely modelled on the characteristics of the traditional professions and "occupational status groups" are normally characterised by "specific life-styles" according to Weber (3). Burrage also discusses this with reference to the legal profession in pre- and post-revolutionary Russia, the United States and England (4). Status thus derives from power as stressed by Weber, who maintains that while "economic power" can be desired for its own sake, it is often sought for the sake of the honorific social status which it brings (5). While such status might be derived from economic power alone, professional power clearly confers a distinct form of status, hard to define in concrete terms, but clearly perceived both by those within and outside the privileged professional circle.

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[1]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press, p. xi.

[2]Freidson, E. 1970, Profession of Medicine, New York, Dodd and Mead, pp. 52-53.

[3]Weber, M. (1922) 1956 edn, Wirtschaft und Gesellshaft, Tubingen, pp. 177-80 quoted in Runciman, W.G. 1978, Weber - Selections in Translation, Cambridge University Press, p. 54.

[4]Burrage, M. 1984, Revolution as a Starting Point in The Comparative Analysis of the Legal Profession- A Review of the Evidence from England, America and Russia, Lecture given at Bellagio, 16-17 July 1984, Unpublished.

[5]Weber, M. (1922) 1956 edn. Wirtschaft und Gesellschaft, Tubingen, pp. 177-180, in Runciman, W.G. 1978, Op. Cit., p. 54.

Objective structural professionalisation, as noted in institutional signs, is coupled with the more ephemeral characteristics of "professionalism" - the latter incorporating ethical and moral values in what Halmos defines as the "professional service ethic" (1). Formal professionalistion is the aim of "trait theorists" on professions referring to structures discussed above and summarized by Johnson as follows:

> "(I) skill based on theoretical knowledge (II) the provision of training and education (III) testing the competence of members (IV) organisation (V) adherence to a professional code of conduct (VI) altruistic service..." (2)

While Johnson criticises the trait approach for being both a-theoretical (3) and a-historical (4), it, nevertheless, provides a useful starting point for the examination of nursing and social work because it is used by Etzioni, whose theory is re-assessed and "extended" in the exploration of "feminine professionalism", which will be discussed more fully in later chapters.

It has been said, that insecure professionals spend a considerable amount of time discussing professional status (5) and this is true of nursing and social work, especially the former. Etzioni's thesis on semi-professions implies an incompleteness, a lack of certain characteristics and Freidson speaks of "the para-medical professions" to which he assigns nursing "as dominated and controlled by a central dominant profession" (6), i.e. medicine. But while nursing derives

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[1] Halmos, P. in Johnson, T. 1972, Professions and Power, London, MacMillan, p. 15.

[2] Johnson, T. 1972, Op. Cit., p. 23.

[3] Johnson, T. 1972, Op. Cit., p. 25.

[4] Johnson, T. 1972, Op. Cit., p. 27.

[5] Katz, E. in Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press, p. 71.

[6] Freidson, E. 1970, Profession of Medicine, New York, Dodd and Mead, p. 49.

its semi-professional status mainly from subordination to the medical profession, social work status is insecure, in large measure, due to its lack of a legitimate knowledge base, according to Heraud who claims:

> "that social reform is a less certain basis for the successful assertion of claims for professional status than a therapeutic stand-point" (1)

The nurse's knowledge base is equally inadequate, according to Katz (2), who stresses the eclectic nature of nursing courses. Freidson, Simpson and Simpson, et al. sum up the "weakness" of occupations like nursing and social work in pointing to their lack of "autonomy" (3, 4). But while overall autonomy eludes nursing and social work, both occupations possess a number of the "traits" enumerated above, albeit in different proportions. Nursing became formally organised with national professional councils and boards, state registration and professional associations in the early twentieth century, whereas these structures took much longer to develop in social work and some have not yet evolved, for example, a national council and social work register (5). Concern about the issue is recurrent as evidenced in the writings of Malherbe (6) and the question was not resolved by the Barclay Committee (7).

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[1]Heraud, B. 1981, Training for Uncertainty, London, RKP, p.42.

[2]Katz, E. in Etzioni, A. (Ed.), 1969, Semi-Professions and Their Organisation, New York, Free Press, p. 62.

[3]Freidson, E. 1970 Profession of Medicine, New York, Dodd and Mead, p. 49.

[4]Simpson, R.L. and Simpson, I.H. in Etzioni, A. (Ed.) 1969, Op. Cit., pp. 197-198.

[5]The splintered nature of social work, especially pre-Seebohm, may have been relevant in this context.

[6]Malherbe, M. 1979, Principles and Issues in Context, London, CCETSW.

[7]Barclay, P. 1982, Social Workers - Their Role and Tasks, London, National Institute of Social Work.

Nursing ideology has traditionally addressed itself to "the heart" more than to "the head" and the Nursing Times reported, that the occupation is thought "unsuitable.... for high academic achievers" (1), and a correspondent in "Senior Nurse" pointed to the traditional view of nursing as an unsuitable career for "people of high intelligence" (2). It is interesting to note that both these contributors wrote as late as 1984. Nursing is seen as a practical occupation, and a certain fear of over-intellectualism is apparent (3). Nurses themselves acknowledge their lowly educational status, reinforced by an apprenticeship-based training and:

> "they (graduate nurses) clearly felt that it was primarily by being graduates that they achieved a status, which put them on the (same) plane as doctors and social workers. (4)

While social work students gained access to higher education earlier than student nurses and had formal student status, their position within universities remains marginal. It is interesting to note that the Social Science and Administration Department at the London School of Economics was thought of as having comparatively low academic status by Donnison (5) and Dahrendorf's views on the subject of teaching social work within the university sector have already been discussed above in Chapter 2 (6). While there was some debate about whether social work should become an all-graduate occupation at the time of the Younghusband Enquiry (7) there was also strong evidence of anti-professionalism in social services

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[1] Nursing Times/News, 25/4/84, p. 5.

[2] Rogers, R. 9/5/84, p.10, The Image Makers, in Senior Nurse.

[3] French, P. 2/5/84, p. 14, The Path to Professionalism, in Senior Nurse.

[4] Martin, J.P. and Gastrell, P. 7/7/82, An Experiment in Nurse Education at Southampton University, pt.2, p.78. (Emphasis added)

[5] Donnison, D. 1975, Social Policy and Administration Revisited, London, G. Allen and Unwin, p. 256.

[6] Dahrendorf, R. 1979-80, Calender, p. 62, London, LSE. See p. 39.

[7] Cooper, J. 1983, The Creation of the British Personal Social Services, London, Heinemann, p. 157.

departments in the 1970's (1).

It is characteristic of the difference between nursing and social work that while representatives of the former group debate student versus apprentice status for learners, social workers discuss the defence of their already existing although somewhat marginal foothold in universities and other colleges of higher education. The current trend in the social work debate (2) may, however, shift social work training further into the apprenticeship model. This theme will be developed later. It is indicative of the split within nursing, that the general anti-intellectualism, referred to above and in the following quote by a disillusioned student:

> "One of the best nurses I know had an essay marked 'you are not training to be a doctor'" (3)

can co-exist with the support of higher education links with nursing among a small but vocal elite (4). It is interesting to note, however, that nursing is considered "a weak academic subject" by some university committees (5).

It would seem that both nursing and social work are ambivalent about professional status and academic involvement. This may be indicative of an "alternative" ideology - namely "feminine professionalism", which will be more appropriately discussed under the following heading.

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[1]Utting, W.B. 1984, vol. 16, No.1, Feb. Health Trends, Local Authority Social Services in England - A Personal Retrospect on the Seebohm years, p. 13.

[2]Parsloe, P. 1983, Reviewing Qualifying Training, CCETSW Documents 20-1 and 20-2 (London).

[3]Westlake, C. 16/5/84, Senior Nurse, Who Needs the School of Nursing?, p. 10.

[4]Hayward, J. 1982, Nursing and the Universities, in Journal of Advanced Nursing, vol. 7, No. 4., July,82, pp. 371-377.

[5]Myco, F. 1984, Janforum in Journal of Advanced Nursing, Vol. 9, No. 1, Jan. 84, p. 100.

Gender Typing/Sexual Division of Labour

Ideas about "woman's nature" underlie notions of what constitutes appropriate female work. Predominantly male nineteenth century writers on the topic stressed the biological incapacity of women to undertake certain types of employment. Greg (1862), quoted in Hollis (1) stressed the danger of opening the professions to women as the "brain and the frame of woman" were inappropriate for the duties of lawyers and physicians and Bennet considered women "sexually constitutionally and mentally" unfit for medicine (2), as did Blackwell's colleague, Dr McKay (3). Women were seen as unsuited for work that required initiative as they were considered essentially passive while the typical man was active according to the theory of Freud (4). Another Victorian writer pointed to the hypocrisy inherent in the alleged claim, that by keeping women out of the professions they were thereby "protected" from hard work in that "while women may not be doctors, they may be nurses; while they may not engage in legal practice, they may scrub legal offices" (5). Mary Carpenter claimed that women in public office must protect their "private" nature by guarding themselves with "an invisible but impenetrable shield" (6). The separation of spheres into public/male and private/female was approved of by most Victorians including Tennyson (7), Ruskin (8), Geddes (9) and Patmore (10).

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[1] Greg, W.R. 1962 in Hollis, P. 1979, Women in Public Service, 1850-1900, London, G. Allen and Unwin, p. 55.

[2] Bennett, H. 1970 - The Lancet in Holcombe, L. 1973, Victorian Ladies at Work, Newton Abbot, Devon, David and Charles, p. 100.

[3] Blackwell, E. 1977, Opening the Medical Profession to Women, New York, Schocken Books.

[4] Freud, S. in Mitchell, J. 1974, Psychoanalysis and Feminism, Harmondsworth, Pelican, p. 50.

[5] Gossam, N.J. in Hollis, P. 1979, Op. Cit., p. 56.

[6] Carpenter, M. in Hollis, P. 1979, Op. Cit., p. 236.

[7] Tennyson, A. in Vicinus, M. Pt.1, 1980, Suffer and Be Still, London, Methuen and Co, University Paperbacks, p. 76.

[8] Ruskin, J. in Vicinus, M. Pt.1, 1980, Op. Cit., p. 136, and Ruskin, J. 1898, Sesame and Lilies, London, G. Allen, Sunnyside, Orpington, p. 136 and p. 171.

[9] Geddes, P. in Vicinus, M. Pt.1. 1980, Op. Cit., p. 146.

[10] Patmore, C. in Vicinus, M. Pt.2. 1980, pp. 146-152.

Tennyson's poem "The Princess" (1) assigns man to "the field" and woman to "the hearth", Ruskin develops his ideas of separate gender spheres in "Of Queen's Gardens" (2) and Patmore's "The Angel of the House" is a classic example of sexual gender division(3). This notion of a "female sphere" endorses belief in the greater sensitivity and sympathy of women, which made them more suited for child care and other nurturant work (4). According to Gilman they excelled in nurturance - the woman's "governing principle being growth and not combat, her main tendency being to give and not to get, she more easily and naturally lives and teaches these religious principles" (5). A contemporary writer, Radcliffe-Richards confesses herself as an agnostic regarding the nature/nurture question (6) but leans towards the "nurture argument" as does Figes (7) and Barrett turns the biological argument on its head by stressing the danger of women glorifying "supposedly 'female' capacities" and effecting a <u>woman-inspired</u> return to separate gender spheres (8). Rousseau saw the rule of woman as one of "gentleness, tact and kindness"(9) and Lecky likewise stressed female "gentleness, modesty and endurance" (10). Nietzche also viewed woman as excelling in

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[1] Tennyson, A. in Vicinus, M. 1980, Pt.1. Suffer and Be Still, London, Methuen and Co/University Paperbacks, p. 76.

[2] Ruskin, J. 1898, Sesame and Lilies, London, G. Allen, Sunnyside, Orpington, p. 136 and p. 171, and Ruskin, J. in Vicinius, M. 1972, Op. Cit., p. 136.

[3] Patmore, C. in Vicinus, M. 1980, Op. Cit., Pt.2, p. 148.

[4] Martindale, H. 1938, Women Servants of the State, 1870-1938, London, G. Allen and Unwin, p. 60.

[5] Gilman, C.P., MCMXI, The Man-Made World or Our Androcentric Culture, London, T. Fisher and Unwin.

[6] Radcliffe-Richards, J. 1980, The Sceptical Feminist - A Philosophical Enquiry, Harmondsworth, Pelican.

[7] Figes, E. 1978, Patriarchal Attitudes, London, Virago, p. 13.

[8] Barrett, M. 1980, Women's Oppression Today, London, Verso and NLB, p. 13.

[9] Rousseau, J.J. in Figes, 1978, Op. Cit., p. 105.

[10] Lecky, . in Figes, E. 1978, Op. Cit., p. 116.

"pity and sympathy" (1), which made her irrelevant to masculine civilization, a view also shared by Freud (2). The pessimistic Schopenhauer, however, simply viewed woman as a "kind of middle step between the child and the man" (3). Goldberg (1979) proclaimed the inevitability of male dominance and female nurturance (4) due to hormonal influences. In this he reiterates the view-points of Lorenz (5) and Tiger and Fox (6). Roszak and Roszak (7), however, reject the notion of exclusively masculine and feminine virtues - both women and men have a mixture of "hard" and "soft" characteristics.

Caring work is often associated with the maternal role (8). In examining nursing and social work it is therefore relevant to consider theories on the role of woman as mother and wife. A close association with life processes is inherent in the mother role and Schreiner, writing about the role of women in war, speaks of the woman knowing "the history of human flesh...(and)...its cost" (9) whereas a man does not. Gilman (10) saw the liberation of women from the worst of Victorian restrictions as enabling them to be more "efficient" mothers. Sewell (11) maintained that all women should be educated to become "wives and mothers". Martindale quotes an early twentieth century source stressing the importance of "harmony"

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[1]On Nietzche in Figes, E. 1978, Patriarchal Attitudes, London, Virago, p. 129.

[2]On Freud, S. in Figes, E. 1978, Op. Cit, p. 138.

[3]On Schopenhauer in Figes, E. 1978, Op. Cit., p. 123.

[4]Goldberg, S. 1979, The Inevitability of Patriarchy, London Abacus, p. 88 and p. 98.

[5]Lorenz, K. (1963) 1974, On Aggression, London, Methuen & Co.Ltd.

[6]Tiger, L. and Fox, R. in Sayers, J. 1982, Biological Politics, London, Tavistock Publications, p. 155.

[7]Roszak, B. and Roszak, T. 1969, Masculine/Feminine, New York, Harper Torch Books, p. 104.

[8]Carrier, J.W. 1983 discusses this with reference to police women (Ph.D. Thesis), The Acceptance and Statutory Recognition of Women as Police Officers in England and Wales with Special Reference to the Metropolitan Police, 1914-31, London Univ./LSE.

[9]Schreiner, O (1911) 1978 ed. Woman and Labour, London, Virago,p.173.

[10]Gilman, C.P. MCMXI, The Man-Made World or Our Androcentric Culture, London, T. Fisher and Unwin.

[11]Sewell, E. in Hollis, P. 1979, Women in Public Service, 1850-1900, London, G. Allen and Unwin, p. 134.

between feminine and masculine influences in the family (1). As late as 1964, Sir John Newson writing on school education stated that: "the influence of women on events is exerted primarily in their role as wives and mothers" (2). Alexander (3) discussing nineteenth century woman referred to her role as "wife and mother" as the "pivot of the family". Leeson and Gray (4) and Garmanikow (5) discuss the "gender-typed" role of woman as "mother" extended into that of the nurse in the health service industry. In contrast the authoritative function of the father is stressed by Dicks (6) and Parsons (7) refers to female/expressive/maternal characteristics contrasted with male/instrumental/paternal traits.

The notions of vocation and altruism are closely related to ideas about the mother role and link with traditional views of woman's nature and Abel-Smith speaks of nursing as a "calling" (8). Donnison (9) quotes an eighteenth century midwife saying that a dedicated professional should not turn her back on the patient "because she is poor" and the voluntary female input in health care is described by Chamberlain (10) quoting Parry and Parry (1976) on the role of "Ladies of

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[1]Martindale, H. 1938, Women Servants of the State, 1870-1938, London, G. Allen and Unwin, p. 145.

[2]Newson, J. in Figes, E. 1978, Patriarchal Attitudes, London Virago, p. 30.

[3]Alexander, S. in Mitchell, J. and Oakley, A. 1976, The Rights and Wrongs of Women, Harmondsworth, Pelican, p.61.

[4]Leeson, J. and Gray, J. 1978, Women and Medicine, London, Tavistock, p. 61.

[5]Garmanikow, E. in Kuhn, A. and Wolpe, A.D. 1978, Feminism and Maternalism, London, RKP, pp. 62-63.

[6]Dicks, H. in New Society, 18/5/67, p.723 ("Resurrecting Father", pp. 722-723).

[7]Parsons, T. 1964, Social Structure and Personality, New York, Free Press, pp. 60-61. and Parsons, T., Bales, R.F., Olds, J., Zelditch, M.L. and Slater, P.E. 1955, Family Socialisation and Interaction Process, New York, Free Press, pp.45,46-47,93,94-5.

[8]Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann, p. 119.

[9]Donnison, J. 1977, Midwives and Medical Men, London Heinemann, p.37.

[10]Parry, N. and Parry, J. in Chamberlain, M. 1981, Old Wives Tales - Their History, Remedies and Spells, London, Virago, p.51.

Quality"in this respect. Gorman (1) writes of the Victorian girl assisting her mother in charitable works and Woodroofe (2) points to this "voluntary missionary" input at the early stages of social work service in nineteenth century Britain. But while female self-sacrifice is admirable, Radcliffe-Richards (3) stresses the need to set limits to excessive altruism.

Professional socialisation builds upon general education and theorists supporting the notion of women adopting specific roles due to nurture rather than nature place strong emphasis on the early and continuous inculcation of certain values and expectations through both formal education and informal socialisation. Rousseau, quoted in Figes (4) encourages woman to orient her education towards gaining "a thorough knowledge of man's mind" and Sewell stresses the need for education "to fit children for the position in life, which they are hereafter to occupy" (5) and these roles differed for boys and girls. She considered it essential to educate girls as "wives and mothers" (6). Ruskin's (7) aspiration for female education was, that it would make them wise "not for self-development but for self-renunciation" whereas Mill (8) was "eager to train women in every branch of arts and science". But in spite of Mill's positive approach to female education Victorian women were strongly influenced by the ideas of Kingsley, Ruskin and Tennyson who saw female education as simply a means towards "exerting a higher moral influence within the narrow confines of family life and by extension,

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[1]Gorman, D. 1982, The Victorian Girl and the Feminine Ideal, London, Croom and Helm, p. 27.

[2]Woodroofe, K. 1962, From Charity to Social Work, London, RKP, p. 212.

[3]Radcliffe-Richards, J. 1980, The Sceptical Feminist - A Philosophical Enquiry, Harmondsworth, Pelican, p. 215.

[4]Rousseau in Figes, E. 1978, Patriarchal Attitudes, London, Virago, p. 33.

[5]Sewell, E. in Hollis, P. 1979, Women in Public Service, 1850-1900, London, G. Allen and Unwin, p. 143.

[6]Sewell, E. in Hollis, P. 1979, Op. Cit., p. 134.

[7]Ruskin, J. in Millett, K. in Vicinus, M. 1972, Pt.1, Suffer and Be Still, London, Methuen & Co/University Paperbacks, p. 128.

[8]Mill, J.S. in Millett, K. in Vicinus, M. 1972, Pt.1, Op. Cit., p. 128.

the school room" (1). Women were thought to suffer from the stress of competitive examinations by many Victorian theorists (2) and as late as 1969, Leach (3) voiced his fear that women were being educated into "second-class males". The discrepancy between actual progress in female education and accepted female roles was stressed by Strachey (4) and this discrepancy survives into the twentieth century as discussed by writers such as Novarra (5), Garmanikow (6) and others discussing female work.

Etzioni's theory on semi-professions includes the prediction, that men will tend to adopt leadership roles in occupations, which are numerically female-dominated. Thus Novarra and Leeson and Gray (7) point to the overwhelming male dominance in social work management and the disproportionate number of male managers in nursing, where "in 1970/71 male nurses, though a small minority in the profession, held 33% of the top nursing officers' posts in England and Wales" (8). Novarra also notes the bureaucratic trend in semi-professions saying, that "'success' in social work involves increasing detachment from the details of case-work" (9) i.e. a movement away from female/expressive work towards a male/instrumental mode of operating, according to Parsons "gender-typing" (10). Leeson and Gray (11) stress the predominance of semi-professionals

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[1]McWilliams-Tullberg, R. in Vicinus, M. 1980, Pt.1. Suffer and Be Still, London, Methuen & Co/University Paperbacks, p. 145.

[2]Gorman, D. 1982, The Victorian Girl and the Feminine Ideal, London, Croom and Helm, p. 25.

[3]Leach, in Figes, E. 1978, Patriarchal Attitudes, London Virago, p.33.

[4]Strachey, R. 1978 edn., The Cause, London, Virago, p. 414.

[5]Novarra, V. 1980, Women's Work, Men's Work, London, Marion Boyars, p. 49.

[6]Garmanikow, E. in Kuhn, A. and Wolpe, A.M. 1978, Feminism and Maternalism, London, RKP, pp. 96-124.

[7]Novarra, V. 1980, Op. Cit., p. 49. and Leeson, J. and Gray, J. 1978, Women and Medicine, London, Tavistock, pp. 75-76.

[8]Davies, J. in Novarra, V. 1980, Op. Cit., p. 38.

[9]Novarra, V. 1980, Op. Cit. p. 37.

[10]Parsons, T. 1964, Social Structure and Personality, NY, Free Press, Parsons, T., Bales, R.F., Olds, J., Zelditch, M.L. & Slater, P.E. 1955, Family Socialisation and Interaction Process, NY, Free Press.

[11]Leeson J and Gray, J. 1978, Op. Cit., pp. 49-50.

in the health industry. This category includes social work and nursing whereas Jean Donnison (1) refers to the development of nursing into a "respected profession" post-Nightingale without entering into discussion about difference in status between nursing and medicine - both styled "professions" by her. Nightingale herself, however, conceded that "doctoring" was thought of as a "more refined profession than nursing" (2) and Woodroofe refers to social work in Britain not as a respected profession but a "depressed occupation" (3). Figes, in fact, stresses the pattern of female subservience at work in that the woman is more frequently "the secretary, not the manager; the nurse, not the doctor" (4).

Theories about woman's nature, her excessive tendency towards self-sacrifice as exhibited in the mother role and reinforced through the educational system, are also used to explain why women tend to choose "caring" work such as nursing and social work. Chamberlain points to "healing" as "a woman's normal duty" as far back as the seventeenth century (5) and Alexander (6) discussing Victorian women noted that only work coinciding with woman's "natural sphere" was encouraged. Work as governesses (7) school teachers and nurses following the Nightingale reforms (8) were seen as compatible with woman's

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[1] Donnison, J. 1977, Midwives and Medical Men, London, Heinemann, p.68.

[2] Nightingale, F. in Holcombe, L. 1973, Victorian Ladies at Work, Newton Abbot, Devon, David and Charles, p. 100.

[3] Woodroofe, K. 1962, From Charity to Social Work, London, RKP, p.212.

[4] Figes, E. 1978, Patriarchal Attitudes, London, Virago, p. 99.

[5] Chamberlain, M. 1981, Old Wives Tales - Their History, Remedies and Spells, London, Virago, p. 50.

[6] Alexander, S. in Mitchell, J. and Oakley, A. 1976, The Rights and Wrongs of Women, Harmondsworth, Pelican, p. 63.

[7] Hollis, P. 1979, Women in Public Service, 1850-1900, London, G Allen and Unwin, p. 68, Holcombe, L. 1973, Op. Cit., p.18, p.196. McWilliams-Tullberg, R. in Vicinus, M. 1980, A Widening Sphere, London, Methuen & Co/University Paperbacks, p. 139-140.

[8] Holcombe, L. 1973, Op. Cit., p.18, p.196, p.201.
Hollis, P. 1979, Op. Cit., p.77, p.80, p.85, p.68.
Figes, E. 1978, Op. Cit., p.67.

natural role. Involvement in charitable welfare work has been referred to above as a female prerogative (1). Women's work is seen to mirror their role in the family. Garmanikow (2) points to the "nurse-doctor-patient" relationship taking on "resonances of power-relations between men, women and children within the patriarchal family" and Leeson and Gray (3) echo the same view in seeing nursing as "mirroring the 'natural' position of women in the home" approved of by Nightingale helself. They also point to the wider group of para-medical workers as "medical hand-maidens", being predominantly female and young (4). Writing about the late 1970's Barrett (5) notes that women were still concentrated in nurturant service occupations comprising"64.8% of the education health and welfare labour force" and the woman's role in voluntary caring work is described by Finch and Groves (6). Recent discussion of female social stratification by Dale, Gilbert and Arber is also relevant (7).

Having designated nursing and social work as prototypical female occupations it is of interest to examine male "coping mechanisms" when employed in these occupations. Male social workers are described as possessing an "aggressive, forward-thrusting drive" by Brooks (8) writing in Social Work Today. The more "rational" approach of male social workers is also inferred by Scott (9) describing the United States in the

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[1]Vicinus, M. Pt. 1. 1980, Suffer and Be Still, London, Methuen and Co/University Paperbacks, p. xi. See also section on altruism above.

[2]Garmanikow, E. 1978, in Kuhn, A. and Wolpe, A.M. 1978, Feminism and Maternalism, London, RKP, p. 97.

[3]Leeson, J. and Gray, J. 1978, Women and Medicine, London, Tavistock, pp. 62-63.

[4]Leeson, J. and Gray, J. 1978, Op. Cit., pp. 51-52. Also Freidson, E. 1970, Profession of Medicine, NY, Dodd & Mead, p.53. re conditions in the USA.

[5]Barrett, M. 1980, Women's Oppression Today, London, Verso and NLB, p. 156.

[6]Finch, J. and Grove, D. (Eds.) 1983, A Labour of Love, London, RKP.

[7]Dale, A. Gilbert, G.N. and Arber, S. Integrating Women into Class Theory, in Sociology. Vol.19, No.3, Aug,1985, pp. 384-408.

[8]Brooks, S. in Social Work Today, Vol.3, No.9, p.2.

[9]Scott, W.R. in Etzioni, A. (Ed.), 1969, Semi-Professions and Their Organisation, New York, Free Press, p. 83.

1960's, when the typical female social worker was seen as "a little old lady in tennis shoes armed with good intentions and a high school diploma", whereas her typical male colleague was "a young man with a Ph.D. degree from a graduate school of social welfare" and the new practice in the 1960's of designating social workers by the male pronoun was applauded by one correspondent to the ASW News (July, 1963) (1). But while social work is seen as "feminine" in the broadest sense, nursing can justifiably be designated as the prototypical occupation for women signified by the exclusion of men from prestigious nurse training schools and professional associations in Britain until the mid 1960's. Male nurses outside the psychiatric and mental handicap sector, where they are more numerous, have to cope with "minority" status. To some extent they are called upon to function within a "feminine" role definition, although many male nurses "escape" into nurse management posts as noted by Davies above (2). Although the better hospital training schools opened their doors to male students in the mid-1960's Best and Best (1966) noted the low status of male nurses whereas nursing for women was seen as "on a par with other professions" (3). Male response to the female model of nursing and especially nurse leadership was one of criticism regarding "female fussiness" (4) and men saw the masculine input as providing "rationality" in an "over-feminised" area of work (5). The female response to masculine rationality was mixed - Ashton (6) claims that "rational (read male) nursing"will destroy "female love". Some male nurses, however, rejected the over-rational model and Groff (7) insists that male nurses must "bend over backwards

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[1] ASW News, July 1963, in Social Work, p.1.

[2] Davies in Novarra, V. 1978, Women's Work, Men's Work, London, Marion Boyars, p. 38.

[3] Best B. and Best, J.C. in Nursing Times, 16/9/66, p. 578.

[4] Morrison, J. in Nursing Mirror, 25/4/84, p. 26.

[5] Garvin in Austin, R. in Nursing Times, 1/9/77, p.117. Bowman, M. in Nursing Mirror, 6/4/83, p. 35.

[6] Ashton, K. in Nursing Times, 21/7/82, p. 1218 (Sex and the Singular Nurse).

[7] Groff, B. in the American Journal of Nursing, Jan, 1984, pp. 62-63, (The Trouble with Male Nursing).

to show kindness". Castledine (1) also maintains that both female and male nurses must possess "artistic, nurturing and caring traits".

Just as male nurses combine a rational/"hard" element with a nurturant/"soft" approach female nurturance is tempered with a disciplinarian streak. Campbell speaks of "the nurse as an "angel of mercy" but also about "the nurse as the custodian of one's body, the domineering woman" (2). The mixture of nurturance and social control is typical of caring relationships as noted by Sennett writing about "authority", saying that "one definition of power is precisely someone who will use his strength for others" (3). Nurses and social workers do just that - their "caring" is mixed with an element of control (4). "Power" is primarily vested in the "professional" not in the "client" in spite of attempts to democratise the relationships between "helpers" and "helped". Paternalism (or "maternalism") is rejected as a model for contemporary nursing and social work, but the element would seem to survive to a great extent in what the present writer terms "feminine professionalism" and is exemplified by Abel-Smith, speaking of nurses seeking to profesionalise through "the search of perfectionism and the attempt to achieve it by discipline" (5).

Having outlined the broad theoretical perspectives of the sociology of bureaucracy, professionalism and professionalisation and of women and gender-typing, which are relevant to this research venture, we now turn to a discussion of the appropriate research method for examining the propositions discussed in Chapter I.

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[1] Castledine, G. in Nursing Mirror, 13/4/83, p. 16.

[2] Campbell, A. 1984, Moderated Love, London, SPCK, p. 34.

[3] Sennett, R. 1980, Authority, London, Secker and Warburg, p. 82.

[4] Dingwall, R. in Journal of Advanced Nursing, July, 1982, p. 338 (Community Nursing and Civil Liberty). The above discusses the social control function of health visitors.

[5] Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann, p. 241. See also pp. 244-245.

PART II

Exploration of themes related to the main propositions in selected reports and journals, as outlined in the thesis abstract and introductory chapter, can best be achieved by combining a qualitative and a modified quantitative approach, as will be discussed below. It could be argued that almost every research approach combines these elements in varying proportions. Apart from purely mathematical research, which is entirely quantitative, investigations within most academic disciplines rely on a combination of precise and less precise/explorative modes of research. The present research strategy is essentially qualitative, but also includes quantification as can be seen in Appendix 1. Although the objects of exploration are "themes" and "ideal types", which are almost by definition imprecise categories, some assessment of the frequency of occurence of these in the literature must be made, in order to gauge their relative importance. The comparative method as set out by Smelser (1) is adopted throughout. The research is also partly informed by the theories of Rokkan et al. (2) and Aron (3) although adopting a more micro-sociological approach than the above-mentioned writers in comparing two occupations in only one country.

The themes selected as most relevant to the research objective fall into three distinct categories as discussed in the previous section, i.e. sexual division of labour and gender-typing, bureaucratic organisation and professionalisation/professionalism including education. The main themes are then subdivided into sub-themes and references to these in documentary material are counted in order to assess the relative importance of the various categories.

The method might be classed as modified content analysis. In its pure form this method seemed inappropriate to the project in hand for the following reasons:-

I It would lead to over-concentration on technicalities of method to the possible detriment of qualitative appreciation of the richness of the research material.

II It might engender a sense of spurious objectivity in an area of investigation replete with "hidden themes" and "implied meanings". The distinction in analytic status between "explicit" and "implicit" themes can be made within this framework, as will become apparent in the discussion of gender-related themes.

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[1] Smelser, N. 1976, Comparative Methods in the Social Sciences, Englewood Cliffs, New Jersey, Prentice-Hall.

[2] Rokkan, S. (Ed.) 1968, Comparative Research across Cultures and Nations, Paris/The Hague, Mouton.

[3] Aron, R. 1967, 18 Lectures on Industrial Society, London, Wiedenfeld and Nicholson.

Ferguson (1) in her analysis of changing editorial policy in women's journals employs content analysis with great benefit. Her emphasis is on the medium itself and the strict application of the method aided the systematic charting of changing themes and editorial policy over time. Although adopting the method in a rigorous manner Ferguson does not belong to the rigidly quantitative school. Her stated aim was: "to establish a quantitative base for a more qualitative analysis" (2). In evolving her method she drew inspiration from Berelson, who saw no real contradiction between quantitative and qualitative analysis (3). Classical content analysis provides a tool for examining different parts of a certain medium, e.g. a journal. Thus "the problem page" can be examined separately from "special features".

No such aim forms part of the present strategy - there is no distinction made between different types of material in the reports and journals. Thus, there is no attempt to "count lines" although broad themes are calculated as seen in Appendix 1. The difficulty of adopting a strictly arithmetical approach to the material emerges when more than one sub-theme is included under one theme. Does one, in such a case, record one or several themes? The latter approach has been adopted in the present research. The benefit which overshadows the technical imprecision, is that of interpretative depth in that "covert" themes can be discovered. Thus, the paradoxical inference from the stress on "community care" in the Barclay Report (4) can be interpreted as "anti-professionalism", which will be discussed at a later stage.

The preferred research approach is that of historians such as Mayne who, in discussing a piece of research, noted that the:

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[1]Ferguson, M. 1983, Forever Feminine, London, Heinemann.

[2]Ferguson, M. 1983, Op. Cit., p. 40.

[3]Ferguson, M. 1983, Op. Cit., p. 213 discussing Berelson, B. 1952, Content Analysis in Communications Research, Glencoe/ Illinois, Free Press.

[4]Barclay, F. 1982, Social Workers - Their Role and Tasks, London, NISW.

> "approach adopted is thematic rather than rigorously systematic: on balance, the possibilities for advancing sustainable argument by this means out-weighs the possible technical weakness inherent in it." (1)

Likewise, another historian Martin explains how:

> "responses were aggregated and generalisations made where possible with no attempt at any precise, quantitative analysis." (2)

Thus, a combination of the interpretative approach of historians and a modified form of content analysis would best describe the method adopted in the present research work.

Research Materials

The main documents, i.e. the reports and the 1979, Nurses, Midwives and Health Visitors Act, were selected, because of their relevance to the research propositions as demonstrated in their terms of reference. Published between 1959 and 1983 the documents span a period of great political and economic change in Britain. The Younghusband, Platt, Salmon and Seebohm Reports (3) were published during the "optimistic 1960's" and bore the imprint of an expanding economy, reflected in the progressive educational policy for nurses advocated in the Platt Report in the wake of the post-Robbins (4) expansion of higher education and the drive to modernise nursing and social work by developing professional education and introducing rational management principles. The early 1970's had not yet tasted the full impact of increasing unemployment and recession and the Briggs Report (5) still adopted an "expansive"

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[1] Mayne, A.J.C. 1983, in Historical Studies, Vol.20, No.81, Oct. 83 (The Question of The Poor in the Nineteenth Century) University of Melbourne, p.557.

[2] Martin, E. 1983, in Historical Studies, Vol.20, No.81, Oct.83 (Amy Wheaton and the Education of Social Workers in South Australia, 1935-46), p. 514.

[3] Younghusband, E. (1959,Report), London, HMSO.
Platt, H. (1964, Report), London, HMSO.
Salmon, B. (1966, Report), London, HMSO.
Seebohm, F. (1968, Report), London, HMSO.
See also Ch.1,p.

[4] Robbins, Lord, 1963, Higher Education, London, HMSO.

[5] Briggs, A. (1972, Report), London, HMSO.
See also Ch. 1, p.

approach to nurse education and professional development especially in advocating a heightened research awareness. But the economic storm clouds were fast approaching and the Briggs proposals were slow in being taken up. The "Briggs Act" or given its proper title, The 1979, Nurses, Midwives and Health Visitors Act (1) was passed seven years after publication of the Briggs Report. When it did, at last, become law under a newly elected Conservative Government it represented a pale reflection only of the original Briggs proposals. The reports of the 1980's demonstrate a practical approach to nursing and social work in the light of the prevailing economic recession. While "community social work" as advocated in the Barclay Report (1982) (2) would appear to imply an attempt to breach professional social work monopoly and was thus "democratic" in intent, it also provided a recipe for "social work on the cheap" with informal and unpaid carers, stepping into the shoes of trained social workers. The Griffiths Report (3), while concerned with health service efficiency and improvement in patient services, was published at a time of spending cuts in the public services sector and the expected effect on the career structure of senior nurses is not thought to be favourable, although the full effects of the re-organisation are not yet apparent at the time of writing. The Parsloe Report (4) provided a model for social work education more linked to service requirements than previously - a form of apprentice-ship training, which must be viewed with some apprehension from the point of view of professional development, as the

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[1] 1979, Nurses, Midwives and Health Visitors Act, London, HMSO.

[2] Barclay, F. 1982, Social Workers - Their Role and Tasks, London, NISW.

[3] Griffiths, R. (1983, Report) London, DHSS/HMSO.

[4] Pasloe, P. (1983 Documents 20-1 and 20-2 analysed, London, CCETSW.

influence of universities decreases and the options for developing an independent knowledge base are curtailed under the direct influence of immediate service needs. As is the case with the Griffiths proposals, the Parsloe recommendations have not yet taken effect - in fact, they are not yet accepted by the profession at large. Hence the impossibility of judging their effect at the time of writing, except hypothetically.

Selected professional nursing and social work journals were examined systematically over the course of several years for references to the above documents regarding the themes outlined above. The rationale behind the choice was that of popular appeal within the respective occupational groups, in order that the general views of nurses and social workers might be explored. Thus Nursing Times, Nursing Mirror, Social Work Today and Community Care (1) were selected due to their comparatively large circulation. A slight problem existed with regard to the pre-Seebohm period, when specialist social workers produced their own journals. In most cases each group produced one journal only and whether "popular" or "advanced" this was selected for examination.

As the stated terms of reference for the selected reports relate directly to managerial, professional and educational issues, references to these categories abound and are of an explicit kind. The case of gender is somewhat different, however, in that it is not mentioned in any of the reports as an important issue, per se, and references to women's work and the "feminine/nurturant" character of nursing and social work are few and brief. Most references are of an indirect kind, including gender-designations for nurses and social workers. These mainly indirect, "implicit" references clearly have a different status from the explicit ones which refer directly to the stated concerns of the reports. Submerged themes are important, however, in revealing important "absences", for example. The almost total lack of interest

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[1] See Ch. 1, p.12.

in the question of nursing and social work as idealised and actual "women's work" during a period of increasing awareness of women's rights to equality in the work-place is, in itself, significant as will be discussed in a later chapter.

The research method and material selected in the light of theoretical perspectives explored above provides an opportunity to explore recommendations in the reports and views of practitioners in the journals. The approach is primarily qualitative as noted above, although quantity is not completely ignored. The problems of replicability are balanced against the benefit of in-depth study of selected themes, which form part of ideal typical concepts such as "profession", "semi-profession" and the emerging theoretical off-shoot from the latter, termed "feminine professionalism" in the context of this research work.

Having discussed the theoretical background to the study and the proposed research method we are now in a position to explore the reports and selected journals, forming the subject of the main chapter to which we now turn.

Chapter IV:-

Empirical Exploration of Selected Reports and Professional Journals Concerned with Nursing and Social Work

Introduction

This main chapter is sub-divided into ten parts. The first one sets the overall scene in addressing itself to the gender issue in the selected reports and journals. Although nursing and social work are numerically female-dominated, caring occupations, there were surprisingly few overt references to the gender question in the reports selected and in journal references concerning these reports, although the general correspondence columns in the nursing journals were replete with discussion on this topic but unrelated to the selected documents. In spite of seeming official lack of interest in nursing and social work as women's work the present research is oriented towards this area, hence the prominent place given to report and journal references regarding this topic. As the research data in this area are so scanty, all the material from reports and journals is brought together in one chapter.

References to the remaining themes, i.e. bureaucratic organisation and professionalism (including education) are more numerous, however, and the material gleaned from the reports and from journals referring to these documents are presented in nine parts corresponding to the number of reports. Journal issues (1) have been examined over variable periods of time (2). While a decade seemed a reasonable period for examination there are many exceptions to this rule in the present context due to the sharply declining interest shown in the respective reports after a variable period of years. This is in itself of research interest, indicating the degree of professional interest in the different reports. A ten-year cut-off point was possible to establish in the case of the older reports, i.e. the Younghusband, Platt, Salmon, Seebohm and Briggs Reports, which were all published more than a decade prior to completion of research in 1983/4.(3)

NB. Names of authors only given in the case of well-known persons in the journal references. Occupation of writer given if relevant to discussion. In general it is assumed that contributions reflect editorial policy in respect of each specific journal.

[1] See Section on Method in Ch. 3. and Ch. 1, p.

[2] See Appendix 1 for tables of data.

[3] In practice, however, references to all these reports were not examined over the whole 10 year period as noted above. See Appendix 1.

In the case of the later documents the Nurses, Midwives and Health Visitors Act (1979) and the Barclay, Griffiths and Parsloe Reports, journal references have been examined from the time of publication until 1983/4.

While the historical context of each selected research document has been discussed in a previous chapter, it would seem appropriate to outline the terms of reference for these immediately before presentation of research data. The Younghusband Report (1959) set out:

> "to enquire into the proper field of work and the recruitment and training of social workers at all levels of the local authority health and welfare services" (1).

The Platt Committee which produced its report in 1964 was requested:

> "to consider the whole field of nurse education and training in the light of developments since the Nursing Reconstruction Committee completed its work and in reference to the part which the nurse is called upon to play in the various spheres of nursing service." (2)

The Salmon Committee, which published its findings in 1966, set out:

> "to advise on the senior nursing staff structure in the hospital service (ward sister and above) the administrative functions of the respective grades and the methods of preparing staff to occupy them." (3)

The Seebohm Report (1968) was concerned with a review of:

> "the organisation and responsibilities of the local authority personal social services in England and Wales and (a consideration of) what changes are desirable to ensure an effective family service." (4)

The Briggs Committee, which published its findings in 1972, was asked:

> "to review the role of the nurse and the midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available man-power to meet present needs of an integrated health service." (5)

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[1] Younghusband, E. (1959 Report), p. 36.

[2] Platt, H. (1964 Report), p. 1.

[3] Salmon, B. (1966 Report), p. 1.

[4] Seebohm, F. (1968 Report), p. 11.

[5] Briggs, A. (1972 Report), p. v.

The Nurses, Midwives and Health Visitors Act, 1979, was passed:

> "to make new provision with respect to the education, training, regulation and discipline of nurses, midwives and health visitors and the maintenance of a single professional register." (1)

The Barclay Committee which produced a report in 1982, was instructed:

> "to review the role and tasks of social workers in local authority social services departments and related voluntary agencies in England and Wales and to make recommendation." (2)

Roy Griffiths of Sainsbury's was instructed by the Secretary of State for Health and Social Security:

> "to give advice on the effective use and management of manpower and related resources in the National Health Service." (3)

He reported in 1983. Lastly CCETSW Documents 20-1 and 20-2 (The Parsloe Report), 1983, set out:

"a) to consider present policies relating to qualifying training (CQSW and CSS)" and

"b) to make recommendations regarding:

- the need for modifications in existing policies,
- whether two qualifications should be retained and, if so, what relationship should be established between them,
- whether or not the Council should attempt to define more clearly the parts for which its qualifications are intended to prepare students." (4)

It is clear from the above summaries that terms of reference for selected research documents relate closely to the research propositions except in one important respect as noted above - whilst discussing two numerically female-dominated occupations they fail to include any questions relating specifically to female work conditions, e.g. part-time work and interrupted career-paths. This important omission will be discussed in the first part of Chapter 4 to which we now turn.

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[1] 1979, Nurses, Midwives and Health Visitors Act, p. 1.

[2] Barclay, F. (1982 Report), p. vii.

[3] Griffiths, R. (1983 Report), p. 1.

[4] Parsloe, P. (1983 Report), p. 1.

(i)

Report on References to the Gender Issue :

The Younghusband Report (1959),

The Platt Report (1964),

The Salmon Report (1966),

The Seebohm Report (1968),

The Briggs Report (1972),

The Nurses, Midwives and Health Visitors Act (1979),

The Barclay Report (1982)

The Griffiths Report (1983)

The Parsloe Report (1983)

The absence of a major government sponsored or professionally initiated enquiry regarding nursing and social work as predominantly "women's work" is in itself significant research information, bearing in mind that both occupations have a majority of female members and questions relating to the combination of domestic duties and work outside the home need to be considered. The matter is raised from time to time, in passing, for example in relation to part-time work, but the question of women's work, per se, never becomes an issue in the most important reports on nursing and social work in the 1959-1983 period. One exception is Hall and Hall's study of part-time social work (1). Part-time nursing is a wide-spread although infrequently discussed phenomenon even in the nursing press.

The apparent lack of official interest in the gender issue is particularly significant in view of the fact that women tend to predominate in bureacratically organised occupations within the public health and social services sector, i.e. in the semi-professions to which both nursing and social work belong. Certain features are said to be typical of such occupations (2) e.g. the tendency for leadership roles to be managerial in character rather than strictly "professional", with the common consequence, that a disproportionate number of male practitioners come to occupy the more senior positions in these semi-professions. Etzioni, following Parsons, explains this phenomenon largely in terms of "gender-typing": the "ideal typical" male is more likely to adopt an instrumental approach to work, appropriate to rational management tasks, whereas the typical female is said to be "expressive" and, in the case of nurturant occupations, best suited to practice-related "professional" duties - as noted in the literature review in a previous chapter.

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[1]Hall, A. and Hall, P. 1980, Part-time Social Work, London Heinemann, pp. 3-12.

[2]Etzioni, A. (Ed.), 1969, Semi-Professions and Their Organisation, New York, Free Press.

Pioneering work within nursing and social work was undertaken by middle-class women, as noted above (1) and the "feminine" character was undoubtedly stamped on the institutions created in nursing and social work and survived until comparatively recently in titles such as "lady almoner" and "matron". The title for a female hospital ward manager is still "sister" in the 1980's retaining the feminine and monastic links with the position as originally conceived.

It is significant, that gender has been hotly debated in the nursing press (2) and appears to be a very live issue for nurses, while little official interest is shown in the subject as noted above. Bearing this in mind, it would seem justified to orient the research work towards seeking for implicit rather than explicit references to this theme. The rationale for this method has been explained above (3). The "feminine" character of nursing and social work is a major presupposition in this research work. It therefore seems appropriate to introduce the empirical work with an examination of the few references, which did appear in the reports chosen and in journals referring to them.

The Younghusband Committee noted that at the time of writing there were only 44 part-time married women in social work compared to 8,000 school teachers and 37,400 nurses (4). The issue of part-time work for female social workers and nurses was a crucial one as such an option allowed women with domestic responsibilities continuity in their chosen career, although prospects for promotion were poor for part-time workers. However, there were many who, following the Salmon Report, felt less than enthusiastic about training women for management. Part-time commitment would not be sufficient in high level management posts and a writer in the Nursing Times cast doubt on the availability of a sufficient number of

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[1] Chapters 2 and 3.

[2] Chapter 3.

[3] Chapter 3: Section on Method of Research.

[4] Case Conference, May 1961, p.1.

senior female nurses for top line management positions. Financial considerations might impede the entry of men, who were likely to be bread-winners into top nursing and social work posts (1). Experience since that time has demonstrated that men are willing to become nurse managers and have taken up a disproportionate number of the most senior nursing posts (2). Likewise, most of the senior social services managers are male (2). A writer in Social Work Today noted that in a sample of area officers in 1972 there were twice as many female fieldworkers as male ones, but men, nevertheless, out-numbered women at the rate of 2:1 in senior posts. This proportion had increased to 4:1 in 1975 (3). The suggestion was made with reference to the work of the Briggs Committee, that the female predominance in nursing should be controlled by introducing a quota system favouring men, similar to the one which used to operate within medical schools in favour of women (4). The Briggs Report further noted the emphasis on young women in nurse-recruitment (5) and stressed the need to attract both married women and older male and female entrants (6). Briggs was clearly concerned that options, presumably of a part-time variety should be available to older, married women (7) and feared that they might otherwise be lost to nursing.

Female management styles were criticised in connection with the Salmon Report and one male nurse wrote about the need for nurse leaders "to lose the image of fussy pernickety women without management skills" (8). Traditional feminine authority was likened to that of the "mother" and one

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[1]Nursing Times, 13/5/66, p. 625, and 20/5/66, p. 676. Case Conference, May, 1960, p. 21.

[2]Novarra, V. 1980, Women's Work - Men's Work, London, Marion Boyars quoting Davies, J. on disproportionate number of male nurse managers, p. 38.

[3]Social Work Today, Vol.8, No.5, 2/11/76, p.9. and see also Brook, E. and Davis, A. 1985, Women, The Family and Social Work, London, Tavistock, p. 4.

[4]Nursing Times, 1/2/73, p. 134.

[5]Nursing Times, 14/12/72, p. 1592.

[6]Ibid. also Nursing Times, 19/10/72, p. 1307.

[7]Nursing Times, 7/12/72, p. 1563.

[8]Nursing Mirror, 16/6/72, p. 17.

commentator pointed out that "matron" means just that (1). The substitution of this title for "officer" in the nurse leadership role would seem to be a "cold exchange". The feminine influence was at work in social work imagery as well, although applied to less exalted individuals. Thus one writer in Community Care, commenting on the Seebohm re-organisation, discussed the social work assistant and asked whether "she" was "the right-hand woman/machine" that Seebohm's term "social work aide" implies or the "cosy rounded mum" figure suggested by the old term "welfare assistant" (2). It is interesting to note the assumption that the welfare assistant is necessarily female: in the first instance she is seen as a "right-hand" machine, presumably in many cases in relation to a more senior male social worker. In the second alternative motherliness is stressed as the over-riding hall-mark of her nurturant role. It would require considerable courage for an aspiring male social work assistant to break through this sexist ideology and establish, that women do not hold a monopoly over caring activities. Gender-typing in social work was apparently rejected by Roycroft, a Director of Social Services, in remarking that "there are many more men in fieldwork in 1975 than in 1972" (3). He professed to applaud this fact not because he was "a male chauvinist pig" (4) but because a greater balance of the sexes was needed in an occupation serving both male and female clients - a view which cannot be lightly dismissed. However, having professed himself a "neutral" on the gender issue Roycroft is, nevertheless, guilty of the supreme chauvinism of approving the fact that: "social work was <u>progressing</u> towards being a <u>profession</u> and not just <u>women's work</u>" (5).
The assumption that "women's work" cannot be "professional" is nowhere demonstrated by the writer, who would appear to

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[1] Nursing Mirror, 30/7/71, p. 9.
[2] Community Care, 2/4/76, p. 10.
[3] Social Work Today (R ycroft), 16/11/76, p. 7.
[4] Ibid.
[5] Ibid.(Emphasis added.)

presume that this is a taken-for-granted assumption. Female social workers were, in fact, traditionally involved in higher status work prior to Seebohm as noted in the Younghusband Report (1).

A writer commenting on the Platt Report in the Nursing Mirror pointed to nursing and teaching as traditional female occupations (2), but hazarded a guess, that following the post-Robbins expansion of higher education and the creation of a variety of professional training opportunities "nursing would no longer be chosen because women could earn as they trained since other occupations would now maintain them during the training period" (3).

