

## CONTRIBUTED ARTICLE

## Who'd be a Nurse? Some Evidence on Career Choice in Australia

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### Abstract:

*In the context of on-going shortages of nurses this paper looks at factors shaping the decision to enter nursing as a career. Evidence from three different Australian sources is drawn upon: a national panel survey of young school leavers, a survey of first year university students in WA and in-depth interviews with 28 young women studying for their WA Tertiary Entrance Examinations. The results concur with previous studies that have found entrants to nursing courses to be of average-to-below academic ability and socio-economic status, to have an affinity for caring and to place greater relative emphasis on balancing family and work rather than on career success. Some new insights into the factors influencing the decision to become a nurse further highlight the importance of perceptions of gender roles in society and are consistent with psychological and feminist approaches to career choice.*

### Introduction

Concerns of an ongoing shortage of nurses in Australia and of a looming 'nursing crisis' have been well documented in the introduction to this volume and elsewhere. Given the ageing nurse workforce alongside the 'wastage' of existing nurses<sup>1</sup>, the supply of new entrants into nursing becomes a critical factor in addressing the 'crisis'. Despite the high demand for nurses, the occupation's status as the most highly feminised of careers acts as a barrier to the recruitment of school-leavers to nursing courses with almost half the potential pool of new entrants effectively excluded.

Both the shortage of nursing workers and the high degree of gender segregation are common to other western economies, suggesting neither is due to institutional and policy effects in Australia but rather intrinsic characteristics peculiar to the occupation of nursing (Fritjers, Shields and Wheatley Price 2004). Recent decades have hosted a growing interest in the role of gender in occupational choice; and in particular how women's career expectations may have changed with the dramatic shifts in the social and cultural norms relating to the interrelationships between women, work and family. Thus it is likely that the analysis of women's changing career expectations and their role in occupational choice may provide some useful insights into developments within the nursing labour market. Equally, the

nursing occupation provides an excellent context in which to study these social and cultural developments.

Beginning with a contextual overview of the relationships between gender, nursing and career choice, this paper draws on data from two surveys and material gathered through thirty in-depth interviews to explore factors influencing young people's career choices and in particular factors associated with the choice to pursue a career in nursing. Following a brief literature review in Section 2, Section 3 draws upon a publicly available panel survey of Australian youth to investigate the characteristics of those who at a young age indicate an interest in becoming a nurse. Section 4 uses the first-year university student survey (FYSS) described in the introduction to this volume to explore retrospectively why people did or did not choose to enter nursing. The statistical analysis is brought into context through the contemporary stories told by young women school-leavers in the in-depth interviews (Section 5) and the discussion in the concluding section.

## **Context**

Since the 1960's, with the changing socio-political milieu and the advent of second wave feminism, the number of women, both young and older, participating in paid work and entering male-dominated occupations, has increased dramatically. In Australia the labour force participation rate for females has increased from 36 per cent in 1966 to 56 per cent in 2003 (ABS 2005 a & b). Such emancipatory changes have challenged the restrictions imposed upon women through traditional and dominant codes of gender-roles and disrupted the rigid occupational boundaries long endemic in patriarchal capitalist contexts. In dismantling patriarchal occupational boundaries, young women's career choices have shifted from the rigid confines of the domestic domain and feminine-stereotyped careers, such as nursing, to a broader choice of non-traditional and male-dominated professions (Boughn 2001). For many young women in Western societies, the last few years of high school are imbued with notions of the future; of 'where', 'when' and 'how' they will 'be' as they journey through their transition from childhood to adolescence to young adulthood (Pascall 1997; Gilbert and Taylor 1991). Whilst such questions would once have been readily answered with the 'marriage-husband-children' trilogy, current conceptualisations of 'being', emphasise the role of career, as a means of symbolising the passage to becoming an adult woman and as a vehicle for self-expression, fulfilling potential and achieving actualisation (Astin 1984).

Within this context, female-oriented occupations, such as nursing, are currently experiencing severe labour-crises due to the rapid decrease in the number of trained personnel and new recruits (Nowak 1998; Buerhaus, Staiger and Auerbach 2000b). Further research identifies an inextricable link between the current supply

crisis and the social and economic devaluation of nursing (Firby 1990); the failure of nursing to adjust to women's demands for alternative career patterns and vocational demands (Nowak 1998; Robinson, Murrells and Marsland 1997; Hirsch and Schumacher 1995; Coffman, Spetz, Seago, Rosenoff, and O'Neil 2001); the lack of appropriate and innovative recruitment advertising (Jones 1997; Mee 2001); and the over-reliance on intrinsic reward to the neglect of extrinsic remuneration (Bellmore 1998; Firby 1990); all compounding the well-recognised disamenity associated with the nature of the work nurses perform and their working environment.

In focussing upon overall supply, these studies have been concerned as much with retention of trained nurses as with supply at the entry level. Other research has concentrated more directly upon the initial decision to enter nursing as a career, and the factors influencing this decision among young Australians is the focus of this paper. There are a number of theoretical approaches to occupational or career choice. The standard economics treatment of the career choice decision is to assume that individuals are rational and utility-maximising. Young people are seen to choose one from the range of potential occupations so as to maximise their expected lifetime utility. Their expectations regarding lifetime utility are in turn based upon their expectations of occupation-specific earnings and other job characteristics, such as status and working conditions, and their level of income that is independent of occupational choice.

As Orazem and Mattila (1991, p. 103) point out, this approach can be seen to boil down to a rather uninformative truism that free and rational agents will choose the career that they think will be best for them. Challenges to the economic orthodoxy do arise, however, through the relative weighting afforded to different variables and the extent to which individuals are seen to have 'free' choice of occupations. Where economics emphasises the role of expected earnings and other job-related characteristics, psychological approaches stress instead the importance of social factors; family influences and the socio-economic and occupational status of parents; and the fit between the occupation's image and individual's view of self. Feminist critiques stress the role of social conditioning and various forms of discrimination in effectively limiting women's ability freely to enter occupations on an equal footing with their male counterparts.

While the degree of occupational stereotyping by gender has greatly reduced, it is still the case that young women's expectations about time spent in family and other non-market roles will influence their career decisions. Dolton and Makepeace suggest that the high proportion of female teachers can be attributed to complementarity between teaching and family support, including 'the relatively low number of hours which have to be spent at school and their convenient location

during the day, the timing and quantity of holidays, and ease to which one can leave and return to the occupation after a career interruption.' (1993, p. 1394). Nursing has also been seen as such an occupation, although this will depend on the flexibility of organisational rostering and the availability of childcare to accommodate individuals' needs brought about by non-standard working hours. As new generations of women place greater emphasis upon career and the conditions in other occupations change to ensure women are treated fairly, including efforts to accommodate career breaks for family reasons (eg. maternity leave), then these traditional 'female' occupations will lose their attractiveness and suffer a loss of entrants.

In looking at the causes of nursing shortfalls in the US, Buerhaus et al. (2000a, 2000b & 2000c) note two trends consistent with expanding career opportunities for women contributing to the fall in new nursing graduates. First, the decline in propensity for college freshmen to consider nursing as a career and to enter nursing has occurred only among women, not among men. Second, while the average high school grades of female freshmen interested in nursing have always been lower than the average for women interested in other careers, relative grades for those interested in nursing have fallen markedly since 1976 (Buerhaus et al. 2000b, p. 234-235). Green (1988) had previously noted a 75 per cent decline in the proportion of university freshmen wanting to be nurses between 1974 and 1986 and a general decline in young women's interest in jobs traditionally seen as 'women's work', particularly among the more academically able. By 1986 more female university and four-year college students aspired to be doctors than aspired to be nurses - a complete turn-around from the late 1960s, when nursing aspirants outnumbered women wanting to be doctors by more than three to one (Green, 1988). A similar trend has been identified among English youth (Firby, 1990). A 1997 study of nursing students in New South Wales also found that applicants to nursing courses in that state had average to below average marks in high school (Lawler, Ahern, Stanley and West 1997).

