The Economic Status of Registered Professional Nurses 1946-47

Bulletin No. 931

UNITED STATES DEPARTMENT OF LABOR

BUREAU OF LABOR STATISTICS

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L. B. Schwellenbach, *Secretary*
BUREAU OF LABOR STATISTICS
Ewan Clague, *Commissioner*

LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,
BUREAU OF LABOR STATISTICS,
Washington, D. C., December 9, 1947.

THE SECRETARY OF LABOR:

I have the honor to transmit herewith a report on the economic status of registered professional nurses, which was made by the Bureau of Labor Statistics in cooperation with the National Nursing Council and the Women's Bureau of the United States Department of Labor.

The study was conducted and this report was prepared by Lily Mary David of the Division of Wage Analysis of the Bureau of Labor Statistics. The organizations and individuals to whom special credit is due for assistance in various phases of the survey are listed in the preface.

EWAN CLAGUE, *Commissioner.*

Hon. L. B. SCHWELLENBACH,
Secretary of Labor.

PREFACE

This study of earnings and working conditions of registered professional nurses was prompted by the critical postwar shortage of nursing care in the United States. It was conducted early in 1947 by the Bureau of Labor Statistics at the request of the National Nursing Council and in cooperation with the Women's Bureau of the U. S. Department of Labor.[1]

The Bureau of Labor Statistics was responsible for developing the questionnaire; determining the methods to be used in selecting the persons to be included in the study; actually selecting the names; editing questionnaires; planning and preparing tabulations; and analyzing the results of the study. The study was jointly financed by the Bureau of Labor Statistics and the National Nursing Council, and the Metropolitan Life Insurance Co. provided part of the tabulating facilities.

In the course of developing the study, cooperation and advice was received not only from the Women's Bureau (which also participated in the planning of this report) and the National Nursing Council, but from many other governmental and nongovernmental organizations and individuals interested in improvement of the country's nursing standards and service.

Among the organizations whose representatives assisted in the development of the survey were the following:

American Association of Industrial Nurses.
American Federation of State, County & Municipal Employees.
American Hospital Association
American Medical Association, Council on Medical Education and Hospitals.
American Nurses' Association.
Chicago Associate Nurses Union No. 21679.
District of Columbia Graduate Nurses' Association.
National Association of Colored Graduate Nurses.
National League of Nursing Education.
National Organization for Public Health Nursing.
Registered Professional Nurses Association.
State nurses' associations.
United Office & Professional Workers of America.
United Public Workers of America.
U. S. Department of Commerce, Bureau of Foreign and Domestic Commerce, Office of Business Economics, National Income Division.
U. S. Civil Service Commission, Medical Division.
U. S. Navy, Bureau of Medicine and Surgery.
U. S. Public Health Service.
U. S. Veterans' Administration.
U. S. War Department, Office of the Surgeon General.

[1] Preliminary reports on the study were published in the American Journal of Nursing, July, September, and October 1947, and the Monthly Labor Review, July, September, and November 1947. The reports dealt with The Economic Status of Nurses, Working Conditions of Public Health Nurses, and Working Conditions of Private Duty Nurses.

Actual selection of nurses to receive the questionnaire was made possible by cooperation of the boards of nurse examiners in every State in which current registration of nurses is maintained; they supplied lists of all nurses currently registered in their States to be used in this selection. In four States (Maryland, North Carolina, Ohio, and Wyoming) where annual or biennial registration was not in effect, the State nurses' association made its membership list available for choice of names.

Special credit is due Joseph Mayer and Vera Holtzclaw of the Division of Wage Analysis, who were responsible respectively for collection of available information on working conditions in other fields of work and for supervision of tabulations. Cora E. Taylor, of the Division of Occupational Outlook, and Marion Hammett, formerly of the Office of Publications, of the Bureau of Labor Statistics; and Marguerite W. Zapoleon, of the Women's Bureau, provided special assistance in the planning stages of the study. Marjorie B. Davis, executive secretary of the Planning Committee of the National Nursing Council, coordinated the work of the nursing organizations that cooperated in the study and personally contributed invaluable aid and advice.

Without the assistance of the 22,000 nurses who filled out the questionnaire used in the survey the study would, of course, have been impossible.

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The Nursing Shortage

The postwar shortage of registered professional nurses in the United States is primarily due to a decline in enrollment of student nurses at a time of rising demand for nursing care and of heavy losses of graduate nurses because of marriage. The lag in student enrollment seems to be related to problems of student training and to the competition of other fields of employment requiring less specialized education and thus providing almost immediate earnings. While workers in some other jobs earn less than the average nurse, there are occupations requiring much less training that provide earnings equal to or above those of nurses. Moreover, workers in industry generally have shorter hours and fare better in such provisions as overtime pay and retirement pensions, although nurses typically receive more liberal vacations and sick leave benefits.

The transfer of graduate nurses to other fields is a minor factor in the nursing shortage, and the opinions expressed by those nurses who were still active in their profession indicate that they were generally satisfied with their work as a whole and with service to the community. However, many were dissatisfied with one or more aspects of their work. The leading complaints were economic—lack of retirement pensions and security against unemployment, rates of pay, and limited opportunities for promotion. Nurses' working conditions are summarized in the following pages.

Earnings and Expenses

The average nurse, excluding those living in hospitals, earned about $175 during the month of October 1946—about $1 an hour. These earnings were supplemented by an average of about one meal daily. About one nurse in eight, including about one-fifth of the institutional nurses, lived in hospital quarters; inclusion of the cash earnings of these nurses would not substantially affect the over-all average earnings just quoted. Out of her salary the average nurse spent about $7 a month—$83 annually—on professional expenses in 1946.

The highest monthly earnings were those of nurse educators, who averaged $207 in cash in October 1946. Industrial nurses ranked next, followed by public health, institutional, and office nurses. The lowest earnings were those of private duty nurses, who averaged $153 in the month studied. Because of variations in hours worked the rank of these six major fields was different with respect to average hourly earnings. Institutional nurses, the largest group in the profession, had the lowest hourly earnings—87 cents for those providing their own living quarters—although they most frequently received meals in addition to their salary. Industrial nurses stood highest in hourly earnings, with an average of $1.11.

Hours

The typical scheduled workday in nursing is 8 hours. Hours actually worked during October 1946 averaged about 44 a week; about one nurse out of four was on duty for 50 hours or more weekly. Overtime is frequent and typically is not paid for; where it is paid for, compensation is generally in the form of time off rather than any additional cash salary.

The longest hours were reported by institu-

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tional nurses, who were on duty an average of 48 hours a week in October 1946, and the shortest hours were those of private duty nurses, who averaged 39 hours weekly. In all fields except institutional work scheduled workweeks of 44 hours or less are typical, and in public health work weekly schedules of 40 hours or less are most common.

In addition to her hours on duty, about one hospital nurse in four was required to be on call, and a corresponding proportion worked split shifts. For those subject to call, time on call amounted to roughly 35 hours a month beyond hours on duty in October 1946.

Most nurses normally work only on the day shift; those on duty at night usually receive the same hourly rate as for day work. Rotation between early and late shifts is slightly more common than continued employment on late shifts.

Vacations, Sick Leave, and Insurance

Except for those on private duty, almost all nurses received paid vacations and four out of five were covered by formal sick leave plans. Vacations were typically 2 weeks long, although 4-week vacations were frequent in institutional and public health work and in nursing education.

Outside the industrial and office fields, most nurses were not covered by retirement pension plans. Nor did nurses typically receive free hospitalization, medical care, or insurance, although these benefits were more common in institutional work than in other branches of the profession.

Variations in Working Conditions Among Nursing Fields

Working conditions varied appreciably among the six major fields of nursing:

1. Institutional nurses had the lowest hourly pay and the longest hours on duty, but because of their relatively long hours their monthly earnings were above those of both private duty and office nurses. Allowance for meals received would about equalize the monthly but not the hourly pay of institutional and public health nurses. A substantial minority worked split shifts and had to be on call for some hours beyond their time on duty. Night work was more common in this than in any other field except private duty. Vacation and sick leave provisions were relatively liberal.

2. Nurse educators received the highest monthly earnings of any branch of the profession and had the longest vacations. Although they worked slightly shorter hours than did institutional nurses (with whom they shared many working conditions) their workweek exceeded those in other branches of the profession. While most nurse educators lived outside, they were required to live in hospital quarters more frequently than any other nurses.

3. Because part-time work of some private duty nurses reduced their average hours below those in any other branch, their average monthly earnings in October 1946 were the lowest in any branch of nursing. Their typical hourly rate was, however, exceeded only by the hourly earnings of public health and industrial nurses. Frequently they received one meal daily in addition to their cash salaries. Since private duty nurses continually change employers and are not covered by the Social Security Act, they do not benefit from either private or publicly operated retirement pension plans, vacation and sick leave plans, or medical care arrangements.

4. Of the six branches of nursing, public health nursing ranks second highest in terms of hourly earnings and third in monthly earnings; these earnings are seldom supplemented by meals or laundry of uniforms. Monthly hours on duty are shorter than in any other branch of nursing except private duty. Retirement provisions are relatively more common than in most other branches of nursing, although less than half the public health nurses reported such arrangements. Sick leave was widespread; but public health nurses fared relatively poorly in provisions for medical care and hospitalization.

5. Industrial nurses had the highest hourly earnings. However, their monthly pay was exceeded by that of nurse educators since they worked comparatively short hours. Unlike other nurses, they are protected by both old-age and unemployment compensation provisions of the Social Security Act. Overtime pay and premium pay for night work were most common in this field. To-

gether with office nurses, they received relatively short vacations.

6. Office nurses' monthly pay was the lowest in October 1946 of any field except private duty, and their hourly pay was the lowest except for institutional nurses. Working hours in this field were exceeded by those of institutional nurses and nurse educators; and office nurses were seldom paid in any way for overtime. Formal sick leave arrangements were less frequent than for other nurses.

Regional Variations in Working Conditions

On a regional basis, the best salaries and working conditions, particularly in institutional and private duty work, were found on the Pacific Coast. However, vacations were shorter in these States than elsewhere.

New England ranked lowest in terms of salaries. Split shifts and hours on call were also relatively common in New England, and the proportion of time spent on nonprofessional duties was higher in this region and in the Middle Atlantic States than in the rest of the country. In contrast, New England and Middle Atlantic nurses reported the longest vacations.

Except for New England and the Pacific States, generalization with respect to the relative position of each region is difficult. No one region consistently had the longest hours in all fields in October 1946 (although the West Middle and Southwest tended to have relatively long hours).

Duties

How was the time of the limited number of professional nurses who were active in their profession allocated among different duties? About 30 percent of the "average" hospital nurse's time was spent in making beds, answering lights, carrying trays, bathing and feeding patients, giving back rubs, taking patients to appointments, checking linens and household supplies, and on clerical work (other than nurses' notes). About half of her time was spent on preparing and giving medication, changing dressings, giving aseptic treatments and similar duties, assisting in operations and deliveries, and in supervising other nurses and nonprofessional help. The rest of the day was devoted to a variety of other duties.

Introduction

In 1946 it was estimated that the United States needed 360,000 registered professional nurses—roughly 100,000 or two-fifths more than were actively engaged in their profession.[1] This figure is based on current standards of medical care, rather than on higher standards that might be considered desirable for the Nation's health, and on the present division of functions between professional nurses and other members of medical staffs. Additional nurses were needed in all or practically all fields of the profession.

What has caused this acute shortage of nursing care? Both demand and supply are involved in the nursing shortage. The demand for nursing service has increased sharply, and the supply of nurses has failed to keep pace. Among developments contributing to the rise in demand are the rise in the proportion of older persons in the population; the war and postwar increase in the birth rate; the needs of disabled veterans; and the greater resort to hospital care resulting from higher medical standards, higher incomes, and the spread of prepayment plans for medical care.

Meeting the demand for nursing care involves complex problems since this care is largely provided by graduate nurses who have completed relatively long periods of specialized training. Maintaining or increasing the supply thus involves the attraction of students who are willing to serve an extended period of time without salary and in many cases to pay tuition for their education. To a considerable extent, too, the supply of nursing care depends on the services rendered by these student nurses in the course of their training. It is of utmost importance, therefore, to attract new trainees in increasing numbers when demands for nursing care are on the increase.

A relatively high rate of attrition is expected in most occupations in which women predominate. In those pursuits where little training is required such attrition is not serious; in fact it may be an advantage to a particular industry in that entrance into the occupation can be more easily geared to changing employment opportunities. To nursing, however, it means loss of trained personnel that is not easily replaced. In times of unemployment, limited job opportunities for women and the opportunity to be of service to the community serve as sufficient incentives to new entrants. However, with current high levels of employment, it is probable that the shortage of nurses is at least partly the result of the kinds of incomes and working conditions afforded to members of the profession. Consequently, the economic opportunities available to nurses have become a subject of general public interest.

The present study was intended to throw light on the supply side of the nursing shortage, with emphasis on social and economic factors. This emphasis does not imply a lack of recognition of noneconomic motives that comprise job satisfaction. Clearly an interest in service to the ill is an important motivation for entering and remaining in nursing. The economic and social conditions in nursing as compared with other fields, however, cannot be ignored as factors in attracting potential nurses and in the continuance and satisfaction of graduate nurses in their profession.

The study attempts to answer the following questions. Why do nurses leave their profession? What are the salaries, hours, and working conditions in nursing today? How do they compare with those in other fields? How is nurses' working time allocated among their duties? What are the personal characteristics of nurses? What do nurses think of their profession? How do these facts and opinions explain the nursing shortage?

[1] Estimate of total need is that of the Committee on Statistical Research of the National Nursing Council (Facts about Nursing, 1946, p. 8). The National Nursing Council estimated the shortage at around 40,000 on the assumption that a large group of nurses available for work would return. The 100,000 figure was obtained merely by subtracting the total nurses actually employed in 1946 (about 250,000) from the number needed. Of the inactive nurses studied by the Bureau of Labor Statistics, only a small proportion indicated plans to return to their profession, at least in the near future.

Part I. Active Nurses

Chapter 1. Characteristics of the Nursing Profession

What are the major fields and positions in the nursing profession? Where and by whom are nurses employed? What are the personal characteristics of the approximately 250,000 registered nurses who are active in their profession today—how old are they—are they married or single—how much education and experience have they had in their profession? Answers to some of these questions are provided by the study summarized here; information from other sources is briefly presented to round out the picture.[1]

Fields of Nursing

Registered professional nurses can be classified in six fields. (In addition, there are other nurses whose duties either do not fit or cut across these specific fields.):

1. *Institutional.* Includes work in governmental and nongovernmental hospitals, clinics, and other institutions.

2. *Private duty.* Characterized by employment of nurses by individual patients rather than by a hospital or other institution to care for or contribute to the care of a group of patients.[2]

3. *Public health.* Includes public health nurses engaged primarily in preventive work and health education and in part-time home care of the ill; includes school and other nurses employed by municipal and other Government health agencies as well as those working for such nongovernmental organizations as visiting nurse and tuberculosis associations and the Red Cross; excludes those in Government hospitals.

4. *Industrial.* Includes nurses employed by manufacturing or nonmanufacturing establishments for emergency or preventive nursing care of their employees.

5. *Office.* Includes nurses who assist doctors and dentists in their office work.

6. Full-time *nursing education.* Includes both teachers of student nurses and those giving advanced nursing instruction. (Because they teach in training schools closely associated with hospitals, many of the working conditions of nurse educators are closely related to those of institutional nurses. They are, however, considered as a separate group in this report.)

Numerical Importance

The number in each field can be briefly summarized:

Field	*Estimated employment of registered professional nurses, 1946*	
	Number	*Percent*
All fields	250, 000	100
Institutional	[1] 140, 000	56
Private duty	[2] 59, 000	24
Public health	[3] 21, 000	8
Industrial	[4] 9, 000	4
Office	[5] 10, 000	4
Full-time nursing education	[6] 6, 000	2
Other	5, 000	2

[1] Journal of the American Medical Association, April 12, 1947, p. 1076, reports 146,602, including nurse educators.

[2] American Nurses' Association estimate, in Facts about Nursing, 1946 (issued by Nursing Information Bureau, American Nurses' Association), p. 49.

[3] Total Number of Nurses Employed for Public Health Work. . . ., 1947, U. S. Public Health Service.

[4] Estimated by Division of Industrial Hygiene, U. S. Public Health Service, *in* Facts about Nursing, 1946, p. 53. (Mimeographed.)

[5] May be as high as 15,000. Bureau of Labor Statistics estimate, based on questionnaires returned in present study.

[6] Estimated. Journal of the American Medical Association, April 12, 1947, p. 1076, reports 4,174 full-time instructors.

[1] Unless indicated to the contrary, information presented here is based on the Bureau's study rather than on other sources of data. Characteristics of inactive nurses are discussed in pt. II, ch. 2.

[2] Sometimes private duty nurses are employed for "group nursing" by two or three patients.

Positions

The fields of institutional and public health work and nursing education encompass a variety of positions, differing in duties and responsibilities.[3] The numerically most important positions in institutional work, including nursing education, and the number of nurses in each are listed below, roughly in descending order of responsibility:

Positions	*Estimated number of nurses, 1946*[1]
Directors and assistant directors of nursing	8,423
Supervisors and assistant supervisors	18,295
Head and assistant head nurses	25,555
Full-time instructors	4,174
General staff nurses	84,792

[1] Journal of the American Medical Association, April 12, 1947, p. 1076. Some nurses also are administrators of hospitals.

In public health nursing, several distinct positions are recognized: administrators and assistant administrators, consultants, supervisors and assistant supervisors, staff nurses, and school nurses. Of these, the numerically largest groups are staff and school nurses.

Employers

Governmental units (Federal, State, county, and city), nongovernmental hospitals and clinics, and individual members of the community who require special nursing are the leading employers of nurses. Business establishments and doctors and dentists employ most of the country's remaining nurses.

Although about three-fourths of all hospital beds are in governmental institutions, they employ a smaller proportion of the institutional nurses; many of the governmental hospitals are mental institutions with a low ratio of nurses to patients. Most public health nurses work for State, county, and municipal agencies. Except for a comparatively small group of Federal public health nurses, the others in this field work for such nongovernmental agencies as visiting nurse and tuberculosis associations.

Geographic Distribution

The nursing population is distributed regionally in rough proportion to total population, except that the Southern sections of the country have distinctly less per capita nursing care. Whereas the Southeast and Southwest have one-fourth of the country's population, they together have roughly one-eighth of the registered professional nurses. The four regions (Great Lakes, Pacific, New England, and Middle Atlantic) that have three out of every four nurses account for only about three-fifths of the population.[4] (Half the registered professional nurses live in the Middle Atlantic and Great Lakes regions.) Available data indicate that about one-third are in communities of at least a quarter of a million population, which, of course, provide much of the medical care for surrounding areas as well as for their own inhabitants.

Age, Experience, and Education

The average nurse still active in her profession and particpating in the study is 34 years of age and has had 9 years of experience in addition to her basic nursing education and any graduate study (tables 1 and 2).[5] About one in four is under 27 years of age, and a corresponding proportion is at least 43 years old. The age of the professional nurses group is about the same as that of all employed women.[6]

About 3 out of 10 nurses had taken some graduate training beyond their basic nursing education. Among these, the amount and kind of advanced training varied considerably; a substantial group had had a combination of advanced clinical and college courses in nursing (table 3). Among participants in the study, there was no marked concentration of nurses who received their basic nursing education in any one size of hospital. Few trained in hospitals of less than 50 beds but about 7 percent received their clinical experience in hospitals with 50 but less than 100 beds.[7]

[3] Nursing positions differing in responsibility are also found in some of the largest industrial establishments, but the number of industrial nurses in supervisory positions is small.

[4] The States included in each region are listed in table 7, footnote 2.

[5] Except where indicated to the contrary, averages used in this report are medians (the values below and above which half of the replies fall). Use of such an average minimizes the influence of inaccuracies in reporting such items as earnings, expenses, and actual hours of work, which are likely to occur in replies to a mail questionnaire.

[6] The average age of all nurses, including students, is reported as 29 years in the 1940 census. Exclusion of students would probably raise the average to between 33 and 34 years. See U. S. Bureau of the Census, Sixteenth Census of the United States, 1940: Population, vol. III, pt. I, p. 100; and Monthly Labor Review, December 1947, p. 669.

[7] Participants in the survey were asked to include the number of beds in affiliated institutions when reporting the size of hospital in which they did their clinical work.

TABLE 1.—*Age of active and inactive nurses, 1947*

Age	Percent of active nurses							Percent of inactive nurses						
										Not employed				
	All [1]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators	All	Employed outside nursing	All [1]	Housewives	Intending to return to nursing	Not intending to return to nursing	Unable to work, or retired
Under 21 years	0.1	0.1	0.1	0.1	------	0.3	------	[2]	------	[2]	[2]	------	------	------
21–22 years	4.8	7.6	3.0	1.2	2.2	4.2	2.0	1.8	1.0	1.8	1.6	5.3	2.4	1.7
23–24 years	10.2	13.2	8.2	5.1	6.3	12.2	7.6	6.9	4.4	7.1	6.6	17.1	10.9	3.4
25–26 years	10.0	12.1	8.8	4.3	7.6	14.0	9.0	11.5	5.7	11.9	12.1	16.6	15.8	4.3
27–29 years	10.5	11.2	9.4	7.7	11.6	13.7	11.2	15.3	9.3	15.8	16.3	15.1	22.4	7.9
30–34 years	15.3	14.7	15.0	14.4	17.1	20.6	15.7	24.1	15.7	24.9	26.6	18.9	20.0	9.4
35–39 years	15.3	13.9	14.6	18.9	18.7	16.0	17.6	18.0	18.1	18.0	19.1	12.3	16.4	9.0
40–44 years	11.4	9.8	11.2	15.5	14.6	9.4	11.9	9.0	15.9	8.4	8.5	8.1	6.7	7.9
45–49 years	8.2	6.6	9.0	11.8	9.9	4.8	12.4	4.9	11.7	4.4	4.2	2.8	2.4	8.1
50–59 years	11.0	8.7	15.3	16.4	10.6	4.0	8.8	5.6	12.4	5.1	4.1	2.3	2.4	19.4
60 years and over	3.2	2.1	5.4	4.6	1.4	.8	3.8	2.9	5.8	2.6	.9	1.5	.6	28.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	12,536	5,425	2,827	1,338	837	1,029	445	9,046	635	8,411	7,157	397	165	469
Average [3] age	34	32	37	39	36	31	36	33	39	33	33	27	29	49

[1] Includes data for categories not shown separately.
[2] Less than 0.05 of 1 percent.
[3] Median.

TABLE 2.—*Experience of active and inactive nurses, 1947*

Amount of experience	Percent of active nurses							Percent of inactive nurses						
										Not employed				
	All [1]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators	All	Employed outside nursing	All [1]	Housewives	Intending to return to nursing	Not intending to return to nursing	Unable to work, or retired
Less than 1 year	2.1	2.9	1.6	0.8	1.4	1.6	1.6	7.3	6.1	7.4	8.1	3.5	1.8	2.6
1–2 years	12.8	17.9	10.4	5.4	4.8	14.2	9.1	17.9	7.5	18.7	19.6	21.4	15.2	6.7
3–4 years	13.7	15.7	13.4	7.8	10.4	17.4	10.2	22.7	15.8	23.1	24.3	21.4	21.8	9.3
5–9 years	21.6	21.4	21.3	18.0	22.3	27.3	24.2	27.8	23.8	28.1	28.6	26.3	32.1	21.3
10–14 years	17.0	15.4	16.6	18.9	21.9	18.3	18.9	13.4	18.7	13.0	12.8	13.6	18.2	14.0
15–19 years	13.9	12.4	13.9	17.7	16.5	11.4	17.1	5.5	14.2	4.8	4.2	9.0	6.7	8.0
20–24 years	8.9	7.1	9.9	12.4	11.7	6.5	8.7	2.3	5.6	2.1	1.6	2.5	3.0	7.8
25 years or more	10.0	7.2	12.9	19.0	11.0	3.3	10.2	3.1	8.3	2.8	.8	2.3	1.2	30.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	12,514	5,412	2,812	1,334	840	1,031	449	8,983	627	8,356	7,126	398	165	450
Average [2] years, all nurses	9	8	11	14	13	8	11	5	9	5	4	6	7	14

[1] Includes data for categories not shown separately.
[2] Median.

Institutional and office nurses were the youngest on the average and had the least experience in their profession while public health nurses were the oldest and most experienced. The average age of public health nurses was about 2 or 3 years above that of nurse educators and industrial and private duty nurses, and about 8 years above that of institutional and office nurses. The variation in amount of experience was slightly narrower than that in age.

Public health nurses and nurse educators differed sharply from others in their profession in amount of nursing education. In these fields where the greatest emphasis is placed on educational requirements, three out of five nurses had some graduate work, compared with not more than one out of four in the other branches of nursing. Moreover, of the nurse educators and public health nurses who had taken no graduate work, a comparatively large proportion had received their

TABLE 3.—*Amount of nursing education of active and inactive nurses, 1947*

Amount of education	Percent of active nurses							Percent of inactive nurses						
										Not employed				
	All [1]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators	All	Employed outside nursing	All [1]	Housewives	Intending to return to nursing	Not intending to return to nursing	Unable to work, or retired
Basic nursing education only	70.3	73.6	82.0	41.5	75.0	79.6	30.6	78.0	67.2	79.0	81.8	46.2	67.1	72.2
24–35 months	3.8	3.6	4.3	3.6	3.9	3.7	1.2	3.9	4.5	3.8	3.6	1.6	1.8	10.3
36 months only	62.1	66.1	75.1	29.5	69.4	71.9	11.4	70.4	58.1	71.6	74.6	38.3	61.6	60.3
4- or 5-year undergraduate course	4.4	3.9	2.6	8.4	1.7	4.0	18.0	3.7	4.6	3.6	3.6	6.3	3.7	1.6
Graduate nursing education	29.7	26.4	18.0	58.5	25.0	20.4	69.4	22.0	32.8	21.0	18.2	53.8	32.9	27.8
Graduate college work:														
Less than 30 semester hours	5.3	4.0	2.1	15.1	5.2	2.8	17.5	3.2	2.6	3.2	2.7	10.9	4.9	3.6
30 but less than 60 semester hours	1.9	1.4	.4	7.6	1.0	.6	5.7	1.3	.3	1.4	.8	9.6	3.7	1.6
60 or more semester hours	2.2	1.3	.9	7.3	1.6	.9	11.4	1.2	2.1	1.1	.7	7.0	4.9	.7
Clinical graduate work:														
Less than 3 months	1.3	1.5	.7	1.4	1.8	1.5	.7	1.0	1.3	.9	.9	1.0	1.2	1.3
3 but less than 6 months	3.5	4.4	2.8	2.5	3.0	3.5	2.1	2.8	3.0	2.8	2.9	3.1	.6	2.5
6 but less than 9 months	3.3	3.8	2.4	2.6	3.2	3.0	1.9	2.7	4.0	2.6	2.2	4.7	3.0	4.7
9 months or more	1.7	1.3	1.4	1.9	1.0	1.3	3.3	1.5	2.7	1.4	1.3	1.6	1.8	2.0
Other graduate work [2]	10.5	8.7	7.3	20.1	8.2	6.8	26.8	8.3	16.8	7.6	6.7	15.9	12.8	11.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	12,008	5,122	2,766	1,255	821	1,014	422	8,898	624	8,274	7,062	384	164	446

[1] Includes data for categories not shown separately.

[2] Includes combinations of college and clinical work.

basic education as part of a 4- or 5-year college course. Among institutional, private duty, and office nurses who had undertaken advanced nursing study, clinical work was relatively more common than collegiate courses.

Among hospital nurses, those in the more responsible positions were older and had the most experience and education.[8] There appeared to be no tendency for nurses who had received their education in hospitals of a certain size to obtain supervisory positions more frequently than other nurses. Average experience varied from 4 years for assistant head nurses to 18 or 19 years for hospital administrators and directors or assistant directors of nursing. Four out of five general staff nurses reported only a basic nursing education, compared with less than half of the directors of nurses and two-thirds of the hospital administrators and supervisors. Moreover, of those in the latter two positions who had only a basic nursing education, a larger proportion had obtained this training as part of a 4- or 5-year course leading to a college degree.

For two positions—general staff and head nurses—an analysis was made of nursing education by region. This indicates that a larger proportion of nurses in both positions in the Southeast and Southwest than in other regions were trained in small hospitals (less than 100 beds). A comparatively high proportion of the Middle Atlantic nurses were graduates of schools affiliated with hospitals containing 500 or more beds.