The Barclay Committee, however, writing its Report at a time of recession in the 1980's, unlike that of the "heady 1960's" recommended "community social work", as an allied service to that of the professional social work provision, and while not applauding specifically the female involvement in "nurturant work", nevertheless acknowledged that the community carer is in most cases "an un-married relative and often a woman" (4). A writer in Community Care claimed that the "burdens" of women volunteers had not been adequately considered (5). This was particularly important in view of the fact, that in one survey over one third of visits to community based clients were made by daughters (other female carers are not even mentioned, but must be substantial in number) (6). The same report noted that the number of daughters involved in "community social work" constituted an even higher proportion when "more personalised tasks had to be performed"(7) and the writer doubted whether such a high level of female filial input would be available in the long term (8).

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[1] Younghusband, E. 1959 Report, London, HMSO, p.15, p.87, p.90, p.91, p.94.

[2] Nursing Mirror, 6/11/64, p. 130.

[3] Nursing Mirror, 6/4/64, p. 147.

[4] Barclay, F.(1982 Report), p. 200.

[5] Community Care, 20/5/82, p. 6. This is also discussed in the Health and Social Services Journal, 7/11/85, p. 1412.

[6] Social Work Today, 19/10/82, p. 4.

[7] Ibid.

[8] Ibid.

While female carers in the community tended to be involved with "tending" i.e. "personalised tasks", which normally carry less status than other types of social work, it is worth noting that pre-Salmon and pre-Seebohm nursing and social work accorded women the higher status posts in preference to men. In the hospitals women held high status nursing posts and male nursing assistants were mainly engaged within the low status poor law infirmary and asylum sector (1). Male nursing students were only permitted to enter training at the most prestigious London teaching hospitals in the mid-1960's, as noted in a previous chapter. Likewise in social work female practitioners tended to be involved in areas where formal qualifications, often acquired at a university, were a requirement, whereas male social workers predominated in the health and welfare sector where the level of formal training was low (2). It could be said that women have lost out to a greater extent compared to men over the past 20-25 years, than is generally presumed, in terms of status both in nursing and social work. The lack of interest in examining the issue of the female input into these occupations is reflected in the obvious lack of official concern to investigate these occupations as specifically "feminine". But in spite of apparent disinterest in "feminine nurturance" as a path to enhanced professional status, Donnison, writing about the Seebohn Report, reflected on the fact, that most aspiring social workers were likely to be: "moved by the desire to do good - to play the generous mother rather than the stern father" (3). It is interesting to note that "doing good" is associated with motherliness (4). There would seem to be no appreciation for the beneficial effect of severity even when appropriate to the situation. The social control model is rejected in favour of the soft/caring

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[1] Davies, C. et al. 1982, Re-Writing Nursing History, London Croom and Helm.

[2] Younghusband, E. 1959 Report, London, HMSO, p.15, p.87, p.90, p.91, p.94.

[3] Social Work, Oct. 1968, p.7.

[4] It is debatable, however, whether the control function in "caring maternalism" is any less strong than in "masculine social control".

approach - a rather surprising observation in view of previously expressed lack of respect for "maternal caring" in nursing and social work. Clearly Donnison's remark may be "off the cuff" and a rigorous attitude survey would need to be performed to probe social workers' views in this respect.

References discussed in this section do not overtly concern the sexual division of labour in nursing and social work, but are nevertheless, interesting in terms of gender-typing. They are enshrined in language - in the pronouns and nouns denoting nurses and social workers, and the general description of typical characteristics of practitioners.

In this discussion the common usage of the masculine pronoun to include members of both sexes is acknowledged and any deviation from this practice is assumed to indicate a high number of female members in a particular group or the assumption, that the group represents an idealised feminine function.

Language use with reference to social work is less consistently gender-specific than that applied to nursing. Journal references would seem to indicate varying editorial policy in this respect with "The Almoner" and "Social Work" tending to refer to social workers using the feminine epithet (1) whereas "Case Conference" addresses social workers as "he or she" in one reference (2) and adopts the masculine pronoun on another occasion (3). The latter example is particularly significant as the writer later goes on to say that "men are in many cases less able and less accustomed than women to give low priority to earning power and prospects in choosing a career" (4). The difference noted above may simply reflect the fact that almost all almoners were female as were child care officers and these groups represented the

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[1] Social Work, April 1960, pp. 33-34.
The Almoner, May 1960, p. 59.
Nov. 1960, p. 330.
July 1962, p. 114.

[2] Case Conference, July 1959, p. xix.

[3] Case Conference, May 1960, p. 16.

[4] Case Conference, May 1960 p. 21.

main readership of "The Almoner" and "Social Work" whereas "Case Conference" had a more mixed group of readers.

Journal references to the Seebohm Report presented a significant spread of male and female designations depending largely on the position held within social services departments. In a Parliamentary debate Shirley Williams spoke of the proposed office of director of social services in terms of the male role in suggesting, that "the man concerned shall give his mind, attention, devotion and energy to the job of directing the social services" (1). Another writer also spoke of the director as male (2). On the other hand, the child care officer (3), social work tutor (4)and "friendly neighbourhood social worker" (5) were all designated as female by three different writers in Social Work Today. Two other writers assigned the female (6) and male title (7) respectively to social workers in general. A fitting summary to the discussion on implicit gender-typing in social work is provided by Timms (8) writing about "the social worker" as male whereas his clients were designated "he or she" and the Seebohm Committee speaking of Victorian welfare agencies as: "vehicles for upper and middle-class philantropy" (9) without noting the important input of women in this activity.

The situation was much more straightforward in nursing with the vast majority of practitioners being female and journal references, with very few exceptions, refer to the aspiring or actual nurse as "she" or by using the noun

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[1]Williams, S.,(M.P.)in Social Work Today, June 1970, p. 34.
[2]Social Work, Oct. 1968, p.24.
[3]Social Work, Oct. 1968, p. 26.
[4]Social Work Today, 18/5/72, p. 22.
[5]Social Work Today, 2/11/72, p. 4.
[6]Social Work Today, 5/10/72, p. 23.
[7]Social Work, Oct. 1968, p. 24.
[8]Social Work Today, 20/7/82, p. 13.
[9]Seebohm, F. (1968 Report), p. 153. See discussion of 19th century female philantropy in Ch.2.

"girl" (1,2,3,4,5,6,7,8). Only three journal writers spoke of aspiring nurses simply as "young people" (9,10,11) without gender connotation. The Platt Report itself generally employed a female designation for a variety of nurse roles, e.g. those of students and tutors (12), although there were some instances of deliberate non-sexism in speaking of girls and boys entering nursing and of "students of nursing, both men and women" (13). However, both state registered and state enrolled nurses were generally designated the female title (14) and speaking of post-basic training it was hoped "to attract women of the best intellectual calibre" (15).

The Salmon Report has frequently been spoken of as "the male nurses' charter", as it introduced a rational management style into nursing, which was in accord with the supposedly "instrumental" approach to work adopted by most men (16). The explicit references to male and female nurses in the Salmon Report, as quoted above, have indicated an active encouragement of male candidates to enter nursing and the implicit references to language use reflect this approach. Thus while the majority of journal writers still designated

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[1]Nursing Times, 1965, p. 220 (consecutive pagination through each year's issue so no date given).

[2]Nursing Times, 1964, p. 1440.

[3]Nursing Times, 1964, p. 937.

[4]Nursing Times, 1965, p. 1347.

[5]Nursing Times, 1964, p. 858.

[6]Nursing Mirror, 3/7/64, p. 307.

[7]Nursing Mirror, 1/10/65, p.1.

[8]Nursing Mirror, 13/11/64, p. 170.

[9]Nursing Mirror, 13/11/64, p. 170.

[10]Nursing Times, 1966, p. 991.

[11]Nursing Times, 1965, p. 110.

[12]Platt, H. (1964 Report) pp. 16-17, 21, 22, & 24.

[13]Platt, H. 1964, Op. Cit., p.23.

[14]Platt, H. 1964, Op. Cit., p.30.

[15]Platt, H. 1964, Op. Cit., p.51.

[16]See discussion on T. Parsons and gender-typing in Ch. 3.

the nurse, in general, as female (1,2,3,4,5,6,7) several references were made to male holders of nursing positions (8,9,10,11,12). It is worth noting that of all the latter quotations four referred specifically to registered nurse tutors and managers, i.e. comparatively senior posts. In two references (13,14) the more senior post is designated as male and the more junior as female. Other writers, e.g. one member of the Royal College of Nursing, deliberately spoke of the nurse tutor as "he/she" (15). It is interesting to note, however, that the few gender designations discussed in the Briggs Report (16,17,18,19)/in journal references are to the female nurse consultant, health visitor and well-educated nurse although the Report repudiated the female predominance in nursing and advocated a quota in favour of men (see p.4).

The 1979, Nurses, Midwives and Health Visitors Act, however, consistently refers to nurses using the male pronoun (20).

While the Griffiths Report and related journal references do not concern themselves with gender, either in an explicit or implicit manner, it is worth noting that the only reference to Nightingale, the prototype of female nurses (21) is somewhat flippant thus exhibiting an, albeit "good-natured", sexism.

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[1]Nursing Times, 1966, p. 817.
[2]Nursing Times, 1974, p. 296.
[3]Nursing Times, 1970, p. 1627.
[4]Nursing Times, 1967, p. xiv.
[5]Nursing Mirror, 4/9/70, p. 16.
[6]Nursing Mirror, 11/12/70, p. 24.
[7]Nursing Times, 1966, p. 1269.
[8]Nursing Mirror, 13/11/70, p.32.
[9]Nursing Times, 1969, p. 633.
[10]Nursing Times, 1969, p. 275.
[11]Nursing Times, 1969, p. 633.
[12]Nursing Times, 1966, p. 1222.
[13]Nursing Mirror, 30/10/70, pp. 23-24.
[14]Nursing Times, 1971, p. 455.
[15]Nursing Times, 1967, p. 397.
[16]Nursing Times, 1972, p. 1073.
[17]Nursing Times, 1972, p. 1373.
[18]Nursing Times, 1973, p. 1374.
[19]Nursing Times, 1973, p. 1375.
[20]Nurses, Midwives and Health Visitors Act, 1979, pp. 8,9,10,11.
[21]Griffiths, R. 1983, Report, p. 12.

Concluding Remarks

The somewhat paradoxical placing of the analysis of references concerning gender-typing in nursing and social work at the very beginning of the account of the empirical exploration of selected reports and journals is intended to create a "leit-motif" for the remainder of the chapter. The paradox consists in the very paucity of material in this category in view of the over-all significance of the theme in the present research strategy. The possible reasons for official lack of interest in the question of gender in nursing and social work have been outlined above. Whether these are justified or not, the numerical preponderance of women in these occupations cannot be ignored and the significance of this female majority among semi-professional workers has been noted by Etzioni and others (1). Having set the scene in terms of the offically neglected, but undoubtedly significant, area of gender-typing, themes of professionalism, education and managerialism can be examined in the light of the above discussion.

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[1] Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press

(ii - x)

Separate Reports on References to Bureaucratic Organisation and Professionalism/Professional Structures (Including Education) in:-

The Younghusband Report (1959)

The Platt Report (1964)

The Salmon Report (1966)

The Seebohm Report (1968)

The Briggs Report (1972)

The Nurses, Midwives and Health Visitors' Act (1979)

The Barclay Report (1982)

The Griffiths Report (1983)

The Parsloe Report (1983)

(ii)

Younghusband Report, 1959

1950-75 Follow-Up Study

Journal Response

THE REPORT

One major difference between nursing and social work is the degree of professional control exercised in the former as compared to the latter occupation. This applies particularly in the area of professional education. While nurse training was gradually standardised following the 1919 Nurses Act and state registration was made dependent on successful completion of a nationally organised course followed by an examination no equivalent existed for social work in 1959. The Younghusband Committee set out to assess the needs for professional social work training in order to increase the number of qualified social workers in actual practice with clients. Another theme which recurs in the later Seebohm Report is that of genericism, which only became topical in nursing with the Briggs Report and the later 1979 Nurses, Midwives and Health Visitors Act.

Bureaucratic Organisation

There was some evidence in the Report of interest in rational planning of social work services. Thus stress is placed upon the importance of cooperation and coordination of effort both within and between local authority departments (1). There was an attempt to counteract "sectionalisation" and a move towards rationalising social work (2) in order to bring services nearer to the potential and actual client population. This constituted a thrust in the direction of decentralisation, which would find its fulfilment in the Seebohm-inspired social services department area teams, ideally situated within walking distance of the relevant population.

The comparatively low status, poor salary and career prospects of social workers were also referred to. Welfare Officers were particularly under-valued and:

> "the weight of evidence throughout indicated that social work in these services is an unrecognised career." (3)

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[1] Younghusband, E. (1959 Report), London, HMSO, pp. 33-34.
[2] Younghusband, E. 1959, Op. Cit., p. 112.
[3] Younghusband, E. 1959, Op. Cit., p. 207.

Poor monetary reward standards were a concomitant feature of low occupational status. Thus:

> "some of the best of these officers... said, that they would not advise their children to follow in their foot-steps because of the lack of esteem attached to the career, poor promotion prospects, (and) low salaries in comparison with other employment." (1)

Consequently, the need for a standardised status position for social workers was recognised. To this end the setting up of a central training council for social work was encouraged in order to establish a nationally recognised status position for the occupation (2).

The uneasy relationship between management and professional practice in social work was briefly alluded to in pointing to the pressure imposed by urgent work often at the expense of long-term case-work (3).

Much attention was devoted to inter-professional communication between social workers and other care-professionals. Reports on interaction between social workers and health visitors indicated variable levels of co-operation (4) and health visitors were not always satisfied in this respect as:

> "one of their main worries was that health visitors looked to social workers for reciprocal information which was not always forth-coming." (5)

Both nurses and social workers tend to compare themselves with the medical profession, although significantly, hardly ever with each other. Younghusband remarked on medical ignorance concerning social work noting that:

> "on the whole, few doctors know what social workers can do or the way in which they contribute to medical treatment." (6).

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 207. See also pp. 208 and 211-213.

[2] Younghusband, E. 1959, Op. Cit., p. 247.

[3] Younghusband, E. 1959, Op. Cit., p. 189.

[4] Younghusband, E. 1959, Op. Cit., p. 277.

[5] Younghusband, E. 1959, Op. Cit., p. 311.

[6] Younghusband, E. 1959, Op. Cit., p. 281.

Housing and education services are essential components of the broadly defined social services spectrum and it is essential that good communication links are maintained between social workers and those employed within these agencies (1,2).

The main emphasis in the Report was on the need to improve social worker status and career prospects. Having achieved this goal social workers would be enabled to interact with other care professionals in providing a comprehensive client service, fully confident of having a specific service to offer and secure in the status arising there-from. An interesting parallel to the emphasis on status in the Younghusband Report can be found in the later Salmon Report relating to senior nurses. In contrast to the above, however, Seebohm devoted little attention to the matter. The conclusion might be drawn from this that social work had, in fact, developed a considerable degree of professional security between 1959 and 1968, whereas nurses have taken much longer to achieve this and are by no means totally secure as a "professional" occupation in the late 1980's in spite of "formal" professionalisation in 1919 (3). The impact of medicine on nurses is obviously significant in this respect.

Professional Organisation and Education

The main emphasis of the Report is on these topics. Younghusband and the other Committee members were concerned about the role and future development of social work specifically, whereas Seebohm concentrated on the rationalisation of social services as a whole as did the Parsloe Report (3) in pointing to the lack of distinction between the knowledge bases of social work and social services.

While the Seebohm Report tends to be seen as the herald of genericism in social work, discussion within this area pre-dated the above report and was already a topical point

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 285.

[2] Younghusband, E. 1959, Op. Cit., p. 27.

[3] See terms of reference for all reports used in the research in the introduction to this chapter.

of interest, when the Younghusband Committee produced its report in 1959. Generic courses had been established in the 1950's, notably at the London School of Economics, and the "pro's" and "anti's" had fought it out in the corridors of that institution and elsewhere long before Seebohm provided a concise structure for the implementation of the generic ideal within the context of the social service departments (1). The multi-faceted nature of social need was recognised in that:

> "the variety and degree of personal, family and social problems among those using the health and welfare services necessitate more than one category of social worker." (2)

But while specialisms must be recognised there was a growing realisation of the need for a "general purpose" social worker (3). In order to prepare prospective practitioners for their generic role Younghusband proposed a substantial educational input from universities and other higher education establishments (4).

Specialisms were to be kept alive within the generic framework and survived until the Seebohm inspired re-organisation in the early 1970's. Within the hierarchy of social work varieties:

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[1] See Cooper, J. 1983, The Creation of the British Personal Social Services, London, Heinemann, and Donnison, D. 1975, Social Policy and Administration Revisited, London, G. Allen and Unwin.

[2] Younghusband, E. (1959 Report), London, HMSO, p. 7.

[3] Younghusband, E. 1959, Op. Cit., p. 187.

[4] Younghusband, E. 1959, Op. Cit., p. 23.

> "the health and welfare services are... at a disadvantage in comparison with the child care and probation services in which financial assistance is available to candidates accepted for training." (1)

These inequalities were largely wiped out with the Seebohm (2) re-organisation although a slight sense of superiority attaches to certain types of social work, e.g. in child guidance, even in the 1980's, the practitioners/themselves see as the true case-work specialists to have survived the in-roads of genericism. The probation services have, at least in England and Wales, remained outside the generic structure (3), although probation training is based on generic social work courses with provision for specialisation.

The main problem in the 1950's however, was not one of deciding on the finer points of advantage of the specialist versus the generic model or vice versa, but of devising a plan for providing some form of professional training for the, largely, unqualified social work labour force (4). The shortage of trained workers and candidates for training was partly a result of the low reputation of health and welfare workers (5) and consequently:

> "potential recruits to the health and welfare services are attracted elsewhere often to industry and commerce, by facilities offered for further education and training." (6)

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 15. It is interesting to note that a social work sector where men predominate, the health and welfare services, is less prestigious than other female-dominated sectors. This situation can be compared with nursing where most men are employed in the low prestige mental illness and mental handicap sectors.

[2] The Salmon Report has been seen as the "male nurses charter". In some respects this also applies to the Seebohm Report in respect of social workers. Both documents will be discussed at a later stage in this chapter.

[3] Home Office/DHSS Regulations, 1985, stipulate that probation students acquire the CQSW and ideally obtain experience in probation work while training.

[4] Younghusband, E. 1959, Op. Cit., pp. 21, 40, 164, 229. Also Younghusband, E. 1978, Social Work in Britain - Follow-Up Study, 1950-1975, London, G. Allen and Unwin.

[5] Younghusband, E. 1959, Op. Cit., p. 15.

[6] Ibid.

The variable status of different types of social worker has already been referred to and:

> "psychiatric social workers and almoners are attracted to hospitals and child guidance clinics rather than to local authority health and welfare services partly because their professional status and function is more defined in the former setting."1)

Psychiatric social workers and almoners were often university educated (2) which further enhanced their status within the profession. The number of welfare officers educated within the higher education sector was, however, comparatively low (3), and this contributed to their inferior status (4). The poor salaries and status of social workers in general were seen by the Committee members to be rooted in the nineteenth century origins of the profession, which resembled those of nursing in many respects (5). The ideal of "vocationalism" is relevant in this context (6).

The university connection remains an important indicator of the level of academic legitimacy and professionalisation of any particular occupational group. The insignificant number of welfare officers educated at universities has already been referred to. The usefulness of the academic link is taken for granted by the Committee members (7). In contrast to the above only approximately 1-2 per cent of state registered nurses were graduates in the early 1980's (8).

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 15.

[2] Ibid.

[3] Younghusband, E. 1959, Op. Cit., p. 84.

[4] Younghusband, E. 1959, Op. Cit., pp. 185, 240, 89.

[5] Younghusband, E. 1959, Op. Cit., p. 17.

[6] Younghusband, E. 1959, Op. Cit., p. 214. This is also important for the discussion on feminine professionalism. See Chaps. 1 & 3.

[7] Younghusband, E. 1959, Op. Cit., p. 20. See also pp. 24 & 51.

[8] The Guardian, 3/6/81. Exact numbers of graduates in nursing and social work in 1985 not obtainable through the Department of Health and Social Security, British Association of Social Workers, National Institute of Social Work, United Kingdom Central Council for Nursing, Midwifery and Health Visiting, English National Board..., Royal College of Nursing and Council for National Academic Awards.

University graduates predominated in certain types of social work as noted above. This proportion of graduates was:

> "significantly high among officers with mental health duties only, in comparison with welfare officers with or without mental welfare duties: (1)

The comparatively high status of psychiatric social work was demonstrated in the early foundation of a mental health course at the London School of Economics in 1929 (2). A large variety of social work courses were on offer at universities in the late 1950's and while specialisms were preserved, there was a growing conviction that social work possessed a common body of knowledge (3). Nevertheless the Committee argued that in order to attract potential social workers to professional training courses and possibly, at some future date, to involve them in research into various aspects of professional practice, funding had to be made available for this purpose as stressed by the Committee (4).

A tendency towards "professional closure" was apparent among psychiatric social workers and it was recommended that

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8 (continued from p.94)
The issue of graduates in nursing is a live one in the nursing press, however; see:
Montague, S. July 1982, Career Paths of Graduates of a Degree-linked Nursing Course, Journal of Advanced Nursing, pp. 359-370.
Hayward. J. July 1982, Nursing,Universities and Nursing Education, Journal of Advanced Nursing, pp. 371-377.
Hardy. L. & Sinclair, H C. Nov. 1984, Nursing Careers - Findings of a Follow-Up Survey of Graduates of the Nursing Education and Administration Certificate Courses of the Department of Nursing Studies, University of Edinburgh, 1958-75, Journal of Advanced Nursing, pp. 611-618.
Sinclair. H. 29/2/82, The Careers of Nurse Graduates, Nursing Times, pp. 56-59.
Suggestion to make social work an all-graduate profession discussed by Younghusband, (1959 Report), London, HMSO, as quoted by Cooper, J. 1983, The Creation of the British Personal Social Services, London, Heinemann.

1 Younghusband, E. (1959 Report), London, HMSO, p. 96.

2 Ibid.

3 Quoted from the Joint Council Report in Younghusband, E. 1959, Op. Cit., p. 234. See also p. 252.

4 Younghusband, E. 1959, Op. Cit., pp. 324-325 and 327.

the title "psychiatric social worker" be reserved for those possessing a university mental health certificate (1). In this context the role of professional associations was seen as essential in the campaign to raise the status of social work (2) and a National Training Council was also called for (3). Above all, it was felt that social workers should retain their practitioner role and avoid being forced into administration as the only path to promotion (4), and this should be reflected in salary scales (5). Only thus could a stage of full professional status be achieved according to the criteria of Etzioni et al. (6).

THE FOLLOW-UP STUDY

While not the main focus of interest in the context of this research venture, Younghusband's "Social Work in Britain, 1950-1975 - A Follow-Up Study" merits some consideration. It is a mammoth document of about six hundred pages and a detailed examination of the text would require a chapter of its own. But as the focus is on selected reports, the Follow-Up Study will be examined only insofar as it refers to the 1959 Report. Such references in the later publication will be examined in conjunction with comments relating to the earlier publication.

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 128.

[2] Younghusband, E. 1959, Op. Cit., p. 208.

[3] Younghusband, E. 1959, Op. Cit., pp. 247 and 221.

[4] See Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press, on the tendency for semi-professionals to be forced into management in order to gain promotion.

[5] Younghusband, E. 1959, Op. Cit., p.17.

[6] Etzioni, A. (Ed.) 1969, Op. Cit.

Bureaucratic Organisation

The role of social workers within the newly formed social services departments was discussed with reference to the Younghusband Report (1959) and the need for a thorough review of training and employment of social workers was called for (1,2). The perceived need for a "general purpose social worker" in the pre-Seebohm era reflects the administrative as well as the professional advantage of establishing a generalist social work service (3). Poor professional and educational standards in social work in the late 1950's led to inefficient administration and the quality of record-keeping remained at a low level (4). The splintered nature of social work contributed to this difficulty. Under pre-generic social work organisation the regional distribution of specialists remained a managerial problem (5) of distributing services equitably across the country.

Professional Organisation and Education

Support for a generic base for social work knowledge was coupled with the view that specialist training might subsequently be introduced to channel generalists into areas of special interest for which practitioners had particular aptitude. Younghusband accordingly noted that:

> "the general emphasis now, borne out by the recommendations of the Younghusband Report is, that all social workers are first and foremost members of the profession of social work with a corporate body of knowledge and experience. Only secondarily are they sub-divided according to their specialist fields of work." (6)

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[1] Younghusband, E. 1978, Social Work in Britain, 1950-1975, Follow-Up Study, London, G. Allen and Unwin, Pt.1, p. 283.

[2] See Parsloe proposals (1983) discussed at a later stage in this chapter.

[3] Younghusband, E. 1978, Op. Cit., p. 204, Pt.1.

[4] Younghusband, E. 1978, Op. Cit., p. 204, Pt.1.

[5] Younghusband, E. 1978, Op. Cit., p. 23, Pt.1.

[6] Younghusband, E. 1978, Op. Cit., p. 148, Pt.1.

and the Report (1959) further emphasises that:

> "specialised training was only desirable if it followed on from general training." (1)

The urgent need to provide adequate training facilities for prospective and practising social workers as yet untrained, was discussed repeatedly. There was evidence of neglect in the provision of training for health and welfare workers(2), and a lack of enthusiasm for establishing mental health courses pre-1959 (3). The main problem, however, was insufficient concern with the training of residential workers, and the 1959 Report failed to deal with this problem adequately (4). In contrast, there was an increasing pre-occupation with the integration of field and theoretical teaching (5) and encouragement of community oriented social work training (6).

It was felt that courses in social work should be available at both universities (7) and polytechnics (8) to satisfy the needs of all types of potential social work students. The need for a National Council to control training for social work was stressed (9), as was the desirability of establishing a staff college - the wish being subsequently fulfilled with the foundation of the National Institute for Social Work (10).

One major flaw of both the Younghusband and the Seebohm Reports was the absence of in-depth research to support their recommendations. Younghusband specifically criticised the working party of 1959 on this account (11). This lack of ground-work may be one reason why the recommendations of

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[1] Younghusband, E. 1978, Social Work in Britain, 1950-1975, Follow-Up Study, London, G. Allen and Unwin, Pt.1, p. 220.

[2] Younghusband, E. 1978, Op. Cit., p. 229. Pt.1 and p. 70, Pt.2.

[3] Younghusband, E. 1978, Op. Cit., pp. 166-167, Pt.1.

[4] Younghusband, E. 1978, Op. Cit., p. 182, Pt.2.

[5] Younghusband, E. 1978, Op. Cit., p. 64, Pt.2.

[6] Younghusband, E. 1978, Op. Cit., p. 270, Pt.2.

[7] Younghusband, E. 1978, Op. Cit., p. 27, Pt.2.

[8] Younghusband, E. 1978, Op. Cit., p. 82, Pt.1.

[9] Younghusband, E. 1978, Op. Cit., p. 222. See also Barclay, F. (1982 Report), London, NISW.

[10] Younghusband, E. 1978, Op. Cit., p. 86, Pt.2.

[11] Younghusband, E. 1978, Op. Cit., p. 129, Pt.2.

these reports have not had the desired effects as originally anticipated. The generic ideal was undoubtedly part of the maturation process of an occupational group seeking consolidation by embracing a common body of knowledge. However, detailed research would no doubt have revealed the impossibility of one single professional worker encompassing specialist knowledge in all the very divergent branches of knowledge, which fall under the umbrella of "social work". The unrealistic expectations engendered by the extreme version of universalism/genericism was pointed out by Pinker (1) and referred to above in Chapter 2.

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[1] Pinker, R. 1981, The Enterprise of Social Work, London School of Economics, Inaugural Lecture, p. 7. See p. 38.

JOURNAL RESPONSE

Bureaucratic Organisation

1. Social Work

Interest in management issues was comparatively limited as indicated above. "Social Work" had most references in relation to number of issues. Lack of an adequate management structure in the light of the Younghusband recommendations was stressed by commentators (1), bearing in mind the anti-quated, rigid hierarchical structures in social work administration (2). As the brief of the Committee was limited to consideration of the Health and Welfare Services an over-all view of all social work branches was not available in the Report. This was seen as preventing comprehensive planning of social work nation-wide on the basis of its recommendations (3). The need for qualified supervisory staff as well as case-workers in the departments was stressed (4) and the un-easy interaction between managerial and professional needs was recognised (5). The specific difficulty of employing "professional" social workers within welfare departments was pointed out (6), high-lighting the dilemma of all professional workers employed within bureaucratic organisations.

2. British Journal of Psychiatric Social Work

A total of five specific references in this publication were culled from the one and only article dealing with the Younghusband Report in 1959. The importance of efficient administration was stressed (7) and the wide gap between administration and field-work was high-lighted (8).

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[1]Social Work, Oct. 1959, p. 121.
[2]Social Work, Oct. 1966, p. 24.
[3]Social Work, July 1962, p. 15.
[4]Social Work, July 1961, p.2.
[5]Social Work, Oct. 1959, p. 121 and Jan. 1960, p. 5.
[6]Social Work, July, 1960, p. 72.
[7]British Journal of Psychiatric Social Work, Vol.5, No.1,1959,p.50.
[8]British Journal of Psychiatric Social Work, Vol.5. No.1,1959,p.52.

3. Probation

The only reference under this heading was concerned with the danger of "over-lapping visitors" giving incompatible advice (1).

4. The Almoner/Medical Social Work

Contributors to The Almoner hoped for a more effective post-Younghusband service through a "co-ordinated system of social care" (2), which would be "more economic in its use of staff" (3). Local authority health and welfare departments needed improvement (4) and case-work ought to be incorporated within their structure (5). The need to blend managerial and professional social work skills was stressed (6).

5. Case Conference

This journal showed specific interest in the rational organisation of social work. Thus a comprehensive social work service was visualised in the suggestion to introduce the grade of "general social worker" (7). Unnecessary fragmentation of social work services was condemned (8) and would be relieved through the establishment of general welfare departments (9), where the present "lack of co-ordination of social services" could be ameliorated (10). The acute shortage of social workers did, however, constitute an obstacle to a rationalised system of social work service (11). The extension of

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[1] Probation, Vol.9, No.8, p. 111.
[2] The Almoner, Jan. 1960, p. 2.
[3] The Almoner, May 1960, p. 58.
[4] The Almoner, June 1961, p. 97.
[5] The Almoner, Sept. 1962, p. 186.
[6] The Almoner, May 1967, p. 34.
[7] Case Conference, July 1959, p. xix.
[8] Case Conference, May 1960, pp. 16-17.
[9] Case Conference, June 1962, p. 49.
[10] Case Conference, Jan. 1962, p. 178.
[11] Case Conference, May 1963, p. 12.

professional social work into the field of "community care" was contemplated as part of a comprehensive service (1) and the enrolment of "informal carers" in community social work will be discussed further in a later chapter relating to the Barclay Report.

Professional Organisation and Education

This section attracted most interest in all the journals under consideration and "Social Work" excelled in providing a total of 37 references (22 relating to professional organisation and 15 to education).

Professional Organisation

1. Social Work

Professional power was discussed in terms of the need for a "professional board" (2) or a "National Council" (3) Professional specialist elitism is apparent in criticism of genericism (4) yet the expectation was that this "middle group" of general social workers would increase (5). Professional organisations would have to deal with a "trinitarian structure" incorporating professional and general social workers as well as welfare assistants, while maintaining the ideal of a strong and united social work profession(6). This splintered organisation was rendered less cohesive through the difficulty of defining social work and its "special body of knowledge" (7).

Inter- and intra-professional communication between different branches of social work also attracted considerable interest. Thus the case-workers spoke of themselves as a separate "profession" from that of the psychiatric social workers (8). Other professionals and institutions such as

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[1]Case Conference, Oct. 1963, p. 136.
[2]Social Work, July 1959, p. 81.
[3]Ibid.
[4]Ibid.
[5]Ibid.
[6]Social Work, Oct 1968, p. 3.
[7]Social Work, July 1961, p. 6.
[8]Social Work, July 1959, p. 77.

"central government departments, regional boards, municipalities, the medical profession, (and) universities" interacted with social workers and the latter had to ensure that they had "an effective voice" in these activities (1). A raising of the inter-professional status of social workers was anticipated (2), through the Younghusband proposals, but while seeking to up-grade their own occupation, social workers unjustly denied the separate expertise of the qualified health visitor by suggesting that the latter was "potentially a social worker with special qualifications" (3). The need for improvement in the professional status of qualified social workers was stressed (4) and the danger of "diluting" this status through inclusion of "general" social workers was pointed out (5).

2. British Journal of Psychiatric Social Work

No comment appeared under this heading.

3. Probation

A distinction was made between an "all purpose social worker" a role which the Younghusband Committee did not propose to introduce due to "the range of specialised knowledge to be covered"...(6) and the "general social worker" having attended a 2-year "Younghusband Course" and functioning at a slightly more generic level than specialist social workers. Wootton, however, was slightly concerned about the "trinitarian structure" of post-Younghusband social work because it seemed to imply "three grades of need in the client" (7)

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[1] Social Work, July 1959, p. 81.
[2] Social Work, July 1959, p. 82.
[3] Social Work, July 1959, p. 85.
[4] Ibid.
[5] Social Work, July 1959, p. 80.
[6] Probation, 1959, Vol.9, No.3, p. 33.
[7] Probation, 1959, Vol.9, No.5, p. 7.

4. The Almoner/Medical Social Worker/Case Conference/Social Work

Professional bodies expressed concern about the introduction of professional social workers into the structure of health and welfare departments due to problems of confidentiality towards clients (1). This concern was mainly associated with the fact that clients of health and welfare departments would be more likely to live locally than might be the case with those attending specialist agencies. In spite of some reservations, approval of the Report by professional organisations was, generally, forthcoming and the Institute of Almoners "testified to its acceptance of the general philosophy of the Younghusband Report" (2).

A National Institute for Social Work was advocated (3) to further the professional interests of the occupational group. The need for professional social workers, employed within health and welfare departments, to become familiar with the administrative structures was stressed (4) and intra-professional movement within social work was advocated (5), but at the same time there was a strong feeling that separate professional roles within social work should be retained (6). The role of the "professional" social worker within the three grade social work structure was to be safeguarded (7) with the retention of specialist case-workers (8). The role of the welfare assistant was clearly seen in relation to professional and general social workers (9), although some practitioners were concerned about this division of labour.

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[1]The Almoner/Medical Social Work, Dec. 1961, pp. 415-416.

[2]The Almoner/Medical Social Work, May 1962, p. 40.

[3]The Almoner/Medical Social Work, May 1966, p. 45.

[4]The Almoner/Medical Social Work, Dec. 1961, p. 415.

[5]The Almoner/Medical Social Work, May 1962, p. 36.

[6]The Almoner/Medical Social Work, June 1959, p. 162.

[7]The Almoner/Medical Social Work, Jan. 1960, p. 1; March 1965, p. 339; Sept. 1961, p. 248; July 1962, p. 114; July 1962, p.113.

[8]The Almoner/Medical Social Work, Jan 1962, p. 2.

[9]Ibid.

Wootton also had doubts about the role of the professional social worker in that she and other members of the House of Lords discussed the occupational practice as both:

> "a professional method of helping people and as an expression of social policy..." (1)

Some medical officers of health suggested that health visitors could take over the qualified social worker grade (2), and emphasised the close communication and partial over-lap between the two occupations.

The notion of having three grades of social worker was criticised (3) and the scheme was expected to create problems for the professional associations, presumably in terms of deciding who would be entitled to membership. However, this division of labour was seen as inevitable in a situation where social workers:

> "cannot be confident about a raising of status in terms of what (they) know...(they) have no alternative...but a future in which a large group of social workers become well-trained outside universities and a smaller group of social scientists within universities continue to develop a body of knowledge about human behaviour." (4)

The question as to whether a probation officer is a social case-worker or an officer of the court was raised (5) but not resolved within the context of the Younghusband Report.

Education

Social Work

The establishment of a National Council for Social Work Training was widely advocated (6). This Council would act as a co-ordinating body for the numerous social work courses

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[1] Case Conference, June 1962, p. 40.

[2] Case Conference, May 1960, p. 7.

[3] But see
Case Conference, July 1959, ASW News, p. xvii.

[4] Case Conference, Feb. 1960, p. 213. Compare to nursing.

[5] Case Conference, May 1960, p. 16.

[6] Social Work, July, 1959, p. 81 and Oct. 1959, p. 118.

taught at universities and colleges of further and higher education. The controversy about whether specialist or genericist education should be given special encouragement continued (1). Doubt was expressed about the over-all benefit to clients of receiving social work services from specialist case-workers only, when a more general approach to the problems in hand might be called for (2).

Debate regarding the difference between university and non-university courses in social work continued. The new, 2-year "Younghusband Courses" in non-university colleges would provide the students with a National Certificate in Social Work and their orientation to practice would be that of the generalist, thus fore-shadowing the later post-Seebohm emergence of the fully formed "generic social worker" (3). The need to provide courses of different types and in sufficient number to deal with the acute shortage of qualified social workers was also stressed (4).

The question about all-graduate status for social workers was raised (5). Opinions varied and there was no consensus on the matter (6). A suggestion was made that universities should abandon their elitist stance and involve themselves in the teaching of both the basic social work assumptions and the syllabus of the "more highly educated social workers".(7) The question was raised as to whether there was any recognisable difference between the university and non-university trained social worker (8). Whether university educated social workers actually provided a better service or not, their general educational standard was certainly higher than that required for entrance to the non-university courses. Many argued that there was no need to create a very large

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[1]Social Work, July, 1959, p. 81.
[2]Social Work, Oct. 1959, p. 121.
[3]Social Work, Oct. 1959, p. 177.
[4]Social Work, July 1959, p. 77.
[5]Social Work, July 1959, p. 81.
[6]Social Work, July 1959, p. 82.
[7]Social Work, Oct. 1959, p. 117.
[8]Social Work, July 1964, p. 18.

body of university trained specialists, but that for the majority of social workers:

> "other factors (than academic ones) such as the personal qualities would be of greater importance." (1)

"Social Work", more than any of the other journals under present consideration, devoted special attention to discussion on the relationship between trained and untrained social workers. Thus it was noted that:

> "less than 1 in 20 workers employed in the local authority health and welfare departments is professionally trained." (2)

There was considerable concern about the very slow increase in the number of candidates presenting themselves for social work training (3). An estimate was made in 1961, that 2500 general and 700 professional social workers would be needed over the next 10 years just to staff health and welfare departments (4). One of the main problems during the expansion of social work training would be the shortage of trained student supervisors (5).

2. British Journal of Psychiatric Social Work

The only contribution on the subject welcomed the training proposals in the Younghusband Report and was enthusiastic about the:

> "bald proposals for a general training for social workers on a national scale." (6)

This commentator expressed approval of its generic thrust and the attempt to isolate and convey the "basic principles under-lying social work" (7). This quest was obviously important in terms of the drive for full social work professionalisation, in that it would provide a common body of social work knowledge applicable in all forms of social work practice. Guarding their own speciality, however, psychiatric social

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[1] Social Work, Jan. 1964, p. 25. See also discussion on the Parsloe proposals later in this chapter.

[2] Social Work, July 1959, p. 77.

[3] Social Work, July 1961, p. 2.

[4] Social Work, July 1961, p. 6.

[5] Social Work, July 1961, p. 7.

[6] British Journal of Psychiatric Social Work 1959, Vol.5, No.1, p.51.

[7] Ibid.

workers claimed that specialisation would still be necessary especially in the mental health field (1). It was hoped that no radical distinction would be made between university and non-university trained social workers (2).

3. Probation

Members of the House of Lords, among them Baroness Wooton, echoed the general call for expanded social work training facilities (3).

4. The Almoner/Medical Social Work

The suggested creation of a National Council for Social Work Training was welcomed (4), as was the proposal to establish a National Institute for Social Work Training under the sponsorship of the Nuffield Foundation and the Rowntree Memorial Trust (5). Different types of courses were explored including various in-service training schemes (6).

The retention of social work courses within universities was defended on the grounds that:

> "The field of social work needs graduates trained not simply for a particular job...but for the critical assessment and development of knowledge and skill at the level of general practice..." (7)

One contributor stressed the importance of retaining university training in order to be able:

> "to make a distinction between the full professional and - to use Younghusband terminology - the Generic Social Worker..." (8)

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[1] British Journal of Psychiatric Social Work, 1959, Vol.5,No.1,p.51.

[2] Ibid.

[3] Probation, 1959, Vol. 9. No.5, p. 71.

[4] The Almoner/Medical Social Work, Jan. 1960, p. 6.

[5] The Almoner/Medical Social Work, Aug. 1961, p. 218.

[6] The Almoner/Medical Social Work, June 1959, pp. 101-102; Jan. 1960, p. 2 and p. 6; June 1961, p. 97.

[7] The Almoner/Medical Social Work, July 1962, p. 114.

[8] The Almoner/Medical Social Work, March 1965, p. 339.

It is interesting to note that what became the norm post-Seebohm, i.e. the title and function of the generic social worker, was seen as less than fully "professional" five years before the law relating to the re-organisation of local authority social services was passed. Did the consensus change very rapidly among social workers or was the Seebohm re-organisation established against the consensus view of the general body of social workers? Professional insistence on retention of the university link is of interest in view of the academic ambivalence regarding the presence of social work courses within universities (1).

4. Case Conference

The proposed introduction of a standardised, national qualification following a 2-year course in general social work was applauded and the different types of training were out-lined (2). There was, however, some danger of overlap in the different schemes (3) and contributors stressed that all, not only specialist courses, should inculcate professional attitudes (4). The impact of the new training schemes on existing pre-professional courses at universities was considered (5). The importance of providing enough training places to relieve increased competition for vacancies was stressed (6), as was the need to adopt an open policy of admission for students without formal entrance qualifications (7). While a certain resistance to too early specialisation was expressed in the Report (7) the shortage of university-trained social workers willing to teach was a problem (8). Training of social workers at universities presupposed the availability of sufficient practical training places (9). Probation officers training was already well advanced and likely to remain distinct from general social work training post-Younghusband.(10)

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[1]Dahrendorf, R. in 1979-80 Calender, LSE, London, p. 62.
[2]Case Conference, July 1959, p. xx.
[3]Case Conference, June 1961, p. 50.
[4]Case Conference, April 1962, p. 266.
[5]Case Conference, June 1962, p. 40.
[6]Case Conference, May 1960, p. 21; Feb. 1962, p. 201.
[7]Case Conference, July 1959, p. xvii.
[8]Case Conference, June 1961, p. 50.
[9]Case Conference, Jan. 1963, ASW News, p. 1. (10)See note re DHSS regulations in 1985 on p.106, note 3.

(iii)

The Platt Report, 1964

Journal Response

THE REPORT

Like the Younghusband Report in regard to social work the Platt Report deals with the issue of professional education for nurses. Traditionally student nurses receive their training as apprentices within National Health Service institutions. Thus, while social work students are seconded to agencies for practical experience, they have formal student status through registration at universities or other higher education establishments. The Platt Committee advocated a similar arrangement for student nurses. Raising the academic entrance requirements for candidates was advocated as a prerequisite to entry into the further and higher education sector.

Bureaucratic Organisation

The most innovative part of the Platt Report was the suggestion that schools of nursing should be separated from the hospitals as noted above (1) and be financed from non-NHS sources (2). While the Briggs Committee hinted at a similar solution to the constant pull between the service needs of hospitals and training requirements of students it did not state its case quite so baldly(3).Thus the Platt Report, with somewhat exaggerated optimism, noted the expectation that Exchequer funds be made available for nurse education (4). While wanting to maintain the "hierarchy of status" between grades of learner nurses, it was suggested that pupil nurses (trainee enrolled nurses) should be funded through Regional Councils whereas students (trainee registered nurses) would be eligible for local education authority grants (5). The main aim of the proposed separation of the school from the service sector was to limit the over-dependence on student and pupil labour (6). While the Committee members feared over-involvement of students in service delivery and the lowering of educational standards through over-recruitment, they did, of course, acknowledge the need for adequate labour power (7).

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[1]Platt Report, 1964, p. 3. 2. See discussion in part v of Ch.4.
[3]Platt Report, 1964, p. 9.
[4]Platt Report, 1964, p. 3.
[5]Ibid.
[6]Platt Report, 1964, p. 5, p. 16, and pp. 36-37.
[7]Platt Report, 1964, p. 10.

Management of the school would be fairly radically re-organised (1), although it is interesting to note, that the matron as head of the nursing service sector would also remain the ultimate head of the school of nursing (2). The tendency towards authoritarian government was deplored (3), and the need to train professional nurses as managers was stressed (4). The role of the ward sister as both teacher and manager was discussed and the need for training in this combination of skills emphasised (5).

Professional Organisation and Education

Like the Younghusband Report, in the context of social work, the 1964 Platt Report concentrated on the need for an expanded and reformed professional training system for learner nurses. The spin-off effect would, inevitably, be an improvement in professional status. The report recommended retention of two grades of nurses (6), the state registered and the state enrolled nurse. Such a division of the body of trained nurses could be seen as a double-edged sword in terms of professionalisation. On the one hand, there was an increasing polarisation of nurses, with the better qualified state registered nurses forming an elite group with gradually rising professional status, while on the other hand, the occupation as a whole was weakened by the split between the grades. It would be more difficult to present the nursing occupation as a united body with a distinct area of knowledge, if educational standards and professional training programmes differed too widely between the two categories of qualified nurse(7). The problem is further compounded, when the nursing auxiliary is also included under the title of "nurse". The struggle by the Royal College of Nursing in the 1980's against the DHSS suggestion, that nursing auxiliaries be included under the remit of the

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[1] Platt Report, 1964, p. 17.

[2] Platt Report, 1964, p. 19.

[3] Platt Report, 1964, p. 13.

[4] Platt Report, 1964, p. 10.

[5] Platt Report, 1964, p. 19 and p. 37.

[6] Platt Report, 1964, p. 2.

[7] The UKCC Report "Project 2000", launched in London, Edinburgh, Cardiff and Belfast in May, 1986 will introduce a common core training programme for the different specialisms within nursing as reported in The Guardian, 1/5/86, p.3.

Pay Review Body for Nurses shows the concern experienced by a professional body under threat through "dilution" of the "profession" by the introduction of untrained individuals. The same concern was expressed in the Platt Report. Thus the Committee pointedto the fact that:

> "auxiliary workers are included under the heading of 'other nursing staff' in official returns. This distorts the picture, since it fails to reflect the dilution, which is taking place as a result of the large numbers of unqualified persons involved in the nursing service." (1)

Division of labour in nursing is similar to that proposed by Younghusband, i.e. the "trinitarian" division between professional social workers, general social workers and welfare assistants (2) with the same implications for professional dis-unity.

The increasing professionalisation of the registered nurse population, through introduction of various "experimental" courses requiring a higher educational entrance standard, further enhanced the division between SRN's and SEN's (state-registered and state enrolled nurses) (3). Only by up-grading the training system would nurses receive adequate preparation for taking their place as equals alongside other professionals (4). In order to focus the professional struggle for status, distracting duties of a non-nursing nature had to be shed (5).

The better qualified nurse of the future would be prepared for leadership functions, adopting a critical approach to nursing practice (6). The need for nurses to reconsider time-worn practices and develop a higher degree of research-consciousness was later re-stated in the 1972 Briggs Report. The importance of sound general education as a preliminary condition for entry into nurse training was stressed (7).

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[1]Platt Report, 1964, p. 7.
[2]See Younghusband section, p. 89.
[3]Platt Report, 1964, p. 33.
[4]Platt Report, 1964, p. 11.
[5]Platt Report, 1964, p. 34.
[6]Platt Report, 1964, p. 10.
[7]Platt Report, 1964, p. 2.

Most of the experimental, shortened or combined degree/SRN courses demanded an above average standard, in the case of the last-mentioned option, university entrance qualifications. A minimum educational entrance standard for SRN training had not been introduced until 1962 (1). The Robbins Report on Higher Education (1963) emphasised the importance of providing places for all qualified candidates within this sector (2). The widening field of educational opportunity offered competition to nursing (3) and re-inforced the need to create an attractive image of the educated nurse. A minimum entrance standard of five academic GCE O-levels was contemplated for SRN training (4). This was, in fact, only achieved in the mid 1980's. The general up-grading of nurse education would, hopefully, create a group of academically inclined nurses, willing to undertake research (5) in association with academic institutions (6).

An "elite" of nurses would undergo a 5-year degree-cum-SRN course and become the leaders of the future (7). Moreover, the Committee advocated that there should be opportunity for varied post-registration education to establish the recently qualified nurse in her chosen specialism (8). The "2 plus 1" state registration course wherein the students completed formal training and sat the final examinations after 2 years, spending the third year of training as "internal staff nurses" prior to state registration was in operation at St George's Hospital, London for several years before being discontinued in the 1970's. With the proposed up-grading of nurse training in mind it was seen as imperative to re-appraise the structural position of the student nurse within the health service hierarchy. Student status for nurse learners on state registration courses was considered

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[1]Platt Report, 1964, p. 6.
[2]But did not include nurse training in the higher education sector.
[3]Platt Report, 1964, p. 12.
[4]Platt Report, 1964, p. 20.
[5]Platt Report, 1964, p. 11.
[6]Platt Report, 1964, p. 26, p. 32, p. 44.
[7]Platt Report, 1964, p. 49.
[8]Platt Report, 1964, p. 51.

desirable (1) and local authority educational grants ought to be made available for the first two years of training (2). When students spent time on the wards their practical experience was to be geared towards satisfaction of educational requirements and students would be supernumerary in the ward team (3). The rank-order between state registered and state enrolled nurses was, however, re-affirmed in suggesting that the latter continue the practice of apprenticeship style training (4).

It is interesting to note, that most of the Platt proposals have not yet been implemented in the late 1980's, one of these being the proposed separation of the school of nursing from the service sector , although the Judge Report (1985) repeated the recommendations of Platt in this respect (5). Presumably financial considerations and especially the need for cheap student labour in an underfunded National Health Service played an important role in this context. The five O-level entrance standard was first introduced as the National minimum entrance requirement for SRN training in the mid 1980's and the development of research within nursing is progressing slowly but steadily. The number of graduates in nursing constituted approximately 1-2 per cent of the qualified nursing population in 1981 and has increased very slowly up to the year 1986.

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[1]Platt Report, 1964, p. 2.

[2]Platt Report, 1964, p. 22.

[3]Platt Report, 1964, p. 4, p. 15, and p. 20.

[4]Platt Report, 1964, p. 30.

[5]Royal College of Nursing Commission on Nursing Education, 1985, Education of Nurses - A New Dispensation (Judge Report), London, RCN. The later Project 2000 Report (1986), UKCC, London also discussed increased use of the higher and further education sectors for nurse training.

JOURNAL RESPONSE

Nursing Times

Bureaucratic Organisation.

Platt was overtly concerned with education and management aspects related closely to this primary orientation. The Platt proposals, if accepted, would have a fundamental impact on the nursing service sector in that students would be withdrawn to the school or college of nursing for longer periods than previously. Thus the total cost of training each nurse would be considerably increased (1). The estimated increase in cost was in the order of "almost half a million pounds" in 1964 currency (2). The main problem, namely, that hospitals: "do not recruit nurses primarily to train them (they) recruit them largely in order that they can provide service for the hospital" (3) was ignored. The training of nurses was justified simply according to service needs (4). As dependence on student labour is very high in the National Health Service (5), as Platt stressed above, many hospitals would experience severe staffing problems (6).