A desire to care for patients and strong employment opportunities are the two main motivations identified from studies which ask individuals why they wanted to become nurses (Boughn and Lentini 1999). From their own study based on interviews with 16 nursing students, Boughn and Lentini argue that a desire for power and empowerment, which arises from patients' dependence upon nurses and their skill, is an equally important motivation in choosing nursing. Attitudinal differences may also partly explain the choice of nursing as a career. Green (1988) finds that US nursing students place higher value on raising a family, helping others and making a theoretical contribution to science; but place less value on financial prosperity when compared to other students. An important limitation of the empirical literature on the decision to enter nursing is that the

majority of studies analyse characteristics of nurses or nursing students *ex post*. For non-fixed variables, the possibility arises that differences in characteristics of nurses arise because of that choice, rather than those differences influencing the career decision-making process. It is highly likely that a person's values, priorities and self-perceptions will change once they have committed themselves to a given career.

### **Who Wants to Become a Nurse? Evidence from the LSAY**

The Longitudinal Surveys of Australian Youth (LSAY) comprise a series of panel surveys of young Australians aimed at collecting information on the transition from school to work. Detailed background and technical information on these can be found in a series of information papers from the Australian Council for Education Research (ACER) and available on their website.<sup>2</sup> The data used in this study come from a national panel survey of youth first surveyed as Year 9 students in 1995, the year in which most turned 14. The sample was selected by a two-stage process in which a random sample of schools was selected, and then a random selection of Year 9 classes from within those schools. The data come from self-completed questionnaires administered in 1995 and 1996 and telephone interviews conducted annually from 1997.

In the 1996 survey, youth who intended to stay on at school to at least the end of Year 10 were asked 'what job do you plan to work in when you have finished your studies (after leaving school, or after finishing your further study)?' We use data from the 1995, 1996 and 1997 surveys to investigate factors associated with an intention to become a nurse. From an initial panel of 13,613 valid returns, there were 9,837 respondents in 1996 and 10,307 telephone interviews in 1997. These data have an advantage over the FYSS data with respect to modelling occupational choice in that they are collected prior to that career choice having been realised, reducing the likelihood of endogeneity. Although some variables collected in 1997 are used, most of these items are relatively 'fixed'. The LSAY also provides useful data relating to attitudes and personality traits.

The responses regarding intended vocation are coded according to the Australian Standard Classification of Occupations (ASCO) (1997). The issue of aggregation is important as the picture generated can vary considerably depending upon the ASCO level used. A case in point is that of the sub-category of 'NFD' (not fully defined) which appears against coded responses for many occupational groups. For example, within the classification of 'school teacher', separate categories exist for pre-primary teachers, primary teachers, secondary teachers and special education teachers. Responses indicating 'school teacher' are allocated a code of 'School teacher – NFD'. The popularity of school teaching as an occupation, relative to that of 'Lawyer', is masked by the many categories that appear within

the classification of school teaching, and it becomes somewhat of an arbitrary choice as to what constitutes a fair comparison. A high degree of aggregation (ASCO major categories) will mask important components of the story, whilst a finer degree of aggregation creates questions of comparability.

These limitations aside, classifying the responses to the 4-digit level (See Appendix Table A1), the occupations of teacher, lawyer, designer/illustrator, cook, journalist, policeperson, accountant, doctor (general medical practitioner) and physiotherapist can be identified as popular intended-vocations for young people of both genders. The most common single occupation cited was 'childcare, refuge or related worker', primarily due to its appeal to female respondents. Other occupations attractive to young women included psychologist, registered nurse and hairdresser. Supporting the gender-occupation link noted above, fields such as computing and engineering; trades, such as vehicle mechanic; and specific professions, including aircraft pilot and sportsperson featured prominently among intended-vocations for young males.

Registered nurse was the 7<sup>th</sup> most popular intended occupation recorded among Year 10 females<sup>3</sup>, with 3.4 per cent of the female respondents indicating that they planned to become registered nurses. Similar to the issue relating to the classification of 'school teacher' noted above, there is some doubt as to respondents' differentiation of registered and enrolled nurses, as only 0.1 per cent of female respondents were recorded as intending to work as enrolled nurses. It appears that the response of 'nurse' has been taken to mean 'registered nurse'. In contrast to the high number of young women indicating a preference for nursing, only 6 out of 2,827 young males responding to this question indicated that they planned to enter nursing and thus it is only possible to consider the female sample of the LSAY in the analysis of the factors associated with that choice.

To analyse the traits of those choosing to become nurses, the 'average characteristics' of those who plan to become nurses are compared with other selected groups based on the young women's stated intentions in the 1996 survey, and with the overall sample population. Four sub-groups are identified: those who intend to leave on completion of Year 10 or before (including those who had already left school at the time of the survey); those who plan to stay on to Year 12; those who plan to go on to university; and those who indicated nursing as a career choice. These groups are not mutually exclusive, as those who want to become nurses are a subset of those who want to go on to university, who in turn are a subset of those who plan to complete Year 12. The means for each group and for all females for a range of variables are reported in Table 1, and the meaning and construction of the variables are given in the following discussion. Unless otherwise indicated in the table, the data for the variables were collected in the 1995 survey. Recall that the data on intentions were collected in 1996, when the majority of the students were in Year 10. Hence, the 1997 data relate to the individual's situation one

year on, though only a few of these variables (eg. parents' employment situation) are likely to have changed over that year.

With respect to socio-economic background, school performance and attitudes towards school there is a clear and predictable pattern in the differences in the means between those planning to leave school early, those planning to complete school and those planning to go on to university. An immediate observation is that the nursing aspirants are most similar to the broader group who plan to complete Year 12, rather than those aiming to go to university. The relationships between each of these variables is explored in further detail below.

### ***School Performance***

Measures used in the LSAY to capture academic ability or achievement include standardised reading and mathematics scores for tests administered in 1995 and self-ratings of how well the individual is doing in various subjects relative to other students in their year. In each of these fields, the nursing aspirants record lower scores than the wider group who intend to complete secondary school, and considerably lower than those who intend to enter higher education. In comparison with the scores of other students who intended to complete Year 12, the nurses' lower scores on the reading and maths tests are highly significant, whilst the lower self-ratings of performance in English and maths are weakly significant.<sup>4</sup> Of the differences in the means for the remaining self-ratings, none is statistically significant.

Comparing nursing aspirants to all other females, we find again that their maths and reading tests scores in 1995 are significantly lower, as are their self-rated performances in mathematics in 1996. Nurses, however, rate themselves as performing better in physical education and health, a difference which is weakly significant. In relation to the early school-leavers, the nursing aspirants' superior means on academic performance variables are statistically significant in all cases, while their inferior means relative to the group who plan to go on to university are statistically significant for the two test scores and self-rated performance in English, maths, humanities, science and technology subjects.

### ***Socio-economic Background***

To represent dimensions of socio-economic status, a 'wealth index' and parents' education and occupation are recorded. The LSAY asked students the occupation and highest level of education attained by both their parents. If a parent was not currently working, the respondents were asked to describe the job that parent had before they stopped working. Unfortunately, there are a considerable number of missing observations for these data, partly due to responses of 'home duties' not being coded as an 'occupation'. The variables constructed are dummy variables indicating whether the parent has a higher educational qualification (degree or diploma) and whether the parent worked in a managerial, professional or para-

professional job. For the latter, those parents for whom 'home duties' was recorded are classified as non-professional.

Whilst no direct measure of wealth or income is available, in the 1996 survey students were asked to identify whether a range of consumer goods, such as a washing machine, microwave, computer and swimming pool, were present in their home. Based on the number of these assets present in the home a 'wealth' index is constructed such that items that were less commonly present are given a higher weighting. The index ranges from zero, indicating that none of the items were present, to 100 if all items were present in the home.