Other Characteristics

Almost all registered professional nurses are white women. According to the census, about 2 percent are Negro women and about the same proportion are white men. In its high proportion of women members, nursing contrasts with other professional groups in the United States; even in teaching, where women are more numerous than in most professions, roughly one in four is a man.[9] Most of the small number of Negro nurses are in institutional and public health work, while men are largely employed as institutional nurses, frequently in psychiatric work.

[8] The comparatively small group classified as assistant head nurses was even younger and had less experience than staff nurses; the average age in the two positions being 26 and 29, respectively.

[9] U. S. Bureau of the Census, Sixteenth Census of the United States, 1940: Population, vol. III, pt. 1, pp. 49, 88, 90, 107, and 111.

At the peak of enrollment in the armed services in World War II, about one nurse in four was a member of the Army or Navy Nurse Corps.[10]

TABLE 4.—*Veteran status of active and inactive nurses, 1947*

Employment status	All replies		Percent who were—	
	Number	Percent	Veterans	Non-veterans
All active nurses [1]	12,578	100.0	18.6	81.4
Institutional	5,440	100.0	21.5	78.5
Private duty	2,830	100.0	14.4	85.6
Public health	1,341	100.0	18.8	81.2
Industrial	843	100.0	18.5	81.5
Office	1,033	100.0	18.0	82.0
Nurse educators	449	100.0	9.3	90.7
All inactive nurses [1]	9,094	100.0	15.8	84.2
Employed outside nursing	637	100.0	17.7	82.3
Not employed [1]	8,223	100.0	15.4	84.6
Housewives	7,176	100.0	11.3	88.7
Intending to return to nursing	398	100.0	59.5	40.5
Not intending to return to nursing	165	100.0	64.2	35.8
Unable to work, or retired	484	100.0	23.6	76.4

[1] Includes data for categories not shown separately.

Roughly one out of six nurses participating in the present study was a veteran of World War I or II and an additional small group of veterans were taking advanced nursing training. The proportion of veterans was smaller in private duty and education than in other fields of nursing (table 4); it is possible that veterans planning to enter the latter field were themselves taking advanced education at the time of the survey.

[10] Facts about Nursing, 1946, Nursing Information Bureau, American Nurses' Association, pp. 46–47.

Most professional nurses are single and without dependents. Of those who participated in the survey about two out of five were married; of this group one in four had dependents (table 5). According to the 1940 census only one out of five nurses, as compared to about one-third of all employed women, was married [11] although opportunities for employment of married nurses have since increased. The proportion of married women in 1947 was not much lower among active nurses than among those who had left nursing for other fields of employment.

Since private duty permits the greatest flexibility of hours and part-time employment, proportionately more married nurses are in this field than in other fields of nursing; of those who are married, a larger proportion of private duty nurses have dependents. Seventeen percent of the nurses in this field who participated in the study were married and had children or other dependents; another 35 percent had husbands but no dependents. The industrial and office fields came next in the proportion of married nurses. In all branches except private duty no more than 1 in 10 was married and had dependents and from a fourth to a third were married but did not have dependents.[12]

[11] U. S. Bureau of the Census, Sixteenth Census of the United States, 1940: Population, vol. III, pt. I. Estimate is based on exclusion of student nurses from census data. Also excluded are those who are divorced, separated, or widowed.

In 1946 about 44 percent of all women in the labor force were married (Monthly Labor Review, December 1946, p. 670).

[12] Only 1 in 10 nurse educators was married and had no dependents.

TABLE 5.—*Marital status of active and inactive nurses, 1947*

Marital status	Percent of active nurses							Percent of inactive nurses		
	All [1]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators	All	Employed outside nursing	Not employed
Single, with 1 or more dependents	9.7	9.8	7.9	13.1	9.3	8.4	12.9	1.7	7.9	1.3
Single, with no dependents	40.4	45.6	28.9	41.8	35.1	37.2	63.7	8.6	31.0	6.9
Widowed, divorced, or separated, with 1 or more dependents	5.3	5.1	4.5	7.3	7.4	6.0	3.4	1.6	7.7	1.2
Widowed, divorced, or separated, with no dependents	5.6	5.1	6.4	4.2	8.6	5.0	3.4	1.9	7.9	1.5
Married, with 1 or more dependents	11.7	10.4	17.4	10.2	9.6	10.2	4.7	42.5	19.6	44.2
Married, with no dependents	27.3	24.0	34.9	23.4	30.0	33.2	11.9	43.7	25.9	44.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	12,499	5,403	2,814	1,329	840	1,030	447	8,973	633	8,340

[1] Includes data for those employed in nursing; outside fields presented separately.

Chapter 2. Earnings and Hours, October 1946[13]

Earnings averaged $41 a week and $1 an hour in October 1946 for nurses living outside hospital quarters. These earnings were supplemented by an average of about one meal a day. The typical daily work schedule was 8 hours. Weekly hours varied widely among the different branches of nursing, 48-hour schedules being most common in institutional work and 40- or 44-hour schedules being predominant in other fields. Actual hours on duty varied from 39 a week for private duty to 48 for institutional nurses; for all fields considered together, the average was 44 hours a week although one in four nurses worked at least 50 hours weekly in October 1946.

This is a brief picture of nurses' hours and earnings in October 1946. However, the hours and earnings patterns are actually complex: thus, many nurses receive varying amounts of maintenance in addition to their cash salary and in some fields there are substantial numbers whose work restricts their freedom beyond actual hours on duty. Detail regarding these qualifications and variations among as well as within nursing fields is provided in the following pages.

Earnings and Supplementary Maintenance

Monthly Earnings

The monthly cash earnings of registered professional nurses required to provide their own living quarters averaged $176 a month (or $41 a week) in October 1946.[14] About one in four earned less than $145 and a corresponding proportion received at least $205 a month (see table 6 and chart 1).

Earnings varied among the different branches of the profession from an average of $153 for private duty nurses to $207 for nurse educators not residing in hospital quarters (table 7). Average cash earnings of office nurses ($167 a month or $39 a week) and institutional nurses occupying their own quarters ($172) ranked above private duty monthly earnings but were topped by pay of public health and industrial nurses ($184 and $196, respectively). The pay of industrial nurses was almost equal to that of the average factory worker at that time.

Monthly earnings varied more among individual private duty nurses than among members of any other field, primarily because of differences in hours worked. Thus, one in four members of this branch of nursing earned less than $95 and the same proportion earned at least $200. At the time of the study, the variation in time worked was apparently traceable primarily to personal choice rather than to lack of work. In all other fields earnings of half of the nurses varied by about $60 or less. About 1 nurse educator in 10 reported monthly earnings of at least $300.

The spread in earnings within the institutional, education, and public health fields was traceable to different earnings for different positions as well as to varying salaries for the same work. Among the individual hospital positions for which sufficient data were obtained, cash pay for nonresident nurses varied from $161 for general staff nurses, the numerically largest group in this field, to $239 for directors or assistant directors of nurses. The salaries of the latter group were exceeded to an undetermined degree by those of hospital administrators. In the public health field, staff and school nurses averaged $177 and $182, respectively.

[13] All earnings include cash paid in lieu of room and/or other maintenance, but exclude the cash equivalent of maintenance provided by employers. No effort has been made to reflect salary increases since October 1946. Hours on duty exclude meal periods.

[14] Earnings of those occupying hospital quarters are discussed later. Inclusion of earnings of this group, which is relatively small, would not substantially affect the average earnings mentioned above: inclusion of their cash earnings would reduce the average about $1; the average would be raised $1 to $2 a month if the average allowance for maintenance reported by those living out were used as the value of maintenance provided those living in and added to their cash earnings.

TABLE 6.—*Percentage distribution of nurses, by monthly earnings [1], October 1946*

Monthly earnings	Nurses living outside hospital							Nurses living in hospital		
	All fields [2]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators	All fields [2]	Institutional	Nurse educators
Under $95	9.3	5.8	25.2	2.3	2.5	3.6	0.4	2.8	2.9	----------
$95 and under $105	2.4	2.1	4.9	.6	.1	2.8	.4	2.2	2.1	0.8
$105 and under $115	1.6	1.2	3.4	.6	.6	1.5	.4	2.2	2.7	----------
$115 and under $125	2.7	3.3	2.9	1.1	.7	4.2	.4	5.9	6.4	1.6
$125 and under $135	3.5	4.2	3.2	2.9	1.7	5.3	1.9	7.3	8.1	2.4
$135 and under $145	5.9	7.5	5.2	4.3	2.5	7.8	1.6	10.0	11.1	5.7
$145 and under $155	8.5	9.7	6.6	7.7	4.7	14.3	3.1	11.4	13.3	3.3
$155 and under $165	8.6	10.9	5.5	9.8	7.5	9.1	3.9	6.8	7.0	4.9
$165 and under $175	6.9	7.3	5.5	8.8	8.8	5.7	6.6	4.7	5.0	5.7
$175 and under $185	10.5	10.9	6.4	13.4	12.0	13.9	8.9	8.9	8.1	17.9
$185 and under $195	5.9	6.7	4.0	7.6	8.1	3.3	4.7	5.0	4.2	8.9
$195 and under $205	10.3	9.4	7.1	10.2	14.5	14.5	16.4	8.3	6.9	14.6
$205 and under $215	4.2	4.4	2.9	5.7	7.3	1.2	6.2	3.1	2.2	5.7
$215 and under $225	5.1	5.4	4.5	6.7	5.5	2.5	7.0	4.0	4.3	4.1
$225 and under $235	3.2	3.1	1.5	3.6	6.7	3.4	5.4	4.0	3.3	7.3
$235 and under $245	2.4	2.1	2.2	2.7	3.8	1.3	4.7	2.8	2.7	4.1
$245 and under $255	3.2	1.7	4.6	2.7	4.5	2.7	7.4	2.0	1.8	2.4
$255 and under $265	.9	.6	.3	2.0	2.1	.7	1.6	1.0	1.0	.8
$265 and under $275	.7	.6	.5	1.0	1.1	.2	3.1	.5	.7	----------
$275 and under $285	1.2	.8	1.2	1.6	1.8	.4	3.9	2.2	2.0	----------
$285 and under $295	.4	.3	.3	.7	.7	----------	1.9	.9	.8	2.4
$295 and under $305	.8	.7	.7	.9	1.1	.8	2.3	1.3	1.0	3.3
$305 and over	1.8	1.3	1.4	3.1	1.7	.8	7.8	2.7	2.4	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	9,182	3,443	2,155	1,243	876	914	257	1,114	899	122
Average [3] monthly earnings of all nurses	$176	$172	$153	$184	$196	$167	$207	$168	$160	$194

[1] Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.
[2] Includes data for nurses employed outside fields shown separately. Private duty, public health, industrial, and office nurses live outside hospital quarters.
[3] Median.

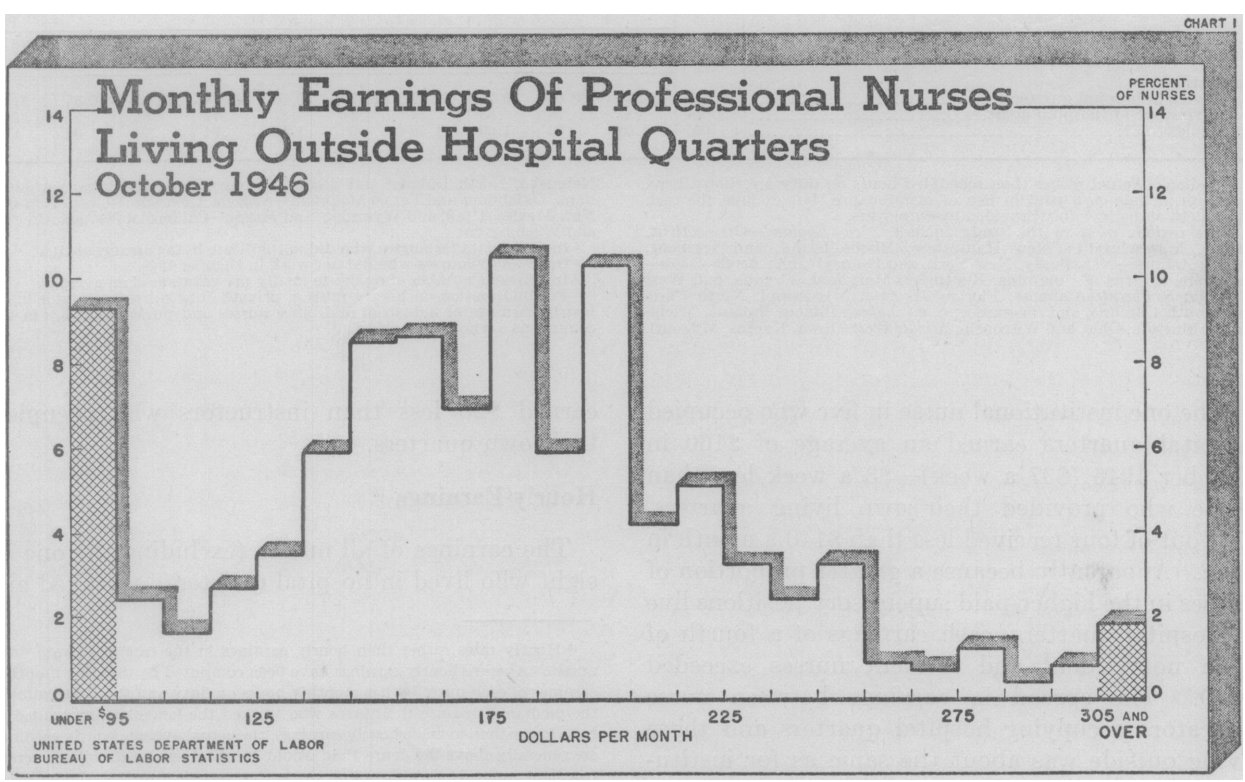


TABLE 7.—*Average monthly hours and earnings and average hourly earnings [1] of nurses, by region,[2] October 1946*

Field, position, and living arrangements	Number of replies	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
		Average monthly hours									
Institutional:											
All positions [3]	4,415	207	208	208	209	210	207	212	211	207	191
Living in hospital quarters	821	213	214	212	217	212	210	223	210	211	206
Living outside hospital quarters	3,170	195	193	196	203	203	192	205	206	194	185
General staff nurses [3]	1,851	202	205	207	198	203	202	206	200	194	187
Living in hospital quarters	276	207	206	209	194	213	208	203	188	204	194
Living outside hospital quarters	1,410	202	206	207	202	194	201	206	205	194	186
Private duty [4]	2,040	167	167	172	166	182	165	172	160	159	158
Public health	1,088	175	178	169	173	180	178	184	184	171	172
Industrial	701	177	176	174	175	174	178	177	177	183	177
Office	829	185	179	174	186	193	184	194	199	183	184
Nurse educators	380	202	207	196	212	206	202	196	202	204	194
		Average monthly earnings									
Institutional:											
All positions:											
Living in hospital quarters	899	$160	$144	$153	$154	$155	$168	$154	$168	$198	$202
Living outside hospital quarters	3,443	172	153	162	169	165	174	159	177	177	204
Receiving no meals	1,686	188	163	182	197	199	184	171	190	183	204
Receiving 1 or more meals daily	1,757	158	149	154	158	154	161	153	164	169	207
Head nurses:											
Living in hospital quarters	181	153	134	148	150	152	164	160	(5)	(5)	224
Living outside hospital quarters	735	182	162	179	186	166	181	162	182	182	221
General staff nurses:											
Living in hospital quarters	300	151	129	141	148	150	158	148	168	(5)	197
Living outside hospital quarters	1,509	161	148	152	154	166	162	153	157	163	198
Receiving no meals	746	178	157	163	182	198	171	169	170	177	197
Receiving 1 or more meals daily	763	151	144	150	150	151	156	147	154	151	201
Private duty [4]	2,155	153	144	151	156	160	153	154	163	153	162
Public health:											
All positions	1,243	184	164	181	182	172	194	177	174	190	221
School nurses	297	182	154	183	164	(5)	193	173	170	200	224
Staff nurses	555	177	162	170	164	163	184	176	163	183	218
Industrial	876	196	182	194	190	193	194	183	197	170	230
Office	914	167	144	152	164	152	165	151	168	171	197
Nurse educators:											
Living in hospital quarters	122	194	192	193	224	179	199	(5)	(5)	(5)	(5)
Living outside hospital quarters	257	207	188	204	210	225	215	184	195	(5)	258
		Average hourly earnings [6]									
Institutional:											
Living in hospital quarters	778	$0.77	$0.69	$0.75	$0.79	$0.76	$0.79	$0.74	$0.86	$0.85	$1.03
Living outside hospital quarters	3,054	.87	.78	.83	.84	.81	.87	.77	.83	.87	1.09
Public health	1,060	1.08	.96	1.09	1.09	.96	1.12	.94	.96	1.09	1.28

[1] Median. Actual rather than scheduled hours on duty are shown here. Earnings include cash paid in lieu of maintenance, but exclude the cash equivalent of maintenance provided by employers.

[2] The regions used in the study include: *New England*—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; *Middle Atlantic*—New Jersey, New York, and Pennsylvania; *Border States*—Delaware, District of Columbia, Kentucky, Maryland, Virginia, and West Virginia; *Southeast*—Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee; *Great Lakes*—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; *Middle West*—Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota; *Southwest*—Arkansas, Louisiana, Oklahoma, and Texas; *Mountain*—Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming; and *Pacific*—California, Nevada, Oregon, and Washington.

[3] Includes data for nurses who did not indicate living arrangements.

[4] Includes 139 nurses who did not work in October 1946.

[5] Insufficient number of replies to justify presentation of an average.

[6] For information on hourly rates of private duty nurses, see table 9; for hourly earnings of industrial and office nurses and nurse educators in the country as a whole, see table 8.

The one institutional nurse in five who occupied hospital quarters earned an average of $160 in October 1946 ($37 a week)—$3 a week less than those who provided their own living quarters. One out of four received less than $140 a month in cash. Apparently because a greater proportion of nurses in the higher-paid supervisory positions live in hospital quarters, cash earnings of a fourth of both nonresident and resident nurses exceeded $200. The spread in earnings between nurse educators occupying hospital quarters and those living outside was about the same as for institutional nurses but full-time instructors living in earned $20 less than instructors who occupied their own quarters.

Hourly Earnings [15]

The earnings of all nurses (excluding the one in eight who lived in hospital quarters) averaged ap-

[15] Hourly rates rather than hourly earnings in the case of private duty nurses. Average hourly earnings have been computed by dividing monthly earnings of each nurse by her monthly hours on duty and then determining the median. Because the nurses who worked the longest hours tended to have lower-than-average hourly earnings, the actual average hourly earnings are generally above the figure that would be obtained by dividing average (median) monthly earnings of all nurses by average (median) hours of all nurses.

proximately $1 an hour in October 1946; about one-fourth received less than 83 cents and one in four was paid more than $1.10 (table 8).

Because of differences in hours worked, the variation in hourly earnings among branches of nursing did not correspond closely to the variation in monthly earnings. Most notably, the short hours of private duty nurses reduced their monthly earnings to the lowest in the profession while their typical hourly rate ($1) appreciably exceeded the hourly earnings of institutional and office nurses and was practically the same as that of nurse educators. Industrial nurses, whose monthly earnings were exceeded by those of nurse educators, had the highest hourly pay ($1.11). Public health nurses also earned more on an hourly basis than nurse educators although they had lower monthly earnings.

Institutional nurses received distinctly the lowest hourly pay of any group in the profession—87 cents for those providing their own living quarters. One in four received less than 75 cents. Average hourly earnings of institutional nurses living in hospital quarters were 10 cents below those of nurses living outside these quarters. The difference in the cash hourly earnings of

TABLE 8.—*Percentage distribution of nurses, by average hourly earnings,*[1] *October 1946*

Average hourly earnings	Nurses living outside hospital						Nurses living in hospital		
	All fields[2]	Institutional	Public health	Industrial	Office	Nurse educators	All fields[2]	Institutional	Nurse educators
Under 50.0 cents	0.8	1.3	0.4	0.3	1.5	0.9	4.5	4.8	0.9
50.0 and under 59.9 cents	2.8	5.6	1.0	.3	4.5	.9	12.9	12.2	19.4
60.0 and under 69.9 cents	5.9	11.9	2.5	1.5	8.2	7.0	20.2	20.9	19.4
70.0 and under 79.9 cents	11.1	18.8	7.8	3.7	14.3	8.0	16.4	17.8	9.3
80.0 and under 89.9 cents	14.5	18.8	12.7	10.3	15.9	12.7	9.9	10.7	4.6
90.0 and under 99.9 cents	9.0	10.6	11.1	10.6	12.4	21.1	9.4	8.6	13.0
100.0 and under 109.9 cents	20.5	13.3	17.4	21.8	17.7	27.7	8.4	7.6	16.8
110.0 and under 119.9 cents	8.2	7.2	13.3	20.8	9.2	8.0	5.1	5.5	----
120.0 and under 129.9 cents	7.9	4.2	10.3	13.0	5.7	2.8	4.2	3.9	4.6
130.0 and under 139.9 cents	2.7	2.5	7.3	6.3	3.2	.5	1.9	1.5	1.9
140.0 and under 149.9 cents	1.7	1.6	4.7	3.5	2.0	----	2.0	2.2	.9
150.0 and under 159.9 cents	1.3	1.0	3.1	2.7	1.1	3.8	1.3	1.2	1.9
160.0 and under 169.9 cents	1.0	.9	2.3	2.5	.5	1.9	.8	.9	.9
170.0 and under 179.9 cents	.5	.3	1.6	.4	.6	1.4	.7	.4	.9
180.0 and under 189.9 cents	.4	.2	1.4	.4	.8	----	.3	.4	----
190.0 and under 199.9 cents	.2	.1	.7	.1	----	.5	.2	.1	.9
200.0 cents and over	1.5	1.7	2.4	1.8	2.4	2.8	1.8	1.3	4.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	8,500	3,054	1,061	679	785	213	946	778	108
Average[4] hourly earnings of all nurses	$1.00	$0.87	$1.08	$1.11	$0.95	$0.99	$0.78	$0.77	$0.83

[1] Hourly *rates* of private duty nurses. Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.

[2] Includes data for private duty nurses and other nurses employed in fields not shown separately. Hourly rates of private duty nurses are presented in table 9.

[3] Includes data for nurses employed in fields not shown separately. Private duty, public health, industrial, and office nurses live outside hospital quarters.

[4] Median.

TABLE 9.—*Percentage distribution of private duty nurses, by hourly rates of pay, October 1946*

Hourly rates	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
75 cents	4.3	8.9	5.0	10.5	7.1	1.9	2.8	1.4	3.7	0.5
80 cents	.8	2.6	.4	----	1.6	.9	1.4	----	----	.5
85 cents	6.4	22.1	7.7	5.8	4.0	2.9	2.8	2.8	4.9	----
90 cents	2.6	7.0	3.1	1.7	5.6	1.2	1.4	1.4	----	1.4
95 cents	.8	1.8	.9	.6	1.6	.9	----	----	1.2	----
$1.00	60.1	34.0	63.3	78.5	48.3	70.6	86.0	75.6	80.5	9.1
$1.05–$1.10	4.7	1.8	3.8	----	4.0	6.0	1.4	1.4	6.1	14.5
$1.15–$1.20	2.9	.4	2.2	----	4.0	3.3	----	----	----	14.1
$1.25	10.1	1.1	7.2	----	11.1	8.4	----	13.9	1.2	49.9
Over $1.25	1.0	.4	1.0	.6	.8	.5	.7	2.1	----	3.2
Other amounts	6.3	[1] 19.9	5.4	2.3	[1] 11.9	3.4	3.5	1.4	2.4	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	2,483	271	680	172	126	646	142	144	82	220

[1] Hourly rates concentrated at 87.5 cents.

these two groups was proportionately greater than the variation in their monthly earnings since hospital residents worked distinctly longer hours than those living outside.

Rates of private duty nurses were characterized by a high degree of concentration at $1 an hour: this amount was reported by three out of five nurses in this field in October 1946. One in ten earned $1.25, rates of the remainder ranging from 75 cents to over $1.25 (table 9).

Supplementary Maintenance

The earnings of nurses providing their own living quarters, discussed in the preceding pages, are frequently supplemented by meals and laundry (table 10). On the average, each nurse providing her own living quarters received one meal a day in addition to her salary in October 1946.

Provision of meals and laundry was most common for institutional nurses. About two-fifths of the nurses in this field who resided outside hospital quarters received laundry of their uniforms and about half were provided one or more meals daily; averaged over all institutional nurses living outside, these would have amounted to about one meal a day for each nurse.

There was a marked difference in the cash earnings of institutional nurses, depending on whether they received some meals in addition to their cash salaries. Those provided no meals averaged $188 compared with about $158 for those receiving some meals—a daily difference of $1 for between one and two meals. Allowance for meals and uniforms provided institutional nurses would have about equalized their monthly pay with that of public health nurses—the only major field of nursing in which both provision of meals and laundry of uniforms was rare—but it would not have equalized hourly earnings.

Meals and laundry were somewhat less commonly provided for nurse educators than for institutional nurses. The cash earnings of a substantial proportion of private duty nurses were also supplemented by one or more meals daily when on duty.[16] Provision of meals was unusual for industrial, public health, and office nurses, as was laundry of uniforms for those in the private duty and public health fields.

[16] Half of the private duty nurses who reported on this point received meals (typically one a day), but such a large group did not answer the question regarding supplementary maintenance that generalization as to the exact extent of the practice is difficult.

TABLE 10.—*Percentage distribution of nurses, by kind of maintenance [1] provided, October 1946*

Kind of maintenance provided	All fields [2]	Institutional	Nurse educators
Nurses living in	13.6	20.7	32.3
Room only	.9	1.3	1.6
Board and room	1.8	2.4	2.6
Room, board, and laundry of uniforms	10.9	17.0	28.1
Nurses living out	86.4	79.3	67.7
1 meal a day	10.0	7.8	3.2
2 meals a day	5.0	4.4	3.4
3 meals a day	1.4	1.6	1.6
1 meal a day and laundry of uniforms [3]	5.4	8.9	7.9
2 meals a day and laundry of uniforms [3]	5.0	8.9	6.8
3 meals a day and laundry of uniforms [3]	5.2	8.8	9.2
Laundry of uniforms only [3]	12.4	9.1	6.1
No maintenance, or uniforms only	42.0	29.8	29.5
Total	100.0	100.0	100.0
Number of replies to question	8,750	4,346	380

Kind of maintenance provided	Private duty	Public health	Industrial	Office
1 meal a day	33.9	2.8	0.3	2.3
2 meals a day	15.6	.1	-------	.4
3 meals a day	2.3	.1	-------	.5
1 meal a day and laundry of uniforms [3]	1.3	.4	1.3	1.3
2 meals a day and laundry of uniforms [3]	.6	.1	.3	.3
3 meals a day and laundry of uniforms [3]	.6	.3	.3	.5
Laundry of uniforms only [3]	.8	4.7	51.8	27.6
No maintenance, or uniforms only	44.9	91.5	46.0	67.1
Total	100.0	100.0	100.0	100.0
Number of replies to question	1,368	743	687	767

[1] In addition to cash salary.
[2] Includes data for categories not shown separately.
[3] Includes nurses who are also provided uniforms.

Regional Differences

Regional differences in salaries were referred to by a few participants in the study as reasons for migration from one area to another; there was greatest satisfaction with salaries on the West Coast, where hourly and monthly earnings were generally highest. Two participants in the study commented:

> My chief reason for coming to California to work was the fact that the salaries were better out here and also shorter week.

