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WORKING IN 'PERFECT HARMONY'? OVERSEAS RECRUITMENT AND MENTAL HEALTH NURSING IN ENGLAND, 1948–1968

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Abstract

In May 1964, the *Daily Express* newspaper featured a photograph of nursing staff from 34 different countries at an English mental hospital, standing in a line with their arms linked, together with the matron. According to the feature writer, these nurses lived and worked in 'perfect harmony'. This article examines the broader issues that this image raises, by analysing international recruitment to mental health nursing in England between 1948 and 1968 and the impact this had on these recruits, their patients and colleagues. It will also discuss the ethical issues that ensued.

When the National Health Service (NHS) was implemented in the UK in 1948, the shortage of nurses, across all specialities, was so severe that its viability was threatened. Although the situation was to subsequently improve in general nursing, it continued to be an issue in what was then known as mental nursing, which experienced severe and ongoing problems in both the recruitment and retention of staff. This article is drawn from a wider study which analysed the strategies that were adopted to ameliorate this situation in England between 1948 and 1968, including the recruitment of mental health nursing students from an increasing number of overseas countries, which will be the focus of this article. The Republic of Ireland had been a major source of nursing labour before 1948, but when recruitment began to be resisted by the Irish government and alarm over poor staffing levels intensified, English mental hospitals moved their recruitment activity to other European countries and to the British Commonwealth.

Keywords: Recruitment, Retention, Mental Health Nursing, Migration, NHS

1 INTRODUCTION

This article is drawn from a wider study[1] which examined recruitment and retention in mental health nursing in England[2] in the first 20 years of the National Health Service (NHS), between 1948 and 1968. This period is noteworthy for being the time when concerns over shortages in mental health nursing were at their height, to the extent that this issue was discussed on several occasions in the UK parliament.[3] As part of this study, the strategies that were adopted to ameliorate both recruitment to, and retention in, mental health nursing were examined. Four were identified: advertising campaigns, educational initiatives, changes to the skill mix and the recruitment of mental health nursing students from an increasing number of overseas countries. This article will focus on the last strategy, which was

[1] Chatterton 2007.
[2] This article primarily focusses on England as this is where archival sources were consulted. England is one of four countries that constitute the United Kingdom. The other three are Scotland, Wales and Northern Ireland.
[3] For example, Hansard 1952.

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arguably the most successful of the four but which did raise a host of ethical issues. Primary archival sources were utilised to examine this, with secondary sources and oral history interviews also contributing.

It will begin by discussing mental health nursing at the onset of the NHS in 1948 and will then examine the patterns of recruitment that followed. The countries that were targeted and the numbers of those recruited, shifted and changed in the period 1948–68, and will be considered in broadly chronological order, although there were some overlaps and variations between different mental health institutions in the countries that they recruited from (no hierarchical order is implied). This recruitment from overseas was to become the source of some ethical debate. As Rajpoot et al. note, "The significant rise in the recruitment and migration of nurses from one country to another may help address the shortage of nurses but it also poses several risks because of cultural differences, language barriers, and practices"[4] and, although they are commenting on current issues, an examination of the past shows that these risks were also of relevance then. Thus, while this article takes a historical perspective, it is also timely as the international recruitment and migration of nurses and the ethical, interprofessional and interpersonal challenges that can arise, remain contested issues today. In addition, this discussion aims to address what Julian Simpson has termed one of "the silences of NHS history" by, as he extols, "writing migrants back into the history of the NHS".[5] He argues that despite the NHS' dependence on migrant labour throughout its history, with recruitment often taking place within a context related to Britain's colonial past, this has rarely been acknowledged. As a result, he states, the contribution of nurse migrants has been marginalised and sometimes ignored or denied (as has that of other NHS staff),[6] which supports the persistence of racism and discrimination today, thus raising an important ethical issue in historiography.

2 MENTAL HEALTH NURSING BEFORE THE NATIONAL HEALTH SERVICE

Nursing is not a monolithic entity and in any discussion of nursing history, it is important to recognise the diversity of the areas that nurses have worked in and the way in which nursing has developed in the four nations of the United Kingdom (England, Scotland, Wales and Northern Ireland). The UK has never had a generic model of nursing; instead, nursing has developed within a series of specialities, which were recognised and formalised (after much debate) by the 1919 Nurses' Registration Act.[7] The main part of the register was reserved for those women who were nursing physically ill adults. This was known as the general part of the register and it is from this that the term 'general nursing' derives. However, the act also established several supplementary registers, including one for male nurses and one for nurses working with those termed as mentally ill, with the 'mentally deficient' and with sick children.[8] Today in the UK, it is still possible to train, and be registered, as nurses in four fields of nursing: adult (or general), mental health, learning disability and children's nursing.[9]

When the NHS was being planned, after the Second World War, the shortage of nurses, across all specialities, was so severe that it threatened its viability.[10] Aneurin Bevan, the Minister of Health, described

4 Rajpoot et al. 2024, p. 2.
5 Simpson 2010, p. 392.
6 Weekes-Bernard 2013.
7 Baly 1985. There were three parliamentary acts – one for England and Wales, one for Scotland and one for Ireland.
8 Bendall/Raybould 1969.
9 Nursing and Midwifery Council 2024, p. 8.
10 Solano/Rafferty 2006.

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the lack of nurses as approaching "a national disaster"[11] and although the situation was to subsequently improve in general nursing, it continued to be an issue in both what was then known as mental nursing, and also mental deficiency nursing (the former now being termed mental health nursing and the latter learning disability nursing in the UK). Difficulties in recruiting staff to work with mentally ill people have been an ongoing issue throughout its history. This was commented on in many enquiries and reports, including the Lancet Commission in 1932,[12] the Athlone Report in 1945[13] and the post-war Wood Report.[14] The annual reports of many mental hospitals[15] also contain frequent references to the difficulties of attracting and retaining staff in this specialty, a discourse which continues today.[16]

The nineteenth century had seen a huge growth of institutional provision across Europe for those deemed to be mentally ill.[17] Asylums were built across England (and the United Kingdom), and these grew rapidly in size as the century progressed, necessitating the need for more men and women to be recruited to work as nursing staff there.[18] These early mental health nurses were known by a variety of titles, including keeper, attendant and, later, mental nurse,[19] and both men and women had to be recruited for this work, due to the spatial divide in asylums, which had strictly delineated male and female sides for patients, who were nursed by those of the same sex.[20] In 1948, these former asylums and the staff that worked in them, joined the new NHS. As Nolan and Hopper note, "The mental hospitals were old, badly maintained, poorly provided with amenities, geographically isolated and mostly too large to provide an appropriate caring environment for highly vulnerable adults."[21] Although the 1960s were to see the beginnings of community care, these institutions would constitute the main mental health provision throughout the period in question, 1948–68. New therapeutic approaches were highlighted in some recruitment campaigns.[22] For example, in government-created advertisements, treatments such as electro-convulsive therapy (ECT), psychosurgery, insulin and malaria therapies were described as the "new attitude towards mental illness" and nurses were pictured participating in them[23] but there was also a great deal of stigma and ignorance around the whole subject of mental illness, which impacted on patients but also staff, and there is no evidence that these adverts aided recruitment.[24] In 1945 it was noted in a British medical journal that, "the fact that mental nurses have so far not been held in the same esteem as men and women in other branches of nursing reflects on the public attitude towards mental disease and those who suffer from it."[25] The severe shortage of mental health nursing staff in this period can be broken down into two issues: difficulties in recruitment but also problems with retention (or wastage or attrition, as it was then more commonly termed). This was particularly marked in relation to student nurses, with up to 80 per cent of entrants failing to complete their training.[26] Charles Webster, the official historian of the NHS, has described mental health nursing, as "the single, most intractable nursing problem of the early NHS."[27]