There are no statistical differences between nurses and the wider sample, and again those who want to be nurses sit in-between the early school leavers and those who plan to go onto university in terms of these proxies for socio-economic status. The proportion of nurses with professional fathers is statistically higher than the proportion for early school-leavers (significant at the 1 per cent level) and lower than for the university aspirants (10 per cent level). The higher proportion of nurses with professional mothers compared to those planning to leave school early is also highly significant, while the difference in the means of the wealth index for these two groups is weakly significant.

### ***Family/Background Characteristics***

It seems clear that students who have parents who are nurses are more likely to state that they want to be nurses. The small cell counts here mean the statistical inference is not strong. Those who plan to become nurses also have a higher average number of siblings compared to the group as a whole, but the figure is very similar to that for young people who do not plan to go on at school beyond Year 10. The motivation behind including this variable is that young females with siblings may have taken caring roles for their siblings at various times and these experiences may attract some to occupations in which the work would involve elements of caring. The logical implication is that women with younger siblings are the most likely to have taken on carer roles, particularly in sole-parent families. As can be seen from the table, the mean number of younger siblings is highest for nurses, and the differences in means between nurses and each of the other groups are highly significant. Nurses are also more likely to have lived as older siblings within sole-parent families – 11.3 per cent of the nursing aspirants did so compared to 7.7 per cent for the sample as a whole, although the difference is not significant at the 10 per cent level. The figures are consistent with the hypothesis that experience in a carer role during one's upbringing may be a factor that encourages a girl to enter an occupation such as nursing.

A higher proportion of those wanting to become nurses also report having a disability 'which entitles you to receive special funding or access to special education support services'. As the numbers involved here are very small, the difference is not statistically significant, but it is conceivable that the experiences of young women with special needs— which may involve contact with working



nurses — also prompts them to consider nursing as a career. A higher proportion of the nursing aspirants also had working mothers when asked in 1997. The difference is weakly significant when nurses are compared to the sample population and highly significant when compared to the early school-leavers.

### ***Personality Traits***

In 1996 the students were asked how much they thought they would enjoy doing each of 18 different activities, such as fixing things, acting in plays and chairing meetings. The responses to these questions are analysed to test if we may gain some insight into personality traits of the individuals.<sup>5</sup> A principal components analysis was carried out to identify linear combinations of the responses (factors) which summarise the patterns of responses between individuals. Six factors are retained which appear to neatly describe six different personality types:

- Businesswomen – this factor is most strongly correlated with individuals indicating that they would enjoy keeping accounts for a small business, doing the banking, office work and working with figures.
- Handywomen – loads on working with machines and tools; repairing things and building things.
- Problem solvers – correlates with thinking your way through problems, solving problems and puzzles, helping other people and working with figures.
- Artists – felt they would enjoy writing stories, poems, and plays; painting or drawing, and acting in a play.
- People-people – loads on perceived enjoyment with helping cater for a party, helping other people, going shopping and selling things.
- Power people – correlates with enjoyment of getting other people to do things your way – influencing others, organising or chairing meetings and selling things; and is negatively correlated with an enjoyment of helping other people.

The means for the factor scores are reported in the lower part of Table 1. By construction, each score has a mean of zero for the population (in this case the female sample population) and a standard deviation of one. The nursing aspirants are clearly ‘people-people’, and the differences in means on this factor score are highly significant against each of the reference populations with the exception of the early school-leavers. Indeed, on this set of factors the nursing aspirants are most like the early school-leaver group. Compared to the remainder of the sample population, nurses have significantly lower mean scores with respect to the handy-woman, artist and ‘power-person’ factors.

**Table 1: Selected mean characteristics conditional on stated plans in Year 10, LSAY.**

	Plans to leave after Yr 10 or sooner	Plans to complete Year 12	Plans to go to university	Wants to be a nurse	All Females
Std reading tests (score/20)	12.0	14.2	14.8	13.3	14.0
Std maths test (score/20)	10.5	12.7	13.4	11.8	12.5
English not 1 <sup>st</sup> language at home	4.1%	9.4%	12.3%	8.1%	9.3%
Had a disability	1.3%	1.3%	1.2%	3.2%	1.4%
Father is a nurse	1.0%	0.4%	0.5%	1.7%	0.5%
Mother is a nurse	3.1%	7.7%	8.5%	12.2%	7.2%
Father's occ manager/prof/para-prof	21.6%	38.6%	44.7%	36.0%	36.7%
Mother's occ manager/prof/para-prof	17.2%	29.4%	34.9%	33.6%	28.1%
Father's education – degree or diploma	8.8%	29.0%	36.2%	20.0%	27.3%
Mother's education – degree or diploma	11.0%	27.9%	33.9%	21.0%	26.4%
<b>Self-assess – how doing at school in 1996 (1= very poorly, 5=very well)</b>					
— English	3.37	3.85	4.02	3.71	3.78
— Maths	2.98	3.47	3.66	3.23	3.41
— Humanities and social sciences	3.19	3.79	3.96	3.68	3.71
— Economics and business	3.23	3.73	3.86	3.72	3.66
— Science	2.95	3.64	3.85	3.60	3.56
— Arts	3.70	4.07	4.15	4.04	4.03
— Languages	2.95	3.78	3.89	3.70	3.72
— Technology	3.52	3.83	3.93	3.68	3.78
— Physical education and health	3.35	3.75	3.79	3.87	3.71
Wealth Index (weighted)	36.4	41.8	43.2	41.9	41.3
Lived in sole parent home (1997)	12.7%	13.1%	12.3%	13.7%	13.1%
Number of siblings (1997)	2.4	2.1	2.1	2.5	2.1
Number of younger siblings (1997)	0.9	1.1	1.1	1.3	1.1
Sole parent family and younger sibling (1997)	6.1%	7.8%	7.2%	11.3%	7.7%
Mother lived at home and worked (1997)	56.5%	68.4%	70.5%	75.2%	67.0%
Father lived at home and worked (1997)	66.1%	77.1%	78.5%	79.6%	76.2%
<b>Factors – things I would like to do (1996)</b>					
— Businessperson	-0.06	0.01	0.06	-0.09	0.00
— Handy-woman	-0.20	0.01	0.00	-0.18	0.00
— Problem solver	-0.30	0.05	0.23	0.01	0.00
— Artist	-0.24	0.03	0.11	-0.17	0.00
— People-person	0.18	-0.02	-0.08	0.32	0.00

## Multivariate Analysis

There will be multi-correlations between many of these associations and our variable of interest, the intention to become a nurse. To assess the independent effect of individual variables on planning to become a nurse (ie. holding the values of others constant) we estimate a multivariate regression. As the dependent variable is binary, a standard logistic regression model is fitted to estimate the likelihood of a young female indicating that she intended to become a nurse.

Since the marginal effect between some continuous variables and the intention to do nursing may not be uniformly positive or negative, it is useful to recode them into discrete intervals. The maths and reading scores are replaced with their quartiles. The self-assessment of performance in other subjects is captured by four dummy variables – above average, about average, below average and the omitted category of not doing any subjects in that area. The wealth index is also entered as dummy variables representing quartiles.

From the results (Table 2) it can be seen that only a handful of variables remain statistically significant. Young women who scored in the second or third quartiles in the standardised reading tests are more likely than those with low reading ability to intend to become a nurse. The effect is not statistically significant for those in the top quartile, while the maths scores were also insignificant. Those doing economic and business subjects and assessing themselves as performing above average, about average or below average all showed higher likelihood of wanting to become nurses, and the coefficients are of similar magnitude. Thus the variable is reduced to a simple dummy indicating whether or not the respondent was doing these subjects. The opposite is true for young women doing arts – irrespective of their self-assessed performance, doing an arts subject is associated with a significantly lower likelihood of considering nursing as a career. Those who perform better at physical education at school appear more likely to want to do nursing.