The Platt proposals would have "liberated" nurses from their hand-maiden role to a great extent in providing them with greater educational legitimacy in relation to doctors and other professions. Many "traditional" nurses were reluctant to "cut the apron-strings" binding them to the medical profession, whether for reasons of fear or general conservatism. Thus one nurse held the view that:

> "nurses can but follow accurately a doctor's orders and use their own powers of observation, not make decisions about the patients' treatment so why not teach them just to be skilled, thoughtful, considerate, observant nurses..." (7)

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[1] In the 1985 Judge Report it is contended that non-apprenticeship training is only more expensive in the short run.

[2] Nursing Times, 1964, p. 135 (pagination continuous throughout year).

[3] Nursing Times, 1968, p. 1025.

[4] Nursing Times, 1965, p. 64.

[5] Nursing Times, 1968, p. 111.

[6] This issue is also discussed in the 1985 Judge Report.

[7] Nursing Times, 1964, p. 968.

The quotation above gives a perfect role description for the subservient nurse, and while the qualities listed are excellent, Platt would seem to indicate that "thoughtful" might be supplemented with "thinking" and "skilled" linked to "educated".

One side-effect of the implementation of the Platt recommendations would be a greater reliance on enrolled nurse labour with the attendant implication that state registration students have "superior status" (1). The implicit elitism in the proposed position of state registered vis-a-vis state enrolled nurses would seem obvious and the Platt proposals would, undoubtedly, contribute to "professional closure" of the state registered nurse sector and widen the gulf between the two grades of nurses (2). This increasing division would have professional as well as managerial implications and would, on the whole, seem to be a backward step, a retreat into more polarised hierarchy. Yet the Committee members anticipated the opposite, i.e. that post-Platt: "much of the traditional authoritarian attitudes which still sometimes apply would be modified." (3)

Conservatism lingered, however, and hierarchical arrangements reinforce such tendencies, as stressed above. The deference traditionally accorded doctors by nurses was still advocated. The Report signatories did, however, take trouble to distance themselves from the notion of a matron responsible for both service and nurse education. The impossible task was high-lighted by assigning her the role of "Miss Looking-both-ways-at-the-same-time" (4). At the end of the day caution prevailed in the true vein of nursing conservatism and the General Nursing Council, in unison with the Minister of Health, rejected the radicalism of the report (5). The Platt proposals were never implemented, and the "status quo" and expediency prevailed. Schools of Nursing are still administered by individual health districts or combinations of districts in 1986 (6).

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[1]Nursing Times, 1964, p. 1487.
[2]Nursing Times, 1965, p. 111.
[3]Nursing Times, 1964, p. 874.
[4]Nursing Times, 1964, p. 875.
[5]Nursing Times, 1965, p. 1330.
[6]But note 1985 Judge proposals.

Professional Organisation and Education

The questions of elitism and "professional closure" have already been addressed from a management angle above. A further sign of full professional status is the possession of "specialised knowledge" (1) and it is in this area that nursing exhibits the greatest inadequacies. The education of nurses in Britain is deficient compared to that of other "professionals" and Platt provided a recipe for improvement (2). Supporters of the Nightingale nurse model were apprehensive, however, and a representative of this view proclaimed:

> "We need nurses who nurse and are not too over-educated to attend to a patient and are filled with some vague, ill-defined and probably non-existent position between the junior doctor and the practical nurse." (3).

Yet another variation of the nurse's role was presented, basing status, not on knowledge but on dedication exhibited in the willingness to give 24-hour service (4). The importance of professional self-determination was stressed (5) with the exhortation to nurses that they should strive to acquire management skills (6). Professionalisation in nursing would inevitably involve a degree of "closure" as discussed above, and "fewer candidates would be trained for registration"(7). The price would be increased elitism of the registered nurse sector and a wider chasm between grades of staff as noted above. The decision would have to be made about whether heightened elitism within nursing is a price worth paying for professionalisation and Platt addressed this issue. But at the end of the day nurses will themselves have to decide which road to take in the quest for self-determination, which

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[1] Johnson, T. 1972, Professions and Power, London, MacMillan.

[2] Nursing Times, 1964, p. 873. Many would argue that considerable progress has been achieved in this area with increasing consolidation of nursing departments within universities and colleges of higher education.

[3] Nursing Times, 1964, p. 859.

[4] Nursing Times, 1964, p. 1018.

[5] Nursing Times, 1964, p. 1000.

[6] Nursing Times, 1964, p. 858.

[7] Nursing Times, 1964, p. 876.

is essential to independent professional status, according to Freidson and others (1).

The different professional status roles available as "ideal types" have been outlined above and the "knowledge professionalisers" were undoubtedly the innovators in 1964 compared to the "dedication professionals" (2) whose views are exemplified above. One correspondent concluded almost defiantly:

> "as a British-trained nurse I for one would like to tell... that I am most certainly proud of my profession and have never felt 'inferior' to those entering other walks of professional life." (3)

The term "profession" is clearly used in a number of ways which causes some confusion, but it would seem clear, that what the above writer has in mind is "vocation" rather than "self-determination" (4). The two could, in fact, be contradictory at times.

The ambivalence of the report is exhibited in the attempt to abolish the two portal entry for student and pupil nurses (5) while, at the same time, practically endorsing and even re-inforcing the division between state registered and state enrolled nurses. It is hard to visualise a totally egalitarian nursing "profession", where all trained members have equal status. Hierarchy of status is endemic to all but the most unusual and usually temporary social formations.(6) Therefore it would be unrealistic to expect nursing, which comprises a vast number of individuals, to be completely homogenous as regards status.

The main focus of the Report is upon educational issues and the number of contributions under this heading reflects this emphasis. The Platt Report urges separation between

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[1] See Chapter 3.

[2] Or "feminine professionals". See Section on Gender-Typing, Ch. 4 and Ch. 1.

[3] Nursing Times, 1964, p. 968.

[4] This discussion relates to the notion of "feminine professionalism".

[5] Nursing Times, 1965, p. 203.

[6] A deliberate attempt to counteract hierarchical arrangements has been made by a variety of women's groups with variable success.

the service and nurse education sectors. The situation which prevails in National Health Service hospitals leads to frequent tension between the nurse education and patient service sectors (1), and the achievement of student status for learners was only visualised within independent schools of nursing (2). However, many feared that the split between the sectors would be detrimental (3) and cooperation between nurse administrators and nurse educators ought to be encouraged (4). The wisdom of separating schools of midwifery from schools of nursing was also questioned (5). The possibility of increased tension between the school and service sectors through such separation was also considered (6).

The question of student versus apprentice status for learner nurses is intimately connected with the debate about the ideal location of the school of nursing, the assumption being that student status would go with independent colleges of nursing. The present hospital-cum-school combination would tend to perpetuate the apprentice status of trainee nurses, but one commentator claimed that: "mis-management of nurse training is not itself a valid argument against apprenticeship" (7). It is important to bear in mind: "that a very great number of those who enter training as a student nurse do so with a stronger desire to be a nurse than to be a student" (8). At the end of the day, there was no resolution of the controversy between the "separatists" and those advocating retention of the "status quo". It fell to the Minister of Health to reject Platt on slender objective grounds. Undoubtedly, separate colleges and full student

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[1]Nursing Times, 1964, p. 858 and p. 876.
[2]Nursing Times, 1965, p. 1347.
[3]Nursing Times, 1964, p. 1062.
[4]Nursing Times, 1968, p. 538.
[5]Nursing Times, 1964, p.1211.
[6]Nursing Times, 1965, p. 220.
[7]Nursing Times, 1964, p. 1211.
[8]Nursing Times, 1965, p. 1347.

status for trainees would have been both expensive and inconvenient. Economy and expediency conquered over budding efforts to professionalise nursing in a radical manner as noted above.

Discussion about educational standards was lively in the wake of the Platt proposal to raise the entry requirement for registered nurse training to 5 GCE O-levels. There were mixed feelings on the subject. The contention has already been put forward that nursing is stunted professionally due to the low educational standard of practitioners (1). Others including representatives of the General Nursing Council felt, that the proposed entry standard was too high (2). Many regional hospital boards expressed the view, that while entry standards needed to be raised, 5 O-levels were too much to demand (3).

But while many nurses and the professional and statutory bodies were reluctant to impose a 5 O-level entry standard on all state registered nursing candidates, they were not, on the whole, averse to setting up special courses for those with above average academic qualifications. Thus provision was to be made for special and possibly shortened courses for students possessing A-level passes or a university degree (4). The suggestion that special arrangements might be made for university graduates led to a general discussion about the role of nursing in higher education. The Platt Committee, in principle, approved the idea of developing degrees in nursing (5). There had, traditionally, been a tendency to

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[1]Nursing Times, 1964, p. 873.
[2]Nursing Times, 1964, p. 859; 1965, 1347.
[3]Nursing Times, 1965, pp. 111-112; 1965, p. 203.
[4]Nursing Times, 1964, p. 937; 1965, p. 203.
[5]Nursing Times, 1964, p. 925; 1965, p. 220.

ignore the contribution of graduates in nursing, but emphasis was placed on the fact that an initial attraction to nursing was essential in non-graduates and graduates alike (1). The General Nursing Council was in favour of the development of degrees in nursing and Sir Walter Mercer, a medical academic: "hoped that when degree courses for nurses were well established they would take place within the Faculty of Medicine" (2). This aspiration must be approached with some caution. Did it spring from a genuine desire to further academic study among nurses with a "collegial" invitation to do so in medical schools or was the prime motive a desire to control nurses and to allow nursing to become "academic" only within the folds of medicine, thus preserving the"status quo"? No doubt, there is some truth in both statements. The benefit for nurses of mixing with other university students was stressed (3). Furthermore, while universities provided excellent facilities for degree-level work, it was important not to forget the potential input of colleges of technology (4).

One portal entry with no distinction between student and pupil nurses was approved of (5). However, it was essential not to drive the potential SEN candidate away from nursing by over-stress on academic qualifications (6).

The notion of separate colleges of nursing inter-linked with the proposed role-changes. The idea was, however, generally dispproved of. The General Nursing Council felt:

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[1]Nursing Times, 1964, p. 870.

[2]Nursing Times, 1964, p. 874. This was the case at Manchester University.

[3]Nursing Times, 1964, p. 925.

[4]Nursing Times, 1965, p. 432.

[5]Nursing Times, 1965, p. 203.

[6]Nursing Times, 1965, p. 220.

> "that the setting up of an independent system of education for nurses would be contrary to other forms of education throughout the country." (1)

One matron expressed her view, both as a nurse and as a private individual saying:

> "the suggestion to set up independent colleges (of nursing)...seems to me as a tax-payer no less than as a nurse, manifestly absurd..." (2)

The educational proposals of Platt were revolutionary and above all expensive. In a penny-pinching NHS, where the comparative cheapness of trained and untrained nurse labour has kept "the ship afloat", such a proposal would have to be suppressed as that of Platt was, with the assistance of experienced nurses who lacked vision and the desire for innovation.

Nursing Mirror

Bureaucratic Organisation

Editorial comment was invariably favourable regarding the Platt Report. Thus the editor expressed dismay about the un-likelihood of the recommendation being accepted as the educational reforms would require "an influx...of money" (3). The report was referred to as "a ward sister's dream" by one matron, "because students would present themselves for practical experience in known numbers and at a known time" (4). But the proposed educational change would be expensive due to the necessity of replacing nurse trainees at college with enrolled nurses. This matter was discussed by members of the General Nursing Council (6) who did not consider that such radical reforms were called for (7).

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[1]Nursing Times, 1965, p. 1348.
[2]Nursing Times, 1964, p. 1062.
[3]Nursing Mirror, 1964, p. 251.
[4]Nursing Mirror, 1964, p. 130.
[5]Nursing Mirror, 1965, p. 263.
[6]Nursing Mirror, 1965, p. 1.
[7]Nursing Mirror, 1965, p. 17.

Professional Organisation and Education

The changing scene post-Robbins with extended educational opportunities for women as well as for men, made nursing, with its poor conditions and pay, a less attractive option for well-educated young people (1). This impact of societal change was particularly important for nursing as it was seen as external to the expanding higher education sector. Overall, the importance of the Report for the future development of nursing in Britain was deeply felt (2).

A combination of the best features in both the old and the new education systems for nurses had to be retained (3). But while a harmonious interaction between the service and education sectors was to be aimed for, the reality was often quite different with frequent tension between them (4). One writer felt that the only way of removing tension altogether would be by "making student nurses supernumerary" during the first part of their training (5). However, the Central Midwives Board failed to support an independent nurse education sector (6).

Feelings about apprenticeship versus full student status for learner nurses were mixed. The Platt proposals would, if implemented, enhance the full student status model. The Report recommended a:

> "good educational back-ground because practical training alone was of little value without a foundation of knowledge, and unless the nurse was trained to use her mind." (7)

The idea of using enrolled nurses as replacements for student nurses attending college full-time (8) and thus acquiring student status had implications for SRN elitism as discussed in the previous section. The disadvantage of having two types of training was stressed by one writer, who surmised

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[1]Nursing Mirror, 1964, p. 273.
[2]Nursing Mirror, 1965, p. 27.
[3]Nursing Mirror, 1964, p. 170.
[4]Nursing Mirror, 1964, p. 271.
[5]Nursing Mirror, 1968, p. 131.
[6]Nursing Mirror, 1967, p. 354.
[7]Nursing Mirror, 1964, p. 147.
[8]Nursing Mirror, 1965, p. 1.

that an "11+" system might be introduced into nursing (1). Part of the attraction of the apprenticeship system was the fact that the trainee received a salary throughout, but following the educational expansion post-Robbins:

> "nursing would no longer be chosen because women could earn as they trained, since other occupations would now maintain them during the learning period." (2)

A more extreme interpetation of the Report saw the divide as being between apprentice-ship training in hospitals and full-time education for high level nurses at universities (3). Doubt was expressed about the proposed requirement of five O-levels (4) and one head-mistress felt that a more academic model for nursing would not appeal to all candidates (5).

The possibility of developing experimental courses for those students possessing A-level passes and university degrees was considered (6). Links with universities were to be fostered and it was hoped that nursing would take advantage of the academic facilities within universities (7), and the study of nursing within the higher education sector was seen as appropriate (8). The idea of setting up independent nursing colleges received a mixed response. Supporters advocated special Exchequer grants to fund independent nurse education (9) in order to achieve a satisfactory system. The objectors, however, felt that establishing separate nursing colleges outside the general higher education sector was undesirable (10) and the Central Midwives Board did not approve of divorcing schools of nursing from hospitals (11). The traditionalists won the day as noted above.

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[1]Nursing Mirror, 1964, p. 567.
[2]Nursing Mirror, 1964, p. 130.
[3]Nursing Mirror, 1965, p. 18.
[4]Nursing Mirror, 1966, p. 101 and 1965, p.1.
[5]Nursing Mirror, 1964, p. 170.
[6]Nursing Mirror, 1967, p. 581 and 1965, p. 18.
[7]Nursing Mirror, 1964, p. 273.
[8]Nursing Mirror, 1964, p. 307 and 1964, p. 130.
[9]Nursing Mirror, 1964, p. 287.
[10]Nursing Mirror, 1965, p. 18.
[11]Nursing Mirror, 1967, p. 354.

(iv)

The Salmon Report

Journal Response

THE REPORT

A concern with rational management principles was apparent in both nursing and social work in the 1960's as exemplified in the Salmon and Seebohm Reports. The former deals primarily with the need to establish a satisfactory career structure for nurses above the grade of ward sister and the latter provides a pattern for rationalised social services departments as will be discussed later in this chapter.

Bureaucratic Organisation

The post-1948 erosion of the authority of hospital matrons constituted one reason for setting up the Salmon Committee in the early 1960's with the brief to examine senior nursing structures. In the event a "rational management" model was selected.

Traditionally authority patterns in nursing had been influenced by social class forces, not least by the fact that two recruitment channels existed in many voluntary hospitals, one for "lady pupils" and the other for "ordinary pupils". Thus:

> "for the lady pupils especially the Nightingale Training School became, in effect, a training ground for future matrons" (1),

whereas the ordinary pupils remained nurses. Another social dividing line was drawn between the Poor Law infirmaries and asylums, which had low status and the elite voluntary hospital sector. Male nurses tended to predominate in the asylums, but were not permitted to nurse at the prestigious London Teaching Hospitals until after the mid-1960's.

The managerial role of the pre-Salmon matron was diffuse in that she was not only in charge of nurses, but had responsibility for other groups such as domestics. She was in the words of the report:

> "the active head of the nursing staff besides having charge of the kitchen and nursing arrangements" (2).

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[1] Salmon, B. (1966 Report), p. 11.

[2] Salmon, B. 1966, Op. Cit., p. 12.

She was, in fact, responsible: "for the conduct and discipline of the whole female staff" (1). After the introduction of the National Health Service in 1948, the relationship between matrons and governors, especially in the voluntary hospitals, could not be maintained at its previous intimate level of communication leading to the erosion of matron's authority as referred to above. This, in spite of the repeated assertion:

> "that a matron should have the right to attend all meetings of the House Committees in her own hospital and to attend meetings of the Hospital Committee of Boards of Governors when matters directly or indirectly affecting her own department are being discussed" (2).

Views on the level of involvement by matrons varied. Circular SHM(55) 32 re. Scotland gave the following advice:

> "If, however, the matron is to be able to carry out her duties effectively she must be fully aware of all matters affecting her sphere of responsibility" (3).

Those who would limit the direct access of the matron to management maintained, however, that her responsibilities were related to the medical superintendent and group secretary not to the Board of Management (4). It would seem obvious from the above, that parity of the nursing hierarchy with those of medicine and general hospital administration was not either in principle or practice accepted, indicating the subservient status of nursing within the general hospital hierarchy.

The centralised authority structure of the Nightingale tradition was clearly inefficient in terms of rational management philosophy. Consultation between grades was minimal, leading to a sense of alienation among junior nurses. The disciplinarian attitudes of senior nurses could be a formidable brake on communication with juniors. The latter were often made to feel that their need for support was tantamount to "failure".

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[1] Salmon, B. (1966 Report), p. 12.

[2] Salmon, B. 1966, Op. Cit., p. 15. Also Bradbeer Report, in Watkin, B. 1975, Documents on Health and Social Services - 1834 to the Present Day, London, Methuen & Co. Ltd. Bradbeer, A.F., 1954, Report on the Internal Administration of Hospitals, London, HMSO.

[3] Salmon, B. 1966, Op. Cit., p. 15.

[4] Ibid.

The Salmon Committee sought to counteract the authoritarianism of old. Job descriptions spoke of "delegation and decentralisation" (1). Increasing democracy was to be inculcated. To achieve this, the writer of the Report approved of frequent staff conferences(2) as a means of departure from nineteenth century authoritarianism (3).

Reference has been made above to the traditional responsibility of the matron for domestic as well as nursing matters. After 1948 there was a move to divest the lone matron of total responsibility for these matters and certain tasks were delegated to her nursing colleagues. The Salmon Report, however, advocated the total removal of certain domestic and general administrative responsibilities from all nurse managers (4).

While greater democracy was encouraged it was, nevertheless, acknowledged that a clear line of command had to exist in nursing. Thus the Committee did not approve of two sisters being jointly in charge of a ward as: "one (sister) may be 'played off' against the other" (5) in a situation where there are: "two nurses to a ward each with equal authority" (6). The role of "middle-management" was to be one of "programming" whereas top management dealt with "policy formation" and first-time management with "executive" tasks (7). Distinction was made between "control" and "coordination" denoting different styles of management (8).

The importance of a distinct grading system within the nursing hierarchy was noted and emphasis was placed on the distinction between "structural" and "sapiental"

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[1] Salmon, B. (1966 Report), p. 8.

[2] Salmon, B. 1966, Op. Cit., p. 9.

[3] Ibid. A shift away from "feminine fussy authoritarian authority" towards "masculine democratic rational authority".

[4] Salmon, B. 1966, Op. Cit., p. 24.

[5] Salmon, B. 1966, Op. Cit., p. 36.

[6] Ibid.

[7] Salmon, B. 1966, Op. Cit., p. 29 and p. 41.

[8] Salmon, B. 1966, p. 66.

authority. The former is based on hierarchical authority (1) whereas the latter level of authority derives from knowledge. It is thus, more individualistic and dependent on the personal qualities of the "authority holder". The hierarchical power of those invested with knowledge authority is not strictly institutionalised, but it would be foolish to disregard the specialist advice of those who possess sapiential authority (2).

Education and Professional Organisation

Nurse education was not a main concern of the Salmon Committee except insofar as a more streamlined organisation would increase efficiency. There was general approval for grouping hospitals to form larger schools.

The Salmon re-organisation would require intensive management training and the Committee recognised the efforts of the Royal College of Nursing and the King Edward VII Hospital Fund in seeking to fulfil this need (3).

Loyalty to the training school was viewed as important and the hospital badge was seen as symbolic of this bond (4). This attachment is particularly strong in a hospital based training and the debate about apprenticeship learning persists within nursing circles. It is generally argued that the practical art of nursing must be learnt "on the job", but there would seem to be no good reason, why separate Colleges of Nursing should not be established apart from hospitals. Nursing theory could be imparted there and students could be seconded to a hospital for practical experience. This view had been expressed in the Platt Report (1964) and would be reiterated by the Briggs Committee in 1972. The Salmon Report would seem to reinforce the apprenticeship system in nurse training generally and in

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[1] Salmon, B. (1966 Report), p. 23.

[2] Ibid.

[3] Salmon, B. 1966, Op. Cit., p. 92.

[4] Salmon, B. 1966, Op. Cit., p. 21.

training for management in particular (1). The Report writers, however, noted the importance of both practical, and theoretical instruction (2). In-service training for staff nurses was recommended (3). Very little interest was shown in the university connection and the matter was referred to only very briefly.

Professional inequality within the health service was to be remedied through the Salmon structure, to improve a situation in which:

> "the (nursing) profession is not represented officially and with the same status at meetings of all governing bodies as are the medical staff and the hospital administration" (4).

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[1] Salmon, B. (1966 Report), p. 9.
[2] Salmon, B. 1966, p. 93.
[3] Salmon, B. 1966, p. 98.
[4] Salmon, B. 1966, p. 4.

JOURNAL RESPONSE

Nursing Times

Bureaucratic Organisation

The Salmon Report provided a blue-print for a rational management model in nursing (1). The avoidance of a top-heavy hierarchy was stressed, however, and it was felt that decision making should be more democratic (2). The status of nurse administrators would be enhanced (3) and the weird hierarchy of the past would be superseded by modern rational management. There were those, however who doubted the need for such a complex "organisation of woman-power for the provision of a bedside nursing service" (4). It was hoped, however, that the Report's: "somewhat military approach and appearance of rigidity (would be) open to liberal interpretation" (5,6) although another commentator feared the introduction of a sort of "intellectual neo-feudal system" (7).

This rational management model has been termed "the male nurses' charter" and one writer predicted that many "keen" young men would join the nursing ranks (8). The ideal-typical models of masculine rationality and feminine expressiveness have been discussed above (9) and it could be said that the "paternalistic" or rather "maternalistic" nurse leadership style discussed by Abel-Smith (10) might, under the influence of the Salmon recommendations, change to a

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[1]Nursing Times, 1966, p. 1471.

[2]Ibid.

[3]Nursing Times, 1966, p. 1221.

[4]Nursing Times, 1966, p. 677.

[5]Nursing Times, 1966, p. 1270.

[6]Reference to "woman-power" and "military approach and appearance of rigidity" in (4) and (5) above are interesting in terms of "feminine professionalism".

[7]Nursing Times, 1966, p. 1391.

[8]Nursing Times, 1966, p. 276.

[9]See Chapter 3.

[10]Abel-Smith, B. 1960, A History of the Nursing Profession, London, Heinemann.

"rational-autonomous" management style as described by Sennett(1). Thus, M.B. Powell, a member of the Salmon Committee saw the "Nelson's Column" type pre-Salmon structure change into a "pyramid" of shared authority, post-Salmon (2). The post-Salmon structure was expected to encourage "industrial attitudes" (3) more in tune with the masculine ideal type and quite foreign to the erstwhile "femininity" of nursing. Not unexpectedly, displaced matrons would suffer keenly (4) and would look to the past with nostalgia (5) although the impossibility of "one woman rule" over a large modern hospital was grudgingly accepted.

The tension between professionalism and managerialism, viewed as typical of semi-professions by Etzioni et al. (6) was evident in nursing in the 1960's and at present and the tendency for professional workers to be lost to administration was deplored (7). The campaign to create career grades within clinical nursing and thus open a gate to advancement other than through management has been constantly waged from the time of the Salmon Report publication onwards and only slight progress has been made in 1986 (8). While administration would seem to form the major content of a senior nurse's job description the notion of a non-nurse filling such posts was strongly rejected by one writer (9) against views to the contrary by another writer (10).

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[1]Sennett, R. 1980, Authority, London, Secker and Warburg.

[2]Nursing Times, 1966, p. 1107.

[3]Ibid.

[4]Nursing Times, 1966, p. 931.

[5]Nursing Times, 1966, p. 925.

[6]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[7]Nursing Times, 1966, p. 932.

[8]The impact of the Griffiths re-organisation not yet clear in 1986. See discussion on the Griffiths Report (1983) later in this chapter.

[9]Nursing Times, 1967, p. 313.

[10]Nursing Times, 1971, p. 213.

Medical resistance to the expansion of nurse administration was profound. A physician pointed out that:

> "you can become a Chief Nursing Officer and never need nurse again" (1)

and that the:

> "cumulative incubus of unavoidable ignorance as each year separates these nurse administrators from their last experience of patient care" (2)

presents a major problem. The Salmon bureaucracy was considered unduly complicated, leading to increasing distance between sisters and nurse administrators (3). A senior nurse, however, refuted these views as representing "medical imperialism" and saw the Salmon reorganisation as a means to change the orientation in health care by changing the emphasis from: "doctor's beds to medical and nursing requirements of patients"(4).

This divergence of views between the medical and nursing factions was typified in poor communication links and Brian Salmon stressed the need for improvement in this area (5). The main problem was seen to lie with doctors and doubt was expressed about their rational management potential (6) Doctors would have to become aware, that it was no longer possible in large hospitals for consultants to deal individually with matrons on any matter connected with nursing (7). The General Nursing Council, however, emphasised the importance of maintaining close links with doctors and lay administrators within the Salmon structure (8).

One problem of the new system would be the hierarchical distance between junior and senior nurses and one writer noted the difficulty in discussing personal problems with a

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[1]Nursing Times, 1971, p. 213.
[2]Ibid.
[3]Nursing Times, 1974, p. 296.
[4]Nursing Times, 1971, p. 454.
[5]Nursing Times, 1966, p. 1471, See also Nursing Times, 1966,p.1066.
[6]Nursing Times, 1966, p. 1471.
[7]Nursing Times, 1966, p. 932.
[8]Nursing Times, 1967, p. 459.

remote Chief Nursing Officer (1). This distance between grades of nurses is rooted in "status differences". The notion of "status" refers both to managerial hierarchies and professional honour. At the most basic level the idea originates in the concept of "standing" or "station" as applied to medieval guilds in the City of London and discussed by Burrage and Corry in a previous chapter (2). The concept in the modern world has acquired great complexity, in that it includes many factors of, for example, wealth, education and noble heritage and even gender and ethnicity. In the case of nurses a special "vocational" status might be added to the list (3). The latter model was seen as somewhat vague and a more "rational" approach was provided by the Salmon structure (4). It would seem, however, that the Salmon-style bureaucratic status hierarchy could become most impersonal and the isolation of senior nurses was seen as a problem (5). It would appear that "maternalistic vocational" status was sacrificed to bureaucratic authority in the Salmon model for nursing and it could be argued that this constituted a lowering of "professional" status (6). The main benefit of this bureaucratic model would seem to be the ability to speak for nursing with one voice. Acceptance by other NHS hierarchies had to be achieved and one writer noted a subtle change in the relationships between chief nursing officers and general administrative and medical staff (7).

The role of the nursing officer was one of co-ordinator acting as a pivot between first-line and senior management (8).

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[1] Nursing Times, 1967, p. 1039.

[2] Burrage, M. and Corry, D. 1981, At Sixes and Sevens - Occupational Status in the City of London from the 14th to the 17th Century, in American Sociological Review, Aug. 1981.

[3] See discussion on "feminine professionalism".

[4] Nursing Times, 1966, p. 1066.

[5] Nursing Times, 1968, p. 536.

[6] See discussion on "feminine professionalism".

[7] Nursing Times, 1969, p. 1177.

[8] Nursing Times, 1972, p. 1361.

There was, however, a high degree of misunderstanding regarding this role, combined with resentment of the encroachment by the nursing officer upon the territory of the ward sister, who was generally seen as the main loser in the Salmon reorganisation. A physician spoke graphically about "the ward sister, whose throat was to be cut" (1). An experienced arbitrator was lost (2) in replacing ward sisters with administrators according to one writer. Medical support for the ward sister prevailed and a frustrated nurse-administrator wrote:

> "doctors no longer treat you as colleagues... so far as the Nursing Officer is concerned they ignore you. The ward sister is still the key figure" (3).

Those who supported the Salmon structure as a whole were, predictably, more optimistic about the role of the ward sister and nurses in general. Anthony Carr, a nurse manager, pointed to the positive Salmon-inspired aims for reorganisation in central Wirral, which set out to improve patient care, as well as management structures and career paths for nurses (4). If anything the new structure was intended to encourage the development of greater colleagueship and understanding between doctors and sisters as stressed by one writer (5).

Education and Professional Organisation

A rational management re-organisation of the nurse education system would entail larger units. Thus the General Nursing Council supported the grouping of hospitals to form larger schools (6). Expansion of the syllabus was also envisaged by the General Nursing Council as a result of the Salmon re-structuring in order to respond to the requirements of a comprehensive health service as envisaged in the Report (7).

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[1]Nursing Times, 1972, p. 213.
[2]Nursing Times, 1967, p. 1039.
[3]Nursing Times, 1974, p. 68.
[4]Nursing Times, (A. Carr), 1971, p. 454.
[5]Nursing Times, 1970, p. 1627.
[6]Nursing Times, 1967, p. 459.
[7]Nursing Times, 1968, p. 682.

Such a development would necessitate educational planning, taking account of both educational and patient service needs (1).

The status of nurse teachers was seen to be closely allied to the general standing of nurse education and the Salmon Committee recommended a similar grading system for tutors and administrators (2), but the General Nursing Council was averse to such uniformity (3). Although the idea of separate nursing colleges had been mooted in the Platt Report, support for the continued co-operation between service and nurse education sectors was strong among nurses (4). There was no suggestion, that the responsibility for managing nurse education should pass out of the hands of nurse teachers. They must be adequately prepared for this task and the importance of top management in nurse education was emphasised by the appointment of principal nursing officers in this division (5).

There would seem to be a degree of vacillation between support for "the hospital connection" and the idea of total autonomy for schools of nursing. A Hospital Group Secretary, apprehensive of total autonomy, expressed a desire to retain midwifery and "tutorial services" in the mainstream of nursing services (6). Various issues were involved in this debate. Autonomy of the nurse education sector and a stronger university connection would enhance the professional status of nursing (7). Predictably, members of the medical profession expressed doubt about academic links for nursing. With what must appear as supreme arrogance in the 1980's a consultant physician reminded aspiring nurse academics that:

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[1]Nursing Times, 1969, p. 274.

[2]Ibid.

[3]Nursing Times, 1967, p. 461.

[4]Nursing Times, 1967, p. 459.

[5]Nursing Times, 1966, p. 677.

[6]Nursing Times, 1966, p. 932.

[7]See reference to Freidson, E. (1970) and Johnson, T. (1972) in Chapter 3.

> "in the ultimate extremity the only ancillary of any consequence is the nurse. The rest, degrees and diplomas to boot, are luxuries" (1)

Many nurses applauded the expansion of university education and wished to retain the link as regards tutor's courses (2). There were mixed feelings about the proposed extension of Royal College of Nursing involvement in advanced nurse education and while the College had contributed to education by accrediting courses (3) there was no enthusiasm for interrupting existing links with universities (4) and one correspondent conceded the benefit accruing to nursing through the University of London Sister Tutor and Diploma of Nursing Courses (5). The need to broaden the syllabus has been noted above and one writer felt, that it was time to include a variety of social science subjects in nursing courses (6). Discussion about student versus apprentice status for learner nurses relates to the areas explored above and one writer expressed regret that the issue had not been faced with sufficient determination (7).

The proliferation of "Salmon Courses" might lead to an over-emphasis on course attendance. It was, however, felt to be important for nurse managers to be adequately prepared for their role (8) and managers in post were seen to have an on-going training function (9).

The connection between purely educational and more broadly professional concerns was exemplified in the functions of the Royal College of Nursing. Expansion of the education function was approved by some (10) and there were plans afoot

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[1] Nursing Times, 1971, p. 212. (Emphasis added.)
[2] Nursing Times, 1966, p. 718.
[3] Nursing Times, 1967, p. 383.
[4] Nursing Times, 1966, p. 718.
[5] Nursing Times, 1967, p. 383.
[6] Nursing Times, 1966, p. 817.
[7] Nursing Times, 1966, p. 677.
[8] Nursing Times, 1966, p. 816.
[9] Nursing Times, 1966, p. 1471.
[10] Nursing Times, 1967, p. 383.

to extend the role within post-registration education. One contributor pointed to the excellent response to these schemes, for example those organised by the Royal College of Nursing (1).

The status of tutors as well as students related to the quality of nurse education. There was a considerable degree of discontent among the former, who felt that the Salmon Report perpetuated the inferior status of nurse tutors (2). Unless a satisfactory outcome was achieved tutors were likely to abandon nursing for other educational institutions. The clinical teachers were particularly discontented. They were generally seen as "en route" to full tutor status and were rated at the level of ward sisters. The General Nursing Council, however, proposed that the post of clinical instructor should have independent status (3).

A united front within nursing would, undoubtedly, facilitate the process of professionalisation under the leadership of the Royal College of Nursing. There was an attempt in the Report to award the occupation "sapiental authority" in relation to a specialised body of knowledge. However, the split between state registered and state enrolled nurses and the ambiguous position of nursing auxiliaries did not help in this respect, as the groups clearly did not share the same body of knowledge to a similar degree.

Discussion on semi-professions within hierarchical bureaucracies tends to centre upon the mix of managerial and professional elements as theorised by Etzioni (1969) and later by Davies et al. (4). Some nurses feared that nurse administrators in the future might not have to undergo professional training (5) and a similar apprehension in regard to the possible effects of the

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[1]Nursing Times, 1967, p. 150.

[2]Nursing Times, 1970, p. 268.

[3]Nursing Times, 1967, p. 459.

[4]See reference to Etzioni, A. (Ed.) (1969), and Davies, C. (1983) in Dingwall, R. and Lewis, P. (Eds.) (1983) in Chapter 3.

[5]Nursing Times, 1967, p. 1039.

Griffiths re-organisation was apparent in 1986. This ambivalence is well described as "bureau-professionalism" by Parry and Parry in Heraud.(1981) (1). Parsloe (1981) (2) speaks of a distinction between "managerial accountability" and "professional responsibility" with reference to social work. The same distinction would seem to apply in nursing. Nurse professionalism is a difficult concept to analyse in that it is overlaid with vocationalism (3) and it is in this form that it is generally approved of by doctors supporting the "cap and apron" (4) image of nursing and by the more conservative members of the occupation itself (5).

Nursing Mirror

Bureaucratic Organisation

The rational management ideal proposed in the Salmon Report supported the idea of one over-all nurse manager (6). Such a measure would aid "integration" of nursing services which was seen as inevitable (7). Organisation of wards into "units" would encourage a more circumspect view of nursing within different specialisms (8). The Salmon pattern of nurse management seemed ideal for the new district hospitals (9). Poor administration was seen to be due partly to defective management technique evolved by nurses experienced only in clinical practice (10). Flexibility must be maintained

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[1] Parry, N. and Parry, J. in Heraud, B. 1981, Training for Uncertainty, London, RKP.

[2] Parsloe, P. 1981, Social Services Area Teams, London, G. Allen and Unwin, p. 107.

[3] See discussion on "feminine professionalism".

[4] Nursing Times, 1966, p. 1391. See also Nursing Times, 1974, p.296.

[5] Nursing Times, 1967, p. 397. Discussion on the "Nightingale tradition".

[6] Nursing Mirror, 1966, p. 582.

[7] Ibid.

[8] Nursing Mirror, 11/12/70, p. 23.

[9] Nursing Mirror, 18/12/70, p. 23.

[10] Ibid.

within the Salmon management structure to avoid the danger of autocracy and rigidity (1).

The need to combine managerial and professional aspects of nursing was a perennial feature of the occupation and denoted its semi-professional status, according to Etzioni, et al. (2). Balance between these aspects was not easy to achieve and external circumstances often influenced the pattern adopted. Thus, in order for the new nursing structure to be introduced, it would need to be integrated with those of other groups of staff (3). The tendency for nurses to focus on professional/clinical matters has been stressed above. This non-managerial approach is exemplified in poor delegation. Thus the Report points to examples of matrons retaining responsibility for work well below their position (4). Ten years after the Report's publication the Chairman of the Committee still maintained that the proposed structure of management was satisfactory (5) and the editor of Nursing Mirror, writing in 1979, praised the Report for having put nurse management on the map (6).

The need for both intra- and inter-occupational communication was stressed and the very success of the new structure was seen to be based on good communications between grades of staff (7). Communication patterns must be clear between the ward sister and representatives of different disciplines(8). An overall assessment demonstrated, that the new structure had led to an improvement in this area (9).

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[1]Nursing Mirror, 30/10/70, p. 23.

[2]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[3]Nursing Mirror, 25/12/70, p. 34.

[4]Nursing Mirror, 10/12/71, p. 31.

[5]Nursing Mirror, 20/5/76 (Salmon, B.), p. 39.

[6]Nursing Mirror, 15/4/79, p. 1.

[7]Nursing Mirror, 13/11/70, p. 33

[8]Nursing Mirror, 1/1/71, p. 39.

[9]Nursing Mirror, 12/2/71, p. 14.

Brian Salmon hoped that nurses would attain equality with doctors (1). However at the same time, he assessed the reality of the situation and judged:

> "that what doctors would like is a ward sister of consultant-nurse status, who would be rewarded as a Senior Nursing Officer and be allowed to remain as hand-maiden to the consultant" (2).

Various Salmon roles were discussed in some detail . The most important quality in the nurse leader was seen to be confidence in her own ability as insecurity at the top tended to spread downwards (3). The ability to control without being directly involved in every process distinguished the chief nursing officer from the old-style matron (4). This change in attitude had to be achieved by the Salmon-style principal nursing officers, most of whom had been matrons of large hospitals (5) and the limits of responsibility had to be recognised (6). However, some principal nursing officers expressed regret at the passing of "matron-hood" (7) and the respect attached to the traditional role, which had its roots in a vocational approach to caring for the sick. This "vocationalism" can be seen as an element of "feminine professionalism" and as such represents a different type of status to that conferred through rational management structures (8).

The interaction between ward sister and nursing officer was of great interest to writers in the Nursing Mirror. Many felt that the ward sister had lost status through encroachment on her territory by the new-style nursing officer, who combined clinical and administrative functions within her role (9). Establishing the balance between these elements could lead to tension between sisters and nursing officers,

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[1]Nursing Mirror, 20/5/76, p. 39.
[2]Nursing Mirror, 20/5/76, pp. 39-40.
[3]Nursing Mirror, 15/12/67, p. xiv.
[4]Ibid.
[5]Nursing Mirror, 12/2/71, p. 14.
[6]Ibid.
[7]Nursing Mirror, 30/7/71, p. 9.
[8]See discussion on "feminine professionalism".
[9]Nursing Mirror, 6/11/70, p. 23.

as indicated above. However, ideally, the interaction should lead to improved team-work and mutual respect. Concern about the role of the ward sister was intense as indicated above. However, the positive aspects were stressed by one sister, who approved of a more relaxed mode of communication with the nursing officer (1). Improved communications within units was applauded (2), as was that between disciplines (3). In spite of fears about the possible lowering of ward sisters' status, one writer felt that the ward sister's role had remained apparently unchanged (4). Department leaders must weld teams together and inspire security (5) as noted above and this applies to ward sisters as well as to the more senior nurse managers.

Education and Professional Organisation

Schools of nursing have traditionally, been incorporated within hospitals. There is, however, no reason why this should necessarily be the only method of supplying nurse education and training (6). However, student and pupil nurses do provide a cheap and comparatively docile labour force. A hospital secretary betrayed his ignorance about the the scope of nurse education by suggesting that: "training in basic techniques could be taught in a few weeks" (7). Further courses would be added until the nurse qualified "after one year or less" (8).

While there was a remarkable lack of interest in the university connection positive support was expressed for apprenticehip training (9) and a system of "badge" courses prior to promotion (10). Training and education of student

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[1]Nursing Mirror, 13/11/70, p. 32.
[2]Nursing Mirror, 13/11/70, p. 33.
[3]Ibid.
[4]Nursing Mirror, 30/10/70, p. 23.
[5]Nursing Mirror, 15/12/67, p. xiv.
[6]Nursing Mirror, 10/12/71, p. 27.
[7]Ibid.
[8]Ibid.
[9]Nursing Mirror, 15/12/67, p. xiv.
[10]Nursing Mirror, 10/12/71, p. 27.

nurses should be rationally planned according to certain pre-determined criteria, which would continue to be relevant throughout the professional career of each nurse.

Professionalism and the bid for enhanced professional autonomy are closely linked to education in the insistence, that nursing possesses a body of specialised knowledge. The occupation is thus entitled to control knowledge definition and distribution and to administer institutions for examination and certification of candidates intent on entry into nursing. Some dissident voices in the Nursing Mirror, however, proclaimed the irrelevance of maintaining autonomous professions within the health service, which were separated from each other, structurally and ideologically. One correspondent expressed the view that while:-

> "there will always be professional groups,....
> we do not have to perpetuate this rat-race" (1).

In Britain the acknowledgement of professional autonomy by the State is generally seen as important. In other European countries such independence is viewed as less essential according to Burrage and Child, Fores, Glover and Lawrence (2).

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[1] Nursing Mirror, 18/12/70, p. 37.

[2] Child, J., Fores, M., Glover, I. and Lawrence, P. 1983, A Price to Pay? Professionalism and Work Organisation in Britain and West Germany, Sociology, Feb., 1983, No.1, Vol.17, pp.63 - 78.

Burrage, M., Nationalisation, and the Professional Ideal, Sociology, May, 1973, No. 2, Vol. 7, pp. 253-272.

(v)

The Seebohm Report, 1968

Journal Response

THE REPORT

While the Salmon Report, discussed in the previous section, deals exclusively with the career structure of senior nurses the Seebohm Committee was commissioned to examine the organisation of all social service workers including social workers. The report bears the hall-mark of "rational management" principles as noted above.

Bureaucratic Organisation

Genericism was the main organisational aim (1) as waste of social work resources had, inevitably, occurred in the old fragmented system, where a family might be visited simultaneously by several representatives of different branches of social work (2). In order to remedy this situation social services departments would be established, setting up local teams within easy walking distance of all actual and potential clients. Generic social workers would deal with the multi-faceted problems of clients. The departments would thus aim to provide a community-based service, accessible to all (3). The functions of these agencies would be extensive and there was a growing awareness of the need to examine under-lying causes of social distress (4). The arguments for and against separate social services departments point to the difficulties in combining the benefits of specialisation and the provision of a comprehensive service. De-centralisation was seen to be desirable, as the new social services departments would be larger and decentralised (5) to a greater extent than hitherto. Departments would be split into local teams within easy walking distance of local residents. A friendly atmosphere would be designed to make clients feel welcome, having

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[1] Although Seebohm did not pioneer the concept in social work. See Younghusband above and Donnison, D. 1975, Social Policy and Administration Revisited, London, G. Allen and Unwin.

[2] Criticism of social work specialisation was not backed by adequate research, however: Seebohm, F. (1968 Report), London HMSO, p. 34.

[3] Seebohm, F. 1968, Op. Cit., p. 11.

[4] Seebohm, F. 1968, Op. Cit., p. 44.

[5] Seebohm, F. 1968, Op. Cit., p. 45.

previously been confounded by the multiplicity of separate departments.

Both central and local government would be involved in running the social services departments. Thus local authorities depended partly on central government funding and partly on revenue from local rates. Seebohm stressed that local authorities can only promise to supply those services which have secure funding (1). The role of Director of Social Services demands both diplomacy and tenacity. The post-holder would normally be a trained social worker with the ability to lead a multidisciplinary team (2).

"Voluntarism" and "community" were stressed and will recur again in the 1981 Barclay Report (3). Local resident involvement in community action was to be encouraged. The role of leadership by social workers was seen as important in order to foster a community-oriented approach (4).

Education and Professional Development

The ideal of genericism permeates the Seebohm Report as noted above. It is a pre-requisite for the comprehensive social service provisions envisaged by the Committee members. It is important to remember, however, that the Report deals with the subject of social services, and not exclusively with social work, as pointed out above. The Report repeatedly stresses the preoccupation of the Committee with reform of the service as a whole, not simply with the members of the team for whom there are "professional qualifications" (5). All individuals involved in the delivery of services were included in the idea of genericism and it is significant that

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[1] Seebohm, F. (1968 Report), London, HMSO, p. 196.

[2] Seebohm, F. 1968, Op. Cit., p. 190. Reference to Parsloe's view of social work and social services generally as indistinguishable from each other - to be discussed later in this Chapter.

[3] Barclay, P. (1982 Report), London, NISW.

[4] Seebohm, F. 1968, Op. Cit., p. 154.

[5] Seebohm, F. 1968, Op. Cit., p. 164.

sections on social work and its organisation form an important, but by no means dominant part of the Report.

Having said this, however, there can be no doubt about the planned leadership role of "professional" social workers within the scheme. There is a fundamental difference in this respect between the power position of social workers and nurses in social service departments and hospitals respectively. Nurses work in close co-operation with medical practitioners to whom they defer in clinical matters, whereas social workers do not have an equivalent, professionally dominant reference group. This distinction between the two occupations is an important variable in the attempted comparison between the professional power and autonomy possessed by social workers and nurses respectively and the discussion will be pursued further in later chapters.

As the professional leaders within social service agencies, social workers become the bearers of the ideal of genericism, although they are not necessarily its instigators and all Directors of Social Services may not be social workers. Nevertheless, the contribution of social workers to the propagation of genericism is considerable and the new training schemes, in which the extreme specialisation of previous courses was rejected, reflect the post-Seebohm, unified approach to social work. The Report points to the wastefulness of fragmentation in social work education, emphasising the fact that there were currently three training councils for social work, each individually responsible to ministers (1). The administrative expense and educational wastefulness of such a divided organisation and the confused image of what constitutes social work were disadvantages of this fragmentation and were recognised as such by the Committee members (2).

Genericism was thus viewed as a desirable principle financially, administratively and professionally. From the point of view of "structural professionalisation" the aim was the elaboration of a united "body of knowledge", common

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[1] Seebohm, F. (1968 Report), London, HMSO. p. 165.
[2] Ibid.

to all social workers. It is significant that university courses tended to adopt the generic approach at an early stage. Encouragement was given to the establishment of courses:

> "that are generic in intent in the sense that they aim to teach the principles that are common to social work with individuals and families" (1).

But the generic ideal did not appeal to all practitioners. Many social workers and other professionals feared that the encapsulation of social workers in social service departments would destroy rather than forge more deeply the previous links with for example, doctors and teachers, which had been developed when social workers functioned as employees within the National Health Service and Education Departments. Such objectors put forward:

> "evidence that the creation of a 'free-standing' social service department would aggravate the separation between social work and medicine or teaching; that it would prevent medico-social or educational needs being met as a whole and would create additional barriers to the growth of understanding between professions" (2).

Doctors tended to treat social workers as "medical auxiliaries" and, finding it difficult to accept the new version of social work (3), still expected to be the leaders of any group in which they were members (4).

The stress on "common principles" in university social work courses was an important prestige boost for genericism. The influence of universities in the status enhancement of occupations cannot be over-stressed, although the Report makes a "ritual bow" in the direction of anti-elitism in stressing the importance of professional skills as well as of academic competence (5). The image of universities as "centres of

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[1] Seebohm, F. (1968 Report), London, HMSO, p. 167. Lack of research into the advantages of genericism has been noted above.

[2] Seebohm, F. 1968, Op. Cit., p. 51.

[3] Seebohm, F. 1968, Op. Cit., p. 212.

[4] Seebohm, F. 1968, Op. Cit., p. 214.

[5] Seebohm, F. 1968, Op. Cit., p. 167.

excellence" was re-endorsed by the Committee members, but they did not thereby brand non-university students as inferior (1). Academic centres of excellence would be enabled to provide library and research facilities, not available in the same concentration elsewhere (2). While genericism was viewed as the guiding principle at universities and in "the corridors of power" within social work circles, its disadvantages in terms of neglecting the beneficial effects of specialisation and of offering to deliver more than was humanly possible, are also stressed in the Report and re-emphasised by Pinker (LSE, 1981) (3).

The pre-existing level of specialisation was high within the separate areas of social work, as pointed out above and this was the case even within the specialist departments themselves (4). The specialist knowledge evolved under the old system was, however, in danger of being lost under the new regime and it was seen as important to retain what was of benefit, while discarding counter-productive divisions between departments (5). A balance between comprehensive social care and full utilisation of existing specialist expertise in social work had not been fully achieved in 1981 as stressed by Pinker in pointing to the utopian character of the generic ideal:

> "My argument is, that our grandiose notions of generic social work education have hindered rather than helped the development of generic team-work in the agencies" (6).

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[1] Seebohm, F. (1968 Report), London, HMSO, p. 167.

[2] Ibid.

[3] Pinker, R. 1981. The Enterprise of Social Work, Inaugural Lecture, London School of Economics and Political Science.

[4] Seebohm, F. 1968, Op. Cit., p. 158.

[5] Seebohm, F. 1968, Op. Cit., p. 50.

[6] Pinker, R. 1981, Op. Cit., p. 11.

Seebohm, however, came out firmly on the side of genericism in rejecting "unnecessary departmental boundaries"and "undue professional specialisation" (1).

The Seebohm Report refers to the long tradition of case work in Britain. Specific training in case work was not available until the mid-1950's, but when courses were established the approach was termed generic in that the main principles applied to "the whole 'genus' of social work" (2). It would see obvious from the above, that the case work approach could be adopted both within the old specialised departments and in the more comprehensive social service agencies as visualised in the Seebohm Report. In practice, however, case work methods have continued to flourish more prominently in specialised settings such as Child Guidance Clinics and Drug and Alcohol Dependency Units. The practical necessity of dealing with numerous practical as well as social and emotional problems on the "conveyor belt" of the busy social service agency may, to some extent, preclude intensive case work. The discussion about genericism versus specialism and case work versus community work, must not obscure the quest for a firm knowlege base for social work in order to justify its claim to full professional status. Thus the Report points to the necessity of improvement in order to achieve this aim (3).

The quality of knowledge depends largely on the process of ongoing research in any occupation aiming for full professional status. The Seebohm Committee found social work lacking in this respect, maintaining that:

> "there are many social problems about which we know comparatively little: we are often unsure what form of provision best meets particular social needs or most efficiently fore-stalls them" (4).

Research within the area of social services was seen to be deficient and local authority organisation must facilitate

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[1] Seebohm, F. (1968 Report), London, HMSO.

[2] Seebohm, F. 1968, Op. Cit., p. 171.

[3] Seebohm, F. 1968, Op. Cit., p. 53. But research into benefits of genericism neglected.