In the years leading up to the Second World War and the subsequent formation of the NHS, female staff had proved the most challenging to find. Some hospitals kept records of where advertisements

[11] The Lancet 1945, pp. 412–413.
[12] The Lancet Commission on Nursing 1932.
[13] Report of Sub-Committee on Mental Nursing and the Nursing of the Mentally Defective 1945.
[14] Working Party on the Recruitment and Training of Nurses 1948.
[15] Mental hospital began to replace the term asylum from the early 20th century in the UK and was the official term in use during the period under discussion, 1948–68. Carpenter 1988, p. 107.
[16] NHS Long Term Workforce Plan 2023.
[17] Porter 2002, p. 112.
[18] Chatterton 2015, p. 86.
[19] Nolan 1993, p. 6.
[20] Chatterton 2013, p. 45.
[21] Nolan/Hopper 2003, p. 334.
[22] Chatterton 2007.
[23] The National Archives, LAB 8/1803.
[24] Chatterton 2007.
[25] The Lancet 1946, p. 5.
[26] White 1985.
[27] Webster 1988, p. 4.

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were placed to recruit staff and these give an insight into the areas that were being targeted at the time. Examples of adverts used by the Warneford Hospital, Oxford, for example, can be found in the Oxfordshire Health Archives. In 1946 they advertised for student nurses, staff nurses and assistant nurses in the national press, the nursing press and the local press but also in Scotland and Ireland.[28] The West Sussex Record Office contains a cuttings book[29] of the adverts placed between 1924 and 1945 by the West Sussex County Mental Hospital at Chichester. Again in 1944, adverts for female probationer nurses were placed in the *Irish Independent*, as well as the national and nursing press. However, as Dingwall et al. point out, employers did not respond by improving pay, conditions or career opportunities in a bid to attract and retain more nurses; "instead they turned their attention to regions of high unemployment and especially to Ireland as sources of cheap labour."[30] This raises an important ethical issue about migrant labour being used to plug gaps in the labour market, rather than examining the deeper issues that may have contributed to the severe shortage of mental health nurses in England at this time. Overseas recruitment thus could be seen as providing a panacea rather than a solution.

3 RECRUITMENT FROM IRELAND

As Dingwall et al.'s comment illustrates, Ireland had become a major source of labour for all fields of nursing, including mental nursing, by the onset of the NHS. Irish people had a long history of emigration to Britain for work, particularly after the 1930s when more stringent immigration control in the United States considerably reduced the numbers going there.[31] Amongst them were many women and some men who were recruited into all areas of nursing and also midwifery.[32] As Daniels points out, "the complexities of Irish supply and British demand are even greater in the field of nursing and midwifery."[33] Some were economic migrants, their decision forced by financial necessity. Others came specifically because they wanted to nurse and came to England due to the lack of opportunities at home, where waiting lists for nurse training were long and training had to be paid for, in contrast to the free training on offer in the UK.[34] As Ryan et al. pointed out, there could be a complex interplay of different factors in decisions made by those who migrated, which was often broader than pragmatic and economic reasons and included the quest for adventure and "the lure of networks of friends and relations".[35] In addition, emigration offered the opportunity for freedom and a different way of life compared to an Irish society which could be a conservative and sometimes controlling environment, especially for women, coupled with the powerful influence of the Roman Catholic Church.[36]

However, what is not clear from current evidence is how many of these Irish recruits specifically chose mental nursing. Anecdotal evidence would suggest that some went into mental nursing through ignorance, not realising that they had been recruited to a mental, rather than a general, hospital. As one nurse told Nolan, "I thought at first I was going to do general nursing and when I discovered that it was an asylum, I thought that I would never stick it."[37] This issue also appears to have raised concerns for

[28] Oxfordshire Health Archives, Warneford Hospital.
[29] West Sussex Record Office, HCGR/SG/1.
[30] Dingwall et al. 1988, p. 134.
[31] Daniels 1993.
[32] Corduff 2021.
[33] Daniels 1993, p. 5.
[34] Corduff 2021.
[35] Ryan et al. 2025, p. 35.
[36] Ryan et al. 2025, p. 111.
[37] Nolan 1993, p. 90.

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the Irish government. In a 1946 letter from the Irish Department of Industry and Commerce to the UK Liaison Officer for Labour in Dublin, they asked that in the case of Irish recruits to Runwell Mental Hospital in Essex that he made it, "clear to the candidates the nature of the work offered to them viz; in a Mental Hospital."[38] Recruitment practices that did not make it clear to candidates which type of nursing they were entering raised ethical issues relating to informed consent and truth-telling which could have directly impacted on these nursing recruits' autonomy. This could also be seen as being in conflict with another important ethical principle: that of justice, which can be described as generally fair, equitable and appropriate treatment.[39] These issues proved to be recurrent themes in the period under examination.

Some commentators have also noted that Irish recruits could face prejudice, again a theme which was to recur. For example, Nolan argues that, "There were some head attendants and matrons who were reluctant to employ Irish nurses because of a prejudice against them, but in rural hospitals where recruiting and retaining staff proved very difficult, they were welcomed."[40] In his research, Nolan found that, during the Second World War, Irish men and women came to work in the understaffed mental hospitals, taking the place of those who had been called up. One nurse interviewed by him spoke of returning from military service to find that,

> Many Irish nurses had been recruited during the War and were given Sisters' and Charge Nurses' posts [...]. Those of us who had returned found ourselves at the bottom of the pecking order and had to start all over again to build up years of experience before we got promoted.[41]

This led, he argues, to some embitterment amongst staff, particularly as his interviewee noted that his Irish colleagues had mainly come from the rural west of Ireland, had little education and had no, or only a limited, experience of mentally ill people.