> Many nurses are leaving the State of Pennsylvania because it is much more profitable to work elsewhere. Pennsylvania is one of the least progressive of States in regard to the nursing situation.[17]

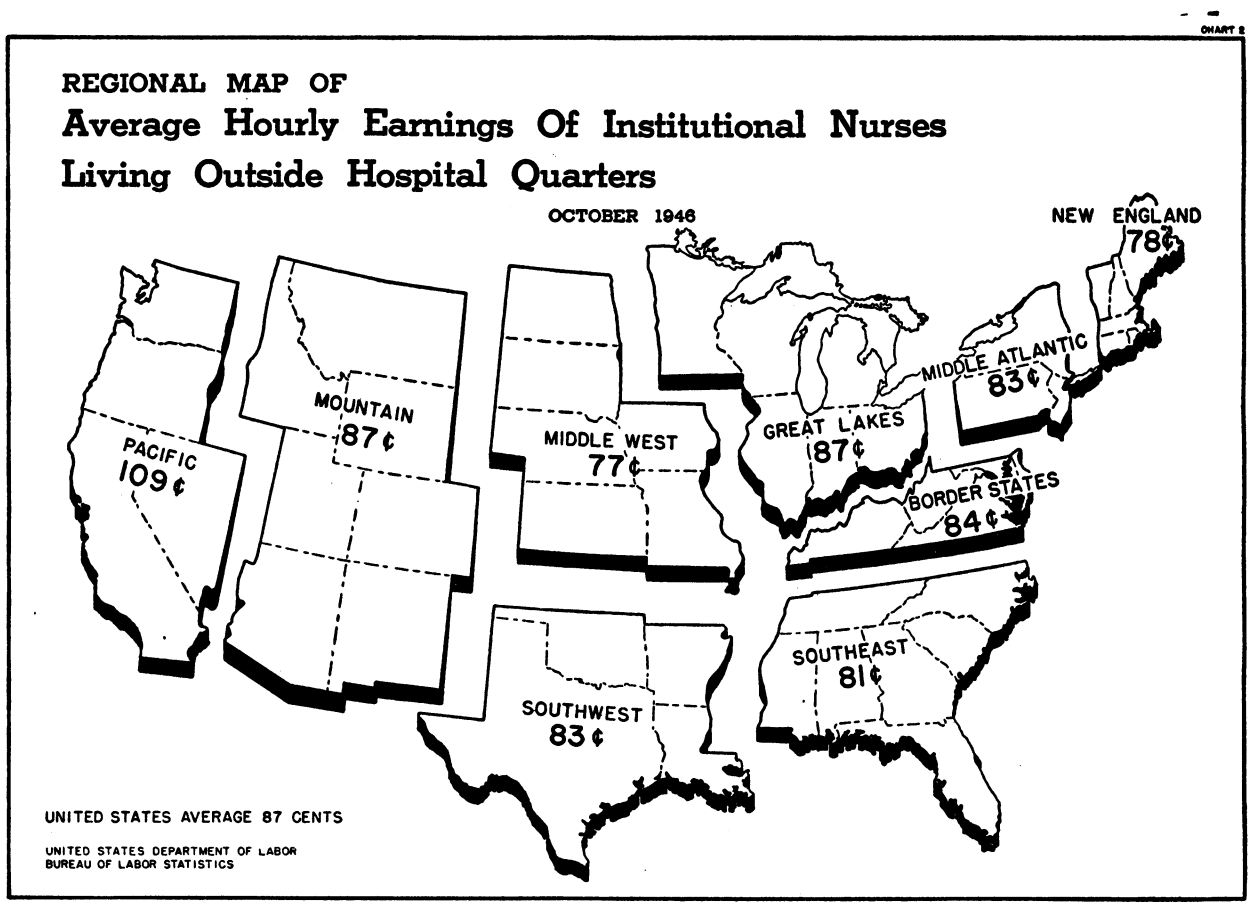
New England nurses usually had the lowest earnings, but the position of other parts of the country varied more or less among the different fields of nursing. In general, four other regions—Middle Atlantic, Border States, Southeast, and

[17] Earnings in Pennsylvania were apparently below the average for the Middle Atlantic States as a whole.

Middle West—ranked next to New England in monthly earnings, with relatively little variation in salary levels among them. In several fields, earnings in the Great Lakes, Southwest, and Mountain States were above those in all other regions except the Pacific, but their position relative to each other varied from one field of nursing to another.

The regional picture of earnings holds true not only for nurses receiving no maintenance but for those receiving meals and for those living in. Provision of meals was most common in the East (including the Southeast) and least common in the Pacific region. Earnings of institutional nurses living in their own quarters on the Pacific Coast averaged over $25 a month more than in those in the next highest salary region and $50 above New England. In the three fields for which average hourly earnings were computed by region (institutional, private duty, and public health) the lowest hourly, as well as monthly, pay was generally found in New England and the highest in the Pacific States. Earnings of public health nurses in the Southeast and Southwest were also low. Because of shorter hours on the Pacific Coast, the regional range in hourly earnings of institutional nurses, presented in chart 2, is proportionately greater than that in monthly earnings.

There was less regional variation in average monthly earnings in private duty work than in other branches of the profession (from $144 in New England to $163 in the Southwest). This narrow range was due primarily to a high degree of uniformity in hourly rates throughout the country outside New England and the Pacific Coast. (In all regions except New England, the Southeast, and the Pacific Coast, at least three



out of five private duty nurses received $1 an hour. Only in New England did more than a third of the private duty nurses receive less than $1 an hour; there three out of five earned less than this rate. Half of those doing special duty on the Pacific Coast were paid $1.25 an hour.) Moreover, because of relatively long monthly hours on duty in the Southeast and the comparatively large proportion of private duty nurses in the Great Lakes and Pacific regions who did not work any hours in October, average monthly earnings in the Southeast and Southwest were on a level with those on the Pacific Coast and above those in the Great Lakes States.

The regional picture of earnings in the public health and industrial fields differed somewhat from that in other branches of the profession. Both monthly salaries and hourly earnings of public health nurses were relatively low in the Southeast and Southwest, with earnings of staff nurses in these sections on a level with those in New England. The lowest average pay of industrial nurses was reported by the comparatively small number in the Mountain region. In this field, earnings in the highly industrialized Middle Atlantic and Great Lakes States varied little from the pay levels in the Border States, the Southeast, and the Southwest.

Factors in Earnings Variations

Earnings tended to increase with age and experience. There was also some tendency for salaries to be higher among those with some graduate study but this variation was not large or entirely consistent. Salaries of those with a 4- or 5-year or a 24- to 35-month basic course were somewhat higher than those of nurses with a 36-month course. The higher earnings for those with only 24 to 35 months of basic education were apparently due to the longer experience and greater age of this group. The size of the hospital in which the nurse was educated apparently had little influence on earnings.[18] Aside from the relationship within individual fields between earnings and age, experience, and amount of education, those fields characterized by the lowest average age and years of experience (office and institutional nursing) also tended to provide the lowest cash salaries; and earnings of nurse educators and public health nurses, who have the most graduate education, were above average.[19]

Institutional and public health nurses employed by the Federal Government received higher salaries than others in these fields. Other government agencies ranked next, nongovernmental agencies paying the lowest salaries. Salaries of other government agencies were closer to private than to Federal Government levels. The salary spread between different types of agencies was smaller in public health than in institutional work—about $35 to $40 compared with $50 a month (for nurses living outside hospital quarters).

In October 1946, mental hospitals paid higher monthly salaries to their nurses than did general hospitals.[20] Earnings also tended to increase with hospital size, those in hospitals of 1,000 beds or more averaging about $45 a month more than those in hospitals with less than 50 beds. Meals were provided nonresident nurses most frequently in small hospitals, although allowance for these meals would not equalize earnings in different-sized institutions.

Earnings tended to be higher in large communities although this pattern was not entirely consistent. The higher monthly earnings reported by private duty nurses in large communities are primarily traceable to longer hours of work but are partly due to differences in hourly rates. Although $1 was the most common hourly rate for private duty work in communities of all sizes, 1 out of 5 nurses in cities of over 500,000 received $1.25, compared with 1 out of 20 in communities of less than 100,000.

Hours on Duty

Participants in the survey were asked to report both scheduled hours on duty—the amount of time they were normally supposed to work—and

[18] Partly because of the growth of the average hospital in recent years, there was also a tendency for nurses with the longest years of experience to be graduates of schools affiliated with small hospitals.

[19] In evaluating the variation in earnings with education, it should be borne in mind that, except for public health nurses and nurse educators, a very large majority have no graduate education. No attempt was made to analyze the variation in earnings of private duty nurses with age, experience, or education; their hourly rates are relatively uniform and are determined primarily by community practice. In a period when work is plentiful an analysis of the variation in their monthly earnings or hours would probably not reflect differences in employment opportunities so much as personal preference.

[20] Classification of nurses according to the type of hospital in which they were employed provided sufficient information on earnings only for these two groups of institutions.

hours actually worked in October 1946.[21] (These two measures of hours may differ because of absence or compensatory time off, on the one hand, and duty during "on call" hours or other overtime, on the other.) What did these participants report?

Scheduled Hours

Eight hours comprised the typical workday in all fields of nursing, but weekly schedules varied markedly among and within the different branches of the profession. Work schedules were generally the same on day, evening, and night shifts. With the vast majority on an 8-hour day, less than 1 nurse in 10 worked 9, 10, or 12 hours daily, and substantial groups in all branches but institutional nursing and nursing education had a somewhat shorter workday in October 1946. Hours in excess of 8 a day were more common for office and private duty nurses than for institutional nurses and nurse educators and were rare in industrial and public health work (tables 11 and 12).

Weekly schedules varied from less than 40 to 72 hours but the vast majority ranged from 40 to 48 hours. The longest schedules were those of institutional nurses, half of whom were on 48-hour weeks. Even in this field, however, one in six was on a 40-hour week and the same proportion worked a 44-hour schedule. Sixty- and 72-hour weeks, though still reported and slightly more common on the night shift, were unusual on all shifts.

[21] Both scheduled and actual hours on duty exclude meal periods and time on call. Actual hours on duty include duty during on call periods but scheduled hours do not.

Outside institutional work, where schedules were longest, most workweeks did not exceed 44 hours.[22] Thus, in nursing education, where hours ranked next to those in institutional nursing, the most common single schedule was 44 hours a week. Next most frequent was a 48-hour week. Schedules of individual office nurses varied considerably but the most usual schedule reported by these nurses was a 44-hour week.

TABLE 11.—*Usual scheduled hours on duty [1] of nurses on the day shift, October 1946*

Scheduled hours on duty	Percent of nurses					
	All fields [2]	Institutional	Public health	Industrial	Office	Nurse educators
Less than 8 hours a day and 40 a week	13.5	5.2	36.3	11.8	25.4	4.7
8 hours a day and 40 a week	24.2	17.7	33.6	61.4	17.5	13.6
8 hours a day and 44 a week	19.6	16.6	21.0	11.2	29.4	40.5
8 hours a day and 48 a week	32.3	50.5	2.1	9.2	10.2	30.0
9 hours a day and 45 a week	1.4	.9	.5	1.5	4.8	1.3
9 hours a day and 54 a week	2.2	2.6	.1	.5	3.6	3.4
10 hours a day and 50 a week	.8	.8	.1	.2	2.4	.8
12 hours a day and 60 a week	.3	.4	.1	-------	.6	-------
12 hours a day and 72 a week	.2	.3	-------	-------	.4	-------
Other periods	5.5	5.0	6.2	4.2	5.7	5.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	6,995	3,815	1,061	618	778	383

[1] Excludes hours on call and meal periods.
[2] Excludes private duty nurses but includes data for other nurses employed in fields not shown separately.

A large majority of the industrial and public health nurses worked 40 hours or less. The schedules of industrial nurses exceeded only those of public health nurses and apparently corresponded closely to those of other workers in the plants in which they worked. The scheduled workweek in

[22] Private duty nurses, of course, do not have scheduled workweeks.

TABLE 12.—*Usual daily hours on duty [1] of private duty nurses, October 1946*

Usual daily hours	Percent of nurses									
	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
7 hours	0.6	----------	1.7	----------	----------	----------	1.3	0.7	----------	0.4
7½ hours	14.4	16.1	16.1	14.9	13.6	16.5	12.5	5.9	11.9	9.4
8 hours	73.7	69.2	71.2	66.0	74.4	75.8	73.7	76.2	84.7	82.7
9 hours	.9	.7	.7	.5	2.4	.6	2.0	.7	----------	2.1
10 hours	1.5	2.0	1.1	.5	1.6	1.7	2.6	2.0	----------	1.3
11½ hours	.9	1.0	.4	3.1	.8	.9	----------	.7	----------	.8
12 hours	6.2	7.0	7.1	12.4	5.6	3.1	5.9	13.1	1.7	2.5
Other period	1.8	4.0	1.7	2.6	1.6	1.4	2.0	.7	1.7	.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	2,567	299	715	194	125	635	152	152	59	236

[1] Excludes meal periods.

public health work was the shortest in any branch of nursing. Over a third worked less than 40 hours and another third were on 40-hour schedules. Schedules of less than 8 hours a day and 40 hours a week were reported by about half the school nurses, as contrasted with one-third of the other public health nurses.

Actual Hours on Duty and Overtime

The actual time on duty of the average nurse amounted to 191 hours a month (about 44 hours a week) in October 1946 (table 13). A comparison

TABLE 13.—*Percentage distribution of nurses, by actual monthly hours on duty,[1] October 1946*

Actual monthly hours on duty	All nurses[2]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators
Under 85 hours	8.0	4.1	22.2	3.2	2.1	5.5	2.4
85 and under 95 hours	.7	.5	1.5	.1	.3	1.3	-------
95 and under 105 hours	1.9	1.7	3.8	.6	.4	1.6	.5
105 and under 115 hours	1.6	1.1	4.0	.9	.7	.8	.5
115 and under 125 hours	1.4	.8	2.9	.8	1.1	1.6	.8
125 and under 135 hours	1.3	.9	2.1	2.0	.4	1.1	.5
135 and under 145 hours	2.1	.9	4.1	3.1	1.1	3.4	1.1
145 and under 155 hours	2.0	.9	2.1	6.8	.9	3.3	.3
155 and under 165 hours	6.2	3.1	6.1	13.0	15.3	8.0	2.6
165 and under 175 hours	8.7	4.9	6.1	18.8	22.2	10.9	6.8
175 and under 185 hours	9.6	6.0	5.4	21.1	26.3	12.1	4.2
185 and under 195 hours	10.8	11.8	4.7	13.4	9.0	14.1	23.1
195 and under 205 hours	7.9	8.2	6.0	8.5	6.8	10.3	11.1
205 and under 215 hours	13.7	23.0	4.2	2.5	6.4	8.2	18.1
215 and under 225 hours	11.0	17.2	6.5	2.2	4.3	7.4	13.1
225 and under 235 hours	2.7	4.0	1.5	.6	.7	2.2	3.2
235 and under 245 hours	3.0	3.5	4.3	.6	.9	2.2	2.1
245 and under 255 hours	3.1	2.4	7.8	.6	.4	2.3	1.6
255 and under 265 hours	.9	1.2	.3	.3	.3	1.4	2.4
265 and under 275 hours	.5	.7	.4	-------	------	.4	1.1
275 and under 285 hours	.5	.7	.5	.2	------	.4	.8
285 and under 295 hours	.3	.4	.2	.1	------	-------	.5
295 and under 305 hours	.4	.4	.3	.3	------	.2	.8
305 hours and over	1.7	1.6	3.0	.3	.4	1.3	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	9,874	4,415	2,040	1,088	701	829	380
Average[3] monthly hours, all nurses	191	207	167	175	177	185	201

[1] Excludes meal periods.
[2] Includes data for nurses employed in fields not shown separately.
[3] Median.

of actual and scheduled hours indicates that overtime was common, though two out of five nurses stated that they seldom worked beyond their scheduled hours.[23]

The rank of the six fields of nursing with respect to actual hours was similar to that with respect to scheduled hours. Thus, actual hours were longest for institutional nurses. In October 1946 the average institutional nurse reported that she was actually on duty for 48 hours a week—207 hours a month. Nurse educators averaged about 1 hour a week less. Office nurses worked about 5 hours a week less than institutional nurses; public health and industrial nurses were on duty about 41 hours, and private duty nurses worked about 39 hours a week.

Although comparatively few schedules exceeded 48 hours, substantial groups of institutional and office nurses and nurse educators actually were on duty at least 50 hours (215 hours during the month). Altogether one out of four nurses worked at least 50 hours weekly (chart 3). One participant in the study commented:

> When a nurse accepts a position, especially in a doctor's office, she is told the office hours are such and such but those hours are never kept because the doctor will continue to make appointments long after specified hours, never giving a thought or consideration to the nurse who has been working, going on high, for 9 hours already. . . . I think we should receive pay for hours overtime.

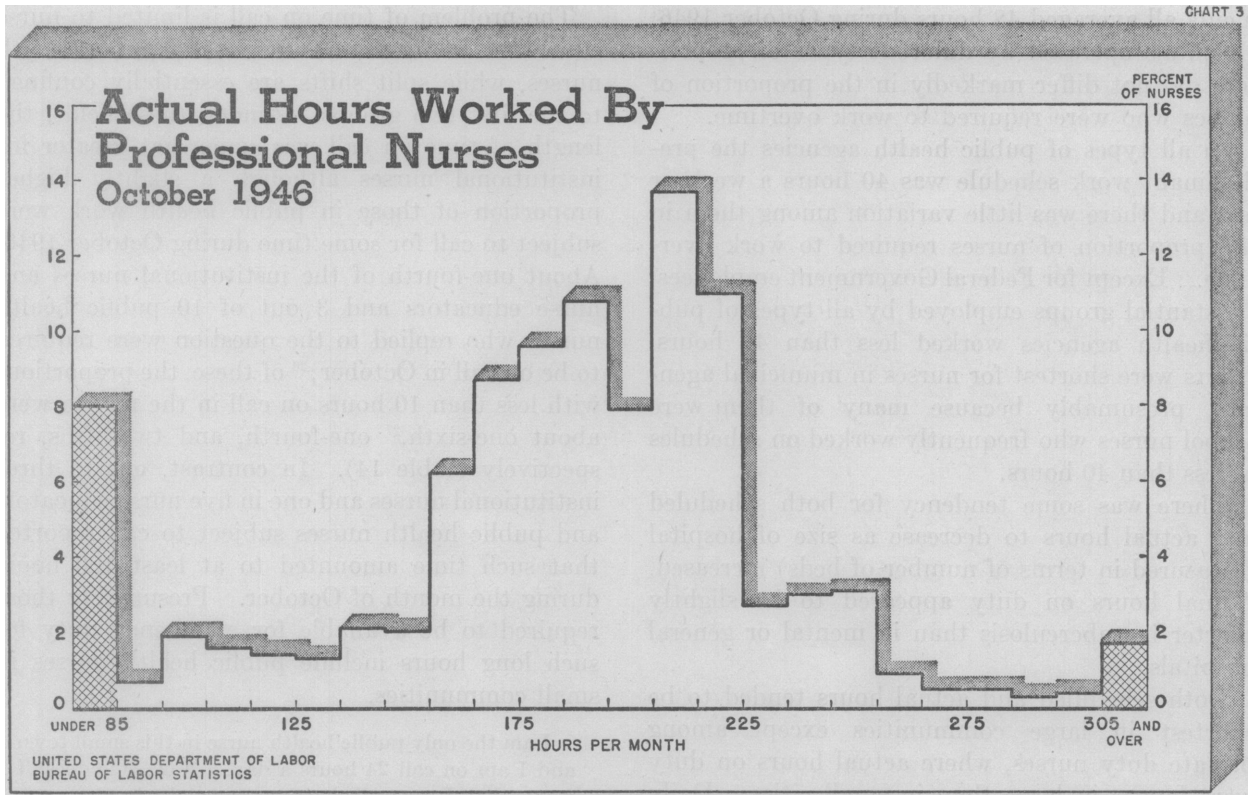
In public health work, the existence of some overtime was evidenced by the fact that although schedules in excess of 44 hours were rare, about 1 in 10 actually worked from 45 to 49 hours and 1 in 20 worked at least 50 hours. Although only a minority of industrial nurses stated that they seldom worked overtime, comparison of actual and scheduled hours indicate that overtime was not extensive.

Probably the most important characteristic of time worked by private duty nurses is the wide variation in their monthly hours. About one in four worked at least 215 and a similar group worked less than 95 hours. Indeed, some did not go on duty at all during October.[24] With the shortage of nursing care, this variation apparently did not reflect differences in opportunities so much as personal preference and the duration of cases; however, some of the difference may still have been due to varying opportunities for work, since those in small communities worked the shortest hours.

Among institutional nurses, those in supervisory positions and those occupying hospital quarters worked the longest hours. Resident nurses averaged about 4 hours a week more than nonresidents;

[23] It was not possible to measure the exact amount of overtime because of the fact that absenteeism and turn-over, as well as compensatory time off, offset to an undetermined extent the effect of overtime, also because of possible inaccuracies in information obtained by means of a mail questionnaire.

[24] Only those who had been on a case within 3 months were classified in private duty work.



nonresidents who received meals also were on duty about 1 hour a week more than those providing all their own maintenance.[25] Head nurses, who are responsible for an entire floor or ward, worked longer than institutional general staff nurses in October 1946—209 and 202 hours, respectively. (The variation in hours between residents and nonresidents results in part from the higher proportion of supervisory nurses who occupy hospital quarters. However, distinct variations in hours with living arrangements were found for general staff nurses as well as for all nurses.)

Regional Differences in Hours

On the whole, hours were shorter on the Pacific Coast than in other regions. In three fields, Middle Atlantic nurses reported slightly shorter hours, but in other branches of the profession hours in that region were not notably short. There was no region that showed the longest hours in all fields although hours in the Middle West and Southwest appeared to be relatively long in several branches of nursing.

In institutional work there was comparatively little regional difference in hours on duty except between the Pacific Coast States and the rest of the country; the average workweek was 44½ hours in those States compared with 48 or 49 hours in each of the other regions. Half the Pacific Coast nurses were on 40-hour schedules. Private duty nurses in the Southeast worked distinctly longer hours than did nurses in other parts of the country.

Factors in Hours Variations

Hours varied considerably among hospitals operated by different types of proprietors and there was some difference in hours with size of community and size of hospital. Nurses in Federal hospitals had both the shortest scheduled and the shortest actual hours. However, among Federal nurses, those in the armed services worked almost as long as those in other hospitals—they were on duty 47 hours a week while hospital nurses employed by nongovernmental agencies as well as by State, county, and municipal govern-

[25] This fact appears to be related to more frequent provision of meals in smaller hospitals, which have somewhat longer hours than larger institutions.

ments all averaged 48 hours during October 1946. Hospitals operated by different types of proprietors did not differ markedly in the proportion of nurses who were required to work overtime.

In all types of public health agencies the predominant work schedule was 40 hours a week or less and there was little variation among them in the proportion of nurses required to work overtime. Except for Federal Government employees, substantial groups employed by all types of public health agencies worked less than 40 hours. Hours were shortest for nurses in municipal agencies, presumably because many of them were school nurses who frequently worked on schedules of less than 40 hours.

There was some tendency for both scheduled and actual hours to decrease as size of hospital (measured in terms of number of beds) increased. Actual hours on duty appeared to be slightly shorter in tuberculosis than in mental or general hospitals.

Both scheduled and actual hours tended to be shortest in large communities except among private duty nurses, where actual hours on duty were longer in large than in small cities. Daily hours of private duty nurses tended to decrease as size of community increased although the 8-hour day was most common in areas of all sizes. Schedules were particularly long in communities of less than 25,000, where 1 out of 7 reported 12-hour days. In general, hours schedules in this field were more uniform in large than in small communities. In institutional work the 48-hour week was most common and longer hours were rare in communities of all sizes; however, almost half the hospital nurses in cities of 250,000 or more, contrasted with only one-third in smaller communities, had work schedules of less than 48 hours.

Hours On Call and Split Shifts

Do hours on duty indicate fully the extent to which nurses' freedom is limited by their work? In order to ascertain the extent to which this freedom is curtailed during off-duty hours, information was obtained on the prevalence of split shifts and time on call. The replies indicate that, although the typical nurse of today is not required to be on call beyond her regular hours on duty and her daily working hours are not broken beyond meal periods of an hour or less, the exceptions to this usual pattern are substantial.

The problem of time on call is limited to nurse educators, institutional nurses, and public health nurses, while split shifts are essentially confined to the first two groups. Among these fields, the length of time on call was somewhat greater for institutional nurses although a slightly higher proportion of those in public health work were subject to call for some time during October 1946. About one-fourth of the institutional nurses and nurse educators and 3 out of 10 public health nurses who replied to the question were required to be on call in October;[26] of these, the proportions with less than 10 hours on call in the month were about one-sixth,[27] one-fourth, and two-fifths, respectively (table 14). In contrast, one in three institutional nurses and one in five nurse educators and public health nurses subject to call reported that such time amounted to at least 100 hours during the month of October. Presumably those required to be available for emergency duty for such long hours include public health nurses in small communities.

> I am the only public health nurse in this small town and I am on call 24 hours a day. Now, this doesn't mean that I am called out every night in the week after working all day, but it does mean that in case of an emergency or if someone wants a home delivery, I am duty bound to assist.

A large majority of those subject to call in October 1946 were actually summoned to duty for some time during this period. However, these periods of work, which are included in the actual hours on duty described previously, typically were considerably shorter than the total time on call. Thus, a substantial proportion of these hours on call represent a limitation on freedom beyond time on duty. Over four out of five of the institutional nurses with hours on call were actually summoned to work for some time during these periods in October 1946, typically for less than 10 hours (table 15). Excluding the time actually spent on duty during on-call periods, hours on call averaged about 35 hours a month for those institutional nurses subject to this requirement.

Split shifts, though not a major grievance because they are required of only a minority of all nurses, were a frequent source of complaint among those required to work such shifts and were a

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[26] A fairly large proportion of the participants in the survey failed to answer the question regarding time on call and split shifts.

[27] Eight percent of all hospital nurses replying to the question.

TABLE 14.—*Monthly hours on call,*[1] *October 1946*

Hours on call[1]	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
	Percent of institutional nurses									
No hours on call	75.2	70.5	75.0	73.1	71.3	77.6	69.0	70.5	72.1	81.2
Hours on call	24.8	29.5	25.0	26.9	28.7	22.4	31.0	29.5	27.9	18.8
1 and under 10	4.4	4.1	4.8	4.2	2.4	5.1	5.9	6.4	4.1	2.6
10 and under 20	3.9	5.1	4.5	3.1	2.4	3.8	4.3	4.5	2.0	3.1
20 and under 30	2.1	3.6	2.8	1.9	1.9	1.5	2.0	1.3	1.4	1.4
30 and under 40	1.3	2.6	1.3	1.5	1.4	.9	1.2	.6	2.7	1.2
40 and under 50	1.7	1.8	1.5	3.8	1.0	1.2	1.2	3.8	2.0	1.6
50 and under 75	2.0	3.6	1.8	1.2	3.8	2.0	2.7	1.3	.7	1.4
75 and under 100	1.5	1.8	1.4	2.3	1.9	1.4	.8	1.3	2.7	.9
100 and over	7.9	6.9	6.9	8.9	13.9	6.5	12.9	10.3	12.3	6.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	3,955	390	919	260	209	1,042	256	156	147	576
	Percent of public health nurses									
No hours on call	69.2	62.9	62.9	75.0	82.1	69.2	63.8	81.4	77.5	78.3
Hours on call	30.8	37.1	37.1	25.0	17.9	30.8	36.2	18.6	22.5	21.7
1 and under 10	12.5	12.0	15.3	9.6	5.9	16.1	6.3	2.3	7.5	9.7
10 and under 20	4.3	5.3	4.3	2.8	1.5	5.0	4.3	4.7	2.5	4.8
20 and under 30	2.2	2.3	2.9	1.4	3.0	1.1	4.3	2.3	2.5	2.4
30 and under 40	1.2	2.3	2.1	----	----	.7	4.3	----	----	----
40 and under 50	2.3	2.3	2.5	5.6	1.5	1.4	4.3	----	----	3.6
50 and under 75	1.2	1.5	1.4	----	1.5	1.8	----	----	----	----
75 and under 100	.4	----	.7	1.4	----	----	----	----	2.5	----
100 and over	6.7	11.4	7.9	4.2	4.5	4.7	12.7	9.3	7.5	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	1,043	132	280	72	67	279	47	43	40	83
	Percent of nurse educators									
No hours on call	74.4	----	71.2	----	----	73.2	----	----	----	----
Hours on call	25.6	----	28.8	----	----	26.8	----	----	----	----
1 and under 10	7.1	----	7.9	----	----	6.7	----	----	----	----
10 and under 20	7.1	----	9.2	----	----	8.6	----	----	----	----
20 and under 30	2.6	----	2.6	----	----	3.8	----	----	----	----
30 and under 40	1.1	----	2.6	----	----	1.9	----	----	----	----
40 and under 50	1.1	----	1.3	----	----	1.0	----	----	----	----
50 and under 75	.6	----	1.3	----	----	----	----	----	----	----
75 and under 100	.6	----	1.3	----	----	----	----	----	----	----
100 and over	5.4	----	2.6	----	----	4.8	----	----	----	----
Total	100.0	----	100.0	----	----	100.0	----	----	----	----
Number of replies to question	[2] 350	----	76	----	----	105	----	----	----	----

[1] In addition to scheduled hours on duty.

[2] Includes data for regions not shown separately.