The coefficient on the number of siblings is significant at the five per cent level, and in the modelling this dominated the effect of having younger siblings. The estimated effect of being from a sole parent family and having younger siblings is significant in some models, but not in the specification reported here. Nursing aspirants are more likely to have working mothers and to be ‘people-people’ in terms of the types of things they like doing. None of the other factor scores designed to capture personality traits are significant.

For the variables included, only the negative coefficient on participation in arts subjects and the positive coefficient on being a ‘people-person’ are highly significant in statistical terms. But what do they mean in practical terms? If all the explanatory variables from the model reported in Table 2 are evaluated at their means, the predicted likelihood that this ‘average’ female Year 10 school student would say that she wanted to become a nurse is 2.1 per cent. Table 3 calculates that predicted likelihood conditional upon varying selected characteristics. The estimated effect of being above average at physical education is very large – these

young women are three times as likely (3.6 per cent) to want to become a nurse than those who consider themselves to be below average or who do not do physical education (1.2 per cent). Thus although this effect is only weakly significant in statistical terms, its estimated magnitude is large. The effect of being a student taking arts subjects is both large in magnitude and highly significant – other things held equal the effect of being an arts student reduces the predicted likelihood of wanting to be a nurse from 3.4 per cent to 1.8 per cent. For the ‘people-person’ factor score, the predicted likelihood is calculated for scores of  $-1$  and  $+1$ . As the scores are generated to have a standard deviation of 1, this range encompasses two-thirds of the sample. Put another way, 17 per cent have scores below  $-1$  and 17 per cent have scores above  $+1$ . Those with a  $+1$  score are predicted to be twice as likely to nominate nursing as their intended career.

**Table 2: Logistic regression results for likelihood of intending to become a nurse at age 15 (Year 10): LSAY female sample.**

Variable	Coefficient estimate		Pr > ChiSq
Intercept	-5.245	***	<.0001
Reading achievement score (1995)			
– top quartile	0.447		0.243
– second quartile	0.700	**	0.022
– third quartile	0.554	*	0.087
– bottom quartile	—		
Does econs/business subjects (1996)	0.409	*	0.061
Does art subjects (1996)	-0.656	***	0.003
Performance in Physical education (1996)			
– better than average	0.735	*	0.056
– about average	0.509		0.208
– below average or doesn't do	—		
Number of siblings (1997)	0.154	**	0.022
Sole parent family and younger sibling (1997)	0.443		0.166
Mother lived at home and worked (1997)	0.512	**	0.042
Factors – things I would like to do (1996)			
— People-person	0.350	***	0.004
Observations	3523		
Degrees of freedom	11		
	Chi-Square		
Likelihood Ratio score	43.33	***	<.0001
Score	42.14	***	<.0001
Wald	40.94	***	<.0001

Notes: \*\*\*, \*\*, \* denote statistical significance at the 1, 5 and 10 per cent levels

**Table 3: Predicted likelihood of a Year 10 female wanting to become a nurse, LSAY (per cent)**

Effect (Case 1 versus Case 2)	Predicted likelihood of wanting to become a nurse	
	(Case 1)	(Case 2)
Reading achievement score (1995)		
- top quartile v. bottom quartile	2.1	1.4
- 2nd quartile v. bottom quartile	2.7	1.4
- 3rd quartile v. bottom quartile	2.3	1.4
Does econs/business v. does not (1996)	2.5	1.7
Does art v. does not (1996)	1.8	3.4
Performance in Physical education (1996)		
- better than average v. below ave or n.a	3.6	1.2
- about average v. below ave or n.a	2.4	1.2
No siblings v. 2 siblings (1997)	1.5	2.0
Sole par family and younger sibling v. otherwise (1997)	3.1	2.0
Mother at home and worked v. otherwise (1997)	2.5	1.5
Factors – things I would like to do (1996)		
- People-person score -1 v. score +1	1.5	2.9

### **Why did Nurses do Nursing? Evidence from the First-year Student Survey (FYSS)**

The LSAY data tell us something about the characteristics of persons who are more likely to become nurses and possibly give some indication of causal relationships. They do not, however, contain direct information on why individuals made particular career choices. McCabe, Nowak and Mullen (herein) note that financial reward appeared to be of relatively minor importance compared to other factors one might associate with job satisfaction, such as working with and helping people and contributing to the community. Analysing the same data, Dockery and Barns (2005) similarly find that both men and women nurses rank (retrospectively) factors associated with making a social contribution and enjoyment of their work more highly than financial rewards. Male nurses, however, rank salary matters more highly than women, while female nurses place greater emphasis upon flexibility — the ability to leave the job and return later and to combine

work and family commitments, opportunities for travel and skills always being in demand. Women nurses also report placing greater priority upon helping others and working with other people.

Are these nurses' career priorities any different to those of people who chose other careers? The WA Registered Nurse Survey 2002 data do not enable a comparison of nurses with workers in other occupations. The FYSS<sup>6</sup>, however, asked nursing and other students to rate a range of factors according to their importance in deciding on their current courses of study, as well as the importance of selected job characteristics that they might look for in an occupation. Table 4 compares the means for female nursing students with those for female and male students in other tertiary courses.

Note that these data are collected after the individuals made their choices on which university course to attend, and their views on how they see themselves in their future working lives will be mediated by having made that choice. Their expectations about working life cannot necessarily be interpreted as having shaped the decision on what career to pursue. The same must be said about other responses, such as expectations and priorities in family formation and social attitudes, though probably to a lesser extent since such views are not so directly related to one's anticipated career. Generally, the data reveal these young peoples' expectations conditional on having made the first step along a career path that is at least broadly defined.

Looking first at the factors influencing the choice of course, we find many significant differences in the ratings between the three groups, but the similarities are perhaps more striking. The three most important factors for each group are identical and rank in the same order — career opportunities, the qualification making them highly employable and ability to undertake the course. It is also true that the means for nurses on career opportunity and employability are higher than for both the comparison groups. For nursing students, practical experience ranks alongside their ability to do the course, and for men future earnings potential ranks equal with ability to do the course. It is clear that current financial concerns are important for students who chose to do nursing — their mean ratings for availability of scholarships or other support, the cost of the course, time taken to qualify and ability to earn money as part of studies are all significantly higher for the female nursing students than for other male and female students. This suggests that nursing students may come from lower socio-economic backgrounds and have lower capacity to finance their university education. Nursing students rate the importance of the prestige or status of the course significantly lower than students in other courses, particularly lower than male students.

**Table 4: Importance of factors in choosing current course and what students are looking for in an occupation, FYSS (means for scale ranging from 1=no importance, 5=very important)**

	Female Nursing students: a	Other Female students: a,b	Male Students:a,b	
<b>Factors in deciding current course of study</b>				
Future earnings potential	3.4	3.3		3.7 ***
Good career opportunities	4.5	4.1	***	4.2 ***
Career adviser's/teacher's advice	1.8	2.3	***	2.4 ***
Course is considered prestigious/high status	2.1	2.5	***	2.8 ***
Time it will take to qualify for chosen profession	2.4	2.1	***	2.2 **
Able to earn money as part of my studies	2.1	1.8	***	1.9 *
Practical experience is a significant component	3.9	2.8	***	2.8 ***
Accommodation provided while studying	1.3	1.3		1.4
Cost of the course (HECS/other)	2.4	1.9	***	1.8 ***
Availability of scholarships/other support	2.0	1.6	***	1.6 ***
Qualification should make me highly employable	4.5	3.8	***	4.0 ***
School-based work experience programme	1.6	1.7		1.6
Previous paid work experiences	1.8	1.4	***	1.4 ***
Other work experiences (eg. voluntary work)	1.9	1.8		1.6 ***
Course is general - provide range of opportunities	3.0	3.2		3.2
My ability to do course/meet course demands	3.9	3.8	*	3.7 **
<b>What are you looking for in an occupation?</b>				
Graduate starting salary	3.1	3.1		3.4 ***
Future earnings potential	3.7	3.7		4.0 ***
Interesting work	4.7	4.6		4.4 ***
Good career opportunities	4.6	4.3	***	4.3 ***
Ability to leave workforce and return later	4.3	3.4	***	2.9 ***
Community respect for occupation	3.9	3.3	***	3.0 ***
Working to help others	4.6	3.8	***	3.1 ***
Challenging work	4.2	3.7	***	3.5 ***
Job security	4.3	3.7	***	3.6 ***
Potential to combine work and family commitments	4.2	3.6	***	3.1 ***
Professional prestige/high status	2.6	2.9	***	3.0 ***
Ability to make a strong contribution to society	4.1	3.7	***	3.3 ***
Working closely with people	4.4	3.7	***	3.2 ***
Flexible hours of work	4.0	3.2	***	3.0 ***
Opportunities for promotion/advancement	3.6	3.5		3.6
Opportunities for travel	3.9	3.8		3.6 **
Pleasant working conditions	3.6	4.0	***	3.8 *
Opportunities for creativity and originality	2.7	3.6	***	3.5
Exciting work	4.0	4.2	***	3.9
<b>Responsibility in job</b>	<b>4.0</b>	<b>3.7</b>	<b>***</b>	<b>3.6 ***</b>