[4] Seebohm, F. 1968, Op. Cit., p. 34.

improvement in this respect (1). The main task would seem to be that of defining the proper spheres of social work action. This involves both definition of relevant knowledge areas and efficient deployment of available human and material resources. In order to achieve maximum utilisation of available social work personnel an adequate level of professional training of all practising social workers had to be achieved. Such a state of affairs was a far cry from the reality in the 1960's as documented in the Younghusband Follow-Up Study of Social Work in Britain from 1950 to 1975 (2). In order to improve upon this situation a number of new graduate and non-graduate social work training courses, leading to the new CQSW qualification (Certificate of Qualification in Social Work) were to be established. While some distinction between graduate and non-graduate courses was inevitable the Report points to the need to avoid any suggestion of a "caste system" in social work (3).

The problem of divisions within occupational groups, e.g. between graduate and non-graduate social workers and state-registered and state-enrolled nurses, is ever-present and militates against the formation of strong and unified professional groups, welded together through a united body of knowledge and sense of professionalism. The Committee noted that the presence of:

> "larger proportions of trained staff appear to have led to a growing sense of professionalism among social workers " (4).

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[1] Seebohm, F. (1968 Report), London,HMSO, p. 34.

[2] Younghusband, E. 1978, Social Work in Britain, 1950-1975, Follow-Up Study, London, G. Allen and Unwin.

[3] Seebohm, F. 1968, Op. Cit., p. 168.

[4] Seebohm, F. 1968, Op. Cit., p. 24.

JOURNAL RESPONSE

Bureaucratic Organisation

Social Work

The quarterly journal "Social Work", published by the Child Care Officers and Family Case-Workers' Associations, devoted an entire issue to discussion of the Seebohm Report in October 1968, inviting representatives from the various branches of social work and health services to present their views.

The generic thrust of the Report was approved of by one contributor, with some reservations, labelling it as an "empire building" tendency (1). Such a charge could be levelled against many public service organisations and the benefits of large scale operation must be weighed against its disadvantages. One advantage was the prevention of waste of effort and resources (2). Moreover, the "control function" in social work would be better monitored and exercised as the purposes of service provision were more openly debated (3).

Some concern was, however, expressed by a probation officer that the Committee appeared in too much of a hurry to re-allocate resources prior to re-structuring (4). There was also some apprehension about the possibility of probation officers being transferred to social services departments (5).

The impersonal character of large scale organisations was also feared in that bureaucratic expansion would stifle initiative (6). However, this tendency would be counteracted to some extent, by the power of discretion enjoyed by social workers (7). It was also suggested that a fundamental re-structuring of local government would be needed to implement the Seebohm proposals (8).

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[1] Social Work, Oct. 1968, p. 3.
[2] Social Work, Oct. 1968, p. 10.
[3] Social Work, Oct. 1968, p. 6.
[4] Social Work, Oct. 1968, p. 15.
[5] Ibid.
[6] Social Work, Oct. 1968, p. 16.
[7] Ibid.
[8] Social Work, Oct. 1968, p. 18.

Probation

This quarterly journal printed only one article on Seebohm in 1968-69. While approval for a more efficient organisation of generic social work was expressed and was seen to counteract the "irrational and wasteful nature" of the old organisations (1), there was apprehension about the possibility of depriving social workers of the proven benefits of specialist departments (2).

Case Conference

This journal provided a note of caution from another probation officer, stressing the danger of increasing case loads, putting strain on social workers and thereby reducing their efficiency (3).

Medical Social Work

The "empire-building" tendency referred to above, was described by projection in "Medical Social Work", in these terms:

> "The picture that emerges to me of this new department is a vast organisation at head-quarters level of residential services, day nurseries and all the other supporting services except home helps. Small area teams of social workers with large teams of home helps" (4)

Social Work

The need to avoid bureaucratic authoritarianism was emphasised and the use of specialists at headquarters and the mode of internal communications was examined (5).

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[1] Probation, Vol.15, March 1969, p. 18.

[2] Ibid.

[3] Case Conference, Vol.16, No.2, 1969, p.55.

[4] Medical Social Work, Sept. 1968, p. 134.

[5] Social Work, Oct. 1968, p. 13.

Medical Social Work

Like probation officers, medical social workers were reluctant to be incorporated in the new social services departments as patients were seen to be best served by social workers functioning in close cooperation with medical and nursing staff (1). It is interesting to note that most medical social workers remained incorporated within the National Health Service until 1974 and that probation officers remain largely independent of local authority social services departments in the late 1980's. Whether this tendency to separatism within these particular specialisms is rooted in professional or bureaucratic factors is, at this juncture, open to debate.

Professional Organisation and Education

The 1959 Younghusband Report (2) initiated the debate about consolidation and unification of social work in Britain, which would enhance the professional status of the occupation.

Social Work

Donnison saw the Seebohm proposals as a fulfilment of these aims (3) and Jarvis, a probation officer, noted with satisfaction, the assertive stance on the independence of social work vis-a-vis the legal, teaching and medical professions (4).

Medical Social Work

Another writer likewise felt, that if medical social workers were seconded from area teams, doctors would have to acknowledge "the proper function of social work" (5). On the other hand, genericism might counteract professionalisation as many would question:

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[1]Medical Social Work, Sept. 1968, p. 135.
[2]Younghusband, E. (1959 Report), London HMSO.
[3]Social Work (D. Donnison), Oct. 1968, p. 3.
[4]Social Work, Oct. 1968, p. 16, also p. 22.
[5]Medical Social Work, Sept 1968, p. 134.

"whether...there is a profession of social work irrespective of specialised skills" (1).

Social Work

Elliott, a County Medical Officer, concurred with this view, stressing the importance of social work specialisms and predicting that these would survive in some form following re-organisation (2) and Pinker (3) echoed this view in 1981 and 1982.

Probation/Case Conference

A probation officer also defended his specialism maintaining that criminality required a specialist rather than a generic form of case work (4), and another probation officer noted that many colleagues doubted the ability of social workers to encompass the knowledge of all types of social problems (5).

Case Conference/Social Work

The proposed reorganisation would necessitate consideration of training needs (6) and the child care officers stressed their continuous commitment to professional training (7), in contrast to some other areas of social work and could lay claim to some credit in having developed generic ideas in social work (8). The need for renewed impetus within management training in order to operate the Seebohm system to full advantage was expressed (9).

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[1]Medical Social Work, Sept. 1968, p. 134.

[2]Social Work, Oct. 1968, p. 22.

[3]Pinker, R. 1981, The Enterprise of Social Work, LSE Inaugural Lecture.

Barclay, F. (1982 Report: Minority Report by Pinker, R.).

[4]Probation, March 1969, pp. 18-19.

[5]Case Conference, 1969, Vol.16, No.2, p. 55.

[6]Case Conference, 1969, Vol.16, No.2, p. 54.

[7]Social Work, Oct. 68, p. 9.

[8]Ibid.

[9]Social Work, Oct. 68, p. 13.

Social Work

The claim to possess a unique body of knowledge characterises aspiring professions and Stevenson maintained that such a core of intellectual and professional principles existed in social work (1). Whether this "body of generic social work knowledge" can be said to be "unique" to social work is debatable, however, due to its very eclectic nature.

Professionalisation was further aided through closer association with universities and other colleges of higher education. Thus there was a renewed emphasis on the need for universities to continue expanding social work training facilities (2). Doubt about the suitability of pursuing social work training within universities had been expressed by Ralph Dahrendorf (3) of The London School of Economics as discussed in Chapter 2 and this view was anticipated above. If universities failed in this role of training social workers, technical colleges and polytechnics must step into the breach (4).

JOURNAL RESPONSE CONTINUED

Social Work Today

Bureaucratic Organisation

The only acceptable rationale for a re-organisation of social services must be improved facilities for clients through rationalisation of the existing system. A case-study of post-Seebohm experimental teams in Islington demonstrated the importance of a localised service (5). Through creating a more efficient organisation it was hoped that excessive officialdom would diminish (6) and thereby decrease confusion about service provision in the minds of clients (7).

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[1] Social Work (Stevenson, O.), Oct. 1968, p. 28.

[2] Social Work, Oct. 1968, p. 6.

[3] Dahrendorf, R. in 1979-80, Calendar, London School of Economics and Political Science.

[4] Social Work, Oct. 1968, p. 6.

[5] Social Work Today, Sept. 1970, p. 45.

[6] Social Work Today, Sept. 1970, pp. 46-47.

[7] Ibid.

While the proposed benefits of a unified social services system were put forward (1), the confusion which ensued in many quarters as: "this promised land" (of Seebohm) "came into view" made many social workers wish "to go back to Egypt" (2). They feared that the Seebohm structure would create a top-heavy hierarchy and Seebohm himself admitted, that this could be a danger (3). He recognised the tendency for "leadership from above to develop in hierarchical organisations" (4).

Social workers, in general, expressed mixed reactions to the Report as some feared confusion and lower standards of service following re-organisation (5), whereas others appreciated the reassessment of social service provisions in a critical light (6). Those who were critical observed that: "Seebohm has triplicated the practical chores" (7) of social workers. There was a fear of perpetuating the status quo in order to enable large departments to command extensive resources (8). A Director of Social Services, however, confessed to having little patience with social workers who complained of over-large departments (9) and claimed that the latter had gained increased freedom of action under the new provisions (10). However, there was some doubt about the benefits derived from the retention of large departments with extensive resources, if the price were to be the abandonment of traditional structures, as noted above, and one

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[1]Social Work Today, 20/4/72, p. 21.
[2]Social Work Today, 21/10/71, p. 31.
[3]Social Work Today, 5/8/76, p. 302.
[4]Ibid.
[5]Social Work Today, 1/11/73, p. 458. [6]Ibid.
[7]Social Work Today, 6/9/73, p. 388.
[8]Social Work Today, 7/12/76, p. 18. Also 11/10/77, p. 9.
[9]Social Work Today, 16/11/76, p. 7.
[10]Social Work Today, 16/11/76, p. 8.

writer noted the "debilitating effect" on fieldwork incorporated in the "Seebohm factory system" (1).

Etzioni's thesis on semi-professions is relevant here (2) in that it points to the tendency for managerial tasks to multiply at senior levels in certain occupations, e.g. social work. Thus Seebohm himself, noted:

> "that social workers were spending two-thirds of their time in administration and office meetings" (3).

There was an interesting suggestion from Seebohm that if more professional administrators had taken senior positions in social services departments from the outset (4), such a move would have prevented the waste of skilled professional social workers being lost to management (5).

In a mini-survey of social workers' views on social services departments in 1975:

> "nearly one-third of the seniors and field workers stated that a feeling of pressure affected the quality of their work" (6).

Failure of leadership was also seen as a problem by one writer who claimed that many directors had failed to live up to the challenge of their posts (7).

Education and Professional Organisation

The need to rationalise social work education was acknowledged in the Seebohm inspired Local Authority Social Services Bill (1970), which amended the 1962 Health Visiting and Social Work Training Act (8) and created a Central Council for Training in Social Work. A further change in orientation was effected through the inclusion of the word "education" in the name of the Central Council (CCETSW) (9). There was

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[1] Social Work Today, 11/10/77, p. 9.

[2] Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press; see Chapter 3 of this thesis.

[3] Social Work Today, 5/8/76, p. 302.

[4] Social Work Today, 4/10/77, p. 10.

[5] Ibid.

[6] Social Work Today, 2/11/76, p. 12.

[7] Social Work Today, 10/1/74, p. 655.

[8] Social Work Today, April 1970, p. 22.

[9] Social Work Today, June 1970, p. 35.

an awareness of the failure to provide the same standard of social work education in all specialisms, e.g. educational and housing welfare (1). The training and education of generic social workers must adequately prepare them for their future role. Thus one contributor pointed to the generally held view post-Seebohm, that any social worker should be able to deal with the whole gamut of social problems within families (2).

In general, it was considered important for social work teachers to provide a broadly based training (3). One important lacuna in the training and education of social workers was in the area of management (4) and in-service training was included in this area of poor educational provision. Unexpectedly there was no apparent concern about university links with social work education and training.

Stressing the applied aspects of professional practice, emphasis was placed upon the practical competence of teachers and one writer pointed to the need for orientation courses for social work teachers (5). However another writer rejected the notion that a teacher's credibility necessitates constant exposure to professional practice (6).

Specialist social workers viewed their incorporation in social services departments with some apprehension. Although medical social workers were not transferred from the National Health Service as a result of the 1970, Local Authority Social Services Act, the possibility of such a development was contemplated and the higher number of trained medical social workers than welfare officers was remarked upon (7).

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[1]Social Work Today, April 1970, p. 22.
[2]Social Work Today, 26/7/73, pp. 262-263.
[3]Social Work Today, 20/9/73, p. 418.
[4]Social Work Today, 5/2/76, p. 700.
[5]Social Work Today, 6/4/72, p. 12.
[6]Social Work Today, 18/5/72, p. 22.
[7]Social Work Today, 21/10/71, p. 32.

Probation officers sought to retain their autonomy and have been successful in this quest up to the late 1980's. At the time of the Seebohm re-organisation they successfully resisted amalgamation into social services departments and rejected membership of BASW (1). While some caution regarding social work integration was seen as justified, Seebohm provided the option to cross boundaries between specialisms (2).

There was, however, some apprehension about the bureaucratic nature of social services departments and one correspondent feared the impact on a "young profession" of local authority organisation (3). However, viewing the Seebohm system in perpective in 1981, Seebohm proclaimed his support for a self-regulating body for social work (4). He also pointed to the aspiration of social work: "to become a profession and not just an aid or paramedical service" (5).

Community Care

Bureaucratic Organisation

Considerable attention was given to the organisation and efficiency of social services departments and approval was given for generic structures replacing old specialist departments in the community (6). Another contributor felt that the creation of social services departments was a "positive and progressive move" (7). The generic re-organisation "unified purpose as well as departments" (8) in the view of another writer. The interaction between statutory and

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[1]Social Work Today, 21/10/71, p. 31.
[2]Social Work Today, 2/11/76, p. 11.
[3]Social Work Today, 11/10/77, p. 9.
[4]Social Work Today, 17/2/81, p. 9.
[5]Ibid.
[6]Community Care, 16/10/74, p. 1.
[7]Community Care, 13/11/74, p. 10.
[8]Community Care, 16/10/74, p. 25.

voluntary community groups was applauded, going some way towards the community becoming both: "the provider as well as the recipient of social services" (1). The Barclay Report (2) would develop this theme further.

There was, however, some concern about the fate of specialisms and a fear of unwieldy bureaucracy in the much enlarged social services departments and it was considered important to ensure that resources were utilised in the best possible manner (3). In order to achieve this Seebohm stressed the importance of efficient management (4). On the negative side, he pointed to the dilution of fieldwork due to experienced social workers becoming administrators (5). This phenomenon has already been discussed with reference to Etzioni in the previous section on "Social Work Today". Apprehension was also expressed about this "organisational ethos" (6) developing rampantly as "over-ambitious and empire-building" social workers took advantage of the situation (7).

The vastly increased workload of social workers in the new departments was noted with some concern (8) as was the likelihood of "worker alienation" in the new "Seebohm factories"(9). The promise of genericism was not always fulfilled in reality as one commentator noted that the "one door" available to clients might often be closed (10) and expressions such as "Seebohm euphoria" were coined (11). Because of the managerial ethos of social services departments:

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[1] Community Care, 1/1/75, p. 24.

[2] Barclay, P. 1982, Social Workers - Their Role and Tasks, London, NISW. Discussion of this document follows later in this Chapter.

[3] Community Care, 18/1/79, p. 7.

[4] Community Care, 14/7/76, p. 3.

[5] Community Care, 5/10/77, p. 6.

[6] Community Care, 6/4/77, p. 24.

[7] Community Care, 6/4/77, p. 11.

[8] Community Care, 6/11/74, p. 13.

[9] Community Care, 8/3/79, p. 16.

[10] Community Care, 10/5/78, p. 8.

[11] Community Care, 5/7/78, p. 18.

> "social workers on grass-roots level, over-worked and under-paid, are markedly less enthusiastic about Seebohm than those in senior management position" (1).

There was thus an un-easy tension between managerialism and professionalism within social work. Doctors were also uneasy about greater autonomy in social work and Seebohm predicted that rivalry between medicine and social work will continue to prevail (2).

The status of social workers, like that of nurses, is somewhat uncertain, with a tendency to accord "professional" status because of what might more appropriately be described as "vocational" factors. The fluidity of the occupation in respect of its knowledge base and structure made social work vulnerable at times of organisational change (3). This is also apparent in nursing as a result of the 1983 Griffiths proposals and their subsequent implementation which will be discussed at a later stage.

Professional Organisation and Education

The provision of an organisational base for the professional development of social work was one of the main aims of the Seebohm/re-organisation. But while professionalisation was seen as important the prevailing over-specialisation pre-Seebohm was rejected (4). Another writer put the question as to whether continued or increased specialisation necessarily meant rejection of Seebohm (5). However, the generic ideal was seen as important and Roycroft noted that the creation

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[1] Community Care, 16/10/74, p. 1. See also discussion re professionals, e.g. social workers within bureaucratic organisations in Warham, J. (1967) 1975, An Introduction to Administration for Social Workers, London, RKP. and Smith, G. (1970) 1979, Social Work and the Sociology of Organisations, London, RKP.

[2] Community Care, 16/10/74, p. 15.

[3] Community Care, 7/5/75, p. 12.

[4] Community Care, 16/10/74, p. 24.

[5] Community Care, 13/11/74, p. 10.

of social services departments had not totally resolved the generic/specialist controversy (1). Brewer and Lait, the persistent critics of social work (2) criticised the Seebohm Committee for heralding the "New Jerusalem" in the proposition to introduce social services departments and generic social work as the ideal mode of practice (3).

While not devaluing social work in the manner of Brewer and Lait, Pinker saw its potential as somewhat weakened by the ideal of genericism which: "looks like a manifesto from another time and country" (4). As if responding to Pinker's scepticism about the viability of genericism another correspondent noted, that this "time" and "country" was the here and now and that genuinely new specialisms had emerged after Seebohm (5). The anticipated integration and stability of social work predicted post-Seebohm had not materialised in the view of Joan Cooper, who observed social work to be suffering from uncertainty (6) on entering the 1980's.

Pinker again stressed the importance of professional judgement in operating the generic model of social work (7). The abandonment of set criteria for service delivery in favour of "professional judgement" does imply uncertainty, but also a route to professional autonomy according to Heraud (8).

Interestingly, both social workers and nurses frequently compare themselves with the medical profession, but not with each other (9). Nursing tended to be linked to medicine and members of both disciplines noted deterioration in mental welfare services following the Seebohm re-organisation (10).

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[1] Community Care, 23/4/75, p. 5.

[2] Brewer, C. and Lait, J. 1980, Can Social Work Survive? London, Temple-Smith.

[3] Brewer, C. and Lait, J. 1980, Op. Cit., p. 48.

[4] Community Care, 6/11/80, p. 3. See also Pinker, R. 1981, The Enterprise of Social Work, LSE Inaugural Lecture.

[5] Community Care, 31/1/80, p. 16.

[6] Community Care, 3/7/80, p. 23.

[7] Community Care, 13/11/79, p. 22.

[8] Heraud, B. 1981, Training for Uncertainty, London, RKP.

[9] Community Care, 16/10/74, p. 21.

[10] Community Care, 16/4/75, p. 18.

Another commentator noted the deterioration of cooperation between the education and social work services following Seebohm (1) and another writer observed, that while social workers had become generic this did not apply to doctors and teachers (2). Itwould seem apparent from the above quotations, that considerable interest was shown in the area of inter-occupational relationships between social workers and other professional workers.

The persistent tension between managerialism and professionalism is again in evidence in the frequent misunderstandings between managers and practising social workers, but Seebohm put his cards on the table in stating:

> "that the best and most senior jobs should be in social work consultancy or as heads of area teams rather than in administration" (3).

Generic social work practice demanded adequate theoretical knowledge in all branches of social work (4), which put increased demands on the post-Seebohm social work education establishments. This unified approach to social work was further aided by the establishment of the Central Council for Education and Training in Social Work (5). There was some doubt, however, about the future prospects for social work training (6). Approval was expressed / regarding expanded training facilities for residential workers which had favourably affected standards of child care (7). No major educational input could bear fruit, however, without a serious commitment to research in order to ascertain the proper roles of various grades of staff (8).

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[1] Community Care, 5/2/81, p. 18.
[2] Community Care, 11/5/77, p. 12.
[3] Community Care, 14/7/76, p. 3.
[4] Community Care, 13/11/74, p. 10.
[5] Community Care, 16/11/77, p. 14.
[6] Community Care, 1/6/77, p. 18.
[7] Community Care, 13/12/78, p. 17.
[8] Community Care, 30/7/81, p. 16.

(vi)

The Briggs Report

Journal Response

THE REPORT

Following the Salmon re-organisation of senior nursing structures it became apparent, that nurse education also needed to be reformed to keep in line with changes within nurse management and the Briggs Committee was commissioned to look into this matter. Platt's recommendation to separate the service and nurse education sectors was re-examined and adopted in a slightly attenuated form. Another area of special interst was centred on academic nurse involvement and inter-action with universities and the Committee expressed strong support for nursing research activities both within academic institutions and service areas.

Bureaucratic Organisation

There was an obvious link between the Salmon Report (1) on Senior Nursing Staff Structures and the work of the Briggs Committee in their common aim to "rationalise" nursing service and education structures. The work of the latter was in progress while the Salmon proposals were being implemented (2). Adopting the titles proposed by Salmon the Briggs Committee outlined the proposed nursing hierarchy as follows:

> "The structure is headed by a Chief Nursing Officer... responsible direct to the governing body for all the nursing and midwifery services, including education, within a group of hospitals. The Chief Nursing Officer is supported by Principal Nursing Officers responsible for management of a division of nursing midwifery and nurse education; Senior Nursing Officers (are) in control of units" (3).

Nurse teaching and service sectors remained the responsibility of the Chief Nursing Officer.

In order to achieve a smoothly functioning bureaucracy, communications needed improvement, as almost three quarters of hospital nurses and midwives felt that information systems were deficient (4) and likewise that "senior nurses often forget what it is like being a junior nurse"(5). This lack

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[1] Salmon, B. (1966 Report) London, HMSO.

[2] Briggs, A. (1972 Report) London, HMSO, p. 16.

[3] Ibid.

[4] Briggs, A. 1972, Op. Cit., p. 19.

[5] Ibid.

of communication is characteristic of pre-Salmon autocracy, which still lingered in nursing (1).

The question of discipline remains an important area of concern in nursing with its need for the occasional exercise of "un-questioning obedience". The Briggs Report quotes Abel-Smith in referring to pre-Salmon days, when discipline in nursing was of the essence (2). In view of the common association between the Nightingale reforms and tightening nurse discipline it is, however, interesting to note the ambivalence of their instigator about the use of the term. She wrote: "I do not like the work 'discipline', because it makes people think of drill and flogging" (3). This attitude was surprisingly gentle compared to the commoner approach of Mollett, quoted by Maggs. Writing about nurse training the latter commented that:-

> "metal must be hammered into shape, and human beings must be subjected to discipline and severe training" (4).

The role of the ward sister is repeatedly stressed in reports on nursing. The Briggs Committee noted her importance for ward morale (5). Her role was seen as important in welding the nursing team together, as rifts between grades of nursing staff were seen as damaging to the general well-being of the hospital institution and its members. Emphasising this point the Committee criticised the lack of empathy in the relationship between nurses of different grades (6).

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[1] Briggs, A. (1972 Report) London, HMSO. p. 19.

[2] Briggs, A. 1972, Op. Cit., p. 24. See discussion on feminine professionalism/disciplined vocationalism.

[3] Nightingale, F. Nov. 1897 (Letter to Mary Jones), quoted by Prince, J. 1984, in International Journal of Nursing Studies, Vol.2, No.3, 1984, (Some Lessons from History), p. 157.

[4] Prince, J. 1984, Op. Cit., p. 155: quotation from Maggs, C.J., 1983, who, in turn, quotes Mollett. Reference to feminine professionalism.

[5] Briggs, A. 1972, Op. Cit., p. 36.

[6] Briggs, A. 1972, Op. Cit., p. 179.

Education and Professional Organisation

There was a strong awareness of the need for re-organisation of nurse education following the Salmon Report (1) and a suggestion that separate Colleges of Nursing should be established independent of the National Health Service, each one of these having its own governing body (2). Membership of these decision-making bodies would not necessarily be dominated by nurses and midwives and the Briggs Report set out the following list of potential members:

> "The principals and representatives of: nurses and midwives, including those responsible for service needs; nursing and midwifery organisations; medical organisations; local health services; local authorities; educational organisations, including polytechnics and universities; college staff through the academic board or its equivalent and students through the students' union or its equivalent" (3).

Medical, local government and educational bodies would clearly have a strong influence over nurse and midwifery education under such leadership.(4)

In whatever manner the detailed administration of nurse education would be organised in the future, there was a clear awareness that many glaring deficiencies had to be amended (5). The changing educational scene in the country as a whole had to be taken into account, when planning the reformed training programme for nurses and midwives. Increasing numbers of young people attained formal school qualifications in the late 1960's and early 1970's. Expansion of the tertiary education sector following the Robbins Report (6) had modified traditional views on educational privilege and exclusivity (7)

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[1] Salmon, B. (1966 Report), London, HMSO.

[2] Briggs, A. (1972 Report), London, HMSO, p. 104.

[3] Ibid.

[4] It is note-worthy that while medical representatives would be invited as members on this body no reciprocal arrangements whereby nurses would be members of medical education committees have been made, in the knowledge of this writer, thus clearly establishing the traditional subservience of nursing to medicine.

[5] Briggs, A. 1972, Op. Cit., p. 2.

[6] Robbins, Lord, 1963-64, Higher Education, London, HMSO.

[7] Briggs, A. 1972, Op. Cit., p. 13.

The widening field of general educational opportunity thus spurred the effort to reform the more archaic traits of nurse education and training, rooted primarily in the apprentice-ship system. The Committee's proposal to loosen the bond between the hospital and student nurses has proved difficult to achieve, indicating strong traditional forces operating within the occupation. In an attempt to counter the "status quo" the Briggs Committee proposed an open and enquiring form of education enabling nurses to see the patient as a "whole person" (1).

The need to unify the knowledge base of nursing was recognised by the Committee, which deplored the "two portal" entry system into nurse education, by separating future state registered and state enrolled nurses (2). While the Briggs Report has never been implemented in its fully reforming aspects there is a move in the late 1980's to abolish the enrolled nurse grade over time. This would, without a doubt, aid professionalisation in that nurses would become more united as an occupational group and would share the same store of nursing knowledge, being prepared for the same type of career ladder.

Members of the Headmasters' Association pointed to the inadequacies of nurse training as a preparation for future professional duties, relating:

> "terrifying stories of untrained nurses being left in charge of wards at night and for long hours, poor pay, and the old-fashioned attitudes of some matrons, who rule with a rod of iron" (3).

In similar vein the Briggs Report rightly calls for reforms of the "rules" in nursing to make them more relevant (4). Conditions generally, and the autocratic rule of female matrons in particular, made nurse training somewhat of an obstacle race or a journey of self-sacrifice depending on the philosophical orientation of the students (5). One

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[1]Briggs, A. (1972 Report), London, HMSO, p. 13.

[2]Ibid.

[3]Briggs, A. 1972, Op. Cit., p. 54.

[4]Briggs, A. 1972, Op. Cit., p. 34.

[5]Reference to discussion of "nurturance as power", Discussed at a later stage in Chapter 5.

thing seemed clear to the members of the National Association of Headteachers, i.e. that high ideals would not retain trainees in the occupation if conditions were poor (1).

The Association also criticised the poverty of the nursing syllabus, stressing that candidates must be sufficiently stimulated by the syllabus to prevent boredom (2). Lack of correspondence between the general knowledge base of students holding, say, one or two academic A-levels and 5 O-levels and the course content, developed many years ago when the majority of nurses had few or no formal academic qualifications, was becoming increasingly obvious and the Headmasters stated bluntly that this situation required remedy (3).

The Committee noted the multiplicity of small nurse training schools and the academic inadequacies of many of these establishments (4). It also pointed to varying rates of tutor/learner ratios in different schools. Prestigious hospitals, running sophisticated and highly academic courses had a much higher tutor to student ratio than many provincial hospital schools and yet all students must pass the same national examination (5).

In order to raise the educational and professional standard of nurse learners Briggs observed that:

> "all agencies responsible for professional education have had to concern themselves actively with:
> (a) their access to suitable entrants and their power to attract them;
> (b) adjusting their approach in the light of the altered motivations of students;
> (c) the length of professional courses;
> (d) the sequence of what is being taught within subjects or in the curriculum as a whole;
> (e) the relationship between what is being taught and future professional roles;
> (f) innovation in teaching methods;
> (g) the form of examinations;
> (h) the nature of qualifications;
> (i) refresher courses and continuing education" (6).

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[1] Briggs, A. (1972 Report), London HMSO, p. 54.

[2] Ibid.

[3] Ibid.

[4] Briggs, A. 1972, Op. Cit., pp. 54-55.

[5] Briggs, A. 1972, Op. Cit., p. 55.

[6] Briggs, A. 1972, Op. Cit., pp. 55-56.

Problems of recruitment and innovation within the area of educational methods and attitudes are endemic to nursing. Tailoring the content of courses to future professional needs and the requirement to review methods of teaching and examinations with the additional commitment to in-service training are factors, which must be given proper attention in modern nursing. Implementation of nurse education reforms can only succeed through improvement in the educational standards of applicants. Thus, the Report noted that the proportion of candidates with more than three passes at GCE O-level rose from 13.6% in 1963/64 to 58.1% in 1969/70 (1). While some elite hospitals succeeded in recruiting very well qualified candidates these were but a small minority (2). Not only did nursing fail to lay claim to being a predominantly graduate profession, it attracted few candidates with A-levels.

Resistance to the abandonment of apprenticeship training was rooted partly in the desire to retain cheap student labour for service provision and partly due to the traditional view that "real" nursing can only be learnt by "doing", rather than by "reading", hence the general anti-intellectualism which seems to pervade nursing. The Committee members carried out a survey among student nurses to elicit their views on student versus apprentice status for learners, and 59% wanted student status for themselves, whereas this proportion was only 46% among pupil nurses (3). There would seem to be no overwhelming desire to change the present system amongst either students or pupils, although the former were slightly more enthusiastic in this respect. This lack of interest may be due partly to deficient understanding of the true interpretation of "student status" (4). There would appear to be little understanding of the dilemma inherent in the trainee's position as "split" between the service and education sectors and no awareness of the exploitation of student labour in the National Health Service. In fact,

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[1] Briggs, A. (1972 Report), London, HMSO, p. 59.
[2] Briggs, A. 1972, Op. Cit., p. 61.
[3] Briggs, A. 1972, Op. Cit., p. 62.
[4] Ibid.

the Committee reported that skills taught in clinical settings were more useful to students than classroom teaching (1).

The question of introducing and retaining university graduates within nursing, as traditionally conceived, is a hotly debated one. The entry of graduates into the occupation has often been viewed with suspicion by "traditional" nurses, whether for fear of competition in the race for senior posts or out of genuine concern, that highly intellectual nurses may not pay sufficient attention to practical matters. The Briggs Committee, however, was favourably disposed towards the idea of graduate nurses. The members specifically recommended that this sector of academically able nurses be expanded(2) and that university courses in nursing and midwifery should be multiplied. The Committee members cautiously predicted that the number of nurse graduates would remain small (3). The Committee recommended that nurses, who showed ability and were so inclined should be enabled to attend university degree courses as mature students (4). It stressed the fact that the post-Robbins era was ideal for expanding the nurse graduate contingent (5).

Legitimacy with members of other occupations suffered from the lack of nursing research input (6) and Briggs put forward a suggestion to remedy this situation in stating that: "nursing should become a research-based profession" (7).

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[1]Briggs, A. (1972 Report), London, HMSO, p. 63.

[2]Briggs, A. 1972, Op. Cit., p.82.

[3]Ibid. By 1986 nursing degrees had been established at many universities and polytechnics and provide a professional and academic preparation for nurses destined primarily for research and leadership positions in the occupation. Entrants, who already hold a relevant degree, are able to qualify for state registration in two, rather than three years.

[4]Briggs, A. 1972, Op. Cit., p. 97.

[5]Briggs, A. 1972, Op. Cit., p. 127. Robbins did not, however, see a place for nurse training within higher education.

[6]Briggs, A. 1972, Op. Cit., p. 108.

[7]Ibid.

This aspiration was a far cry from the reality, however, as the understanding of research among nurses and midwives was generally low (1).

On balance, it would seem that one of the main concerns of the Committee members was with the "unhappy marriage" between the nursing service and education sectors in British hospitals and their main solution was the proposed establishment of separate Colleges of Nursing.

JOURNAL RESPONSE

Nursing Times

Bureaucratic Organisation

Management structures were of limited interest to the commentators on Briggs, writing in the Nursing Times. Whatever interest existed was centred mainly on the proposed introduction of a new statutory body to control nursing, midwifery and health visiting jointly - the United Kingdom Central Council - and the simultaneous creation of National Boards as sub-units to the UKCC. These arrangements were considered "sound" by one commentator (2), whereas others feared the "complexities in respect of administrative structures (3) and criticised the proposed re-organisation for replacing "a compact and effective organisation with a remote, cumbersome and multi-tier administrative structure" (4). However, another writer strongly approved of the fact, that through Briggs "Salmon is brought down into the ward" (5) and another commentator appreciated "the clear evidence supplied by the Briggs Committee that Salmon does work" (6). This rational structure did not appeal to all nurses, however, and one student nurse complained that the Briggs structure "makes nursing sound like an industry" (7). The Briggs proposals were seen to have influenced the 1974 re-organisation of the National Health Service (8). It did have obvious

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[1]Briggs, A. (1972 Report), London, HMSO, p. 154.

[2]Nursing Times, 1972, p. 1342.

[3]Nursing Times, 1978, p. 389.

[4]Nursing Times, 1973, p. 168.

[5]Nursing Times, 1973, p. 6.

[6]Nursing Times, 1972, p. 1423.

[7]Nursing Times, 1972, p. 1374. Compare to "Seebohm Factory" simile in section on Seebohm.

[8]Nursing Times, 1974, p. 894.

implications for staffing in that fluctuations in the student numbers within the service sector would seem an inevitable consequence of the change in education and training of learner nurses (1), and there was a general acceptance of the fact that personnel considerations and finance would, to some extent, set a limit to the innovations which could be contemplated (2). Effort should, however, be devoted to seeking more efficient means of utilising existing staff (3). Thus there was a need to make a clear distinction between newly qualified staff nurses, senior staff nurses and ward sisters and adequate in-service training was advocated.(4)

Professional Organisation and Education

The proposed United Kingdom Central Council was seen as a controlling agency for "professional standards...in nursing and midwifery" (5). Approval of evidence submitted to the Briggs Committee by the Royal College of Nursing was interpreted as professional acceptance of the report (6), thus linking the activity of the statutory organisation to that of the professional body. The Briggs proposals were seen as: "a step towards lifting the nursing profession to the same level of other professions with comparable length of training" (7). While the "generic" profession of nursing was protected within the Briggs structure, specialist groups such as midwives and health visitors felt their autonomy being threatened, very much in the same way as did some specialist social workers with the introduction of the Seebohm reorganisation (8). There was also fear of the increasing

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[1]Nursing Times, 1973, p. 93.

[2]Nursing Times, 1973, p. 124; 1977, p. 1823.

[3]Nursing Times, 1973, p. 81.

[4]Nursing Times, 1972, p. 1307.

[5]Nursing Times, 1972, p. 1306.

[6]Nursing Times, 1972, p. 1338; 1978, p. 1822.

[7]Nursing Times, 1973, p. 317. See similar views expressed in Judge Report (1985, RCN).

[8]Nursing Times, 1973, p. 317; 1/2/73, p. 155; 1973, p. 23.

"gulf" between clinical practitioners and administrators, fuelled by Salmon and not resolved by Briggs (1). The proposal to rename district nurses "family clinical sisters" was viewed as an indication of more developed team work with general practitioners (2).

The Report was seen to endorse links with the Nightingale tradition both in a negative and a positive sense. A medical consultant castigated Briggs for referring to Nightingale in a "fashionably snide" (3) manner and reminded the Report writers that she "would have done a better job with a quill by candle-light" (4) but a nurse commentator was more critical of her nineteenth century forebear in judging the split between "clinical practitioner and administrator" referred to above as due to the Nightingale distinction between "lady pupils and others" (5). Another writer applauded the links with tradition in quoting Nightingale's words "I will do all in my power to elevate the standard of my profession" (6).

The concern with separate status roles within nursing was understandable as a response to a Report proposing a "generic" amalgamation of self-consciously distinct groups. The major anxiety on this score was expressed by health visitors, who had traditionally viewed themselves as an elite among nurses, adopting a distinct role within preventive work quite different from that of general nurses (7).

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[1] Nursing Times, 1972, p. 1073.

[2] Nursing Times, 1972, p. 1342.

[3] Nursing Times, 1972, p. 1375. She received similar "treatment" in the Griffiths Report (1983) which will be discussed later in this chapter.

[4] Nursing Times, 1972, p. 1375.

[5] Nursing Times, 1972, p. 1073.

[6] Nursing Times, 1972, p. 1423.

[7] The self-awareness of health visitors as professional workers was discussed by Dingwall, R. (1974). The role of health visitors within the wider context of social policy was also explored by Dingwall, R.W.J. 1977, Collectivism, Regionalism and Feminism..., Journal of Social Policy, Vol.6.Pt.2. July 1977, pp. 291-315. While apparently experiencing themselves as "separate" from nurses and thus meriting separate consideration such a claim would appear no more justified in the case of health visitors than as regards midwives, probation officers and child care officers. The insertion of health visiting in the generic nursing occupation is endorsed in the 1979 Nurses, Midwives and Health Visitors Act which will be discussed later in this chapter.

One health visitor remarked approvingly on Florence Nightingale's attempt to establish health visiting as a separate profession (1). Another writer was no less emphatic in proclaiming that health visitors should reject the Briggs proposals, which would lower their professional standards (2). The distinct role of the health visitor was stressed by another writer saying that it was "broader than that of either the nurse or the social worker" (3). The Health Visiting Association wanted assurance that the occupation would have a separate statutory committee within the Briggs structure (4). Overall there was a somewhat elitist pre-occupation with protecting the health visiting education sector (5), and the practitioners' concern on this score was, indeed, justified in that they were the only main group within nursing, who had enjoyed the privilege of non-apprenticeship professional education. The midwives were more fortunate in that they: "have not been re-named 'family health sisters' like the health visitors" (6). The role of district nurses as "family clinical sisters" was viewed favourably as indicated above (7). The general nurse role was also debated and the need to create a "promotional structure" in this area was stressed (8). The "unique caring role of nurses and midwives" would thus receive due recognition (9). The central role of the ward sister as a "key person" within the hospital was emphasised by a medical consultant (10).

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[1]Nursing Times, 1972, p. 1559; 1973, p. 170.
[2]Nursing Times, 1973, p. 155.
[3]Nursing Times, 1973, p. 23.
[4]Nursing Times, 1977, p. 761.
[5]Nursing Times, 1979, p. 909.
[6]Nursing Times, 1972, p. 1343.
[7]Ibid.
[8]Nursing Times, 1972, p. 1073.
[9]Nursing Times, 1972, p. 1338.
[10]Nursing Times, 1972, p. 1375.

Smaller specialist groups were also critical of Briggs, e.g. the nurses specialising in operating theatre work (1). But while the concern of various specialist groups was as understandable as that of specialist social workers in the face of the Seebohm proposals there was also a recognition that a: "pre-occupation with status inhibited radical reform" (2). Radicalism has never been the hall-mark of British nursing and Briggs was not to "win the day" completely or even substantially, as was made clear in the 1979, Nurses, Midwives and Health Visitors Act.

A special interest in education was evident in contributions to the Nursing Times. Salmon had rationalised the nursing career structure and Briggs aimed to do the same for nurse education and training. A proposal was made for the creation of large-scale units, possibly removed from the hospital environment, to cater for the educational needs of nurses and midwives (3), and these colleges would be run by Area Education Committees (4). Links with further education colleges were to be forged (5) and the various education boards would be responsible to the new Central Nursing and Midwifery Council (6). A medical consultant expressed fear that the new colleges might become too big and impersonal (7). Above all, it was stressed that nursing must be capable of attracting enough suitable candidates to the profession and of retaining them during and after training (8). There was a proposal to set up Area Education Committees for every 4 to 8 nursing colleges (9). The cost of the proposed re-organisation would, obviously, be considerable and the question about availability of necessary funds was the concern of many nurses and midwives (10).

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[1]Nursing Times, 1973, p. 317.
[2]Nursing Times, 1973, p. 26.
[3]Nursing Times, 1972, p. 1306; 1973, p. 1277.
[4]Nursing Times, 1976, p. p. 794.
[5]Nursing Times, 1975, p. 306.
[6]Nursing Times, 1972, p. 1338.
[7]Nursing Times, 1972, p. 1375.
[8]Nursing Times, 1972, p. 1338.
[9]Nursing Times, 1976, p. 794.
[10]Nursing Times, 1978, p. 181.

The question of entry procedure and qualifications for nursing candidates was hotly debated. Academic entry qualifications alone were not seen as a sufficient guide to the suitability of a candidate for nursing (1), but the Briggs Report did not deny the importance of academic ability (2) and supported : retention of statutory entrance requirements for entry into the occupation (3).

Discussion about the status of nurse education and training is habitually linked to the debate about apprenticeship versus full student status for the learner nurse. The professionalisers do, on the whole, support the former, whereas Briggs and a number of contributors to the Nursing Times came out in favour of the traditional "learn as you serve" system. A health visitor, however, expressed the view that the evidence submitted to the Committee supported separation of nurse education from the service sector (4) and a hospital sister concurred with this view (5). But if students were to be removed from the service sector for prolonged periods adequate staff replacement had to be organised (6) to ensure a satisfactory standard of care. Support for apprenticeship training was by no means dead, however, and there was a strongly felt view that the only way to learn nursing was in the clinical setting (7). Briggs pointed to the apparent lack of enthusiasm for student status among learner nurses (8). However, this reluctance to change the status quo may have been due more to the belief that students would be worse off on educational grants than on their National Health Service salary, than to genuine educational preference. To summarise,

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[1]Nursing Times, 1972, p. 1587; 1973, p. 26.
[2]Nursing Times, 1973, p. 1374.
[3]Nursing Times, 1973, p. 390.
[4]Nursing Times, 1972, p. 1373.
[5]Nursing Times, 1972, p. 1407.
[6]Nursing Times, 1972, p. 1338.
[7]Nursing Times, 1972, p. 1513.
[8]Nursing Times, 1973, p. 939.

the conflict between the service and education sectors is likely to continue and will not necessarily be resolved through a move towards a"controlled and progressive training process" (1).

The journal debate focused on two issues, in particular - one was the proposed 18-month basic course for all nurse learners, the other, the controversial change in health visiting education as proposed in the Report. Views on the basic course varied: some approved (2), whereas others had doubts about the ability of pupil nurses (trainee enrolled nurses) to "cope with the academic side of this" (3). Another writer feared that the 18-month training course would be too short to include all aspects of basic nursing (4). The group which felt most threatened by the Briggs proposals was the health visitors who experienced a sense of degradation in being re-titled "family health sisters". They feared losing status through disregard of the longer and more advanced training afforded to health visitor students as compared to those who only complete the course leading to state registration/and (5) Briggs was accused of seeking to "up-root" established health visiting courses from the higher and further education sector (6). Stress was put on the need to retain strict selection procedures for prospective health visitor students (7). and there was the distinct impression that Briggs condoned a lowering of the status of health visiting courses (8). Despairingly one health visitor asked if every professional advantage achieved by their speciality was to be sacrificed to the improvement of the general training of clinical nurses (9),

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[1]Nursing Times, 1973, p. 7.
[2]Nursing Times, 1973, p. 1407; 1972, p. 1604.
[3]Nursing Times, 1972, p. 1406.
[4]Nursing Times, 1972, p. 1374.
[5]Nursing Times, 1972, p. 1343.
[6]Nursing Times, 1973, p. 93.
[7]Nursing Times, 1973, p. 155.
[8]Nursing Times, 1973, p. 93.
[9]Nursing Times, 1972, p. 1375.

and another lamented the loss of special health visiting skills to the community (1,2). The council for Education and Training of Health Visitors expressed similar concern and, also feared that there would be insufficient funding for the proposed educational reforms. On the eve of the "Briggs Bill" passing into law a health visitor and teacher noted that while health visitors did not want to "kill the Bill" they could not condone losing their educational advantage (3). There was thus unanimous disapproval for the Briggs proposals amongst the health visitors writing to the Nursing Times between 1972 and 1979.

A tutor stressed the need to maintain a nurse teacher's course of adequate duration and academic standard to improve "the quality and preparation of nurses" (4). The Briggs suggestion to abolish the "maid of all work" image of the traditional nurse tutor was approved of (5). Midwifery teachers welcomed proposals to change their training programme(6), and generally applauded the planned change in their course curriculum (7). The importance of providing in-service training for nursing auxiliaries and for all personnel involved in nursing care was emphasised (8).

University links were viewed as status-enhancing as seen above and Briggs openly encouraged the recruitment of graduate nurse trainees (9). If the learners were to be university educated their teachers would need to acquire similar academic qualifications (10). More linked SRN/Degree courses were to

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[1]Nursing Times, 1972, p. 1587.
[2]Nursing Times, 1972, p. 1523.
[3]Nursing Times, 1979, p. 909.
[4]Nursing Times, 1972, p. 1374.
[5]Nursing Times, 1973, p. 422.
[6]Nursing Times, 1979, p. 953.
[7]Nursing Times, 1972, p. 1373.
[8]Nursing Times, 1972, p. 1373; 1972, p. 1338.
[9]Nursing Times, 1972, p. 1307; 1973, p. 939.
[10]Nursing Times, 1972, p. 1374.

be established and existing ones supported (1). But it was felt that problems of maintaining the tutor/student ratio might be experienced if a large number of tutors absented themselves to study for degrees (2). It was also seen as important to recognise that the possession of a degree did not automatically make the nurse tutor effective in her task of teaching would-be nurses (3). Academic qualifications do not necessarily create good nurses, and the need to maintain "caring" attitudes in university-linked courses was stressed (5). Health visitors were reluctant to uproot their courses from universities as noted above (6). The much cherished desire for nurses to enhance their "research-consciousness" would also be aided through the more academic approach available in universities (7). The role of nurse tutors was seen as crucial in the re-organised nursing colleges and a higher degree of specialisation and adaptability was called for (8). The reforms would entail an increase in the number of teachers and an acute shortage of qualified teaching personnel was anticipated (9). The opportunity for health visitor teachers to work in colleges of nursing, while approved of by one general nurse correspondent, was patently unattractive to most of the practitioners themselves, as noted above (10).

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[1]Nursing Times, 1972, p. 1559.
[2]Nursing Times, 1972, p. 1423.
[3]Nursing Times, 1972, p. 1422.
[4]Nursing Times, 1972, p. 1655.
[5]Nursing Times, 1972, p. 1374.
[6]Nursing Times, 1973, p. 93
[7]Nursing Times, 1973, p. 1394.
[8]Nursing Times, 1973, p. 422.
[9]Nursing Times, 1972, p. 1338; 1972, p. 1406; 1973, p. 7. 1975, p. 303.
[10]Nursing Times, 1972, p. 1422.

Nursing Mirror

Bureaucratic Organisation

Reference to management was as scant in Nursing Mirror as in Nursing Times contributions and what discussion there was centred primarily on the pro's and con's of the proposed new statutory bodies. A "single, statutory organisation responsible for professional standards, education and discipline" was approved of (1) and "some real progress" in the direction of such development was surmised (2). Editorial approval for a single central statutory body was expressed (3). Co-ordination of facilities and resources was seen as the likely outcome of such centralisation (4). There was, however, some concern that English nurses might be under-represented and one commentator called for "some sort of proportional representation on the Central Council" (5). The Committee was praised for considering the man-power issue (6). It was noted that "the recommendations for nurse training are much more soundly based than are the recommendations for services" (7).

Attention was drawn to the survival of authoritarianism in nursing - thus it was noted that: "senior staff should not issue reprimands in public but we know it still happens" (8). Likewise Briggs stressed survival of the image of the nurse as "The Lady with the Lamp" or "Ministering Angel" (9).

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[1]Nursing Mirror, 17/5/74, p. 38; 20/4/73, p.23.
[2]Nursing Mirror, 17/3/77, p. 34.
[3]Nursing Mirror, 12/10/78, p.1.
[4]Nursing Mirror, 25/10/79, p. 40.
[5]Nursing Mirror, 19/8/76, p. 62.
[6]Nursing Mirror, 20/4/73, p. 23.
[7]Nursing Mirror, 17/11/72, p. 21.
[8]Nursing Mirror, 20/4/73, p. 22.
[9]Ibid.

Professional Organisation and Education

The Royal College of Nursing was, on the whole, in favour of the Briggs proposals and was considered "far-sighted" on that score (1). Asa Briggs noted that "the Rcn was behind us from the start and remained throughout enlightened and stalwart" (2). The professional body did, however, caution that standards must be maintained within nursing at all costs. This was particularly important in view of the fact that students may not spend as much time in ward work post-Briggs as previously (3). Nursing and midwifery were designated the "major caring professions" (4). The "united professions" approach (5) was applauded and nurses were cautioned against concentrating too much on "sectional" matters (6). Above all, Briggs stressed the importance of autonomy and one commentator remarked that nurses should answer the question:" 'Can you run your own show?' because Briggs will certainly allow it" (7).

The importance of nurses being prepared to "provide actual, direct care and not simply to administer it" was stressed (8), and the contrast between "the Salmon Committee, which was concerned with managerial models, job specifications and career structures" and the Briggs Committee, which stressed the importance of "care" was pointed out (9). It

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[1]Nursing Mirror, 17/11/72, pp. 14-15.

[2]Nursing Mirror, 23/11/78, p. 8.

[3]Nursing Mirror, 5/2/76, p. 34.

[4]Nursing Mirror, 14/12/75, p. 40; 10/3/77, p. 36.

[5]Nursing Mirror, 16/11/78, p. 9.

[6]Nursing Mirror, 23/11/78, p. 9.

[7]Nursing Mirror, 16/11/78, p. 9. But see discussion on Griffiths (1983) and the impact of its proposals on nurse autonomy - discussion later in this chapter.

[8]Nursing Mirror, 26/4/74, p. 37.

[9]Nursing Mirror, 23/11/78, p. 8.

was suggested that the roles of doctor and nurse might, at times, be interchangeable and were always inter-dependent (1), thus creating a constant link between "cure" and "care".

Concern about the status of health visitors recurs in Nursing Mirror comments in roughly the same proportion as in the Nursing Times. Health visitors were discontented with the role outlined for them and one commentator observed that Briggs had concentrated on hospital nurses to the detriment of health visiting (2). Fear was expressed that health visitors of the future would be less well qualified than at present (3), and practitioners pleaded for the retention of their statutory body (4). But while health visitors were understandably worried about the implications of change they saw the need "to be in the new structure" (5). It must not be forgotten that health visiting builds "on general nurse training" (6), but in order to ensure that health visitors' special interests were safe-guarded the role of their joint committee on the UKCC was seen as vitally important (7). Health visitors were, however, castigated for being obstructive (8) in the editorial devoted to discussion about the Briggs Bill. While the former felt un-protected, midwives had been promised "safe-guards" of their position, although some of them expressed insecurity about whether or not they were considered part of the nursing profession (9). The "safe-guarding" of midwifery would be ensured through allowing the practitioners "autonomy over midwifery practices"(10).