This negativity could be ascribed to resentment and prejudice but the poor educational abilities of some of the Irish recruits were also highlighted elsewhere. For example, Dr Armstrong, Medical Superintendent at the Oxford County and City Mental Hospital, Littlemore, noted in his 1946–47 annual report:

> In the meantime the nurses we do manage to recruit are almost entirely young girls from Ireland with usually a primary education which ill-equips them for the struggle to pass the nursing examinations.[42]

Again, this raises an ethical issue in terms of recruiting those who may not have had the ability to pass their training course due to their poor educational background. However, this was part of a bigger picture where entry requirements to mental nursing courses were not required for candidates at that time across England. Whether there should be a minimum educational standard for entry to nurse training was contentious and indeed for much of this period there was no minimum standard applied in any fields of nursing. It was only in 1962 that this was applied in general and sick children's nursing, and four years after that in mental and mental deficiency nursing.[43]

In the post-war period, it was becoming obvious that recruitment from Ireland was waning. This decline in recruitment seems to have been for a variety of reasons. The Ministry of Labour files reveal

[38] The National Archives, LAB 8/1301.
[39] Beauchamp/Childress 2019.
[40] Nolan 1993, p. 90.
[41] Nolan 1993, p. 111.
[42] Oxfordshire Health Archives, OHA L 1 A2/24.
[43] Chatterton 2007, p. 145.

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that the recruitment of Irish labour to the United Kingdom during the Second World War was the source of some debate and the Irish government was becoming concerned about increasing emigration. In an attempt to "control the outflow",[44] it was agreed in 1944 that the British Ministry of Labour and National Service could set up a Liaison Office in Dublin to facilitate Irish recruitment to a variety of jobs in the UK and prevent "the previous system of a free-for-all scramble by the interested parties."[45]

On 18 September 1944, the Liaison Office officially came into force, and a nursing recruitment section was established as part of this, much to the chagrin of some mental hospital managers in England. One matron, speaking in 1945, noted that:

> In her experience the flow of nurse recruits from Ireland almost seemed to have dried up since the Liaison Office was established and she wondered if it might not be possible to decrease the delay in sending forward recruits who had been in direct contact with a hospital in this country and were acceptable to that hospital.[46]

Changes in the application process had exacerbated the situation, with candidates being expected to attend for interview, which had implications in terms of both cost and time, leading to a considerable drop in recruitment.[47] Arguably though, this was attempting to address the ethical issue of unsuitable candidates being recruited who were then unable to meet the requirements of their training or who did not appreciate what kind of nursing work they were being recruited for, again related to ethical principles of autonomy and justice.[48]

In addition, British recruitment in Ireland per se was becoming increasingly contentious. In 1946 a British newspaper stated that, "worried by mounting emigration from Eire,[49] Mr de Valera[50] is thinking of banning all ads, offering jobs in Britain, which appear in the Government–controlled newspaper".[51] This highlights an important ethical issue in international nurse recruitment both in the past and present, where one country recruits heavily from another country, resulting in what is sometimes referred to as a 'brain drain'.[52] This is illustrated by a whole file at the Ministry of Labour and National Service, which was devoted to a dialogue that took place in August 1946, after the Clerk and Steward of Runwell Mental Hospital, Essex, wrote to the Ministry asking to be able to visit Eire with the hospital matron to recruit directly, rather than go through the Liaison Office in Dublin. "Of the present female nursing staff over 70% are from Eire, no less than 10 out of 14 Sisters and an Assistant Matron being Irish," he said, and:

> Our success with Irish nurses has led us to hope that the present shortage of staff may be remedied by the recruitment of additional candidates from Eire but experience shows that this is unlikely if the present methods and machinery are employed.[53]

The Irish Department of Industry and Commerce in Dublin, after hearing of this, was soon to respond, saying:

> The Government's policy that the emigration of Irish citizens should not be encouraged beyond facilitating those, who, of their own volition, seek assistance in obtaining employment outside the State [...] it will be appreciated that (recruitment visits to Eire) [...] cannot be agreed to.[54]

[44] McCrae/Nolan 2016, p. 208.
[45] The National Archives, LAB 9/98.
[46] The National Archives, LAB 8/954.
[47] The National Archives, LAB 8/1468.
[48] Beauchamp/Childress 2019.
[49] Eire is sometimes used as an alternative term for Ireland. It is derived from the Irish language.
[50] Eamon de Valera was a prominent politician in the Republic of Ireland and served as the Taoiseach (Prime Minister) and later President.
[51] Newspaper cutting from the Reynold's News in The National Archives, LAB 8/1301.
[52] Pressey et al. 2023.
[53] The National Archives, LAB 8/1301.
[54] The National Archives, LAB 8/1301.

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A similar request from the Recruiting Officer for the City of Birmingham's tuberculosis sanatoria met with the same response. As the Liaison Officer pointed out, "It should be understood that open recruitment and emigration, on the whole, are opposed by State and Hierarchy."[55] These exchanges between the British and Irish governments on the subject of nurse recruitment clearly caused some anxiety at the Ministry of Labour and a series of memos in the file reveal that civil servants were unsure whether the protest from the Irish Ministry of Labour and Commerce might be 'a flash in the pan' or something more serious. As one civil servant, Miss Stopford, noted:

> [This] brings to a head the question to which Employing Authorities in this country will be tolerated if they go browsing about Eire trying to persuade Eire girls to come to their hospitals. If this goes on, there may well be further difficulties put in the way of the emigration of Eire girls to this country by the Eire government.[56]

This flurry of correspondence illustrates the sensitivity of post-war nurse recruitment in Ireland (and the ethical issues that it was creating). As a result, hospitals began to look elsewhere for new recruits to nursing. In addition, the numbers coming forward to the Liaison Office continued to drop and, from November 1949, the office in Dublin moved to smaller premises and its outstations across Ireland were closed.[57]

Many of those Irish nurses recruited in this period remained in England and some were to work in the NHS for the rest of their working lives. In a series of oral history interviews, Ryan et al. discovered that, while many Irish nurses had had very positive experiences, some had difficult experiences as Irish migrants, encountering hostility and racism. As they highlight, "The legacy of anti-Irish stereotyping and prejudice, with deep roots in colonial history [...] was very much present in British society, particularly during the 1950s–70s and amplified by IRA[58] bombing campaigns across England."[59] For example, some nurses described being called 'Irish' or 'Paddy' instead of their first name, their accents being imitated, both patients and colleagues making derogatory and racist remarks and the shock of seeing signs on shops, lodgings and boarding houses saying 'No Irish'.[60] As Walter noted, Irish people have occupied an ambiguous position in British society, as much-needed workers but also by being perceived as undesirable migrants and potential terrorists.[61] Thus, some of those who came into mental health nursing as a result of recruitment campaigns then experienced hostility and racism, an issue which was also to have a major impact on recruits from other countries. This raises considerable ethical issues.