TABLE 15.—*Hours on duty of institutional and public health nurses and nurse educators during on call hours, October 1946*

Monthly hours on duty[1]	Percent of—		
	Institutional nurses	Public health nurses	Nurse educators
No hours on duty	17.4	24.6	11.1
Hours on duty	82.6	75.4	88.9
1 and under 10	35.3	49.4	50.7
10 and under 20	25.1	12.5	13.6
20 and under 30	9.8	3.5	8.6
30 and under 40	4.0	1.7	3.7
40 and over	8.4	8.3	12.3
Total	100.0	100.0	100.0
Number of replies to question	843	289	81

[1] In addition to scheduled hours on duty.

definite restriction on the freedom of substantial numbers of nurses.

When those 8 hours are split up there are many complaints, particularly from nurses who do not live in the nurses quarters, who feel that those 3 hours off or a great part of them are wasted.

What about the split shifts? The so-called 8-hour day which really ends in 13 hours? A year of this just about broke my back.

About one out of four institutional nurses and one out of five nurse educators worked divided shifts. The most common interval between periods on duty was 3 but less than 4 hours a day, including a meal period (table 16).

TABLE 16.—*Split shifts of institutional nurses and nurse educators, 1947*

Extent of split-shift operations and daily period between shifts [1]	Percent of institutional nurses										Percent of nurse educators, United States
	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific	
No split shift worked [2]	71.6	57.1	67.0	67.3	66.7	71.3	73.8	78.4	80.7	88.4	78.2
Split shift worked	28.4	42.9	33.0	32.7	33.3	28.7	26.2	21.6	19.3	11.6	21.8
Intervening period:											
Under 2 hours	1.6	3.3	1.8	1.8	1.7	1.1	3.6	.6	.7	.7	4.5
2 and under 3 hours	3.2	4.7	5.3	3.9	2.2	3.4	1.1	1.2	1.3	.5	5.9
3 and under 4 hours	16.2	27.7	18.8	13.3	19.4	17.0	15.4	9.6	8.0	6.3	7.1
4 hours	5.9	6.3	5.8	11.5	7.8	5.6	4.3	9.0	8.0	2.8	3.2
Over 4 hours	1.5	.9	1.3	2.2	2.2	1.6	1.8	1.2	1.3	1.3	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,287	429	1,000	279	232	1,153	279	166	150	599	370

[1] Includes meal periods.

[2] Except for meal period of 1 hour or less.

Variations in Practices

Split shifts were apparently no more common for general staff nurses than for all institutional positions considered as a group, while on-call time was most common among supervisory positions. Moreover, these supervisors were more frequently summoned to duty during these periods than general staff nurses. Half the directors of nurses compared with one-sixth of the general staff nurses were required to be on call. Nurses assigned to operating rooms also were frequently subject to call.

> I would like to explain that I liked my position as O. R. supervisor very much, but the hours were long and hard, work interesting and could be endured if it were not for being on call every other night. We took care of all YL cases besides the general patients coming to a hospital so we had many emergencies. No extra time given for sleep lost during night was given. I was in charge and so was called at all hours and often asked to do other work around hospital.
>
> The two girls in surgery asked for $10 more per month than the floor nurses were receiving but were refused. They are on call nights in surgery having but 9 nights out of a month to themselves. They seldom get off duty after 8 hours after a heavy schedule in surgery—both are married and have homes so it makes it doubly hard to be called out in the middle of the night. They both resigned effective February 1 but have not left yet as they have found no one to replace them and it wouldn't be ethical to leave surgery without nurses with operations scheduled.
>
> In a great many hospitals, in fact, probably the majority, nurses who work in operating rooms spend from 1 to 3 evenings a week "on call" which means of course that they must stay at home. I have never met any nurse to whom this time, and I mean time that she spent actually working, having been called to the operating room any time during the night and having at least 2 hours there, was ever made up either by extra time off or by overtime pay.

Time on call tended to be more common in small hospitals and there was also a tendency for those required to be on call in these smaller hospitals actually to put in time on duty more frequently. Split shifts practices did not vary widely among different-sized institutions.

A somewhat higher proportion of nurses employed by nongovernmental organizations than by official public health agencies were subject to call beyond their regular hours on duty. There was no marked variation among hospitals operated by different proprietors in the proportion of nurses required to be on call; but proportionately more nongovernmental and municipal hospital nurses reported that they were actually called to duty during such hours. In hospitals of all types of proprietorship, however, duties during on-call time typically amounted to less than 10 hours a month.

Split shifts were most common in military hospitals and least common, indeed almost nonexistent, in veterans' hospitals. Three out of five nurses in the armed services reported such work schedules compared with only one out of three or four in other institutions.

In New England split shifts were most widespread, where they were reported by two-fifths of the hospital nurses; they were least frequent in the Pacific region, where they were worked by

only about 1 out of 10 nurses. Hours on call also appeared to be most unusual on the West Coast and most frequent in the Middle West. Almost one in three hospital nurses in the latter region was required to be on call, compared with less than one in five on the Pacific Coast.

Overtime Pay

It has already been indicated that work beyond regularly scheduled hours was frequent in October 1946, particularly among institutional nurses, nurse educators, and office nurses. To determine to what extent they were compensated for this work, the participants in the survey who stated that they sometimes worked overtime were asked to report on their overtime pay provisions.[28]

Slightly more than half of the nurses sometimes required to be on duty beyond their regular scheduled hours stated that they received no compensation for additional duty, though the provisions for overtime compensation varied among fields and were far from uniform within each field. Except in industrial nursing, where overtime was generally paid for at time and a half the regular hourly rate, and in private duty, nurses who were compensated at all most frequently received time off rather than additional cash; and those receiving cash payment for their overtime generally were paid their regular hourly rate (table 17).

Overtime pay was most frequent for industrial nurses and next most common for public health nurses. Almost all industrial nurses were paid for such work; and, of the public health nurses who worked overtime, about three in five received some compensation. Such pay was rare in office work. About half of the institutional nurses and three-fifths of the nurse educators who worked overtime received no compensation for their extra duty.

In hospital work overtime was appreciably less common on the Pacific Coast than in other parts of the country, and premium pay for overtime was somewhat more frequent. Overtime compensation did not vary consistently among hospitals of different sizes.

TABLE 17.—*Overtime work and pay of nurses, 1947*

Rate of overtime pay	Percent of nurses						
	All fields[1]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators
Nurses who were seldom required to work overtime	44.3	36.5	62.2	51.5	33.2	52.5	32.6
Nurses who worked overtime	55.7	63.5	37.8	48.5	66.8	47.5	67.4
Receiving no pay and no compensatory time off	29.6	38.3	20.2	18.1	3.9	34.9	40.6
Receiving compensatory time off	10.1	12.9	1.1	23.8	1.6	4.7	16.9
Receiving same hourly rate as for regular hours	5.8	5.9	11.6	1.5	3.1	2.1	1.0
Receiving time and a half for overtime	5.9	2.7	.9	1.6	54.9	1.0	1.2
Working under other arrangements	4.3	3.7	4.0	3.5	3.3	4.8	7.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	10,933	5,073	2,241	1,102	795	866	414

[1] Includes data for nurses employed in fields not shown separately.

Late-Shift Work and Pay

Except for those on private duty [29] the majority of nurses in all fields normally worked only on the day shift. Indeed late-shift work was unusual in office and public health work and among nurse educators. Among those who did work late shifts, rotation between day and other shifts was slightly more common than continued employment on late shifts (table 18) except for private duty nurses.

[28] Those seldom required to work overtime were omitted from this analysis. Any overtime pay is included in the monthly earnings reported previously.

[29] Particularly in a period of plentiful work, the selection of working hours in private duty work reflects the nurses' personal choice at least in part. The variation in the length of the time private duty nurses go on evening and night work indicated in table 18 presumably is also related to personal preference and the way in which cases develop rather than to a set schedule such as is reflected in rotation of institutional nurses' hours.

In turn, for those who rotated among shifts, the interval between duty on late shifts was generally less than a month except in institutional work. Night work was somewhat more common among general staff nurses than for all institutional nurses considered as a group. Less than two out of five assigned to general staff duties remained constantly on the day shift.

TABLE 18.—*Late-shift work of nurses,*[1] *1947*

Shift	Percent of—			
	Institutional nurses	Private duty nurses	Industrial nurses	Nurse educators
Nurses who normally worked 1 shift only	74.0	74.7	80.2	97.2
Day shift	54.9	36.0	64.8	96.0
Evening shift	8.8	14.5	11.9	.4
Night shift	10.3	24.2	3.5	.8
Nurses who normally rotated among shifts	26.0	25.3	19.8	2.8
Evening or night shift more frequent than once a month	10.8	17.0	13.0	2.0
Evening or night shift less frequent than once a month	15.2	8.3	6.8	.8
Total	100.0	100.0	100.0	100.0
Number of replies to question	4,651	2,109	621	251

[1] Excludes public health and office nurses, who seldom work a late shift.

Generally the hourly rate for night work was the same as for day work. One in three institutional nurses who worked at night received higher hourly pay than for day work; one in eight reported a lower rate.[30] Almost all private duty nurses received the same pay for night as for day work. Extra pay for night work was most common in industrial nursing, doubtless because of the widespread practice of shift differentials for plant workers in industry. Of those industrial nurses required to work late shifts, three-fifths reported extra pay for night work (table 19).

Typically any premium rates paid for night work for institutional nurses were less than 5 percent above the hourly rate for the day shift. The premium for industrial nurses was usually higher.

Although the requirement of night work was not a leading grievance, lack of a higher rate for night work in institutional work was the subject of some adverse comment. A few participants in the study expressed the belief that some nurses would be willing to work continuously on late shifts if they received a higher rate for this work.

> Single nurses or any who work the 3–11 or 11–7 should have $25 to $50 a month more. There would be many who would be delighted to work those shifts continually in hospitals—if they received adequate remuneration.

In institutional work, Southwestern nurses reported extra pay for night work less frequently and lower hourly rates for night work more often than those in the rest of the United States; Pacific Coast nurses reported the highest rates.

There was greater rotation among shifts in the larger hospitals (those with at least 500 beds); but, smaller hospitals more frequently paid the higher rates for night work.

TABLE 19.—*Pay of nurses for night-shift work, 1947*

Hourly rate of pay for night-shift work	Percent of nurses [1]				
	All fields [2]	Institutional	Private duty	Industrial	Nurse educators
Lower rate than for day shift	8.3	12.7	2.6	2.8	8.0
Same rate as for day shift	69.4	55.0	93.7	35.8	52.0
Higher rate than for day shift	22.3	32.3	3.7	61.4	40.0
Less than 5 percent higher	14.4	23.0	1.9	25.2	8.0
At least 5 percent higher	7.9	9.3	1.8	36.2	32.0
Total	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,837	2,566	1,872	254	25

[1] Excludes nurses who normally do not work at night, but includes both those who work on night shift only and those who rotate among shifts.
[2] Excludes public health and office nurses, but includes data for other nurses employed in fields not shown separately.

Advance Hours Posting for Institutional Nurses

Although only a minority rotated among shifts, for the vast majority of institutional nurses time on duty typically varied from period to period. At the time of the study they most frequently received several days' advance notice of hours schedules (generally a week or 10 days) although a substantial group received no more than 1 day's advance notice (table 20). There was a good deal of regional uniformity in practices on this matter.

There was a tendency for the proportion of nurses whose time on duty changed from week to week to be somewhat higher among large than among small hospitals although this variation was not highly consistent. Among those nurses whose hours did vary, a higher proportion in the small hospitals received little or no advance notice of their schedules.

[30] The same monthly pay for longer hours.

TABLE 20.—*Advance posting of institutional nurses' hours, 1947*

Time for posting hours	Percent of nurses									
	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	South-west	Mountain	Pacific
Nurses whose hours vary	80.6	78.6	81.1	82.2	82.1	82.2	76.3	79.1	84.9	77.8
Hours posted—										
The same day	7.3	8.7	9.0	7.9	11.0	6.9	8.5	7.0	5.9	2.6
1 day ahead	10.7	11.1	12.2	6.4	10.6	12.4	9.8	7.5	11.9	7.9
1 week to 10 days ahead	47.6	49.2	46.1	52.5	45.5	47.2	45.8	47.2	49.8	47.9
2 weeks to a half month ahead	2.2	1.2	1.5	2.9	2.9	2.4	.6	5.0	4.3	2.5
1 month or more ahead	3.0	.8	3.2	3.8	4.4	2.5	2.5	1.0	2.2	5.4
Other advance period	9.8	7.6	9.1	8.7	7.7	10.8	9.1	11.4	10.8	11.5
Nurses whose hours do not vary	19.4	21.4	18.9	17.8	17.9	17.8	23.7	20.9	15.1	22.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,924	485	1,139	343	273	1,301	317	201	185	680

A higher proportion of Federal employees than of other institutional nurses reported that their working periods changed from week to week, but the vast majority in all types of hospitals were subject to such changing schedules.

Hours and Earnings in 10 Cities and Hawaii

Among the large cities [31] from which the largest number of replies to the questionnaire were received the highest hourly rates of private duty nurses and the highest monthly earnings of institutional nurses were found in Los Angeles and Detroit; these cities also had the shortest hours for institutional nurses—44 hours a week compared with 48 or 49 hours in other cities. Institutional nurses in Hawaii earned about the same amount each month as those in Los Angeles but they worked about 4 hours longer each week. Private duty nurses in almost all cities were typically on 7½- or 8-hour daily schedules although there were exceptions in a number of cities.

[31] Baltimore, Boston, Chicago, Cleveland, Detroit, Los Angeles, New York, Philadelphia, Pittsburgh, and Washington. The number of replies from each city was relatively small, so that conclusions presented here should be considered as only tentative.

The lowest private duty rates, usually 85 and 87.5 cents an hour, were found in Boston; in all other cities except Cleveland, Detroit, and Los Angeles, where rates were higher, the predominant rate was $1. Philadelphia institutional nurses, however, apparently had lower monthly earnings than those in Boston. Provision of meals for both institutional and private duty nurses was common in eastern cities, but unusual in Great Lakes and Pacific cities.

In all cities except Los Angeles and in Hawaii, most of the institutional nurses who worked overtime stated that they received no compensation for this work. Payment of time and a half for overtime appeared to be a little more common in Detroit and Washington, D. C., than elsewhere. Premium pay for night work was apparently most usual in Baltimore, Washington, Pittsburgh, and Los Angeles, and least frequent in Boston.

Time on call was reported by a somewhat higher proportion of nurses in Philadelphia, Pittsburgh, and Boston than elsewhere. Split shifts were reported by more hospital nurses in these cities and in Baltimore, Washington, and Hawaii than in the other five large cities studied.

Chapter 3. Living Arrangements and Maintenance Allowances

Traditionally a large proportion of institutional nurses and nurse educators have lived in hospital quarters, frequently without the right to choose other living arrangements. Accordingly, the basic salary in these fields is still frequently set for those occupying such quarters, any additional pay to those living outside being considered an allowance in lieu of maintenance. To what extent does the occupancy of hospital quarters continue today, and what allowance do those who "live out" receive for room and board? To what extent are living arrangements optional, and what sort of living quarters are provided in hospitals?

Living Arrangements

Those living in hospital quarters comprised about one in five institutional nurses, about one in three nurse educators, and one-eighth of all nurses. The vast majority of both institutional nurses and nurse educators either were required to live outside hospital quarters or had a choice of living in or out; however, a substantial minority of those who had a choice stated that they received no allowance for maintenance.

Half the institutional nurses and two-fifths of the nurse educators reported that they had a choice of living in or outside the hospital, and of these the great majority lived in their own quarters. Another one-third of the members of both fields were required to live outside (table 21.) A distinctly higher proportion of nurse educators than of institutional nurses were required to occupy hospital quarters, probably because nurse educators are typically employed in hospitals that have homes for student nurses and are frequently responsible for supervision of these homes.

The group of institutional nurses who were required to live in is somewhat smaller than the group who lived in through choice; presumably the relatively small allowance provided many nurses in lieu of maintenance and the shortage of housing help to explain the preference of these nurses for hospital quarters. However, somewhat fewer

TABLE 21.—*Living arrangements of institutional nurses and nurse educators, 1947*

Living arrangements	Percent of institutional nurses										Percent of nurse educators, United States
	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific	
Living in hospital quarters required	9.6	11.2	8.9	16.1	16.4	7.4	9.3	13.7	10.4	6.3	20.5
Living outside hospital quarters required	36.6	21.6	30.1	28.9	22.4	43.1	48.8	40.6	40.5	47.6	36.0
Option of living in or outside hospital quarters	53.8	67.2	61.0	55.0	61.2	49.5	41.9	45.7	49.1	46.1	43.5
Living in	13.0	17.5	15.4	19.9	21.4	10.0	14.7	11.7	6.9	6.0	14.1
Living out	35.9	44.6	40.9	30.6	36.6	34.2	24.0	29.9	36.4	34.3	26.3
Actual arrangement not reported	4.9	5.1	4.7	4.5	3.2	5.3	3.2	4.1	5.8	5.8	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,909	491	1,138	336	281	1,293	313	197	173	687	419

nurse educators lived in through choice than because they were required to do so.

The proportion of nurses who resided in hospitals, both from choice and because of hospital regulations, was higher in the eastern and southern sections of the country. The number of hospital nurses living in varied from more than one-third in the Border and Southeastern States to one-eighth on the Pacific Coast. A distinctly lower proportion of nurses in the East than elsewhere were required to live outside.

The highest proportion of institutional nurses required to live in hospital quarters was found among those in the armed services. A choice of arrangements was most common in veterans' hospitals.

The larger hospitals more frequently gave their nurses a choice of living arrangements than did smaller institutions; both the proportion of nurses who were required to live in and the proportion required to live out was greatest in the smallest hospitals. Presumably, if these small hospitals had nurses' residences, they generally had room for all the nursing staff and did not offer a choice of living arrangements.

Allowance for Living Out [32]

The extent to which nurses exercised their option of living outside hospital quarters is presumably related to some extent to allowances provided them in lieu of maintenance. One out of three institutional nurses and two out of five nurse educators who had exercised the option of living out stated that they were paid no cash allowance in lieu of maintenance. The most common amounts provided for subsistence were $20 but less than $50 a month (table 22). Comments like the following complained about the size of the allowance, a major grievance of institutional nurses.

> My home-town hospital allows only $10 for institutional nurses living outside the hospital. For married nurses this means one meal and uniform laundered plus $10. Who can get a room and two meals a day for $10 a month? Married nurses cannot leave their husbands to live in the nurses' home.

[32] These allowances are included in the cash earnings reported in ch. 2. In order to limit replies to those cases where a clearly distinguishable allowance was likely to be paid, data were obtained only from nurses employed in hospitals that provided some living quarters. Presumably, where the hospital provided no quarters, the allowance for maintenance would not be clearly separated from the regular salary.

TABLE 22.—*Monthly cash allowances [1] and maintenance [2] provided institutional nurses who lived outside hospital quarters, [3] 1947*

Monthly allowance	United States		New England		Middle Atlantic		Border States		Southeast [4]	Great Lakes		Mid-West [4]	Southwest [4]	Mountain [5]	Pacific [5]
	Percent of nurses receiving—														
	No maintenance [6]	Meals	No maintenance [6]	Meals	No maintenance [6]	Meals	No maintenance [6]	Meals	Meals	No maintenance [6]	Meals	Meals	Meals	No maintenance [6]	No maintenance [6]
No cash allowance	41.6	25.0	15.5	25.9	32.5	21.6	42.5	18.8	16.4	46.5	29.9	24.1	48.2	40.8	57.4
Cash allowance	58.4	75.0	84.5	74.1	67.5	78.4	57.5	81.2	83.6	53.5	70.1	75.9	51.8	59.2	42.6
Under $10	1.7	2.9	1.7	2.5	.8	2.3	-------	2.1	1.8	2.3	4.2	6.9	-------	-------	.8
$10 and under $20	6.6	16.5	15.5	11.1	2.3	11.9	3.8	18.8	30.9	9.9	16.7	34.6	18.5	-------	4.0
$20 and under $30	11.9	25.8	15.5	35.9	16.3	27.0	19.3	41.6	30.9	14.5	18.3	17.2	-------	3.7	4.0
$30 and under $40	14.5	14.6	15.5	8.6	20.9	16.5	11.5	8.3	10.9	10.5	24.2	6.9	18.5	22.2	10.5
$40 and under $50	14.0	10.2	6.9	12.3	13.2	11.9	3.8	8.3	7.3	12.2	4.2	6.9	14.8	29.6	18.5
$50 and under $75	8.6	4.5	27.7	3.7	13.2	8.3	3.8	2.1	1.8	4.1	2.5	3.4	-------	3.7	4.8
$75 and over	1.1	.5	1.7	-------	.8	.5	15.3	-------	-------	-------	-------	-------	-------	-------	-------
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	579	617	58	81	129	218	26	48	55	172	120	29	27	27	124

[1] These allowances have been included in the earnings shown elsewhere in this report.
[2] In addition to salary and cash allowance.
[3] Limited to nurses employed by institutions that provide living quarters for some nurses.
[4] Insufficient number reporting no maintenance to justify presentation of data.
[5] Insufficient number reporting meals to justify presentation of data.
[6] Or only laundry of uniforms.

Type of Room Provided

Generally, those who occupied hospital quarters were provided single rooms; however, some of those who shared rooms had to share with two or more persons. Altogether four out of five institutional nurses living in hospital residences had a single room or an apartment of their own (table 23). Single rooms were least common in the Southeast, where a relatively high proportion of nurses were required to live in quarters furnished by the institution in which they were employed. Less than two-thirds of the hospital nurses in this region occupied single rooms.

TABLE 23.—*Type of room provided institutional nurses living in hospital quarters, 1947*

Type of room provided	Percent of nurses in—							
	United States [1]	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Pacific
Single room or apartment not shared with another	81.8	88.1	82.6	76.4	64.4	84.5	87.3	83.4
Double room	16.0	8.5	16.5	21.6	31.0	12.7	12.7	12.1
Room shared with more than 1 other	2.2	3.4	.9	2.0	4.6	2.8	----	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	905	118	230	102	87	181	63	66

[1] Includes data for regions not shown separately.

Chapter 4. Paid Vacations and Sick Leave

Except for those on private duty [33] at least 19 out of 20 members of each field of nursing received paid vacations, typically amounting to 2 weeks or more annually. Four out of five were allowed sick leave after a year's service. One-fourth of all vacations were 4 weeks or a month long (table 24) and vacation provisions were generally considered satisfactory.

TABLE 24.—*Annual paid vacations of nurses [1] after 1 year's service, 1947*

Length of annual paid vacation	All fields [1]	Institutional	Public health	Industrial	Office	Nurse educators
Nurses receiving paid vacation	96.2	95.9	97.2	98.5	95.6	100.0
1 week	10.3	10.1	2.5	26.2	14.5	2.9
2 weeks	49.9	47.8	39.5	66.3	72.5	30.8
3 weeks	7.3	8.7	8.4	1.5	2.5	8.7
4 weeks or 1 month	24.0	26.0	33.9	2.5	4.8	51.3
Over 1 month	1.8	.8	6.6	.4	.8	4.2
Other period	2.9	2.5	6.3	1.6	.5	2.1
Nurses receiving no paid vacation	3.8	4.1	2.8	1.5	4.4	-------
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	7,435	4,237	1,008	675	750	380

[1] Excludes data for private duty nurses but includes data for nurses employed in other fields not shown separately.

Nurse educators had the longest vacations, followed by public health nurses and institutional nurses; very substantial groups (including half the nurse educators) in all three fields had 3- or 4-week vacations, and almost all received at least 2 weeks of vacation annually. Industrial and office nurses reported distinctly shorter vacations; a large majority received 2 weeks after a year's service but the rest received only 1 week. Vacations of industrial nurses were more comparable with those of office workers in industry than with those of most other nurses.

Formal sick leave plans were reported by at least four out of five participants in every field except office and private duty nursing.[34] In all branches 2-week limits on such leave were most usual, 1 week being the next most frequent single limit (table 25). Sick leave plans were most widespread among public health nurses, 19 out of 20 of whom received such leave. A distinctly smaller proportion—about three-fifths—of office nurses than of other nurses stated that they were covered by formal plans for sick leave after a year's employment. Since the nurse is frequently the only employee in the office, many may be covered by informal arrangements whereby their pay is actually not reduced by absence for illness although there is no definite advance understanding to this effect.

TABLE 25.—*Formal paid sick leave provided nurses [1] after 1 year's service, 1947*

Amount of sick leave provided annually	Percent of nurses					
	All fields [1]	Institutional	Public health	Industrial	Office	Nurse educators
Nurses receiving paid sick leave	81.0	78.8	95.0	81.7	58.5	87.9
1 week	13.2	13.8	10.6	12.6	13.0	16.6
2 weeks	43.8	44.9	53.5	34.5	25.5	40.0
3 weeks	3.7	3.1	4.9	4.1	2.0	6.4
4 weeks or 1 month	5.3	4.5	6.7	7.2	2.3	9.9
Over 1 month	2.1	.9	2.3	8.9	3.0	3.5
Other	12.9	11.6	17.0	14.4	12.7	11.5
Nurses receiving no paid sick leave	19.0	21.2	5.0	18.3	41.5	12.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	5,595	3,371	884	459	299	313

[1] Excludes private duty nurses but includes data for other nurses employed in fields not shown separately.

The most liberal vacation and sick leave policies for both institutional and public health nurses were those of the Federal Government. In the institutional field, State and municipal government agencies ranked next in vacation provisions, followed by privately operated hospitals; county

[33] Typically employed by one person for only short periods, private duty nurses do not receive paid vacations or sick leave.

[34] Informal provisions whereby nurses may be granted vacations and sick leave at the discretion of their supervisor or employer are not reported here.

hospitals allowed the shortest vacations. In public health work, nongovernmental agencies ranked next to the Federal Government. While paid sick leave arrangements for public health nurses were relatively uniform among different employers, such plans were distinctly less frequent in nongovernmental than in government hospitals and were less common in municipal than in other government institutions.

Vacations and paid sick leave plans were more common in large than in small hospitals, although in each size group at least 9 nurses out of 10 received vacations and two-thirds were covered by sick leave plans. Similarly, vacations tended to be longer in large hospitals although they were somewhat shorter in the very largest hospitals (2,000 or more beds) than in the next size group.

The New England and Middle Atlantic regions provided the longest vacations and the Pacific States, with short workweeks, provided the shortest vacations. Vacations of public health nurses were relatively short in the Southeast and the Mountain States. In the Middle Atlantic region, over two out of five of the institutional nurses were given 4-week vacations, in contrast with less than one out of seven Pacific nurses.

Formal sick leave plans for hospital nurses were least common in the Middle West and most frequent on the Pacific Coast. Public health nurses, however, were less frequently covered by such plans in this region and in most fields fewer days of sick leave were allowed on the Pacific Coast than elsewhere.

The longest vacations were reported in Baltimore, New York, and Philadelphia hospitals and the shortest in Detroit and Los Angeles, where earnings were higher and hours shorter than in the other cities studied.

Chapter 5. Insurance, Retirement Provisions, and Medical Care

Only a minority of professional nurses were protected by plans for retirement pensions, medical care, or similar benefits paid for wholly or partly by their employers. With only one in five nurses (excluding those on private duty)[35] covered by retirement pension plans, lack of provision for retirement and employment security was considered unsatisfactory by more nurses than any other aspect of their work.

TABLE 26.—*Insurance and retirement plans*[1] *provided nurses,*[2] *1947*

Type of plan	Percent of nurses					
	All fields[2]	Institutional	Public health	Industrial[3]	Office[3]	Nurse educators
Some benefits provided	28.2	21.3	47.9	62.9	13.4	24.9
Accident and health insurance only	2.8	2.4	1.6	7.4	2.8	2.0
Life insurance only	2.7	2.2	1.2	10.8	1.1	1.5
Retirement plans only	16.1	13.4	35.9	[3] 13.0	7.6	16.2
Accident and health and life insurance	1.7	.6	.6	13.3	.9	.2
Life insurance and retirement	2.3	1.3	3.9	7.5	.4	4.0
Accident and health insurance and retirement	1.3	.7	2.8	4.4	.5	.5
Accident and health and life insurance and retirement	1.3	.7	1.9	6.5	.1	.5
No benefits provided	71.8	78.7	52.1	37.1	86.6	75.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Accident and health insurance provided regardless of other benefits	7.1	4.4	6.9	31.6	4.3	3.2
Life insurance provided regardless of other benefits	8.0	4.8	7.6	38.1	2.5	6.2
Retirement plan regardless of other benefits	21.0	16.1	44.5	31.4	8.6	21.2
Number of replies to question	8,201	4,677	1,174	706	797	402

[1] Excludes private duty nurses but includes other nurses employed in fields not shown separately.
[2] Paid for in whole or in part by employers.
[3] All industrial and office nurses are presumably covered by the Socia. Security Act.