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[1]Nursing Mirror, 23/11/78, pp. 8-9; 4/12/75, p. 41.
[2]Nursing Mirror, 15/12/i2, p. 15.
[3]Ibid.
[4]Ibid.
[5]Nursing Mirror, 8/3/79, p. 7.
[6]Ibid.
[7]Ibid.
[8]Nursing Mirror, 15/2/79, p. 1.
[9]Nursing Mirror, 19/8/76, p. 62.
[10]Nursing Mirror, 26/4/73, p. 26.

Interest in education appeared less marked in Nursing Mirror than in Nursing Times contributions as stressed above. Separate colleges for nurse education were approved of (1) and, to this end, the creation of larger schools of nursing was viewed positively (2). Much stress was laid on the adoption of radical education policies (3) under unified control (4); above all, a united nursing profession would allow for flexibility of training programmes (5). But while Briggs was in favour of separating nurse education from the service sector he did not suggest that it be placed under the authority of the Department of Education and Science (6). Thus, there was no resolution of the apprentice versus full student status question for learner nurses. Trainees were to continue receiving training allowances and not student grants (7). Apprenticeship style training was seen as most appropriate for nurse learners (8). A desire for an end to the tension between the service and education sectors was expressed by one commentator (9), whereas another writer saw no necessary source of conflict between them (10).

There was wide-spread approval for the proposed 18-month basic course which was seen as a welcome antidote to the traditional "two-tier" training (11) and the desirability of continuing education was stressed (12). The general standard of courses was to be up-graded and more academically demanding programmes were to be made available at the post-basic stage (13).

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[1]Nursing Mirror, 17/11/72, p. 22.
[2]Nursing Mirror, 10/3/77, p. 36.
[3]Nursing Mirror, 10/3/77, p.36 and 12/10/78, p. 12.
[4]Nursing Mirror, 17/5/74, p. 38.
[5]Nursing Mirror, 23/11/78, p. 9.
[6]Nursing Mirror, 26/4/74, p. 37.
[7]Nursing Mirror, 17/5/74, p. 40.
[8]Nursing Mirror, 20/4/73, p. 25
[9]Nursing Mirror, 24/11/72, p. 21.
[10]Nursing Mirror, 25/10/79, p. 40.
[11]Nursing Mirror, 17/11/72, p. 22.
[12]Nursing Mirror, 17/11/72, p. 21.
[13]Nursing Mirror, 17/5/74, p. 39.

A narrow perspective on nurse education was condemned; thus Briggs was appalled by the exclusion of music and domestic science from the nursing curriculum (1). Shortened courses for graduates and other academically able nurses were to be made more widely available (2), and the modular form of syllabus was recommended. However, nurse teachers criticised Briggs for failing to "distinguish between experience label and experience content" (3). While proposals for the improvement of psychiatric nursing (4) and midwifery courses (5) were advanced, concern about the plight of health visiting education was expressed (6). The proposed changes would create a course "far below the present standard" (7).

While the development of university linked nursing courses was approved of (8), it was regretted that nursing colleges were to remain outside the higher education sector (9). The need to develop university linked courses, related to other bodies than that of the general nurse register, was noted (10) and shortened courses for graduates must be increased in number (11). Briggs was seen as a water-shed for nursing research in that the Committee members actively encouraged such activity (12) and resource allocation for this purpose was a deciding factor in creating a research based nursing occupation (13).

To bring about radical change and academic upgrading of nurse education the nurse teacher work-force had to be expanded (14), but in order to attract senior nurses to teaching, salary structures had to improve (15).

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[1]Nursing Mirror, 26/4/74, p. 37.
[2]Nursing Mirror, 15/9/77, p. 28.
[3]Nursing Mirror, 27/7/78, p. 26.
[4]Nursing Mirror, 17/11/72, p. 22.
[5]Nursing Mirror, 20/4/73, p. 26.
[6]Nursing Mirror, 15/12/72, p. 15.
[7]Ibid.
[8]Nursing Mirror, 24/11/72, p. 21.
[9]Ibid.
[10]Nursing Mirror, 15/9/77, p. 29.
[11]Nursing Mirror, 17/5/74, p. 39.
[12]Nursing Mirror, 24/11/72, p. 21.
[13]Nursing Mirror, 6/10/77, p. 9.
[14]Nursing Mirror, 20/4/73, p. 25; 11/11/76, p. 71; 5/2/16, p. 34.
[15]Nursing Mirror, 20/4/73, p. 25.

(vii)

Nurses, Midwives and Health Visitors Act, 1979

Journal Response

Often named "the Briggs Act" and enshrining some of the principles of the earlier Report the 1979 Act was, nevertheless a pale reflection of Briggs and more so, of the Platt Report. No clear directives for nurse education were given in terms of discontinuing the NHS connection. This brief Act did, however, establish a "generic register" for all specialities of nursing, further reinforcing the contrast with social work, which possesses no professional register in any form. The exclusive concern with nursing education and professional regulation in this Act justifies its inclusion while the Seebohm-inspired Local Government Social Services Act/1970 is excluded from the present research work.

Bureaucratic Organisation

Like the Reports which inspired the Act the latter is concerned mainly with educational and professional matters and management content relates more or less directly to the above areas. Thus it was laid down that the Central Council should "prepare and maintain a register of qualified nurses, midwives and health visitors" (1).and in this manner create a "generic" concept of a united nursing "profession" where previously separate bodies held authority over nurses, midwives and health visitors. Regulations for admission to each part of the register were laid down (2) as was the financial structure for the administration of the Council.(3). Rules for consultation with affected individuals from the previously separate professional registers were established (4). Overall control over the Council was initially lodged in the Secretary of State, who would appoint the first chairman (5), but subsequently such appointments would be made by the Board members (6). Apart from showing interest in the

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[1]Nurses, Midwives and Health Visitors Act, 1979, London, HMSO,p.7.
[2]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p.8.
[3]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., pp.12-13.
[4]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 15.
[5]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p.5.
[6]Ibid.

establishment of the United Kingdom Central Council and (1) National Boards management questions did not enter into the concerns of the Act.

Professional Organisation and Education

Education and training of the individuals listed in the Act were given more consideration. Platt had proposed radical changes in the system of preparing learner nurses for their occupational role in suggesting that schools of nursing should be completely disengaged from hospitals and administered by separate committees and Briggs echoed the same message in a slightly attenuated form. But while the Act proclaimed as one of its main aims the reform of education programmes for nurses, midwives and health visitors (2) this commitment was not substantiated in any firm proposals on the lines of the Briggs and Platt Reports as outlined above. There was simply a general exhortation to the UKCC to "establish and improve standards of training...for nurses midwives and health visitors"(3). A main point of emphasis was on compliance with EEC regulations (4). There was no mention of another deep concern voiced in the Platt and Briggs Reports, namely the question of "student status" for learner nurses (5). The educational committee structure was proposed (6), and the standard of teaching was to be safe-guarded by ensuring that teachers were properly qualified (7). An interesting comment on the traditional slant

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[1]United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC).

[2]Nurses, Midwives and Health Visitors Act, 1979, London, HMSO, p.1.

[3]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p.2.

[4]Ibid. [5]See also discussion on the tendency toward apprenticeship training for the professions in Britain by Burrage, M. 1984, Practitioners, Professors and the State in France, the USA and England in Goodlad, S. (Ed.), 1984, Education for the Professions: Quis Custodiet? The Society of Research into Higher Education, NFER, Nelson, Surrey University, Guildford.

[6]Nurses, Midwives and Health Visitors Act, 1979, p. 3.

[7]Nurses, Midwives and Health Visitors Act, 1979, p. 4.

of the Act was exhibited in the proclamation that "training includes education" (1). There was none of the innovative verve of the previous reports, no stress on research, in short, it is a "conservative" re-statement of well-established training policies relating to the occupations falling under the jurisdiction of the Act.

Retention of control over the professional organisation of the "generic" nursing profession was to be achieved through appointing nurses, midwives and health visitors to the Central Council but also medical practitioners (2). Medical participation in the professional administration of nursing indicates a degree of subservience to doctors, which is not reciprocated at all, or to the same extent on Boards and Committees concerned with the regulation of the medical profession. Thus autonomy is limited in nursing and the recently published Griffiths Report (Oct.1983)(3) demonstrates, through its ambivalence towards nurses in management roles, how tenuous is the hold of the occupation on its own destiny.

The Council was to control educational standards and professional conduct of the individuals under its jurisdiction and achieve such improvement as may be called for (4). The midwifery committee should be constituted from a majority of practising midwives and rules relating to practice were not to be approved unless passed by this body (5). Majority control by the professionals affected by the rule of each Board ought to be established as in the case of health visitors (6) but it was not made clear how strong this dominance should be (7). There should also be safeguards of the interest of minorities within the occupation (8). The first chairman of the United

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[1]Nurses, Midwives and Health Visitors Act, 1979, London, HMSO, p.15.
[2]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 2.
[3]Griffiths, R.(1983 Report), London, HMSO/DHSS.
[4]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p.2.
[5]Ibid.
[6]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 6.
[7]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p.3 & p.5.
[8]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p.5.

Kingdom Central Council was to be appointed by the Secretary of State, thus demonstrating strong state control over nursing (1). This authority has recently been asserted in regard to all health occupations in the National Health Service with the Griffiths Report. It will be a measure of the inherent professional and managerial strength of the three groups involved in the current "consensus" management model, i.e. doctors, nurses and administrators, as to which sector will take precedence once the consensus model is abandoned with the introduction of "Chief Executives" or "General Managers" (2).

Strikingly, there was more stress on the autonomy of specialist groups, e.g. midwives and health visitors, than on that of the vast majority of general nurses. This might be due to a strongly voiced fear by the body of health visitors, in particular that their interests would be ignored. Their resistance to the role mapped out for them in the Briggs Report was marked as seen above, and an attempt was made to mollify the professional group through safe-guarding a degree of autonomy for the specialism within the context of the Act. Midwives never perceived themselves as equally threatened; nevertheless, they also were permitted "special status" under the Act. There was a "permissive" opening for the creation of a joint committee on district nursing (3), but no clear directive was laid down in this matter.

Professional control over qualified members of the nursing profession was to be achieved through the maintenance of a united register of all competent general nurses, midwives and health visitors (4). No-one was to be admitted and retained on the register unless:

> "he is of good character and has the appropriate professional qualifications" (5)

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[1]Nurses, Midwives and Health Visitors Act, 1979, London, HMSO, p.4.
[2]Griffiths, R. (1983 Report, London, HMSO/DHSS. Comment made in 1984 by present writer.
[3]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 7.
[4]Ibid.
[5]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., pp.8-9. Compare to the satisfaction expressed when the feminine gender designation became less common in social work - see discussion on gender earlier in this chapter. Emphasis of gender designation added.

The Central Council was to maintain the rule under which (registered) individuals could be removed from the register in cases of professional and personal misconduct (1). Judgement by a peer group should be instituted in disciplinary proceedings (2). Professional closure was to be achieved by declaring it an offence to wear "any uniform or badge" with the intent to deceive (3). The stringent and highly structured regulations of nurses' professional conduct, referred to above, stand in contrast to the lack of a register and elaborate disciplinary rules in British social work. Such regulation of nurses has been in force since 1919 as noted in previous chapters, but proposals to introduce a social work register were again rejected in the Barclay Report which will be discussed later in this chapter. Midwifery was hedged in by additional rules and the prohibition of unlawful practice by unqualified individuals was reiterated (4). As was the case with general nursing, midwives had a register of competent practitioners from the early twentieth century. The relationship between health visiting and social work was clarified and their specific functions and legal regulations were spelt out (5). Confusion between these roles was endemic and was discussed in the main reports on social work examined in this thesis. Although a regulation was laid down to ensure that each National Board was to include two practising nurses, one practising midwife, one practising health visitor and one person engaged in the teaching of nursing, midwifery or health visiting, there was no mention of the total number of members on each Board or on the United Kingdom Central Council, hence, it is difficult to determine in how far nurses did, in fact, control their professional destiny (6).

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[1] Nurses, Midwives and Health Visitors Act, 1979, London, HMSO, p.9

[2] Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 10.

[3] Ibid. See also Carrier, J. 1983, The Acceptance and Statutory recognition of Women as Police Officers in England and Wales, LSE/Ph.D. Thesis, p. 130ff. re. the wearing of uniform by women police officers.

[4] Nurses, Midwives and Health Visitors Act, 1979, Op.Cit., p. 12.

[5] Nurses, Midwives and Health Visitors Act, 1979, Op.Cit., p. 14.

[6] Nurses, Midwives and Health Visitors Act, 1979, Op.Cit., p. 17.

The Briggs Report contains fairly detailed prescriptions for educational reform in nursing. It is therefore surprising to note the scarcity of references to the subject in the Act and the lack of precision in the quotations which do appear, although there is an exhortation to the United Kingdom Central Council to create "standing committees" for the control of various aspects of nurse teaching (1). The Act simply lays down a general rule, that each National Board shall provide nursing courses leading to registration and beyond (2). There is no discussion about separate colleges of nursing nor about student status - the debate is, in fact, centred on the establishment of the United Kingdom Central Council and the National Boards with their implied responsibilities - their exact discharge is not specified. It is interesting to note that the Act specifically states that "training includes education" (3). This emphasis on the umbrella term "training" in itself, would seem to convey an anti-academic trait, which is certainly not present in the Briggs Report itself.

JOURNAL RESPONSE

Nursing Times

Bureaucratic Organisation

The main stress was on unification of all branches of nursing within a single profession thus achieving integration both professionally and in terms of management. Thus, in the spirit of Briggs, the out-going Central Midwives Board members stated one of the advantages of the Act as providing a body unified to reflect EEC directives (4). One problem, however, was the fear of over-concentration on the hospital sector (5). This apprehension was expressed particularly by midwives and health visitors who felt unhappy about being

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[1]Nurses, Midwives and Health Visitors Act, 1979, London,HMSO, p.3.
[2]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 5.
[3]Nurses, Midwives and Health Visitors Act, 1979, Op. Cit., p. 15.
[4]Nursing Times, 1979, p. 952.
[5]Nursing Times, 1979, p. 1824.

swept up in committees "dominated numerically by hospital-oriented colleagues"(1).

Evidence of conservatism in nursing was apparent in the reaction of the General Nursing Council officials to the proposed delay in implementing the Act. Thus Miss Storey accepted the Minister's procrastination calmly and stated that the year reaching up to implementation could be used in "fruitful discussion" (2). It is worth noting, that the General Election brought a Conservative government to power at the time of the passage of the Act. Thus, references to both Labour (Mr Moyle) and Conservative (Dr Vaughan) politicians, are included.

Professional Organisation and Education

Nurse contributors to the Nursing Times were primarily concerned about the safe-guarding of specialist groupings within a unified profession. The midwives expressed anxiety about their position compared / with that of district nurses and health visitors (3). The latter had achieved some progress, in that an amendment to the Act promised health visitors more autonomy over their own affairs (4). The district nurses also fought for special recognition and won the concession of a joint committee for district nursing (5). But while much sectarian wrangling within nursing prevailed, the over-arching aim was unity in equality and it was not intended, that any group be granted more privileges than others (6). This was, however, not achieved without conflict and the Royal College of Midwives took legal advice on whether the 1979 Act had been mis-interpreted by the United Kingdom Central Council (7). Professional self-control and exercise of discipline was the goal of the Act in a structure where unity and retention of specialist skills co-existed. Under such a system professional

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[1] Nursing Times, 1979, p. 955.
[2] Nursing Times, 1979, p. 1380.
[3] Nursing Times, 1979, p. 563.
[4] Nursing Times, 1979, p. 616.
[5] Nursing Times, 1979, p. 910; 1982, p. 1964; 1979, p. 955.
[6] Nursing Times, 1982, p. 537.
[7] Nursing Times, 1982, p. 428.

organisations were urged to co-operate. The danger of disunity was ever-present (1), which was an undesirable side-effect of nurses retaining a degree of specialist identity (2).

The exercise of professional discipline would fall to the United Kingdom Central Council, transferred from the previously separated disciplinary bodies (3). The benefit of re-organisation was a consolidation of the united profession and the hope of increased professional self-control. David Rye of the Royal College of Nursing expressed the view of many nurses in the wake of the 1979 Act, saying:

> "For too long the profession has been prepared to let others govern it externally. It is time for nurses to take responsibility for themselves as professionals" (4).

The conservatism of some General Nursing Council members in accepting delay in the implementation of the Act with equanimity was not reflected by Rye, who criticised the Minister for procrastinating, stressing that it was already seven years since the publication of the Briggs Report (5). There was thus some evidence of greater "radicalism" in the Royal College of Nursing than in the General Nursing Council although based on scanty information.

Comments on educational features in the Act were predominantly negative or sceptical. This is hardly surprising, bearing in mind that the "revolutionary" policies of Platt (6) and the "reforming" zeal of Briggs (7), had all but totally evaporated by the time the so-called "Briggs Act" entered the Statute Book. The said Act did not categorically close the door on reform, but neither did it prescribe any specific educational changes (8). In a climate of financial stringency

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[1]Nursing Times, 1979, p. 953.
[2]Nursing Times, 1979, p. 992.
[3]Nursing Times, 1982, p. 650; 1979, p. 953.
[4]Nursing Times, 1981, p. 2124.
[5]Nursing Times, 1979, p. 1381.
[6]Platt, H. (1964 Report), London, RCN.
[7]Briggs, A. (1972 Report), London, HMSO.
[8]Nursing Times, 1979, p. 1867.

expensive reforms are not likely to find favour and the system is inclined to reach equilibrium in status quo, which in the case of nursing is undoubtedly, the cheapest solution. This lack of purpose in educational policy was apparent in the work of the United Kingdom Central Council Working Group 2 (1) which failed to reach a decision on student status for trainee nurses (1). Briggs had already pointed to the poor quality of many nurse teaching establishments (2) yet there was no promise of funds to improve the situation (3). Hardly a recipe for success! But although there was no promise of separate funding for education as proposed in Platt and Briggs, one correspondent voiced hope, that the position might be reconsidered (4).

Discussion about nurse learner status was endemic and was connected with the ambivalence of hospitals, as providers of care to patients, and education and training to nurse learners (5). One correspondent suggested, that in the future reorganised nurse education system, nurse learners might be asked to pay for their training. Any grant given would be repayable in terms of subsequent service (6).

Specialist groups felt apprehensive about being swept up in an amorphous educational system, dominated by hospital-oriented nurses. Health visitors were particularly concerned and one practitioner spoke for the majority in stating a reluctance to "kill the Bill", but also a desire to protect health visiting education as discussed in relation to the Briggs Report (7). The need to improve midwifery teachers' courses was also stressed (8) and within nurse education generally a balance between theory and practice, training

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[1]Nursing Times, 1979, p. 1379.
[2]Nursing Times, 1979, p. 1390.
[3]Nursing Times, 1979, p. 1824.
[4]Nursing Times, 1981, p. 2124.
[5]Briggs, A. (1972 Report), London, HMSO.
[6]Nursing Times, 1979, p. 1879.
[7]Nursing Times, 1979, p. 6.
[8]Nursing Times, 1979, p. 953.

and education had to be maintained (1). This greater rationality within education circles would improve the standing of nurse teaching which the editor of the Nursing Times observed as having low status compared with management (2). This is typical of semi-professions which according to Etzioni et al. are characterised by the preponderance of management tasks over professional preoccupations (3). Health visitors were more successful in retaining their special status than other nurses, due to their separate educational system in higher education institutes (4). Nurse tutors were, however, less secure in their status position and hoped for improvement in this respect through the provisions of the Act (5).

Nursing Mirror

Bureaucratic Organisation

There was more emphasis on integration than on sectional interests among the various groups of nurses in the Nursing Mirror compared to the Nursing Times contributions. Emphasis was placed on co-ordination of resources and simplification in management (6). There was, however, some doubt that the removal of one tier of management would prove to be the panacea of all ills (7). Miss M Stor[illegible] of the General Nursing Council was initially patient regarding the delay in implementation of the Act, but subsequently stated that the lack of a definite implementation date was unacceptable. The same view were expressed by representatives of the Confederation of Health Service Employees (8).

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[1]Nursing Times, 1979, p. 1390; 1982, p. 134.
[2]Nursing Times, 1979, p. 1876.
[3]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.
[4]Nursing Times, 1979, p. 6.
[5]Nursing Times, 1979, p. 1876.
[6]Nursing Mirror, 18/10/79, p. 5.
[7]Ibid.
[8]Nursing Mirror, 13/9/79, p. 5.

Professional Organisation and Education

Unification of the profession, as proposed by Briggs, was applauded and the new structure consisting of the United Kingdom Central Council and four National Boards would be responsible for registration of all trained nurses, midwives and health visitors and for the standards of education and professional conduct of the afore-mentioned groups (1). The power to control its own professional destiny was to be granted to nurses and they would be given a "real sense of autonomy" (2). It is important to note, however, that this autonomy would have to be achieved through the nurses' own efforts, as the Act was simply "permissive" (3). But, at least, the "green light" to move ahead had been given and, in the words of the editor, "the profession was very much in the driving seat" (4). The rule that a midwife or doctor must attend a woman in labour was stressed, reinforcing "professional closure" justified on the grounds of exclusive practice of specialist obstetric and midwifery skills (5).

Concern with the financial implications of reorganising nurse education was prevalent and Dr Vaughan, Conservative Minister of Health feared that the proposed new developments would be very expensive (6). This argument had clearly guided previous governments to stem reforming movements in nurse education such as that proposed by Platt in 1964 (7). A more rational structure was hoped for (8), with a greater degree of integration of functions. Professional independence of nursing was to be enhanced with increased autonomy over education as promised in the Act (9). We are again reminded,

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[1]Nursing Mirror, 12/4/79, p. 2; 11/9/80, p. 26.
[2]Nursing Mirror, 3/1/80, p. 1.
[3]Nursing Mirror, 5/2/81, p. 7.
[4]Nursing Mirror, 17/11/82, p. 7.
[5]Nursing Mirror, 27/10/82, p. 25.
[6]Nursing Mirror, 25/10/79, p. 2.
[7]Platt, H. (1964 Report), London, RCN.
[8]Nursing Mirror, 1979, p. 41.
[9]Nursing Mirror, 3/1/80, p. 1.

that the Act is merely "enabling" and only the future will tell how far the ideas of the Briggs Committee will be implemented under the provisions of the 1979 Act (1). The Act will have to deal with the ambivalent relationship between hospitals and learners, as documented above (2). Post-basic education has to be safe-guarded (3) and related to the maintenance of educational standards. A Confederation of Health Service Employees representative castigated the Conservative Government for delay in implementing the Act and for not giving due priority to nurse education (4).

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[1]Nursing Mirror, 11/9/80, p. 27.
[2]Nursing Mirror, 25/10/79, pp. 40-41.
[3]Nursing Mirror, 13/9/79, p. 5.
[4]Nursing Mirror, 16/8/79, p. 2.

(viii)

The Barclay Report, 1982

Journal Response

THE REPORT

Emphasis on "community care" has increased over the past decade, both within health care and social services agencies, and the Barclay Committee pursued their investigation of the role and tasks of social workers strongly influenced by that ethos. Community social work would be organised on the basis of cooperation between qualified professional social workers and informal carers. There would, thus, seem to be an underlying principle of anti-elitism in the thinking of the Committee, which borders on anti-professionalism. In that vein it rejected calls for a register of qualified social workers, which would have effected a degree of professional closure.

Bureaucratic Organisation

Institutional pressures impinge on all but the most independent professional practitioners, of whom there are very few in the present organisation of Western society. This applies especially to social workers in the post-Seebohm era when bureaucratic structures have multiplied, with increasing staff tension and sense of alienation (1). Bureaucratic pressure is added to the weight of professional responsibilities and this combination of stress is typical of the role model of the semi-professional worker according to Etzioni et al. (2).

Social work within the context of the British welfare state is thus affected by social policies and structures and the influence from other professional groups (3). Inter-dependence is the hallmark of successful social work delivery. Practitioners interact with other professionals within the institutional frame-work of the professedly "benevolent" state to the greater benefit of clients. The ideal may, however, be far from the reality as stressed by Pinker in his Inaugural Lecture at the London School of Economics (4).

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[1] Barclay, P. (1982 Report), London, HMSO.

[2] Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[3] Barclay, P. 1982, Op. Cit., p. x.

[4] Pinker, R. 1981, The Enterprise of Social Work, Inaugural Lecture, London School of Economics.

The Barclay Committee saw professional practice and managerial measures as inevitably inter-twined in the daily work of the social worker involved in the combined activity of "counselling and social care planning"(1). A distinction was drawn between individuals concerned with the two functions. Social work practitioners were concerned with counselling whereas social care planning was the task of practitioners and social work managers jointly (2). It is interesting to note that practitioners involve themselves with both case-work and planning, whereas social work managers are occupied solely with the latter aspect. Presumably managers are better paid than practitioners, as is normally the case in both social work and nursing, thus under-scoring Etzioni's thesis, that the semi-professional person is often forced to abandon professional practice in order to advance hierarchically (3). The attempt to evolve a completely "professional/clinical" specialist role has not yet succeeded completely either in social work or nursing in 1986,but serious attempts to develop this function have been made, e.g. in nursing, where specialist clinical and research nurses have been introduced on a limited scale.
The threat of management encroachment into the "pure" professional role is ever present, however.

But while some management involvement is inevitable in all forms of British social work practice, there are some settings of a strictly hierarchical nature, where this is more prevalent than in others, for example in hospitals and social services departments (4). The notion of social work as "control" incorporates both professional and managerial features, but is predominantly focused in the latter function.

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[1]Barclay, P.(1982 Report), London, HMSO.

[2]Ibid.

[3]Etzioni, A. (Ed.), 1969, Semi-Professions and Their Organisation, New York, Free Press.

[4]Barclay, P. 1982, Op. Cit., p. 10.

Clients cannot benefit from counselling when the most urgent need is for money, housing or welfare rights advice (1). The force of the economic recession has bitten deep into the institutions of the welfare state and social services departments have been faced with the task of "managing under severe financial constraints" in the 1980's (2). Residential social work exhibits a stronger focus on managerialism and the predominance of structural constraints are endowed with a degree of inflexibility inhibiting a spontaneous response to client needs (3).

Hierarchy can and does function as a "delaying tactic" in social work as in other need-related services (4). But social workers tend, on the whole, to be client-centred rather than bureaucratic in outlook, unlike the majority of nurses, who are, by socialisation, strongly linked to a hierarchical frame-work. It is therefore particularly hard for the committed social work practitioners to tolerate bureaucratic rigidities. The Committee members acknowledged this problem and concluded that tension between practising social workers, the employing authorities and the public is likely to persist (5). However, this "tension" does not constitute a wholesome discipline and is not thought to prevent mishap through the action of unrestrained action by social workers (6). This orientation stands in clear contrast to the traditional view in nursing, which emphasises hierarchy and clearly delineated areas of responsibility for each member of the organisation as a potent means of ensuring safe practice in potentially life-threatening situations.

The semi-professional's dilemma is again touched upon in that a purely professional role is difficult to maintain at senior levels (7). The same problem exists in nursing. The Barclay Committee was, however, intent on stressing the

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[1]Barclay, P.(1982 Report), London, HMSO, p. 37.
[2]Barclay, P. 1982, Op. Cit., p. 38.
[3]Barclay, P. 1982, Op. Cit., p. 56.
[4]Barclay, P. 1982, Op. Cit., p. 128.
[5]Barclay, P. 1982, Op. Cit., p. 129.
[6]Barclay, P. 1982, Op. Cit., p. 131.
[7]Barclay, P. 1982, Op. Cit., p. 135.

importance of "pure social work" and considered it important to retain experienced social workers in direct client-oriented practice (1), and to break away from excessively hierarchical structures, which awarded higher status to management than to practice related roles (2).

But while management pressure can be stultifying, the absence of statutory registration of social workers was seen as a problem and the Committee pointed to this anomaly, remarking that other "health and welfare" professionals were subject to such regulation in order to protect patient/clients from incompetent practitioners (3). The debate for and against state registration of social workers has persisted over a number of years, but no conclusive consensus has, as yet, been reached. Nurses have been subject to registration since the passing of the 1919 Nurses Act. The disciplinary potential within the system has been prominent in the case of both nurses and doctors and the argument in favour of introducing the same system in social work would seem to be strong. Thus a base-line of professional competence and personal integrity would exist below which accredited social workers would not be allowed to fall without having their names removed from the register. In the present system senior social work managers and individual social workers are the main arbiters of what constitutes "good practice" in each particular instance and the danger of vested interests intruding on their judgement was pointed out (4). The preservation of integrity in social work service is particularly important in view of the essentially unequal relationship between social worker and client (5). This vulnerability of the client further under-scores the need for an external registration process to monitor and, if necessary, restrain social work practice. While nursing structures may be over-rigid social work equivalents fall down on the opposite count.

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[1]Barclay, P. (1982 Report), London, HMSO, p. 135.
[2]Barclay, P. 1982, Op. Cit., p. 136.
[3]Barclay, P. 1982, Op. Cit., p. 179.
[4]Barclay, P. 1982, Op. Cit., p. 194.
[5]Barclay, P. 1982, Op. Cit., p. 192.

Professional Organisation and Education

In justifying the philosophy of community social work considerable debate about the components of professional social work has taken place in a similar manner to that of the marxist, devoting numerous pages of script to the refutation of capitalism. It is important, however, not to over-state the dismissal of professional social work in the Report. A partnership between professional and community social work is clearly visualised, although it could be said, that the relationship is limping and over-weighted in the direction of voluntary social work. This would seem to be the view of Pinker as seen below (1).

The overwhelming emphasis is on the partnership between professionalism and managerialism. The Committee introduced the main Report by stating that social work practice must be considered within the context of current social policies and organisational structures and in relation to other professions and services/as(2) noted above. The essential character of social work includes the two strands of "counselling and social work planning" (3), and thus incorporates both bureaucratic and purely professional activity. But while stressing the two-sided nature of social work and acknowledging the important role of social work managers, Committee members defined their main interest as being centred on "the role and tasks of practitioners" (4). The varying emphasis on managerialism and/or professionalism depends greatly on the type of institution in which the social worker is active. Thus the Committee pointed to the fact that social planning activities are more prominent in social services departments and area teams whereas child guidance and psychiatric social work practitioners are more oriented towards counselling work (5).

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[1]Minority Report, pp. 261-262. Pinker, R. 1982 in Barclay, P. (1982 Report), London, HMSO.

[2]Barclay, P. 1982, Op. Cit., p. x.

[3]Ibid.

[4]Ibid.

[5]Barclay, P. 1982, Op.Cit., p. 10.

Unlike nursing the social work occupation in Britain has been unable and/or unwilling to prohibit professionally unqualified individuals from functioning in the same capacity as qualified social workers (1). This option was removed in nursing with the passing of the Nurses Act 1919 and the transition period when technically unqualified, but experienced nurses were "absorbed" onto the register. In social work, however, there is no law preventing an unqualified worker from being appointed to a post normally designated for a qualified social worker (2). It is rather surprising to hear Committee members expressing satisfaction that: "over 70% of those engaged in front-line social work are now qualified..." (3), which implies that 30% of social workers dealing with vulnerable individuals, have received no formal training for this sensitive work. But while such a high proportion of unqualified "front-line" social workers may seem unacceptable, it is, nevertheless, an improvement on conditions prevailing in the 1950's when "few people had any training" due to limited facilities (4) as reported by Younghusband in her "Follow-Up Study". Clearly, a vast improvement in regard to social work training had been achieved over the past thirty years, although the level of professional qualification among residential social workers was comparatively low. Among those designated as "care staff" other than care assistants about 15% held some form of professional qualification but only 3.5% possessed the CQSW (5). The residential sector is confusing in that functions inevitably inter-link with the domestic care environment and the managers and care staff involved in this work do not necessarily see themselves as social workers (6).

Part of the aspiring professional's claim to status is the possession of "exclusive knowledge and expertise". The Barclay Committee, however, failed to identify a "uniform set of roles and tasks that will inevitably fall to social workers" (7). Some social workers laid claim to "therapeutic

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[1]This will inevitably change in the light of the 1982-83 Mental Health Legislation.

[2]Barclay, P. (1982 Report), London, HMSO, p. 25.

[3]Ibid.

[4]Younghusband, E. (1978 Study),London,G.Allen & Unwin,Pt.2.,p.19.

[5]Barclay, P. 1982, Op. Cit., p. 26.

[6]Ibid.

[7]Barclay, P. 1982, Op. Cit., p. 35.

expertise" on the grounds of having "one to one" contact with clients. However, they have no monopoly over this activity as other professionals also practise counselling as a major part of their work (1). While the Committee wished to reassure the public that those "bearing the title 'social worker'" perform their work with due respect for clients (2) they did not have a monopoly either "of concern nor of solutions" (3). The extreme wing of social work critics - e.g. Brewer and Lait saw no need for social workers at all (4).

The Committee distinguished between "tending" and professional social work. Thus, in an apparent bid for "professional closure" they did not necessarily claim professional social work status for the afore-mentioned category of tasks (5). Three roles, i.e. those of "manager", "consultant" and "direct care-giver" were isolated (6). Only the second function, i.e. counselling, constituted fully professional social work (7). These conditions do not prevail in real life as other occupational groups, in voluntary and statutory agencies, practise counselling too. There would seem to be slender justification for viewing this skill as a specialist social work art - it is used by priests and student advisers, marriage guidance workers and abortion agency staff among others and could, with benefit, become an essential part of nursing practice.

The Committee members vacillated between a desire to carve out an area of expertise, which constitutes "social

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[1]Barclay, P.(1982 Report), London, HMSO, p. 34.

[2]Barclay, P. 1982, Op. Cit., p. 35.

[3]Ibid.

[4]Barclay, P. 1982, Op. Cit., p. 170.

[5]Barclay, P. 1982, Op. Cit., p. 67. See relevance of discussion re. feminine professionalism in this context.

[6]Barclay, P. 1982, Op. Cit., pp. 67-68.

[7]Barclay, P. 1982, Op. Cit., p. 69.

work proper" and, at the same time, with breaking down barriers between grades of practitioners, between the qualified and unqualified, between the field-worker and the residential care-giver and between social workers and the public (1). Yet the hierarchy between "professional" and "friend" persists as the professional social worker remains the expert "facilitating, enabling, supporting and planning" more informal community networks (2). The specialist function of the social worker was defined as "intensive counselling" (3) and oriented the occupation towards full professional status. The problem of seeing counselling as a specifically social work skill has already been out-lined above.

The comparative youth of social work was considered as the reason for its uncertain professional status (4). The semi-professional character of social work was seen as a consequence of "immaturity" and the same theory has been advanced in relation to nursing by Smith (5). This argument would seem to carry some weight in regard to social work, which remains comparatively informal in terms of professional structure, but not so in the case of nursing. The latter achieved "professional" characteristics with the Nightingale reforms and during the subsequent half century, not many decades after the "collective social mobility" of the medical profession as documented by Parry and Parry (6), but in spite of this it lacks the professional autonomy of law and medicine. The contrast between the power of the latter and social work was stressed, saying:

> "doctors...have a well-recognised autonomy and an ethical code, a regulatory body, provision for senior practitioners to remain in practice..." (7)

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[1] Barclay, P.(1982 Report), London, HMSO, p. 70.

[2] Barclay, P. 1982, Op. Cit., p.76.

[3] Barclay, P. 1982, Op. Cit., p. 104.

[4] Barclay, P. 1982, Op. Cit., p. 115.

[5] Smith, J.P. 1981, Sociology and Nursing, London, Churchill and Livingstone, p. 99.

[6] Parry, J. and Parry, J. 1976, The Rise of the Medical Profession, London, Croom and Helm.

[7] Barclay, P. 1982, Op. Cit., p. 120.

Controversy about what constitutes evidence of increasing professionalisation was evident in that some commentators regarded intensified trade union activity as a sign of professional growth, whereas others took the opposite view (1).

The problem of functioning in a managerial/professional role was again stressed in pointing to the position of the team-leader, who needs to combine both aspects in his practice (2). The tension arises to a greater extent in the fulfilment of the two most important roles in social work, i.e. that of the counsellor and the social planner/bureaucrat (3). There were mixed views on the subject, however, and many practitioners stressed that similar activities outside social work included a combination of professional and administrative tasks (4). The classical dilemma of the semi-professional (5) is outlined in the discussion on the loss of experienced practitioners to management. Thus the Committee noted that: "there can be no point in turning an excellent practitioner into a bad or irrelevant manager" (6). A similar debate has taken place in nursing, inspired by the Briggs Report (7) with the suggestion that a "clinical" career ladder be established to run parallel with the management structure with similar promotion and salary structures.

Hierarchy in social work was viewed as "anti-professional" emphasising management tasks to the detriment of professional concerns (8). The role of bureaucratic authority is important in all "semi-professions" and imposes a second set of "controls" over and above those dictated by a "professional

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[1] Barclay, P.(1982 Report), London, HMSO, p. 124.

[2] Barclay, P. 1982, Op. Cit., p. 133.

[3] Ibid.

[4] Ibid.

[5] See Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[6] Barclay, P. 1982, Op. Cit., p. 135.

[7] Briggs, A. (1972 Report), London, HMSO.

[8] Barclay, P. 1982, Op. Cit., p. 136.

code". This duality is discussed by Davies, noting the dilemma, as traditionally conceived, as one of the:

> "insertion of 'professions' into 'bureaucratic structures' (which) was a readily recognisable sociological problem. Terms such as 'strain', 'conflict', 'accommodation', 'adjustment' were central" (1).

The comparative weakness of "professional closure" in social work in spite of the attempt to expropriate counselling as an exclusively social work skill is demonstrated in the fact that the Committee failed to lay down a rule that only those possessing the Certificate of Qualification in Social Work may use the title (2). A similar problem exists in nursing where the title "nurse" is, in practice, used by both trained and untrained personnel (3). The right of nursing auxiliaries to be included in the general body of nurses was challenged by the Royal College of Nursing in the early 1980's by opposing the inclusion of the former in the negotiating frame-work of the newly formed Pay Review Body. There has been a suggestion that unqualified nursing personnel be renamed "care-assistants" following the tradition within social services residential institutions.

While social workers operate under the general umbrella of "professionalism" they, nevertheless, lack: "the authoritative backing of a code of conduct such as some, at least, of the other occupations enjoy" (4). The possession of a professional code of conduct is traditionally viewed as a "trait" of professional standing (5) and, in this respect, nurses are ahead of social workers. The lack of a professional

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[1]Davies, C. 1983, in Dingwall, R. and Lewis, P. 1983, The Sociology of the Professions, London, MacMillan.

[2]Barclay, P. (1982 Report), London, HMSO, p. 139.

[3]It must be noted that this use of the title is purely colloquial. No auxiliary would replace a trained nurse in normal circumstances.

[4]Barclay, P. 1982, Op. Cit., p. 146.

[5]Johnson, T. 1972, Professions and Power, London, MacMillan.

register of competent practitioners also sets the latter occupation apart from doctors and nurses. The absence of a disciplinary machinery apart from local authority control to monitor social workers is particularly worrying, in view of the power,which practitioners often hold over the lives of clients. Thus, while the social worker ideally makes constructive use of the authority derived from a court order, abuse of power is an ever-present possibility. Care and control co-exist in all nurturant activities, e.g.in nursing and social work. This control function can, if not monitored and if exercised by professionally and personally immature individuals, deteriorate into punitive behaviour as witnessed in the case of some institutions for the care of mentally ill and mentally handicapped people (1). "Watch-dog" organisations,e.g. the General Medical Council and the United Kingdom Central Council for Nurses, Midwives and Health Visitors act as a brake on such negative "evolution" of nurturance and social work would, undoubtedly, gain in legitimacy by introducing a similar disciplinary machinery. The Committee entered into this debate and acknowledged recommendations from BASW (the British Association of Social Workers) and RCA (Residential Care Association) to set up an accreditation machinery enforcing satisfactory standards of "training and professional behaviour in social work" (2). But because of the acknowledged "up-hill struggle" of "those who have pleaded the cause of full professional status for the social worker" and the lack of legal support for a statutory professional title the Committee found it impossible to endorse the recommendation for establishing a general council, although they sympathised with the views expressed by the professional organisations (3). Supporters of the regulatory body includedmembers of the medical profession who supported the idea of a General Social Work Council on the same lines as the General Medical and the General Nursing Councils (4).

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[1] See discussion on feminine professionalism - the "care/castigation" complex.

[2] Barclay, P. (1982 Report), London, HMSO, p. 177.

[3] Barclay, P. 1982, Op. Cit., p. 185.

[4] Barclay, P. 1982, Op. Cit., p. 183.

Social workers are sometimes in conflict with other professionals with whom they interact, e.g. doctors, who have a strong tradition of confidentiality. BASW out-lined the different attitudes of social workers: that appropriate to the counselling function, which is founded on freely shared information and that of social control, which is more secretive and restrictive (1). The latter approach mirrors the medical attitude most closely and the social control function within medicine is discussed by a number of medical sociologists, e.g. Zola (2). This restrictive approach in social work is seen to be rooted, to some extent, in the creation of large social services departments, following Seebohm and these did: "by their bureaucracy and advocacy of 'professionalism' shift the balance of power away from clients and communities" (3). Thus both managerialism and professionalism work against the client in many respects, according to Barclay. But while these trends in combination can work against the "freedom" of the client, they also conflict with each other at times in terms of function, thus the Committee considered that senior managers should not be the sole judges on professional issues (4). A similar dilemma arises in nursing hierarchies and managerial-professional tensions surface particularly at periods of public spending restrictions, e.g. in 1983-84, when a manager with the brief to reduce expenditure might have to lower the professional standard by decreasing staffing levels.

The community social work approach can be discussed within the context of "anti-professionalism" or rather as an alternative to a fully professionalised social work service in that a large in-put is expected from "informal carers" within a certain neighbourhood (5). The debate about

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[1]Barclay, P. (1982 Report), London, HMSO, p. 191.

[2]Zola, I.K. 1975, in Cox, C. and Mead, A. 1975, A Sociology of Medical Practice, London, Collier-MacMillan, pp. 23-48.

[3]Barclay, P. 1982, Op. Cit., p. 192.

[4]Barclay, P. 1982, Op. Cit., p. 194.

[5]Barclay, P. 1982, Op. Cit., p. 199.

"community care" has been a lively concern both within the social and health care services over the past decade. It is founded on a somewhat simplistic nostalgia for a "mythical" cohesive society where the net-works of kinship, geographical location, friendship and occupation coincide. It would seem obvious, however, that the notion of "community" in the modern, urban setting is more dream than reality. The net-works do not, on the whole, interlink completely and without a substantial input from "professionals" some social needs will remain unmet. In fairness to the Committee, a cautionary note was struck in pointing to the danger of politicians inferring that "community care" can be effected without special funding (1). In conclusion, the Committee came down firmly in favour of the community approach in anticipating that most of the required social care would be given within informal networks (2). Whatever form the interaction between professional social workers and informal carers was to take, and it is not the present concern to analyse various options in detail, it was hoped that the need for professional social work would diminish (3).

Interest in social work education was slight in the Report, except in so far as renewed emphasis on teaching community social work is concerned. However, a subsequent discussion paper from CCETSW (Dec., 1973) (4), outlines a proposal for change, philosophically in line with the anti-professional and anti-elitist stance of the Barclay Report. This paper, which will be discussed later in this chapter, puts forward various recommendations, which reduce the influence of the universities in social work education and advocate a more "apprentice-ship" oriented approach to training wherein more control will be lodged in the local authorities.

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[1]Barclay, P. 1982, Social Workers - Their Role and Tasks, London, NISW, p. 216.

[2]Barclay, P. 1982, Op. Cit., pp. 199-200. See also on-going work by Willmott, P. (1986) on the role of informal carers in the community.

[3]Barclay, P. 1982, Op. Cit., p. 217.

[4]Parsloe, P. 1983, Review of Qualifying Training Policies, London, CCETSW.

Appendix

Pinker's Minority Report

While Appendix A (a note by Brown, Hadley and White) is of technical interest to those intent on developing the community oriented type of social work, Pinker, who felt unable to sign the majority report, provided the minority report, which has aroused more controversy and feeds into the present debate on professionalism in social work more closely. He drew attention to:

> "imperatives (derived) from the professional standards and values to which social workers may individually and collectively subscribe."(1),

as a guiding light for social work action and also pointed to the high level of specialist skill possessed by a qualified social worker (2).

The virtual dismissal of "social case-work" by the Committee was a matter of regret for Pinker, who pointed to the caricaturing of this function in the Report (3). Social workers, on the other hand, should see themselves as upholders of "net-works" (4). But Pinker stated categorically that in his view "social work and social case-work are virtually synonymous" (5) and thereby justified the contention that: "social workers are professional people" (6).
Mock egalitarianism, engendered through the idea of community rather than professionally dominated social work, was criticised by Pinker (7). In sum, a strong case was made for the retention of professional social work as traditionally conceived,and following the model of the main theorists on professionalism (8). With biting sarcasm Pinker sought

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[1]Barclay, P. 1982, Pinker, R. Minority Report, p. 237.
[2]Barclay, P. 1982, Pinker, R. Op. Cit., p. 238.
[3]Ibid.
[4]Ibid.
[5]Barclay, P. 1982, Pinker, R. Op. Cit., p. 239.
[6]Ibid.
[7]Barclay, P. 1982, Pinker, R. Op. Cit., p. 240.
[8]Johnson, T. 1972, Professions and Power, London, MacMillan.

to demolish:

> "the romantic illusion...that by dispersing a handful of professional social workers into local communities we can miraculously revive the sleeping giants of populist altruism..." (1).

A return to social work specialisms was recommended and Pinker failed to see the answer in the Committee's Report. No response to the question as to how social workers might maintain competence in a broad spectrum of specialisms was given. This dilemma has existed ever since the Seebohm re-organisation, being reinforced through the Barclay Committee's clarion call to introduce community social work. Pinker pointed to the fact that the Committee's recommendations: "would have profound implications for social work education..." (2), in that teaching on: "the 'community dimension'"...(3) would take precedence over other valid social work skills.

While the community ideal is anti-bureaucratic, management functions would, in fact, be multiplied (4). Should the managerial function be hived off from professional social work? Should the hard-pressed manager remain professionally involved and seek to maintain a case-load as well as other duties? The Report gives no clear answer to these questions.

The inevitability of social control as a component of "caring" professionalism was debated and Pinker pointed to the similar situation prevailing in medicine and nursing (5). Caring for vulnerable people involves relation of power (6). It is the task of professional organisations to monitor the exercise of legitimate professional power, which serves the interests of the clients, and to discipline those who abuse this relationship. To this end registration of competent practitioners by a general council of social work seemed advisable and Pinker referred to support for such an ...

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[1] Barclay, P. 1982, Pinker, R. Minority Report, pp. 244-245.

[2] Barclay, P. 1982, Pinker, R. Op. Cit., p. 248.

[3] Ibid.

[4] Barclay, P. 1982, Pinker, R. Op. Cit., p. 247.

[5] Barclay, P. 1982, Pinker, R. Op. Cit., p. 256.

[6] See discussion on feminine professionalism.

organisation by the British Association of Social Workers (1). Defending his position Pinker summed up the discussion in concluding that:

> "if elitism means seeking to promote and maintain the best possible standards of public service, I am an elitist and I see the eventual formation of a general council and the professionalisation of social work as useful means to that end" (2).

JOURNAL RESPONSE

Social Work Today

Bureaucratic Organisation

The proposed introduction of a "community social work model" would further enhance the divided accountability of the professional social worker in that she would be caught between employer and client/community without appeal to a General Social Work Council (3). The ambiguous position of social workers in social services departments is further enhanced through the "social control" function of their work (4), which has to be combined with the practice of case-work under the general umbrella of Local Authorities whose "monopoly over aspects of the social services" (5) was questioned by one writer. Local Authorities preside over complex and hierarchical social services departments, which, in the words of one commentator ressemble "big business" in their hierarchical structures (6). Th ethos of social work tends to be anti-bureaucratic and, consequently, social workers are often uncertain about the degree to which they may act on their own judgement (7). Authority relations within social work as well as between social workers and managers, need to be clarified. Within a community social work model the professional social worker would act as "team leader" (8) and this

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[1]Barclay, P. 1982, Pinker, R. Minority Report, P. 258.
[2]Barclay, P. 1982, Pinker, R. Op. Cit., p. 259.
[3]Social Work Today, 10/8/82, p. 9.
[4]Social Work Today, 27/7/82, p. 11, and 4/5/82, p. 2.
[5]Social Work Today, 10/8/82, p. 9.
[6]Social Work Today, 4/5/82, p. 15. See also reference to "Seebohm factories"in a previous section of Chapter 4.
[7]Social Work Today, 4/5/82, p. 15 and 6/5/83, p. 21.
[8]Social Work Today, 4/5/82, p. 22.

function may at times involve making unpopular decisions. Social workers of proven ability should be given extended delegated authority (1) in order to aid them in such situations. The continued absence of a general social work council did, in the mind of some social workers, increase their vulnerability vis-a-vis Local Authorities and this was stressed by a member of the British Medical Association (2).

An anti-authoritarian move toward de-centralisation of decision-making was required in order to make sense of the community social work model, a fact not pointed out forcefully enough by Barclay, according to one correspondent (3). Besides, Barclay failed to note that a change in social work attitudes would have but slight effect, if the economic and ideological climate remained unchanged. This would be to: "misunderstand the complexities of the 'content of social work'"(4).

Professional Organisation and Education

In proposing an "anti-elitist" and, to some extent, "anti-professional" form of social work, Barclay, paradoxically, opened the debate wide upon questions of professional organisation. Debate about the establishment of a General Social Work Council features in the Barclay Report. Bamford (BASW) referred to suggestions to establish an "independent inspectorate" but maintains that BASW's plan for the creation of a General Social Work Council would seem to constitute a better way of regulating professional standards (5). The crucial distinction between the two monitoring devices is precisely the concentration of the latter on professional issues whereas the former would view its role as more extensive. Characteristically the Local Authority machine showed preference for the former model (6). Local Authorities rejected professionalisation as a fitting goal for a general council and opted

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[1] Social Work Today, 10/8/82, p. 9.
[2] Social Work Today, 29/3/83, p. 19, also 27/9/83, p.15 & 29/11/83, p.18
[3] Social Work Today, 1/3/83, p. 16.
[4] Social Work Today, 29/11/83, p. 19.
[5] Social Work Today, 4/5/82, p. 1.
[6] Social Work Today, 4/5/82, p. 2.

for a more management-oriented controlling body. The latter point of view won the day as most of the members of the Barclay Committee felt that the establishment of a General Social Work Council would be premature (1). Aspirations to establish such a body were seen as a desire to imitate professions such as medicine (and some semi-professions, e.g. nursing) but one correspondent felt that: "it would be wrong for social work to wish slavishly to ape the older professions" (2). Characteristically, the British Medical Association approved of professional registration and its views on the proposed Social Work Council are documented above (p.231). The presence of a professional regulating body would have an impact on discipline and misgivings were expressed about the lack of objective criteria, upon which to base investigations into professional misconduct and incompetence (3). The idea of a Social Work Council was linked directly to professional status by one correspondent (4). This body would be the guardian of: "a commonly accepted body of theoretical knowledge... and (be) guided by a code of ethics...(5).