4 RECRUITMENT FROM EUROPE

Partly in response to the decline in the numbers of potential recruits from Ireland, primary sources reveal that medical superintendents and matrons started to look to the rest of Europe as a source of recruitment. Dr David Clark, a medical superintendent near Cambridge, gave an insight into this. "Before the war," he said,

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[55] The National Archives, LAB 8/1301.
[56] The National Archives, LAB 8/1301.
[57] The National Archives, LAB 9/98.
[58] IRA – Irish Republican Army.
[59] Ryan et al. 2025, p. 161.
[60] Ryan et al. 2025, p. 185. Commonly these signs said in full, 'No Dogs, No Blacks, No Irish' see footnote 126.
[61] Walter 1980.
[62] Clark 1996, p. 151.

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> the staff at Fulbourn Hospital were similar to those in most English mental hospitals. Many were local youths or girls, but others came from the Welsh hills and from Tyneside – driven into a secure, if unpleasant job by the shortage of work during the depression.[62]

However, after the war, the situation changed, he said:

> The search for people to work on the back wards became more desperate. Various recruiting experiments were tried at Fulbourn, as in other English mental hospitals. At Fulbourn many immigrants, particularly refugees from Eastern Europe were taken on – people who could often speak very little English. The challenge to integrate these staff and help them become more effective, as well as to enlist their altruism, was enormous.[63]

In her study of Severalls Hospital in the south of England, Diana Gittins describes a similar picture: "Nursing staff had, prior to the war, been traditionally recruited in Ireland, Wales, Scotland and the North-East[64]. After the war, these sources had, to a large extent diminished, if not dried up, and recruitment was taken into first Italy, France and Spain, and then eventually through the West Indies, Africa and China / Hong Kong."[65] Often the new recruits began as nursing assistants before later commencing their training. Elisabeth Gimblett wrote an account of how she came from France to train at Hellingly Hospital, East Sussex, in 1963:

> For a number of years Matron, Miss Bradley, had placed recruiting adverts in newspapers abroad to get nursing staff, with board and lodgings, monthly wages and the possibility of free training. This made for a cosmopolitan Hospital to say the least. Irish nurses were the first to come, then the Scottish, Welsh, Dutch, German, French, West Indians, Norwegians, Filipinos, Mauritians, Spanish, Chinese etc [...] (and not forgetting my Canadian friend!)[66]

As this reveals, recruitment in mainland Europe became widespread across English mental hospitals in the 1950s and 1960s. It was not coordinated or organised on a national scale but was usually carried out by individual hospitals, either through advertisements or recruiting visits to Europe, or both. One former mental hospital matron, in an oral history interview, remembered the severe staffing shortages she faced in the 1960s. She recalled that she received a letter from a French girl who was working as a teacher but was interested in mental nursing, whom she successfully recruited and retained. "So of course I jumped on the band wagon," she said, visiting France to recruit and then later, making several trips to Italy. Some of these were on her own initiative, some in conjunction with the Regional Hospital Board and also with "a lady from a Liverpool hospital, who was very short of staff." "These recruits then made recommendations as to where to place adverts and where to go and that [...] That was the way I got my staff," she recalled.[67]

Whittingham Hospital in Lancashire, in the north of England, also advertised for staff in European newspapers and magazines from 1951. According to a commemorative history of the hospital, this was very successful with 87 female recruits arriving in the early 1950s.[68] However, although these recruitment figures are recorded, their retention figures are not. It is, however, telling to note that in 1956, the Minister of Health toured the hospital in response to serious concerns being raised by the hospital's management committee about nursing shortages and he reported that he had seen wards in which 186 patients were under the care of only four nurses. It was noted that "Whittingham had advertised in, and

63 Clark 1996, p. 153.
64 North East of England.
65 Gittins 1998, p. 55.
66 Gimblett 2004, p. 5.
67 Chatterton 2007, pp. 193–194. (Oral history interview, F7).
68 Whittingham Hospital 1973, p. 36.

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recruited from, Italy, France, Denmark and Malta, as well as Northern Ireland; although this had alleviated the problem to some extent, many more were still needed."[69]

5 CONCERNS OVER RECRUITMENT FROM EUROPE

In his history of the Maudsley and Bethlem hospitals in London, Russell remarks uncritically, "A healthy feature of that period was an openness to the wider world, with students coming from Denmark and other European countries."[70] However, it can be seen from primary sources that concerns were being raised, which seem to have centred both on language difficulties and retention rates. In 1949, Miss Olive Griffith, Mental Nursing Officer for the Ministry of Health, said that "The special difficulties of training recruits from overseas are frequently mentioned on visits."[71] For example, in 1952 the topic of overseas recruitment was raised at a meeting of the National Advisory Council for the Recruitment and Distribution of Nurses and Midwives (NAC) on 25 July. As a result, it was decided to conduct an investigation into whether,

> the intake of Aliens[sic] into nursing employment and in particular alien student nurses was on the whole beneficial to this country or whether, as the majority, no doubt, do not remain here after training, hospitals who accepted them as students were limiting the future supply of trained nurses for this country.[72]

Thirty-nine mental hospitals were visited to check on the records of those 'aliens' who had been given student permits in 1948 and in 1951 and find out whether they actually started training, whether they completed training and qualified and whether they remained post qualification.[73]

An example of one of the reports created by the investigation is the one concerning Roundway mental hospital in Wiltshire, following a visit in September 1952. The matron was interviewed and stated:

> The language barrier is the great problem. Some of the French were of poor quality, physically, mentally and educationally [...] some were of doubtful moral standard e.g. two became pregnant within three months of arriving in England.[74]

The matron was also asked why she was unable to recruit suitable British student nurses or local nursing and domestic staff. The main reasons cited were the distance from town and bus routes, and competition from local industries and local barracks. A similar report on Park Prewitt Hospital pointed out, "Basingstoke has few attractions."[75]

At the October 1952 meeting of the NAC, the findings of all the hospital visits were summarised: "The engagement of aliens was fully justified by the hospitals' needs which could not be met otherwise." When retention was considered, very high wastage rates were found. Of the 94 students from overseas who had been given permits and who had started training in 1948, only four had qualified and five were still in training. Eighty-five were described as, "known wastage". In 1951, of the 131 mental nursing students commencing training, 49 were still training and 82 were "wasted" i.e. had left. The reasons given included, "not enough care was taken in recruitment", "using agencies who recruit abroad

[69] Whittingham Hospital 1973, p. 37
[70] Russell 1996, p. 168.
[71] The National Archives, DT 5/382.
[72] The National Archives, LAB 8/62.
[73] The National Archives, LAB 8/62.
[74] The National Archives, LAB 8/62.
[75] The National Archives, LAB 8/62.