Only industrial and office nurses come within the scope of the old-age and survivors insurance benefit provisions of the Federal Social Security Act,[36] although employees of the Federal Government and some institutional and public health nurses employed in State and local governments are protected by retirement plans. Some nongovernmental employers of nurses have recognized the problem of retirement by establishing pension plans, but at the time of the Bureau's study these arrangements applied to only a comparatively small proportion of the profession.

Public health nurses ranked next to industrial and office nurses in the extent to which they were covered by retirement pension plans, with teachers of nursing and institutional nurses covered least frequently (table 26). Two-fifths of the public health nurses were included in such plans, compared with one in eight of the institutional nurses.

Life and accident and health insurance policies were infrequently provided except for industrial nurses (table 27), but about two out of five nurses received hospitalization, medical care, or periodic physical examinations. Public health nurses reported hospitalization and other medical benefits less often than those in other fields (except, of course, private duty). In the public health field only one nurse in six reported such benefits. The extent of provision for medical care did not vary widely among the other fields although it was most common in institutional and educational work; nearly half of those employed in these fields, compared with two-fifths of the office and industrial nurses, reported one or a combination of these benefits. Although specific arrangements varied among nursing fields, hospitalization and medical care were generally more common than physical examinations.

[35] This group of nurses is excluded from discussion in this chapter since they are typically employed for only short periods by one employer and hence were not provided the benefits under consideration by their employers. Moreover, like most other nurses, they are not covered by the provisions of the Social Security Act.

[36] Nurses in institutions operated for profit come within the scope of this act but the number in such institutions is apparently small. Some industrial nurses are also covered by private pension plans maintained by their employers. They are also covered by the unemployment compensation provisions of the Social Security Act.

TABLE 27.—*Hospitalization and medical care*[1] *provided nurses, 1947*

Type of plan	Percent of nurses					
	All fields[2]	Institutional	Public health	Industrial	Office	Nurse educators
Some benefits provided	41.0	47.4	16.6	39.6	41.2	47.3
Hospitalization only	7.3	9.6	1.3	8.3	1.4	8.0
Periodic physical examination only	5.4	5.5	9.1	6.2	.8	5.1
Medical care only	4.6	3.2	.2	1.7	21.3	3.6
Physical examination and hospitalization	1.5	1.8	1.0	1.4	.3	2.2
Hospitalization and medical care	7.7	9.9	1.6	10.7	2.2	8.5
Physical examination and medical care	4.0	3.6	.2	3.7	12.3	5.1
Hospitalization and medical care, and physical examination	10.5	13.8	3.2	7.6	2.9	14.8
No benefits provided	59.0	52.6	83.4	60.4	58.8	52.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Hospitalization regardless of other benefits	27.0	35.1	7.1	28.0	6.8	33.5
Medical care regardless of other benefits	26.8	30.5	5.2	23.7	38.7	32.0
Periodic physical examination regardless of other benefits	21.4	24.7	13.5	18.9	16.3	27.2
Number of replies to question	8,467	4,840	1,171	707	872	412

[1] Paid for in whole or in part by employers.
[2] Excludes private duty nurses, but includes other nurses employed in fields not shown separately.

For institutional nurses, retirement pensions and other benefits appeared to be most frequent in the Southeast. Pensions were least common in the Middle West while hospitalization and medical care were provided least often in the Mountain, Great Lakes, and Pacific regions.

Retirement pensions are provided by the Federal Government to its institutional and public health nurses. About half of the nurses employed by nongovernmental and municipal public health agencies also reported pension arrangements, whereas only two-fifths of the State nurses and less than one in three of the county nurses benefited from such arrangements. Nongovernmental hospitals provided retirement pensions less frequently than other types of hospitals.

Employees of State governments and nurses in armed service hospitals reported hospitalization and medical care and physical examinations more frequently than other institutions. Generally these hospitals provided all three types of care if they provided any. Except for those in the armed services, Federal employees receive no hospitalization or medical care.

More of the larger hospitals had retirement pensions and other insurance and hospitalization and medical care plans than did the smaller hospitals. Two out of five nurses in the smallest hospitals, compared with two out of three in the largest, reported hospitalization, medical care, or physical examinations or a combination of these benefits. Moreover, a combination of all three benefits was more frequent in large than in small hospitals.

Chapter 6. Professional Expenses

Out of the salaries previously discussed, nurses must meet certain expenses arising out of their work. These include payments to nurses' registries for placement; annual or biennial State registration fees required in almost all States from all who use the title "R. N."; laundry, cleaning and purchase of uniforms when these expenses are not defrayed by the employer; membership in professional organizations; and transportation expenses of public health nurses during working hours not paid by their employers.

Expenditures of all nurses for these items averaged $83 for the entire year 1946 although expenses varied among nursing fields and still more widely among individuals within each field. A fourth of all nurses spent less than $50 in 1946 and another fourth over $125 annually.

Private duty nurses, who are most dependent on registries for placement and who must almost always pay for the laundry of their uniforms, reported the highest average expenses—about $100 a year—and industrial nurses the lowest—$62. There was little variation in the average outlay of institutional and public health nurses, whose expenses were close to the average for all nurses (table 28).

In both the private duty and public health fields, one nurse in seven reported at least $200 in professional expenditures in 1946. In contrast, expenses of 1 in 10 private duty nurses amounted to less than $25; many of these may have worked part time. Presumably the high expenditures of some public health nurses were traceable to transportation costs on the job not paid by the employing agency.

Regional variations were not great in most fields, although in four of the six fields of nursing expenses were somewhat lower in New England. In contrast to other fields there appeared to be appreciable regional variation in expenses of public health nurses—from an average of $69 in New England to $106–$107 in the Border States and Southeast.

TABLE 28.—*Annual professional expenses* [1] *of nurses, 1946*

Annual expenses	Percent of nurses						
	All fields [2]	Institutional	Private duty	Public health	Industrial	Office	Nurse educators
Less than $25	11.7	10.6	9.9	11.1	21.8	15.2	6.0
$25 and under $50	17.0	17.5	11.8	20.3	22.1	18.5	14.0
$50 and under $75	16.6	19.4	13.7	14.2	13.0	16.4	18.6
$75 and under $100	14.9	15.5	14.1	13.2	13.0	15.2	19.0
$100 and under $125	11.1	11.8	11.1	9.2	8.8	11.6	13.3
$125 and under $150	8.3	8.0	10.5	6.9	5.2	8.2	11.2
$150 and under $175	6.0	5.6	8.0	5.7	5.5	5.2	5.1
$175 and under $200	4.1	3.7	6.4	3.6	3.3	2.3	3.3
$200 and over	10.3	7.9	14.5	15.8	7.3	7.4	9.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	11,203	4,992	2,389	1,208	769	919	430
Average expenses,[3] all nurses	$83	$79	$101	$83	$62	$75	$90

[1] Includes expenses for State registration fees; commissions paid nurses' registries; laundry or cleaning and purchase of uniforms; purchase of professional equipment; membership in professional organizations; and cost of transportation of public health nurses during working hours not paid for by their employers.

[2] Includes data for nurses employed in fields not shown separately.

[3] Median.

Chapter 7. Duties of Institutional Nurses

How is the working time of institutional nurses divided among their duties? In an effort to obtain a rough answer to this question, each hospital nurse was asked to report her duties for one day. Although the information was limited to a single day, it is believed that enough replies were received to give a general picture of the relative expenditure of time on major groups of duties.

Between a fourth and a third of the total hours of institutional nurses were devoted to clerical work (excluding nurses' notes) and to a group of duties including bathing and feeding patients, giving back rubs, making beds, taking meals to patients, answering lights, taking patients to appointments, and checking linens and household supplies.

Approximately half their time was spent in preparing and giving medication, changing dressings, giving aseptic treatments, taking temperature and pulse, checking medications and supplies, preparing patients for the operating room, assisting in operations and deliveries, and in supervising other nurses, students, and nonprofessional help. The rest of their day was devoted to taking nurses' notes and a variety of "other" duties (table 29).

TABLE 29.—*Duties of institutional nurses* [1]*—Percent of time spent on major groups of duties*

Duties	United States [2]	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
Preparing and giving medication, changing dressings, giving aseptic treatments, taking temperature and pulse, checking medications and supplies, preparing patients for operating room	20.5	19.0	18.9	19.9	21.3	20.1	21.2	20.7	24.1	23.7
Assisting in operations and deliveries	11.6	10.4	9.6	13.4	14.6	11.0	14.5	13.8	12.6	12.3
Teaching or supervising students	7.6	8.4	9.1	9.4	6.2	8.0	9.6	5.2	7.6	3.5
Supervising registered nurses	4.8	4.2	4.9	3.8	5.5	5.0	3.0	5.8	4.4	5.7
Teaching or supervising nonprofessional workers	7.2	4.7	6.3	9.2	9.6	7.9	6.8	10.1	7.1	6.5
Writing nurses' notes	8.3	7.6	8.0	7.5	7.8	8.4	8.8	9.3	8.9	8.8
Bathing and feeding patients, giving back rubs, making beds, taking meals to patients, answering lights, taking patients to appointments, checking linens and household supplies	22.9	27.8	23.7	18.7	16.9	23.2	25.1	18.2	22.3	22.3
Clerical work (except nurses' notes)	7.4	8.1	9.0	9.0	7.9	7.1	5.1	7.5	4.8	5.7
Other duties	9.7	9.8	10.5	9.1	10.2	9.3	5.9	9.4	8.2	11.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,214	403	958	290	231	1,131	265	175	151	617

[1] Based on report from each nurse covering 1 day in February 1947.
[2] Includes data for nurses who did not report region in which they worked.

While more nurses expressed satisfaction than dissatisfaction with the proportion of time allocated to professional work, there were comments to the effect that the shortage could be appreciably relieved by assigning nurses only to professional work. One respondent commented—

> In the face of the present great need for nurses, I might [return] if I were assured that the work I did was work that required a trained nurse. During the war, when my husband was in the service, I returned to nursing work for 2 years. I found that about 85 percent of the work that I was asked to do as a floor nurse in a hospital could have been done by untrained personnel. I feel that if hospital administrators could be taught to make adequate use of an understaff the critical problem of hospital care would be helped greatly.

Another stated that she spent half her time in clerical work and that patient care was secondary:

> I enjoy doing bedside nursing, but feel I spend too much time away from the patient's bedside doing many odd hospital chores that could be done by laymen.

Duties of individual nurses varied markedly. General staff nurses spent an even higher proportion of their time than did all institutional nurses on such tasks as bathing and feeding patients, carrying trays, and taking patients to appointments. Head nurses reported that clerical work (other than nurses' notes) occupied 1 hour out of every 10 of their time. Time spent on bathing and feeding patients and similar duties and on clerical work appeared to be greatest in the New England and the Middle Atlantic States.

About 30 percent of the time of nurses in general and tuberculosis hospitals, compared with 25 percent of the time in mental institutions, was spent on clerical work and such work as feeding and bathing patients. Supervision of nonprofessional help accounted for a large proportion of nurses' time in mental hospitals.

Proportionately less time was required for relatively routine care of patients in large than in small institutions. However, clerical work increased in importance with size of hospital; consequently, there was little variation among different-sized institutions in the time spent on these two groups of duties considered together. Supervision required more time, and assistance in operations and deliveries accounted for less time in large than in other hospitals. These differences are partly traceable to the fact that many of the largest hospitals are mental institutions.

Chapter 8. Opinions[37]

What do nurses think of their work? What aspects of nursing do they consider most satisfactory and what aspects are the greatest sources of complaint? Their opinions regarding their work were obtained for the light they throw on potential sources of lowered morale in the profession as well as on the difficulties of recruiting student nurses and, to a more limited extent, of keeping graduate nurses in the profession. (It is pointed out later that the major reason for graduate nurses leaving their profession is to marry rather than because dissatisfaction leads them to seek other jobs; however, salaries and other working conditions are a factor in some losses of graduate nurses.)

A large majority of nurses in all fields expressed satisfaction with their job as a whole and with the gratification provided by service to the ill and to the community (table 30).[38] Nevertheless, although the sources of complaint varied among individuals, most were apparently dissatisfied with one or more aspects of their work. A number commented that "there is no other work like nursing" but that their working conditions were poor in one or more respects. For example:

> I realize very little for my efforts (after expenses) there is little left and hours long. However, my great love for my profession gives me sufficient reward and satisfied my deep desire to nurse.

The leading complaints were related to financial returns both during nursing employment and after retirement. Specifically they referred to lack of retirement and employment security, rates of pay, opportunities for and methods of awarding promotions.

There was a widespread feeling of insecurity; a higher proportion of respondents to the questionnaire considered provisions for retirement and security against unemployment to be unsatisfactory than any other subject about which they were questioned. This was the most frequently mentioned source of dissatisfaction in every field except industrial nursing, the only branch covered by both the retirement and unemployment compensation provisions of the Social Security Act. Office nurses are also covered by the retirement provisions of the Social Security Act. The following comments are typical:

> On question 13 [provisions for retirement and security against unemployment] I have checked unsatisfactory. You may wonder why I have done this and remained here for 20 years. This sort of work has been very satisfactory to me. When I came here I was young enough not to count the pennies and having no dependents I've sort of drifted along. Now I realize as far as my social security is concerned I haven't any and am waking up too late to change my job for better remuneration.
>
> Nurses have no unemployment or social security benefits unless employed in the industrial field. . . . I think that nurses should have the benefits obtained by other laborers and professional people.
>
> We need not only adequate pay and shorter hours but some sense of job security. We are not provided for by Social Security. We all can see what happens to the nurse too old or ill to work. She usually works anyhow.

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[37] A brief explanation regarding the method used in summarizing opinions seems desirable since alternative procedures might presumably have been adopted. Participants in the survey were asked to indicate "satisfactory," "unsatisfactory," "no opinion," or "does not apply" regarding 26 aspects of their work. Each percentage in the tables showing opinions is based on the total number of nurses expressing their attitude on any of the 26 aspects of their work rather than in terms of the total number expressing definite opinions of dissatisfaction or satisfaction regarding the specific item in question. This procedure attempts to discover the major sources of grievances in the nursing profession as a whole and in its leading branches, rather than to determine what proportion of the nurses subject to a given condition were dissatisfied with it. Exclusion of those expressing "no opinion" or stating that a condition did not apply would give the second measure rather than the first. For example, large proportions of institutional nurses working split shifts considered them unsatisfactory but, because most nurses worked straight shifts, many considered this item as inapplicable to them and expressed "no opinion" regarding it; thus split shifts cannot be considered a major grievance in the profession or in institutional nursing as a whole although they were a serious source of discontent where they were in effect.

In addition to these quantitative measures of satisfaction, opinions expressed in supplementary comments of many nurses (at least a thousand in all) are discussed in nonquantitative terms.

[38] About 5 percent of the nurses participating in the survey stated that they had returned to nursing after trying another field of employment. The dominant reason reported was the greater satisfaction in service provided by nursing; other reasons were cited very infrequently.

At the present, working for a county government, I come under a retirement fund. If I leave this job I must start all over with retirement and lose all seniority and if my new position doesn't have such benefits I'm just out of luck.

Related to lack of provision for retirement was lack of adequate care for those who become disabled.

Nurses who contract TB, infantile paralysis, or become permanently disabled are not taken care of (except for 13 weeks).

Next to the problem of insecurity were other issues revolving about rates of pay, including maintenance allowances provided institutional nurses and nurse educators who live outside hospital quarters, and opportunities for and methods of determining promotions and pay increases. Although on each of these issues expressions of satisfaction and "no opinion" together exceeded dissatisfaction in most or all fields, those who were definitely dissatisfied were numerous enough to indicate the existence of serious problems. Indeed, while the widespread lack of pension plans in the profession caused more nurses to check this than any other item as unsatisfactory, comments of participants indicated that rates of pay were an even more serious and immediate cause of discontent. Lack of provision for retirement or illness and salaries that do not permit nurses to save toward retirement or for emergencies were frequently mentioned together.

In this community at least, there are no assurances for any old age security for a woman who has spent her lifetime at nursing and the provisions for the sick nurses are either pathetically meager or nonexistent. On the hand to mouth existence of trying to make ends meet there is no opportunity of accumulating any savings to take care of these emergency needs.

Apparently nurses are still expected to live on and save for their old age, on the personal satisfaction they obtain from taking care of patients.

. . . After many, too many, years spent in nursing I, for example, am attending night college at present with the firm intention of preparing for some kind of work that will enable me to be assured of something better than the County Home after a lifetime of nursing.

As it stands today, nursing offers only enough to cover the bare essentials of living with no chance to save for the future or for emergencies . . . . It is obvious that a nurse cannot live on the gratitude of patients; she must have sufficient income.

Other comments regarding salaries simply stated that they were inadequate to meet the nurses' needs.

As an R. N. I wish to serve humanity to the best of my knowledge and ability without any personal recognition. However, a nurse needs to make a salary which enables her to meet the cost of living and necessities expected of a professional woman without lowering the standards of the profession by unionizing.

After paying tuition for 3 years' training and not receiving any pay (except for the time we belonged to the Nurse Cadet Corps), a nurse should be paid enough after she graduates to make a fairly decent living and save a little money. No matter how great the satisfaction of serving mankind thru nursing may be—the high cost of living cannot be met with that satisfaction alone. One needs *cash*, and nurses should be getting more of it.

Still other comments compared nurses' earnings with those of other professional groups and of industrial workers and nonprofessional hospital workers.

We can work as waitresses, factory workers, and many other jobs which do not require 3 years' training and yet offer many advantages. They are protected by strong unions that demand higher wages, no overtime without pay, easier work, provide hospitalization, health insurance, and old-age benefits, and protect the worker in general. This is your reason for the nurse shortage . . . . I personally plan to try for another 6 months or so to find a nursing position in which I cannot only be proud of my profession but also can earn enough to live comfortably. If I cannot do this, I will do as hundreds of my colleagues have done and take advantage of my GI educational rights, go to college and provide myself with an entirely new profession or type of work that will give an even chance for comfortable living. We do not ask for more.

I have found that the maids and janitors make more or equal salary to the registered nurse. Many nurses have left the profession because of being underpaid for strenuous overtime labor and always with the same story of being short of help; thereby having to do more work than a human can possibly stand. I feel the same way, as soon as I can prepare myself for some other type of work will be changing.

The practical nurse gets $7 for each 8 hours while a registered nurse makes only $8 for each 8-hour shift. Yet a registered nurse is expected to pay dues and assume all responsibilities.

In their criticism of methods of awarding promotions, many nurses objected to the emphasis placed on graduate nursing education and stated that those interested in "bedside" nursing rather than administrative work were at a disadvantage in salary and prestige.

TABLE 30.—*Opinions of nurses regarding their work, 1947*

Subject	Percent of institutional nurses expressing—			Percent of private duty nurses expressing—			Percent of public health nurses expressing—		
	Dissatisfaction	Satisfaction	No opinion [1]	Dissatisfaction	Satisfaction	No opinion [1]	Dissatisfaction	Satisfaction	No opinion [1]
Hourly rate of pay	46	38	16	31	57	12	32	35	33
Allowance for living outside hospital	35	18	47	(2)	(2)	(2)	(2)	(2)	(2)
Fees paid registry for obtaining job	6	13	81	15	46	39	2	4	94
Length of workday and workweek	33	56	11	23	51	26	8	74	18
Advance notice of hours schedule	16	63	21	12	23	65	2	34	64
Amount of time on call	7	27	66	6	34	60	3	23	74
Split shifts	21	22	57	14	7	79	1	2	97
Requirement of night-shift work	13	32	55	10	26	64	1	4	95
Privacy of room in nurses' home	7	29	64	(2)	(2)	(2)	(2)	(2)	(2)
Freedom of movement in nurses' home	8	28	64	(2)	(2)	(2)	(2)	(2)	(2)
Locker and rest room facilities	39	30	31	36	19	45	8	12	80
Number and arduousness of duties	27	50	23	6	31	63	10	45	45
Timing of duties	32	49	19	7	23	70	13	48	39
Proportion of time on professional duties	28	46	26	14	28	58	11	49	40
Opportunity to exercise professional judgment	21	64	15	12	51	37	8	74	18
Nonprofessional help	53	30	17	32	12	56	17	30	53
Quality of supervision	26	55	19	17	26	57	15	56	29
Opportunities for promotion	41	30	29	15	6	79	28	37	35
Methods of determining promotions and pay increases	48	27	25	18	9	73	33	40	27
Procedures for settling grievances and making suggestions for changes in procedures	41	39	20	24	15	61	20	51	29
Educational opportunities	28	40	32	13	22	65	14	62	24
Paid vacation provisions	17	69	14	11	7	82	11	72	17
Retirement and employment security	55	22	23	48	3	49	37	44	19
Pride or gratification in service to ill and community	14	62	24	7	55	38	6	72	22
Professional and social contacts and status	24	54	22	14	48	38	11	70	19
The job as a whole	20	64	16	13	60	27	6	82	12
Total number of nurses expressing opinions on any subject	5,237			2,429			1,249		

See footnotes at end of table.

In order to advance professionally at the present time, you must sacrifice doing actual bedside nursing. To me this is robbing me of one of the best and most enjoyable parts of my work.

Don't misunderstand me, I am not for lowering the standards but something must be done; we can't all be teachers and if anyone wants to go on it's the thing to do and let those who would care for the sick alone to do it. As it is, unless you have been to teachers college or some other, you can't do much in nursing.

Too much stress is placed on degrees. My experience has been that many nurses who have degrees do not want to do any of the menial duties in connection with nursing and yet there are not enough positions for nurses with degrees. The degree nurse, in many cases, is not a good instructress. Even though she has a degree, she is unable to intelligently instruct the students. We cannot all be executives—there must be some of the common people. The old proverb is so true: "God must have loved the common people because he made so many of them."

As a former nursing arts instructor I think nursing schools have placed too much emphasis on mere scholastic ability, and have tended to forget the importance of good bedside nursing. For that reason students were often disqualified because they could not cope with the vast mass of theoretical and often useless material included in the course of study. I think, too, that too little recognition has been given to the general duty nurse who is actually the backbone of the nursing profession, just as the laborer is the backbone of industry. The recognition could have been not only monetary, but shall I say psychological in that general duty nurses could have been more publicized as the key nurses of the profession. Yet recognition is given mostly to the nurse who "goes to college" or who takes a post-graduate course, when each of these may be mere gestures of "ambition" and not necessarily denote interest or ability as nurses.

There were other problems of concern to large groups of nurses although they did not affect all branches of the profession. Among the leading sources of dissatisfaction in several fields were locker and rest-room facilities, the quality and quantity of nonprofessional help, and procedures for settling the grievances that inevitably arise in large (and many small) institutions. In contrast to these complaints, there was fairly general satisfaction with such aspects of their work as the amount of advance notice of hours on duty and with paid vacations and, as indicated earlier, with community service and the job as a whole.

In many cases, expressions of opinions regarding the 26 aspects of their work about which participants in the survey were specifically asked were supplemented by comments. Some of these referred to aspects of work not mentioned in the

TABLE 30.—*Opinions of nurses regarding their work, 1947*—Continued

Subject	Percent of industrial nurses expressing—			Percent of office nurses expressing—			Percent of nurse educators expressing—		
	Dissatisfaction	Satisfaction	No opinion [1]	Dissatisfaction	Satisfaction	No opinion [1]	Dissatisfaction	Satisfaction	No opinion [1]
Hourly rate of pay	27	58	15	29	50	21	29	48	23
Allowance for living outside hospital	(2)	(2)	(2)	(2)	(2)	(2)	30	17	53
Fees paid registry for obtaining job	4	8	88	6	9	85	4	8	88
Length of workday and workweek	5	81	14	17	68	15	20	72	8
Advance notice of hours schedule	3	43	54	4	23	73	7	59	34
Amount of time on call	1	19	80	2	12	86	5	20	75
Split shifts	5	10	85	6	4	90	7	17	76
Requirement of night-shift work	4	21	75	2	6	92	1	10	89
Privacy of room in nurses' home	(2)	(2)	(2)	(2)	(2)	(2)	7	35	58
Freedom of movement in nurses' home	(2)	(2)	(2)	(2)	(2)	(2)	7	37	56
Locker and rest room facilities	13	44	43	8	18	74	31	30	39
Number and arduousness of duties	5	60	35	8	46	46	25	55	20
Timing of duties	7	55	38	10	41	49	27	52	21
Proportion of time on professional duties	11	53	36	13	44	43	19	59	22
Opportunity to exercise professional judgment	6	76	18	8	67	25	19	75	6
Nonprofessional help	10	34	56	12	26	62	46	25	29
Quality of supervision	11	51	38	5	31	64	32	43	25
Opportunities for promotion	23	34	43	19	18	63	25	51	24
Methods of determining promotions and pay increases	29	39	32	25	25	50	44	38	18
Procedures for settling grievances and making suggestions for changes in procedures	18	50	32	12	38	50	39	50	11
Educational opportunities	16	36	48	12	40	48	20	68	12
Paid vacation provisions	9	80	11	11	68	21	15	81	4
Retirement and employment security	23	52	25	29	26	45	59	25	16
Pride or gratification in service to ill and community	6	61	33	6	60	34	16	65	19
Professional and social contacts and status	11	62	27	8	66	26	24	69	7
The job as a whole	4	86	10	7	80	13	15	77	8
Total number of nurses expressing opinions on any subject	798			938			438		

[1] Includes those to whom the item did not apply as well as those expressing no opinion.
[2] Not applicable.

questionnaire; a few of the more frequently expressed viewpoints are summarized in the following paragraphs.

Several aspects of student training were cited as deterrents to entrance into and completion of training and to the development of competent nurses. These include:

(*a*) *Supervision*

> Schools of nursing are run with fear as the basis; fear of doing something wrong, fear of being expelled for unimportant things, and actual fear of the director herself instead of respect and admiration.
>
> Student nurses are treated as stupid individuals, with little or no sense. Till adjustment is made in these matters few students will take nursing as a profession.

(*b*) *Regulation of students' personal lives*

> Students have been too restrained for normal girlhood in most training schools and so quit training.
>
> One more thing in behalf of students: While I heartily approve of discipline to some extent, I see no reason why a nurses training school has to be managed like a nunnery or treated like the enlisted men were in the army, as though they do not even come from the same class of women as graduates. If there weren't so many nagging old maids running training schools there would be more students in them. I am not so young and have been a nurse a long time, but I feel I have never allowed my profession to deteriorate my interest in the younger nurses, nor do I think that we were so much better than the new graduates.

(*c*) *Lack of recreational facilities for students*

(*d*) *Length of the training period*

Some argued that the training period is too long, whereas, others believed that nurses could be better trained in the time they spend on their basic nursing education. One stated:

> Perhaps there should be a graded R. N. one-, two-, and three-year courses.

Another wrote:

> Nurses should be trained more efficiently in certain fields of nursing before graduation. Why should any graduate nurse have to take postgraduate work, for special fields except administrative work? The average intelligent girl doesn't have to spend 3 years learning ordinary nursing care and management.

(*e*) *Students being required to work too hard and to perform tasks nonprofessional help could do*

I am not experiencing any difficulty in this position (except salary), but my training was one of extreme hardship, and I frequently wonder how I survived.

Aspects which make nursing disagreeable to the prospective student: (1) too many restrictions on liberties, little privacy, need for being in most of the week, if permitted to be out, only until 10 p. m. or 11:30 p. m. once a week and being allowed to have only one overnight at home a month; (2) too many courses crowded into too short a period of time which makes it necessary for the student to study most of the time and gives little opportunity for a social life; and (3) tendency for hospitals to depend upon students for most of the patient care which makes the load of work carried by the student too heavy.

(*f*) *Lack of pay to students and high expenses*

The cost of entrance fees for tuition for student nurses is too high. Hospitals should return to the method of prewar years—charging only for books and uniforms. Many young high school graduates of today would make excellent students and future nurses but do not want to pay the high tuition rate—and in addition to be without funds for spending money for 3 years or the training duration. The old method of allowing a monthly sum helped to keep student nurses. Also—many parents do not have the necessary funds to give the hospital. As a result their young daughter (who really wanted to be a nurse) takes an ordinary office job—and probably goes to night school for additional education.

They [students] do not receive enough pay. I trained in 1939 to 1942—I received $2.50 a month, worked many hours over in a day lots of times.

(*g*) *Poor selection of students*

We need better qualified superintendents of nursing schools. We need the superintendent who has vision to know and recognize the qualities in an applicant which will make her a good nurse. Too many nurses are permitted to continue their training in order only to staff the hospital, but to find at the end that they are not particularly adapted to nursing.