Notes: a. Number of observations ranges from 142 to 147 for nurses, 800-813 for other females and 463-467 for males; b. . \*\*\*, \*\*, \* denote that the mean is significantly different from that for the nursing sample at the 1, 5 and 10 per cent levels, respectively, according to the standard t-test for the difference in means between two samples.

In terms of what these first year students are looking for in an occupation, 'interesting work' ranks highest for all three groups. Good career opportunities rank second for non-nursing females and for males, and third for nursing students. Thus again similarities in the priorities of these groups of students are quite robust. The mean for 'working to help others' is the second highest for the female nursing students. The mean ratings for this factor, along with working closely with other people and ability to make a contribution to society, are significantly higher for nursing students than for other female students and male students. Community respect for the occupation also rates as more important for nursing students. Interestingly, professional prestige or status is given very low priority by all groups. Factors associated with combining work and family life are rated as more important and rank more highly for nurses than is the case of females studying other courses. These factors include the ability to leave the workforce and return later, potential to combine work and family commitments and flexible hours of work. As would be anticipated, males do not cite these as important characteristics of jobs. We caution again that these are *ex-post* priorities, observed after the choice of course has been made. We cannot strictly interpret the decision on what course to undertake as having been 'caused' by the individual's reported priorities regarding courses and careers. Rather, the two are jointly endogenous.

More direct information on the reasons behind students' choice regarding nursing is obtained from a series of questions in which non-nursing students were asked whether they had ever considered doing nursing and, if so, why they did not eventually do so. The survey identifies 114 females and 10 males who indicated that they did consider nursing (respectively 14 per cent and 2 per cent of the female and male non-nursing students). While only these students were supposed to respond to the following question on reasons for not choosing nursing, in fact quite a few other respondents did complete the question and these responses are also tabulated. Table 5 reveals the frequencies with which reasons for not choosing nursing were selected from a list of possible reasons. The first set of columns shows frequencies for those who had at some stage given serious consideration to doing nursing, and the final three columns the frequencies for everyone who responded (thus the first set are a sub-sample of the second set). The stated reasons are ranked according to the frequencies in the final column.

Both sets of responses tell a similar story. There are too few males who had considered nursing to make much of their responses. For the other groups, however, the perception that nursing does not pay well is clearly the main stated deterrent. For females, particularly those who had seriously considered nursing, wanting to do a course that would lead to a wider range of job options came a close second. The perception that the profession is poorly regarded by the public and parents actively dissuading the student from entering nursing were also commonly selected reasons. Around half as many students cited these two reasons as cited concern over low pay.



**Table 5: Why didn't you choose to major in nursing? Frequencies of responses, FYSS (multiple responses permitted)**

	Those who had seriously considered majoring in nursing			All those who responded to the question		
	Male	Female	Total	Male	Female	Total
Nursing does not pay well	2	36	38	18	53	71
Selected more generalist course to keep options open	2	34	36	6	45	51
Profession poorly regarded by public	3	18	21	10	23	33
Parent's didn't want me to	2	18	20	6	23	29
Did not meet entry requirement	3	14	17	3	16	19
Boring	1	2	3	7	10	17
Too hard	1	5	6	5	9	14
Careers advisor advised against it	1	4	5	3	6	9
Takes too long to qualify	1	3	4	3	5	8
Too many females in nursing	2	1	3	3	1	4

***Family and Career Expectations***

A common reason given for the high concentration of females in nursing is that it is an occupation that is conducive to combining work, child-bearing and later child-raising commitments. That is, women can leave and re-enter the occupation or work flexible hours with little penalty in terms of earnings and employment opportunities. Accepting this argument, one would expect those who enter nursing to have greater intentions or expectations of marrying and forming families. Around 92 per cent of the female students anticipated having children at some stage, and there is no significant difference between those doing nursing and those doing other courses. The nursing students, however, did anticipate having more children and having them at an earlier age. When asked how many children they anticipated having, the mean for nursing students was 2.60, compared to 2.36 for other female students (difference significant at the five per cent level), and the mean response for the age they expected to have their first child was 25.8 years compared to 27.3 years for other female students (difference highly significant). Only around three per cent of those females expecting to have children indicated that they might not return to the paid workforce, and there is no difference between the samples on this proportion.

There is limited evidence that the women who chose nursing do have different attitudes toward gender roles in work and family. Respondents indicated whether they agreed or disagreed with a range of twenty different statements. For brevity, we report results in Table 6 for only the five statements for which the difference

in the means for the nursing students and other female students is statistically significant. It could be said that the nursing students have a stronger perception of the traditional gender roles for men and women, rather than one of equality in roles between the sexes. Compared to other female students, they believe men have better promotional prospects in the workplace, that it makes sense for women to care for dependants as they earn less than men and that caring for dependants is a more of a woman's role. Across all female students, there is strong agreement for statements suggesting that young women now have more opportunities than in previous generations and strongest disagreement with the sentiments that men's careers are more important than women's or that women should care for dependents as men earn more.

**Table 6: Attitudes to gender issues; nursing students and other females, means for scale ranging from 1 ('strongly disagree') to 5 ('Strongly agree'), FYSS**

Statement on Gender Issue	Female Nursing students:a	Other Female students: a,b	
'Stay-at-home' mothers are respected by the general community	3.0	3.1	*
I believe women and men have the same promotional prospects in the workplace	2.5	2.8	***
It is a woman's role to care for the family	2.7	2.5	*
Women earn less than men so it makes sense, economically, for them to care for dependants	2.2	1.9	***
More women than men want to care for their dependants	3.2	3.1	*

Notes: a. Number of observations ranges from 98 to 146 for nurses and 530-812 for other females; b. See note b., Table 4.

Students were also asked how they saw themselves in the workforce over the first 10 years after graduation. The differences between the perceptions of female nursing students and those of other first-year tertiary students are again inspected. A number of the items relate directly to well-known characteristics of nursing work – eg. working shifts, working in the public sector, not working from home and so on. These are of little interest and are not reported in Table 7 below. For the other statements, means for the two samples are calculated for a response scale ranging from 1 (definitely not) to 4 (yes definitely) such that a higher number indicates stronger expectation of that outcome occurring in the first 10 years after graduation.

Concentrating on those differences that are statistically significant, we see a clear difference in that nursing students anticipate placing lesser emphasis upon work and career in their lives, yet also having greater job security. They see themselves as being less geographically mobile in their work and more likely to do further study in the first 10 years of their careers than females in other courses.