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was not always satisfactory", some girls come "without any intention of completing their training but taking the opportunity of coming to the country to learn the language." The survey found that wastage was found to be due to "homesickness, poor health, illness at home, marriage, failure in examinations most of which affect British as well as alien students."[76]

Overall, the survey concluded that there was no reason to believe British candidates were being rejected. Hospitals, they said, would prefer candidates from the UK but were accepting 'aliens' because the former could not be obtained in sufficient numbers. However, because wastage was so high and so few remained, they did not, they said, "add substantially to the number of trained nurses working in this country. Their main value is as stopgaps in hospitals which are short of nurses through inability to recruit sufficient at home."[77] An appendix to the report contained anonymous comments from some matrons, who had been interviewed as part of the survey. Some were very positive, with comments such as "On the whole aliens have been most satisfactory", "We would certainly have had to close wards without our foreign nurses. I would welcome any suitable European candidates", and "The Italians were excellent girls, kind to the patients and very well educated and gave good service for the limited time they were here to see London and improve their English. Without such candidates it would have been impossible to nurse the patients." However, other matrons were less complimentary and some talked of being at 'saturation point'. "The French candidates are not settling down. They out-number the English students." Language difficulties were also frequently cited, for example, "Neither speaks English well but the hospital needs students so badly they are putting up with this disadvantage." In addition, some students went home after six months (the earliest point at which their travelling expenses home were paid) and failed to return.[78] Again, this raises questions about the ethics of the recruitment practices being utilised and a mismatch between the expectations of those recruited and the reality of the work.

In an oral history interview, a French nurse reflected on their experiences at a mental hospital in the south of England, where they spoke of having many French nursing colleagues. In answer to the question, "How did that work out? Was that good?" they replied:

> Well, opinions are divided on that subject. For me, first of all, it was quite good [...] because we had sort of peer support as well. But on the whole, I don't feel it was that good for some of the patients. You know [...] one of them asked if they were in France so we felt terribly ashamed because we were not supposed to speak, at work, we were not supposed to be speaking in French. But it was quite difficult. It's so natural to speak your own language with somebody who you knew will understand exactly what you are talking about. We did speak, we were only supposed to speak in English and some of us managed to do that [...] I used to translate occasionally for Matron because she interviewed all the French nurses on arrival, within a few days of arrival.[79]

Dr David Clark, writing about Fulbourn Hospital near Cambridge, also displayed mixed feelings about their European recruitment strategy. He described how, "an engaging publicity man drafted advertisements for us in the French press" which brought in over a hundred applications. The matron, Miss Brock, and he,

> sorted them out and sent for the girls. This involved much planning as few of them spoke English. We interviewed them all, arranged English classes for them and gradually started them in

[76] The National Archives, LAB 8/62.
[77] The National Archives, LAB 8/62.
[78] The National Archives, LAB 8/62.
[79] Chatterton 2007, p. 193. (Oral history interviewee F3).

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> doing simple work on the wards. By the spring of the second year, we had about 20 French girls working in the hospital.[80]

On reflection however, he described this influx of French staff as being like a blood transfusion to the staff of the women's side, "the effect was a tonic rather than sustained." Although he found that the French recruits were

> pleasant, cheerful, reasonably educated and did well at first. It gradually became clear, however, that many had little continuing interest in nursing and most of them went home after a year having acquired a smattering of English. Only a handful persevered, became student nurses and finally qualified as psychiatric nurses.[81]

In addition, he reported that factions developed amongst the French staff which resulted in quarrels and the eventual resignation of six French student nurses, including two of those he described as the best students.

A report by the National Association of Chief Male Nurses in 1956 would seem to support Clark's experiences when they argued that,

> The introduction of foreign workers to fill nursing vacancies must at best be regarded as palliative [...] We have good reasons to believe that such measures are not in the best interests of the patient. Moreover, promotion and seniority problems are likely to arise at a later date through large-scale employment of these workers.[82]

In 1958 the Mental Nurses Standing Committee of the Staff Side of the Nurses and Midwives' Whitley Council conducted a survey of the mental and mental deficiency hospitals approved for training nursing students and the numbers of students being recruited from overseas. Replies were received from 138 chief male nurses (out of a potential 159) and 149 matrons (out of 185). In those hospitals that responded, 444 of 2,562 male students and 1,255 of 3,278 female students came from overseas.[83]

By 1965, concerns were still being raised about the employment of European nurses. The Aberdeen Evening Express reported on some of the proceedings at the annual conference of the main trade union for mental nurses, the Confederation of Health Service Employees (COHSE), which was held in Aberdeen. According to one of the speakers, "an 18 year old who could not speak English was left in sole charge of 18 patients in a South of England mental hospital" and this was, he said, only one example of the shortage of trained staff in mental hospitals, "particularly in the south [...]. In his hospital, they had Greeks, Poles, Lithuanians and Chinese who were unable to speak English."[84]

The risk to patients from being looked after by nursing staff who could not communicate with them can only be imagined, but there was also the risk to the staff themselves of being left in these unsafe working environments, thus negating the important ethical principle of non-maleficence (doing no harm) to patients or staff.[85] Shanley, a nurse tutor, highlighted the language issues of some of the overseas students he had encountered. It had, he said,

> very serious implications for the effectiveness of the psychiatric nurse whose therapeutic function and social skills is totally dependent on a proficiency in communication. Language difficulties may result in misunderstandings and distortions, both for the patient and the staff, and may eventually result in little or no effort to communicate being made.[86]

[80] Clark 1993, p. 153.
[81] Clark 1993, p. 154.
[82] National Archives, MH 55/2585.
[83] Royal College of Nursing Archives, 13/B/13/3.
[84] Aberdeen Evening Express, June 22, 1965, p. 5.
[85] Beauchamp/Childress 2019.
[86] Shanley 1980, p. 542.

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In addition, this issue raises wider ethical questions as to whether mental hospitals were importing cheaper labour from overseas, instead of improving pay and working conditions for existing staff and thus aiding retention, as the trade union, COHSE, suggested.[87] However, it must also be remembered that most English mental institutions were part of the NHS, so staff pay was negotiated at a national level.

Primary sources have revealed official attitudes to the issues that arose from recruiting staff from Europe. The views of matrons and medical superintendents can be seen in the documents but what are often lost are the views of those students who came and went (and the patients they were recruited to care for). From the fragments reported, it is clear that some European recruits came to England under the impression that they would be training as general nurses or working with sick children, and the reality of nursing in a large mental hospital or mental deficiency institution was not what they had expected or wanted. For example, archival sources reveal that in 1948 four Norwegian recruits to a mental hospital left after one month, stating that they thought that they were coming to a children's hospital.[88] In an oral history interview conducted by Mitchell, he was told of how a group of women came from Germany, "under the impression that they would be training for general nursing but soon after arriving they were divided into general, mental deficiency and mental groups."[89] Research by Lee supported this when he found that a large proportion of those applying to be student nurses in the UK from overseas lacked a general knowledge of British hospitals, the main types of nursing and training available, plus the educational requirements. Just under half of those he interviewed, said they had received no information about this before they arrived in the UK.[90] Ethical principles that were compromised by these recruitment practices include truth-telling, autonomy and justice, such that McCrae and Nolan described them as being "brazenly economic with the truth".[91] Deontologists would contend that acts of deception are morally wrong in themselves, regardless of any good consequences which may ensue, such as improving mental hospital staffing.[92] Recruitment practices such as these could also then lead to a dissonance between the expectations of many overseas recruits and the "reality of working as cheap labour while a learner within a poor environment,"[93] which the antiquated, overcrowded and understaffed mental hospitals provided.