A respect for "specialist knowledge" would be encouraged among social workers and this would act as a defence against those, who like Brewer and Lait (6), "can see no need for social workers at all " (7). Furthermore management would need to delegate more duties in order to increase the level of autonomy of social workers (8). One obstacle to the creation of a general council was the inability to define what a

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[1]Social Work Today, 4/5/82, p. 1.

[2]Ibid. Salvage, J.(1985, The Politics of Nursing, London, Heinemann)holds a similar view with regard to nursing.

[3]Social Work Today, 4/5/82, p. 20.

[4]Social Work Today, 4/5/82, p. 19.

[5]Ibid.

[6]Brewer, C. and Lait, J. 1980, Can Social Work Survive? London, Temple-Smith.

[7]Social Work Today, 4/5/82, p. 5.

[8]Ibid.

social worker is. There would seem to be a certain logic in limiting the assignation to holders of the CQSW (Certificate of Qualification in Social Work) but many holders of the CSS (Certificate of Social Service) and those, who are completely unqualified do, in fact involve themselves in formal social work (1), consequently the title of social worker could not be restricted to the first-mentioned category (2).

A crucial debate ensued between the anti-professionalisers, who were given some ammunition through the Barclay Report and the professionalisers, e.g. Pinker, who felt unable to sign the above document. The former camp accused the latter of adopting "a fortress approach" and of concentrating too much on social case work (3). Values inherent in the above approach were seen as "middle-class" and the opposition camp tended to "eschew professionalism" (4).

The impact of bureaucracy in "younger professions" such as nursing and social work is marked and this has led to division between management and workers providing an opening to trade union influence (5). The notion of a professionally controlled council was seen to militate against this trend and the "older" professionals were anxious to dampen the fervour of trade unionism and foster a more ordered professional development in social work with a regulating council similar to those in medicine and nursing (6). Further fluidity was engendered through "the difference in organisational structure between various services" (7).

Against "the prophets of doom" Pinker maintained that: "the present model of client-centred social work is sound..." (8), being based on "containment, maintenance, control and support.."(9).

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[1] Social Work Today, 4/5/82, p. 16.
[2] Ibid.
[3] Social Work Today, 4/5/82, p. 3.
[4] Social Work Today, 15/6/82, p. 1.
[5] Social Work Today, 4/5/82, p. 19.
[6] Social Work Today, 4/5/82, p. 20.
[7] Social Work Today, 4/5/82, p. 12.
[8] Social Work Today, 25/5/82, p. 22.
[9] Ibid.

He dismissed "unreflective egalitarianism" which did not reveal the real differences between professional practitioners and clients in terms of knowledge and power (1) and maintained that:

> "community social work is an illusion of the romantic left, who have learnt nothing lately about the development of social policy and of the romantic right, who have learnt nothing lately about anything..." (2).

Indeed, Pinker's so-called "siege-mentality" with its clear distinction between social work and non-social work might serve to provide an antidote to the low professional esteem of social workers arising from their uncertain role-definition (3). At least he defined the "base-line" for what he regarded as legitimate social work activities, which could act as a stabilising force in an occupation preoccupied by self-doubt and a general tendency towards "navel-gazing". A representative of the British Medical Association echoed Pinker's doubts about the Barclay Report and its version of social work, which failed to specify the occupational role of the professional social worker (4).

It would seem apparent from comments made above, that the conflicting demands of managerialism and professionalism were much in evidence in the Barclay Debate. Discussing resource allocation one correspondent noted: "professional interests... represented in the administrative structure of the NHS and local authorities" (5). The tension between practising social workers and their managers was widely discussed (6). An anti-hierarchical move to transfer substantial delegated decision-making power from higher management to "front-line" social workers and their managers"(7)

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[1] Social Work Today, 15/6/82, p. 9.
[2] Social Work Today, 25/5/82, p. 22.
[3] Social Work Today, 13/7/82, p. 10.
[4] Social Work Today, 29/3/83, p. 19.
[5] Social Work Today, 6/7/82, p. 9. (Emphasis added.)
[6] Social Work Today, 4/5/82, p. 10, p. 16 and p. 19.
[7] Social Work Today, 4/5/82 p. 1.

was recommended. The inter-locking functions of management and professional social work were recognised in the proposal for the creation of an independent inspectorate (1).

The reality of "professional standing" was perceived in relation to other occupations. Doctors were often used as a "yard-stick" for status and it was noted that relations between the former and social workers tended to be more informal in the psychiatric sector than elsewhere (2). Many non-social workers were critical of, and some denied the need for, an independent social work function or were doubtful about the "role and style" of social workers (3). Medical opinion was generally in favour of: "medical dominance of social workers as para-professionals" (4).

Social workers needed to combine several roles in order to span the breadth of tasks traditionally allocated to them and confirmed by Barclay including management, counselling and tending functions (5). These are, to some extent, combined in all caring professions and semi-professions, but the ensuing tensions between them would seem more pronounced within the latter category.

Very few writers in Social Work Today were overtly concerned with the implications of the Barclay Report for education, although the role of the proposed General Social Work Council in regulating social work education and training was noted (6). The level of professional qualification among social work staff was low, compared to that of nursing and only two-thirds of front line social workers and one in six or seven of residential social workers had enjoyed formal social work training at the time of the Report (7). In an egalitarian thrust, Barclay proposed "opening up CQSW training to residential social workers"(8) thus diminishing the inequality between the different categories of worker.

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[1]Social Work Today, 19/4/83, p. 2.
[2]Social Work Today, 4/5/82, p. 12.
[3]Social Work Today, 13/7/82, p. 10.
[4]Ibid.
[5]Social Work Today, 4/5/82, p. 10.
[6]Social Work Today, 4/5/82, p. 1 and p. 19.
[7]Social Work Today, 4/5/82, p. 25.
[8]Social Work Today, 21/9/82, p. 2.

Community Care

Bureaucratic Organisation

Social workers relate uneasily to hierarchical arrangements unlike nurses, who are thoroughly socialised to function within large line-management institutions as noted previously. Thus there was criticism of the elitist managerial structure, which emerged from a committee which had rejected a professional regulatory body (1). This increasing elitism affected the users of social work services and social workers were often accused of blocking access to management for clients (2). Increasing bureaucracy inevitably removes the customer further from the centre of power, as an "upward drift" in decision-making power occurs. This tendency is rooted in the culture of local governments and, in the words of one commentator, would "be best reversed" (3). Front-line social workers were "almost uniformly critical of those in what they always called 'the hierarchy'" (4). But the criticism was reciprocated in the light of recent social work disasters and a higher level of accountability of social workers to the organisation was called for (5). This monitoring was seen as particularly important as most social workers are comparative amateurs in management (6). It was noted that residential workers as "jacks of all trades" involve themselves in tasks for which they are not always prepared, i.e. management, planning and counselling (7). In discussing the input of non social workers above, "management" is listed as a social work task, thus re-inforcing the Etzioni thesis on the tendency for semi-professions to inherit administrative tasks (8).

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[1] Community Care, 13/5/82, p. 5.

[2] Ibid. See combination of care and control in nurturant relationships.

[3] Community Care, 10/6/82, p. 21.

[4] Community Care, 16/9/82, p. 21.

[5] Community Care, 6/1/83, p. 22.

[6] Community Care, 16/9/82, p. 21.

[7] Community Care, 6/1/83, p. 22.

[8] Etzioni, A. (Ed.), 1969, Semi-Professions and Their Organisation, New York, Free Press.

Professional Organisation and Education

Wide interest was shown in the proposals for a social work council on the one hand and a social services inspectorate, on the other. Control over social workers was seen as a pressing matter and one writer emphasised the importance of registering all social services staff (1). The discussion thus confusingly shifted from registration of social workers only to that of social services staff in general (2). This confusion is reflected in the stress on a social work council versus the idea of a broader social services inspectorate. The Barclay Committee shed little light on the subject in that, while it could not accept the idea of a social work council, it was also vague on the question of instituting a general inspectorate (3). One writer accused the Committee of lacking the courage to follow "its own directives" in proposing a General Social Work Council (4). BASW reiterated its aim to establish such a council (5), but more "left/radical" social workers rejected the drift towards professionalisation and would welcome the day when: "the idea of a General Social Work Council is laid to rest" (6). The existence of such a body would seem to run counter to the philosophy of trade unionism (7). But the Association of Directors of Social Services disagreed with the Barclay Committee's rejection of a social work council and expressed the main advantage of such a body as a means for the: "disciplining of social workers who act incompetently or against their professional duties" (8).

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[1] Community Care, 13/5/82, p. 5.
[2] Community Care, 24/6/82, p. 24; 6/1/83, p. 22 and 24/2/83, p.22.
[3] Community Care, 20/5/82, p. 3.
[4] Community Care, 10/6/82, p. 20.
[5] Community Care, 6/5/82, p. 13.
[6] Community Care, 19/8/82, p. 14.
[7] Ibid.
[8] Community Care, 6/5/82, p. 13.

The association of a General Social Work Council with increasing social work elitism was obvious. Some regret was expressed regarding the Committee's concentration on social workers rather than on social service workers generally (1). There was an unwritten assumption that social workers would continue to dominate social services departments (2), with the accompanying fear that increasing professionalism might lead to neglect of statutory duties (3). Not only were other social services department workers neglected in the Report but one writer also rejected the lack of emphasis on client rights (4). On the other hand, the Barclay Report was seen as anti-elitist in that it aimed to break down the divisions between different types of social workers and categories of clients (5).

The view of Pinker encapsulated the "professional model" of social work and was variously approved and disapproved of. Thus one Hackney Area Officer maintained that:

> "the Pinker-indicated route...may feel intellectually and professionally safer but leaves BASW further cut off from the experiences and aspirations of social workers employed at field level" (6).

A more sympathetic view of Pinker's position was provided by another corresponent who acknowleged that:

> "Professor Pinker not only provides a defensive reaction in line with the 'professional' view of social work...but also an enlightening and honest political perspective" (7).

General discussion about professionalism included concern with accreditation (8), professional knowledge (9) and the

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[1] Community Care, 3/6/82, p.20. But see discussion re social work as indistinguishable from social services generally in the section on Parsloe later in this chapter.

[2] Community Care, 20/5/82, p. 6.

[3] Ibid.

[4] Community Care, 20/5/82, p. 1.

[5] Community Care, 21/10/82, p. 25.

[6] Community Care, 21/4/83, p. 7.

[7] Community Care, 3/6/82, p. 20.

[8] Community Care, 6/5/82, p. 13.

[9] Community Care, 13/5/82, p. 5.

control of standards (1). The question of autonomy in social work was raised (2) as was that of professional status and the Barclay Committee:

> "received contradictory evidence as to whether social work should now move to full professional status (on a par with, say medicine and law)" (3).

There is a rather simplistic notion implied above, that simply by "willing" social work to become a full profession the deed would be done. Structural obstacles would undoubtedly be numerous and it would, in the view of this writer, seem unlikely for social work to reach the professional stature of medicine or law in the foreseeable future or, indeed, ever within the context of existing social structures in Britain. The weakness of social work professionalisation is made evident through the difficulty experienced in distinguishing social work tasks from domestic chores in the residential setting (4), and the general problem of defining its knowledge base in the Barclay Report (5).

The interaction and conflict between professional and administrative aspects of social work was discussed and BASW representatives noted the waste of social worker skills in being preoccupied with routine administrative tasks, which could be undertaken by other categories of staff (6). In fact, the tension between social workers and other social services staff can increase to the point where social workers doubt the suitability of administering social services in a local authority setting (7). One critic of the "professionalising" stance maintained that such an approach would increase bureaucratic control and move services further away from clients. Pinker's model of social

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[1] Community Care, 13/5/82, p. 5.

[2] Community Care, 20/1/83, p. 8 and 13/5/82, p. 5.

[3] Community Care, 24/6/82, p. 24.

[4] Community Care, 10/5/82, p. 6. The same problem exists in nursing - see reference to feminine professionalism.

[5] Community Care, 1/7/82, p. 14.

[6] Community Care, 6/5/82, p. 31.

[7] Community Care, 24/6/82, p. 14.

work,which was described as "status quo plus general council" was seen as vulnerable to the above-mentioned tendencies (1).

Predictably, the British Medical Association supported the idea of a General Social Work Council (2) and equally characteristically, NALGO, (National Association of Local Government Officers) criticised council supporters for apeing the older professions (3). References to proposed moves towards achieving similar status of social work compared to that of medicine have been discussed above.

There was greater evidence of interest in educational issues in the Barclay Report among contributors to Community Care than in Social Work Today. The delicate relationship between social work colleges and service agencies in social work education was touched upon (4) and was seen as even more topical following the December, 1983, CCETSW proposals to give more control over social work training to Local Authorities. The general lack of post-qualification courses was noted (5). Furthermore, the status gap and confusion between the roles of CQSW and CSS holders required clarification (6). Pinker advanced the case for extending the period of social work training (7) and a greater concern with specialisation and teaching of all facets of social work was called for (8). The potential role of universities in catering for staff training needs was also discussed (9).

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[1] Community Care, 19/8/82, p. 15.

[2] Community Care, 6/5/83, p. 14.

[3] Community Care, 10/6/82, p. 20.

[4] Community Care, 14/10/82, p. 14.

[5] Community Care, 16/9/82, p. 20; 6/5/82, p. 13; 4/11/82, p. 9; and 20/5/82, p. 4.

[6] Community Care, 6/5/82, p. 13.

[7] Community Care, 14/10/82, p. 13.

[8] Ibid.

[9] Community Care, 20/5/82, p. 4.

(ix)

The Griffiths Report, 1983

Journal Response

THE REPORT

The Salmon Report established a rational career structure for senior nurses and the subsequent Briggs Report and 1979 Nurses, Midwives and Health Visitors Act confirmed this structure. Rational nurse management was established,only to meet a radical challenge with the publication of the Griffiths Report. "General"rather than "professional" management was to be introduced into the National Health Service and this was seen to pose one of the most fundamental threats to the status of nursing during this century,in the view of many nurses,including the leadership of the Royal College of Nursing (1). Griffiths' view on the deterioration of nurse management and managerial structures generally in the contemporary National Health Service is expressed below:

> "If Florence Nightingale were carrying her lamp through the corridors of the NHS today, she would almost certainly be searching for the people in charge" (2).

Management

The document is primarily about management, as its title implies. It advocates the establishment of a "Health Services Supervisory Board and a full-time NHS Management Board" (3). The initial exclusion of the Chief Nursing Officer from the Supervisory Board was strongly criticised by the Social Services Committee, which had been set the task of examining the 1983 Report (4) and the Royal College of Nursing echoed this view (5). Nurse involvement was possible in theory through

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[1] Following completion of this thesis the Royal College of Nursing staged a campaign in the Press alerting the public about the impact of the Griffiths reorganisation on nursing in 1986.

[2] Griffiths, R. (1983 Report), London, HMSO/DHSS, p. 12.

[3] Griffiths, R. 1983, Op. Cit., p. 3.

[4] First Report from the Social Services Committee, 1983-84, Griffiths NHS Management Enquiry, 29/2/84, London, HMSO

[5] RCN Nursing Standard, 22/3/84, p. 1. (S. Oldfield).

the activity of the "multi-professional NHS Management Board (1), but this possibility was not clearly spelt out as indicated above. The same would seem to apply at Health Authority level: the Regional and District Chairmen were instructed to: "identify a general manager (regardless of discipline) (2). The same procedure would be applied at Unit level.

The Personnel Director, who would probably have an industrial back-ground (3) would determine "optimum nurse, manpower levels" (4) in order to assist Regional and District Chairmen to "re-examine fundamentally each Unit's nursing levels" (4). There was no mention of direct nurse involvement in this process and anxiety was expressed by representatives of the Royal College of Nursing stressing the need for professional control over the management of nursing resources (5). Likewise, Rogers pointed to the anxiety among nurses in case they might be totally excluded from the NHS decision-making process (6).

The neglect of nurses in the Griffiths Report is in sharp contrast to the almost obsequious eagerness with which doctors, or "clinicians", were encouraged to become managers (7). This anxiety to please the medical profession was equally evident in 1945, when the NHS Bill was passed. Apart from inviting the Chief Medical Officer to become a member of the Health Services Supervisory Board (8) the need to "involve

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[1] Griffiths, R. (1983 Report), London, HMSO/DHSS, p. 3.

[2] Griffiths, R. 1983, Op. Cit., p. 5.

[3] Griffiths, R. 1983, Op. Cit., p. 4.

[4] Griffiths, R. 1983, Op. Cit., p. 8.

[5] RCN Nursing Standard, Editorial, 7/6/84, p. 4.

[6] Rogers, R. Life After Griffiths in Senior Nurse, 18/7/84, p. 8.

[7] The trend in unit managment appointments within the North West Thames Regional Health Authority did, however, shows numerical medical under-representation in Oct.-Nov. 1985.

[8] Griffiths, R. 1983, Op. Cit., p. 3.

the clinicians more closely in the management process" (1) was stressed (2). There was seen to be a need to involve doctors in planning management budgets (3) and the crucial role of medical practitioners was stressed in pointing to their role as "natural managers" of patient-centred services (4). A general management forum would thus ensure the involvement of different categories of medical practitioner in management action at unit level (5). But in spite of Griffiths favour towards the medical profession the response from doctors was mixed. There was a fear of losing the consensus principle, which had "ensured a strong clinician's input" in decision-making (6) and the British Medical Association stressed the importance of safe-guarding clinical freedom and of reconciling professional and managerial aspects of the clinician's role (7). But there was also evidence of guarded approval of the Report in the anticipation that more doctors might find employment suited to their capabilities (8).

Professional Organisation and Education

The professional consequences of the proposed management re-organisation would seem self-evident, especially in regard to nursing. General management by a non-nurse would have consequences which were viewed with apprehension by many within the occupation. The question of professional accountability was raised (9) as the Report was not clear on this point.

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[1]Griffiths, R. (1983 Report), London, HMSO/DHSS, p. 6.

[2]Ibid.

[3]Griffiths, R. 1983, Op. Cit., p. 7.

[4]Griffiths, R. 1983, Op. Cit., p. 19.

[5]Griffiths, R. 1983, Op. Cit., p. 23.

[6]The Lancet, 18/2/84, p. 408 (R. Deitch).

[7]British Medical Journal (Grabham, A.H.), 31/3/84, p. 3. BMA Suppl.

[8]The Lancet, 5/11/83, p. 1067. See also Carrier, J. & Kendall, I. 1986, NHS Management and the "Griffiths Report" in Brenton, M. & Ungerson, C. (Eds.) 1986, The Yearbook of Social Policy in Britain, 1985-86, London, RKP.

[9]Rogers, R. 1984, Life after Griffiths in Senior Nurse, 18/7/84,p.9.

While reference was made to "determining optimum manpower levels" (1), there was no discussion about the need for applying professional nursing advice to such decision-making. The importance of managerial over professional goals was emphasised in the instruction to ensure that professional functions serve the "general management process" (2). The disdain for professional aims is further revealed in the warning against: "too many professional meetings" (3).

The concern of doctors for the survival of "clinical freedom" has been noted above (4) and nurses expressed similar apprehension in regard to "professional accountability (5). An English National Board Report noted the lack of concern with professional education in the Report (6). Such neglect could have serious consequences for professional progress in nursing.

However, there were voices raised, if not in direct support of Griffiths, at least in approval of the purely professional role envisaged for nurses. Thus Hickling stressed the fact that most nurses have entered their professional career to care for people and not to become managers (7). The Griffiths re-organisation would destroy the myth that "nurses must manage nurses" and relieve them of tasks for which they are ill-prepared.

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[1]Griffiths, R. (1983 Report), London, HMSO/DHSS, p. 8.

[2]Griffiths, R. 1983, Op. Cit., p. 14.

[3]Ibid.

[4]British Medical Journal, 31/3/84, p. 3.

[5]Rogers, R. 1984, Life after Griffiths, in Senior Nurse, 18/7/84, p. 9 and RCN Standard, 7/6/84, p. 4.

[6]English National Board, ENB(84), 2, p. 1.

[7]Hickling, J., 13/6/84, in Senior Nurse, Griffiths: Opportunity or Demise?, p. 18.

JOURNAL RESPONSE

Nursing Times

Bureaucratic Organisation

The express purpose of the Griffiths Report was a review of NHS management, not of nurse management alone. Rationality in management was the aim, but the line-management model currently prevailing would be fundamentally altered, if the role of chief officers were to be changed, as indicated in the Report. A reduction in the influence of these senior nurse managers would be seen as a retrograde step, especially in view of the development of nurse management since the publication of the Salmon Report. This point was raised by Rowden (1). While the assumption was made that doctors would predominate as unit managers (2), one correspondent remarked that District Nursing Officers would be more suitable as managers at district level (3).

A shift in government thinking had occurred from favouring "general managers" over "chief executives" (4) but the distinction between the two categories escapes all but the true connoisseurs of rational management theory. What is clear, however, is the more important shift away from consensus management. The latter was deemed "inefficient" by Hawkins, the first nurse general manager (5). The sense of insecurity shown by nurse managers was marked, but one correspondent conceded the poor management abilities of many nurses (6). The same correspondent pointed to the needs of the larger organisation as more important than those of a single section (7). Although the general manager could come from any discipline within the NHS or from industry nurses should feel confident of their management capability and should take up the challenge

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[1]Nursing Times, 2/6/84, p. 3.
[2]Nursing Times, 2/11/83, p. 17.
[3]Nursing Times, 13/6/84, p. 6.
[4]Nursing Times, 23/11/83, p. 9.
[5]Nursing Times, 15/8/84, p. 19.
[6]Nursing Times, 21/12/83, p. 4.
[7]Ibid.

to provide some of the new leaders in the spirit of Nightingale (1). The management status of nurses would seem profoundly threatened by the initial exclusion of the Chief Nursing Officer from the Health Supervisory Board at DHSS level (2). There would, however, be a fair possibility of Chief Nursing Officers being included on the slightly lower executive board as was the case in Wales (3). The Social Services Select Committee examining the Report, strongly urged inclusion of the Chief Nursing Officer at the DHSS on the NHS Supervisory Board (4). The position of this most senior nurse within the NHS would, inevitably, have a ripple effect throughout the ranks of senior nursing personnel.

There was also great concern about the future position of the District Nursing Officer (5). A recently published document from the Royal College of Nursing Association of Nursing Management stressed the need for professional accountability of the Directors of Nursing Services to a District Nursing Officer (6). Such accountability might, in fact, be safeguarded through appointing a "co-ordinator from within the existing management team" (7). A minority view holding "the absence of multiple reference to nursing" as "no slight" but as a "tribute to the way nursing is managed" (8), was expressed by the District Nursing Officer of Ealing Health Authority, M. Lyne.

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[1]Nursing Times, 23/11/83, p. 10.

[2]Nursing Times, 9/11/83, p. 17. This decision was subsequently reversed.

[3]Nursing Times, 21/12/83, p. 17.

[4]Nursing Times, 28/3/84, p. 7.

[5]Nursing Times, 23/11/83, p. 14. Several districts have dispensed with this post in 1986.

[6]RCN Association of Nursing Management, June 1984, Nursing Within the New Management Arrangements, London, RCN.

[7]Nursing Times, 28/1/84, p. 5.

[8]Nursing Times, 23/11/83, p. 11.

Professional Organisation and Education

A statement from the Royal College of Nursing Association of Nursing Management was made to the effect that managerial and professional accountability cannot be separated in nursing (1) and this would seem to summarise the ambiguous relationship between management and professional organisation. It also explains the impact on the professional structure of nursing of the Griffiths management review.

Representation of nurses on the highest management boards and the danger of their removal from the decision-making process (2) thus had professional consequences. The professional organisations commented upon this fact (3), and expressed general anxiety about the content of the Report in so far as it applied to nursing (4). Statutory bodies echoed the views of leaders within professional organisations especially in the light of the scanty communication between these organisations and the government (5). Adopting the view that as the:

> "professionalism of nursing stands and falls by its singlemindedness, selflessness and integrity in pursuit of its objectives - the prevention of ill health, and the care of sick and dying people" (6),

nurses should have direct recourse to district and regional health authority members, if these principles were threatened by the action of the general manager (7).

Regret was expressed at the neglect of the views of "99% of health care professionals" who were thought to be "opposed to the Griffiths proposals for a general manager" (8).

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[1] RCN Association of Nursing Management, June 1984, Nursing Within the New Management Arrangements, London, RCN, p. 7.

[2] Nursing Times, 2/11/83, p. 15; 23/11/83, p. 10.

[3] Nursing Times, 9/11/83, p. 17.

[4] Nursing Times, 7/12/83, p. 19; 21/12/83, p. 18; 11/1/84, pp.18-19; 13/6/84, p. 7; 25/7/84, p. 5.

[5] Nursing Times, 30/11/83, p. 17.

[6] Nursing Times, 23/11/83, p. 11.

[7] Nursing Times, 13/6/84, p. 6.

[8] Nursing Times, 11/4/84, p. 6.

The Griffiths proposals were viewed as the "end of self-management for nurses" (1) and this "degradation" can be seen as intimately connected with the ambiguous position of the most high-ranking nurse at the DHSS (2).

The inter-meshing of managerial and professional facets within all professions and particularly those defined as "semi-professions" (3) is apparent in nursing as stressed by representatives of the Royal College of Nursing (4). Bearing in mind the inevitable involvement of nursing in management pursuits it was recommended that practitioners strive to occupy a substantial number of general management posts (5). The Griffiths Report opened the door for an all-out inter-occupational competition for power within the NHS. Thus, nurses and their professional organisations were angered at the original proposal to exclude the Chief Nurse at the DHSS from the Supervisory Board (6). Nurses stressed that they wished to speak for themselves and not rely on doctors defining the role of nursing (7). Debating upon the question of general managers doctors gave their qualified approval of the Griffiths proposals: "provided always that the general managers adopted are doctors" (8). Treasurers, on the other hand, "dismiss any claims which might be made by administrators, doctors or nurses" (9). This competitive spirit had previously been harnessed and contained within the consensus-seeking multi-disciplinary management teams.

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[1]Nursing Times, 2/11/83, p. 15.

[2]Nursing Times, 9/11/83, p. 17.

[3]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press. Also Nursing Times, 8/8/84, pp. 20-21.

[4]Nursing Times, 8/8/84, p. 19.

[5]Nursing Times, 20/6/84, p. 3.

[6]Nursing Times, 9/11/83, p. 17.

[7]Ibid.

[8]Nursing Times, 23/11/83, p. 9.

[9]Ibid.

There was considerable debate about whether the Griffiths proposals actually devalued the status of nursing with one correspondent claiming that they would affect the nurse's "chances of career advancement, conditions of work and in some cases, even the future of her work" (1) while another viewed the scant reference to nursing as no "slight" but rather as a compliment to the efficiency of practitioner (2). Griffiths himself categorically stated that his team had no intention to lower the status of nurses (3). His views and those of his team were thought to portray an "out-moded view of nursing perhaps reflecting the view of the clinicians (4). The general concern about nurses' status was focused particularly on that of the District Nursing Officer (5) as well as the Chief Nursing Officer at the DHSS, but Mr Fowler offered the reassurance that these functions would remain after the re-organisation (5). Nurses, however, feared the worst and acknowledged that the notion of a management "team of equals" was now in danger (6). Having achieved representation at the highest echelons of the DHSS, nursing was not: "prepared to retreat to a position of managerial or professional subservience" (7).

The only reference to education noted the complaint by members of the English National Board that nurse educational management was completely ignored in the Report (8).

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[1]Nursing Times, 18/1/83, p. 15.
[2]Nursing Times, 23/11/83, p. 11.
[3]Nursing Times, 9/11/83, p. 17.
[4]Nursing Times, 23/11/83, p. 10.
[5]Nursing Times, 13/6/84, p. 6.
[6]Nursing Times, 13/6/84, p. 7.
[7]Nursing Times, 4/7/84, p. 19.
[8]Nursing Times, 11/1/84, p. 18.

Nursing Mirror

Bureaucratic Organisation

Following publication of the Griffiths Report nurses expressed fears that they might be "left out in the cold" after the proposed management re-organisation (1) and the various professional bodies urged more nurse representation within the new management structure (2). The outgoing Rcn Council Chairman, Alun Giles, claimed to speak for nurses in general, in saying:

> "We have fought hard and long to take our rightful place in the management of care in the UK. We must not abdicate our position passively" (3).

These fears were, however, countered by Roy Griffiths, who maintained that many nurses had strong potential for general management (4). A nurse appointed as general manager at regional level further recommended,that nurses should "sell themselves as managers first and nurses second" in order to be successful under the Griffiths provisions (5). This view conflicted with that of another correspondent,who felt strongly that: "nursing cannot develop professionally as a form of management" (6).

The Association of Nurse Administrators condemned the Griffiths proposals as impractical and possibly disruptive and divisive (7). In particular, there was concern about the post-Griffiths role of the Chief Nursing Officer at DHSS level. It was noted that she should be given a place on the NHS Supervisory Board (8) and intense consultation on this issue was recommended (9).

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[1]Nursing Mirror, 2/11/83, p. 5.
[2]Nursing Mirror, 9/11/83, p. 5.
[3]Nursing Mirror, 16/11/83, p. 5.
[4]Nursing Mirror, 23/11/83, p. 5.
[5]Nursing Mirror, 8/8/84, p. 5.
[6]Nursing Mirror, 28/3/84, p. 13.
[7]Nursing Mirror, 18/1/84, p. 5.
[8]Nursing Mirror, 16/11/83, p. 9; 21-28/12/83, p. 5; 18/1/84, p. 5.
[9]Nursing Mirror, 23/11/83, p. 5.

Professional Organisation and Education

The main concern about the effects of Griffiths on nursing was a fear that professional power might decrease after implementation of its proposals. The representatives of professional organisations thus focused on the appointment of the Chief Nursing Officer at the DHSS as a crucial issue and there was also a sense of apprehension about the operation of professional accountability after the appointment of general managers, who may not be nurses (1). The argument thus hinged on the issue of professional autonomy and Sheila Quinn, the President of the Royal College of Nursing, expressed regret that the hard-won independence of British nursing would be lost through the Griffiths reorganisation. She expressed sadness for the lowered status of nurses, which would also be regretted by overseas nursing colleagues (2). J.P. Smith, Chairman of the Rcn Representative Body maintained that the Griffiths proposals would set nursing and the NHS back 100 light years (3). Two points of interest emerge from the above. First, the assumption that the best interests of the National Health Service as a whole and the sectional interests of nursing necessarily coincide. There is clearly no indication that this is a foregone conclusion. The National Health Service might function more efficiently with nursing more closely linked to the medical hierarchy as is the case in Sweden, which also operates a system of publicly financed health care. Griffiths did in fact stress that "the NHS is more important than the individual professions within it" (4). Furthermore, there is a circularity in the argument that the status of nurses might be diminished "by decree" through Griffiths. The status of nursing and indeed of any aspiring profession depends largely on the strength of its professional organisation and the content of the body of knowledge, which forms the foundation for practice.

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[1] Nursing Mirror, 2/11/83, p. 5; 16/11/83, p.9.

[2] Nursing Mirror, 9/11/83

[3] Ibid.

[4] Nursing Mirror, 8/2/84, p.5.

Indeed it might be resonable to argue, that it is precisely through a challenge like that presented by the Griffiths proposals that nursing will or will not demonstrate its professional standing. Griffiths will not destroy existing status, it will simply highlight the real distribution of status and power among the competing health service occupations.

Griffiths acknowledged the fear of nurses that they might become over-powered by "doctor influence" (1), but offers in consolation only the rather vague platitude that they have as good a chance as any of the other health care occupations of being appointed as general managers (2). Reactions from other nursing organisations were equally negative and the general secretary of the Health Visitors' Association stressed the need for a nurse manager at unit level (3). General fear for the post-Griffiths state of nursing was expressed by the honorary secretary of the Association of Nurse Administrators (4) and it was noted that many organisations would campaign for higher nurse input in the new management structure (5). The Royal College of Nursing Council Chairman, Alun Giles, pointed to the fact that having nurse representation at national regional and district level demonstrated the "strength of the profession in the UK" (6) returning to the argument of Quinn and Smith above (7). The profound shock of nurses, commenting on the implications of the Griffiths Report can best be summarised by pointing to the lack of recognition given to nursing as a sign to the international community: "of the value that the present British government places on nursing" (8).

Representatives of the English National Board also expressed concern about the lack of concern with a "separate identity" for nurse education (9).

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[1]Nursing Mirror, 23/11/83, p. 5.
[2]Ibid.
[3]Nursing Mirror, 2/11/83, p. 5.
[4]Ibid.
[5]Nursing Mirror, 9/11/83, p. 5.
[6]Ibid.
[7]Nursing Mirror, 9/11/83,
[8]Nursing Mirror, 23/11/83, p. 10.
[9]Nursing Mirror, 4/1/84, p. 5.

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(1)

The "Parsloe Report", 1983

Journal Response

(1) This title will be used loosely to denote both CCETSW Documents 20-1 and 20-2 although not an official designation.

THE REPORT

While nurses planned a gradual break-away of the nurse education establishment from the NHS service environment, Parsloe and her Committee proposed closer links between social work education and service managers. The implications for the higher education social work sector are fundamental and the change towards a more apprenticeship oriented social work training method would have profound effects on the future of social work, were the recommendations of the Report to be accepted.

Bureaucratic Organisation

Educational policies and professional aspirations must accommodate to "the real world". Hence, any re-adjustment in these areas must take account of available funding and management priorities (1). The fears of academics may have been fuelled by the numerous references to "employer...interests" and "agency needs" (2). Thus the "partnership" between educational institutions and service agencies was seen as one of parity in promoting education and training (3). Employer co-operation was clearly needed in order to ensure, that the individual continued to acquire "greater knowledge and skill as he/she progressed in employment"(4) through practical training (5). This was stressed as being of equal importance to the input from educational institutions as early as 1979 and Parsloe reinforced this view (6).

The rights of employers were outlined by Parsloe including that of identifying the knowledge and skills required from qualified social workers (7), and of deciding on the number of staff allocated for qualifying training (8).

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[1]Document 20-1, 1983, CCETSW, p. 2.
[2]Document 20-1, 1983, p. 7.
[3]Document 20-1, 1983, p. 8.
[4]Document 20-2, 1983, CCETSW, p. 8.
[5]Document 20-2, 1983, p..9.
[6]Ibid.
[7]Document 20-2, 1983, p. 10.
[8]Ibid.

Mutual dependence between educational institutions and employers was stressed throughout, the former relying on agencies to provide practical teaching and the latter on the colleges to supply the theoretical input enabling qualified social workers to function competently (1). In order to strengthen these links, Parsloe would aim for "new means of formal collaboration" (2). The notion that intensified co-operation between the education and service sectors would be "cost-effective" (3) would seem to echo the support for apprentice-ship style nursing training (4). It is interesting to observe this drift towards a more apprentice-ship oriented approach to social work education at a time when nursing schools are seeking increasing independence vis-a-vis the hospital service sector (5).

Education and Professional Organisation

The "ethos" of the two documents would appear similar to that of the Barclay Report in promoting a non-elitist view of social work education. Barclay's model of community social work equally propagated a levelling approach to professional practice.

The emphasis was on "a comprehensive response to need" (6). rather than on education in social work per se. The overall objective was to ensure a supply of competent social work practitioners, who could act in positions of responsibility (7).

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[1] Document 20-2, 1983, CCETSW, p. 11.

[2] Ibid.

[3] Document 20-2, 1983, p. 17.

[4] See discussion in sections on the Platt (1964), Salmon (1966) and Briggs (1972) Reports.

[5] This aim has not yet been achieved in 1986 in spite of suggestions in favour of taking nurse education out of the NHS in the Platt and Briggs Reports as discussed above. The fate of similar proposals put forward in the 1985, Judge Report (RCN) cannot be anticipated at the time of writing. Nor can the impact of the Project 2000 Report, emphasising community care, a rationalisation of nurse training with a common core curriculum for different specialist nurses and removal of nurse education from over-all NHS control, be assessed at the time of writing as it was only launched in London, Edinburgh, Cardiff and Belfast on May 13th 1986.

[6] Document 20-1, 1983, CCETSW, p. 3.

[7] Document 20-1, 1983, p. 2.

Emphasis was to be placed on offering training to the numerous unqualified social workers already in employment, especially in the residential sector (1).

The overall aim of extending education and training facilities and of making these more relevant to contemporary social work practice as reflected in client needs, was focused on the development of two new certificates in social work thus revoking the existing Certificate in Social Service (CSS) and Certificate of Qualification in Social Work (CQSW) syllabi. The inadequacies of existing training schemes had become apparent "in the light of the changes in the educational and personal social services" (2). Maintenance of standards and increased provision of education and training formed the basic objectives for the Working Group (3).

The plan to establish "two levels of award" within "a single system" (4) echoed the philosophy of the Briggs' proposals for a multi-phase single system of nurse education to replace the current binary system of training for State registration and State enrolment (5). Emphasis on "a period in employment as an integral part of qualifying education and training" (6) likewise approaches the current apprentice-ship model of nurse training. This stress on the importance of practice was further reinforced by noting current concern about the method of assessing competence in practice skills (7).

While an articulate sector within nursing is campaigning for a more academic, research-based approach to practice, the Parsloe Report would appear to move in the opposite direction. This recognition of practice-based learning prompted the

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[1]Document 20-1, 1983, CCETSW, p. 4.

[2]Document 20-1, 1983, p. 2.

[3]Ibid.

[4]Document 20-1, 1983, p. 3.

[5]Briggs, A. (1972 Report) London, HMSO. See discussion earlier in this chapter.

[6]Document 20-1, 1983, p. 6.

[7]Document 20-1, 1983, p. 6.

Committee to stress the importance of "the partnership" between social work agencies and educational institutions (1). Thus, the "specifications for both levels (Y and Z certificates) of education and training" should be "linked to the type(s) of post, for which each would be appropriate" (2). Certificate Y "would become the main qualification for staff working directly with clients in all settings" (3) and the training period would extend over two years followed by one year in employment (4). Certificate Z was intended for social workers involved in direct and complex work with clients (5). The period of training and education required for this award would be "two years full-time, equivalent or actual, and a period in employment" (6). The style of teaching would be "modular" again mirroring the current approach in nurse education and training (7). The notion of making a "probationary period in employment" (8) an integral part of the training programme had been frequently discussed in social work circles and served to "emphasise the importance of competence in practice" (9).

The importance of discouraging elitism of universities in relation to other educational institutions was stressed and the Report-writers felt that it would be regrettable if different institutions were to be associated with training for different levels of award in social work (10).

Document 20-2, reiterated the recommendation that "the present binary system of qualifying awards be replaced by a single system" (11). This "single system of qualifying education and training "would also encompass all kinds of basic and on-going social work training (12).

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[1]Document 20-1, 1983, CCETSW, p. 7.
[2]Document 20-1, 1983, p. 8.
[3]Document 20-1, 1983, p. 4.
[4]Document 20-1, 1983, p. 5.
[5]Ibid.
[6]Ibid.
[7]Ibid.
[8]Document 20-1, 1983, p. 6.
[9]Ibid.
[10]Document 20-1, 1983, p. 7.
[11]Document 20-2, 1983, CCETSW, p. 1.
[12]Document 20-2, 1983, p. 6.

While the rights of employers have been outlined above, those of universities and colleges in regard to the "rights... to teach and assess as they think fit for their own awards" and to "plan learning programmes for their students" (1) would also be honoured. The Report-writers would seem to have anticipated resistance to the proposals from academics (2). Co-operation between the two parties was, however, an essential ingredient in the new system (3).

The first certificate (Y) was intended to be of degree-level standard (4). The needs of unqualified social workers already in the service, should be catered for in the first instance but "in the longer term the great majority would be new entrants" (5). The Working Party later conceded that certificate Z could be awarded after a one year course of full-time study (6). Both courses included a period in employment. Concessions might be made "for social science graduates... and holders of other qualifications, such as teaching and nursing and trained marriage guidance counsellors", who have already completed part of the course(s) and/or have relevant experience (7). Course content must reflect professional requirements and the proposed "work levels" outline the increasing complexity of social work practice at more senior stages and exhibit the contrast between certificates Y and Z. Thus "basic tasks", i.e. "tending" and work with resources require only introductory training whereas "client accountability" tasks call for greater expertise and social workers employed in the latter field should hold certificate Y. "Complex cases and processes" should be dealt with only by holders of certificate Z (8), whereas senior specialists may need post-qualification expertise beyond the standard of the latter certificate (9). This graded system of social work

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[1]Document 20-2, 1983, CCETSW, p. 10.

[2]Ibid.

[3]Document 20-2, 1983, p. 11.

[4]Document 20-2, 1983, p. 12.

[5]Ibid.

[6]Document 20-2, 1983, p. 14.

[7]Document 20-2, 1983, p. 13.

[8]Document 20-1, 1983, CCETSW, p. 5.

[9]Document 20-1, 1983, p. 6.

practice would provide "greater clarity about the roles and tasks of different occupational groups in the personal social services" (1), which had been the aim of professional groups and educational bodies for some years.

The anti-elitist ethos of the Report would seem apparent in declaring the distinction between social work and social service as "inappropriate" (2) hence undermining the exclusive professionalisation of social work per se. The abandonment of separate qualifications for the two categories would seem to be part of that egalitarian thrust, although the "status difference" between the two proposed certificates and the senior qualifications would remain in terms of specialisation (3). The implicit distinction between "mental" and "physical" work was retained, however, and the Report drew a clear distinction between "basic tasks" and social work proper. A degree of professional closure was retained in the understandable reluctance to continue the "recruitment of unqualified staff (4).

JOURNAL RESPONSE

Social Work Today

Bureaucratic Organisation

Social work managers applauded their enhanced involvement in formal social work training (5). Douglas Smythe, Director of Social Services felt that managers would now have more opportunities to involve themselves in social work training (6).

A sobering note was struck in stressing the practical nature of social work and it was observed that unless social workers had the right skills they would not be of much use in an agency (7). Social work is practised in the real world

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[1] Document 20-1, 1983, CCETSW, p. 2.

[2] Document 20-1, 1983, p. 3.

[3] Pinker, R. in Issues in Social Work Education, Vol.4, No.1, Summer 84, pp. 5-15.

[4] Document 20-2, 1983, p. 13.

[5] Social Work Today, 24/1/84, p. 1.

[6] Social Work Today, 20/2/84, p. 11.

[7] Ibid.

and this involves taking note of the "political reality" (1). There was a need to become aware that there was "little likelihood" of expansion in social services and probation at the present time (5).

Training opportunities had to be improved for the worst provided sectors, e.g. in residential and day care work, where "the shortage of trained workers is most acute" (3). Another area of need was that of caring for the elderly (4). Employers were in the best position to appreciate these realities and their involvement in training would prevent the erstwhile situation where newly qualified CQSW holders took "to practice like oil takes to water" (5).

Professional Organisation and Education

The conflict of interest between academics and social work employers was based on struggle for power over the development of social work (6). Parsloe did not view this process negatively but supported a creative tension between employers and educators (7). This interaction would, in her view, further: "the positive aspects of professionalism" (8).

The main representative of university opposition, Professor Robert Pinker expressed the view that the proposals, if implemented, would lead to a "sub-professional form of social work training" (9), and officials from BASW echoed similar sentiments (10), as some CQSW holders may, under the new scheme be selected for the Y qualification, whereas others might be offered the Z award.

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[1] Social Work Today, 2/4/84, p. 11.
[2] Social Work Today, 2/4/84, p. 11.
[3] Ibid.
[4] Ibid.
[5] Social Work Today, 20/2/84, p. 10.
[6] Ibid.
[7] Social Work Today, 26/3/84, p. 8.
[8] Ibid.
[9] Social Work Today, 20/2/84, p. 11.
[10] Social Work Today, 26/3/84, p. 8.

Pinker stressed the need to define "what social work will and will not do" (1). Having established its area of expertise the practitioners could with greater credibility claim full professional status within the higher education sector and in social services departments (2). Successful BASW defence of social work professionalism under the Parsloe system would be a "miracle" if both a more "equitable system of social work education" and attention to "clients' needs" were to be given equal weight of consideration (3).

While John Cypher of BASW recognised the needs of social workers and social services personnel to become united and speak with one voice (4), he felt that a single organisation representing all social services staff would be unacceptable (5). He likened the suggestion that all social services staff should be joined in the same professional organisation to the possibility of a similar development in the health service (6). Harbert, however, rejected this comparison claiming that the relationship between doctors and nurses was not of the same nature as that between different types of social workers (7).

The main beneficiaries of the new scheme would be the "Cinderella sectors " within social services: the residential and day care staff. They would no longer be relegated to the second class status conferred by the CSS qualification (8).

The most revolutionary development proposed by Parsloe and her Committee was the apparent adoption of an "apprenticeship" model of training, which bore similarities to hospital based nurse training. Professor Leaper outlined the plan to include a period as "cadet social worker" before the social work student was "accepted as a fully qualified social worker"(9).

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[1]Social Work Today, 2/4/84, p. 1.
[2]Ibid.
[3]Social Work Today, 6/8/84, p. 1.
[4]Social Work Today, 9/4/84, p. 16.
[5]Social Work Today, 9/4/84, p. 17.
[6]Ibid.
[7]Ibid.
[8]Social Work Today, 20/2/84, p. 10.
[9]Social Work Today, 2/4/84, p. 11.

Pinker strongly rejected this suggestion and viewed it as a fundamental threat to academic social work teaching, which would simply create a "network of local apprenticeship schemes" (1). This drift towards more agency-based social work teaching would satisfy those, who considered the present CQSW course "overly academic" (2). But critics of the Parsloe proposals failed to see: "how Y can avoid being at a lower level than CQSW" (3). Pinker also pointed to the crude distinction between the proposed Y and Z certificates (4).

Unlike nursing which has only made its mark in academia since the late 1950's, social work has had a strong foothold in the universities and polytechnics over many decades and the apparent threat to this link by the Parsloe proposals provoked a "very hostile reception" from the Joint University Council Social Work Education Committee (5). The Report was seen as endangering academic freedom and the "student status" of those preparing for the CQSW, which provided scope for independent criticism (6). Pinker further stressed the perceived threat "to academic autonomy and freedom" (7). Leaper, while upholding the "independence of the universities", defended the proposals to which he was party and felt that universities and polytechnics would embrace them (8). Another commentator conceded that academic: "autonomy may now be threatened", (9) but felt that the present development may be a result of poor exploitation of this freedom in the past (10).

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[1] Social Work Today, 2/4/84, p. 10.
[2] Social Work Today, 20/2/84, p. 10.
[3] Social Work Today, 2/4/84, p. 9.
[4] Social Work Today, 2/4/84, p. 10.
[5] Social Work Today, 17/2/84, p. 8.
[6] Social Work Today, 20/2/84, p. 10.
[7] Social Work Today, 2/4/84, p. 10.
[8] Social Work Today, 2/4/84, p. 11.
[9] Social Work Today, 19/3/84, p. 3.
[10] Ibid.

The low status of CSS courses was criticised and made apparent through their being conducted in further rather than higher education institutions (1). This inequality between the CQSW and the CSS qualifications was criticised by Stevenson (2) and Leaper did not consider, that the distinction between social work and social services generally was sufficiently great to warrant separate qualifications (3). Pinker, however, stressed the fact that the proposals would:

> "radically change the nature of the basic professional qualifications not simply because certificate Y would be a combination of the present CSS and CQSW awards, but because the student population would be drawn from these two constituencies which are currently separated" (4).

Community Care

Bureaucratic Organisation

The potential "cost-effectiveness" of a closer link between educational institutions and social work employers was stressed (5). Any potential saving in this area would be welcomed, especially as "the threat to social work education arose from external funding difficulties rather than from the current internal debate" (6).

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[1]Social Work Today, 20/2/84, p. 10.
[2]Social Work Today, 2/4/84, p. 1.
[3]Social Work Today, 2/4/84, p. 11.
[4]Social Work Today, 2/4/84, p. 10.
[5]Community Care, 21/6/84, p. 4.
[6]Community Care, 22/3/84, p. 3.

Professional Organisation and Education

The perceived threat to the professional status of social work from the Parsloe proposals was voiced by Pinker, who spoke of the latter as "an open suicide note for social work" (1). It is interesting to note, that while the Parsloe proposals were rejected by Pinker and BASW they were applauded by the chairman of the CSS Standing Committee (2). The controversy centred very markedly on the possible deterioration of social worker status due to implementation of the proposals. Pinker spoke of the danger of reducing social work to a "sub-professional" level (3). This lowering of social work status would result from its amalgamation with social services as recommended by Parsloe, who maintained that there was no marked distinction between social work proper and the tasks performed by other social services personnel (4). The status difference between certificate Y and certificate Z holders would be upheld through the fact that there would be approximately twice as many in the former as in the latter category of social workers (5). The prevailing status distinction would remain because: "the lower level of qualification would become a de facto CSS" (6) and CSS holders generally felt "under-valued" in the present system.

Reference has already been made to Pinker's prediction, that the Parsloe recommendations would result in a "sub-professional" form of social work education for practitioners whose status would inevitably fall (7). Achieving a unified training system (8) would seem to be the main attraction of the Parsloe proposals. Therefore it was with some apprehension that Parsloe noted the call for a "unified" system of education, which would nevertheless provide "qualifying awards" in the

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[1] Community Care, 22/3/84, p. 3.
[2] Community Care, 5/1/84, p. 6.
[3] Community Care, 22-29/12/83, p. 2.
[4] Community Care, 27/9/84, p. 5.
[5] Community Care, 21/6/84, p. 4.
[6] Community Care, 22/3/84, p. 3.
[7] Community Care, 22-29/12/84, p. 2.
[8] Community Care, 16/2/84, p. 4.

plural (1). It is, of course, debatable as to whether the distinction between the proposed certificates Y and Z would actually be of a radically different kind to that already existing between CSS and CQSW. Supporters of Parsloe would, undoubtedly claim a fundamental difference between the systems, which would be similar to that between the current "two portal entry" system of SRN and SEN training for nurses (2) and the unified system proposed in the Briggs Report (3). In this proposed, new organisation all student nurses would qualify for a basic certificate after 18 months training and those so inclined and intellectually competent could then continue pursuing specialist courses leading to the current SRN/RGN standard. The system has not yet been introduced, but it is notable that enrolled nurse training schemes are gradually being discontinued. The fate of qualified enrolled nurses is undecided in 1986 following the abolition of the General Nursing Council and the other specialist nurse registers and the establishment of the UKCC and National Boards (4).

The indication that there would be a clear rank order between the proposed Y and Z certificates seems clear, in that the latter category would be more selective than the former. The forecast was that there would be approximately twice as many certificate Y as certificate Z holders (5). In fairness to the report writers, however, it must be admitted that they nowhere promised to provide a "flat" system without status differences between Y, Z and higher awards holders. The levelling effect was between the exclusiveness of social work per se, and social services in general.

The perceived threat to the university connection was expressed by Pinker, indicating:

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[1]Community Care, 27/9/84, p. 5.

[2]Now RGN and EN.

[3]Briggs, A. (1972 Report), London, HMSO, pp. 79-89.

[4]See Nurses, Midwives and Health Visitors Act, 1979; discussed earlier in this chapter.

[5]Community Care, 21/6/84, p. 4.

> "that the report wished to limit further the control which colleges have over the design and teaching of courses" (1).

While Leaper defended the proposals he did concede that the apprehension of the universities was understandable and the argument "which has so far convinced our other colleagues" might not satisfy university and polytechnic academics (2).