**Table 7: How do you see yourself over the first 10 years following graduation? Means for scale ranging from 1 ('no, definitely not') to 4 ('Yes, definitely'), FYSS**

Factors in deciding current course of study	Female Nursing students a	Other Female students a,b	
Work full-time for the whole 10 years	2.46	2.63	**
Have periods of time out of the workforce	2.58	2.67	
Put job ahead of any personal commitments	1.91	2.08	**
Have job security	3.39	3.04	***
Work away from home (eg. out of town)	1.90	2.29	***
Do further study	3.05	2.59	***
Work part-time	2.52	2.12	***
Be based interstate	1.93	2.20	***
Be based overseas	2.13	2.16	
Have multiple employers at the same time	2.13	2.13	
Change jobs/employers frequently	1.99	1.97	
Follow your partner to another town for work	2.77	2.73	
Supervise other employees	3.04	2.61	***
Select jobs to balance work and other interests	3.20	3.08	*
Undergo a major change in career direction	1.99	2.04	
Change jobs to suit lifestyle	2.30	2.35	
Climb high on ladder of success	2.75	3.06	***

Notes: a. Number of observations ranges from 98 to 145 for nurses and 530-748 for other females; b. See Note b., Table 4.

### Interviews with Young Women in High School

During August-October 2002, 28 young women in their final year of school were invited to participate in in-depth interviews relating to their career decision making journeys. Three senior high schools in the Perth metropolitan area were approached and 10 young women from each agreed to participate. The interviews were used to gather in-depth and anecdotal evidence which reflects lived experience and for listening to ‘social actors’ own voices, language and words’ (Pilcher and Coffey 1996, p. 3). The interviews covered an array of issues relating to the young women’s meanings of career decision making, including issues of creating a working future and thinking about work and family.

Employing NVivo, a computer program used in qualitative data analysis, we collated transcripts of the interviews and coded them through a process of what Ely et al (1997, p. 206) aptly describe as the ‘sorting and lifting’ of patterns,

themes and issues. Through this process a richly detailed account of the social, economic and political positioning of nursing as a 'possible career choice' was gathered. The young women's views and understandings (written verbatim) provide context for the survey data presented within this paper.

Of the 28 young women interviewed, only 4 identified nursing as a career of 'first choice'. The remaining 24 selected careers ranging from landscape architecture to journalism. The lack of interest in nursing and a preference for an eclectic array of non-traditional careers can be partially understood as 'evidence' of second wave feminism's dismantling of occupational boundaries and the burgeoning of new industries within late capitalist, post-industrial economies (Harris 2004; Poole and Langan-Fox 1997)

*'Just the whole idea of helping people'*

For two of the young women who chose to study nursing, commitment to working for change and a desire to make a difference were integral to their motivations. Characterised through notions of 'care' and 'helping people', a career in nursing was described as both socially meaningful and personally fulfilling. Lucy<sup>7</sup> views nursing as a way of expressing her passion for 'helping people';

... just the whole idea of helping people like having someone depend on you to help them back to health... Midwifery because I'm just fascinated with the whole idea of, I think it's the most wonderful thing to happen, it's the absolute ultimate miracle... It's just so exciting... and oncology I don't really know. I guess it's because it's generally your long term patients and also it's a really time when they need help (pause) ... you can spend longer times with people and it's a more personal level of care.

In expressing a commitment to being 'altruistic', Felicity also mentions the shortage of nurses as informing her decision to become a nurse;

Well I feel like I'm doing something just not for myself, like and the lack of nurses as well, and after my work experience I just realised the opportunities, like I met so many people that have been nursing and all the fields that they're into they don't just deal with patients they do lots of other things like educational things, what's their eating like, community nurses and all that sort of stuff really appeals to me, and I'm really not interested in money; for me the meaning of life is really just to get by, just enjoy the things you've got whereas if I just make all this money, then I don't feel that's fulfilment for myself.

*'You can do different sort of stuff'*

As discussed by the three young women who identified nursing as their career of preference, an important feature was its diversity and universality. Diversity was described both in terms of perceived promotional opportunities and sites of practice; a 'passport to work and travel' (Bosco, Styles and Ward 2001). For Jo, such opportunities made nursing a particularly attractive career;

... with nursing you can travel a lot with it and you can work your way up and you can do different sort of stuff... I wouldn't travel by myself, I just wouldn't like to do that, so I think it would be if the husband was there I'd say right this is what I want to do and if he says yeah fine, let's go, then I'd do it, or maybe if my family suddenly said well, let's go, then I'd go and do nursing up there.

***Nursing Careers and Family Careers***

The issue of 'flexibility' was raised. Whilst recognising nursing's potential in this way, each of the three young women were adamant that this was one of many benefits rather than a prime consideration in choosing nursing as a career. Felicity said:

Oh I want to have a family and everything like that, but I don't base my career on trying on be able to support something that isn't there yet and wanting like this car or 'for my family' which I don't have.

Whilst acknowledging its diversity, Jo was determined that the possibilities of her future life did not influence her career decisions in the now:

I suppose when I think about it, I'm not thinking about having kids and getting married, in that sense, but lots of people think about careers and because of that they want to be able to support the family and stuff but I'm just thinking a lot more short term, so I'll see what happens.

In later discussions relating to family and career balance, however, Jo's acknowledgement that she would 'get bored' with full-time childcare was accompanied by an awareness of the ease with which a woman could re-enter nursing:

You'd want a job that you could go back to and something like nursing... But if its something you have to build your way up, it makes it a lot harder because you have to have all the references but if you have a straight degree and something you've been in, then you can just jump back into it...

*Just Like Mum, Sister...*

Similar to the influential bond between a father's educational and career trajectories and that of a son (Taylor 1968), the influence of maternal career and employment status in relation to a daughter's consideration of nursing as a career has been identified as a significant factor in decisions either to pursue or not to pursue nursing. For some of the young women, their mothers' involvement in the broader health field and subsequent reports of nursing 'disaster' stories acted as powerful deterrents to selecting nursing. Lily said:

I think I'm put off by the fact that my mum does it. She comes home from work and she tells me all the disgusting stories and having to change and fix people's sheets and...she is always tired...

And Tara:

I never really thought about (nursing) because my mum is a doctor and is always encouraging me not to go near the medical field because she found it really hard and she doesn't like some of the things she ends up treating.

The mothers of the young women who chose to undertake nursing, were identified as enthusiastic and supportive. For Lauren, her mother's career as a nurse provided emotional and academic support:

She sort of got the attitude of whatever you do I'm fully behind you 110 per cent... she can provide so much knowledge about nursing because she's been one for years... It's nice to have her there but in the same way she doesn't make me feel like I have to do, like it's a duty or anything like that.

Felicity's sister who is currently undertaking nursing was also identified as a positive mentor and support, particularly in relation to the opportunities which nursing could facilitate:

And my sister does it, so it's kind of like, I've seen opportunities that have sort of come to her.

*Why not?*

Whilst three young women were intensely committed to nursing as a career, many others were adamant in their rejection of it. They cited a diversity of issues including the social devaluation of nursing, the monotony and routine of nursing practice and the work conditions. The young women were well-versed in their critiques of

everyday nursing as a possible career choice. For Jenny and Penelope, alongside a personal distaste for needles and blood, the lack of financial remuneration and negative image of nursing was a deterrent. Jenny said:

I don't like all that kind of needles and that kind of thing and also it sounds bad but it's not really well paid enough and it's not getting very good publicity either.

And Penelope:

I really like looking after people and I am really compassionate but I hate blood... I don't like having to clean up blood (or) ...having to take people to the toilet.

Reflecting on family and friends' experiences of nursing, both Lily and Rachel identified inflexible hours, low public regard and, as Alex states, minimal financial reward as reasons for not considering nursing as a career:

I don't like the hours because one of mum's friends do it and they've got really bad hours...they get a low income... they don't get the hours that they really want and stuff and they don't get regarded. (Rachel)

Very low standing. They don't have enough money to be high enough up in social standing. (Alex)

Reflecting the relationship between cultural constructions of women and work and economic discourses (Poole and Langan-Fox 1997), Zena extends this consideration of financial reward to include the link between supply/demand and social status:

I put it all to economics, I put it in the same way because I think it used to be what we demanded, like what society demanded. We demanded doctors because they save lives and all the rest of it. And it's kind of like doctors' rank in society went up. I was thinking they (nurses) do the bulk of the work but nothing really happened in that sort of a way...