Frequent complaints were voiced regarding the frequent inability of nurses trained and registered in one State to meet the qualifications in other States without taking examinations or indeed without additional education.

One reason there is such a critical shortage of nurses in our country is that the different States have different qualifications for a graduate nurse to get registered in their State and some of we graduate nurses can't meet these qualifications and, therefore, if we move from one State to another, we are forced to sit on the sidelines or go to a hospital and take postgraduate work in order to meet with the State requirements, in which you reside, in order to get registered so you can work. There are nurses like myself who are married, but would be willing to work and help out, but live in States where they are unable to get registered, unless they take postgraduate work.

How about national registration for nurses, especially the service nurse.

Variation Among Nursing Fields

It is not easy to rank each field of nursing according to the general extent of dissatisfaction since some items that were major sources of discontent in one field were, at most, minor problems in others. However, institutional nurses were quite clearly the most dissatisfied group and the next most dissatisfied appeared to be nurse educators and private duty nurses. Discontent was distinctly less marked among public health nurses. They in turn seemed to be somewhat more critical of their working conditions than doctor's office or industrial nurses although the differences were not great, but there were items on which they expressed less dissatisfaction than the nurses in these two fields. Chart 4 compares opinions of nurses in the various fields of nursing on four aspects of their work.

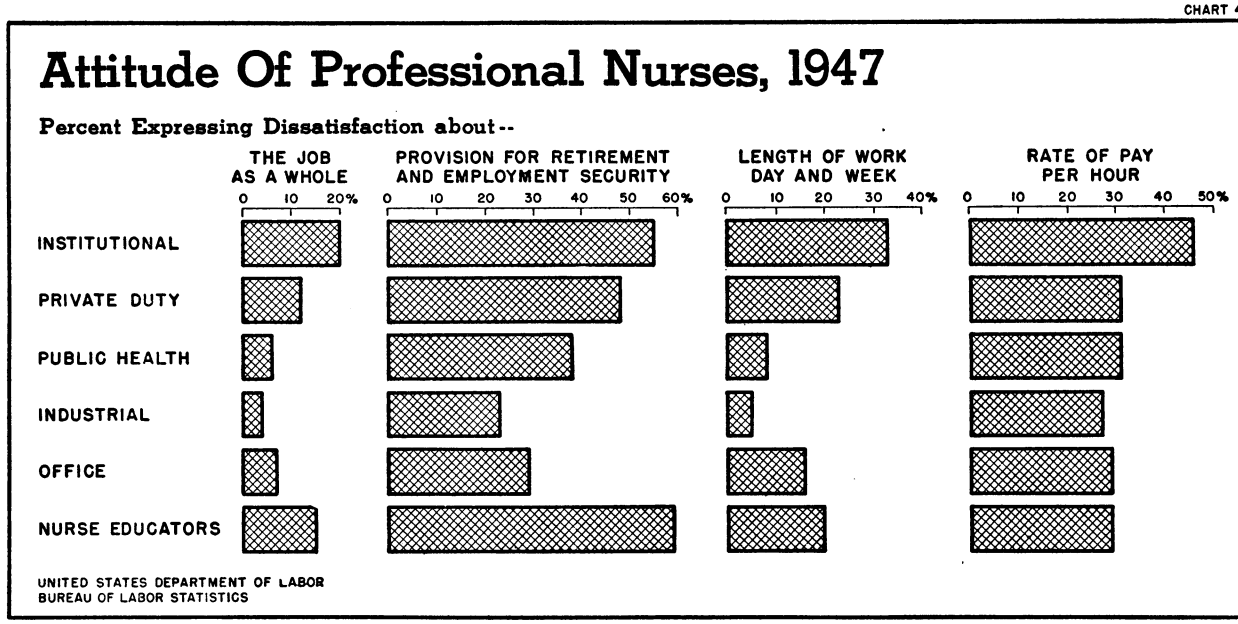
Industrial, Office, and Public Health

Nurses employed in industry were generally most satisfied with their work. Thus, a larger proportion in this field than in any other were satisfied with their job as a whole and the length of their workday, and their opportunities to exercise professional judgment. Definite expressions of dissatisfaction in this field were about equal to those of office nurses, but distinctly higher proportions of industrial nurses expressed definite satisfaction; large numbers of office nurses voiced no opinion on many items.

Public-health nurses expressed greater pride in service to the ill and the community than any other group. Moreover, four out of five were definitely satisfied with their job as a whole; only 6 percent expressed definite dissatisfaction on this point.

In all three fields in which dissatisfaction was least widespread, complaint was largely concentrated on grievances common to other branches of the profession (lack of provision for retirement and employment security, rates of pay, provisions for promotions and pay increases, and opportu-

CHART 4



nities for promotion). Dissatisfaction with their rate of pay and with opportunities for promotion was indeed greater among public-health nurses than in any other field except institutional work. Except for the items listed earlier in this paragraph and the item "Procedures for settling grievances and making suggestions for changes in procedures," no aspect of their work was considered unsatisfactory by as many as 1 out of 5 public-health nurses; in most cases the proportion of dissatisfied nurses was no higher than 1 in 10.

Among office and industrial nurses, there was no item on which definite statements of dissatisfaction exceeded 30 percent of all replies. Although one in five industrial nurses complained of retirement and employment security provisions, this proportion was distinctly smaller than that in any other field, except office nurses who are also covered by the retirement provisions of the Social Security Act.

Private Duty

The marked difference between working conditions of private duty nurses and those of other nurses, and the resulting high proportion of private duty nurses who did not express definite opinions regarding many aspects of nursing, make comparisons with other fields difficult.[39] Nevertheless, it appears that positive expressions of dissatisfaction in this field ranked next to those of nurse educators. The leading sources of complaint were lack of provision for retirement and security against unemployment, the hourly rate of pay (major grievances in other branches of the profession), as well as locker and rest-room facilities, and nonprofessional help. Employed as they typically are by individual patients for a comparatively short period of time, almost all private duty nurses who expressed opinions on the subject were concerned with retirement and employment security.

> These war years, one is called before a reasonable rest period has been taken, but there have been times when I wondered if I would have to borrow money—in fact I have done so to live and I'm considered a good nurse by most doctors.
>
> There is no social security—don't we get old? There is no pension—don't we get sick?
>
> Now I am unable to work because of a back injury obtained while doing private duty. I have been home 1 month and 2 weeks, and will have to remain at home from 3 to 6 months. There isn't any compensation for nurses, but still I have to live and pay a doctor two times per week.

[39] Data on private duty nurses are omitted from table 30 for items that clearly do not apply to this field; others that were considered by a substantial number as applicable are included, even though large groups considered them as inapplicable. For example, since there is no opportunity for promotion in the private duty field, many did not express opinions regarding opportunities for promotions and pay increases. On the other hand, some apparently considered the question to apply to methods used in the community to adjust the prevailing pay scale for private duty work or considered the inherent lack of opportunity for promotion in the field to be a disadvantage and, therefore, replied to the question.

While there was a good deal of dissatisfaction with their hourly rate of pay, many private duty nurses compared it favorably with that in other branches of the profession. There was some recognition of the problem of patients paying these higher rates.

> The recent raise in the salary of private duty nurses seems to have provoked added dissension on the part of the doctors. I agree that it does make special nursing prohibitive to those of moderate income, which is unjust, but it occurs to me that an optional clause could be added to the present hospitalization insurance plan whereby, with a small additional payment, they could be assured nursing care for 2 to 3 days.

There were frequent comments from private duty nurses that they chose this field because it allowed them greater personal freedom and better rates of pay than other comparable fields of nursing. Many, however, stated that institutional work proved to be more interesting and provided greater satisfaction in community service.

> I only work at private duty nursing because there is no better paying nursing position available here, and because there is such an acute shortage of nurses which seems to grow more acute as time passes. I do not particularly like private duty nursing, while I do like general duty nursing. While in the Army I qualified as a head nurse or a charge nurse. In civilian life, I cannot find such a position open in this district.

> I returned to do private duty which paid more money, and in case of emergency I didn't have to report to work. If I returned to head nursing I would feel obligated to report on duty even if the baby were ill, because it would leave the floor in a poorly supervised condition.

Nurse Educators

Sharing as they do many of the working conditions of institutional nurses and working closely with them, nurse educators ranked next in dissatisfaction and their main objects of complaint were about the same.[40] Opportunities for promotion, as contrasted with methods of awarding promotions and pay increases, were not a major source of dissatisfaction among nurse educators. Although hours were not a leading complaint, some comments pointed to work that must be done on the nurses' own time.

> There is not enough understanding by administrators of the amount of time which should of necessity be given to guidance, individual conferences, etc. Therefore, it is done on duty time and much lesson preparation and paper work must be done in off duty time.

Institutional

The dissatisfaction of institutional nurses exceeded that of other nurses with respect to almost every aspect of their work about which they were questioned. One out of five was critical of her job as a whole. In addition to the conditions that were major grievances in almost all branches of nursing,[41] institutional nurses frequently objected to their duties (unevenness of their work load, the number and arduousness of their duties, the proportion of time spent on nonprofessional work), the quality of supervision, their educational opportunities, and hours of work. Half of all institutional nurses who expressed opinions on any aspect of their job were dissatisfied with the quality and quantity of nonprofessional help and provision for retirement and employment security.

Complaints regarding the arduousness of the work referred both to heavy patient loads and to the general physical strain of nursing.

> At times it requires a strong, large nurse to lift the heavy patients—and the transporting of heavy equipment and oxygen tanks. It is hard work and there are never people available to lift these things. It is much easier to turn to a different position than to suffer these strains.

> Work is very heavy everywhere. Everyone leaves the floor with the feeling that his work is incomplete—if one stayed 2 hours longer the feeling would still be the same.

> Our hospital tries to be fair. Our vacations are a month after 3 years of service. However, there are never extra nurses put on duty during vacation time. Both the nurses and patients suffer as a result of overload on the nurses. We are not allowed rest periods either during the morning or afternoon. It seems any worker should have at least 15 minutes' relaxation during each 4 hours of work. I don't feel nor do many nurses feel that with their training and experience they could find contentment in any other profession.

[40] Their major complaints were provisions for retirement and employment security, the quality and quantity of nonprofessional help, the quality of supervision, methods of determining promotions and pay increases, hourly rate of pay (including allowances for living outside hospital quarters), locker and rest room facilities, the number and timing and arduousness of their duties, and procedures for settling grievances.

[41] Retirement and employment security provisions, salaries (including allowances for living out), promotional opportunities and methods, procedures for settling grievances, nonprofessional help, and locker and rest room facilities.

You work like a demon wondering why you couldn't be an octopus and a centipede at the same time. You stay on duty until everything is completed and if you punch the clock an hour or more late it apparently is your own fault for not being able to plan your work better. Our time clock seemed to be installed as a means of checking on the time we reported for duty but the pay-roll department blindfolded their eyes and their conscience to any overtime.

Poor supervision and lack of consideration and treatment as professional nurses on the part of hospital administrators, doctors, and the public were commented on frequently.

Executives do not give nurses the consideration they should have. We are just machines, our suggestions are of no value whatsoever. . . . Being an ex-Army nurse and familiar with the "suggestion box," I believe such a plan would be welcome at a large hospital such as the one I am employed by. A nurse can see many times (being right with the patient), just what changes might save work, and at the same time can see what might help to make the patient happy and contented. At our hospital no suggestions are taken whatsoever from a nurse.

[Nurses] dislike their supervisors—(1) because they show favoritism, (2) if a nurse makes a mistake or does something wrong she is told about it, in front of doctors, patients, and others, and corrected in such a way that she is made to feel like a moron. The varied salaries for staff nurses—*not* depending on the number of years you worked at the hospital, or the type of nurse you are—but upon whether you are a favorite or not.

I would suggest that a carefully picked director of personnel would be a great factor in relieving many of the difficulties which I have encountered.

A private duty nurse enumerated her reasons for leaving:

(1) more patients per nurse assigned than could be cared for adequately. This situation had existed for many years prior to the war; (2) additional duties added to an already impossible load . . .; (3) supervisors who criticized nonessentials or overlooked proper care of the patient; and (4) head nurses with slave-driving tactics.

. . . years ago some one had thought ahead and I feel a little more understanding and little more kindness and consideration from doctor, hospital executives and also from private individuals, would have prevented the present shortage of nurses. Don't get me wrong, in my quarter of a century of nursing I have had more good than bad but surely hope the nurses of the future have a life with more time for fun and play and normal living, that she won't be considered a queer duck because she works nights, etc.

The daily load carried by each nurse is so heavy that of necessity minor details are neglected that the important things might be done for the patient. Instead of receiving the slightest bit of encouragement from the people that sit in the office and make rounds very infrequently, these small things are criticized and the nurse, who is overworked physically as a result, tense mentally, is made to feel that she is doing nothing.

People expect nurses to be more or less like a high classed servant, instead of giving them the status of an actual profession.

Doctors do not treat nurses with professional courtesy. Many doctors tell a patient that the nurse should do so and so, walk off without writing an order for it and expect orders carried out on the patient's saying the doctor ordered it. Doctors (a large percentage) do not treat a nurse as though she had any professional background. They don't give her credit for knowing how things are to be done. Nurses are supposed to do as they are told and not allowed to use an initiative of their own. Many patients treat a nurse as though she were a servant instead of someone with special training.

Allied to criticism of poor supervision was objection to being transferred from ward to ward in a seemingly arbitrary manner.

One other aspect that is a source of dissatisfaction to nurses, is the attitude that a nurse can be placed anywhere in a hospital at any time with a total disregard to any special training she may have had, e. g., the placing of a surgical nurse on a medical ward to suit the convenience of the one that makes out the work schedule. A nurse that has spent many years making herself a good surgical nurse is placed at a distinct disadvantage when placed in a medical ward, she knows herself to be inadequate for the job which adds considerably to the mental strain under which she will work and at the same time does not provide the patient with the type of care to which he is entitled. In all other professions and trades specialties are recognized and respected, but a nurse is expected to be a "jack of all trades."

There were a few complaints of dismissal without notice or opportunity for hearing. One example is quoted here.

Due to a dispute with an interne, the writer was confronted with a 30-minute notice which was placed on her dresser, stating that her services were no longer required, and furthermore, given no opportunity of a hearing to state the facts and circumstances involving said dispute. The action was not justified when you consider the hospital ruling, whereby 30 days' notice must be given if you choose to leave on your own volition—with a stipulation one must continue on over the notice period if necessary until a successor is available.

Because most institutional nurses do not work split shifts, this type of schedule was not a leading

cause of dissatisfaction. However, almost all those who worked split shifts considered them unsatisfactory.

> The girls are overworked, working a split 12-hour shift. Oftentimes having to stay on duty, because of emergency and lack of nursing power.
>
> I found the split shift very unsatisfactory. If you went out to do an errand or some shopping you were a nervous wreck trying to get back on duty on time, about all one could do was get uniforms mended and in shape and perhaps rest a little, you could never completely relax for watching the clock.

In addition to the general criticism of the quality and quantity of nonprofessional help, there was a good deal of resentment of the status, privileges, and responsibilities granted practical nurses. Objection was also voiced to the fact that uniforms of practical nurses do not distinguish them from professional nurses, and (as pointed out earlier) to their earnings as compared with those of professional nurses. Despite the time some professional nurses spent on clerical work and on such duties as bathing and taking trays to patients, it was stated that in some hospitals practical nurses gave medication and performed other relatively responsible duties.

> Nonprofessional help are literally treated with kid gloves at the expense of the nurses. They refuse to do their work, do it slovenly, are openly abusive and when such situations are reported, the nurse is invariably held at fault.
>
> The once "thrill" of being "capped" is gone. We find a few months course and we can become a "trained" nurse, cap and all and practically receive the same salary as an R. N. Many of our public does not know the difference. We once had something to look forward to at the end of our 3- or 5-year course, a cap and that wonderful distinction of being an R. N., an honor we wanted the whole world to know; we were a little different than others. Now we even take orders from nonprofessionals; instead of doing what we know is best; and like it.
>
> I believe that where there is a shortage of registered nurses there is a need for nurses' aides. There are many things which nurses' aides can be trained to do but I feel that the administration of medicines and assisting with operations, etc., should be done only by those trained professional nurses who are fit for the responsibility involved.
>
> This hospital allows these practical nurses to do medications, intravenous, and all procedures in general, however, you hear complaints from patients continuously about poor treatment. This hospital also calls practical nurses to do private duty when there are registered nurses available.
>
> I really don't blame girls for not taking up nurses' training when they can get positions in the profession without a moments training of any sort, right out of high school, are requested to wear white caps and white uniforms and white hose—and receive the same pay as R. N.'s or graduates. Also dental assistants wear white caps, white uniforms . . . and receive a higher wage than R. N.'s working in an M. D.'s office. The nurses white uniform is worn by any one who wishes to don it and it certainly burns up we R. N.'s.
>
> Why should girls take nurses' training. When these aides work a few weeks as aide then do private duty nursing and charge as much or more for their work. They have no registration fees, no 3 years' hard work without pay, etc.

The poor quality of institutional meals was referred to in comments like the following:

> Nurses study nutrition and dietetics as a part of their course. But why I'll never know, if the food served them is an example of a well-balanced meal. After a hard day of work one is able to finish off a good wholesome meal with no effort. The only trouble was the fact that we never had one to finish off.
>
> Meals at the hospital, I have found as have many others, are just put together. No one bothers to make the menu appetizing. One hospital I worked in several months ago served mashed potatoes and peas for the main meal (on Sunday), one slice of toast and asparagus for supper. How can a nurse running for 8 full hours possibly exist on food of this sort? I realize that this was in one particular hospital but, if this is going on in one hospital, there must be other places. Complain to the superintendent at the hospital and they say we will look into the matter and that is as far as that goes.

Regional Differences in Opinions

Institutional and private duty nurses on the Pacific Coast, where working conditions were generally the best, expressed most satisfaction. Attitudes of public health nurses, varied less consistently among regions than those of private duty or institutional nurses.

Private duty nurses in the Middle Atlantic States were generally least content. An important exception was the hourly rate of pay, which was considered least satisfactory in New England, the only region where most private duty nurses received less than $1 an hour. Private duty nurses in the South and in the regions west of the Mississippi were less discontented than those in other States.

A tabulation of opinions of institutional nurses in 10 large cities indicates that, although the rela-

tive position of the cities varies somewhat from item to item, nurses in Los Angeles and Baltimore were on the whole more satisfied than those in other cities studied. However, hours in the latter city were considered more unsatisfactory than in a number of areas.

Factors in Opinions

What accounts for differences in the attitudes of nurses within the same field? In an effort to find out some of the reasons for these differences, opinions of nurses were classified by certain personal characteristics and by characteristics of their places of employment.

An attempt was made to determine whether within each of four fields of nursing [42] dissatisfaction with hours of work was greater among those working the longest hours. This analysis indicated that such a relationship did exist in the case of nurse educators and institutional nurses although it was not entirely consistent. A similar tendency was also evident to a limited extent among industrial nurses although almost all of them worked relatively short hours and considered their hours satisfactory. The greatest dissatisfaction with hours of work was found in the institutional field, where the longest hours were in effect.

Dissatisfaction tended to be less pronounced among older nurses, who more frequently expressed "no opinion" on various aspects of their work than did the younger nurses.[43] There was no clear-cut variation with amount of education in the opinions of public health or institutional nurses except for a smaller degree of dissatisfaction among nurses with only 24 to 35 months of basic nursing education. These were generally older nurses, and it is probable that age rather than education was the determining factor in their attitudes.

The comparatively small group of private duty nurses with graduate education and those with a 4- or 5-year basic course were more dissatisfied than those with only a basic education of 3 years or less. Dissatisfaction was greater among those with graduate collegiate than those with advanced clinical courses.

Among institutional nurses, there was a tendency toward greater dissatisfaction among the lower paid, less responsible positions regarding certain tangible aspects of their work; but (except for administrators who were less dissatisfied) their views did not vary markedly on a number of items (including opportunities for social contacts, provisions for retirement, the number of duties, the quality and quantity of nonprofessional help, and the quality of supervision). Those in the most responsible jobs expressed "no opinion" more frequently than other institutional nurses. Items on which those in supervisory positions were less dissatisfied included several in which they fared better than staff nurses, but one at least (length of workweek) in which they did not fare as well.[44] Complaints with respect to most items were more numerous among the small group of assistant head nurses than among general staff nurses.

Private duty nurses who were veterans of the armed services were more dissatisfied than others in their field; veteran status did not appear to affect the views of institutional nurses. Federal Government nurses were the least dissatisfied of all institutional nurses. Among these Federal employees, those in armed services hospitals were apparently least dissatisfied although a high proportion expressed no opinion on many items; veterans' hospital employees were the most dissatisfied. Municipal and county government employees ranked next to those in Federal hospitals in dissatisfaction, followed by State institutions. Nongovernmental hospital nurses

[42] Private duty and public health nurses were excluded from this analysis.

[43] The analysis of the variation of opinions with age and experience was limited to the three fields employing the largest number of nurses—institutional, private duty, and public health. Like all other analysis of the variation of attitudes with special characteristics it was limited to representative aspects of nurses' working conditions instead of all aspects about which inquiries were made. In the case of public health nurses, the study of variations in opinions according to age, experience, and other factors was confined to the four conditions that they considered most unsatisfactory. The extent of dissatisfaction regarding other aspects of their work was not great enough to make significant variations in viewpoints with personal characteristics likely.

Summary of the difference in satisfaction of institutional and private duty nurses with age is complicated by the fact that while their dissatisfaction decreased with age, positive statements of satisfaction increased very little and on most aspects actually declined with age. On most aspects of their work, however, complaints decreased more than satisfaction. The decline in dissatisfaction with age was true not only for all institutional nurses but for general staff nurses considered separately.

[44] Other aspects of their work with respect to which they were less dissatisfied were their hourly rate of pay and the requirement of night work, as well as grievance procedures, chances for and methods of determining promotions and pay increases, opportunities to exercise professional judgment, and the job as a whole.

were generally most discontented, although this attitude did not apply to all items.

The greatest contrast in opinions of institutional nurses was that over retirement provisions—these were considered satisfactory by three out of four Veterans Administration employees but unsatisfactory by almost half of the county and municipal nurses and by two out of three employees of nongovernmental hospitals. Nurses in armed service hospitals were most satisfied with promotional opportunities and those in all types of Federal hospitals were most content with their pay, hours of work, and nonprofessional help. Opinions did not vary appreciably among nurses in hospitals of different proprietorships regarding the quality of supervision, service to the community, the job as a whole, and their duties.[45]

Size of hospital did not play a major role in the attitudes of institutional nurses. On a considerable number of working conditions [46] there was either little or no consistent variation in attitudes with size of hospital. On other points [47] dissatisfaction was somewhat greater in large than in small hospitals. Dissatisfaction with pensions for retirement and employment security was smallest in very large hospitals.

[45] Aspects of their duties on which attitudes did not differ included timing, hours spent on professional duties, and (except for more complaints in veterans' hospitals) opportunities to exercise professional judgment.

[46] Including the requirement of night work, evenness of the work load, opportunities for promotion and for professional and social contacts, and the job as a whole.

[47] Arduousness of duties, allocation of time between professional and nonprofessional work, and quality and quantity of nonprofessional help.

Part II. Inactive Nurses

Chapter 1. Employment Status and Reasons for Leaving Nursing

The major reason nurses leave their profession is to marry rather than to enter other fields of employment. Of the inactive nurses who had retained their professional registration in the early months of 1947, four out of five were housewives not working outside their homes; less than a tenth were employed outside nursing or were attempting to find such work.[1] About 7 percent were actually employed outside nursing and another 2 percent were either seeking work outside nursing or taking nonnursing education. The following tabulation shows the employment status of those respondents to the questionnaire who had left nursing but had maintained their registration in the profession.

The study does not indicate that the attraction of other jobs has become an increasingly important reason for leaving the profession in recent years, although there has apparently been an increase in the number of nurses leaving for this as well as for other reasons.

The limitation of the survey to those who had maintained their registration as nurses necessitates caution in interpreting the information on the proportion working outside nursing. It may be that those who left to seek other work had severed all ties with their former profession more frequently than those who had married and no longer worked outside their homes. Nevertheless, the proportion of inactive nurses who were housewives was so overwhelming that, even if allowance were made for this possible bias, it seems safe to conclude that the major reason for graduate nurses leaving their profession is marriage and not the competition of other fields of employment.

All inactive nurses	100. 0
Employed outside nursing	6. 9
Anesthetists	. 3
Teachers (other than in nursing)	. 2
Office workers	. 8
Sales workers	. 4
Medical laboratory technicians or assistants	. 4
Physical therapists	. 3
Occupational therapists	(1)
Social workers	. 4
Operating own business	1. 6
Other nonnursing employment	2. 5
Not employed	93. 1
Housewives (not working outside home)	79. 1
On extended unpaid vacation or terminal leave from armed forces—intending to return to nursing	. 7
On extended unpaid vacation or terminal leave from armed forces—not intending to return to nursing	. 1
On terminal leave—planning further nursing education before further civilian nursing	(1)
Taking advanced nursing education	2. 5
Attending school (not nursing)	1. 4
Unable to work or retired	5. 3
Unemployed (seeking work as a nurse)	1. 1
Unemployed (seeking work outside nursing)	. 4
Other	2. 5
Number of replies to question	9, 082

[1] Less than 0.05 of 1 percent.

[1] Of the remaining 10 percent, about half stated that they were retired or unable to work and half stated their intention of returning to nursing. (The latter were taking advanced nursing education, were on extended unpaid vacations or terminal leave, or were seeking work in nursing but were unemployed.)

Social and Economic Factors

The facts just outlined do not mean that the economic status of nursing as well as general economic conditions have no effect on continuation of graduate nurses in the profession.[2] Those who had entered other fields of employment most frequently gave higher salaries and more regular hours outside nursing as their major reason for changing their work. Relatively long hours, hard work, limited opportunities for promotion, and difficulties in advance planning of leisure time in nursing were also sometimes pointed to as the leading factors in their transfer to other jobs (table 31). Data on the earnings and hours of this group which had sought other jobs indicated that their hours were, in fact, shorter and their earnings higher than the average in effect in nursing. (See pt. III.)

TABLE 31.—*Reasons for leaving nursing reported by inactive nurses* [1] *(excluding retired nurses and those taking advanced nursing training), 1947*

Reason for leaving	All replies		Percent reporting—			
	Number	Percent	A reason [2]	Major reason	Minor reason	No reason
Married, and nursing hours interfered with home life	8,229	100.0	76.7	51.9	5.2	23.3
No longer needed to work	8,099	100.0	15.1	5.2	7.6	84.9
Left temporarily for personal reasons—intending to return	8,100	100.0	11.1	6.5	2.9	88.9
Transferred to other work—						
Paying higher salary	8,086	100.0	4.8	2.8	1.5	95.2
Because of irregular hours in nursing	8,084	100.0	4.6	2.4	1.9	95.4
Less arduous work	8,088	100.0	3.9	1.9	1.5	96.1
With shorter hours	8,084	100.0	3.5	1.9	1.2	96.5
Because nursing did not permit advance planning of leisure time	8,085	100.0	3.5	1.4	1.9	96.5
Because of limited opportunities for promotion in nursing	8,082	100.0	3.0	1.5	1.2	97.0
Because of unsatisfactory supervision in nursing	8,083	100.0	1.9	.9	.9	98.1
Because of living conditions in hospital	8,080	100.0	.7	.2	.4	99.3
Left because of inability to find nursing work	8,081	100.0	1.0	.4	.4	99.0

[1] Includes only those who have maintained current registration.
[2] Includes those not stating whether reason was major or minor.