For Elisabeth Gimblett, a French recruit who stayed and spent the rest of her career as a Registered Mental Nurse (RMN) in England, mental health nursing proved a satisfying career. When she saw the advert in a local newspaper in France, "it offered adventure, escape from the mundane, mystery, something different definitely."[94] However, as the source material reveals, the reality of nursing in the large English mental hospitals in this period was a hard and arduous task and maybe, for many, the 'adventure' was not what they had expected. This also has to be seen in the wider context of broader migration and labour patterns. Many of the recruits were young women, who had traditionally been a transitory part of the nursing workforce and indeed the wider workforce.[95] It is, however, pertinent to note that, despite the high rates of wastage, some European nurses did stay and make considerable contributions to British mental health care.

87 Carpenter 1988.
88 The National Archives, LAB 8/62.
89 Michell 2001, p. 192.
90 Lee 2019, p. 5–37.
91 McCrae/Nolan 2016, p. 218.
92 Robinson/Garratt 2008.
93 Shanley 1980, p. 541.
94 Gimblett 2004, p. 5.
95 Lewis 1984.

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6 RECRUITMENT FROM THE COMMONWEALTH

Concerns over the low rate of retention amongst European nurses led mental hospitals to look elsewhere for recruits and, during the 1950s, European recruitment campaigns began increasingly to overlap with recruitment from what had been the British Empire. As McCrae and Nolan state, by the 1950s "recruitment campaigns were not supplying enough workers to run the wards, to wash the incontinent, or to watch the suicidal; indeed, the viability of some hospitals was at stake. As human wells dried up, hospital managers broadened their horizons to the colonies of the Caribbean, western and southern Africa, the Indian subcontinent and the East Indies. The composition of mental hospital staff was about to change dramatically."[96]

The post-war years were to see large-scale immigration to Britain. The year that saw the creation of the NHS, 1948, also saw the arrival of the passenger ship, the *Empire Windrush*, which brought to England several hundred migrant workers from the Caribbean. As Culley and Mayor say, this "signalled the start of a pattern of immigration that has provided many migrant workers for the NHS and other public services."[97] In addition to doctors and nurses, workers were also recruited for ancillary jobs as domestics and as maintenance and catering staff in the NHS as well as a myriad of other occupations. This large-scale migration was mainly in response to labour shortages in key sectors of the British economy[98] and was "seen by employers and the government as a way of filling the jobs which indigenous workers were unwilling to do."[99] It was also aided by the British Nationality Act of 1948, which gave special immigration status to Commonwealth citizens, encompassing the right to freely enter, work and settle with their families, which led to increasing numbers of nurse recruits from former colonies during the 1950s and 60s.[100] Beula has argued that most of the nurses and other health care staff recruited from the Caribbean came over to the UK between 1955 and 1975, although they are now commonly described as the Windrush generation.[101] In addition, as Norris Nicholson and Brown point out, some overseas recruits preceded the arrival of the Windrush.[102] It is difficult to state with accuracy how many migrant workers joined the NHS as statistics for ethnic monitoring were not kept at this time. Akinsanya estimated that by 1971 there were 15,000 overseas nurses in the NHS (9% of the total), 40% of whom were described as West Indian, 29% Asian and 27% African.[103]

Recruitment campaigns were carried out throughout the Commonwealth, with British nurse managers visiting a variety of countries in pursuit of labour.[104] Some hospitals also advertised, targeting Caribbean newspapers such as the *Barbados Beacon.*[105] For example, Foss and Trick, in their study of St. Andrew's Hospital, a private charitable psychiatric hospital in Northampton, stated: "Finding suitable nursing staff remained difficult. In 1952, it was agreed that Afro-Asian students could be engaged as nurses." In the years that followed, the medical superintendent recorded in his annual reports that many of the European staff were proving unsatisfactory, the Austrian girls tended to marry locally, and that he hoped to recruit male nurses from Nigeria, as those from Jamaica had been a success.[106] Similarly, at Saint Francis' Hospital in Sussex, Gardner found that "in 1956, despite the presence of nurses from Nigeria, Holland and France, the hospital was still 70 female nurses short [...] in 1958, the hospital

[96] McCrae/Nolan 2016, p. 209.
[97] Culley/Mayor 2001, p. 213.
[98] Fryer 1984.
[99] Culley/Mayor 2001, p. 213.
[100] Culley at al. 2001.
[101] Beula 2021, p. xii.
[102] Norris Nicholson/Brown 2021.
[103] Akinsanya 1988, p. 444.
[104] Culley et al. 2001.
[105] Kramer 2006.
[106] Foss/Trick 1989, p. 261.

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tried to get girls from Scotland, the only place 'not tried yet' [...] the acute staff shortage was partially resolved by recruiting from the Commonwealth from the late 1950s onwards".[107]

As Carpenter notes, the numbers of nurses being recruited from the Commonwealth in the 1950s "increased dramatically. Enoch Powell, the then Minister for Health, while publicly denying that there was a staffing crisis, was encouraging their recruitment as a cheap and convenient way out of it."[108] But, as Carpenter points out, "this was ironic, given his sustained opposition to 'coloured' immigration."[109] Webster also comments on this anomaly. He argues that in 1961, Powell was perhaps more relaxed about immigration then he later proved to be, because in nursing it provided a plentiful supply of cheap labour, reduced wastage and undermined the shortage argument. Immigration therefore strengthened his hand in pressing for a strong line against the nurses' pay claim, which itself was a chief weapon in his wider campaign to induce colleagues to adopt a more aggressive approach to the control of public sector pay.[110] This again highlights the tension, and ethical issue, of overseas recruitment being used to fill gaps in mental health nursing, which could be seen as an underpaid and undervalued occupation in the UK. "Foreign nurses," argued McCrae and Nolan, "worked unpopular shifts [...] and in so doing, they performed a vital role eschewed by the native population."[111]

However, like their European counterparts, these recruits to nursing tended to be recruited to the services that had the lowest status. The study by Thomas and Williams was one of the earliest to examine overseas nurses in 1972, and found that they were more likely to be found in the less popular and less prestigious specialities, such as older people's and mental health nursing.[112] Carpenter concurred: "The role of the black nurse was to fill the most unpopular spaces in the labour force – the low paid, low status and low opportunity areas that were shunned by others [...] The hospitals where overseas staff were concentrated tended to be the less glamorous, dealing with more 'run of the mill' illnesses, caring for the elderly and the physically ill and mentally impaired."[113] In 1961, a survey in the Oxford region found clear disparities between the proportion of nursing students in the more prestigious teaching hospitals (where 3% were non-European) and non-teaching hospitals (perceived to be of lower status), where the percentage was much higher (21%).[114] In 1965, this issue was debated in parliament and speakers raised the question of whether this was overt discrimination. It was cited that nationally only 1–2% of students in teaching hospitals came from a non-European background.[115]