Julie also refers to the devalued status of nursing within what can be defined as the hierarchy of professions :

Mum goes the other day 'oh have you thought about doing nursing?' And I'm like 'no way, that's like second best, that's like nurses are just there because they can't get into medicine!' And like nursing

is like a girly job because they have to like clean up wee and wipe old people and all that stuff.

These hierarchies are both historical and gendered; their continuing dominance can be evidenced within everyday practices which re-produce the taken-for-granted dichotomy between nursing and medicine. Zena acknowledges that when she speaks of nurses and nursing her voice intonates devaluation compared with the more prestigious career of medicine:

The name has been belittled and it's like I'm prejudiced in the sense that when I actually hear 'Oh she's a nurse or she's a doctor', you automatically think 'oh she's a doctor' (positive voice emphasis – sounding impressed) or 'she's a nurse' (sounding with contempt – said as a put down).

Relating nursing's perceived low status and prestige to traditional conceptualisations and stereotypes of women and work, and specifically, the gendering of occupations, Lucy describes what she claims are the two dominant stories of nursing:

Personally I think there's two different views, one is great respect and 'Wow they are absolute champs, they're spending all the time caring for people, showering people' and the other view is 'Oh they don't do real jobs it's the doctors, they're whining about not enough work' and I think that's the two main ones and personally I think they're arrogant idiots who think it's just the doctors I mean they obviously do great things but nurses do so much good stuff.

Reflecting further on the relationship between gender and nursing, Zena suggests that nursing's relegation to the status of 'women's work' has had adverse effects in the current era of increased career choices for women:

I think a lot of women are purposely choosing not to do it because 'I will not be a nurse, I will not be just a plain teacher, I will go into something that is bigger than that, better than that' and the problem with men not getting into nursing is the continuation of the idea that women are nurses.

Lily said:

I think that when most of my friends were considering a career, a lot of people don't think of nursing because it doesn't have that kind of prestige or ...like its not really an impressive career...its like teachers and police, you respect them for what they're doing



but no one wants to do that. Then there's the aspect that there's no respect at all... I think people think it's more of a simple thing, like you know, people think that teaching or nursing is like an easy career to do. It might have kind of some basis in kind of history, the fact that those were the kind of occupations that women went into and I guess traditionally they are the ones that would let women into them... I think it does seem to be women's work.

That the recruitment of men into nursing has been identified as a key strategy acknowledges the repercussions of constructing nursing as women's work. Researchers also describe how young women studying nursing are frequently portrayed as the 'victims' of deterministic assumptions. As Novi and Meinster (2000, p. 74) propose, 'choosing a female-dominated profession... may represent a choice for value congruence rather than the compromising of interest and prestige in the face of traditional role expectations.'

*If it was like the sort of stuff you see on tv*

Whilst many of the respondents in the survey rationalised their choice of nursing in relation to 'interesting and challenging work', for the young women interviewed, nursing was mundane and monotonous. With its long hours for little pay and social devaluation, 'real' nursing lacked the glamour which infused its portrayal in popular culture and in particular, television programs such as E.R., Chicago Hope and All Saints. As Anais put it:

It just doesn't appeal to me, it's a bit boring... Um, if it was like they do the sort of stuff you see on TV, I mean I don't even know exactly what they do do, but I think that's (what) ...people like to ... think that's what they'll do. Not just like the same old thing every five minutes.

An interest in the role of television programs in promoting nursing as a potential career choice has been noted (Reid 2000; Bacon, McKenzie and McKendrick 2000, p. 31) as an area for further research. In particular, Bacon et al suggest that the recent up-grade in the public's perception of nurses may be linked to 'more realistic portrayals of nurses through medical television drama series' (2000, p. 31). Television programs, particularly the medical 'reality TV' programs such as RPA (Royal Prince Alfred Hospital), could, however, be deterring in their graphic portrayal of everyday medical practice. Linda describes how a recent episode of RPA brought her face-to-face with the realities of nursing:

And you see like these shows like RPA, like this guy had this cyst

on his tongue then when they pulled it out it was like that big, they cut it open and it was like all white puss with all yellow stuff. I almost threw up. It was so gross.

## Conclusions and Discussion

The exploration of the survey data and interview responses provides a number of insights into the status of nursing as a career option for young Australians. As a very broad summation, the evidence is consistent with nursing being a profession that has very limited appeal to young people. Very few males are attracted to nursing. Those women who planned to become nurses are not academically gifted, but of average academic performance at high school. They are quite typical of the group of young people who intend to complete Year 12, but are not as successful at school or from as high a socio-economic background, on average, as female students who set their sights on going to university. People who have entered nursing also differ in their values and attitudes. Nurses express a greater priority for caring for and helping others, contributing to society and balancing work and family life. These findings, which are all in line the existing literature from overseas and the limited Australian evidence, allow a reconsideration of the competing models of the determinants of career choice in relation to nursing.

An interesting addition to the emphasis on work/family flexibility is found in the FYSS, in which female nursing aspirants rated issues such as nursing's low rates of skills atrophy and flexible working hours as more important than both female and male students studying other undergraduate courses. Female nursing students also intend to have more children, beginning at earlier ages, than other female university students. There is evidence that those who are financially constrained or seeking early financial returns, as opposed to longer term rewards, are attracted to nursing. The availability of scholarships or other support while training, the cost of the course, time taken to qualify and ability to earn money while studying are all given greater emphasis by nursing students. Framed within human capital theory, all these situational factors can be read as consistent with those individuals expecting to leave the labour market relatively early in their working lives or planning significant career breaks. But in terms of assessing who is likely to enter nursing and what policy measures are required to increase nursing intakes, it is abundantly clear that one must look well beyond the economists' paradigm of the utility maximising individual. Factors stressed by psychological and feminist approaches, particularly those influencing individuals' perceptions of gender roles are a very important part of the story.

Such arguments could easily be construed to resemble Hakim's (1996) controversial proposal that there are two types of women: 'careerist' or 'domestically-oriented'.

This categorisation fits with the traditional human capital model, where women accept the sexual division of labour in which men are the breadwinners (Becker, 1974), and indeed the data from the FYSS support the notion that women interested in following a career in nursing hold more 'traditional' views than other professionals relating to gender roles in work and family. As can be read within each of the data analyses, and as is expressed within the interview material, however, it is not that nursing aspirants and nurses do not value the longer-term promotional opportunities or financial remuneration. Rather, such factors are part of a focus on broader definitions of what activities, events and actions constitute a 'career' and the diversity of understandings as to what constitutes 'career fulfilment and satisfaction' (Poole and Langan-Fox 1997, p. 29). This more fluid and dynamic account is in keeping with the findings from a longitudinal study of young university graduates conducted by Castleman and Reed (2003, p. 4), who say:

Young professionals want both career and family but at this stage their orientation is far from any passive adaptation. They may be unable to see the details of their futures clearly...but they are not disposed to compromise what they regard as satisfying lives that include both career and family accomplishments.

Evidence from both the LSAY and in-depth interviews indicate that having a mother (or, to a lesser extent, some other relative) who works as a nurse increases the likelihood of entering nursing although instances of negative impacts were also noted. An interesting observation from the LSAY is that nursing aspirants had higher numbers of siblings, and specifically younger siblings, than aspirants of non-nursing careers and are more likely to have lived within sole-parent families.<sup>8</sup> This picture suggests that these young women may have developed an affinity with the role of 'carer' in their family lives. These influences of family composition and role models clearly do not fit comfortably within the human capital model.