While many, and presumably most, women with families to care for would not return regardless of economic conditions in their profession, some did indicate that better pay and working conditions would enable them to hire someone to take care of their homes and thus to return to nursing. However, under present conditions, they stated, the expense of working and paying to have their families and homes cared for would be about equal to their earnings. The following quotations are typical:

> I have to pay a baby sitter 75 cents to a $1 an hour and cannot be sure my baby is not being neglected. On the other hand, I put in 3 years of good hard work without pay, plus fees, books, clothes, and personal expenses. . . . For 8 hours of my time and effort in nursing I am paid $7.50 plus 1 meal of tasteless institutional food. Ninety cents of that $7.50 is withheld for tax. It costs me 60 cents to have a uniform laundered and 20 cents for carfare.
> Out of the $7.50 I pay out a total of:
>
> | | |
> |---|---|
> | Baby sitter | $6.00 to $8.00 |
> | Laundry | .60 |
> | Carfare | .20 |
> | Withholding tax | .90 |
> | | 7.70 to 9.90 |
>
> In other words, it costs me from 20 cents to $2.20, plus 9 hours of my time (8 on duty and 1 hour en route), to help relieve the nursing shortage.
>
> For the average married nurse with children, the hourly rate of 87½ cents is insufficient. Day nurseries require a minimum of $14 per child for 5 days a week. The price of nurses' uniforms has increased with the cost of laundry and traveling expenses, it really does not pay me to go to work as much as I would sincerely like to help out in the nursing shortage.
>
> I feel that many married nurses would be able to do extra work or relieve staff nurses for vacations, illness, etc., if they were paid sufficiently. I know most of us must pay a girl $2 to $3 per day to care for our children (and we are not always certain of capable persons) and then our living wages increase as one spends more for food when you are rushed for time than when you plan your home work. The extra cost or work of uniforms and taxes use up the $4 to $5 that is usually paid in this locality (I did receive $6 last October) but I feel it should be the price of a private duty wage as one does not make any profit on such a wage and our husbands flatly say "No."
>
> I am married and have 2 children whom I love and if I wanted to work now—would have to find, which is impossible, a larger home in order to have some one to care for my children, then if I did get some one they ask for more than I'd receive after paying carfare, etc., which would make me working for nothing—furthermore I feel my children come first.

Although 10- and 12-hour days were comparatively rare, they still existed at the time of the study. Where they did, they were a particular deterrent to married nurses' employment.

> It is impossible for married nurses to maintain a home and do 12-hour duty. If we had 8-hour duty,

[2] The most important effect of economic factors—that on enrollment of student nurses—is discussed in pt. IV.

better pay (and pay that would make it worth our while), we would all be back on the job.

Some married women indicated that they would work if they could arrange part-time schedules or could remain on the same shift continuously:

> Many of us would like very much to work but part-time working is impossible as the one thing we want to know and plan is what hours we'll be working. It seems the hospitals cannot arrange working hours so this is impossible.

Arrangements for part-time work and stable schedules were in effect in some hospitals although they apparently created some dissatisfaction among single nurses who felt that their hours were adversely affected. Many married nurses went into the private duty field because it gave them the opportunity to work part time and to adjust their working time more easily to their personal lives.

The Postwar Problem

Apparently the number of graduate nurses who had left their profession was particularly high at the time of the survey—so high that, despite an increase in the number of students graduated during the war and increased demands for nursing care, the number of employed nurses had increased only slightly over prewar years. With the high war and postwar marriage rate, many established or re-established homes after the war and many had small children requiring their care. Moreover, the general economic situation increased the expense of hiring domestic help and made it unnecessary for many married nurses to work to supplement their husbands' incomes. In the 1930's some postponed marriage because of economic conditions. Although at that time many hospitals hired single nurses in preference, married nurses continued to work or seek work because their husbands either were unemployed or did not earn enough to support the family on their income. (The restrictions on employment of married nurses have been greatly relaxed during war and postwar years.) Then during the war many married women remained in nursing for patriotic reasons and because their home duties were reduced while their husbands were in service.

Chapter 2. Characteristics

How did those nurses who were not active in nursing compare in personal characteristics with those engaged in their profession? As indicated in the previous chapter, a very large majority of the inactive nurses were married and working only as housewives; indeed the inactive group as a whole differed more in marital status and experience than in other characteristics from those still employed as nurses.

Altogether, over four-fifths of all inactive nurses were married and two-fifths had dependents at the time of the Bureau's study. Among those employed outside nursing, however, the proportion of married women was only slightly higher than among those still active in nursing. (See table 5, p. 9.)

Those who had left nursing reported distinctly shorter nursing experience than those still active—5, compared with 9, years. Within this group, the average experience of those who were retired was 14 years; professional experience of those employed outside nursing was the same on the average as for all active nurses. (See table 2, p. 7.)

The average age of inactive nurses was only a year below that of the active group—their ages were 33 and 34 years, respectively. Those employed outside nursing were a few years older than either the active nurses or those who were housewives. (See table 1, p. 7.)

A somewhat smaller proportion of inactive than of active nurses reported some advanced nursing education—20 percent and 30 percent, respectively. However, 1 in 3 of those employed outside nursing and half of those planning to return to nursing had such graduate education. (See table 3, p. 8.)

A slightly smaller proportion of inactive than of active nurses were veterans, but veteran status varied widely among different groups of inactive nurses. Three-fifths of those planning to return to nursing were veterans, as were two-thirds of those seeking work outside their profession. In contrast, only 1 in 9 housewives had been a member of the armed services. The proportion employed outside nursing and the proportion of active nurses who were veterans was about equal. (See table 4, p. 9.)

Part III. Comparison With Earnings and Working Conditions in Other Fields

In order to provide a background against which the information on earnings and working conditions of registered professional nurses could be evaluated, the Bureau of Labor Statistics attempted to compile available information on earnings in other fields that compete either directly or indirectly with nursing. Two types of information have been assembled here: (1) Data on earnings and working conditions in occupations into which potential nursing students can go without training comparable to that required of registered professional nurses, and (2) earnings and working conditions in occupations and professions employing large numbers of women with a considerable amount of specialized education. Unfortunately, however, the amount of reasonably current information that is available on professional groups in which substantial numbers of women are employed has proved to be very meager.

Earnings

The available information on nonprofessional jobs indicates that while there are many workers in the country earning less than the average nurse, there are occupations requiring much less training that provide hourly pay equal to or above that of most nurses. Thus in October 1946 women assemblers requiring little special training averaged $1 an hour (the average earnings of nurses) in the machinery industries, while sewing-machine operators making women's clothing averaged well above this amount. Most retail clerks apparently earned less than $1 and women in jobs requiring relatively little skill in some of the chemical industries received about 80 cents, on the average, in July 1946.

Average hourly earnings in nursing were somewhat above those in office jobs into which high-school graduates can go with relatively little specialized training, but were lower than those in office jobs requiring considerable advanced training or experience on the job (such as stenographers who take technical dictation and bookkeepers). In the fall of 1946, when nurses averaged $1 an hour, earnings of women in the office jobs for which data are available varied from roughly 80 cents an hour for clerk-typists to around $1.10–$1.15 for bookkeepers.

Although no group is strictly comparable with nurses, salaries of teachers are of particular interest because of the high proportion of women in both professions and the fact that the average time spent on education by members of the two fields is about the same.[1] (However, the cash expenditure required for teachers' training is generally much above that of nurses.) Salaries of teachers in city school systems were distinctly higher than those of nurses, but inclusion of rural school salaries would probably about equalize the average salary of nurses and of teachers. Assuming full employment, nurses' annual salaries were about $2,100 a year while the average for city school teachers was about $2,500 annually in the 1946–47 school year.[2] If the very large group of teachers in rural schools were included, a comparable figure would, it is estimated, be about $2,100 for the same period.[3]

[1] The average amount of education of city school teachers is reported to be 3 or 4 years beyond high school. National Education Association of the United States, Research Division, Salary Trends, No. 2 (October 1946), p. 2.

[2] Includes elementary, junior, and senior high school teachers in communities of 2,500 or more. County and other rural school systems are omitted (see National Education Association, Salaries in City School Systems, 1946–47).

[3] This is an estimated median salary. The Research Division of the National Education Association, in Schools and Economic Trends Release No. 3 (November 1947), estimates that a weighted mean for all school teachers including supervisors and principals in public elementary and secondary schools would be $2,250 for the year 1946–47. Available evidence indicates that the mean salary for teachers is considerably above the median. The average for city school systems ($2,500) is a median, and such a measure is believed to be more closely comparable with the data presented for nurses than a mean would be.

Earnings of California medical laboratory technicians, who had more education and experience than the average nurse, were apparently above those of California nurses, but in New York State, staff nurses' salaries seemed to be on a level with those of laboratory technicians. Medical laboratory technicians in California received average weekly salaries of about $50 in January 1946. These technicians typically had a bachelor's degree and averaged about 8 years of experience in their work.[4] (Nurses in California earned around $50 a week about 9 months later.) A study of workers in New York State made in July and August 1946 showed average annual earnings of hospital staff nurses to be on a level with those of X-ray technicians, occupational and physical therapists, and laboratory technicians but below those of social workers and of workers in relatively responsible clerical positions.[5]

Those participants in the present study who had left nursing for other fields of employment earned an average of $188 a month, about $12 above nurses' cash earnings.

The regional pattern of nurses' earnings differs somewhat from that in other fields. The Southeastern States paid the lowest salaries to their teachers while New England nurses reported the lowest pay. Highest salaries were reported in the Pacific States for both nurses and teachers; the average for teachers in these States was almost twice as high as that in the Southeast. Estimated average salaries of teachers in all regions can be summarized as follows:

Region	*Estimated average salaries of school teachers as a percentage of the United States average, 1946–47* [1]
New England	110
Middle Atlantic	127
Border States	87
Southeast	70
Southwest	86
Middle West	80
Great Lakes	106
Mountain	94
Pacific	130

[1] Includes supervisors, principals, and teachers in public elementary and secondary schools. (National Education Association, Advance Estimate of Public Elementary and Secondary Schools for the School Year 1947–48.) Averages are means rather than medians.

[4] California Association of Medical Technicians, The Filter, July 1946, pp. 4–5.

[5] State of New York, Department of Civil Service, Salary Standardization Board, Survey Report (January 1947).

The pattern of regional differences in earnings of factory workers varied from industry to industry although in general the lowest earnings were found in the Southeast and the highest on the Pacific Coast. Generally, New England plant workers' earnings exceeded those in the Middle West and Southwest.

Hours and Other Working Conditions

Hours and other working conditions in and outside the nursing field at the time of the Bureau's study can be roughly compared as follows:

1. Hours of work were shorter and more regular outside nursing than in most branches of the profession. Women in office work and in most manufacturing plants typically worked about 40 hours a week. There were exceptions, particularly in retail trade, where 48-hour schedules were fairly widespread. Information on hours of teachers was difficult to obtain, particularly because of the time they spend on school work outside regular classroom hours. Inactive nurses who had gone into other jobs averaged about 41 hours weekly in October 1946, compared with a 44-hour average for those who had remained in nursing. Time on call and split shifts, still found to a substantial extent in nursing, were unusual in other fields into which large numbers of women go.

2. Proportionately fewer women in industry worked at night than did nurses and they more frequently received premium pay when they did go on the night shift.

3. In contrast to nurses and teachers, workers in industrial establishments generally received overtime pay at time and a half their regular rate. Teachers fared less well in overtime provisions than nurses, who sometimes got some compensation for overtime.

4. Paid vacations and sick leave were more widespread and liberal for nurses than for workers in industry. Teachers had even longer vacations and fared about as well as nurses in sick leave arrangements. Vacations of industrial workers were most commonly 1 week in length after 1 year's service while 2-week vacations were most frequent for office workers.[6] Longer vacations were unusual for industrial or office workers and they were generally not covered by sick leave

[6] Monthly Labor Review, September 1947, p. 331.

plans. The great majority of California medical technicians received vacations (frequently from 10 to 20 days in length) and sick leave.

5. Nurses did not fare as well in provisions for retirement as most other groups for which comparative data were available. City school teachers were generally covered by retirement pension plans; also over two-thirds of the California medical technicians were included in such plans. Most workers in American industry are covered by the retirement and unemployment compensation provisions of the Social Security Act.

Part IV. Why the Supply of Nursing Care Has Lagged

Why has the supply of nursing care failed to keep pace with the demand? The study summarized here, supplemented by other available information, indicates that transfer of graduate nurses to other jobs is only a minor factor in the shortage; rather, the major reasons are the drain of women leaving the profession because of marriage and the attraction of many potential students to other fields. The problem is acute at the present time because postwar social and economic conditions in and outside nursing have apparently increased the number of married women who are leaving their profession and have decreased rather than increased enrollment of students at a time when there has been a sharp rise in the demand for nursing service.[1] This decline in student enrollment not only affects the potential supply of graduate nurses but reduces the amount of nursing care that is immediately available, since students provide much of this care during their period of training.

Numerous comments indicate that conditions in nursing (particularly salaries and hours of work) deter some nurses from continuing to work after marriage. However, in the high proportion leaving because of marriage, nursing does not differ from most other occupations in which women are numerically important,[2] and it is impossible to predict just how much effect better working conditions would have on employment of married nurses.

Conditions in nursing compared with other fields of employment apparently affect the supply of nursing service primarily at the point of entrance into nursing schools rather than among those who have completed their nursing education. At present, these conditions seemingly are leading many potential students into office or factory work. These girls believe that such work offers them salaries and working conditions that compare favorably with those provided by nursing when allowance is made for the fact that these other fields do not call for the 3 years of training required of professional nurses. Reference to available data indicates that in actual fact some but not all occupations requiring less training than nursing provide earnings and working conditions that compare favorably with those of nurses. The appeal of immediate or almost immediate earnings is particularly great to those girls who plan to marry within a few years. This situation was referred to in many comments from nurses who participated in the present study.

> Young girls soon learn that the work is long and arduous, hours are most unattractive, and the net take-home pay pitifully inadequate. They soon learn that, in comparison with outside situations, there is smaller chance of promotion, that is paid promotion, though for the most part the outside situations required less time and money spent on education and preparation. . . . Every one admits that nursing is a highly responsible position where one cannot grab one's hat at the sound of a bell, walk off duty, or claim any remuneration for extra hours spent on duty in the frequent emergencies that arise. Those emergencies are accepted and they are frequent and there are no compensating factors to balance them. Prospective nurses becoming acquainted with the conditions cannot be blamed for saying "Not me."

> I believe there are several reasons why so few young girls are interested in nursing as a career. The time and money spent for training of the nurse and the monetary remuneration does not compare favorably with any other group of women workers except the teacher. The teaching profession has also found themselves facing a national teacher shortage. Most

[1] The total number of students at the time of this study was still above prewar levels but below the wartime peak, as well as below estimated needs. The drop in enrollment began in 1945, when student admissions were lower than before the war; therefore, the number of graduates will begin to decline in 1948. The postwar shortage is further aggravated by the decline in the number of volunteer nurses' aides below wartime levels.

[2] It should be pointed out that the proportion of married women was lower in nursing than in many other fields of employment at the time of the 1940 census. Since that time opportunities for their employment in many hospitals have improved so that the proportion has appreciably increased.

business organizations have some type of retirement and sick benefits. I do not believe that nurses work for purely material gain but I believe every individual who works for his livelihood should have a fair wage for his efforts. I think this feeling of insecurity makes many girls hesitate about choosing nursing as a career. The war has provided work for girls with little or no training and education hence few girls have entered the professions which required long terms of training.

Why should young American women 18 years or over enter a school of nursing for 3 years and get $1 an hour after she has graduated when an 18-year-old person with a public school education enters a school for practical nurses . . . and graduate after 9 months course and still get $1 per hour?

Perhaps the reason few girls are entering training . . . is that other fields offer a better inducement. Unless one expects not to get married . . . 3 years is a long time to train after the time required in other schooling preparations.

Entrance of students apparently is influenced not only by potential earnings and working conditions but by conditions in nursing schools. This aspect of the problem was not studied by the Bureau of Labor Statistics but comments from some participants in the survey questioned various aspects of student training, including lack of pay during the training period, heavy duties, restriction on personal freedom, and lack of recreational facilities, as well as poor selection of students.[3]

The importance of marriage as a factor in the nursing shortage coupled with the relatively short period (4 years) that nurses who become housewives remain in their profession and the substantial amount of time those who work in hospitals spend on nonprofessional duties may well indicate a need for a basic re-evaluation of the system of nursing education. Shorter periods of preparation for some nurses and perhaps even longer periods of education for fully professional nurses have been suggested.

[3] For further discussion of opinions regarding student training, see pt. I, ch. 8.

APPENDIX A

Supplementary Tables

TABLE A–1.—*Average [1] monthly earnings [2] of institutional and public health nurses and nurse educators in selected positions, October 1946*

Field, position, and living arrangement	Number of replies	Average monthly earnings
INSTITUTIONAL NURSES		
All positions: [3]		
Living in hospital quarters	899	$160
Living outside hospital quarters	3,443	172
Directors or assistant directors of nurses:		
Living in hospital quarters	83	229
Living outside hospital quarters	80	239
Supervisors or assistant supervisors of nurses:		
Living in hospital quarters	162	164
Living outside hospital quarters	388	184
Head nurses:		
Living in hospital quarters	181	153
Living outside hospital quarters	735	182
Assistant head nurses:		
Living in hospital quarters	43	144
Living outside hospital quarters	237	169
General staff nurses:		
Living in hospital quarters	300	151
Living outside hospital quarters	1,509	161
PUBLIC HEALTH NURSES		
All positions [3]	1,243	184
Staff nurses	555	177
School nurses	297	182
NURSE EDUCATORS		
All positions: [3]		
Living in hospital quarters	122	194
Living outside hospital quarters	257	207
Full-time instructors:		
Living in hospital quarters	68	181
Living outside hospital quarters	152	201

[1] Median.
[2] Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.
[3] Includes data for positions not shown separately.

TABLE A–2.—*Maintenance [1] provided institutional nurses and nurse educators, October 1946*

Kind of maintenance provided	Percent of institutional nurses										Percent of nurse educators		
	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific	United States [2]	Middle Atlantic	Great Lakes
Nurses living in	20.7	27.1	23.1	33.3	33.2	15.0	21.9	22.9	13.4	11.4	32.3	30.7	30.8
Room only	1.3	.7	.8	1.4	.8	1.6	1.1	1.7	1.3	2.3	1.6	----	3.6
Board and room	2.4	2.2	2.1	4.2	4.7	1.0	2.8	2.9	3.2	3.0	2.6	----	2.7
Room, board, and laundry of uniforms [3]	17.0	24.2	20.2	27.7	27.7	12.4	18.0	18.3	8.9	6.1	28.1	30.7	24.5
Nurses living out	79.3	72.9	76.9	66.7	66.8	85.0	78.1	77.1	86.6	88.6	67.7	69.3	69.2
1 meal a day	7.8	10.4	7.7	4.2	4.7	9.5	11.0	7.4	8.3	4.1	3.2	----	5.5
2 meals a day	4.4	3.8	6.6	4.8	2.0	4.5	4.2	6.3	3.2	1.8	3.4	5.7	2.7
3 meals a day	1.6	.9	2.1	1.0	2.8	1.3	4.6	2.9	.6	.4	1.6	----	.9
1 meal a day and laundry of uniforms [3]	8.9	9.5	9.8	8.0	9.4	10.4	8.5	9.1	9.6	4.3	7.9	4.5	8.2
2 meals a day and laundry of uniforms [3]	8.9	7.5	13.2	14.5	9.8	7.0	9.5	8.6	7.0	3.2	6.8	13.6	3.6
3 meals a day and laundry of uniforms [3]	8.8	12.1	10.8	8.3	16.9	6.8	7.8	9.7	7.6	3.0	9.2	9.1	6.4
Laundry of uniforms only [3]	9.1	5.1	7.7	3.8	5.1	10.7	8.1	12.0	14.0	14.1	6.1	3.4	5.5
No maintenance, or uniforms only	29.8	23.6	19.0	22.1	16.1	34.8	24.4	21.1	36.3	57.7	29.5	33.0	36.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,365	453	1,016	289	254	1,159	283	175	157	560	380	88	110

[1] In addition to cash salaries.
[2] Includes data for regions not shown separately.
[3] Includes nurses who are also provided uniforms.

TABLE A–3.—*Average [1] monthly earnings [2] of institutional and public health nurses and nurse educators, by age, October 1946*

Age	Institutional nurses [3]		Public health nurses		Nurse educators [3]	
	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings
All ages [4]	3,443	$172	1,243	$184	257	$207
Under 21 years	4	(5)	1	(5)	----	----
21–22 years	287	157	15	156	5	(5)
23–24 years	507	160	59	159	18	194
25–26 years	409	164	51	164	27	190
27–29 years	391	169	91	174	34	197
30–34 years	527	176	180	180	42	212
35–39 years	464	181	236	183	45	210
40–44 years	343	182	198	189	36	220
45–49 years	198	187	150	200	26	270
50–59 years	258	188	204	198	18	252
60 years and over	56	183	55	199	2	(5)

[1] Median.
[2] Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.
[3] Limited to nurses living outside hospital quarters.
[4] Includes data for nurses who did not indicate their age.
[5] Insufficient number of replies to justify presentation of an average.

TABLE A–4.—*Average [1] monthly earnings [2] of institutional and public health nurses, by employer, October 1946*

Employer	All institutional nurses				Institutional general staff nurses				Public health nurses	
	Living in hospital quarters		Living outside hospital quarters		Living in hospital quarters		Living outside hospital quarters			
	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings
All employers [3]	899	$160	3,443	$172	300	$151	1,509	$161	1,243	$184
Federal Government:										
Veterans' hospital	83	219	255	215	52	204	160	206		
Armed services	54	214	20	220	22	203	7	(4)		
Other	12	(4)	47	204	8	(4)	24	198	35	218
State government	86	151	222	183	15	137	74	163	185	190
County government	88	164	238	184	34	153	99	178	183	187
Municipal government	81	154	330	169	26	149	141	162	349	185
Nongovernmental	409	151	1,968	165	110	136	856	156	344	180

[1] Median.
[2] Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.
[3] Includes data for nurses who did not indicate employer.
[4] Insufficient number of replies to justify presentation of data.

TABLE A–5.—*Average [1] monthly earnings [2] of institutional nurses, by hospital size, October 1946*

Hospital size and living arrangements	Number of replies	Average monthly earnings	Hospital size and living arrangements	Number of replies	Average monthly earnings
All hospital sizes:[3]			300–399 beds:		
Living in hospital quarters	899	$160	Living in hospital quarters	72	$158
Living outside hospital quarters	3,443	172	Living outside hospital quarters	352	172
Less than 50 beds:			400–499 beds:		
Living in hospital quarters	121	149	Living in hospital quarters	49	180
Living outside hospital quarters	309	154	Living outside hospital quarters	209	184
50–99 beds:			500–999 beds:		
Living in hospital quarters	135	150	Living in hospital quarters	80	174
Living outside hospital quarters	447	157	Living outside hospital quarters	391	187
100–149 beds:			1,000–1,999 beds:		
Living in hospital quarters	104	154	Living in hospital quarters	73	194
Living outside hospital quarters	393	162	Living outside hospital quarters	194	201
150–199 beds:			2,000 beds or more:		
Living in hospital quarters	72	151	Living in hospital quarters	68	199
Living outside hospital quarters	382	162	Living outside hospital quarters	182	200
200–299 beds:					
Living in hospital quarters	106	164			
Living outside hospital quarters	487	168			

[1] Median.
[2] Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.
[3] Includes data for nurses who did not indicate the size of the hospital in which they were employed.

TABLE A–6.—*Average [1] monthly earnings [2] of nurses,[3] by community size, October 1946*

Size of community	Institutional [4]		Private duty		Public health		Industrial		Office	
	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings	Number of replies	Average monthly earnings
All community sizes [5]	3,443	$172	2,155	$153	1,243	$184	876	$196	914	$167
Under 25,000	760	163	456	130	331	177	11	(6)	224	153
25,000 and under 100,000	600	164	463	147	209	184	171	187	185	158
100,000 and under 250,000	493	162	319	154	208	174	131	199	130	160
250,000 and under 500,000	401	177	266	169	134	183	100	187	106	179
500,000 and over	1,082	184	551	171	313	203	247	200	242	184

[1] Median.
[2] Includes cash paid in lieu of maintenance but excludes the cash equivalent of maintenance provided by employers.
[3] Except nurse educators.
[4] Limited to nurses living outside hospital quarters.
[5] Includes data for nurses who did not indicate the size of community in which they were employed.
[6] Insufficient number of replies to justify presentation of information.

TABLE A–7.—*Hourly rates of pay of private duty nurses, by community size, October 1946*

Hourly rate	Communities of—					
	All sizes	Under 25,000	25,000 and under 100,000	100,000 and under 250,000	250,000 and under 500,000	500,000 and over
75 cents	4.3	10.9	3.4	3.5	1.3	1.1
80 cents	.8	1.4	1.3	.5	----------	.6
85 cents	6.4	8.9	6.7	7.5	1.6	5.4
90 cents	2.6	2.3	4.0	5.0	.3	1.4
95 cents	.8	.5	1.1	.8	.3	1.2
$1.00	60.1	56.8	65.8	54.5	75.5	54.0
$1.05–$1.10	4.7	3.5	5.1	5.3	5.5	4.6
$1.15–$1.20	2.9	2.1	1.6	2.8	5.8	3.6
$1.25	10.1	5.2	4.0	12.1	6.1	20.4
Over $1.25	1.0	.7	.9	.5	1.3	1.4
Other amounts	6.3	7.7	6.1	7.5	2.3	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	2,483	575	554	398	310	646

TABLE A–8.—*Hourly rates of pay of institutional nurses for night-shift work,[1] 1947*

Hourly rate of pay for night-shift work	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific
Lower rate than for day shift	12.7	13.1	15.1	13.2	19.0	9.0	15.9	17.6	11.8	10.1
Same rate as for day shift	55.0	52.6	57.0	52.3	59.9	59.2	55.0	70.4	54.9	41.5
Higher rate than for day shift	32.3	34.3	27.9	34.5	21.1	31.8	29.1	12.0	33.3	48.4
Less than 5 percent higher	23.0	26.7	20.3	23.6	12.6	23.9	26.5	9.2	19.6	30.1
At least 5 percent higher	9.3	7.6	7.6	10.9	8.5	7.9	2.6	2.8	13.7	18.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number replies to question	2,566	251	595	174	142	655	151	108	102	388

[1] Ezcludes nurses who normally do not work at night but includes both those who work on night shift only and those who rotate among shifts.

TABLE A–9.—*Usual scheduled hours on duty [1] of institutional nurses, by shift, October 1946*

Shift and scheduled hours on duty	Percent of nurses									
	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific
DAY SHIFT										
Less than 8 hours a day and 40 a week	5.2	7.3	4.4	4.5	3.7	5.9	3.7	2.4	2.2	6.7
8 hours a day and 40 a week	17.7	6.2	18.4	17.5	14.7	11.0	9.6	9.5	13.8	49.9
8 hours a day and 44 a week	16.6	18.2	14.0	11.9	15.2	20.8	8.7	27.8	8.7	16.3
8 hours a day and 48 a week	50.5	55.5	50.0	56.3	58.1	53.4	67.6	48.4	67.5	22.2
9 hours a day and 45 a week	.9	.8	1.3	1.1	.5	1.1	.4	.6	1.4	.4
9 hours a day and 54 a week	2.6	3.4	4.2	3.4	4.6	1.2	4.2	1.8	.7	.8
10 hours a day and 50 a week	.8	.3	1.3	1.5	----	.7	.8	2.4	1.4	----
12 hours a day and 60 a week	.4	.5	.7	----	1.4	.1	----	.6	----	.2
12 hours a day and 72 a week	.3	.8	.6	.4	----	.1	----	----	----	----
Other periods	5.0	7.0	5.1	3.4	1.8	5.7	5.0	6.5	4.3	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	3,815	384	862	268	217	1,047	240	169	138	490
EVENING SHIFT										
Less than 8 hours a day and 40 a week	5.7	6.9	5.9	6.5	3.9	6.7	3.4	1.6	----	6.8
8 hours a day and 40 a week	22.8	7.6	25.4	22.5	30.3	12.4	15.0	6.5	16.9	54.3
8 hours a day and 44 a week	17.4	23.6	13.0	14.0	19.7	20.7	9.2	38.7	7.0	15.0
8 hours a day and 48 a week	48.6	54.2	47.8	51.5	46.1	54.5	67.9	45.2	71.9	21.4
9 hours a day and 45 a week	.1	----	----	----	----	----	----	1.6	----	.4
9 hours a day and 54 a week	.7	2.1	1.0	.9	----	.5	1.1	----	1.4	----
10 hours a day and 50 a week	.2	----	.7	----	----	----	----	----	1.4	----
12 hours a day and 60 a week	.1	.7	----	----	----	----	----	----	----	.4
12 hours a day and 72 a week	.3	----	.3	.9	----	(2)	----	1.6	----	----
Other periods	4.1	4.9	5.9	3.7	----	5.2	3.4	4.8	1.4	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	1,509	144	307	107	76	421	87	62	71	234
NIGHT SHIFT										
Less than 8 hours a day and 40 a week	2.4	----	1.5	3.2	2.6	3.9	----	2.7	4.0	2.5
8 hours a day and 40 a week	21.1	8.2	21.0	20.0	25.6	12.4	17.1	6.8	24.0	50.0
8 hours a day and 44 a week	17.3	20.9	11.6	14.7	17.9	22.0	10.5	30.1	14.0	15.8
8 hours a day and 48 a week	45.4	50.1	47.6	48.4	42.3	52.5	59.3	42.6	48.0	21.3
9 hours a day and 45 a week	.4	.7	.6	----	1.3	----	1.3	----	2.0	----
9 hours a day and 54 a week	1.7	1.5	4.0	----	1.3	1.4	----	----	----	1.0
10 hours a day and 50 a week	.5	1.5	.6	----	1.3	----	----	----	----	1.0
12 hours a day and 60 a week	1.5	2.2	2.4	----	1.3	.8	2.6	2.7	----	1.0
12 hours a day and 72 a week	2.7	4.5	4.6	3.2	3.8	1.4	2.6	1.4	2.0	1.0
Other periods	7.0	10.4	6.1	10.5	2.6	5.6	6.6	13.7	6.0	6.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	1,391	134	328	95	78	355	76	73	50	202

[1] Excludes meal periods.