The 1950s were also to see the beginnings of large-scale immigration to Britain from the Indian subcontinent, with the arrival of workers predominantly for the textile industry, who tended to settle in the northern mill towns and in the Midlands, but, as McCrae and Nolan point out, "Perhaps the most notable foreign import into mental nursing was from a small island in the Indian ocean": Mauritius.[116] It has been estimated that in the 1960s and 1970s, around 40,000 young people came to Britain from there, and Mauritian nurses were to contribute considerably to the mental health workforce.[117] Archival sources in the Surrey History Centre reveal that in the 1960s, the large psychiatric hospitals in that area, such as Brookwood Hospital in Woking and Netherne Hospital near Coulsdon, engaged in active recruitment campaigns in Mauritius, West Africa and the West Indies.[118] Kevin Gournay and Peter Carter, both of whom trained as mental health nurses in the 1960s, remembered that their fellow "nursing

[107] Gardner 1999, p. 269.
[108] Carpenter 1988, p. 315.
[109] Carpenter 1985, p. 44.
[110] Webster 1996, p. 173.
[111] McCrae/Nolan 2016, p. 224.
[112] Thomas/Williams 1972.
[113] Carpenter 1988, p. 315.
[114] Carpenter 1988, p. 315.
[115] Carpenter 1988, p. 315.
[116] McCrae/Nolan 2016, p. 213.
[117] McCrae/Nolan 2016, p. 214.
[118] Surrey County Council 2021.

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staff recruits, who trained in the schools of nursing that were situated in hospital grounds, came from the local area, often as part of a family tradition" but also, "increasingly, from a number of more distant countries, notably Mauritius, Malaysia and the Caribbean islands."[119] Mental nursing students also came to some hospitals from other countries in the Far East, such as Hong Kong, Sri Lanka and Singapore. Jimmy Loh, who came from Singapore to do his training at Fulbourn Hospital near Cambridge, recalled, "So I arrived, thinking I was most probably the only Chinese student [...] and I was pleasantly surprised. There were 24 others already there! (Laughter) So I was astounded."[120]

Although many recruits from the Commonwealth did stay, there continued to be issues with retention, and some hospitals continued to report high wastage rates. For example, a letter from the Management Committee of St. John's and Manor House Hospital, Stone, to the Ministry of Labour and National Service noted, "The majority of students recruited during recent years have come from the Continent and the Colonies, mainly the West Indies, and whilst these members of staff have proved most valuable, the percentage of wastage amongst them is most high." During 1953–55, they recorded that 70 women were recruited, (22 from the British Isles and 48 from Jamaica and the Continent) with a wastage of 30. Of the men:

> We find that nurses recruited from abroad and especially the West Indies only stay in the Hospital Service for a period long enough to become acquainted with the general employment prospects of the country, and that the hospital service is left for more remunerative employment in industry or elsewhere.[121]

Perhaps this reflected the fact that, although mental health services were beginning to change in the 1960s[122] with the advent of new treatments, a change in legislation,[123] a less custodial approach and the beginnings of a move to community care, mental health nursing continued to be perceived as, and was sometimes experienced as, an unattractive occupation.

In May 1964, the *Daily Express* newspaper featured Claybury Mental Hospital in Essex with the headline, "Togetherness ... in 34 lessons", accompanied by a photograph of mental health nursing staff from 34 different countries, standing in a line with arms linked, together with the matron, Miss Darley.[124] In the words of the newspaper's staff reporter, the nurses at the hospital lived and worked in "perfect harmony [...] an idealist's dream which the League of Nations and UNO never attained is working perfectly in a hospital tucked away in England's countryside." According to the matron, "There has never been a hint of racialism [sic] in the 16 years that nurses from the Commonwealth and foreign countries have been employed here."[125] However, the voices of the other nurses in the photograph are not heard and it is important to acknowledge that the matron would have been in a considerable position of power over her nursing staff. Her country of origin is not given in the newspaper but she appears to be white, which may also have impacted on her views. Adams found that all the mental health nurses he interviewed for his research denied that they had experienced or witnessed any racism or prejudice,[126] as did McCrae and Nolan amongst their interviewees.[127] However other researchers who have looked at the experiences of some of these overseas recruits into nursing have discovered some very negative experiences[128] and concurrent ethical issues and these will now be examined.

[119] Gournay/Carter 2021, p. 184.
[120] Adams 2009, p. 255.
[121] The National Archives, LAB 8/2467.
[122] Nolan/Hopper 2003.
[123] 1959 Mental Health Act.
[124] The countries listed were: Ireland, Russia, France, Yugoslavia, Ceylon, Barbados, Jamaica, Greece, South Africa, Trinidad, Ghana, Wales, Italy, Poland, Scotland, Mauritius, Finland, St Vincent, Portugal, Southern Rhodesia, Sierra Leone, Malaya, Canada, Spain, China, Granada, British Guiana, Germany, St Lucia, Australia, Latvia, Nigeria, America and England.
[125] Daily Express 1964, p. 9.
[126] Adams 2009, p. 255.
[127] McCrae/Nolan 2016, p. 224.
[128] For example, Beula 2021 and Shkimba/Flynn 2005.

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7 EXPERIENCES OF OVERSEAS NURSES

There was initially little research on how these recruits from overseas fared in the first 20 years of the NHS.[129] For example, Culley at al. commented that "We know little about the experiences of Caribbean born nurses and midwifes some of whom have contributed their entire working lives to the NHS [...] Evidence from the early years is fragmentary, yet suggests many nurses encountered racial discrimination."[130] This fragmentary evidence has been strengthened by more recent research, such as the interviews conducted by Kramer amongst NHS staff recruited from the Caribbean between 1951 and 1965, which has also contributed to a shift in historiographical perspectives. Many of those she interviewed stated that they had encountered discrimination and racism in their careers, from some of their colleagues but also from patients and their families and the wider community. Several made reference to the notorious sign displayed in some shops and lodgings in the 1950s and 60s: "No Dogs, No Blacks, No Irish" and the impact that this had on them.[131] Flynn also found that many of her nurse interviewees had experienced racism. Some, she argued, encountered the racist stereotypes that white nurses held about black people in general. Others felt isolated through being ignored at work, or mentioned patronising comments and attitudes directed towards them.[132]