The possible link between family composition and career/occupational choices is interrelated with the issue of the family's negotiation of gender roles and, in particular, the crucial role that the household performs in initiating young people into the world of work. In their research, Aronson et al (1996) found that young women consistently spend a greater number of hours than their male counterparts in caring for younger siblings, reinforcing the notion that care work is women's work: the young women becomes the substitute mother whilst the adolescent male exemplifies the traditional father-figure who spends little time in the actual caring work of children. Aronson et al's (1996, p. 29) study further shows that young women are consistently allocated chores such as laundry and kitchen duties, which

conform to the gender stereotype of being female, whilst adolescent males are responsible for tasks such as yardwork and jobs which require heavy lifting.

A common theme amongst all the nursing aspirants highlights that nurses are very much 'people-people'; they like the idea of working with and helping other people. The LSAY data show that the young women who identified nursing as a potential career shared characteristics related to the people-people personality factor. This was replicated within the FYSS, in which helping people and contributing to the community were rated as most relevant and of high significance to people choosing to pursue nursing as a career. Lower average scores on the 'power-person' personality factor derived from the LSAY seems at odds with Boughn and Lentini's (1999) interpretation of the desire to care and help as being intricately related with a desire for power and control. The interview material supports the caring notion as being an 'altruistic' tendency with each of the young women who identified nursing as their career of choice. This emphasis on relational activities is consistently reflected in other research which has investigated entry-level nursing students' perceptions of nursing (Bosco, Ward and Styles 2001).

Common to each of the data sets was the preference given to intrinsic over extrinsic reward, suggesting that nurses place less priority on career and longer term financial rewards, greater priority on family and a strong priority on working with people. This emphasis on an 'ethic of care', or what Marini, Fan, Finley and Beutel (1996, p. 50) refer to as the 'valuing of work for its inherent interest and importance', is in keeping with other research which suggests that, although the gap is narrowing (Marini et al. 1996), young women still attach more importance and value to the social rewards of work than their male counterparts. According to the RN Survey data, whilst both women and men identified intrinsic benefits as of most importance in their decisions to become nurses, men ranked financial remuneration (salary matters) more highly than women. This lack of focus on monetary remuneration has also been associated with nurses leaving the profession. Lumby (2004, p. 15) states that 'research internationally shows that nurses are leaving our (Australian) system for a multitude of reasons and that pay is not their first concern.

This is not to suggest, however, that for all nursing aspirants extrinsic rewards were not considered at all. Rewards such as travel opportunities and an ability to engage with a diversity of practice fields are perceived in relation to nursing. This valuing of both 'intrinsic and extrinsic' rewards suggests that the dichotomy between material/prestige and relational/creative values is becoming less relevant and appropriate. Recent research relating to women and careers suggests that the rigid division between intrinsic and extrinsic rewards and work and family issues is unhelpful in as much as it ignores the fluidity in such concepts. Such

blurring of boundaries is reflected in research by Fiorentine (1988) and Morinanga, Freize and Ferligoj (1993), which states that women's articulation of traditionally male-prized career rewards, particularly status-attainment goals, has increased dramatically, although not surpassing the preference given to intrinsic work goals (Beutell and Brenner 1986). Within the survey data presented in this paper, female students, and nursing aspirants in particular, identified issues such as work/family flexibility as of greater importance than did males. This is in keeping with broader debates relating to women's 'double burden of care' and the critique, proffered by feminists, that women in the labour market are still bearing the social, cultural and economic responsibility for their families (Probert 2002; Pocock 1998; Lee and Strachan 1999).

For both males and females the perception of nursing being a low paid and poorly regarded occupation is a significant deterrent to choosing nursing as a career. Moreover, there is clear evidence of 'rebellion' among young women against entering stereotypically 'female' occupations. From a policy perspective, it seems vital that the appeal of nursing is broadened in order to attract more career minded individuals and men in particular. When one stresses the differences between those entering nursing and others, and the institutionalisation of gender roles that lie behind the decision to enter nursing, that task may appear insurmountable in the immediate future. But we should not lose sight of the marked similarity between females and males, and between nurses and non-nurses, when it comes to expressing the main priorities in relation to their choices of course and what is important to them in a job. Nursing clearly does offer those main attributes of good employment prospects, interesting work and the capacity to make a social contribution. And after all, to put it in Zena's words:

When I really think about it, where would the world be without nurses?

## Endnotes

<sup>1</sup> Issues relating to nurses' workforce experiences and retention in Australia are addressed in a companion paper, Dockery 2004.

<sup>2</sup> <http://www.acer.edu.au>.

<sup>3</sup> Under the ASCO coding then in place, 'registered nurse' was classified as 2-digit category under para-professionals (3400), but as the only subcategory, it also has a 4-digit classification '3401 Registered Nurse'.

<sup>4</sup> Based on standard t-tests of the differences between means for the two populations.

<sup>5</sup> Series of questions on attitudes towards school (1995 survey) and on personality traits such as how popular or outgoing you are, how open to new experiences and so on (1997 survey) were also analysed but no association with the decision to do nursing was identified.

<sup>6</sup> An overview of the FYSS and response rates is provided in the introduction to this volume. From the sample returns, we remove those who are undertaking university

preparation or bridging courses and those for whom their courses were inadequately described or missing. This left a total sample of 1,439 (960 females and 479 males), which included 159 nursing students. Only 12 responses were received from male nursing students and because of the low number these are excluded from the analysis.

<sup>7</sup> All names used are pseudonyms and any personally identifiable information has been removed.

<sup>8</sup> A higher than average number of siblings for nurses has been confirmed by using data from the Household, Income and Labour Dynamics Survey (see Dockery 2004).

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## Appendix

**Table A1: Most frequent planned occupations (ASCO 4-digit level) by gender, LSAY 1995 Year 9 Cohort**

Females			Males		
<i>ASCO</i>	<i>Description</i>	<i>%</i>	<i>ASCO</i>	<i>Description</i>	<i>%</i>
6601	Childcare, refuge or rel'd wrkr	7.0	4601	Vehicle Mechanic	5.8
2605	Lawyer	4.7	2707	Computing professional	4.9
2903	Psychologist	4.5	4705	Cook	3.9
2805	Designer/Illustrator	4.2	2701	Accountant	3.8
2807	Journalist	3.9	2200	Building prof/engineer NFD	3.8
2403	Primary school teacher	3.4	3301	Aircraft pilot	3.2
3401	Registered nurse	3.4	4401	Carpenter and joiner	3.2
4927	Hairdresser	3.1	2805	Designer/Illustrator	3.1
2400	School teachers NFD	3.0	2201	Architect/landscape architect	2.8
2701	Accountant	2.8	2107	Life scientist	2.8
2107	Life scientist	2.6	2605	Lawyer	2.7
2323	Veterinarian	2.6	3501	Policeman/policewoman	2.5
2401	Preprimary school teacher	2.4	2313	Physiotherapist	2.0
5101	Office secretary/stenographer	2.3	4309	Electrical mechanic	1.9
4705	Cook	2.3	4315	Office equip/computer servicer	1.9
3501	Policeman/policewoman	2.2	2211	Electrical/electronic engineer	1.8
2301	General medical practitioner	2.2	2807	Journalist	1.8
2803	Photographer	1.9	3915	Sportsperson or related worker	1.6
2313	Physiotherapist	1.8	2301	General medical practitioner	1.5
6609	Travel steward	1.8	2400	School teachers NFD	1.4
2817	Actor or related professional	1.7	1401	Farmer or farm manager	1.4
8999	Other labourer/related worker	1.4	4409	Plumber	1.3
6507	Travel agent	1.4	4903	Cabinetmaker	1.3
2800	Artist or related prof NFD	1.4	4205	Boilermaker/welder	1.1
2303	Specialist medical practitioner	1.4	4103	Metal fitter or machinist	1.1

Note: NFD – not fully defined.