

Recruitment for Health Careers

One of the most serious problems faced by the health groups is competition with other professions for available talent. In recent years our increasingly sophisticated technology and the geometric rate of scientific discovery have generated new professions and subcategories of old professions. Today there are some 2,200 careers which require specialized training; a hundred years ago medicine, law, theology, and teaching were virtually alone in this respect. Other professions have moved into the high schools and undergraduate colleges with attractive financial offers and descriptions of new and exotic careers. With these weapons they have drawn many young people away from the health professions.

It is illusory to believe that present salary levels are an asset to recruitment in all the health professions. True, the prospect of a high income has always been helpful in recruiting physicians and dentists. But we need to recognize that many other health careers do not offer the same advantage. Indeed, the recent advances in salaries for school and college teachers may put the health professions in the position of losing recruits to the teaching profession.

A second fantasy about recruitment for health careers is that appeals to the sentimental desire to do good can or should be one of the chief tools of the recruiter. The young people who have the intellectual and the personal qualities needed for success in health careers are likely to be analytical about their career motivations. They are likely to have taken a careful look behind the public image of their chosen professions so that their choices are based more on objective information than on emotion. The desire to work with people and to serve humanity is a valid motivation in some cases, but

we can no longer rely primarily on persuading a girl that she should become the Lady With the Lamp or a boy that he should be a Dr. Dooley.

Another bit of fantasy which is far too widespread these days is the conviction that any able student who aspires to a health career can find ample aid to finance his training. I am most familiar with the situation in medical education, and so I will draw my illustrations from that field, although I am sure that there is need for more financial aid in the training for other health careers.

The financial aid problem for medical students was summarized concisely in a report issued last year by the Association of American Medical Colleges: "The average medical student has to pay more than twice as much as the average graduate student for his education. . . . The medical student who receives stipend income from any source . . . receives an average of about \$500 per year. . . . The arts and science graduate student who receives stipend income is provided with an average of \$2,000 per year. . . . Thus, if one combines the fact that the medical student, as contrasted with the graduate student, has to pay twice as much for his education at the same time he receives one-fourth as much stipend income . . . it becomes clear that there is an 8 to 1 ratio of income and expense working to persuade the college senior to enter graduate school rather than medical school."

The report goes on to say that medical study offers the sure prospect of indebtedness to many students. One of every three members of the class of 1959 in American medical schools had gone into debt for his education. The average loan liability of this group was \$4,258.

Perhaps the most disconcerting result of our failure to provide enough financial aid for students in the health professions is that people from the lower income groups are simply "selected out" of the profession. Thus the schools are denied access to a valuable reservoir of talent.

Excerpted from an address by Dr. Kevin P. Bunnell before the Third National Conference on Health Careers, sponsored by the National Health Council, New York City, September 24, 1962. Dr. Bunnell is associate director of the Western Interstate Commission for Higher Education, Boulder, Colo.

We indulge in a bit of fantasy when we assume that we are doing an adequate job of communicating to students at all levels the facts concerning health manpower needs and the attractiveness of health careers. I am concerned specifically with communications problems that affect the quality of guidance which students receive at all levels of preparation for health careers.

In the undergraduate colleges I believe that students who have committed themselves to one of the health professions should have the advantage of first-hand contacts with practitioners in their chosen professions. Such contacts could help to protect students from the deprivations of other professions and at the same time inspire them to higher levels of academic achievement. This is not to say that the health science advisors are not doing their jobs; it is to say that their work needs to be supplemented by direct communication with the professions.

Many of the professional schools have done virtually nothing in the way of reaching high school students. Many of the professional societies have not looked upon recruiting and providing career information as one of their functions. I know of notable exceptions—such as the nursing organizations—and I am sure there are others.

I am particularly concerned about the conventional wisdom which is repeated over and over again to high school students that it is virtually impossible to get into medical or dental schools. The truth is that the admissions situation at the medical and dental schools and in some of the other schools for training health personnel is changing every year.

There has been an almost total failure of communication between the junior high schools and the professional schools, the professional societies, and lay groups. Many of the basic attitudes which affect later, specific career decisions are acquired during the junior high school years.

When we first became aware of the health manpower shortage, we devoted a great deal of time to statistical analyses of the problem. We studied physician-population ratios—both actual and projected. We examined the prospective supply of students in nursing, medicine,

medical social work, dentistry, pharmacy, and so on. All of our studies and deliberations convinced us that it would be many years before the numbers would catch up with the needs.

Recently I have heard very wise people say that we have had enough of this—that the time has come to concentrate instead on more efficient use of our available human resources. This will mean more experimentation with curriculum design and new teaching methods, including automated instruction. It may even mean a reorganization of some of the health professions to produce new careers which, while maintaining the highest of standards, will meet needs in new ways.