One of the strongest defenses of the proposals came from those, who rejected the currently prevailing, but unintended, rank order between CSS and CQSW holders (3). It is, however, hard to believe, that this distinction between the more academically able and the rest would cease if the Parsloe system were introduced and those who believe in such an equalising effect arising from the substitution of the Y and Z certificates for the CSS and the CQSW would seem somewhat naive.

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[1] Community Care, 22-29/12/84, p. 2.

[2] Community Care, 23/2/84, p. 4.

[3] Community Care, 5/1/84, p. 1.

Concluding Remarks

Detailed analysis of the data presented will be deferred to the following chapter with reference to the research propositions described in Chapter 1. Appendix 1 sets out the data in tabular form under "theme" and "sub-theme" headings, which relate to the specific research interests. The material garnered from the selected documents and references in journals, relating to the above, will provide the source for a qualitative exploration of Etzioni's thesis on "semi-professions" and the justification for an extension of the thecry towards a notion of "feminine professionalism" on the basis of available data. A general comparison of nursing and social work institutions and practices will also be performed. It is worth noting anew that all research material is primarily based on views of professionals and recommendations contained in reports and the level of precision, reliability and validity of the research method will be influenced accordingly.

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Chapter V:-

Analysis and Evaluation of

Research Data

The value of a comparative approach to social investigation is apparent, both in terms of counter-posing similar phenomena and thereby high-lighting the few aspects of difference between them and, of uncovering submerged themes through in-depth analysis,which are more easily crystallized under the disciplined scrutiny of comparative analysis.(1)

Examination of nursing and social work using selected documentary sources, demonstrates the relevance of comparison between two occupations, which are essentially concerned with "caring" pursuits and have a predominance of female members in their ranks. These occupations, designated "semi-professions" by Etzioni et al. (2) exhibit a sufficient number of similar traits to allow for a clear demonstration of the aspects in which they differ. Furthermore, in-depth analysis of documentary evidence permits exploration of the "hidden theme" of "feminine professionalism". Qualitative analysis facilitates the lateral thinking required for this investigation. The risk involved in speculation is counter-balanced by a disciplined scepticism, which returns the focus of investigation to the main principles involved.

Similarities between the nineteenth century origins of nursing and social work in Britain have been documented above. Image and reality concerning nursing and social work pioneers must be separated as far as possible and recent historians of nursing have gone a long way towards de-mythologising Nightingale, The Lady of the Lamp (3) to find beneath the sugared surface the hypochondriac and the Machiavellian Manipulator as well as the rational social researcher. Likewise, the prevailing "official" image of the nurse as a self-sacrificing "Angel of Mercy" contains within itself both the seeds of "the domineering woman" (4), and the rational careerist. Men who enter this essentially female domain are

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1 See discussion on the comparative research approach in Chapter 3, p. 69.

2 Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

3 See discussion on the theories of Smith, F.B., Maggs, C. and Prince, J. in Chapter 3.

4 See Chapter 3.

constrained to take on board the feminine ethos based on vocation or attempt to "escape" by following the more "bureaucratic" path staked out after the Salmon re-organisation.

While the starkness of themes discussed above would seem more obvious in nursing than in social work, similar traits are in evidence in the latter occupation. The "severe love" of Octavia Hill, who dealt with her tenants in the manner of a strict Victorian mother, contained within itself the tension between hard and soft qualities as discussed by Roszak and Roszak (1). Likewise, Twining held what might be described as "strict views" on social welfare (2). Symbolism of this nature has, however, been less marked in social work than in nursing, as it is largely deprived of uniforms and other institutional signs, which form part of the traditional feminine nursing model.

Consideration of nursing and social work as "semi-professions" which are numerically female dominated and can be said to possess traits of "feminine professionalism" allows certain structural/institutional differences to emerge. These issues will be debated in the light of empirical data under the headings of three main propositions, which will be outlined in detail below. Propositions I and II deal with the expected similarities between these "semi-professions" possessing "feminine professional" traits. Proposition III seeks to high-light structural differences between them, which have, in turn, influenced occupational practice and ideology. The strands contained within these propositions and used as research themes throughout fall into three main categories, namely professionalism, managerialism and sexual division of labour/gender-typing, and documentary material has been selected accordingly (3). The noted tension between

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[1] Roszak, T and Roszak, B. 1969, Masculine/Feminine. New York, Harper Torch Books.

[2] Twining, L. 1898, Workhouses and Pauperism, London, Methuen & Co.

[3] See terms of reference to research documents in Introduction to Chapter 4.

professionalism and managerialism in predominantly female occupations leads on to a discussion of mainly submerged themes of "gender-typing" as theorised by Parsons, Roszak and Roszak et al. (1).

I

Analysis of nursing and social work as semi-professions is based on an examination of selected empirical material from the reports listed above and journal extracts relating to these documents. Examination is performed in the light of theories on professionalisation, e.g. those of Johnson, Halmos and Freidson (2) and the more specifically focused theories on "semi-professions" by Etzioni et al. (3). The latter provides the main theoretical focus underlying the first proposition, i.e.:

<u>That Etzioni's thesis on the weakness of professional structures in certain occupations, with the tendency for managerialism to supervene in senior positions, applies in both nursing and social work</u>.

Certain theoretical assumptions are in-built in the above statement, e.g. the acceptance of "professional structure" as a viable concept according to traditional "trait models" as described by Johnson (4). Furthermore, the concept of "managerialism" is introduced to denote traits of "rational bureaucracy" according to the Weberian "ideal type" (5).

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[1] Parsons, T. Bales, R.F., Olds, J, Zelditch, M. and Slater, P.E. 1955, Family, Socialisation and Interaction Process, New York, Free Press.
Parsons, T. 1964, Social Structure and Personality, New York, Free Press.
Roszak, T. and Roszak, B. 1969, Masculine/Feminine, New York, Harper Torch Books.

[2] Johnson, T. 1972, Professions and Power, London, MacMillan.
Halmos, P. in Heraud, B. 1981, Training for Uncertainty, London, RKP.
Freidson, E. 1970, Profession of Medicine, New York, Dodd & Mead.

[3] Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[4] Johnson, T. 1972, Op. Cit.

[5] See reference to Weber in Chapter 3.

Documentary evidence provides general support for this proposition as noted in recommendations in reports and views expressed by contributors to professional journals.

The Younghusband Report (1959) supports the right of senior social workers to remain in professional practice without being penalised in terms of salary and status (1). Barclay in the 1982 Report also recommends, that social workers should break with traditional management thinking, which allocates higher status to managerial than to social work practice roles (2).

Hierarchical structures develop through history and are, in essence, the objective manifestation of tradition. The rank order of employees, the etiquette of procedure, the obstacles to "progressive" movements and the brakes on unscrupulous practice are all part of social services and health care hierarchies. Paternalist authority has, to some extent, given way to "autonomous" forms of hierarchical power as theorised by Sennett (3). Hierarchy in the latter model is associated with rational management. However it is difficult to disentangle professional hierarchical traits based on knowledge status and the more bureaucratically defined equivalent and this inter-linkage is particularly marked in occupations defined as semi-professions (4).

Similarly a need to defend the professional aspects of social work practice was identified following the Seebohm-inspired re-organisation, by ensuring that while social work was to become essentially "generic", there should also be scope for professional specialisation (5). Reinforcement of managerial hierarchy was proposed in the 1983, NHS Management Inquiry (The Griffiths Report). The prevailing mode of consensus management by multi-disciplinary teams was to be superseded by imposition of "general managers" with over-all decision-making power. The general reaction of nurses to

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 17.

[2] Barclay, P. (1982 Report) London, NISW.

[3] Sennett, R. 1980, Authority, London, Secker and Warburg, pp.84-124. See also discussion on professional codes in Dahrendort, R. In Defence of the English Professions in Journal of the Royal Society of Medicine, March 1984, pp.178-185 and professional conduct in Salmon (Lord), 1976, Report of the Royal Commission on Standards of Conduct in Public Life, London, HMSO, pp.3-12.

[4] Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, NY, Free Press.

[5] Community Care, 14/9/77, p. 22.

this Report has been one of anxiety about their continued influence within NHS management. It was seen as essential for nurses to fill a substantial number of general management posts, as their exclusion would result in: "much of the progress made since Salmon (being) wiped out" (1). The Report expressed the view that nurses should have devoted more effort to developing a style of management for nursing and the training needed to achieve this purpose (2). Fear of being excluded from management rather than a reluctance to undertake bureaucratic tasks was thus, typical of nurse reaction to the 1983 Report and would seem to support Etzioni's thesis on semi-professions tending towards management-related tasks at senior levels.

Many report and journal extracts point to a general proliferation of managerial and professional bureaucratic traits in both nursing and social work. Writing with reference to the Salmon Report a contributor to the Nursing Mirror conceded that "centralised mass administration may be worked out efficiently" however "from the human point of view it carries its own penalties (3). Seebohm acknowledged that co-ordination of problems could be anticipated in the new social services departments (4). A charge of "empire-building" might be levelled against Seebohm reformers as noted in the Journal Social Work (5). The many-headed monster of post-Seebohm, large-scale bureaucracy in social work was seen to have: "triplicated the practical chores" (6) of practitioners. Disillusion with the "promised land" envisaged through the Seebohm proposals had, six months after their implementation, caused many social workers to long for a return "to Egypt" (7).

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[1] Nursing Times, 20/6/84, p. 3. The 1986 press campaign by the Royal College of Nursing sought to draw the attention of the general public to this problem.

[2] Ibid.

[3] Nursing Mirror, 30/7/71, p. 9.

[4] Seebohm, F. (1968 Report), London, HMSO, p. 45.

[5] Social Work, Oct. 68, p. 3.

[6] Social Work Today, 6/9/73, p. 388.

[7] Social Work Today, 21/10/71, p. 31.

The Briggs Report was also castigated, in that its proposals for nursing were seen to create an impersonal and over-complicated structure of administration (1).

The historical development of nursing within large hierarchical institutions has led to evolution of "archaic styles of leadership" (2). It was hoped that the Salmon proposals would replace these structures with more "rational" equivalents. The "ideal type" of "feminine/archaic/pre-Salmon" hierarchy in nursing compared to the more modern "masculine/rational/post-Salmon" style will be discussed more fully in the next section under the heading of "feminine professionalism". The tension between professional and managerial traits, and their combination in what Parry and Parry (3) aptly name "bureau-professionalism", applies in both nursing and social work and is discussed with reference to the latter occupation following the Younghusband Report. The Almoner stressed the need for "economising in the use of trained personnel" (4). In the wake of the Briggs Report a contributor to the Nursing Times spoke of: "the gulf between practitioner and administrator (being) wider than ever" (5).

There were, thus, varying views on the degree to which managerialism and professionalism could be said to have "fused" within "semi-professions" and the variable levels of such synthesis would be largely dependent on the mix of values in the two occupations and the emphasis put on either of the above orientations in each particular case. The confused ideology of social work was described in Social Work Today with reference to the Barclay Committee, which failed to establish

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[1] Nursing Times, 8/3/73, p. 168.

[2] Briggs, A. (1972 Report), London, HMSO, p. 19.

[3] Parry, N. and Parry, J. in Heraud, B. 1981, Training for Uncertainty, London, RKP, p. 135. Also, Davies, C. 1983, in Dingwall, R. and Lewis, P., pp. 177-195. The Sociology of the Professions, London, MacMillan.

[4] The Almoner (Supplement), Jan. 1960, p. 2.

[5] Nursing Times, 1972, p. 1073.

the "values, methods, skill and knowledge" associated with professional social work (1). This ambivalence between management and professional practice is "resolved" by uneasy compromise in the Report's proclamation that:

> "both practitioners and managers in personal social services are engaged in social work" (2).

A strong emphasis on management supremacy with reference to the Salmon re-organisation was mooted in the Nursing Mirror, with a suggestion that nurses who wish to influence hospital services would have been better advised to have entered hospital management (3). However, the implication would seem to be, that a "true" nurse remains by the bedside of her patient. But even if nurses valued professional/clinical practice more in a fundamental sense, they were certainly discontented about the proposals put forward in the Griffiths Report. There was a strong consensus view expressed in professional journals, that nurses had been left out in the cold both professionally and in terms of management input (4). Professional organisations and statutory bodies were concerned about lack of consultation with nurses (5). Objections to the Report were thus made on both professional and managerial grounds and a social scientist writing in the Nursing Times pointed to the reason for the confused state of nursing in noting that:

> "Like social workers and teachers, nurses belong to what Etzioni calls semi-professions. Essentially this means, that professional accountability is to a large extent institutionalised within an organisational structure, - a situation not normally found in professions" (6).

The interaction between professional and managerial authority in nursing underlies the anxiety about diminution of managerial power in the occupation. However, Mr Fowler

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[1] Social Work Today, 13/7/82, p. 9.

[2] Barclay, P. (1982 Report), London, NISW.

[3] Nursing Mirror, 18/12/70, p. 37.

[4] Nursing Times, 23/11/83, p. 10; 2/11/83, p. 7. Also Nursing Mirror, 2/11/83, p. 5.

[5] Nursing Times, 7/12/83, p. 19.

[6] Nursing Times, 8/8/84, p. 19.

the Secretary of State, reassured nurses that Chief Nursing Officers of District Health Authorities would continue to have a "vital" role (1), and one nurse writing in the Nursing Times went further by voicing the view that these senior nursing officials would be ideal candidates for general management (2). A fitting summary of the semi-professional's position is made by the one and only nurse general manager in post in January 1985, Catherine Hawkins, who urged nurses to "sell themselves as managers first and nurses second" if they wanted success within the post-Griffith health service (3). Would the same apply to members of the medical profession aspiring to general managers' posts or would the stronger professional identity reassert itself and over-shadow the managerial aspects? Only the future will tell (4).

Proliferation of bureaucratic structures in nurse education could not compensate for lack of a genuine educational policy following the passing of the 1979 Nurses, Midwives and Health Visitors' Act (5). On the other hand, there was criticism from the English National Board for Nursing, Midwifery and Health Visiting of the disregard of nurse education in the Griffiths management model (6).

Rationality within the National Health Service and Social Services Department hierarchies of the type theorised by Weber (7), runs like a red thread through the recent phases of development. This facet of public services management co-exists with, and is frequently seen to stand in opposition to, the factional interests of various occupational groups involved in the multi-disciplinary institutions. The varying

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[1] Nursing Times, 13/6/84, p. 6.

[2] Nursing Times, 11/7/84, p. 63.

[3] Nursing Mirror, 8/8/84, p. 5.

[4] Doctors were comparatively under-represented in general management posts in the North West Thames Regional Health Authority in November 1985 (NORWEST, Oct./Nov. 1985).

[5] Nursing Times, 1979, p. 1867.

[6] Nursing Times, 11/1/84, p. 18.

[7] See discussion on Weber in Chapter 3.

power positions of these groups has been referred to in terms of degree of professionalisation and it may be assumed that those with "weaker" professional status (1) will be more likely to succumb to managerial influences. Both nursing and social work fall into this category (2). The Salmon and Seebohm Reports both deal with rational management in nursing and social services/social work respectively. The Salmon Committee pointed to the inefficiency of: "matrons... assuming control of services extraneous to nursing" (4), and saw this as detrimental to the overall health service delivery. The Briggs Committee later reinforced the view, that Salmon should be "brought down into the ward" in order to provide rational management at the point of clinical care delivery (5). Rationality in social services/social work was equally emphasised by the Seebohm Committee reiterating the "demand for a unified service" (6), and the Parsloe Committee cast doubt on the virtue of separating social work from social services as a whole (7). However, this management re-organisation might lead to "a colossal dilution" of trained staff with experienced social workers becoming administrators (8).

The tensions between managerial and professional interests are evident above and might be resolved within a rational management model. The Griffiths Enquiry (9) provided a plan to "rationalise" the National Health Service in an economic climate of shrinking resources. Opposition from professional and semi-professional groups was strong especially from nursing,

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[1]Etzioni, A. (Ed.) 1969, Semi-Professions and Their Organisation, New York, Free Press.

[2]But the "established professionals", e.g. doctors are seeking general management posts in the NHS, post-Griffiths.

[3]Salmon, B. (1966 Report),London, HMSO.
Seebohm, F. (1968 Report), London, HMSO.

[4]Salmon, B. 1966 Op. Cit., p. 23.

[5]Nursing Times, 11/1/73, p. 7.

[6]Social Work, Oct. 1968, p. 3. [7]Document 20-1, 1983, CCETSW, p.3.

[8]Community Care, 14/9/77, p. 22.

[9]Griffiths, R. (1983 Report), London, DHSS.

whose members experienced a strong threat from its proposals both professionally and in terms of management involvement. There was a self-confessed realisation of deficiency by nurse managers (1),and the nurse general manager referred to above dared to suggest, against the majority nurse opinion, that: "the profession over-reacted to the Griffiths Report". She pointed out that industrial managers often took charge over professional workers and also stressed that nurse managers must sell themselves as such(2).This accords with the theories put forward regarding professionals within bureaucratic institutions by Dingwall and Lewis et al. (3).

The overall efficiency of care-giving institutions must supersede factional interests and Lyne,a District Nursing Officer, pointed to the duty of the nursing profession to assess its performance in an honest and radical manner (4). Another writer asserted that the National Health Service is more important than the individual professions within it (5).

Examining the extracts above there would seem to be ample support for Etzioni's thesis based on report recommendations and views expressed by nurses and social workers. While there was evidence of uncomfortable tension between professional and managerial traits in nursing and social work, management definitions of function tended to prevail in senior positions and were strongly defended by nurses vis-a-vis the Griffiths proposals. While the tendency prevailed in social work as well, there was a less pronounced commitment to such a development.

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[1]Nursing Times, 21/12/83, p. 4.

[2]Hawkins, C. in Nursing Times, 15/8/84, p. 19.

[3]Dingwall, R. and Lewis, P. 1983, The Sociology of the Professions, London, MacMillan.

[4]Lyne, M. in Nursing Times, 23/11/83, p. 11.

[5]Nursing Times, 21/11/83, p. 4.

II

The second research proposition arises out of and forms a development of Etzioni's theory on "semi-professions". The occupations he describes under the above label are numerically female dominated, but increasingly male-led. This gives rise to the thesis:

That a distinct "gender-division of labour" prevails in nursing and social work with men predominantly occupying managerial/instrumentally oriented posts whereas women tend to hold professional/expressively slanted positions. The notion of feminine professionalism is important in this context.

Theories relating to separate gender spheres (Ruskin) (1), male instrumentality versus female expressiveness (Talcott Parsons) (2), and male agressiveness versus female submissiveness (Goldberg) (3) are of interest in this context as well as the opposing feminist arguments (4). No attempt will be made to resolve the "nature/nurture controversy" as noted in Chapter 1 (5). The aim is simply to observe the current situation in the light of recent history, taking account of influences by nineteenth century female reformers and the development of the two occupations from the Victorian era onwards. The "femaleness" of nursing and social work are historically enshrined in titles such as "Sister","Matron" and "Lady Almoner" and female dominance in the two occupations has only diminished very gradually from the nineteenth century until the present time.

Occupations, or "semi-professions" such as nursing and social work, are often compared with established professions,for example medicine and law, and the former are seen to lack some of the characteristics which define the latter as true professions. It might however, be suggested that so-called "semi-professions" do not simply exhibit signs

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[1] See discussion on Ruskin in Chapter 3.

[2] See discussion on Parsons in Chapter 3.

[3] See discussion on Goldberg in Chapter 3.

[4] See discussion on Finch and Groves and Sayers in Chapter 3.

[5] Ref. to foot-note 1 on p. 44, of Chapter 3. The terms "nature" and "nurture" have, however, been used in discussion regarding sex-based stereotypes such as Parsons' "female/expressive" and "male/instrumental" traits (see p. 4). Such discussion is purely exploratory and no attempt is made to seek the causes of existing gender-typing through historical research prior to the nineteenth century, nor to provide biological proof for sexually related characteristics.

of weak professionalisation/professionalism, but are in fact characterised by a different ideology, i.e."feminine professionalism" as previously discussed.

The Younghusband Report (1) refers to a predominance of women in more nurturant and men in more bureaucratic/managerial forms of social work (2). Welfare officers who were predominantly male, tended to work in a largely administrative environment and these agencies were mainly staffed by workers without formal professional qualifications(3) whereas entry to medical social work, which had a higher proportion of female workers, normally necessitated professional training (4).

Reference to "Lady Almoners" above would seem to indicate that most social workers in hospitals and other health departments were female (5). While almoners were normally professionally qualified and employed in "nurturant" person-centred case-work, their original function was that of "financial gate-keepers" keeping the undeserving out of voluntary hospitals (6) and their main tasks were thus of an administrative/managerial nature. A case-work approach developed gradually with increasing numbers of almoners possessing a professional qualification, as referred to above (7).

Following Parsonian principles of gender-typing"rational/masculine"management methods were encouraged in the Salmon Report in introducing a line-management approach (8). In contrast,"fussy/expressive/feminine"forms of authority were criticised in the nursing press, pointing to the matron retaining:

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[1]Younghusband, E.(1959 Report), London, HMSO.

[2]Younghusband, E. 1959, Op. Cit., p. 87.

[3]Younghusband, E. 1978, Social Work in Britain 1950-1875 - A Follow-Up Study Part II, London, G. Allen and Unwin, p. 19 and Part 1 pp.218-226.

[4]Younghusband, E. 1978, Op. Cit., Pt.1. pp.161-164.

[5]Younghusband, E. 1959, Op. Cit., p. 94.

[6]Huntington, J. 1981, Social Work and General Medical Practice, London, G. Allen and Unwin.

[7]Younghusband, E. 1978, Op. Cit., Part 1 pp. 145-164.

[8]Salmon, B. (1966 Report), London, HMSO, p. 9.

> "detailed control of work she purports to delegate and deliberately retaining work which she could well hand over to assistants" (1).

Matrons must not be allowed to be drawn into management of non-nursing functions (2). A male Nursing Mirror contributor interpreted Salmon as saying, that the "bureaucratic matron" of the past would have to learn the art of delegating power (3). He went on to condemn excessive "femininity" in nurse management observing that:

> "if nurses are to lose the image of fussy pernickety or unapproachable women without management skills then they must strive towards the perfection within the terms of reference as set out by Salmon" (4).

Views on the subject were mixed, however, and one "traditionalist" expressed regret that the "honourable name" of "matron" would disppear (5). This discussion about management styles bears relevance to Sennett's distinction between paternalist (or maternalist/expressive) and autonomous (masculine/rational) forms of authority (6). The severity of the Victorian paternalist father could, paradoxically, be seen mirrored in: "the old-fashioned attitudes of some matrons who rule with a rod of iron" (7), as noted in the Briggs Report. The rejection of such attitudes was strongly expressed in the hope that the Salmon structure would make: "the present rigid and authoritarian system merely a hideous memory" (8).

Whereas criticism of female leadership in nursing was rife at the time of the Salmon Enquiry this did not seem to apply to women in leading social work positions. This might be due either to institutional differences between nursing and social work or to the greater "femininity" of

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[1] Salmon, B. (1966 Report), London, HMSO, p. 24.
[2] Salmon, B. 1966, Op. Cit., p. 23.
[3] Nursing Mirror, 16/6/72, p. 17.
[4] Ibid.
[5] Nursing Mirror, 30/7/71, p. 9.
[6] See discussion on Sennett in Chapter 3.
[7] Briggs, A. (1972 Report), London, HMSO, p. 54.
[8] Briggs, A. 1972, Op. Cit., p. 162.

nursing compared to social work according to the Parsonian ideal type (1).

In order to explore the main component of "feminine professionalism", namely "nurturance as power" it is worth making a theoretical reprise at this stage. The first proposition dealt with the theory of "semi-professionalism" and its applicability to nursing and social work. This thesis incorporates the main tenets of the trait theory of professionalisation, which explores the prevalence of a number of factors e.g. possession of a specialised body of knowledge, "control over examination and certification of members and established professional organisations defending the interests of practitioners as significant in determining the extent to which an occupation can be said to have "professionalised" (2).
The overall importance of "autonomy" is emphasised by Freidson (3). Etzioni et al (4) discuss the distinction between full professions, namely those with all or most of the recognised professional traits and semi-professions, which are lacking in some aspects of the above characteristics. Documentary evidence was seen to support one of the features of "semi-professionalism", the "weakness" of professional structures allowing professionalism and managerialism to inter-mesh and to allow the latter tendency to come to the fore in senior positions as demonstrated above.

It would seem apparent that many, if not most, of the occupations designated as "semi-professions" are numerically female-dominated. Many fall into the category of "nurturant" or "caring" occupations and the predominance of women workers within them would appear "natural" according to traditional theories of gender-typing, for example those of Parsons (5) and Goldberg (6) as referred to above. While feminist writers

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[1]Also due to the fact that the majority of Directors of Social Services were male post-Seebohm.

[2]Johnson, T. 1972, Professions and Power, London, MacMillan.

[3]Freidson, E. 1970, Profession of Medicine, New York, Dodd & Mead.

[4]Etzioni, A. (Ed.), 1969, Semi-Professions and Their Organisation, New York, Free Press.

[5]Parson, T., Bales, R.F., Olds, J. Zelditch, M. & Slater, P.E. 1955, Family Socialisation & Interaction Process, NY, FreePress.
Parsons, T. 1964, Social Structure & Personality, NY, Harper Torch Books.

[6]Goldberg, S. 1979, Male Dominance - The Inevitability of Patriarchy, London, Abacus.
Finch, J. & Groves, D.A. 1983, A Labour of Love, London, RKP.

such as Finch and Groves et al. admit, that women predominate in occupations like nursing and social work, they do not acknowledge that "nurturance" is necessarily a "natural" female quality. Neither traditional social scientists nor feminist theorists have thoroughly explored the notion of "nurturance as power" in great depth although the power element in feminine roles has been referred to above and is discussed by Gosselin (1985) in a New Society article (1) which explores the components of contemporary sado-masochism. Nursing and social work perpetuate some of the relationships established between mothers or "mothering fathers" and children and could therefore be seen to possess the power of nurturance to a significant degree. A similar case can be made for other forms of dependency relationships. "Feminine professionalism" is conceived of primarily, in terms of "nurturant power". Thus, it differs from semi-professionalism in being viewed as <u>different from</u>, but not necessarily <u>weaker than</u> established professionalism. It must be conceded, however, that the "strength" of the "feminine-professional" does not carry the same legitimacy as that of the "traditional professional" in Western, and indeed almost any known society. The "power of nurturance" is associated with the "private", and, in the gender-division of Ruskin et al. (2) female sphere, whereas the more prestigious public sector is dominated by men and typified in established professions e.g. medicine. This dominance of male values in the West is discussed by Spender(3). Widespread acceptance of this ideology by both social scientists and the public at large has led to insufficient consideration of "feminine power" except as "subservient manipulation" as

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[1]Gosselin, C. 24/1/85, The Rituals of Pain and Pleasure, in New Society, pp. 130-132. See foot-note 5 on p. 280 of this Chapter for explanation re approach to the "nature/nuture debate.

[2]See discussion on Ruskin in Chapter 3.

[3]Spender, D. 1982, Women of Ideas, London, Ark Paperbacks, pp.2-16.

in the case of Nightingale "ruling" through men from the "helplessness" of her sick-bed (1). This may explain the neglect of "power as nurturance" in general discussions on caring and the same applies in the documentary data to which we now return.

The Younghusband Report points to the roots of contemporary social work in nineteenth century charitable institutions and many of these were inspired by female reformers as shown in the writings of Boyd, Prochaska and Woodroofe regarding nineteenth century charitable work and Twining recounting her own experience.(2) The female input to nineteenth century nursing reform need not be re-told at this stage. Nursing was, and perhaps still is, essentially "feminine" in a traditional sense. The notion of "vocation/dedication" is part of the mother role on which "feminine professionalism" is based,and is perpetuated in nursing by stress on altruism. This feature, which is often listed as a "trait" of professionalism is more marked in "semi-" or "feminine"professions than in more traditional equivalents. The Platt Report points to the importance of "dedication" (3) and the "nurturant" side of nursing was a topic of interest for the Briggs Committee, which noted that about 50% of respondents rated "direct patient care" as more satisfying than administrative tasks (4). This level of support for bedside nursing may not seem significant. However, it must be remembered, that advancement within the occupation is, with very few exceptions, via the paths of management or teaching and this tendency was reinforced after the Salmon re-organisation. The fact that half the number of nurse respondents would sacrifice promotion for the sake of remaining

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[1] See discussion on the "politics" of Florence Nightingale in Chapter 2 and Austin on manipulative female power in Chapter 3.

[2] See reference to Boyd (1982), Proschaska (1980), Woodroofe (1962) and Twining in Chapter 2.

[3] Platt, H. (1964 Report), London, RCN, p. 10. See also Baly, M.E. 1984, Professional Responsibility, Chichester, John Wiley and Sons, pp. 3-4.

[4] Briggs, A. (1972 Report),London, HMSO, p. 160.

in the clinical/nurturant field must be seen as an important indication of altruism/feminine professionalism.

Discussion about "dependence" of social work clients in the Barclay Report centres on the problem of "paternalism" as discussed in Community Care (1). It is note-worthy that no mention is made of a female input in dependency relationships of the type described above. "Maternalism" rather than paternalism would seem an apt description for an ideology established, in the main, by female reformers in nursing and social work, and propagating what might be described as "strict" views on welfare, as exemplified in the writings and work of, for example, Octavia Hill and Louisa Twining (2). It is interesting to note that an established male-dominated profession, namely medicine and a female-dominated "semi-profession" - nursing - have both been likened to social work in terms of exercising social control over clients/patients (3). An exploration of any differences in the operation of such control by male professionals on the one hand and female semi-professionals, on the other, could be of interest in terms of determining the possible variations between them. This would form part of a different study, however, as a follow-up to the present documentary investigation.

The "caring/feminine" aspect of social work was not necessarily defined as "social work proper" by the Barclay Committee (4). Thus the "feminine" parts of practice are degraded without an awareness of the nurturant power inherent in "tending relationships". Nurses take on these aspects of medical care and are, likewise, losing "professional", although not "feminine professional" status, thereby. It would seem from this admittedly somewhat speculative discussion, that

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[1] Community Care, 20/5/82, p. 3.

[2] See reference to Twining and Hill in Chapter 2.

[3] Higgins, J. (1980) discusses social workers as "agents of social control", p. 1, Journal of Social Policy, Vol.9, Jan. 1980, pp. 1-23.

[4] Barclay, P. (1982 Report), London, NISW.

"professionals" and "feminine professionals" tend to pursue goals, which are sometimes diametrically opposed, that is, the striving for financial recognition and structurally defined professional status and power stands in opposition to self-sacrificing altruism.)

Stress was put on the need to consider "authority" in social work practice by Seebohm (1). The application of authority might swing either predominantly in the direction of "autonomous/male" or towards "paternalistic" or "maternalistic/female" manifestations (2). The model presupposes predominance of the latter type, but further investigation is needed to establish reliable information in this area.

One important area for discussion in this context is the "treatment" versus "punishment" approach in social control. Feminist writers have, generally, assumed that harshness is a masculine trait and Stone (in Fisher) (3) saw the increase in flogging as a means of disciplining children and criminals as associated with male ascendancy. The "permissive/treatment oriented" approach, which became more prevalent in the West in the post- Second World War period and blossomed in the 1960's, was associated with defining the "criminal/erring child" as "sick and in need of treatment" rather than "wicked/naughty and "deserving of punishment" as discussed by Morris (4). This model would, using Stone's gender-typing, be associated with female nurturant authority in contrast to male punitiveness. It is, however, by no means certain that the latter approach is less harsh in its long-term effects. A criminally insane offender will be given an indeterminate "period of treatment" in a psychiatric

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[1] Social Work, Oct. 68, p. 6.

[2] Sennett, R. 1980, Authority, London, Secker and Warburg.

[3] Stone, L. in Fisher, E. 1980, Woman's Creation - Sexual Evolution and the Shaping of Society, pp. 391-392.

[4] Morris, T. 1974, The Marking of Cain, An Inaugural Lecture, London School of Economics.

hospital, which may constitute a "life sentence" unless he is declared "cured/sane" by "the professionals" whereas a "sane" criminal will normally be "punished" by enduring a time-limited prison sentence (1). Indeterminate sentencing, which took on aspects of the "treatment mentality" and flourished in the 1960's is currently opposed by certain sectors in the USA, where a return to "punishment" is preferred (2) and where there are isolated moves to reintroduce corporal punishment (3) as more "just" and "humane" than indeterminate and prolonged incarceration. In child-rearing there was a similar tendency to label children, who misbehaved as "sick/maladjusted" rather than as "naughty". The medicalisation of "hyperactive children" in the 1960's bears witness to this tendency. Whereas in the past children who misbehaved received punishment the permissive-treatment approach was to label them as "medical cases" (4).

Whether a case could be made for designating "therapeutic power" as "feminine" and "punitive power" as "masculine" is a matter for discussion. However, this contention would seem justified within the context of the present definition of "feminine professionalism" and arising out of the "ideal type" of male punitiveness as proposed by Stone above. A more speculative move to suggest, that the "treatment" approach is more powerful than that of "punishment" and that the former characterises "feminine nurturant power" in both nursing and social work, would seem justified. The present data does not, however, give clear support for such a proposition and further research in this area is needed.

Returning again to the examination of reports and journals the perceived femininity of social work pre-1959 was discussed

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[1] The situation in countries where the death penalty is practised is, of course, very different.

[2] Clark, D. and Davies, M. The Californian Way of Justice, New Society, 10/5/84, pp. 222-224.

[3] Newman, G. 1983, Just and Painful - A Case for the Corporal Punishment of Criminals, London, MacMillan.

[4] Box, S. in Permissiveness and Control, 1977 (Edited by the National Deviancy Conference), London, MacMillan.

in the Younghusband Report and the need to recruit more men into the occupation was stressed, especially to the specialist areas where women had hitherto been in the majority (1). Likewise, the Platt Report rejected exclusive input of "female expressiveness" in nursing and rejected the notion that qualities of "the head" were less important to the nurse than those of "the heart" (2). The Salmon Committee favoured a more substantial input of male nurses, whose attitudes were assumed to be more "managerial" than those of females. Men were seen to be more "instrumental" in their career orientation (3). A case could be made for seeing this as a sign of the greater altruism of women, who choose a post for its own sake, whereas men apply instrumental motives to their career planning.

Following the Salmon Report doubt was expressed about whether or not female nurses would come forward to fill managerial and administrative posts (4). In the same vein, it was asked whether:

> "the organisation of woman-power for the provision of a bed-side nursing service" (5)

required the Salmon system. Evidence of gender-typing is apparent in the above examples. As if answering the question posed above, the Griffiths Report was seen to aim for a return of nurses to the bedside, although this was not explicitly stated. Nurse correspondents feared that they would lose managerial power gained since the Salmon re-organisation, and that, as a consequence, nurses would be: "pulled back under strong doctor dominance" (6). By reverting to a predominantly "clinical/nurturant" sphere senior nurses would be defined more closely according to a "feminine/expressive" ideal type in relation to the predominantly male medical profession

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[1] Younghusband, E. (1959 Report), London, HMSO, p. 16.
[2] Nursing Times, 3/7/64, p. 858.
[3] Nursing Times, 17/1/74, p. 68.
[4] Nursing Times, 13/5/66, p. 625.
[5] Nursing Times, 20/5/66, p. 677.
[6] Nursing Mirror, 23/11/83, p. 10. Also, Nursing Times, 2/11/83, p. 15.

Predictably, male nurses reacted strongly against such "degradation" and Rowden stated defiantly that nursing would not consent to a return to "managerial and professional subservience" (1). It might be argued that nursing is the predominantly female/caring arm of the male-dominated medical profession and that it would thus be in the interest of doctors to reduce the nurse management establishment.

Minority voices in the nursing body proclaimed strong support for the "nurturant" role of nurses and a comparative lack of apprehension regarding the Griffiths proposals. M. Lyne viewed nursing: "as a profession of service...not an end in itself" (2). She saw nursing as characterised by a dedicated commitment to selfless service to the sick (3), without which any discussion about professionalism was meaningless.

Significantly, the redefinition of social work from being "women's work" to becoming a "profession" was applauded in a reference to the Seebohm Report (4). The former might include a notion of "vocation" and /carry traits of "feminine professionalism", whereas the latter presumably approximated social work to the status of doctors and lawyers. In the same vein the lowest graded social work assistant was referred to as a "rounded mum" (5). The "feminine" tradition in nursing may account for the comparative lack of status accorded to men who enter the occupation (6). This may also account for the fact that male nurses were found to be less well qualified on entering the occupation than their female

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[1]Nursing Mirror, 4/7/84 (Rowden), p. 19.

[2]Nursing Times, 23/11/83 (Lyne), p. 11.

[3]Ibid.

[4]Social Work Today, 16/11/76, p. 7.

[5]Community Care, 2/4/76, p. 10.

[6]See discussion on article entitled "Men in Nursing" by Best, B. and Best, J.C., in Nursing Times, 16/9/66, p. 578, as discussed in Chapter 3.

counterparts in a survey quoted by the Briggs Committee concerning the number of male and female students possessing A-levels on entry to training. Whereas 94% of males were without such qualifications the figure for females was 84% (1). In spite of their generally lower academic standard a quota system in favour of men entering nursing was proposed (2), as they were seen to offer "return on training" (3).

The relationship between nursing and social work, on the one hand, and medicine on the other, has been referred to above and is of interest in the consideration of occupational gender-typing. Medical social workers, commenting on the possibility of being separated from medically dominated health-care institutions as proposed in the Seebohm Report, noted that their secondment from area teams would contribute to doctors recognising "the proper function of social work" (4). Medical dominance over social work remained the ideal of the older profession, however, and some of the medical evidence to the Barclay Committee reflected this view (5). A number of doctors argued in favour of: "medical dominance of social workers as para-professionals" (6). Medical resistance to the "rational management" model of senior nursing structures proposed by Salmon was typified in the view of a consultant supporting the image of nurses "with their sleeves rolled up" (7). He furthermore rejected the plea by nurses, that they should cease doing "non-nursing duties" (8). It would seem clear, that the preferred role for both nurses and social workers, in the view of doctors, was a nurturant/maternal one with the retention of "para-medical" status.

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[1] Briggs, A. (1972 Report), London, HMSO, p. 160.
[2] Nursing Times, 1/2/73, p. 134.
[3] Briggs, A. 1972, Op. Cit., p. 121.
[4] Medical Social Work, Sept. 1968, p. 134.
[5] Social Work Today, 4/5/82, p. 15.
[6] Social Work Today, 13/7/82, p. 10.
[7] Nursing Times, 18/2/71, p. 212.
[8] Nursing Times, 7/10/71, p. 1257.

Hospital administrators also wished to retain the bedside role - the nurturant aspect of nursing. At the time of the Platt Report (1964) a hospital secretary put aspiring nurse managers firmly in their place, saying:

> "we need nurses who nurse and are not too over-educated to attend to a patient" (1),

and this view was reinforced indirectly in the 1983 Griffiths Report as noted above.

In a "tongue in cheek" article entitled "Salmon for Supper" a writer pointed to the traditional matron's confused notion of "the true facts of service life" (2). Feminine styles of authority were derided as uninformed and although over-stated the above sentiment indicates a view of female leaders, which corresponds to the traditional image of the irrational woman.

Another area of feminine activity is that of the informal community care sector and the Barclay Report and professional journals dealt with this area, conceding that women would be the most likely carers (3). As women predominated in this role, the apparently egalitarian campaign to reduce social work monopoly spelt out the same message to women carers as the Bowlby thesis on "maternal deprivation" (4), that is, "your place is in the home caring for the young and the helpless." Thus the anti-elitist thrust of the Barclay Report, casting doubt on the qualitative superiority of professional social work over informal caring, was seen to be a double-edged sword unintentionally reinforcing the "feminine/nurturant" role.

Bearing in mind the character of the research material, there would seem to be (albeit mainly implicit), support for the notion of "gender typing" in nursing and social work. The Younghusband Report pointed to predominance of practising female social workers in the most "nurturant" sectors although it must be admitted, that these had higher status and a larger number of qualified social workers prior to the Younghusband

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[1] Nursing Times, 3/7/64, p. 859.

[2] Nursing Times, 22/7/66, p. 979.

[3] Barclay, P. (1982 Report), London, NISW, p. 200. Also Social Work Today, 19/10/82, p. 4.

[4] Bowlby, J. 1953, Child Care and the Growth of Love, Harmondsworth, Pelican.

Enquiry. The Salmon Report proposed a model of "rational management" for nursing and has been called "the male nurse's charter". It noted more "instrumental/career-oriented" attitudes in male than in female nurses and women were seen as poor investment for management training. There was, likewise, encouragement for men to enter social work, as noted in the Younghusband Report. Reaction to the proposed reduction in the managerial power of nurses, as put forward by Griffiths, was strongly resisted, especially by men. While the Salmon Committee rejected "fussy/feminine" leadership it recorded an attachment to feminine nursing titles. Briggs remarked on the higher levels of academic qualification in female than in male entrants to nursing. Younghusband had also noted the larger number of female qualified social workers pre-1959. Women accepted "professional/nurturant" posts in preference to managerial work in both nursing and social work. A shift away from placing a high valuation on nurturant social work and nursing would seem to have occurred post-Salmon and Seebohm in spite of continued numerical female dominance in the two occupations (1).

As the notion of "feminine professionalism" has been explored in a somewhat speculative manner, further in depth research would seem to be needed. The mode and exact context of such investigation will be explored in a later chapter. There would seem to be a wealth of "clues" in this area, which have been discussed above and which require further empirical support.

III

While the above propositions are oriented primarily towards examining expected similarities between nursing and social work the final research statement focuses on possible differences between them. A number of areas are covered, which are related to two of the three research themes, i.e. professionalism and managerialism. The question of gender-typing has been discussed above.

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[1] See discussion in Part i of Chapter 4.

Thus it may be suggested:-

That the different hierarchical structures, professional ideologies and institutions and educational systems in nursing and social work have contributed to their different development paths in Britain during the period under consideration.

Historically both modern nursing and embryonic social work in Britain were born under the Poor Law provision and took on many of the characteristics of its ideology (1). An authoritarian structure was typical of nineteenth century welfare institutions and occupations involved in service delivery within them adopted these attitudes to a more or less marked degree. Nursing would seem to have retained a more structured hierarchy than social work, being predominantly "uniformed"and based at hospitals. Social work proper - excluding residential care whose status as"social work"is in some doubt (2) - tends to be community based and"non-uniformed".

The Salmon Report stressed the importance of taking distance from nineteenth century authoritarianism (3). This would be achieved through the adoption of rational management principles within a line management system based on promotion in relation to acquisition of "progressively increasing managerial skills" (4). Such a development would counter-act the"fussy authoritarianism" associated with "feminine professionalism" as discussed above.

A more egalitarian hierarchy within social work was seen to require further liberalisation and it was hoped that the work of the Seebohm Committee would lead to a more "liberal" system of social services (5). This development

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[1]Hodgkinson, R.G. 1967, The Origins of the National Health Service, London, Wellcome Institute of the History of Medicine, and Ayers, G.M. 1971, England's First State Hospitals and the Metropolitan Asylum's Board, 1867-1930, London, Wellcome Institute, give a detailed description of the historical background to the National Health Service, demonstrating the primarily institutional work setting of Poor Law nurses. Some reference is also made to voluntary hospital nursing, which has been more extensively documented by others in connection with discussion of the Nightingale reforms (see Chapter 2).

[2]See discussion on "tending" in the Barclay Report, 1982, pp.62, 65-66, 67.

[3]Salmon, B. (1966 Report), London, HMSO, p. 9.

[4]Ibid.

[5]Social Work, Oct. 68, p. 10.

of "rational planning" had been evident in the Younghusband Report, which was seen to propagate"a coordinated system of social care" (1). The hierarchical organisation of professional and semi-professional workers has been a topic of interest for social scientists from many disciplines. Etzioni and Oppenheimer deal with the question from slightly different points of view, the former elaborating on the tendency for managerialism to become prevalent within "semi-professions", which are typically found in public service institutions (2). Oppenheimer distinguishes between independent professions and those functioning within large organisations (3), and Davies (4) follows similar theoretical lines.

The Griffiths Enquiry into National Health Service Management has centred on the inefficiency of consensus management, which was the result of the liberalisation within health service institutions of which the Salmon Report was representative. Dimmock advocated consensus management for professional hierarchies as it ensured both professional independence and interdependence between service givers (5). The practical effects of the "Griffiths Restoration" of authority structures, reminiscent of those prevailing pre-Salmon, will not be apparent before completion of this thesis. One can but speculate at this stage. No similar proposals for social work have been made in the mid 1980's. The Barclay propositions would seem to lead in the opposite direction of allowing more power to be dispersed to the "informal" community sector.

Internal control of an occupation constitutes one trait of professional status according to Johnson et al. and Freidson (6). Nursing acquired a General Council in 1919 and

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[1]The Almoner, Jan. 1960.

[2]See discussion above relating to the first research proposition.

[3]Dingwall, R. and Lewis, P. 1983, The Sociology of the Professions, London, MacMillan, and Scase, R. 1977, Industrial Society: Class, Cleavage and Control, London, G. Allen and Unwin.

[4]In Dingwall, R. and Lewis, P. 1983, Op. Cit.

[5]Nursing Times, 30/1/85, p. 29 (Dimmock).

[6]Johnson, T. 1972 and Freidson, E. 1970, in Chapter 3.

like the medical profession was regulated through state registration of competent practitioners. Professional misconduct could lead to members being "struck off" the register (1) and the machinery thus acted as a means of internal discipline aimed at the maintenance of professional standards. Social work on the other hand had no corresponding body and intermittent suggestions to introduce a general council or "inspectorate" have, so far, been rejected by the occupation. Referring to the proposed establishment of an Educational Council for Social Work a correspondent commenting on the Younghusband Report in "Social Work" advocated the establishment of a professional board to take responsibility for the organisation of this proposed body (2). While the main emphasis above is on control of education and training the Barclay Report referred more directly to a "controlling" disciplinary body and pointed to support from the medical profession for a social work council on the lines of the General Medical Council and the General Nursing Council (3). Similarly the professional organisation BASW favoured more centralised control and Pinker in the Minority Report to the Barclay Committee also supported the introduction of a social work council as a means of controlling the "definition and actual performance of social work" (4). The Barclay Report muddied the waters somewhat by making no clear distinction between "social work" and "social services" and a commentator in Community Care concurred with the acknowledged "value of a registration system for all staff involved in social services" (5).

Herein lies the root of the somewhat confused definition of what social work is, and it would seem, that this inability to determine its core functions and specific body of knowledge militates against the registration and control of

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[1]Pyne, R. 1981, Professional Discipline in Nursing, Oxford, Blackwell.

[2]Social Work, July 1959, p. 81.

[3]Barclay, P. (1982 Report), London, NISW. The General Nursing Council now re-named the United Kingdom Council for Nursing, Midwifery and Health Visiting.

[4]Pinker, R. in Minority Report, Barclay, P. 1982, Op. Cit., p. 258.

[5]Community Care, 13/5/82, p. 5.

social work per se. Thus, BASW (the British Association of Social Workers) advocated a council to regulate professional conduct (1) in defence of the professional status of social work, whereas the idea of an inspectorate for all social service workers was also suggested as seen above. Those who opposed the idea of a social work council:

> "united those who view all professions as self-serving conspiracies (and) those, who denied the existence of any generally recognised core of knowledge" (2).

It was felt that social workers should not "slavishly ape" more established professions (3). Thus the anti-elitists joined forces with those, who were genuinely uncertain about the knowledge status of social work.

Related to the above debate was the question of practice by unqualified social workers: only 70% of practising front-line practitioners were professionally qualified at the time of the Barclay Enquiry (4), and there was no law to prevent unqualified individuals from using the professional title. Failure to create a social work council was put down to lack of courage by the Committee and one commentator in Community Care maintained that such a move would "give reality to the concept of professional accountability" (5). The establishment of a social work council was supported by the British Medical Association specifically, as it would "enhance social work in the medical field" (6). Accountability would thus be facilitated and social work status raised in the view of many social workers as well as medical colleagues.

In sharp contrast to the case of social work, nursing and midwifery had been regulated through a number of state registers maintained by the General Nursing Council and the Central Midwives Board for several decades, as noted above. The decision about whether or not to introduce registration for general nurses was not made without conflict with Florence Nightingale opposing the idea and Mrs Bedford-Fenwick

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[1] Social Work Today, 4/5/82, p.1.
[2] Ibid. [3] Ibid.
[4] Barclay, P. (1982 Report), London, NISW., p. 25.
[5] Community Care, 10/6/82, p. 20.
[6] Nursing Times, 19/10/72, p. 1306.

defending it. The controversy was resolved in favour of registration, which has been in operation since the early twentieth century and the Briggs Report and 1979, Nurses, Midwives and Health Visitors Act simply restated the prevailing broad policy, but supported the change to a single register for all the members of occupations listed under the Act. Thus the Briggs Committee proposed a single regulatory body for British nurses, midwives and health visitors (1). It is symptomatic of hierarchical occupations with strong sectional interests, institutional inertia and a conservative bent, that the Briggs proposals were not enshrined in law until 1979 (2), enacting that the United Kingdom Council should "maintain a register of all qualified nurses, midwives and health visitors (3) such a move, hopefully contributing towards the creation of "a unified profession" (4).

A degree of intra-occupational competition existed within social work in spite of its comparatively non-elitist stance and the Younghusband Committee pointed to the rights of social case workers to "senior status" (5). Those holding mental health certificates from universities also laid claim to special recognition and rights to practise (6). There was also the main divide between the residential and agency social workers and those with and without a professional qualification in social work. Preoccupation with professional status is typical of insecure aspirers to that state. It is significant that the Barclay Committee adopted a markedly egalitarian tone and did not even shrink from the possible submergence of social work within the broad category of "social services". This may be due either to greater confidence about what social work has to offer, hence a reduction in defensiveness about status. Alternatively, it may be the result of an acceptance, that social work has no distinct body of knowledge and that it is therefore pointless to argue the point indefinitely.

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[1]The UKCC

[2]Nursing Times, 31/8/83, p. 13.

[3]Nurses, Midwives and Health Visitors Act, 1979, London, HMSO.

[4]Nursing Mirror, 13/9/79, p. 5.

[5]Younghusband, E. (1959 Report), London, HMSO, p. 15.

[6]Younghusband, E. 1959, Op. Cit., p. 128.

The dissension within nursing became apparent in connection with the passing of the 1979 Nurses, Midwives and Health Visitors Act, when the various groups included under the authority of the Act jockeyed for advantage within the legal provisions, or at least, attempted to secure what was thought to be a "fair deal". The health visiting lobby was comparatively vociferous in claiming their "rights". The law made provision for a Health Visiting Joint Committee (1) and this enactment was applauded by health visitors (2). Midwifery practice was protected by making it an offence for an unqualified person to attend a "woman in child-birth" (3). It would seem that attempts to effect "separatist professional closure" within a "united nursing profession" is inevitable in view of the many specialisms involved. However, this movement will inevitably have a disruptive effect as the three occupations are joined legally, but not necessarily in terms of professional skills and ideology. The health visitors were a case in point and contributions to professional journals demonstrate the depth of their discontent with the provisions of the Act (see Appendix No. 3 for further discussion of health visitors in Britain). The sense of threat was expressed by a contributor to the Nursing Times fearing the dissolution of current health visiting training programmes within the higher and further education sector (4). One of the main advantages enjoyed by health visitors compared to hospital nurses was the link with mainstream education and the fact that "students" of health visiting were such in fact and not only in name compared to general nurses and other specialist nursing students, who trained as apprentices(5). There was a profound fear of a lowering of status through acceptance of the proposals in the Bill and another writer in the Nursing Times urged health visitors to reject this attempt to lower professional standards (6) which had implications for status.