Mayor interviewed 88 "leading ethnic minority nurses" about their experiences in nursing.[133] She found significant evidence of discrimination amongst those she interviewed. One of the most frequently cited examples of discrimination was the number of black nurses who did enrolled nurse training. Enrolled nurses had been introduced in the UK, initially into general nursing in 1943 and later into mental health and mental subnormal (now known as learning disability) nursing in 1964, as a second level of entry into nursing. Students were known as pupil nurses (to differentiate them from student nurses who were training to be registered nurses). Their training was shorter and less academic and, once it was completed, their names were recorded on a roll, rather than a register, hence their title. Being an enrolled nurse was seen as being more practical and less managerial, which meant that opportunities for promotion and career progression were very limited.[134] Mayor found in her research that 18 of her interviewees had started out as pupil nurses, even though 13 of them had met the criteria for first-level entry.[135]

Similar issues were reported in other oral history interviews. For example, one interviewee remembered being measured for a green uniform at the hospital's sewing room when she started her training in 1960. She noticed that other students were being issued with purple dresses. She queried this and her Jamaican friend explained that this meant that she was a pupil nurse, not a student nurse as she had thought. She went to the matron but was told, "I had to do my pupil nurse training, otherwise they would send me back to Grenada."[136] An article in *Nursing Times* in 1965 was one of the few to highlight this and led to some debate in the letters column in the weeks that followed.[137] For one writer, senior nurses were "exploiting (them) and getting as much cheap labour as they could to run the hospitals,"[138] although others were less sympathetic.[139] Later that year, Joseph Martin, a tutor, published some research he had undertaken, about the West Indian pupil nurses in his school of nursing. He also found that many would have preferred to train as registered nurses and he discussed the great difficulties

[129] Akinsanya 1988, p. 444.
[130] Culley et al. 2000, p. 236.
[131] Kramer 2006, p. 84.
[132] Flynn 2012.
[133] Mayer in Culley et al. 2000.
[134] Dingwall et al., pp. 115–116.
[135] Culley/Mayor 2001, p. 224.
[136] Kramer 2006, p. 70.
[137] 'SRN' 1965, p. 198.
[138] Wehnerson 1965, p. 259.
[139] For example, Calbran 1965, p. 436.

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they faced.[140] Shanley argues that, though disillusioned, these nurses did not leave because they were not able to. Some felt trapped into remaining on their training courses, as the loss of student status might result in them forfeiting their right to stay in Britain.[141] After training, they found themselves with a qualification which gave them no opportunities of advancement within the NHS, and which was unlikely to be recognised in their home country or other countries. Carpenter suggests that black nurses rarely put forward their opinions in this period, as it was unsafe to do so. They lacked power and felt vulnerable. Letters to the nursing press at this time reveal that some white nurses "thought that the problems lay largely with the attitudes of overseas nurses themselves, not British racism."[142] Ethical issues related to truth-telling, justice and autonomy are clearly apparent here, with the lack of information and transparency about the type of training on offer denying overseas recruits the ability to make autonomous choices about their own lives and careers. This led to some recruits being caused harm (in contravention of the principle of non-maleficence) as their future career and wage-earning opportunities were impacted in a significant way.[143] In addition, even for those nurses who had undertaken state registered nurse training, some then reported that they had been discriminated against in their subsequent careers when they went for promotion.[144]

Another issue for some recruits could be described as 'culture shock', when, as well as facing prejudice and racism, they also had to adapt to living in a new country, and one that was very different from their own.[145] Gardner spoke of the difficulties that new recruits faced in the local town of St Francis' Hospital: Hayward Heath in Sussex. "An all white town was not an easy one to adapt to." In addition, the large mental hospitals had a culture of their own and were often geographically isolated. Shanley argued that for many overseas recruits, "Right from the start they remain in comparative isolation. [...] Their accommodation is usually in the nurses' home where they enter a type of ghetto, which discourages contact with the host culture."[146] Lee's research[147] supported this when his respondents told him that many had not been met at the airport, had been expected to start work the next day and had had no orientation course.

This again raises ethical issues about the lack of preparation experienced by many new recruits to mental health nursing, in terms of assimilating into their new country of work, which could have impacted on their ability to empathise and understand their patients. For some student nurses, McCrae and Nolan argued that "their only window to British society was the television set in the nurses' home."[148] Many experienced a dissonance between what they had expected and the reality of what they encountered.[149] As Shkimba and Flynn note, "Their expectations of Britain, buttressed by a 'narrative of the nation', which circulated in the Caribbean, led to feelings of disengagement and loneliness" amongst some nurses.[150] As Olusoga notes, the 1960s saw a heightening of an awareness of racism amongst some of the British public, with protests over the apartheid regime in South Africa and against the labour restrictions brought in by the 1962 Immigration Act, for example, as well as the passing of the Race Relations Act in 1965. However, at the same time Britain remained a country where many black nurses were to continue to encounter racism and discrimination.[151] The colonial context was also shifting as some of the Caribbean countries gained independence in the 1960s.[152]

[140] Martin 1965.
[141] Shanley 1980, p. 542.
[142] Carpenter 1988, p. 316.
[143] Beauchamp/Childress 2019.
[144] Norris Nicholson/Brown 2021; Hayward/Heenan 2025.
[145] Kramer 2006, p. 63.
[146] Shanley 1980, p. 542.
[147] Lee 1976.
[148] McCrae/Nolan 2016, p. 218.
[149] Kramer 2006; Beula 2021.
[150] Shkimba/Flynn 2005, p. 145.
[151] Olusoga 2021.
[152] Jamaica and Trinidad and Tobago in 1962, Barbados in 1966.

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8 CONCLUSION

As McCrae and Nolan highlighted, "Perhaps the most neglected aspect of the history of the mental hospitals is the cultural diversity of staff and its impact on institutional life."[153] Simpson has also talked of a "collective amnesia" in NHS histories when it comes to immigration. As he points out, "The relationship between the NHS and migrants has been one of dependency – it could not have existed in the form that it took without overseas employees" and this is, without a doubt, the case in mental health care, both amongst nurses and other staff groups, such as psychiatrists.[154] This article has illustrated how the recruitment of overseas nurses into mental health nursing in England in the first 20 years of the NHS, was a pragmatic response to severe difficulties in both recruiting and retaining mental health nurses in this period. Having first turned to Scotland, Wales and Ireland, medical superintendents and matrons had to look further afield for staff, with recruitment taking place across the rest of Europe and from the British Commonwealth. The consequences of this for the overseas nurses themselves, and the patients that they worked with, remains an area that would benefit from further research, as would greater recognition of the ethical issues that international recruitment has raised in the past and continues to raise. As Pressey et al. point out, "International nurses (migrant nurses who are recruited to work in different countries) make essential contributions to global health and care workforces that are experiencing domestic nurse shortages"[155] but this can come at a cost to themselves, their patients and their country of origin.

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[153] McCrae/Nolan 2016, p. 207.
[154] Simpson 2010; Weekes-Bernard 2013.
[155] Pressey et al. 2022, p. 1.

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