[2] Less than 0.05 of 1 percent.

TABLE A–10.—*Usual scheduled hours on duty [1] of institutional nurses on the day shift, by employer, October 1946*

Scheduled hours on duty	All em-ployers [2]	Federal Government			State govern-ment	County govern-ment	Municipal govern-ment	Nongovern-mental
		Veterans' hospital	Armed services	Other				
	Percent of nurses							
Less than 8 hours a day and 40 a week	5.2	1.8	18.5	----	3.1	3.6	2.6	6.0
8 hours a day and 40 a week	17.7	39.8	14.1	79.4	5.1	22.5	28.1	12.1
8 hours a day and 44 a week	16.6	51.7	20.7	5.9	18.8	10.4	10.8	13.4
8 hours a day and 48 a week	50.5	4.4	33.7	13.2	61.2	52.7	49.3	57.5
9 hours a day and 45 a week	.9	----	----	----	1.6	2.4	.3	.9
9 hours a day and 54 a week	2.6	.3	4.3	----	2.7	3.6	2.6	2.9
10 hours a day and 50 a week	.8	----	1.1	----	1.2	.4	.6	.6
12 hours a day and 60 a week	.4	----	----	1.5	----	.8	.3	.4
12 hours a day and 72 a week	.3	----	----	----	----	.4	----	.3
Other periods	5.0	2.0	7.6	----	6.3	3.2	5.4	5.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	3,815	342	92	68	256	249	352	2,083

[1] Excludes meal periods.

[2] Includes data for nurses who did not indicate the proprietorship of the institution in which they were employed.

TABLE A–11.—*Usual scheduled hours on duty [1] of public health nurses, by employer, October 1946*

Scheduled hours on duty	All employers [2]	Federal Government	State government	County government	Municipal government	Nongovernmental
	Percent of nurses					
Less than 8 hours a day and 40 a week	36.3	17.2	36.1	37.2	44.4	30.2
8 hours a day and 40 a week	33.6	69.1	28.0	27.5	32.6	34.1
8 hours a day and 44 a week	21.0	10.3	30.5	27.5	15.6	21.3
8 hours a day and 48 a week	2.1	----	1.2	2.6	1.6	3.3
9 hours a day and 45 a week	.5	----	1.2	----	.3	.7
9 hours a day and 54 a week	.1	----	----	----	----	.3
10 hours a day and 50 a week	.1	----	----	----	.3	----
12 hours a day and 60 a week	.1	----	----	----	----	.3
12 hours a day and 72 a week	----	----	----	----	----	----
Other periods	6.2	3.4	3.0	5.2	5.2	9.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	1,061	29	164	153	307	305

[1] Excludes meal periods.
[2] Includes data for those nurses who did not indicate employer.

TABLE A–12.—*Actual monthly hours on duty [1] of institutional nurses, by hospital size, October 1946*

Hospital size	Number of replies	Average [2] monthly hours
All hospital sizes [3]	4,415	207
Less than 50 beds	452	212
50–99 beds	586	210
100–149 beds	507	209
150–199 beds	438	208
200–299 beds	599	208
300–399 beds	432	207
400–499 beds	274	202
500–999 beds	472	203
1,000–1,999 beds	258	195
2,000 beds or more	257	206

[1] Excludes meal periods.
[2] Median.
[3] Includes data for nurses who did not indicate size of hospital in which they were employed.

TABLE A–13.—*Annual paid vacations after 1 year's service, institutional and public health nurses, 1947*

Length of annual paid vacation	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
	PERCENT OF INSTITUTIONAL NURSES									
Nurses receiving paid vacations	95.9	91.5	97.7	97.3	97.1	94.2	93.9	97.7	94.0	98.7
1 week	10.1	6.6	5.7	8.1	4.2	14.9	17.4	8.5	8.0	11.6
2 weeks	47.8	33.0	31.9	46.5	50.9	52.8	51.8	51.7	57.3	68.2
3 weeks	8.7	18.0	11.8	8.4	8.0	7.1	9.1	4.0	9.3	1.9
4 weeks or 1 month	26.0	30.8	44.5	29.6	29.0	17.0	14.8	29.0	18.7	12.7
Over 1 month	.8	1.7	1.0	.7	.8	.8	.4	1.7	----------	.2
Other periods	2.5	1.4	2.8	4.0	4.2	1.6	.4	2.8	.7	4.1
Nurses receiving no paid vacation	4.1	8.5	2.3	2.7	2.9	5.8	6.1	2.3	6.0	1.3
Total	100.0	100.0	100.0	100.0	100 0	100.0	100.0	100 0	100.0	100.0
Number of replies to question	4,237	422	964	297	238	1,090	264	176	150	636
	PERCENT OF PUBLIC HEALTH NURSES									
Nurses receiving paid vacations	97.2	99.2	97.7	100.0	97.2	96.4	95.3	98.0	97.5	93.7
1 week	2.5	----------	1.1	1.6	4.2	4.3	4.7	2.0	----------	3.8
2 weeks	39.5	15.4	14.8	27.9	73.5	51.5	55.6	56.7	65.0	62.0
3 weeks	8.4	4.1	12.5	14.8	1.4	8.3	7.0	11.8	5.0	3.8
4 weeks or 1 month	33.9	65.0	54.8	27.9	13.9	24.0	16.3	11.8	12.5	8.9
Over 1 month	6.6	11.4	8.0	11.5	----------	4.3	4.7	5.9	2.5	8.9
Other periods	6.3	3.3	6.5	16.3	4.2	4.0	7.0	9.8	12.5	6.3
Nurses receiving no paid vacation	2.8	.8	2.3	----------	2.8	3.6	4.7	2.0	2.5	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	1,008	123	263	61	72	276	43	51	40	79

TABLE A–14.—*Paid sick leave after 1 year's service, institutional and public health nurses, 1947*

Amount of sick leave provided annually	United States	New England	Middle Atlantic	Border States	Southeast	Great Lakes	Middle West	Southwest	Mountain	Pacific
	PERCENT OF INSTITUTIONAL NURSES									
Nurses receiving paid sick leave	78.8	79.1	81.6	85.1	79.5	73.5	62.4	82.7	74.6	87.5
1 week	13.8	13.8	11.2	14.5	9.9	15.7	14.2	12.6	10.5	16.6
2 weeks	44.9	52.6	44.5	45.4	49.2	41.3	32.5	45.7	37.8	51.5
3 weeks	3.1	5.2	3.1	4.3	5.8	2.6	1.0	5.5	3.5	1.3
4 weeks or 1 month	4.5	3.2	5.8	7.7	6.4	2.3	6.1	7.1	6.1	3.4
Over 1 month	.9	.3	.1	2.1	1.2	1.2	----------	3.9	1.8	1.1
Other periods	11.6	4.0	16.9	11.1	7.0	10.4	8.6	7.9	14.9	13.6
Nurses receiving no paid sick leave	21.2	20.9	18.4	14.9	20.5	26.5	37.6	17.3	25.4	12.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	3,371	349	797	235	171	910	197	127	114	471
	PERCENT OF PUBLIC HEALTH NURSES									
Nurses receiving paid sick leave	95.0	97.2	93.8	96.8	98.2	96.6	90.2	97.6	97.4	87.0
1 week	10.6	11.0	8.9	6.3	17.5	9.9	9.8	2.4	7.7	22.1
2 weeks	53.5	61.5	47.1	36.5	66.6	57.4	53.6.	48.9	66.7	50.6
3 weeks	4.9	5.5	4.9	7.9	1.8	3.9	4.9	12.2	5.1	2.6
4 weeks or 1 month	6.7	6.4	8.0	12.7	7.0	5.2	2.4	17.1	----------	2.6
Over 1 month	2.3	1.8	3.6	4.8	----------	1.7	----------	2.4	----------	2.6
Other periods	17.0	11.0	21.3	28.6	5.3	18.5	19.5	14.6	17.9	6.5
Nurses receiving no paid sick leave	5.0	2.8	6.2	3.2	1.8	3.4	9.8	2.4	2.6	13.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	884	109	225	63	57	232	41	41	39	77

TABLE A–15.—*Insurance and retirement plans [1] provided institutional and public health nurses, 1947*

Type of plan	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific
	PERCENT OF INSTITUTIONAL NURSES									
Some benefits provided	21.3	16.6	20.0	20.6	28.7	21.9	11.7	22.3	21.6	26.2
Accident and health insurance only	2.4	2.6	1.5	.6	5.1	2.2	1.7	1.1	4.2	4.6
Life insurance only	2.2	----	2.2	3.1	2.0	2.9	1.4	2.2	----	2.9
Retirement pensions only	13.4	11.2	13.5	15.1	17.2	12.7	7.2	15.8	15.6	15.0
Accident and health and life insurance	.6	.9	.1	.9	.4	.6	----	.5	----	1.2
Life insurance and retirement	1.3	.6	1.8	----	1.2	1.8	----	1.6	1.2	.9
Accident and health insurance and retirement	.7	.9	.7	.3	1.2	.6	.7	1.1	.6	.8
Accident and health and life insurance, and retirement	.7	.4	.2	.6	1.6	1.1	.7	----	----	.8
No benefits provided	78.7	83.4	80.0	79.4	71.3	78.1	88.3	77.7	78.4	73.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accident and health insurance regardless of other benefits	4.4	4.8	2.5	2.4	8.3	4.5	3.1	2.7	4.8	7.4
Life insurance regardless of other benefits	4.8	1.9	4.3	4.6	5.2	6.4	2.1	4.3	1.2	5.8
Retirement pensions regardless of other benefits	16.1	13.1	16.2	16.0	21.2	16.2	8.6	18.5	17.4	17.5
Number of replies to question	4,677	464	1,082	319	255	1,255	293	183	167	659
	PERCENT OF PUBLIC HEALTH NURSES									
Some benefits provided	47.9	45.4	53.3	47.1	44.3	53.9	33.3	25.5	19.0	49.5
Accident and health insurance only	1.6	2.1	3.3	----	1.3	.6	----	----	----	2.1
Life insurance only	1.2	.7	1.2	----	----	1.6	1.9	5.9	----	----
Retirement pensions only	35.9	37.0	35.3	35.7	34.1	42.0	29.5	11.7	19.0	42.0
Accident and health and life insurance	.6	----	1.2	1.4	----	.6	----	----	----	----
Life insurance and retirement	3.9	1.4	6.0	5.7	----	5.3	----	5.9	----	1.1
Accident and health insurance and retirement	2.8	3.5	3.0	1.4	7.6	1.9	1.9	2.0	----	3.2
Accident and health and life insurance, and retirement	1.9	.7	3.3	2.9	1.3	1.9	----	----	----	1.1
No benefits provided	52.1	54.6	46.7	52.9	55.7	46.1	66.7	74.5	81.0	50.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accident and health insurance regardless of other benefits	6.9	6.3	10.8	5.7	10.2	5.0	1.9	2.0	----	6.4
Life insurance regardless of other benefits	7.6	2.8	11.7	10.0	1.3	9.4	1.9	11.8	----	2.2
Retirement pensions regardless of other benefits	44.5	42.6	47.6	45.7	43.0	51.1	31.4	19.6	19.0	47.4
Number of replies to question	1,174	141	334	70	79	308	54	51	42	95

[1] Paid for in whole or in part by employers.

TABLE A–16.—*Hospitalization and medical care provided institutional and public health nurses, 1947* [1]

Type of plan	United States	New England	Middle Atlantic	Border States	South-east	Great Lakes	Middle West	South-west	Moun-tain	Pacific
	PERCENT OF INSTITUTIONAL NURSES									
Some benefits provided	47.4	55.4	58.6	52.3	58.4	38.0	40.7	53.5	36.4	39.0
Hospitalization only	9.6	10.1	8.9	11.0	9.6	9.3	10.7	11.7	7.1	10.2
Periodic physical examination only	5.5	6.9	6.5	2.8	5.5	5.0	4.6	3.1	4.8	6.4
Medical care only	3.2	1.5	5.1	5.8	3.7	2.6	2.9	2.0	1.8	1.7
Physical examination and hospitalization	1.8	2.7	2.8	1.2	1.8	1.3	1.0	1.0	1.2	1.6
Hospitalization and medical care	9.9	13.3	10.9	13.1	16.5	7.5	9.1	11.7	6.0	6.9
Physical examination and medical care	3.6	3.2	4.7	3.1	2.2	4.3	2.0	5.1	3.6	1.7
Hospitalization, medical care, and physical examination	13.8	17.7	19.7	15.3	19.1	8.0	10.4	18.9	11.9	10.5
No benefits provided	52.6	44.6	41.4	47.7	41.6	62.0	59.3	46.5	63.6	61.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospitalization provided, regardless of other benefits	35.1	43.8	42.3	40.6	47.0	26.1	31.2	43.3	26.2	29.2
Medical care provided, regardless of other benefits	30.5	35.7	40.4	37.3	41.5	22.4	24.4	37.7	23.3	20.8
Periodic physical examination provided, regardless of other benefits	24.7	30.5	33.7	22.4	28.6	18.6	18.0	28.1	21.5	20.2
Number of replies to question	4,840	475	1,117	327	272	1,292	307	196	168	686
	PERCENT OF PUBLIC HEALTH NURSES									
Some benefits provided	16.6	17.7	21.5	24.0	9.2	15.3	7.5	7.8	9.4	13.7
Hospitalization only	1.3	2.1	2.1			1.6				
Periodic physical examination only	9.1	12.8	13.4	8.0	1.3	7.9	5.6	2.0	4.7	7.3
Medical care only	.2	.7								1.1
Physical examination and hospitalization	1.0		1.5	1.3	1.3	1.6				
Hospitalization and medical care	1.6	.7	1.2	2.7	1.3	1.3		5.8	4.7	2.1
Physical examination and medical care	.2		.3	1.3						
Hospitalization, medical care, and physical examination	3.2	1.4	3.0	10.7	5.3	2.9	1.9			3.2
No benefits provided	83.4	82.3	78.5	76.0	90.8	84.7	92.5	92.2	90.6	86.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospitalization provided, regardless of other benefits	7.1	4.2	7.8	14.7	7.9	7.4	1.9	5.8	4.7	5.3
Medical care provided, regardless of other benefits	5.2	2.8	4.5	14.7	6.6	4.2	1.9	5.8	4.7	6.4
Periodic physical examination provided, regardless of other benefits	13.5	14.2	18.2	21.3	7.9	12.4	7.5	2.0	4.7	10.5
Number of replies to question	1,171	141	330	75	76	307	53	51	43	95

[1] Paid for in whole or in part by employers.

TABLE A–17.—*Insurance and retirement* [1] *plans provided institutional nurses, by size of hospital, 1947*

Type of plan	Size of hospital										
	All sizes [2]	Less than 50 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 999 beds	1,000 to 1,999 beds	2,000 beds or more
Some benefits provided	21.3	13.2	14.4	13.4	12.9	17.3	14.8	27.3	30.5	42.7	52.0
Accident and health insurance only	2.4	3.3	4.1	3.6	2.1	1.6	1.1	3.2	1.6	2.1	.4
Life insurance only	2.2	1.6	1.7	1.0	.6	4.6	2.0	2.1	3.2	2.1	.7
Retirement pensions only	13.4	6.3	7.3	6.6	7.7	8.2	10.2	18.4	20.7	29.6	44.2
Accident and health and life insurance	.6	.5	.2	1.0	.4	.9		.4	.8	.7	
Life insurance and retirement	1.3	.9	.5	.6	1.3	.6	.9	1.4	2.6	3.9	1.9
Accident and health insurance and retirement	.7	.3	.3	.2	.8	.6	.4	1.4	.6	2.5	2.2
Accident and health and life insurance, and retirement	.7	.3	.3	.4		.8	.2	.4	1.0	1.8	2.6
No benefits provided	78.7	86.8	85.6	86.6	87.1	82.7	85.2	72.7	69.5	57.3	48.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accident and health insurance provided, regardless of other benefits	4.4	4.4	4.9	5.2	3.3	3.9	1.7	5.4	4.0	7.1	5.2
Life insurance provided, regardless of other benefits	4.8	3.3	2.7	3.0	2.3	6.9	3.1	4.3	7.6	8.5	5.2
Retirement pensions provided, regardless of other benefits	16.1	7.8	8.4	7.8	9.8	10.2	11.7	21.6	24.9	37.8	50.9
Number of replies to question	4,677	455	634	526	480	647	460	282	506	284	269

[1] Paid for in whole or in part by employers.

[2] Includes data for nurses who did not indicate the size of the hospital in which they were employed.

TABLE A–18.—*Duties of institutional head and general staff nurses*[1]*—Percent of time spent on major groups of duties*

Duties	Head nurses	General staff nurses
Preparing and giving medication, changing dressings, giving aseptic treatments, taking temperature and pulse, checking medications and supplies, preparing patients for operating room	18.0	26.8
Assisting in operations and deliveries	9.7	9.0
Teaching or supervising students	12.5	1.9
Supervising registered nurses	7.3	.3
Teaching or supervising nonprofessional workers	10.9	4.1
Writing nurses' notes	8.6	10.6
Bathing and feeding patients, giving back rubs, making beds, taking meals to patients, answering lights, taking patients to appointments, checking linens and household supplies	13.7	36.0
Clerical work (except nurses' notes)	10.9	3.8
Other duties	8.4	7.5
Total	100.0	100.0
Number of replies to question	856	1,919

[1] Based on report from each nurse covering 1 day in February 1947.

TABLE A–19.—*Duties of institutional nurses, by size of hospital*[1]*—Percent of time spent on major groups of duties*

Duties	Size of hospital										
	All [2] sizes	Less than 50 beds	50 to 99 beds	100 to 149 beds	150 to 199 beds	200 to 299 beds	300 to 399 beds	400 to 499 beds	500 to 999 beds	1,000 to 1,999 beds	2,000 beds or more
Preparing and giving medication, changing dressings, giving aseptic treatments, taking temperature and pulse, checking medications and supplies, preparing patients for operating room	20.5	21.0	21.7	19.2	19.2	17.7	19.5	20.8	22.0	22.5	23.9
Assisting in operations and deliveries	11.6	17.7	16.0	15.0	13.6	10.2	9.2	8.8	9.6	5.2	3.3
Teaching or supervising students	7.6	1.1	3.4	6.7	10.8	11.0	10.7	9.0	8.8	8.0	7.8
Supervising registered nurses	4.8	2.1	4.1	6.4	5.4	4.4	4.6	3.9	5.5	6.0	7.2
Teaching or supervising nonprofessional workers	7.2	8.1	6.8	7.1	5.3	5.7	5.5	7.6	6.9	10.7	13.2
Writing nurses' notes	8.3	9.3	9.5	8.4	7.3	7.8	8.5	7.2	7.4	8.3	9.2
Bathing and feeding patients, giving back rubs, making beds, taking meals to patients, answering lights, taking patients to appointments, checking linens and household supplies	2.9	28.7	25.4	21.9	21.7	23.6	21.8	22.3	20.6	21.2	16.1
Clerical (other than nurses' notes)	7.4	4.2	3.8	6.1	6.6	7.7	9.2	10.5	9.5	11.3	10.5
Other duties	9.7	7.8	9.3	9.2	10.1	11.9	11.0	9.9	9.7	6.8	8.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of replies to question	4,214	472	598	509	460	352	442	288	491	303	280

[1] Based on report from each nurse covering 1 day in February 1947.

[2] Includes data for nurses who did not indicate size of hospital in which they worked.

TABLE A–20.—*Number of nurses replying to questionnaire, by region and employment status*

Region	All replies	Employed in nursing								Not employed in nursing
		All fields	Institutional	Private duty	Public health	Industrial	Office	Nurse educators	Other	
United States	21,707	12,609	5,458	2,838	1,343	843	1,034	450	643	9,098
New England	2,327	1,260	551	323	169	73	47	51	46	1,067
Middle Atlantic	5,157	2,975	1,239	750	372	199	181	99	135	2,182
Border States	1,323	827	362	203	85	53	58	38	28	496
Southeast	1,152	718	305	146	89	34	69	29	46	434
Great Lakes	5,689	3,485	1,443	734	343	353	284	129	199	2,204
Middle West	1,358	746	351	163	66	27	73	25	41	612
Southwest	960	579	226	160	54	23	59	22	35	381
Mountain	807	442	192	90	50	14	45	15	36	365
Pacific	2,899	1,546	771	261	113	67	217	41	76	1,353
Region not reported	35	31	18	8	2	----	1	1	1	4

APPENDIX B

Scope and Method of the Study

The survey of registered professional nurses' working conditions, job attitudes, and reasons for leaving their profession summarized in this report was conducted by means of a mail questionnaire sent to a representative group of nurses throughout the United States. Approximately 47,000 nurses were sent questionnaires.[1] Of these, 21,700, or 46 percent, returned usable replies.[2] Those who filled out questionnaires represent about 5 percent of the estimated total of 400,000 or more currently registered nurses in the United States.

Coverage and Method of Selection

The survey was limited to those who have fulfilled the requirements of a State Board of Nurse Examiners for practice as an "R. N." or registered professional nurse. It excluded both student and practical nurses. Both those who were still active in nursing and those who were inactive but had maintained their current registration as nurses were included.[3] Among those still active were included members of all branches of nursing.

The persons to be sent questionnaires were selected from lists of currently registered nurses maintained by Boards of Nurse Examiners, except in five States where nurses were not required to register currently. In four of these (Maryland, North Carolina, Ohio, and Wyoming) names were chosen from membership lists of the State Nurses' Association. In the fifth (South Carolina) an official list of nurses who had registered or reported addresses since 1942 was used.

One out of every 10 names on the official State lists (excluding only members of religious sisterhoods) was selected;[4] nurses actively engaged in nursing and those who had left the profession, those in and outside the armed services, and those living in and outside the State of registration were included in the study. Names were selected regardless of sex or color, but the number of replies from men and from Negro nurses was not large enough to warrant presentation of separate information for them.[5]

Since many nurses maintain registration in more than one State, the selection of 1 out of 10 from each State list actually resulted in sending questionnaires to over a tenth of all currently registered nurses in the country as a whole. The proportion for the United States as a whole was probably between one-eighth and one-tenth.

Representativeness of Returns

Replies were received from all States, the District of Columbia, Alaska, and Hawaii.[6] The

[1] Slightly over 50,000 questionnaires were mailed out but about 3,000 of these were returned because of out-of-date addresses.

[2] Approximately 750 additional questionnaires were returned but did not prove to be usable because the information provided did not permit classification of the respondents according to employment status or because they were received too late for inclusion in the survey.

[3] Many who are no longer active in nursing maintain current registration. This fact explains the difference between the estimate of 250,000 actively employed, given in pt. I, and the total registration of 400,000. No attempt was made to study those who had not kept up this registration.

[4] Where the membership list of the State nurses' association was used, enough names were selected to represent one-tenth of the estimated total number of nurses in the State regardless of the size of the association membership.

[5] They were, of course, included in all data presented in the report.

[6] Questionnaires were sent to Alaska and Hawaii but returns from Alaska were not numerous enough to warrant inclusion in the study. Data on Hawaii are not included in United States totals but are discussed separately where the number of replies was large enough to warrant their presentation. Puerto Rico and the Virgin Islands were not studied.

proportion of returns was about the same (45 to 51 percent) from all regions except the Southeast and Southwest, where returns were only 37 and 40 percent, respectively.[7] With some exceptions, the ratio of replies was comparatively uniform among States within each region. A higher proportion of nurses in large than in small cities replied to the questionnaire.[8]

As indicated previously, representatives of all fields of nursing were included in the survey. The method of selection from State records did not assure inclusion of the same proportion of nurses in each field of nursing, and a comparison of returns with available information on the total number in each major field indicates that the proportion of replies actually did vary.

Questionnaires were answered by 12,609 active nurses—5,458 institutional nurses (roughly 4 percent of all such nurses);[9] 2,838 private duty nurses (about 5 percent of this entire field); 1,343 public health nurses (over 6 percent of this branch of the profession); and 450 nurse educators, 843 industrial, 1,034 office, and 643 other nurses (estimated to be about 10 percent of all nurses in these fields). The remaining 9,098 questionnaires came from those who had maintained their registration as nurses but were not employed in the profession at the time of the study.

The differences in returns just described apparently did not seriously affect the validity of the results either for individual regions or for the country as a whole, in view of the amount of variation in earnings and other working conditions and in opinions.[10] In order to minimize the effect of these differences in coverage as well as the influence of errors that are likely to arise in replies to a mail questionnaire, the averages presented are (unless otherwise stated) medians rather than weighted means. These medians are the values below and above which half the replies fall.

[7] These proportions are the ratio of usable questionnaires to the total number of the questionnaires that were actually delivered to nurses. The ratios would, of course, be slightly lower if the proportion of usable returns to the number actually mailed out (including those undelivered because of changed addresses) were substituted.

[8] While about 1 in 3 questionnaires went to cities of 250,000 or more, about 2 out of 5 replies came from such cities.

[9] Among institutional nurses, replies were received from about 5 percent of the head and assistant head nurses and only 3 percent of the general staff nurses.

[10] It is possible that comparatively small returns from some of the Border and Southeastern States with comparatively low standards would tend to raise slightly but not seriously the average picture shown for these two regions.

Tabulation Methods

The number of responses varied from one question to another, and answers falling in each category are expressed as percentages of the total number of usable replies to the question under consideration instead of being related to the total number of replies to the questionnaire.[11] No attempt was made to exclude from the survey those questionnaires that did not provide usable information on all items. Similarly, because of the relatively large volume of replies, no effort was made to edit the questionnaires to obtain consistency in answers to related questions.

The methods used in determining the proportion of nurses dissatisfied with various aspects of their work are described in the chapter on opinions (p. 36). In general this method should avoid any overstatement of the extent of dissatisfaction. It is believed that the percentage of replies to the inquiry was high enough to prevent overstatement of dissatisfaction resulting from a tendency for participants in the study to be more dissatisfied than those who failed to return their questionnaires.

Period Studied

The questionnaires were mailed out during the last week in January and the first week in February 1947, and only those returned by the middle of March were summarized. Information on earnings and hours refers to October 1946 since data for November and December might have been affected by holidays to the extent that arrangements are made to give some nurses time off on each holiday at the expense of longer hours for others during that time.

Annual Earnings

In order to reduce the size of the questionnaire, information was not collected on annual earnings. An annual earnings figure for the period from October 1945 to October 1946 or for the calendar year of 1946 would have covered an interval of considerable change in salary scales and hence would have been of limited value. A rough

[11] It is possible that this procedure leads to some overstatement of the prevalence of such conditions as split shifts and time on call, since nurses not replying to these questions may not have understood them because they had not encountered the practices.

approximation of an annual salary rate can be obtained by multiplying the monthly average shown for October by 12. (The monthly average earnings data include nurses who did not work during October because of illness but who were attached to a specific nursing field, as well as private duty nurses who had been on a case within 3 months regardless of whether they worked during October. Those who were unemployed but seeking work in nursing were not included, but in this period of full employment they were not sufficiently numerous to affect the average appreciably.)

Available Information

Because of the relatively small proportion of nurses studied it was necessary to present some data based on a comparatively small number of replies. The alternative would have been to omit most of the tabulations of data by region and all discussion of city data as well as many of the other break-downs presented.[12] In any case it was necessary to limit the information for individual cities to institutional and private duty nurses.

In addition to the detailed data presented in the tabulations, other information was collected that is not published because of printing limitations. Should readers of the report find need for additional data the Bureau of Labor Statistics will supply the information if it has been tabulated and is sufficiently reliable to warrant presentation. A limited number of copies of the questionnaire are available on request for those interested in the exact wording of the questions.

[12] The number of replies on which a given figure was based is available on request; space limitation prevents printing much of this information in the report.

U. S. GOVERNMENT PRINTING OFFICE: 1948