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[1]Nurses, Midwives and Health Visitors Act, 1979, p. 6.

[2]Nursing Mirror, 12/4/79, p. 616.

[3]Nursing Mirror, 27/10/82, p. 25.

[4]Nursing Times, 31/5/79, p. 909.

[5]Health Visitors are not unique in this, however, as Occupational Health Nurses, Community Psychiatric Nurses and, latterly, District Nurses also attend full-time courses at higher and further education institutions.

[6]Nursing Times, 1/2/73, p. 155.

The current position had been achieved through struggle and should not be light-heartedly abandoned. Another writer claimed that Nightingale would have grieved at seeing the health visitor certificate reduced to "a non-statutory extra qualification from a school of nursing" (1). Theatre nurses were also concerned for their special position (2).

The separation between state registered and state enrolled nurses continued following support for this split in the Platt Report. Concern was expressed about this two class system of nurses and one commentator felt that implementation of the Platt proposals: "would tend to create a wider gulf between the two grades of nurses" (3). This division might be enhanced with multiplication of university courses for state registered nurses destined for leadership in the profession (4). The possibility of abolishing the enrolled nurse grade was discussed following the establishment of the United Kingdom Central Council in the early 1980's, but no firm decision on this matter had yet been taken in 1986.

While there might be some tension between medical practitioners and medical social workers within the hospital setting (5), many of the latter nevertheless recognise the value of close inter-occupational co-operation. One writer in Medical Social Work commented on the Seebohm proposal to take medical social workers out of the National Health Service with regret as the close inter-collegial interaction with doctors and nurses would thereby be lost (6) to the detriment of patient care. While the Seebohm Committee conceded the cost of separation from teaching and medicine (7) members

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[1]Nursing Times, 7/12/72, p. 1559.

[2]Nursing Times, 8/3/73, p. 317.

[3]Nursing Times, 1965, p. 111.

[4]Platt, H. (1964 Report), London, RCN, p. 49.

[5]See reference to Cope Report (1951) in Watkin, B. 1975, Documents on Health and Social Services, London, Methuen & Co. pp. 335-337.

[6]Medical Social Work, Sept. 1968, p. 135.

[7]Seebohm, F. (1968 Report), London, HMSO, p. 51.

nevertheless supported the ideal inspired by the principle of "genericism" which would counteract departmental separation and "a too dogmatic or orthodox vocational training (1).

Inter-occupational tension was evident between nursing and social work, on the one hand and medicine, on the other, in regard to attempts to establish the independent status of the former two "feminine professions". One writer in the Nursing Mirror felt that doctors would prefer the ward sister to remain "hand-maiden to the consultant" (2). The submissiveness of nurses to doctors, advocated by Nightingale (3) and perpetuated ever since, albeit in a less stark form, would thus be preserved. Social workers likewise felt that doctors should be made to respect social work and should not accept a leadership role in every professional interaction (4). The tradition of compliance by social workers vis-a-vis medical practitioners is weaker than that of nurses in relation to doctors and the afore-mentioned put up a considerable and successful resistance to being included under "medical auxiliaries" (5) by the Cope Committee. But there was also an acknowledgement of the benefits derived from inter-occupational co-operation. This would require education of the various professionals as the Younghusband Committee observed that: "few doctors know what social workers do" (6).

The perceived overlap between health visiting and social work would seem to make it essential for the members of these occupations to "provide a complementary service" (7). It was noted that health visitors should provide necessary information for social workers (8). There is no evidence, however, that communication in the reverse direction was always satisfactory. The lack of appreciation of the separate role

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[1] Seebohm, F. (1968 Report), London, HMSO, p. 48.

[2] Nursing Mirror, 20/5/76, pp 39-40.

[3] See discussion in Chapter 2.

[4] Community Care, 15/10/74, p. 21. See also Seebohm, F. 1968, Op. Cit., p. 214.

[5] See reference to Cope Report, (1951) in Watkin, B. 1975, Documents on Health and Social Services - 1834 to the Present Day, London, Methuen & Co. Ltd.

[6] Younghusband, E. (1959 Report), London, HMSO, p. 281.

[7] Younghusband, E. 1959, Op. Cit., p. 277.

[8] Younghusband, E. 1959, Op. Cit., p. 311.

of health visiting was, in fact, stressed in Social Work with reference to the Younghusband Report where one correspondent professed to view: "the health visitor as potentially a social worker with special qualifications" (1).

The roles of medicine and nursing were seen as inter-dependent and sometimes inter-changeable (in the view of nurses not doctors). In order to reinforce this idea the introduction of Soviet style "feldshers" was advocated (2).

Closely related to the above is the concern with status and the Salmon Committee sought to raise that of nursing stating that:

> "the professional status of nurses could best be achieved by assuming the right of the profession to be heard on all matters concerning nursing" (3).

Confusion in the area of theorising on "professionalisation" is evident above in that the Committee spoke of "achieving professional status" at some future date and yet went on to call nursing "the profession " (4).

The possession of a "distinct body of knowledge" was seen as essential for full professional status (5). While not claiming that nursing knowledge is independent of medical knowledge, egalitarian inter-dependence was advocated by one correspondent writing about the Salmon Report, who, rather optimistically viewed medicine and nursing as complementary without remarking on the inequality of professional power (6). Social workers were ambivalent about the status of their knowledge base as noted above and Wooton reinforced this uncertainty, writing about the Younghusband Report with reference to the difference between medicine and social work in this respect (7)

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[1] Social Work, July 1959, p. 85.

[2] Nursing Times, 25/10/73, p. 1410. See also Burrage, M. Re-Arranging the Division of Medical Labour, 1981, Unpublished Paper.

[3] Salmon, B. (1966 Report), London, HMSO, p. 4.

[4] Ibid.

[5] See Johnson, T. et al. 1972, in Chapter 3.

[6] Nursing Times, 16/12/66, p. 1670.

[7] Social Work Today, July 1961, p. 8.

The difficulty in defining the main characteristics of the occupation contributed to the uncertain status of social work (1) as noted previously. This state of affairs was put down to "the youth" of the occupation in the words of the Barclay Committee (2). Pinker expressed the necessity for defining what social work will and will not do and maintained that the occupation should "make a bid for the paraphernalia of full professionalism" (3).

The stress on community work in the Barclay Report was, to some extent "anti-professional" and played down the importance of status as "elitism". Thus the rigid divide between: "professional and friend, staff and client" (4) should be broken down and: "networks of informal relationships" (5) be created. Such a development would contribute to the current: "trend to de-centralisation of authority" (6). This approach was not approved of by Pinker who rejected "unreflective egalitarianism" (7) and considered it:

> "a romantic illusion to suppose that by dispersing a handful of professional social workers into local communities we can miraculously revive the sleeping giants of populist altruism" (8).

The question of status was also associated with university connections, which were generally approved of by social workers and a section of nurses, but some caution was also in evidence. Various sectional interests came to the fore-front, when the question of academic input into nurse education was broached. Thus some nurse teachers under threat of severing existing connections with the tertiary education sector bemoaned the possibility of breaking the few existing university links (9)

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[1]Social Work Today, 4/5/82, p.1.

[2]Barclay, P. (1982 Report), London, NISW, pp. 114-115. See also discussion by J.P. Smith re similar theme in nursing in Chapter 4 (Section of Griffiths Enquiry).

[3]Social Work Today, 2/4/84, p. 1. (Pinker on the Parsloe proposals).

[4]Barclay, P. 1982, Op. Cit., p. 70.

[5]Barclay, P. 1982, Op. Cit., p. 119.

[6]Barclay, P. 1982, Op. Cit., p. 217.

[7]Social Work Today, 15/6/82, p. 9.

[8]Pinker, R. Minority Report, Barclay, P. 1982, Op.Cit,pp244-245.

[9]Nursing Times, 27/5/66, p. 718.

with nursing and another nurse educator also defended this connection in nurse education (1).

Interestingly, the professional organisations struck a bid for themselves as licensing bodies,apeing the model of the Royal Colleges serving the medical profession (2). This aspiration stands in opposition to a strong social work lobby, referred to above in connection with the Barclay Report, which rejected attempts to imitate older professions (3). While members of the medical profession might be flattered at the attempt by nurses to follow in the steps of medical professional culture in a ceremonial sense,many had little taste for hard-nosed competition for professional power from their "hand-maidens". Their response to the proposed nurse senior staff structure in the Salmon Report was mixed and a medical consultant reaffirmed support for nurses: "with their sleeves rolled up" (4) rejecting the emerging trend by nurses to: "emulate other more prestigious ancilliaries, who have overtaken them in the status race by opting for a 9-5 office job and clean hands" (5).

Acceptance of the two-tier training and education system for social work was evident in the Seebohm Report and the role of universities was seen as crucial in this respect. These institutions were appreciated for their ability to attract expert academic staff and for providing specialist library facilities (6). There was, however, some ambivalence within the universities as reported by Dahrendorf re social work teaching at the London School of Economics as discussed in a previous chapter (7). The Younghusband Report noted

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[1]Nursing Times, 24/3/67, p. 397.

[2]Nursing Times, 17/6/66, p. 817.

[3]Social Work Today, 4/5/82, p. 1. See also Salvage, J. 1985, The Politics of Nursing in Chapter 3.

[4]Nursing Times, 18/2/71, p. 212.

[5]Ibid.

[6]Seebohm, F. (1968 Report), London, HMSO, p. 167.

[7]Dahrendorf, R. See discussionin Chapter 2.

that the proportion of posts for which a university social science qualification was almost a rule was higher within the medical social work sphere than among welfare officers (1), and the importance of distinguishing between university and non-university social work courses was emphasised, while at the same time avoiding a type of educational apartheid (2). The rejection of elitism recurred as a theme in reports and professional social work journals to a much greater extent than in the case of nursing, although the special role of universities in developing social work knowledge was acknowledged(3).

There was little hesitation about the need for nurses to enter and, sometimes, remain within the university sector in the view of the Briggs Committee. Furthermore, they advocated an increased intake of graduates into schools of nursing (4). It was noted in the Nursing Times, however, that an excessively theoretical approach was inappropriate in nursing courses even in the tertiary sector and the correspondent stressed that all nurses even at the universities must have actual patient care as their main purpose (5).

Plans for rationalisation of the education and training systems in nursing and social work were proposed in several reports and journal contributions. The Younghusband Committee supported a Central Training Council for social work as a means to achieve: "a common national standard of service" (6), and the need for expansion of professional training facilities was emphasised (7). The unnecessary waste of running: "three separately administered training councils for social work" (8) was stressed by the Seebohm Committee, which also considered such splintered administration to be: "educationally and professionally unsound" (9). But while rationalisation

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[1]Younghusband, E. (1959 Report), London, HMSO, p. 96.
[2]British Journal of Psychiatric Social Work, 1959, Vol.5.No.1,p.51.
[3]Social Work, July 1959, p. 81.
[4]Briggs, H. (1972 Report), London, HMSO, paras, 253, 259, 311, 312, 316, 317, 373, 346.
[5]Nursing Times, 2/11/74, p. 1374.
[6]Younghusband, E. 1959, Op. Cit., p. 277.
[8]Seebohm, F. (1968 Report), London, HMSO, p. 165.
[7]Social Work, July 1959, pp. 81-82.
[9]Seebohm, F. 1968, Op. Cit., p. 165.

of services was approved of in principle, health visitors feared their incorporation in the general body of nurses as noted previously (1). Similar fears were expressed by specialist social workers in the face of genericism (2).

One of the most marked and possibly most significant differences between nursing and social work in Britain is noted in the area of education and professional socialisation. Learner nurses have traditionally, trained apprenticeship-fashion within hospital institutions, whereas social work students are based at a college or university and simply use social work agencies to gain practical experience. There might be some modification of this system in the future, however, if the 1983, Parsloe Report is implemented.

The Platt Committee questioned the wisdom of continuing to train nurses within hospital institutions (3) and a Nursing Times contributor noted that matrons would be relieved of responsibilty for nurse training if the Platt recommendations were accepted (4). Perpetual conflict between educational and service needs existed in the current system, although it was also stressed that:

> "practical nurses need to be trained according to conditions as they exist in the wards" (5).

The question of status was raised and there were several complaints that trainee nurses were deprived of true student status (6). The Briggs Report, however, noted only a slight majority support for such status among a sample of student nurses (7). Financial independence for the student nurse was also seen to be essential (8) in order to attain true student status. But the voice of traditionalism was heard from the mouth of a hospital secretary reminding "intellectually arrogant"nurses that:

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[1]Nursing Times, 31/5/79, p. 6.

[2]See reference to controversy at LSE in Donnison, D. as discussed in Chapter 2.

[3]Platt, H.(1964 Report), London, RCN, p. 15. This debate recurred in the Briggs (1972), Judge (1985) and Project 2000 (1986 Reports.

[4]Nursing Times, 1964, p. 15.

[5]Nursing Times, 1964, p. 858.

[6]Ibid.

[7]Briggs, A. (1972 Report), London, HMSO, p. 62.

[8]Briggs, A. 1972, Op. Cit, paras. 316, 346.

"we need nurses who nurse and are not too over-educated to attend to a patient" (1).

Social work students, unlike their nursing colleagues are educated within the further and higher education sector, using agencies for professional training only, as noted above. While the Parsloe Committee made no proposal to change this arrangement fundamentally, the role of the agencies and social work managers would acquire more importance, if the proposal to require prospective social workers to spend a probationary year in field work prior to being awarded the professional qualification were accepted (2), and the educational input from social work managers were to increase (3).

The proposal to give management more influence over social work training and education was met with a hostile reaction from the academic sector. There was, however, a suggestion that universities take over the upper tier of social work education (4). Strong objections to the Parsloe proposals also came from Pinker who feared that the result of such a reorganisation would be a social work service and education at a "sub-professional level" (5). He considered that: "the review threatened the CQSW's credibility as a professional qualification" (6). The proposals may never be implemented, (7) but it is interesting to note that they were made at all and that social work teaching according to a more practice-related apprenticeship model is being advocated, albeit with strong opposition from some quarters, as nurses are increasingly entering the higher education sector.

The question of "educational autonomy" in nursing was connected with the drive to group small training schools together in order to form more viable units (7). Furthermore,

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[1] Nursing Times, 3/7/64, p. 859.

[2] Community Care, 21/6/84, p. 4.

[3] Social Work Today, 24/1/84, p. 1.

[4] Social Work Today, 17/2/84, p. 8.

[5] Community Care, 22-29/12/83, p. 2.

[6] Social Work Today, 26/3/84, p. 8.

[7] A 1986 CCETSW Paper entitled "Three Years and Different Routes" was published after completion of this thesis. This document restates the Parsloe proposals, albeit in a modified form. The likelihood of the implementation of a three-year training course for social work with greater social work agency input is now greater than in 1984.

[8] Nursing Times, 7/4/67, p. 459.

Platt suggested that taking nurse education out of the National Health Service altogether would aid efficiency and contribute towards raising educational standards (1). But while the later Briggs Report urged separation of nursing colleges from hospitals it did not propose incorporating nurse education within the further and higher education sector, as was the case with social work education and training and one correspondent referred to this "separatism" as "one aspect of the Report which is less desirable" (2). The Salmon Report also encouraged a degree of autonomy for nurse teaching which would give tutors more authority (3), but it is notable that in 1986 no serious progress has yet been made in taking all nurse training and education out of the National Health Service. Financial considerations are undoubtedly an important factor in this context and a correspondent, commenting on the 1979, Act noted that:

> "the new structure was being set up without any promise of extra money for improved training" (3).

In summary, considerable differences between nursing and social work structures exist in that the majority of nurses work and are trained within National Health Service hospitals and are thus controlled by central government, whereas trained social workers are predominantly community based. Social work is under the authority of local government and a variety of voluntary agencies. Nurses tend to be uniformed, social workers are not. It is likely that the more "establishment oriented" hierarchical, status-conscious approach of nurses arises, to some extent, from structural influences. The impact of the medical profession as a close "working partner" is also relevant in making nurses model themselves on the older profession. Social work hierarchies tend to be more "liberal". Rigidity has not been enshrined in the structures to the same extent as in nursing and this facilitates introduction of new and anti-elitist ideas, e.g. "community social work". Being more structured, nursing

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[1]Platt, H. (1964 Report), London, RCN, p. 15.

[2]Nursing Mirror, 24/11/72, p. 21.

[3]Nursing Times, 25/10/79, p. 1824.
See also the 1985 Judge Report on Nurse Education (RCN), published after completion of research. It proposed the separation of the nurse education sector from the National Health Service.

established a general council at an early stage whereas the more "anarchic" social work occupation is still split in its views on this topic in 1986. Introduction of genericism in social work was formally achieved in social work post-Seebohm, but nurses, midwives and health visitors had great difficulties in accepting their "union" on a joint register. "Professional closure" was enhanced in midwifery in the post-1979, Act provision, whereas an opening up of "professional monopoly" was seen as the ideal in Barclay's view on community social work. Interaction between medicine on the one hand, and nursing and social work, on the other, was ambivalent, the latter occupations vaccilating between appreciation for the value of co-operation with doctors and fear of medical dominance. Social workers appeared somewhat less compliant than nurses in this respect. Differences within the area of education and training were profound in nursing and social work. Nurses tended to be trained apprenticeship-fashion within hospitals whereas trainee social workers were registered at universities and colleges and simply used agencies for practical experience. The university connection was, thus forged with social work early in the twentieth century whereas the first nursing degree courses were established in the 1960's. Specialist nursing diploma and certificate courses had been established slightly earlier.

Summary and Conclusion

The comparative analysis of nursing and social work, based on documentary evidence and adopting a qualitative methodology has proved useful in examining the degree of support for the main propositions as evident in the data. The qualitative approach is particularly valuable in seeking to "uncover" hidden themes such as that of "feminine professionalism" as noted at the outset of this chapter.

General support for the first proposition was evident in that nurses and social workers tended to be found in management oriented posts at senior levels. Nurses appeared more enthusiastic about supporting this state of affairs than social workers.

Gender-typing in nursing and social work seemed to follow the Parsonian model, to a pronounced degree, with men tending towards "instrumental" and "managerial" and women towards "expressive/professional" posts. "Nurturance as power" was examined within the context of "feminine professionalism". While "clues" pointing to interesting connections between nurturance and power in female-dominated occupations - in this case nursing and social work - were apparent, further investigation is called for in this area.

There would, finally, seem to be ample support for the contention that differing structures and ideologies in nursing and social work have contributed towards their differing development paths as outlined above.

Chapter VI:-

Service and Research Implications -

Concluding Remarks

I. Service Implications

The data presented above indicate marked differences between structures and ideologies in nursing and social work (1). The divergence between these female-dominated occupations is remarkable in view of their similar functions in ministering to sick and socially vulnerable people. Attempts have been made above to demonstrate links between institutional framework and ideology in the two occupations and their different development paths.

It would appear desirable for nurses and social workers to work in closer co-operation and with greater understanding of mutual functions. This would seem particularly important in border-line areas of activity, where social workers and nurses interact closely such as in the care of mentally handicapped people and at the interface between health visiting and social work. Where misunderstanding between nurses and social workers occurs it would seem likely that institutional and ideological differences are significant explanatory factors. Research findings indicate that nurses are "establishment-oriented" to a greater extent than social workers, which is reinforced through a structured hierarchy and uniforms. Social workers generally aim for an informal approach and appear more liberal in their attitudes. Attempts to bridge the gap between these occupations would seem to be in the interest of clients/patients as well as of the members of the two occupations.

Rationalisation of nursing and social work education systems would seem to be indicated as both systems appear unstable and lacking clear direction (2). Education and training should be directed closely towards service needs and cross-fertilisation between the nursing and social work education sectors would be beneficial in fostering an inter-disciplinary social/health care.

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[1] See Chapter 5, pp.

[2] See Chapter 5, pp
Also Judge Report (1985, RCN) and Parsloe Report (1983, CCETSW).

Occupational hierarchies might be simplified with an attempt to counteract the rigidity typical of large-scale institutions. Lack of flexibility would seem more typical of nursing than of social work. While the Salmon re-organisation sought to counteract authoritarianism, it has instead created an over-bureaucratic management style, where the centre of decision-making is far removed from the sphere of the practitioner. Social services hierarchies post-Seebohm have also become highly bureaucratic and the Barclay proposals to involve informal carers to a greater extent would appear to constitute an attempt to decentralise social work activity (1).

Greater integration between medicine, nursing and social work, would also seem called for in the interest of clients/patients. Thus, while preserving the distinct identity of the three occupations and avoiding overt medical dominance, it would seem important to concentrate on breaking down barriers of suspicion and occupational jealousy between the three groups (2).

More attention should be given to the style of service given by male practitioners in female-dominated occupations. Prejudice against "nurturant men" must be tackled in order to achieve a non-sexist approach to nursing/social work practice. Thus, while nurturance has been associated with the ideal type of femininity it is just that, i.e. an "ideal" conception, often exaggerated and not necessarily reflected in real life, although useful as an analytical tool (3).

II. Further Research

While the current research work has uncovered interesting clues within the theoretical field of "nurturant power" as a component of "feminine professionalism" (4) further research adopting different strategies would seem called for. In-depth investigation of "feminine professionalism" could be

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[1] See Chapter 5, p. 292.
[2] See Chapter 5, p. 301.
[3] See Chapter 5, pp. 283 - 285.
[4] See Chapter 5, ibid. Also Chapter 1, p.11.

pursued employing a combination of research techniques, which will throw light on a variety of aspects, some of which might be overlooked if, as is the case in the present investigation, only one approach has been adopted. In addition to the documentary search executed in this thesis psychological personality tests might be applied to a sample of female and male nurses and social workers to explore levels of "authoritarianism" and "nurturance", for instance. Another useful research avenue would be that of "focused interviews", in which respondents are asked specific questions relating to feminine professionalism. An attitude study using a Likert scale would add further data to the pool, which would, hopefully, yield a composite picture of the "ideal/typical" nurse and social worker.

Apart from considering broad areas of "authority" and "nurturance" specific aspects such as the possible distinction between feminine and masculine forms of social control could be examined. The proposition that "feminine" care is "treatment-oriented" whereas the masculine counterpart tends to be more "punitive" needs to be explored further. Possible differences, between the seemingly more hierarchical authority exercised by nurses over patients than that of social workers over clients, need to be examined. The question about the possibly greater degree of "feminine professionalism" prevailing in nursing than in social work needs to be addresssed.

Finally there is need to explore in depth the interaction between the predominantly male medical profession, on the one hand, and the female-dominated nursing and social work occupations, on the other.

It would seem clear that options for further research and service implications are linked in the context discussed above. Research will provide explanations which can be implemented in service delivery. Likewise the practice-base of both nursing and social work provides a dynamic field for on-going investigation.

Concluding remarks

In summary, it may be concluded that the exploratory search of selected documents provided ample data to demonstrate support for Etzioni's thesis on "semi-professionalism". There was also plentiful material high-lighting both similarities and differences between institutions and ideologies in nursing and social work. The main lacuna was in the area of "feminine professionalism". While "hidden themes" would seem to point in the direction of a particular "ideal typical" mode of operating in female-dominated, caring occupations, there were no hard data to support a new theoreticl statement on what might be termed "feminine professionalism". It is, however, the contention of this researcher, that sufficient "clues" have been unearthed to merit further investigation of this area, as indicated above. Such research would seem eminently apt at a time of re-thinking the tenets of feminist theory. The euphoria of the 1960's-1970's upsurge of liberationist feminism is over. A more sober approach to gender roles and the sexual division of labour would seem called for. Simplistic notions such as the equation of "maleness" with "war and inequality" and "femaleness" with "peaceful egalitarianism" are clearly naive and academically suspect in that no acceptable data to support such theories nor to resolve the broader issues of the "nature/nurture" debate exist to date(1). The aim in this thesis and the proposed further research is more modest in rejecting the "grand design" in favour of more limited exploration of a specific aspect of nurturance. Nor is it suggested that only women can exhibit signs of "feminine professionalism". It is true that the "ideal type" is built upon traditional views of women's nature, but as no data to support either exclusively "natural" or "nurture induced" traits in men and women are available we are simply discussing ideologies - the manner in which "gender cultures" have evolved over time and these are enshrined in "ideal types" of which "feminine professionalism" is but one example. As an "ideal type" it stands or falls in relation to its explanatory potential. Only further research can establish its viability.

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[1] See foot-note no.5, p. 258, Chapter 5.

What seems clear, however, is the status distinction between occupations such as nursing and social work, on the one hand, and medicine and law, on the other, as demonstrated in the data. Whatever theoretical approach is used to explore the differences between these occupations it would appear, that ambiguities about roles, the status of knowledge and autonomy over practice are fundamental problems in nursing and social work, leading to excessive preoccupation with "status" and general "navel gazing", which could be to the detriment of the service provided. Hence the need for on-going research in this area in order to establish the real identity of these occupations and the most effective manner of employing occupational skills to the greatest possible benefit to clients and patients, without whom there would be no rationale for either nursing or social work. A functional approach to occupational practice must be preferred to a static and self-indulgent defence of "professional status". Service occupations, by definition, stand or fall with the quality of service, which they are capable of supplying.

At the conclusion of the present research nursing is in the process of adjusting to the Griffiths re-organisation of National Health Service management structures and is considering the options contained in the 1985 Judge Report (1) on nurse education, which broadly reiterates the recommendation of the Platt Committee to separate the nurse education sector from the National Health Service. Social work is grappling with the Barclay ideal in the light of current government policies on community care both within health and social services provisions. The fate of the Parsloe proposals for social work education is still undecided(2). The enduring trend in both nursing and social work within the British context would seem to be their intimate dependence on local and central government policies. This vulnerability to external influences would seem typical of semi-professions operating within public service hierarchies, and possessing insufficient professional autonomy to withstand the variable winds of political change.

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[1] Judge, H. (1985 Report), London, RCN. See also "Project 2000" (1986).

[2] But see reference to CCETSW Document, 1986 in foot-note no.7, p.285, Chapter 5.

Appendices

Appendix I

(Headings relevant to the particular journal but not uniform throughout)

YOUNGHUSBAND REPORT

Management — Contributions per year

(Social Work, Quarterly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	-	-	2	-	-	-	-	-	-	-	-
Bureaucracy vs.Professionalism	1	2	-	-	-	-	-	-	-	-	-
Inter-Professional Communication	----------	----------	----------	Nil	----------	----------	----------	----------	----------	----------	----------
Status of Social Workers	----------	----------	----------	Nil	----------	----------	----------	----------	----------	----------	----------
Roles	----------	----------	----------	Nil	----------	----------	----------	----------	----------	----------	----------
Totals	1	2	2	-	-	-	-	-	-	-	-

(British Journal of Psychiatric Social Work, Quarterly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	1	-	-	-	-	-	-	-	-	-	-
Bureaucracy vs. Professionalism	1	-	-	-	-	-	-	-	-	-	-
Inter-Professional Communication	----------	----------	----------	Nil	----------	----------	----------	----------	----------	----------	----------
Status of Social Workers	----------	----------	----------	Nil	----------	----------	----------	----------	----------	----------	----------
Roles	----------	----------	----------	Nil	----------	----------	----------	----------	----------	----------	----------
Totals	2	-	-	-	-	-	-	-	-	-	-

Younghusband Report (con.)

Management (con.)

Contributions per year

(Probation, Quarterly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	-	1	-	-	-	-	-	-	-	-	-
Bureaucracy vs. Professionalism	----------Nil----------										
Inter-Professional Communication	----------Nil----------										
Status of Social Workers	----------Nil----------										
Roles	----------Nil----------										
Totals	-	1	-	-	-	-	-	-	-	-	-

(The Almoner, Monthly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	-	2	1	1	-	-	-	-	-	-	-
Bureaucracy vs. Professionalism	----------Nil----------										
Inter-Professional Communication	----------Nil----------										
Status of Social Workers	----------Nil----------										
Roles	----------Nil----------										
Totals	-	2	1	1	-	-	-	-	-	-	-

Younghusband Report (con.)

Management (con.)

(Case Conference, Monthly Journal)

Contributions per year

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	1	1	1	1	1	-	-	-	-	-	-
Bureaucracy vs. Professionalism	----------Nil----------										
Inter-Professional Communication	----------Nil----------										
Status of Social Workers	----------Nil----------										
Roles	----------Nil----------										
Totals	1	1	1	1	1	-	-	-	-	-	-

Younghusband Report (con.)

Professional Organisation — Contributions per year

(Social Work, Quarterly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Professional Power	5	1	3	-	-	-	-	-	-	1	-
Professionalism vs. Managerialism	-	3	-	-	-	-	-	-	-	-	-
Inter-Professional Communication	4	2	-	1	-	-	-	-	-	-	-
Professional Status Roles	2	-	-	-	-	-	-	-	-	-	-
Totals	11	6	3	1	-	-	-	-	-	1	-

(British Journal of Psychiatric Social Work, Quarterly) NIL

(Probation, Quarterly)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Professional Power	----------Nil----------										
Professionalism vs. Managerialism	----------Nil----------										
Inter-Professional Communication	----------Nil----------										
Professional Status Roles	2	-	-	-	-	-	-	-	-	-	-
Totals	2	-	-	-	-	-	-	-	-	-	-

Younghusband Report (con.)

Professional Organisation (con.) Contributions per year

(The Almoner/Medical Social Work; Monthly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Professional Power	-	-	1	1	-	-	-	1	-	-	-
Professionalism vs. Managerialism	-	-	1	-	-	-	-	-	-	-	-
Inter-Professional Communication	-	-	-	1	-	-	-	-	-	-	-
Professional Status Roles	1	2	1	-	1	-	-	-	-	-	-
Totals	1	2	3	2	1	-	-	-	-	-	-

(Case Conference; Monthly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Professional Power	1	-	-	-	-	-	-	1	-	-	-
Professionalism vs. Managerialism	-	1	-	1	-	-	-	-	-	-	-
Inter-Professional Communication	-	1	-	-	-	-	-	-	-	-	-
Professional Status Roles	1	2	1	-	1	-	-	-	-	-	-
Totals	2	4	1	1	1	-	-	1	-	-	-

Younghusband Report (con.)

Education — Contributions per year

(Social Work; Quarterly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	2	-	-	-	-	-	-	-	-	-	-
Types of Courses	3	-	-	-	-	-	1	1	-	-	-
University Links	2	-	-	-	-	2	-	-	-	-	-
Trained vs. Untrained Social Workers (1)	1	-	3	-	-	-	-	-	-	-	-
Totals	8	-	3	-	-	2	1	1	-	-	-

(1) This matter was only discussed in depth in "Social Work".

(British Journal of Psychiatric Social Work; Quarterly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	----------Nil----------										
Types of Courses	2	-	-	-	-	-	-	-	-	-	-
University Links	1	-	-	-	-	-	-	-	-	-	-
Totals	3	-	-	-	-	-	-	-	-	-	-

Younghusband Report (con.)

Education (con) (Probation; Quarterly Journal)	Contributions per year										
	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	----------Nil----------										
Types of Courses	-	1	-	-	-	-	-	-	-	-	-
Totals	-	1-	-	-	-	-	-	-	-	-	-

(The Almoner/Medical Social Work; Monthly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	-	1	1	-	-	-	-	-	-	-	-
Types of Courses	1	2	1	-	-	-	-	-	-	-	-
Totals	1	3	2	-	-	-	-	-	-	-	-

(Case Conference; Monthly Journal)

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Rational Organisation	1	1	-	-	-	-	-	-	-	-	-
Types of Courses	2	2	1	2	-	1	-	-	-	-	-
University Links	-	-	1	1	1	-	-	-	-	-	-
Totals	3	3	2	3	1	1	-	-	-	-	-

Younghusband Report (con)

Gender-Typing

Social Work: 1960, 1 (language).

British Journal of Psychiatric Social Work: Nil.

Probation: Nil

The Almoner/Medical Social Work: 1960, 2 (language).

Case Conference: 1959, 1, (language): 1960, 1 (male/female staff ratio and characteristics)
1961, 1 (male/female staff ratio and characteristics).

PLATT REPORT - References in the Nursing Times

Contributions per year

Management

	1964	1965	1966	1967	1968	1969	1970	1971
Rational Organisation	4	3	-	-	1	-	-	-
Inter-Professional Communication	1	-	-	-	-	-	-	-
Status Roles (Managerial)	4	-	1	-	-	-	-	-
Conservatism	4	1	-	-	-	-	-	-
Totals	13	4	1	-	1	-	-	-

Professional Organisation

	1964	1965	1966	1967	1968	1969	1970	1971
Professional Power	6	-	-	-	-	-	-	-
Inter Professional Communication	----------Nil----------							
Status Roles (Professional)	1	-	-	-	-	-	-	-
Totals	7	-	-	-	-	-	-	-

Platt Report - References in the Nursing Times (con.)

Contributions per year

Education

Area of Special Interest in Platt	1964	1965	1966	1967	1968	1969	1970	1971
Rational Organisation	1	-	-	-	-	-	-	-
Service vs. Education	8	3	-	-	1	-	-	-
Student vs. Apprenticeship	2	6	2	-	-	-	-	-
Types of Courses	3	10	-	-	-	-	-	-
University Links	3	3	-	-	-	-	-	-
Totals	17	22	2	-	1	-	-	-

Gender-Typing: All References: 1964: 3; 1965: 1; 1966: 3.

Platt Report - References in the Nursing Mirror

Contributions per year

Management

	1964	1965	1966	1967	1968	1969	1970	1971
Rational Organisation	2	-	-	-	-	-	-	-
Inter-Professional Communication	-	1	-	-	-	-	-	-
Status Roles	1	-	-	-	-	-	-	-
Conservatism	1	1	-	-	-	-	-	-
Totals	4	2	-	-	-	-	-	-

Professional Organisation

	1964	1965	1966	1967	1968	1969	1970	1971
Professional Power	2	-	-	-	-	-	-	-
Inter-Professional Communication	----------Nil (see Management Section)							
Status Roles	----------Nil (see Management Section)							
Totals	2	-	-	-	-	-	-	-

Platt Report - References in the Nursing Mirror (con.)

Contributions per year

Education

	1964	1965	1966	1967	1968	1969	1970	1971
Rational Organisation	----------Nil----------							
Service vs. Education	2	-	-	1	1	-	-	-
Student vs. Apprentice	5	2	-	-	-	-	-	-
Types of Courses	4	1	2	1	-	-	-	-
University Links	3	-	-	-	-	-	-	-
Totals	14	3	2	2	1	-	-	-

Gender-Typing: 1964: 3.

SALMON REPORT - References in the Nursing Times

Management	Contributions per year									
	1966	1967	1968	1969	1979	1971	1972	1973	1974	1975
Rational Organisation	9	4	1	-	1	-	1	-	-	-
Conservatism	5	-	-	-	-	-	-	1	-	-
Bureaucracy vs. Professionalism	1	1	-	-	-	3	-	-	-	-
Inter-Professional Communication	7	3	1	-	1	1	-	-	-	-
Status of Nurses	1	1	1	1	-	-	-	-	-	-
Role of Chief Nursing Officer (CNO)	-	-	1	2	2	-	-	-	-	-
Role of Nursing Officer (NO)	-	-	-	-	-	-	1	-	1	-
Role of Ward Sister	-	3	-	-	3	4	1	-	2	-
Totals	23	12	4	3	7	8	3	1	3	-

Education	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Rational Organisation	-	3	1	2	-	-	-	-	1	-
Information re. Available Courses	13	2	-	-	1	-	-	-	-	-
Links with Universities	3	2	-	-	-	1	-	-	-	-
Role of Tutor	1	2	-	1	1	-	-	-	-	-
Role of Clinical Instructor	3	1	-	-	-	-	-	-	-	-
Totals	20	10	1	3	2	1	-	-	1	-

Salmon Report - References in the Nursing Times (con.)

Professional Organisation	Contributions per year									
	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Professional Power (Status Roles)	9	1	-	-	-	-	-	-	-	-
Professionalism vs. Managerialism	3	3	-	-	2	7	1	-	1	-
Conservatism	2	1	-	-	1	-	-	-	-	-
Inter-Professional Communications	1	-	-	-	3	-	-	-	2	-
Totals	15	5	-	-	6	7	1	-	3	-

Gender-Typing

	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Comments re. Gender Roles	14	3	-	2	2	1	-	1	2	-

Totals: As above.

Salmon Report - References in the Nursing Mirror

Management	Contributions per year									
	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Information	-	-	-	1	-	-	-	-	-	-
Rational Organisation	2	-	-	2	5	1	1	1	-	-
Bureaucracy vs. Professionalism	-	-	-	1	3	3	-	-	-	-
Communications	-	1	-	-	1	2	-	-	-	-
Status of Nurses	-	-	-	-	-	-	-	-	-	-
Role of: Chief Nursing Officer	-	2	-	-	1	-	-	-	-	-
Principal Nursing Officer	-	-	-	-	-	2	-	-	-	-
Nursing Officer	-	1	-	-	7	-	-	-	-	-
Ward Sister	2	3	-	-	7	1	-	-	-	-
Totals	4	7	-	4	24	9	1	1	-	-

Education										
	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Rational Organisation	1	-	-	-	-	1	-	-	-	-
University Links	----------Nil----------									
Types of Training	-	2	-	-	-	3	-	-	-	-
Role of: Tutor	-	-	-	-	-	1	-	-	-	-
Clinical Instructor	-	-	-	-	-	1	-	-	-	-
Totals	1	2	-	-	-	6	-	-	-	-

Salmon Report - References in the Nursing Mirror (con.)

Professional Organisation	Contributions per year									
	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Professional Power	-	-	-	-	1	3	-	-	-	-
Professionalism vs. Managerialism	-	-	-	1	1	-	-	-	-	-
Professional Communication	----------Nil----------									
Totals	-	-	-	1	2	3	-	-	-	-

Gender-Typing										
	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Totals	-	1	-	-	4	1	1	-	-	-

SEEBOHM REPORT - References in Specialist Social Work Journals

Contributions per year

Management

	Case Conference (Monthly)		Social Work (Quarterly)		Probation (3 issues a year)		Medical Social Work (Monthly)		British Journal of Psychiatric Social Work (3 issues a year)	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Rational Organisation	-	-	7	-	-	-	-	-	-	-
Bureaucracy vs. Professionalism	----------				Nil				----------	
Intra-Professional Communication	-	-	-	-	-	-	1	-	-	-
Status of Social Workers	----------				Nil				----------	
Role of: Medical Social Worker	-	-	-	-	-	-	1	-	-	-
Probation Officer	1	-	-	-	1	-	-	-	-	-
Totals	1	-	7	-	1	-	2	-	-	-

Education

	Case Conference		Soc. Work		Probation		Med.Soc.Wk.		Brit.J.Psych. Social Work	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Rational Organisation	-	1	-	-	-	-	-	-	-	-
Types of Courses	-	-	5	-	-	-	-	-	-	-
University Links	-		1	-	-	-	-	-	-	-
Totals	-	1	6	-	-	-	-	-	-	--

Seebohm Report - References in Specialist Social Work Journals

Professional Organisation

	Contributions per year									
	Case Conference		Soc. Work		Probation		Med.Soc. Wk.		Brit.J.Psych. Social Work	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Professional Power	-	-	2	-	-	-	2	-	-	-
Professionalism vs. Managerialism	-	1	2	-	-	1	-	-	-	-
Inter-Professional Communication	-	-	2	-	-	-	1	-	-	-
Conservatism	-	-	1	-	-	-	-	-	-	-
Totals	-	1	7	-	-	1	3	-	-	-

Gender-Typing

Social Work 1968: The only three references on this topic in all the specialised journals during 1968-69.

Seebohm Report - References in Social Work Today (N.B. 3 issues missing)

Management	Contributions per year									
	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Rational Organisation	6	2	2	2	1	-	4	2	-	-
Conservatism	-	-	-	-	-	-	1	-	-	-
Bureaucracy vs. Professionalism	-	-	-	-	-	-	4	1	-	-
Inter-Professional Communication	----------Nil (but see footnote 1)----------									
Status of Social Workers	----------Nil----------									
Roles:										
Medical Social Worker	1	-	-	-	-	-	-	-	-	-
Child Guidance Officer	-	-	1	-	-	-	-	-	-	-
Generic Worker	-	-	2	1	-	-	2	-	-	-
Director of SSD	-	-	-	-	1	-	-	-	-	-
Child Care Officer	-	-	1	-	-	-	-	-	-	-
Psychiatric Social Wrkr	-	-	1	-	-	-	-	-	-	-
Probation Officer	-	-	1	-	-	-	-	-	-	-
Family Case Worker	-	-	1	-	-	-	-	-	-	-
Totals	7	2	9(2)	3	2	-	11	3	-	-

(1) This matter is discussed under "Professional Organisation".
(2) But 5 part-references from one main one.

Seebohm Report - References in Social Work Today (con.)

Education	Contributions per year									
	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Rational Organisation	1	-	-	-	-	-	-	-	-	-
Types of Courses	1	-	-	3	-	-	2	-	-	-
University Links	----------Nil----------									
Roles: Lecturer	2	-	-	-	-	-	-	-	-	-
Totals	4	-	-	3	-	-	2	-	-	-

Professional Organisation	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Professional Power	-	4	-	-	-	-	2	2	-	-
Inter-Professional Communication	1	-	3	-	1	-	-	-	-	-
Conservatism	----------Nil----------									
Totals	1	4	3	-	1	-	2	2	-	-

Gender-Typing	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Factual Information	-	-	-	-	-	-	1	-	-	-
Language Use	1	-	3	-	-	-	1	-	-	-
Totals	1	-	3	-	-	-	2	-	-	-

Seebohm Report - References in Community Care (N.B. 4 issues missing)

Contributions per year

Management	1974	1975	1976	1977	1978	1979	1980
Rational Organisation	8	3	3	2	4	3	3
Conservatism	----------Nil----------						
Bureaucracy vs. Professionalism	2	-	1	2	-	-	-
Inter-Professional Communication	1	-	-	-	-	-	-
Status of Social Workers	-	1	-	-	-	-	-
Roles	----------Nil----------						
Totals	11	4	4	4	4	3	3

Professional Organisation	1974	1975	1976	1977	1978	1979	1980
Professional Power	4	1	-	2	1	1	3
Inter and Intra-Prof. Communication	1	2	1	-	-	-	-
Professionalism vs.Managerialism	1	-	1	-	-	-	-
Totals	6	3	2	2	1	1	3

Education	1974	1975	1976	1977	1978	1979	1980
Rational Organisation	3	-	-	-	-	-	-
Courses, Research	3	1	-	-	-	-	-
University Links	-	1	-	-	-	-	-
Totals	6	2	-	-	-	-	-

BRIGGS REPORT - References in Nursing Times

Management	Contributions per year							
	1972	1973	1974	1975	1976	1977	1978	1979
Rational Organisation	3	6	1	-	-	1	1	1
Bureaucracy vs. Professionalism	----------Nil----------							
Inter-Professional Communication	----------Nil----------							
Conservatism	----------Nil----------							
Status Roles	1	-	-	-	-	-	-	-
Totals	4	6	1	-	-	1	1	1

Professional Organisation	1972	1973	1974	1975	1976	1977	1978	1979
Professional Power	2	3	-	-	-	-	-	-
Professionalism vs. Managerialism	1	-	-	-	-	-	-	-
Inter-Professional Communication	1	-	-	-	-	-	-	-
Conservatism	3	-	-	-	-	-	-	-
Status Roles	7	5	-	-	-	-	1	-
Totals	14	8	-	-	-	-	1	-

Briggs Report - References in Nursing Times (con.)

Education	Contributions per year							
	1972	1973	1974	1975	1976	1977	1978	1979
Rational Organisation	5	5	-	1	1	2	1	-
Service vs. Education	4	3	1	-	-	-	-	-
Types of Courses	11	4	-	-	-	-	1	2
University Links	7	3	-	-	-	-	-	-
Roles	5	2	-	1	1	1	1	-
Totals	32	17	1	2	2	3	3	2

Gender-Typing								
	1972	1973	1974	1975	1976	1977	1978	1979
Language	3	-	-	-	-	-	-	-
Male/Female Ratios	4	3	-	-	-	-	-	-
Totals	7	3	-	-	-	-	-	-

Briggs Report - References in Nursing Mirror

Management	Contributions per year							
	1972	1973	1974	1975	1976	1977	1978	1979
Rational Organisation	2	2	1	-	1	1	1	1
Bureaucracy vs. Managerialism	----------Nil----------							
Inter-Professional Communication	----------Nil----------							
Conservatism	-	1	-	-	-	-	-	-
Totals	2	3	1	-	1	1	1	1

Professional Organisation	1972	1973	1974	1975	1976	1977	1978	1979
Professional Power	1	-	-	1	1	1	3	-
Professionalism vs. Managerialism	-	-	1	-	-	-	1	-
Inter-Professional Communication	-	-	-	1	-	-	1	-
Conservatism	----------Nil----------							
Status Roles	1	1	-	-	1	-	-	4
Totals	2	1	1	2	2	1	5	4

Education	1972	1973	1974	1975	1976	1977	1978	1979
Rational Organisation	2	-	2	-	-	1	3	-
Service vs. Education	1	1	1	-	-	2	1	-
Types of Courses	4	1	2	-	-	2	-	-
University Links	3	-	1	-	-	2	-	-
Roles	-	2	-	-	2	1	-	-
Totals	10	4	6	-	2	8	4	-

THE NURSES, MIDWIVES AND HEALTH VISITORS ACT, 1979

References in the Nursing Times

The paucity of relevant material in the period 1979-1983 precludes tabulation of references according to date of publication.

Management

There were four references under "Rational Management" and one under "Conservatism".

Professional Organisation

There were sixteen references under the heading "Professional Power" and one under "Conservatism".

Education

There were five references to "Rational Management", four under "Service versus Education", three under "Courses", one under "Education versus Management" and two under "Status Roles".

(There were no special references under the heading of "Gender-Typing".)

All but very few of the references were brief.

Only direct references to the 1979, Bill and Act included. Thus related references to Briggs and to the subsequent structure of nursing excluded.

The Nurses, Midwives and Health Visitors Act, 1979 (con.)

References in the Nursing Mirror, 1979-1983

Management

There were four specific references to "Rational Organisation" and one to "Conservatism".

Professional Organisation

Seven references dealt with "Professional Power" and three with "Conservatism".

Education

Five specific references were culled from the material referring to "Rational Organisation", two to "Service versus Education", two to "Courses" and one to "Conservatism".

There were no specific references to gender-typing.

The BARCLAY REPORT - References in Social Work Today, 1982-83

Management

	1982	1983
Rational Organisation:	11	6
Bureaucracy vs. Professionalism:	5	-
Inter-Professional Communication:	2	-
Conservatism and Status Roles:	-	-
Totals	18	6

Professional Organisation

	1982	1983
Professional Power:	26	2
Bureaucracy vs. Professionalism:	3	1
Status Roles:	1	-
Totals	30	3

Education and Gender-Typing

Few references - all in 1982.

The Barclay Report - References in Commnnity Care

Management

	1982	1983
Rational Organisation:	6	2
Managerialism vs. Professionalism:	3	1
Inter-Professional Communication:	-	-
Conservatism and Status Roles:	-	-
Totals	9	3

Professional Organisation

	1982	1983
Power:	25	9
Professionalism vs. Managerialism:	6	9
Inter-Professional Communication	3	-
Conservatism:	2	-
Status Roles:	-	-
Totals	36	18

Education

	1982	1983
Rational Organisation:	-	-
Service vs. Education:	2	-
Courses:	7	4
University Links:	2	-
Totals	11	4

Gender-Typing

	1982	1983
	2	-
Totals	2	0

The GRIFFITHS REPORT - References in the Nursing Times

Management

	1983	1984
Rational Organisation:	6	2
Status Roles:	5	4
Totals	11	6

Professional Organisation

	1983	1984
Power:	11	4
Professionalism versus Managerialism:	1	4
Conservatism	Nil	
Status Roles:	4	2
Totals	16	10

Education

Only one reference in 1984 to management of nurse education.

No references to Gender-Typing.

The GRIFFITHS REPORT - References in the Nursing Mirror

Management

	1983	1984
Rational Organisation:		2
Status Roles:	5	1
Totals	5	3

Professional Organisation

	1983	1984
Power:	4	3
Professionalism versus Managerialism:	-	1
(Inter-Professional Communication:	-	-)
Conservatism:	-	1
Status Roles:	2	-
Totals	6	5

Education

	1983	1984
Rational Organisation	-	1
Totals	0	1

No references to Gender-typing.

The PARSLOE REPORT - References in Social Work Today (1983-84)

Management

	1984
Rational Organisation:	5
Total	5

Professional Organisation

	1984
Power:	11
Inter-Professional Communication:	-
Conservatism:	-
Status Roles:	1
Total	12

Education

	1984
Rational Organisation:	-
Service versus Education:	2
Types of Courses:	3
University Links:	6
Status Roles:	4
Total	15

No references to Gender-typing.

The PARSLOE REPORT - References in Community Care

Management

	1984
Rational Organisation:	3
Status Roles:	1
Total	4

Professional Organisation

	1984
Power:	2
Professionalism versus Managerialism:	-
Inter-Professional Communication	-
Conservatism:	-
Status Roles:	5
Total	7

Education

	1983	1984
Rational Organisation:	-	-
Service versus Education:	-	-
Types of Courses:	1	3
University Links:	-	2
Status Roles:	-	1
Totals	1	6

No references to Gender-typing

APPENDIX 2

Circulation Figures for Professional Journals used as Research Material:-

1.	Nursing Times:-	July-December, 1984:-	59.315/week (1)
2.	Nursing Mirror:-	July-December, 1984:-	52.669/week (1)
3.	Community Care:-	January-June, 1984:-	20.053/week (2)
4.	Social Work Today:-	Average Annual Rate:-	22.000/week (3)

Circulation figures for pre-Seebohm specialist journals not included as no claim is made that they had a large readership.

Nursing Times and Nursing Mirror, on the one hand and Community Care and Social Work Today, on the other, represent fairly equal readership within nursing and social work respectively. The relatively lower number of social work journals circulated would seem to reflect the smaller number of practitioners in the occupation compared to nursing.

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[1] Nursing Times, 6/3/85, p. 7. Nursing Mirror was amalgamated with Nursing Times in 1985.

[2] Community Care Publicity Material.

[3] Letter from M.C. Dabrowski, Editorial Assistant, Social Work Today.

A Note on Nursing and Social Work Journals

Nursing had been organised as a distinct occupational group in Britain since the Nightingale reforms and had been accepted as a "profession" with the passing of the Nurses Act of 1919 (Abel-Smith, 1960). The Nursing Times was established in the mid-nineteenth century and is still being published today expressing the views of a "generically" organised nursing occupation.

Social work in Britain has a much more discontinuous history. Various developments in the nineteenth century came about through the impact of individual reformers, for example Louisa Twining and Josephine Butler, statisticians of poverty such as Rowntree and Booth and, not least, the members of the Charity Organisation Society, who pioneered modern social work. But the continuous thread, evident in the development of nursing, was absent in social work until the 1950's when genericism became an increasingly topical issue for social work planners and government officials, inspired by the ideas of Younghusband. Consequently, there was no publication representing all social workers until the twentieth century, Social Work Today, founded in 1970, being the most representative. It is not without significance, that several of the specialist journals in existence at the time of publication of the Seebohm Report no longer exist in the 1980's, for example Social Work and the British Journal of Psychiatric Social Work .

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