In these days of professional manpower shortages in the United States, women are a precious resource yet to be fully used. Europeans make much better use of their women in the health professions. A woman dentist is a rarity in the United States, a commonplace in many other countries. In the United States, it is true that some of the health fields are manned almost exclusively by women. But others are almost exclusively for men.

Instead of wringing our hands about the high marriage rates of nurses, women doctors, dental and medical technicians, and so on, we should do something creative about the situation. President Bunting at Radcliffe has instituted a new program for updating and sharpening the knowledge of women who have been away from academic life. Let's not write off half of our talented individuals because they happen to be females.

Perhaps the greatest challenge in the years ahead will be competition with other professions for top talent. There are signs of a new and lively awareness of the need to compete. Professional schools, colleges, high schools, and other groups are turning their attention aggressively and without shame to the problem of recruitment. And other things are happening. Professional societies and legislatures which have been slow to endorse the construction of new health science facilities are now taking the initiative in exploring the need for such facilities and the feasibility of establishing them. I think we are on the move, but this momentum may not be retained without determined efforts.



Federal Publications

Laboratory Procedures for Modern Syphilis Serology. *PHS Publication No. 988; 1962; 46 pages; 25 cents.*

This publication discusses the control of test performance and presents detailed test procedures for the two principal kinds of serologic tests for syphilis, the nontreponemal antigen tests and the treponemal antigen tests. The most widely used of the older tests and the newer tests of importance are included.

Progress in Prosthetics. *U.S. Department of Health, Education, and Welfare, Vocational Rehabilitation Administration; 1962; 162 pages; \$1.75*

"A historical work" and, at the same time, "a fascinating human document," this book tells how scientists and others in this country have improved the appearance and functioning of artificial arms and legs since World War II. In conversational style, it describes the work of prosthetics laboratories and rehabilitation centers throughout the United States. Photographs and diagrams illustrate development and use of various prosthetic devices.

The book was written by Bess Furman, longtime Washington correspondent for the New York Times, and, recently, Assistant to the Secretary of Health, Education, and Welfare (for Public Affairs). It was sponsored by the Prosthetics Research Board of the National Academy of Sciences-National Research Council.

Resources for Medical Research, Report No. 2. Foundation expenditures for medical and health-related research and education, 1960. *PHS Publication No. 983; November 1962; 14 pages; 20 cents.*

Definitive data on support provided by private philanthropic foundations are presented. The analysis shows the proportion of the foundations' total program expendi-

tures allocated in 1960 to the health field, the support of current operations as compared with the expenditures for capital purposes, the flow of research funds to different types of performers and disciplines, and other significant aspects of foundation financing of health research and education.

Sources of Morbidity Data. Listing No. 10. *PHS Publication No. 985; 1962; 68 pages.*

Seventy-six new projects are grouped into sections by major type of disease, injury, or impairment, with one section devoted to dental conditions. Indexes list projects by type of population studied, institutions and organizations responsible, and principal investigators. A section of supplementary notes gives status of incomplete studies from previous listings.

National Institutes of Health. *PHS Publication No. 81; revised 1963; 44 pages; 25 cents.* Gives history and present activities of NIH as the principal research arm of the Public Health Service.

Planning the Physical Therapy Department. *PHS Publication No. 930-D-7; reprint from the Architectural Record, vol. 122, pp. 211-215, November 1957; 5 pages.* Presents architectural data and plans for the physical therapy department of a hospital. Discusses location, amount and kinds of space needed (including workspace), and special factors such as ventilation, sinks, interior finishes, doors, and ceiling moorings.

Research in Hospital Use: Progress and problems. *PHS Publication No. 930-E-1; 1962; 50 pages; 40 cents.* Reports conference discussion on effective use of hospitals, with special attention to the findings of previous studies and the direction which research should take. Dis-

cusses problems of determining proper use and of measuring variables in use.

Hospital Utilization Studies: Selected references annotated. *PHS Publication No. 930-G-4; September 1962; 29 pages; 25 cents.* Provides annotated bibliography of 29 studies on hospital utilization as a guide to planning groups in developing methods and techniques for determining hospital bed needs. List of additional references included.

Design of Facilities for Mental Health and Psychiatric Services: A selected bibliography. *PHS Publication No. 930-G-5; 1963; 6 pages; 10 cents.* Presents references on architectural planning, child care, hospital administration and management, and related services, programs, and facilities. Also lists other sources of information.

Factors Influencing Strontium-90 in Milk From the Brainerd, Minn., Milkshed. *PHS publication No. 999-R-1; by Minnesota Department of Health and University of Minnesota; December 1962; 76 pages.* Reports an 8-month study undertaken to investigate consistent farm-to-farm differences in the concentrations of strontium 90 found in milk produced within a small milkshed in central Minnesota. Includes sampling of milk, hay, grain, silage, water, forage, soil, and precipitation.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D.C.

The Public Health Service does not supply publications other than its own.
